



A Better Path to Benefits



Dominion National recognizes that you're unique and we've designed plans and programs that work for you. We seek a better way to serve you through customized plans and exceptional service so you can focus on what makes you extraordinary and fulfilled.

WE WORK FOR THE BENEFIT OF OUR MEMBERS, DELIVERING:

EXTENSIVE NETWORKS²

Choice PPO network offers access to over 367,000 dentists nationally.^{1,3}

Select Plan network is one of the largest in the Mid-Atlantic region.^{3,4}

Elite PPO and Elite ePPO networks provide unmatched flexibility and lower out-of-pocket costs.

To find a participating provider, please visit DominionNational.com.

VALUE-ADDED BENEFITS

NEW PREVENTION REWARDS PROGRAM

Get Cleanings. Get Rewarded!

Primary subscribers will receive a \$20 reward from Dominion for each family member who gets two cleanings in a calendar year from a participating dentist.

No extra steps are needed! Just visit your dentist twice a year for a cleaning, have them submit the claim and Dominion will automatically send you the reward check.

HEARING DISCOUNT PROGRAM

amplifonusa.com/dn

Access to discounts on hearing aids and services.⁵

DIGIBITE TELEDENTISTRY APP

DominionNational.com/teledentistry

Receive a dental consultation without leaving your home or office!

Z DENTAL DISCOUNT

Myzsonic.com/DN

Access discounts on premium oral care products and accessories offered by Z Dental.

SECURE ONLINE ACCESS

Access your digital ID card, find a provider and more through secure online resources.



MEMBER PORTAL

DominionMembers.com



DOMINION NATIONAL GO MOBILE COMMUNICATION SERVICE

Register at DominionNational.com/go or by calling 888.596.0716



LIVE CHAT SUPPORT

Visit DominionNational.com to chat with a live agent.



TOLL-FREE, 24 HOUR ACCESS at 888.518.5338

Eligibility and claim information are available for members, benefit administrators and dentists.

¹ Dominion National Internal Performance Report, 2023.

² Networks and products vary by state. Check availability on your state marketplace.

³ Participating providers are subject to change.

⁴ Managed care plan with exclusive network, fixed member copayments, no annual maximum dollar limits, no waiting periods and no deductibles. In New Jersey, Select Plans are available in Camden, Cumberland and Gloucester counties only. Dominion National Network Analysis Report, 2023. Mid-Atlantic includes D.C., Delaware, Maryland, New Jersey, Pennsylvania and Virginia.

⁵ Visit amplifonusa.com/dn for full details. Hearing services are administered by Amplifon Hearing Health Care Corp.



Select Plan Basic Pediatric 702xs (NJ) Description of Services, Member Copayments, Exclusions and Limitations for Pediatric Services

- Coverage continues through end of the year in which the Member turns 19 -

Plan Highlights

- This plan has fixed Member Copayments.
- This plan requires Members to use Participating Dentists except for out-of-area emergency dental services and/or for services provided when a Member is referred to an out-of-network specialist. See exclusion 7.
- Annual Out-of-Pocket Maximum: \$425 per Member per calendar year for Necessary and Appropriate Dental Services treatment (maximum of \$850 for policy covering two or more Members). The Member shall only be responsible for the Member Copayment listed in the Member Copayment column.
- There are no annual maximum dollar limits, no waiting periods and no deductibles.
- If course of treatment is to exceed \$300, pre-authorization is required.

