

**Regence Caring Foundation for Children  
Procedure Codes as of July 1, 2011**

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

Code                      Description..... ValueCare Allowed

**D0100-D0999 DIAGNOSTIC**

Clinical Oral Evaluation

D0120	Periodic oral evaluation .....	26.00
D0140	Limited oral evaluation.....	39.00
D0150	Comprehensive oral evaluation.....	41.00
D0160	Detailed and extensive oral evaluation.....	102.00

Radiographs/Diagnostic Imaging

D0210	Intraoral – complete series include bitewings.....	71.00
D0220	Intraoral – periapical – first film .....	12.00
D0230	Intraoral – periapical – each additional film .....	10.00
D0240	Intraoral – occlusal film.....	19.00
D0270	Bitewing – single film .....	14.00
D0272	Bitewings – two films .....	22.00
D0274	Bitewings – four films.....	31.00
D0330	Panoramic film.....	59.00

**D1000 – D1999 PREVENTATIVE**

Dental Prophylaxis

D1110	Prophylaxis – adult .....	49.00
D1120	Prophylaxis – child.....	33.00

Topical Fluoride Treatment (Office Procedure)\*

D1203	Topical application of fluoride (prophylaxis not included) – child .....	19.00
D1204	Topical application of fluoride (prophylaxis not included) – adult.....	18.00
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients .....	19.00

\* Fluoride applications are limited to two (2) treatments per enrollment year.

Other Preventive Services\*

D1351	Sealant – per tooth .....	22.00
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\* Sealant reimbursement for bicuspid and permanent molars for enrolled children age seventeen (17) and under.

Space Maintenance (Passive Appliances)

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

## D2000 – D2999 RESTORATIVE

### Amalgam Restorations (Including Polishing)

D2140	Amalgam – one surface, primary or permanent .....	79.00
D2150	Amalgam – two surfaces, primary or permanent.....	107.00
D2160	Amalgam – three surfaces, primary or permanent .....	126.00
D2161	Amalgam – four or more surfaces, primary or permanent .....	162.00

### Resin Restorations

D2330	Resin based composite, one surface anterior .....	78.00
D2331	Resin based composite, two surfaces anterior.....	91.00
D2332	Resin based composite, three surfaces anterior .....	112.00
D2335	Resin based composite, four or more surfaces or involving incisal angle .....	132.00
D2390	Resin based composite crown, anterior .....	165.00
D2391	Resin based composite – one surface, posterior .....	84.00
D2392	Resin based composite – two surfaces, posterior.....	110.00
D2393	Resin based composite – three surfaces, posterior .....	137.00
D2394	Resin based composite – four or more surfaces, posterior.....	166.00

### Crowns – Single Restorations Only

D2751	Crown – Porcelain fused to predominantly base metal .....	600.00
D2752	Crown – Porcelain fused to noble metal.....	615.00
D2791	Crown – Full cast predominantly base metal .....	564.00

### Other Restorative Services

D2930	Prefabricated stainless steel crown – primary tooth.....	128.00
D2931	Prefabricated stainless steel crown – permanent tooth .....	138.00
D2932	Prefabricated resin crown.....	117.00
D2933	Prefabricated stainless steel crown with resin window .....	152.00
D2940	Sedative filling .....	38.00
D2950	Core Buildup, including any pins .....	122.00
D2952	Cast post and core in addition to crown .....	197.00

**D3000 – D3999 ENDODONTICS**

Pulpotomy

D3220 Therapeutic pulpotomy – excluding final restoration .....67.00

Endodontic Therapy

D3310 Anterior – excluding final restoration .....455.00

D3320 Bicuspid – excluding final restoration .....544.00

D3330 Molar – excluding final restoration.....644.00

\*ValueCare Specialist rates:

D3220 Therapeutic pulpotomy – excluding final restoration ..... 74.00\*

Endodontic Therapy

D3310 Anterior – excluding final restoration ..... 506.00\*

D3320 Bicuspid – excluding final restoration ..... 604.00\*

D3330 Molar – excluding final restoration..... 715.00\*

**D7000 – D7999 ORAL AND MAXILLOFACIAL SURGERY**

Extractions (Includes Local Anesthesia, Suturing, if needed, and Routine Postoperative Care)

D7111 Coronal remnants – deciduous tooth .....56.00

D7140 Extraction, erupted tooth or exposed root .....71.00

Surgical Extractions (Includes Local Anesthesia, Suturing and Routine Postoperative Care)

D7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap  
and removal of bone and/or section of tooth ..... 133.00

**D9000 – D9999 ADJUNCTIVE GENERAL SERVICES**

Anesthesia

D9220 Deep sedation/general anesthesia – first 30 minutes .....181.00

D9221 Deep sedation/general anesthesia – each additional 15 minutes.....81.00

D9230 Analgesia, anxiolysis, inhalation of nitrous oxide .....27.00

D9248 Non-intravenous conscious sedation .....101.00

**D9410-D9450 PROFESSIONAL VISITS**

D9420 Hospital call .....73.00