

First Commonwealth Plan 7000 (Illinois - \$0 Office Visit Copay) Schedule of Member's Payment Responsibility

Effective as of January 1, 2024



I. DIAGNOSTIC					
D0999	Office Visit Copay	\$0	D2542	Onlay - Metallic - 2 Surfaces*	\$99
D0120	Periodic Oral Evaluation	\$0	D2543	Onlay - Metallic - 3 Surfaces*	\$116
D0140	Limited Oral Evaluation - Problem Focused	\$0	D2544	Onlay - Metallic - 4 or More Surfaces*	\$121
D0145	Oral Eval for Patient under 3 & Counseling with Primary Caregiver	\$0	D2610	Inlay - Porcelain Ceramic 1 Surf	\$87
D0150	Comprehensive Oral Evaluation - New or Established Patient	\$0	D2620	Inlay - Porcelain Ceramic 2 Surf	\$97
D0160	Detailed & Extensive Evaluation, Problem Focused	\$0	D2630	Inlay - Porcelain Ceramic 3 Surf	\$105
D0170	Re-Eval - Limited, Problem Focused (Est. Patient, Not Post-Operative)	\$0	D2642	Onlay - Porcelain Ceramic 2 Surf	\$101
D0171	Re-Evaluation - Post-Operative Office Visit	\$0	D2643	Onlay - Porcelain Ceramic 3 Surf	\$117
D0180	Comprehensive Periodontal Examination, New or Established Patient	\$0	D2644	Onlay - Porcelain Ceramic 4+ Surf	\$122
D0210	Intraoral - Comprehensive Series of Radiographic Images	\$0	D2650	Inlay - Resin 1 Surf	\$76
D0220	Intraoral - Periapical First Film	\$0	D2651	Inlay - Resin 2 Surf	\$84
D0230	Intraoral - Periapical Each Additional Film	\$0	D2652	Inlay - Resin 3 Surf	\$91
D0240	Intraoral - Occlusal Film	\$0	D2662	Onlay - Resin 2 Surf	\$88
D0270	Bitewing - Single Film	\$0	D2663	Onlay - Resin 3 Surf	\$102
D0272	Bitewing X-Rays - 2 Films	\$0	D2664	Onlay - Resin 4+ Surf	\$106
D0273	Bitewing X-Rays - 3 Films	\$0	D2710	Crown - Resin-Lab	\$46
D0274	Bitewing X-Rays - 4 Films	\$0	D2720	Crown - Resin, High Noble Metal*	\$69
D0277	Vertical Bitewings - 7 to 8 Films	\$0	D2721	Crown - Resin, Base Metal	\$69
D0330	Panoramic Film	\$0	D2722	Crown - Resin, Noble Metal	\$69
D0415	Bacteriological Studies	\$0	D2740	Crown - Porcelain/Ceramic	\$220
D0460	Pulp Vitality Tests	\$0	D2750	Crown - Porcelain Fused to High Noble Metal*	\$206
D0470	Diagnostic Casts	\$0	D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$183
D0600	Non-ionizing Diagnostic Procedure Capable of Quantifying, Monitoring, and Recording Changes in Structure of Enamel, Dentin and Cementum	\$0	D2752	Crown - Porcelain Fused to Noble Metal	\$210
			D2753	Crown - Porcelain Fused to Titanium and Titanium Alloys	\$206
			D2780	Crown - 3/4 Cast High Noble Metal*	\$126
			D2781	Crown - 3/4 Cast Predominantly Base Metal	\$107
			D2782	Crown - 3/4 Cast Noble Metal	\$117
			D2783	Crown - 3/4 Porcelain/Ceramic	\$130
			D2790	Crown - Full Cast High Noble Metal*	\$206
			D2791	Crown - Full Cast Predominantly Base Metal	\$107
			D2792	Crown - Full Cast Noble Metal	\$210
			D2794	Crown - Titanium and Titanium Alloys	\$126
			D2910	Re-cement or Re-bond Inlay, Onlay, Veneer or Partial Coverage Restoration	\$7
			D2915	Re-cement or Re-bond Indirectly Fabricated or Prefabricated Post & Core	\$7
			D2920	Re-cement or Re-bond Crown	\$14
			D2928	Prefabricated Porcelain/Ceramic Crown - Permanent Tooth	\$33
			D2929	Prefabricated Porcelain/Ceramic Crown - Primary Tooth	\$33
			D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$29
			D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	\$32
			D2932	Prefabricated Resin Crown	\$33
			D2933	Prefabricated Stainless Steel Crown with Resin Window	\$33
			D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$33
			D2940	Protective Restoration	\$15
			D2941	Interim Therapeutic Restoration - Primary Dentition	\$5
			D2949	Restorative Foundation for an Indirect Restoration	\$13
			D2950	Core Buildup, Incl. any Pins When Required	\$54
			D2951	Pin Retention - Per Tooth, in Addition to Restoration	\$12