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
Diagnostic/Preventive					
D0120	Prevention Reward: Primary subscriber will receive a \$20 payment from Dominion for each family member that receives two cleanings during the Calendar year from a participating Select Plan network dentist	Office visit.....10	D0374	Intraoral tomosynthesis – periapical radiographic image.....	0
D0140	Periodic oral eval - established patient	0	D0380	Cone beam CT image capture-less than one jaw	98
D0145	Limited oral eval - problem focused	0	D0381	Cone bean CT image capture one arch (mandibular/maxillary).....	98
D0150	Oral eval for a patient under 3 years of age	0	D0382	Cone bean CT image capture one arch (mandibular/maxillary).....	98
D0160	Comprehensive oral eval - new or established patient	0	D0383	Cone beam CT image capture both jaws	156
D0170	Detailed and extensive oral eval - problem focused....	0	D0384	Cone beam CT image capture- TMJ.....	97
D0171	Re-evaluation - limited, problem focused	0	D0385	Maxillofacial MRI/ultrasound image capture	164
D0180	Re-evaluation - post-operative office visit.....41	0	D0386	Maxillofacial MRI/ultrasound image capture	164
D0210	Comp. periodontal eval - new or established patient ..	0	D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only.....	0
D0220	Intraoral – comprehensive series of radiographic images	26	D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only	0
D0230	Intraoral - periapical first radiographic image	0	D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only	0
D0240	Intraoral - periapical each add. radiographic image	0	D0391	Interpretation of diagnostic image only	0
D0250	Intraoral - occlusal radiographic image	0	D0414	Lab processing of microbial specimen to include culture & sensitivity studies	29
D0251	Extra-oral - 2D projection radiographic image	0	D0415	Collection of microorganisms for culture and sensitivity	29
D0270	Extra-oral posterior dental radiographic image.....44	0	D0416	Viral culture	35
D0272	Bitewing - single radiographic image.....	0	D0417	Collection/Prep of saliva sample for lab	26
D0273	Bitewings - two radiographic images.....	0	D0418	Analysis of saliva sample	32
D0274	Bitewings - three radiographic images	0	D0422	Collection and preparation of genetic sample material for lab analysis and report	50
D0277	Bitewings - four radiographic images	0	D0423	Genetic test for susceptibility to diseases	75
D0310	Vertical bitewings - 7 to 8 radiographic images.....	0	D0425	Caries susceptibility tests	27
D0320	Sialography.....370		D0431	Adjunctive pre-diagnostic.....	49
D0321	Temporomandibular joint arthrogram, incl. injection ..	370	D0460	Pulp vitality tests	0
D0322	Other temporomandibular joint radiographic images, by report.....120		D0470	Diagnostic casts	0
D0330	Tomographic survey	0	D0472	Accession of tissue, gross exam, prep, transm.....	114
D0340	Panoramic radiographic image	30	D0473	Accession of tissue, gross and micro. exam., prep, transm	156
D0350	2D cephalometric radiographic image	0	D0474	Accession of tissue, gross and micro. exam., prep, transm	53
D0364	2D oral/facial photographic images (intraoral/extraoral).....0		D0480	Accession of exfoliative cytologic smears, micro. exam., prep, transm	52
D0365	Cone Beam CT limited view-less than one jaw.....98		D0486	Lab accession trans cytologic sample, micro. exam., prep, transm	0
D0366	Cone Beam CT one full dental arch (mandibular/maxillary).....164		D0502	Other oral pathology procedures, by report	0
D0367	Cone Beam CT one full dental arch (mandibular/maxillary).....164		D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring abnormalities incl premalignant and malignant lesions	0
D0368	Cone Beam CT both jaws.....164		D0601	Caries risk assessment & documentation, with a finding of low risk.....	0
D0369	Cone Beam CT- TMJ	96			
D0370	Maxillofacial MRI/ultrasound	164			
D0372	Maxillofacial MRI/ultrasound	164			
D0373	Intraoral tomosynthesis – comprehensive series of radiographic images	26			
	Intraoral tomosynthesis – bitewing radiographic image.....0				

