



All About Your Dental Coverage

University of Southern California Student Dental Plan

This Delta Dental PPO table of allowance plan offers reliable coverage for a low annual premium. You can visit any dentist to receive coverage.

With a table of allowance plan, you'll know in advance how much is covered. Each procedure has an "allowance," or set amount that Delta Dental will pay (if no deductibles or maximums apply). If your dentist charges over the allowance, you will be responsible for the remaining amount. **To save the most, visit a Delta Dental PPO dentist. These dentists have agreed to reduced fees.**



How to make the most of your dental plan



Stay in network to save

To keep your out-of-pocket costs low, choose a Delta Dental PPO dentist. These dentists have agreed to reduced fees. If you can't find a PPO dentist, a Delta Dental Premier dentist is your next best bet. Go to deltadentalins.com/usc to find a PPO or Premier dentist in your area.



Create an online account

Access claims and benefits detail at the touch of a button. Go to deltadentalins.com/usc to register for an online account.



Skip the ID card

When you visit the dentist, you don't need to carry a dental plan ID card. Just tell the dental office you're covered by Delta Dental of California and provide your name, student ID number and date of birth.



Go mobile

Log in to your online account from your smartphone. Or, download the Delta Dental mobile app from the App Store or Google Play. You can pull up an ID card, view claims and see your benefits details.



Request an estimate

Planning an expensive procedure? Ask your dental office for a pre-treatment estimate, and Delta Dental will send you and your dentist an estimate of your out-of-pocket costs.

✓ **Pro-tip:** Visit USC's Herman Ostrow School of Dentistry or the USC Faculty Practice to enjoy a higher allowance for certain common procedures. That means more money left in your pocket.

Effective date:	August 14, 2017	Deductible per plan year:	\$50 per person \$150 per family Waived for diagnostic and preventive care
Coverage ends:	August 12, 2018	Maximum per plan year:	\$1,200
Deadline to enrollee:	Sept. 8, 2017	Cost per student:	\$136

Got questions?

Visit deltadentalins.com/usc or call Customer Service at 800-765-6003. To enroll, complete the form at engemannshc.usc.edu/insurance/dental. You can also contact the Student Health Center at eshcins@usc.edu.

How much Delta Dental pays for each procedure — full list

Diagnostic (Exams and X-rays)		
Code	Description	Your plan pays
D0120	Periodic oral evaluation - established patient	\$13
D0140	Limited oral evaluation - problem focused	\$24
D0150	Comprehensive oral evaluation - new or established patient	\$23 / \$65*
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$32
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$32
D0180	Comprehensive periodontal evaluation - new or established patient	\$24 / \$65*
D0190	Screening of a patient	\$9
D0191	Assessment of a patient	\$9
D0210	Intraoral - complete series of radiographic images	\$47 / \$90*
D0220	Intraoral - periapical first radiographic image	\$8
D0230	Intraoral - periapical each additional radiographic image	\$7
D0240	Intraoral - occlusal radiographic image	\$12
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	\$20
D0270	Bitewing - single radiographic image	\$8
D0272	Bitewings - two radiographic images	\$14
D0274	Bitewings - four radiographic images	\$20 / \$30*
D0277	Vertical bitewings - 7 to 8 radiographic images	\$17
D0330	Panoramic radiographic image	\$38
D0460	Pulp vitality tests	\$15
D0601	Caries risk assessment and documentation, with a finding of low risk	\$3
D0602	Caries risk assessment and documentation, with a finding of moderate risk	\$3
D0603	Caries risk assessment and documentation, with a finding of high risk	\$3
Preventive (Cleanings, Fluoride, Sealants and Space Maintainers)		
Code	Description	Your plan pays
D1110	Prophylaxis (cleaning) - adult	\$33 / \$75*
D1120	Prophylaxis (cleaning) - child	\$24
D1208	Topical application of fluoride - excluding varnish	\$10
D1351	Sealant - per tooth	\$20
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	\$24
D1510	Space maintainer - fixed - unilateral	\$91
D1515	Space maintainer - fixed - bilateral	\$156
D1520	Space maintainer - removable - unilateral	\$56
D1525	Space maintainer - removable - bilateral	\$165
D1550	Re-cement or re-bond space maintainer	\$19
D1575	Distal shoe space maintainer - fixed - unilateral	\$91

* You will receive a higher allowance for this procedure if it is provided by USC's Herman Ostrow School of Dentistry or the USC Faculty Practice..