			D2952	Cast Post & Core in Addition to Crown*	\$76
			D2953	Each Additional Cast Post - Same Tooth*	\$24
			D2954	Prefabricated Post & Core in Addition to Crown	\$62
			D2957	Each Additional Prefabricated Post - Same Tooth	\$3
			D2960	Labial Veneer (Resin Laminate) - Direct	\$322
			D2961	Labial Veneer (Resin Laminate) - Direct	\$458
			D2962	Labial Veneer (Porcelain Laminate) - Indirect	\$550
			D2971	Additional Procedures to Customize a Crown to Fit Under an Existing Partial Denture Framework	\$35
			D2980	Crown Repair Necessitated by Restorative Material Failure	\$24
			D2981	Inlay Repair Necessitated by Restorative Material Failure	\$17
			D2982	Onlay Repair Necessitated by Restorative Material Failure	\$20
			D2983	Veneer Repair Necessitated by Restorative Material Failure	\$17
			D2990	Resin Infiltration of Incipient Smooth Surface Lesions	\$0
II. PREVENTIVE			IV. ENDODONTICS		
D1110	Prophylaxis - Adult	\$0	D3110	Pulp Cap - Direct (Excluding Final Restoration)	\$9
D1120	Prophylaxis - Child	\$0	D3120	Pulp Cap - Indirect (Excluding Final Restoration)	\$8
D1206	Topical Fluoride Varnish, Therapeutic Application for Mod to High Caries Risk Patients	\$0	D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	\$29
D1208	Topical Application Of Fluoride - Excluding Varnish	\$0	D3221	Pulpal Debridement, Primary & Permanent Teeth	\$9
D1310	Nutritional Counseling for Control of Dental Disease	\$0	D3222	Partial Pulpotomy for Apexogenesis - Perm. Tooth with Incomplete Root	\$15
D1321	Counseling for the Control and Prevention of Adverse Oral, Behavioral, and Systemic Health Effects Associated with High-Risk Substance Use	\$0	D3230	Pulp Therapy, Anterior Primary	\$16
D1330	Oral Hygiene Instructions	\$0	D3240	Pulp Therapy, Posterior Primary	\$34
D1351	Sealant - Per Tooth	\$0			
D1352	Preventive Resin Restoration in Mod - High Caries Risk Patient - Perm Tooth	\$0			
D1510	Space Maintainer - Fixed - Unilateral - Per Quadrant	\$40			
D1516	Space Maintainer - Fixed - Bilateral, Maxillary	\$39			
D1517	Space Maintainer - Fixed - Bilateral, Mandibular	\$39			
D1520	Space Maintainer - Removable - Unilateral - Per Quadrant	\$27			
D1526	Space Maintainer - Removable - Bilateral, Maxillary	\$39			
D1527	Space Maintainer - Removable - Bilateral, Mandibular	\$39			
D1551	Re-cement or Re-bond Bilateral Space Maintainer - Maxillary	\$6			
D1552	Re-cement or Re-bond Bilateral Space Maintainer - Mandibular	\$6			
D1553	Re-cement or Re-bond Bilateral Space Maintainer - Per Quadrant	\$3			
D1556	Removal of Fixed Unilateral Space Maintainer - Per Quadrant	\$2			
D1557	Removal of Fixed Bilateral Space Maintainer - Maxillary	\$3			
D1558	Removal of Fixed Bilateral Space Maintainer - Mandibular	\$3			
D1575	Distal Shoe Space Maintainer - Fixed - Unilateral - Per Quadrant	\$40			
III. RESTORATIVE					
D2140	Amalgam - 1 Surface, Primary or Permanent	\$19			
D2150	Amalgam - 2 Surfaces, Primary or Permanent	\$23			
D2160	Amalgam - 3 Surfaces, Primary or Permanent	\$26			
D2161	Amalgam - 4 or More Surfaces, Primary or Permanent	\$23			
D2330	Resin-Based Composite - 1 Surface, Anterior	\$23			
D2331	Resin-Based Composite - 2 Surfaces, Anterior	\$27			
D2332	Resin-Based Composite - 3 Surfaces, Anterior	\$37			
D2335	Resin-Based Comp - 4 or More Surfaces (Anterior)	\$41			
D2390	Resin-Based Composite Crown, Anterior	\$44			
D2391	Resin-Based Composite - 1 Surface, Posterior	\$27			
D2392	Resin-Based Composite - 2 Surfaces, Posterior	\$36			
D2393	Resin-Based Composite - 3 Surfaces, Posterior	\$42			
D2394	Resin-Based Composite - 4 or More Surfaces, Posterior	\$51			
D2510	Inlay - Metallic - 1 Surface*	\$81			
D2520	Inlay - Metallic - 2 Surfaces*	\$96			
D2530	Inlay - Metallic - 3 or More Surfaces*	\$103			