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D0602	Caries risk assessment & documentation, with a finding of moderate risk	0	D2394	Resin-based composite - >=4 surfaces, posterior	123
D0603	Caries risk assessment & documentation, with a finding of high risk.....	0	D2410	Gold foil - one surface	168
D0701	Panoramic radiographic image – image capture only ..	0	D2420	Gold foil - two surfaces.....	198
D0702	2-D cephalometric radiographic image – image capture only	0	D2430	Gold foil - three surfaces	268
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only.....	0	Crown & Bridge		
D0705	Extra-oral posterior dental radiographic image – image capture only.....	0	D2510	Inlay- metallic - one surface	407
D0706	Intraoral – occlusal radiographic image – image capture only	0	D2520	Inlay- metallic - two surfaces.....	407
D0707	Intraoral – periapical radiographic image – image capture only	0	D2530	Inlay - metallic - three or more surfaces.....	425
D0708	Intraoral – bitewing radiographic image – image capture only	0	D2542	Onlay - metallic-two surfaces	425
D0709	Intraoral – comprehensive series of radiographic images – image capture only.....	0	D2543	Onlay - metallic - three surfaces.....	425
D1110	Prophylaxis (cleaning) - adult	0	D2544	Onlay - metallic - four or more surfaces	425
D1120	Prophylaxis (cleaning) - child	0	D2610	Inlay - porcelain/ceramic - one surface	425
D1206	Topical application of fluoride varnish.....	0	D2620	Inlay - porcelain/ceramic - two surfaces.....	425
D1208	Topical application of fluoride - excluding varnish	0	D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	425
D1310	Nutritional counseling for control of dental disease ...	0	D2642	Onlay - porcelain/ceramic - two surfaces	425
D1320	Tobacco counseling for control of prev. oral disease...	0	D2643	Onlay - porcelain/ceramic - three surfaces.....	425
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	0	D2644	Onlay - porcelain/ceramic - >=4 surfaces	425
D1330	Oral hygiene instructions.....	0	D2650	Inlay - resin-based composite - one surface	425
D1351	Sealant - per tooth	21	D2651	Inlay - resin-based composite - two surfaces	425
D1352	Prev resin rest. mod/high caries risk – perm. tooth ..	21	D2652	Inlay - resin-based composite - >=3 surfaces.....	425
D1354	Application of caries arresting medicament - per tooth.....	0	D2662	Onlay - resin-based composite - two surfaces.....	425
D1355	Caries preventive medicament application – per tooth.....	21	D2663	Onlay - resin-based composite - three surfaces	425
D1510	Space maintainer – fixed, unilateral – per quadrant ...	143	D2664	Onlay - resin-based composite - >=4 surfaces	425
D1516	Space maintainer - fixed - bilateral, maxillary	198	D2710	Crown - resin based composite (indirect).....	272
D1517	Space maintainer - fixed - bilateral, mandibular	198	D2712	Crown - 3/4 resin-based composite (indirect).....	425
D1520	Space maintainer – removable, unilateral – per quadrant.....	143	D2720	Crown - resin with high noble metal	425
D1526	Space maintainer - removable - bilateral, maxillary....	198	D2721	Crown - resin with predominantly base metal	425
D1527	Space maintainer - removable - bilateral, mandibular	198	D2722	Crown - resin with noble metal	425
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	34	D2740	Crown - porcelain/ceramic	425
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	34	D2750	Crown - porcelain fused to high noble metal	425
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant.....	34	D2751	Crown - porcelain fused to predominantly base metal	425
D1556	Removal of fixed unilateral space maintainer – per quadrant.....	44	D2752	Crown - porcelain fused to noble metal	425
D1557	Removal of fixed bilateral space maintainer – maxillary	44	D2753	Crown - porcelain fused to titanium and titanium alloys	425
D1558	Removal of fixed bilateral space maintainer – mandibular	44	D2780	Crown - 3/4 cast high noble metal	425
D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant.....	143	D2781	Crown - 3/4 cast predominantly base metal	425
Restorative (Fillings)					
D2140	Amalgam - one surface, prim. or perm.	41	D2782	Crown - 3/4 cast noble metal	425
D2150	Amalgam - two surfaces, prim. or perm.....	51	D2783	Crown - 3/4 porcelain/ceramic.....	425
D2160	Amalgam - three surfaces, prim. or perm.	64	D2790	Crown - full cast high noble metal	425
D2161	Amalgam - >=4 surfaces, prim. or perm.	78	D2791	Crown - full cast predominantly base metal	425
D2330	Resin-based composite - one surface, anterior	69	D2792	Crown - full cast noble metal.....	425
D2331	Resin-based composite - two surfaces, anterior	83	D2910	Recement inlay	43
D2332	Resin-based composite - three surfaces, anterior.....	99	D2915	Recement cast or prefab. post and core	82
D2335	Resin-based composite - >=4 surfaces, anterior.....	119	D2920	Recement crown	43
D2390	Resin-based composite crown, anterior.....	192	D2928	Prefab. porcelain/ceramic crown – permanent tooth.	425
D2391	Resin-based composite - one surface, posterior	73	D2929	Prefab. porcelain/ceramic crown - prim. tooth	425
D2392	Resin-based composite - two surfaces, posterior.....	87	D2930	Prefab. stainless steel crown - prim. tooth.....	110
D2393	Resin-based composite - three surfaces, posterior	102	D2931	Prefab. stainless steel crown - perm. tooth.....	121
			D2932	Prefabricated resin crown	140
			D2933	Prefab. stainless steel crown w/ resin window	271
			D2934	Prefab. esthetic coated primary tooth	296
			D2940	Protective restoration	39
			D2950	Core buildup, including any pins	125
			D2951	Pin retention - per tooth, in addition to restoration ..	22
			D2952	Post and core in addition to crown	186
			D2953	Each add. indirectly fabricated post - same tooth	50
			D2954	Prefab. post and core in addition to crown	154
			D2955	Post removal (not in conj. with endo. therapy)	105
			D2957	Each add. prefab post - same tooth	40
			D2970	Temporary crown (fractured tooth)	0
			D2971	Additional procedures to customize a crown to fit under an existing partial denture framework.....	73
			D2975	Coping	225
			D2980	Crown repair necessitated by restorative material failure.....	102
			D2981	Inlay repair necessitated by restorative material failure	102
			D2982	Onlay repair necessitated by restorative material failure	102