Restorative (Fillings, Inlays, Onlays, Crowns (Caps) and Veneers)

Code	Description	Your plan pays
D2140	Amalgam - one surface, primary or permanent	\$32
D2150	Amalgam - two surfaces, primary or permanent	\$43
D2160	Amalgam - three surfaces, primary or permanent	\$54
D2161	Amalgam - four or more surfaces, primary or permanent	\$58
D2330	Resin-based composite - one surface, anterior	\$39
D2331	Resin-based composite - two surfaces, anterior	\$49
D2332	Resin-based composite - three surfaces, anterior	\$62
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$71
D2390	Resin-based composite crown, anterior	\$78
D2391	Resin-based composite - one surface, posterior	\$40
D2392	Resin-based composite - two surfaces, posterior	\$56
D2393	Resin-based composite - three surfaces, posterior	\$70
D2394	Resin-based composite - four or more surfaces, posterior	\$78
D2510	Inlay - metallic - one surface	\$95
D2520	Inlay - metallic - two surfaces	\$176
D2530	Inlay - metallic - three or more surfaces	\$165
D2542	Onlay - metallic - two surfaces	\$100
D2543	Onlay - metallic - three surfaces	\$111
D2544	Onlay - metallic - four or more surfaces	\$115
D2610	Inlay - porcelain/ceramic - one surface	\$98
D2620	Inlay - porcelain/ceramic - two surfaces	\$197
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$191
D2642	Onlay - porcelain/ceramic - two surfaces	\$87
D2643	Onlay - porcelain/ceramic - three surfaces	\$107
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$128
D2650	Inlay - resin-based composite - one surface	\$93
D2651	Inlay - resin-based composite - two surfaces	\$85
D2652	Inlay - resin-based composite - three or more surfaces	\$107
D2662	Onlay - resin-based composite - two surfaces	\$109
D2663	Onlay - resin-based composite - three surfaces	\$113
D2664	Onlay - resin-based composite - four or more surfaces	\$117
D2710	Crown - resin-based composite (indirect)	\$62
D2720	Crown - resin with high noble metal	\$131
D2721	Crown - resin with predominantly base metal	\$100
D2722	Crown - resin with noble metal	\$154
D2740	Crown - porcelain/ceramic substrate	\$206
D2750	Crown - porcelain fused to high noble metal	\$200
D2751	Crown - porcelain fused to predominantly base metal	\$190

D2752	Crown - porcelain fused to noble metal	\$192
D2780	Crown - 3/4 cast high noble metal	\$205
D2781	Crown - 3/4 cast predominantly base metal	\$177
D2782	Crown - 3/4 cast noble metal	\$179
D2783	Crown - 3/4 porcelain/ceramic	\$206
D2790	Crown - full cast high noble metal	\$199
D2791	Crown - full cast predominantly base metal	\$172
D2792	Crown - full cast noble metal	\$173
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$15
D2910	Recement inlay, onlay, or partial coverage restoration	\$15
D2920	Recement crown	\$14
D2920	Re-cement or re-bond crown	\$14
D2921	Reattachment of tooth fragment, incisal edge or cusp	\$53
D2930	Prefabricated stainless steel crown - primary tooth	\$43
D2931	Prefabricated stainless steel crown - permanent tooth	\$49
D2932	Prefabricated resin crown	\$42
D2933	Prefabricated stainless steel crown with resin window	\$64
D2940	Protective restoration	\$15
D2941	Interim therapeutic restoration - primary dentition	\$15
D2950	Core buildup, including any pins when required	\$37
D2951	Pin retention - per tooth, in addition to restoration	\$9
D2952	Post and core in addition to crown, indirectly fabricated	\$67
D2953	Each additional indirectly fabricated post - same tooth	\$67
D2954	Prefabricated post and core in addition to crown	\$56
D2955	Post removal	\$50
D2957	Each additional prefabricated post - same tooth	\$56
D2960	Labial veneer (resin laminate) - chairside	\$63
D2961	Labial veneer (resin laminate) - laboratory	\$135
D2962	Labial veneer (porcelain laminate) - laboratory	\$173
D2980	Crown repair necessitated by restorative material failure	\$42
D2981	Inlay repair necessitated by restorative material failure	\$42
D2982	Onlay repair necessitated by restorative material failure	\$42
D2983	Veneer repair necessitated by restorative material failure	\$42