First Commonwealth Plan 7000 (Illinois - \$0 Office Visit Copay) Schedule of Member's Payment Responsibility

Effective as of January 1, 2024



D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$113	D4341	Scaling & Root Planing - 4 or More Teeth Per Quadrant	\$38
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	\$133	D4342	Scaling & Root Planing - 1 to 3 Teeth, Per Quadrant	\$23
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	\$135	D4346	Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation - Full Mouth, after Oral Evaluation	\$0
D3346	Retreatment of Previous Root Canal Therapy - Anterior	\$91	D4355	Full Mouth Debridement to Enable a Comprehensive Periodontal Evaluation and Diagnosis on a Subsequent Visit	\$24
D3347	Retreatment of Previous Root Canal Therapy - Premolar	\$105	D4381	Loc. Deliv. Chemo Agent, Controlled Release into Crevice, Per Tooth	\$8
D3348	Retreatment of Previous Root Canal Therapy - Molar	\$127	D4910	Periodontal Maintenance	\$21
D3351	Apexification/Recalcification Initial Visit	\$19	D4921	Gingival Irrigation With a Medicinal Agent - Per Quadrant	\$4
D3352	Apexification/Recalcification Interim Visit	\$13	VI. PROSTHODONTICS (REMOVABLE)		
D3353	Apexification/Recalcification Final Visit	\$44	D5110	Complete Denture - Maxillary	\$277
D3410	Apicoectomy - Anterior	\$64	D5120	Complete Denture - Mandibular	\$277
D3421	Apicoectomy - Bicuspid (First Root)	\$77	D5130	Immediate Denture - Maxillary	\$296
D3425	Apicoectomy - Molar (First Root)	\$80	D5140	Immediate Denture - Mandibular	\$296
D3426	Apicoectomy (Each Additional Root)	\$29	D5211	Maxillary Partial Denture - Resin base (Including, Retentive/Clasping Materials, Rests, and Teeth)	\$277
D3430	Retrograde Filling - Per Root	\$14	D5212	Mandibular Partial Denture - Resin Base (Including, Retentive/Clasping Materials, Rests, and Teeth)	\$277
D3450	Root Amputation Per Root	\$37	D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Retentive/Clasping Materials, Rests and Teeth)	\$296
D3471	Surgical Repair of Root Resorption - Anterior	\$61	D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Retentive/Clasping Materials, Rests and Teeth)	\$296
D3472	Surgical Repair of Root Resorption - Premolar	\$61	D5221	Immediate Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests and Teeth)	\$291
D3473	Surgical Repair of Root Resorption - Molar	\$61	D5222	Immediate Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests and Teeth)	\$291
D3501	Surgical Exposure of Root Surface without Apicoectomy or Repair of Root Resorption - Anterior	\$61	D5223	Immediate Maxillary Partial Denture - Cast Metal Framework with Resin Denture Based (Including Retentive/Clasping Materials, Rests and Teeth)	\$311
D3502	Surgical Exposure of Root Surface without Apicoectomy or Repair of Root Resorption - Premolar	\$61	D5224	Immediate Mandibular Partial Denture - Cast Metal Framework with Resin Denture Based (Including Retentive/Clasping Materials, Rests and Teeth)	\$311
D3503	Surgical Exposure of Root Surface without Apicoectomy or Repair of Root Resorption - Molar	\$61	D5225	Maxillary Partial - Flexible Base (Including Retentive/Clasping Materials, Rests and Teeth)	\$174
D3911	Intraorifice Barrier	\$0	D5226	Mandibular Partial - Flexible Base (Including Retentive/Clasping Materials, Rests and Teeth)	\$174
D3920	Hemisection (Incl. Root Removal/Excludes Rct)	\$35	D5227	Immediate Maxillary Partial Denture - Flexible Base (Including Any Clasps, Rests and Teeth)	\$370
D3950	Canal Prep & Fit of Preformed Post (By Other Than Dentist Who Placed Post)	\$3	D5228	Immediate Mandibular Partial Denture - Flexible Base (Including Any Clasps, Rests and Teeth)	\$370