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Endodontics¹																																																																																																																																																		
D3110	Pulp cap - direct (excl. final restoration).....	32	D4260	Osseous surgery - >3 cont. teeth, per quad	425																																																																																																																																													
D3120	Pulp cap - indirect (excl. final restoration).....	32	D4261	Osseous surgery - <=3 cont. teeth, per quad	392																																																																																																																																													
D3220	Therapeutic pulpotomy (excl. final restor.).....	81	D4263	Bone replacement graft - retained natural tooth - first site in quad.....	425																																																																																																																																													
D3221	Pulpal debridement, prim. and perm. teeth	94	D4264	Bone replacement graft - retained natural tooth - each add. site in quad.	425																																																																																																																																													
D3222	Partial pulpotomy for apexogenesis	160	D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	425																																																																																																																																													
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth.....	160	D4266	Guided tissue regen. - resorb. barrier, per site.....	425																																																																																																																																													
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth.....	164	D4267	Guided tissue regen. - non-resorb. barrier, per site	425																																																																																																																																													
D3310	Endodontic therapy, anterior tooth (excluding final restoration).....	341	D4268	Surgical revision proc., per tooth	358																																																																																																																																													
D3320	Endodontic therapy, premolar tooth (excluding final restoration).....	418	D4270	Pedicle soft tissue graft procedure.....	425																																																																																																																																													
D3330	Endodontic therapy, molar tooth (excluding final restoration).....	425	D4273	Autogenous connective tissue graft proc.	425																																																																																																																																													
D3331	Treatment of root canal obstr. non-surgical	207	D4274	Mesial/distal wedge procedure, single tooth.....	308																																																																																																																																													
D3332	Incomp. endo. therapy-inop. or fractured tooth.....	183	D4275	Non-autogenous connective tissue graft (including recipient site and donor material).....	425																																																																																																																																													
D3333	Internal root repair of perforation defects	105	D4276	Comb. connec. tissue/double and pedicle graft, per tooth.....	425																																																																																																																																													
D3346	Retreat of prev. root canal therapy, anterior	387	D4277	Free soft tissue graft, per tooth.....	425																																																																																																																																													
D3347	Retreat of prev root canal therapy - premolar	425	D4278	Free soft tissue graft, each add. tooth.....	100																																																																																																																																													
D3348	Retreat of prev. root canal therapy, molar	425	D4286	Removal of non-resorbable barrier	100																																																																																																																																													
D3351	Apexification/recalcification - initial visit.....	202	D4322	Splint - intra-coronal; natural teeth or prosthetic crowns	425																																																																																																																																													
D3352	Apexification/recalcification - interim med. repl.	350	D4323	Splint - extra-coronal; natural teeth or prosthetic crowns	377																																																																																																																																													
D3353	Apexification/recalcification - final visit	350	D4341	Perio scaling and root planing - >3 cont teeth, per quad	109																																																																																																																																													
D3355	Pulpal regeneration - initial visit.....	202	D4342	Perio scaling and root planing - <= 3 teeth, per quad	63																																																																																																																																													
D3356	Pulpal regeneration - interim medication replacement	350	D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.....	45																																																																																																																																													
D3357	Pulpal regeneration - completion of treatment	350	D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	89																																																																																																																																													
D3410	Apicoectomy - anterior.....	323	D4381	Localized delivery of antimicrobial agents.....	98																																																																																																																																													
D3421	Apicoectomy - premolar (first root).....	364	D4910	Periodontal maintenance	74																																																																																																																																													