Endodontics (Root Canals and Other Root Treatment)

Code	Description	Your plan pays
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$24
D3221	Pulpal debridement, primary and permanent teeth	\$11
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$34
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$32

D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$112
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	\$136
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$171
D3331	Treatment of root canal obstruction; non-surgical access	\$11
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$11
D3333	Internal root repair of perforation defects	\$11
D3346	Retreatment of previous root canal therapy - anterior	\$114
D3347	Retreatment of previous root canal therapy - bicuspid	\$152
D3348	Retreatment of previous root canal therapy - molar	\$196
D3410	Apicoectomy - anterior	\$90
D3421	Apicoectomy - bicuspid (first root)	\$144
D3425	Apicoectomy - molar (first root)	\$129
D3426	Apicoectomy (each additional root)	\$33
D3427	Periradicular surgery without apicoectomy	\$35
D3430	Retrograde filling - per root	\$35
D3450	Root amputation - per root	\$98
D3920	Hemisection (including any root removal), not including root canal therapy	\$37

Periodontics (Gum Treatment)

Code	Description	Your plan pays
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$49
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$30
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$30
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$85
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$85
D4245	Apically positioned flap	\$101
D4249	Clinical crown lengthening - hard tissue	\$115
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$209
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$209
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	\$71
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	\$82
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$110
D4266	Guided tissue regeneration - resorbable barrier, per site	\$110
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	\$117
D4270	Pedicle soft tissue graft procedure	\$190

D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	\$233
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$136
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	\$179
D4276	Combined connective tissue and double pedicle graft, per tooth	\$233
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	\$179
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	\$134
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	\$140
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	\$107
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$40 / \$90*
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$40
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	\$33
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$28
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth	\$30
D4910	Periodontal maintenance	\$22
D4920	Unscheduled dressing change (by someone other than treating dentist or staff)	\$5

Prosthodontics (Dentures, Bridges, Implants and Crowns to Replace Missing Teeth)

Codes	Description	Your plan pays
D5110	Complete denture - maxillary	\$230
D5120	Complete denture - mandibular	\$237
D5130	Immediate denture - maxillary	\$259
D5140	Immediate denture - mandibular	\$259
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$194
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$209
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$288
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$284
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$233
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$251

D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$346
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$341
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$145
D5410	Adjust complete denture - maxillary	\$11
D5411	Adjust complete denture - mandibular	\$9
D5421	Adjust partial denture - maxillary	\$13
D5422	Adjust partial denture - mandibular	\$10
D5510	Repair broken complete denture base	\$22
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$21
D5610	Repair resin denture base	\$23
D5620	Repair cast framework	\$31
D5630	Repair or replace broken clasp - per tooth	\$33
D5640	Replace broken teeth - per tooth	\$19
D5650	Add tooth to existing partial denture	\$28
D5660	Add clasp to existing partial denture - per tooth	\$34
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$92
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$102
D5710	Rebase complete maxillary denture	\$75
D5711	Rebase complete mandibular denture	\$93
D5720	Rebase maxillary partial denture	\$92
D5721	Rebase mandibular partial denture	\$102
D5730	Reline complete maxillary denture (chairside)	\$46
D5731	Reline complete mandibular denture (chairside)	\$39
D5740	Reline maxillary partial denture (chairside)	\$38
D5741	Reline mandibular partial denture (chairside)	\$43
D5750	Reline complete maxillary denture (laboratory)	\$73
D5751	Reline complete mandibular denture (laboratory)	\$71
D5760	Reline maxillary partial denture (laboratory)	\$64
D5761	Reline mandibular partial denture (laboratory)	\$66
D5820	Interim partial denture (maxillary)	\$79
D5821	Interim partial denture (mandibular)	\$101
D5850	Tissue conditioning, maxillary	\$35
D5851	Tissue conditioning, mandibular	\$22
D5863	Overdenture - complete maxillary	\$230
D5864	Overdenture - partial maxillary	\$288
D5865	Overdenture - complete mandibular	\$237
D5866	Overdenture - partial mandibular	\$284
D5875	Modification of removable prosthesis following implant surgery	\$31
D6010	Surgical placement of implant body: endosteal implant	\$530