V. PERIODONTICS			D5282	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Retentive/Clasping Materials, Rests and Teeth), Maxillary	\$69
D4210	Gingivectomy or Gingivoplasty - 4 or More Teeth Per Quadrant	\$49	D5283	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Retentive/Clasping Materials, Rests and Teeth), Mandibular	\$69
D4211	Gingivectomy or Gingivoplasty - 1 to 3 Teeth, Per Quadrant	\$27	D5284	Removable Unilateral Partial Denture - One Piece Flexible Base (Including Retentive/Clasping Materials, Rests and Teeth) - Per Quadrant	\$69
D4212	Gingivectomy or Gingivoplasty to Allow Access For Restorative Procedure, Per Tooth	\$13	D5286	Removable Unilateral Partial Denture - One Piece Resin (Including Retentive/Clasping Materials, Rests and Teeth) - Per Quadrant	\$116
D4240	Gingival Flap Procedure, w/Root Planing - 4 or More Teeth Per Quadrant	\$58	D5410	Adjust Complete Denture - Maxillary	\$8
D4241	Gingival Flap Procedure, w/Root Planing - 1 to 3 Teeth, Per Quadrant	\$37	D5411	Adjust Complete Denture - Mandibular	\$8
D4245	Apically Positioned Flap	\$56	D5421	Adjust Partial Denture - Maxillary	\$8
D4249	Clinical Crown Lengthening - Hard Tissue	\$73	D5422	Adjust Partial Denture - Mandibular	\$13
D4260	Osseous Surgery (Incl. Elevation of a Full Thickness Flap & Closure) - 4 or More Teeth Per Quad	\$110	D5511	Repair Broken Complete Denture Base, Mandibular	\$33
D4261	Osseous Surgery (Incl. Elevation of a Full Thickness Flap & Closure) - 1 to 3 Teeth, Per Quad	\$77	D5512	Repair Broken Complete Denture Base, Maxillary	\$33
D4263	Bone Replacement Graft - Retained Natural Tooth - First Site in Quadrant	\$33	D5520	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	\$31
D4264	Bone Replacement Graft - Retained Natural Tooth - Each Additional Site in Quadrant	\$25	D5611	Repair Resin Partial Denture Base, Mandibular	\$38
D4268	Surgical Revision Procedure, Per Tooth, Inclusive in Surgery	\$19	D5612	Repair Resin Partial Denture Base, Maxillary	\$38
D4270	Pedicle Soft Tissue Graft Procedure	\$71	D5621	Repair Cast Partial Framework, Mandibular	\$18
D4273	Autogenous Connective Tissue Graft Procedure (Incl. Donor and Recipient Surgical Sites) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$96	D5622	Repair Cast Partial Framework, Maxillary	\$18
D4274	Mesial/Distal Wedge Procedure, Single Tooth (When Not Performed in Conjunction with Surgical Procedures in the Same Anatomical Area)	\$24	D5630	Repair or Replace Broken Retentive Clasping Materials - Per Tooth	\$46
D4275	Non-Autogenous Connective Tissue Graft (Incl. Recipient Site and Donor Material) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$34	D5640	Replace Broken Teeth - Per Tooth	\$30
D4276	Combined Connective Tissue and Pedicle Graft, Per Tooth	\$91	D5650	Add Tooth to Existing Partial Denture	\$39
D4277	Free Soft Tissue Graft Procedure (Incl. Recipient and Donor Surgical Sites) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$82	D5660	Add Clasp to Existing Partial Denture - Per Tooth	\$49
D4278	Free Soft Tissue Graft Procedure (Incl. Recipient and Donor Surgical Sites) each additional Contiguous Tooth, Implant, or Edentulous Tooth Position in same Graft Site	\$49	D5670	Replace All Teeth & Acrylic on Cast Metal Framework - Maxillary	\$65
D4283	Autogenous Connective Tissue Graft Procedure (Incl. Donor and Recipient Surgical Sites) - each additional Contiguous Tooth, Implant or Edentulous Tooth Position in same Graft Site	\$57	D5671	Replace All Teeth & Acrylic on Cast Metal Framework - Mandibular	\$65
D4285	Non-Autogenous Connective Tissue Graft Procedure (Incl. Recipient Surgical Site and Donor Material) - each additional Contiguous Tooth, Implant or Edentulous Tooth Position in same Graft Site	\$21	D5710	Rebase Complete Maxillary Denture	\$57

