

**Regence Caring Foundation for Children
Procedure Codes as of July 1, 2010**

Maximum Allowance \$1,000 / contract year
No benefits paid once child turns 18 years of age

Procedure Code		Value Care Allowed \$
I. Diagnostic		
D0120	Periodic Oral Evaluation	\$ 25.00
D0140	Limited Oral Evaluation-problem focused	\$ 38.00
D0150	Comprehensive Oral Evaluation	\$ 40.00
D0160	Detailed and Extensive Oral Evaluation	\$ 102.00
Radiographs / Diagnostic Imaging		
D0210	Intraoral-complete series (including bitewings)	\$ 70.00
D0220	Intraoral-periapical-first film	\$ 12.00
D0230	Intraoral-periapical-each additional film	\$ 10.00
D0240	Intraoral-occlusal film	\$ 19.00
D0270	Bitewing-one film	\$ 14.00
D0272	Bitewings-two film	\$ 22.00
D0274	Bitewings-four films	\$ 30.00
D0330	Panoramic film	\$ 58.00
II. Preventative		
D1110	Prophylaxis-adult	\$ 48.00
D1120	Prophylaxis-child	\$ 33.00
D1203	Topical app of fluoride (no prophy)-child	\$ 19.00
D1204	Topical app of fluoride (no prophy)-adult	\$ 18.00
D1206	Topical fluoride (varnish; therapeutic application for moderate to high caries risk patients	\$ 19.00
**D1351	Sealant per tooth	\$ 22.00
D1510	Space maintainer-fixed unilateral	\$146.00
D1515	Space maintainer-fixed bilateral	\$223.00
D1520	Space maintainer-removable-unilateral	\$175.00
D1525	Space maintainer-removable-bilateral	\$278.00
D1550	Re-cementation of space maintainer	\$ 34.00
III. Restorative		
D2140	Amalgam-one surfaces prim or perm	\$ 79.00
D2150	Amalgam-two surfaces prim or perm	\$107.00
D2160	Amalgam-three surfaces prim or perm	\$126.00
D2161	Amalgam-four or more surfaces, prim or perm	\$162.00
D2330	Resin-based composite-1 surface, anterior	\$ 78.00
D2331	Resin-based composite- 2 surfaces, anterior	\$ 91.00
D2332	Resin-based composite-3 surfaces, anterior	\$112.00
D2335	Resin-based composite-4+ surf	\$132.00
D2390	Resin-based composite crown, anterior	\$165.00
D2391	Resin-based composite- 1 surface, posterior,	\$ 84.00

D2392	Resin-based composite- 2 surface, posterior,	\$ 110.00
D2393	Resin-based composite- 3 surface, posterior,	\$ 137.00
D2394	Resin-based composite- 4 or more surfaces, post	\$ 166.00
D2751	Porcelain fused to predominantly/base metal	\$ 600.00
D2752	Porcelain fused to noble metal	\$ 615.00
D2791	Full cast predominantly base metal	\$ 564.00
D2930	Prefab stainless steel crown-primary tooth	\$ 128.00
D2931	Prefab stainless steel crown-perm tooth	\$ 138.00
D2932	Prefab resin crown	\$ 117.00
D2933	Prefab stainless steel crown w/resin window	\$ 152.00
D2940	Sedative filling	\$ 38.00
D2950	Core build-up including any pins	\$ 120.00
D2952	Post and core in addition to crown	\$ 197.00
IV. Endodontics		
D3220	Therapeutic pulpotomy	\$ 67.00
D3310	Root Canal – Anterior	\$ 446.00
D3320	Root Canal – Bicuspid	\$ 533.00
D3330	Root Canal – Molar	\$ 631.00
D3950	Canal Prep	\$ 81.00
X. Oral Surgery		
D7111	Coronal remnants-deciduous tooth	\$ 56.00
D7140	Extraction, Erup tooth or exposed root	\$ 70.00
D7210	Surgical removal of erupted tooth	\$ 130.00
*D7220	Removal of impacted tooth-soft tissue	\$ 163.00
*D7230	Removal of impacted tooth-partially bony	\$ 215.00
*D7240	Removal of impacted tooth-completely bony	\$ 257.00
*D7241	Removal of impacted tooth-completely bony with unusual surgical complications	\$ 294.00
XII. Adjunctive General Services		
D9220	General Anesthesia–first 30 minutes	\$ 181.00
D9221	General Anesthesia-each additional 15 min.	\$ 81.00
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$ 27.00
D9248	Non Intravenous Conscious Sedation	\$ 101.00

* These extractions are not a benefit for wisdom teeth removal.

** Benefit for sealants are only paid for permanent bicuspids and permanent molars.