D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	\$530
D6013	Surgical placement of mini implant	\$265
D6040	Surgical placement: eposteal implant	\$990
D6050	Surgical placement: transosteal implant	\$1,000
D6055	Connecting bar - implant supported or abutment supported	\$461
D6056	Prefabricated abutment - includes modification and placement	\$126
D6057	Custom fabricated abutment - includes placement	\$172
D6058	Abutment supported porcelain/ceramic crown	\$295
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$302
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$278
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$278
D6062	Abutment supported cast metal crown (high noble metal)	\$297
D6063	Abutment supported cast metal crown (predominantly base metal)	\$261
D6064	Abutment supported cast metal crown (noble metal)	\$254
D6065	Implant supported porcelain/ceramic crown	\$309
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$302
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$297
D6068	Abutment supported retainer for porcelain/ceramic FPD	\$309
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$302
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$278
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$278
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	\$297
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	\$261
D6074	Abutment supported retainer for cast metal FPD (noble metal)	\$254
D6075	Implant supported retainer for ceramic FPD	\$309
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	\$302
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	\$297
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	\$44
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	\$40
D6090	Repair implant supported prosthesis, by report	\$76
D6091	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	\$49
D6092	Re-cement or re-bond implant/abutment supported crown	\$28
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	\$42
D6094	Abutment supported crown - titanium	\$281

D6095	Repair implant abutment, by report	\$86
D6100	Implant removal, by report	\$113
D6101	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	\$85
D6102	Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	\$209
D6103	Bone graft for repair of peri-implant defect - does not include flap entry and closure	\$71
D6104	Bone graft at time of implant placement	\$71
D6110	Implant /abutment supported removable denture for edentulous arch - maxillary	\$230
D6111	Implant /abutment supported removable denture for edentulous arch - mandibular	\$230
D6112	Implant /abutment supported removable denture for partially edentulous arch - maxillary	\$288
D6113	Implant /abutment supported removable denture for partially edentulous arch - mandibular	\$288
D6114	Implant /abutment supported fixed denture for edentulous arch - maxillary	\$230
D6115	Implant /abutment supported fixed denture for edentulous arch - mandibular	\$230
D6116	Implant /abutment supported fixed denture for partially edentulous arch - maxillary	\$288
D6117	Implant /abutment supported fixed denture for partially edentulous arch - mandibular	\$288
D6210	Pontic - cast high noble metal	\$204
D6211	Pontic - cast predominantly base metal	\$184
D6212	Pontic - cast noble metal	\$165
D6240	Pontic - porcelain fused to high noble metal	\$196
D6241	Pontic - porcelain fused to predominantly base metal	\$182
D6242	Pontic - porcelain fused to noble metal	\$180
D6245	Pontic - porcelain/ceramic	\$206
D6250	Pontic - resin with high noble metal	\$202
D6251	Pontic - resin with predominantly base metal	\$227
D6252	Pontic - resin with noble metal	\$202
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$60
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$206
D6549	Resin retainer -for resin bonded fixed prosthesis	\$60
D6600	Retainer inlay - porcelain/ceramic, two surfaces	\$175
D6601	Retainer inlay - porcelain/ ceramic - three or more surfaces	\$196
D6602	Retainer inlay - cast high noble metal, two surfaces	\$175
D6603	Retainer inlay - cast high noble metal, three or more surfaces	\$196
D6604	Retainer inlay - cast predominantly base metal, two surfaces	\$175
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	\$196
D6606	Retainer inlay - cast noble metal, two surfaces	\$175