First Commonwealth Plan 7000 (Illinois - \$0 Office Visit Copay) Schedule of Member's Payment Responsibility

Effective as of January 1, 2024



D5711	Rebase Complete Mandibular Denture	\$57	D6791	Retainer Crown - Full Cast Predominately Base Metal	\$107
D5720	Rebase Maxillary Partial Denture	\$52	D6792	Retainer Crown - Full Cast Noble Metal	\$117
D5721	Rebase Mandibular Partial Denture	\$102	D6794	Retainer Crown - Titanium and Titanium Alloys	\$126
D5730	Reline Complete Maxillary Denture (Direct)	\$28	D6930	Re-cement or Re-bond Fixed Partial Denture	\$11
D5731	Reline Complete Mandibular Denture (Direct)	\$28	D6980	Fixed Partial Denture Repair, by report	\$24
D5740	Reline Maxillary Partial Denture (Direct)	\$22	X. ORAL AND MAXILLOFACIAL SURGERY		
D5741	Reline Mandibular Partial Denture (Direct)	\$22	D7111	Extraction, Coronal Remnants - Primary Tooth	\$14
D5750	Reline Complete Maxillary Denture (Indirect)	\$48	D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$20
D5751	Reline Complete Mandibular Denture (Indirect)	\$89	D7210	Extraction, Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated	\$22
D5760	Reline Maxillary Partial Denture (Indirect)	\$41	D7220	Removal of Impacted Tooth - Soft Tissue	\$28
D5761	Reline Mandibular Partial Denture (Indirect)	\$41	D7230	Removal of Impacted Tooth - Partially Bony	\$38
D5765	Soft Liner for Complete or Partial Removable Denture - Indirect	\$26	D7240	Removal of Impacted Tooth - Completely Bony	\$46
D5850	Tissue Conditioning, Maxillary	\$26	D7241	Removal of Impacted Tooth - Completely Bony, with Unusual Surg Comp	\$50
D5851	Tissue Conditioning, Mandibular	\$16	D7250	Removal of Residual Tooth Roots (Cutting Procedure)	\$38
D5876	Add Metal Substructure to Acrylic Full Denture (Per Arch)	\$29	D7280	Exposure of an Unerupted Tooth	\$38
IX. PROSTHODONTICS (FIXED)			D7310	Alveoplasty w/Extractions - Per Quadrant	\$19
D6205	Pontic - Indirect Resin Based Composite	\$46	D7311	Alveoplasty w/Ext - 1 To 3 Teeth or Spaces, Per Quadrant	\$18
D6210	Pontic - Cast High Noble Metal*	\$191	D7320	Alveoplasty Not w/Extractions - Per Quadrant	\$24
D6211	Pontic - Cast Predominantly Base Metal	\$107	D7321	Alveoplasty Not w/Extractions - 1 to 3 Teeth or Spaces Per Quadrant	\$18
D6212	Pontic - Cast Noble Metal	\$117	D7450	Removal of Benign Odontogenic Cyst or Tumor (Diameter <= 1.25 Cm)	\$31
D6214	Pontic - Titanium and Titanium Alloys	\$126	D7451	Removal of Benign Odontogenic Cyst or Tumor (Diameter >1.25 Cm)	\$36
D6240	Pontic - Porcelain Fused to High Noble Metal*	\$179	D7509	Marsupialization of Odontogenic Cyst	\$15
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$191	D7510	Incision & Drainage of Abscess - Intraoral Soft Tissue	\$15
D6242	Pontic - Porcelain Fused to Noble Metal	\$196	D7511	Incision & Drainage of Abscess - Intraoral Soft Tissue - Complicated	\$9
D6243	Pontic - Porcelain Fused to Titanium and Titanium Alloys	\$179	D7922	Placement of Intra-Socket Biological Dressing to Aid in Hemostasis or Clot Stabilization, Per Site	\$11
D6245	Pontic - Porcelain/Ceramic	\$196	D7961	Buccal/Labial Frenectomy (Frenulectomy)	\$34
D6250	Pontic - Resin, High Noble Metal*	\$127	D7962	Lingual Frenectomy (Frenulectomy)	\$34
D6251	Pontic - Resin, Base Metal	\$112	D7963	Frenuloplasty	\$39
D6252	Pontic - Resin, Noble Metal	\$120	D7972	Surgical Reduction of Fibrous Tuberosity	\$20
D6545	Retainer - Cast Metal for Resin Bonded Fixed Prosthesis*	\$48	XI. ORTHODONTICS		
D6548	Retainer - Porcelain for Resin Bonded Prosthesis	\$48	D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition (age 18 and under) Class I and II	\$3,241
D6549	Resin Retainer - for Resin Bonded Fixed Prosthesis	\$24	D8090	Comprehensive Orthodontic Treatment of the Adult Dentition (age 19 and over) Class I and II	\$3,621
D6600	Retainer Inlay - Porcelain/Ceramic, Two Surfaces	\$97	D8660	Pre-Orthodontic Treatment Examination to Monitor Growth and Development	\$205
D6601	Retainer Inlay - Porcelain/Ceramic, Three or More Surfaces	\$105	D8680	Orthodontic Retention (Removal of Appliances, Construction & Placement Of Retainer(s))	\$255
D6602	Retainer Inlay - Cast High Noble Metal, Two Surfaces*	\$96	D8681	Removable Orthodontic Retainer Adjustment	\$0
D6603	Retainer Inlay - Cast High Noble Metal, Three or More Surfaces*	\$103	XII. ADJUNCTIVE GENERAL SERVICES		
D6604	Retainer Inlay - Cast Predominately Base Metal, Two Surfaces	\$96	D9110	Palliative Treatment of Dental Pain - Per Visit	\$11
D6605	Retainer Inlay - Cast Predominately Base Metal, Three or More Surfaces	\$103	D9210	Local Anesthetic, Not in Conjunction with Operative Procs.	\$0
D6606	Retainer Inlay - Cast Noble Metal, Two Surfaces	\$96	D9215	Local Anesthesia-In Conjunction with Operative or Surgical Procedures (Inclusive in those Procedures)	\$0
D6607	Retainer Inlay - Cast Noble Metal, Three or More Surfaces	\$103	D9219	Evaluation For Moderate Sedation, Deep Sedation or General Anesthesia	\$21
D6608	Retainer Onlay - Porcelain/Ceramic, Two Surfaces	\$101	D9222	Deep Sedation/General Anesthesia - First 15 Minutes	\$55
D6609	Retainer Onlay - Porcelain/Ceramic, Three or More Surfaces	\$117	D9223	Deep Sedation/General Anesthesia - Each Subsequent 15 Minute Increment	\$55
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces*	\$99	D9230	Analgesia, Nitrous Oxide	\$9
D6611	Retainer Onlay - Cast High Noble Metal, Three or More Surfaces*	\$116	D9310	Consultation - Diagnostic Service Provided by Dentist or Physician Other Than Requesting Dentist or Physician	\$10
D6612	Retainer Onlay - Cast Predominately Base Metal, Two Surfaces	\$99	D9311	Consultation with a medical health care professional	\$0