D6607	Retainer inlay - cast noble metal - three or more surfaces	\$196
D6608	Retainer onlay - porcelain/ ceramic, two surfaces	\$100
D6609	Retainer onlay porcelain/ ceramic, three or more surfaces	\$111
D6610	Retainer onlay - cast high noble metal, two surfaces	\$100
D6611	Retainer onlay - cast high noble metal, three or more surfaces	\$111
D6612	Retainer onlay - cast predominantly base metal, two surfaces	\$100
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	\$111
D6614	Retainer onlay - cast noble metal, two surfaces	\$100
D6615	Retainer onlay - cast noble metal, three or more surfaces	\$111
D6720	Retainer crown - resin with high noble metal	\$226
D6721	Retainer crown - resin with predominantly base metal	\$190
D6722	Retainer crown - resin with noble metal	\$165
D6740	Retainer crown - porcelain/ceramic	\$206
D6750	Retainer crown - porcelain fused to high noble metal	\$201
D6751	Retainer crown - porcelain fused to predominantly base metal	\$186
D6752	Retainer crown - porcelain fused to noble metal	\$186
D6780	Retainer crown - 3/4 cast high noble metal	\$221
D6781	Retainer crown - 3/4 cast predominantly base metal	\$177
D6782	Retainer crown - 3/4 cast noble metal	\$179
D6783	Retainer crown - 3/4 porcelain/ceramic	\$206
D6790	Retainer crown - full cast high noble metal	\$198
D6791	Retainer crown - full cast predominantly base metal	\$177
D6792	Retainer crown - full cast noble metal	\$169
D6920	Connector bar	\$61
D6930	Re-cement or re-bond fixed partial denture	\$19
D6980	Fixed partial denture repair necessitated by restorative material failure	\$39

Oral Surgery (Extractions)

Codes	Description	Your plan pays
D7111	Extraction, coronal remnants - deciduous tooth	\$20
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$20
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$40
D7220	Removal of impacted tooth - soft tissue	\$56
D7230	Removal of impacted tooth - partially bony	\$73
D7240	Removal of impacted tooth - completely bony	\$84
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$107
D7250	Removal of residual tooth roots (cutting procedure)	\$36
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$62
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	\$379

D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$80
D7290	Surgical repositioning of teeth	\$67
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$33
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$45
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$65
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$102
D7485	Reduction of osseous tuberosity	\$136
D7510	Incision and drainage of abscess - intraoral soft tissue	\$21
D7520	Incision and drainage of abscess - extraoral soft tissue	\$23
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	\$74
D7970	Excision of hyperplastic tissue - per arch	\$35
D7971	Excision of pericoronal gingiva	\$22
D7972	Surgical reduction of fibrous tuberosity	\$140
D7995	Synthetic graft - mandible or facial bones, by report	\$61

Adjunctive Services (Miscellaneous)

Codes	Description	Your plan pays
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$18
D9223	Deep sedation/general anesthesia - each 15 minute increment	\$21
D9230	Inhalation of nitrous oxide / anxiolysis, analgesia	\$7
D9243	Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment	\$21
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$15
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$11
D9440	Office visit - after regularly scheduled hours	\$19
D9450	Case presentation, detailed and extensive treatment planning	\$8
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	\$7
D9940	Occlusal guard, by report	\$125
D9951	Occlusal adjustment - limited	\$13
D9952	Occlusal adjustment - complete	\$116

In California, Delta Dental PPO is underwritten by Delta Dental of California. Delta Dental is a registered mark of Delta Dental Plans Association.