D6613	Retainer Onlay - Cast Predominately Base Metal, Three or More Surfaces	\$116	D9430	Office Visit for Observation (During Regularly Scheduled Hours)	\$0
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	\$99	D9440	Office Visit for Observation (After Regularly Scheduled Hours)	\$0
D6615	Retainer Onlay - Cast Noble Metal, Three or More Surfaces	\$116	D9450	Case Presentation, Subsequent to Detailed & Extensive Treatment Planning	\$0
D6624	Retainer Inlay - Titanium	\$96	D9910	Application of Desensitizing Medicament, Per Visit	\$4
D6634	Retainer Onlay - Titanium	\$99	D9911	Application of Desensitizing Resin for Cervical and/or Root Surface-Per Tooth	\$5
D6710	Retainer Crown - Indirect Resin Based Composite	\$46	D9951	Occlusal Adjustment - Limited	\$9
D6720	Retainer Crown - Resin with High Noble Metal*	\$69			
D6721	Retainer Crown - Resin with Predominately Base Metal	\$69			
D6722	Retainer Crown - Resin with Noble Metal	\$69			
D6740	Retainer Crown - Porcelain/Ceramic	\$220			
D6750	Retainer Crown - Porcelain Fused to High Noble Metal*	\$206			
D6751	Retainer Crown - Porcelain Fused to Predominately Base Metal	\$206			
D6752	Retainer Crown - Porcelain Fused to Noble Metal	\$210			
D6753	Retainer Crown - Porcelain Fused to Titanium and Titanium Alloys	\$206			
D6780	Retainer Crown - 3/4 Cast High Noble Metal*	\$124			
D6781	Retainer Crown - 3/4 Cast Predominately Base Metal	\$107			
D6782	Retainer Crown - 3/4 Cast Noble Metal	\$117			
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	\$130			
D6784	Retainer Crown - 3/4 - Titanium and Titanium Alloys	\$124			
D6790	Retainer Crown - Full Cast High Noble Metal*	\$126			

First Commonwealth Plan 7000 (Illinois - \$0 Office Visit Copay) Schedule of Member's Payment Responsibility



Effective as of January 1, 2024

D9952	Occlusal Adjustment - Complete	\$27
D9990	Certified Translation or Sign-Language Services-Per Visit	\$0
D9991	Dental Case Management - Addressing Appointment Compliance Barriers	\$0
D9992	Dental Case Management - Care Coordination	\$0
D9993	Dental Case Management - Motivational Interviewing	\$0
D9994	Dental Case Management - Patient Education to Improve Oral Health Literacy	\$0
D9997	Dental Case Management - Patients with Special Health Care Needs	\$0

*Designated restorations include high noble metal (gold). The actual cost of this metal may be added to the patient's responsibility at the time of service. The payment responsibilities listed above are valid as of January 1, 2021. The payment responsibilities are subject to revision on January 1 of each year. A complete description of benefits, limitations and exclusions is included in your subscription certificate. Current Dental Terminology © 2020 American Dental Association. All rights reserved.