D3425	Apicoectomy - molar (first root).....	418	Prosthetics (Dentures)																																																																																																																																															
D3426	Apicoectomy/periradicular surgery (each add. root) ..	152	D3428	Bone graft in conj. w/ periradicular surg., per tooth, single site.....	425	D5110	Complete denture - maxillary.....	425	D3429	Bone graft in conj. w/ periradicular surg., add. contiguous tooth, same site	425	D5120	Complete denture - mandibular.....	425	D3430	Retrograde filling - per root.....	119	D5130	Immediate denture - maxillary	425	D3431	Biologic materials to aid soft/osseous tissue regen. in conj. w/ periradicular surg.	425	D5140	Immediate denture - mandibular	425	D3432	Guided tissue regen., resorbable barrier, per site, in conj. w/ periradicular surg.	425	D5211	Maxillary partial denture - resin base.....	425	D3450	Root amputation - per root	234	D5212	Mandibular partial denture - resin base.....	425	D3471	Surgical repair of root resorption - anterior	323	D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	425	D3472	Surgical repair of root resorption - premolar	364	D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	425	D3473	Surgical repair of root resorption - molar	418	D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	425	D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior ...	323	D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)	425	D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar ..	364	D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	425	D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	418	D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	425	D3910	Surg. proc. for isol. of tooth w/ rubber dam	57	D5225	Maxillary partial denture - flexible base	425	D3920	Hemisection, not inc. root canal therapy	234	D5226	Mandibular partial denture - flexible base	425	D3921	Decoronation or submergence of an erupted tooth ..	107	D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	425	D3950	Canal prep/fitting of preformed dowel or post	136	D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	425	Periodontics¹						D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.	279	D5282	Rem. unilateral partial denture - one piece cast metal, maxillary	419	D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.	100				D4212	Gingivectomy or gingivoplasty, rest., per tooth.....	40				D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	345				D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	106				D4245	Apically positioned flap	186				D4249	Clinical crown lengthening - hard tissue.....	425			
D3428	Bone graft in conj. w/ periradicular surg., per tooth, single site.....	425	D5110	Complete denture - maxillary.....	425																																																																																																																																													
D3429	Bone graft in conj. w/ periradicular surg., add. contiguous tooth, same site	425	D5120	Complete denture - mandibular.....	425																																																																																																																																													
D3430	Retrograde filling - per root.....	119	D5130	Immediate denture - maxillary	425																																																																																																																																													
D3431	Biologic materials to aid soft/osseous tissue regen. in conj. w/ periradicular surg.	425	D5140	Immediate denture - mandibular	425																																																																																																																																													
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D3472	Surgical repair of root resorption - premolar	364	D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	425																																																																																																																																													
D3473	Surgical repair of root resorption - molar	418	D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	425																																																																																																																																													
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior ...	323	D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)	425																																																																																																																																													
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D5283	Rem. unilateral partial denture - one piece cast metal, mandibular	419	D5929	Facial prosthesis, replacement	255
D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	419	D5931	Obturator prosthesis, surgical	425
D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant.....	419	D5932	Obturator prosthesis, definitive	425
D5410	Adjust complete denture - maxillary.....	38	D5933	Obturator prosthesis, modification	425
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D6250	Pontic - resin with high noble metal.....	425	D7210	Extraction, erupted tooth req elev, etc	133																																																																																																																																																															
D6251	Pontic - resin with predominately base metal.....	425	D7220	Removal of impacted tooth - soft tissue	151																																																																																																																																																															
D6252	Pontic - resin with noble metal.....	425	D7230	Removal of impacted tooth - partially bony.....	196																																																																																																																																																															
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D6549	Resin retainer - for resin bonded fixed prost.....	251	D7250	Removal of residual tooth roots.....	141																																																																																																																																																															
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D6601	Retainer inlay - porc./ceramic, >=3 surfaces	425	D7260	Oroantral fistula closure	425																																																																																																																																																															
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D7340	Vestibuloplasty - ridge ext. sec. epithel.....	425	D7875	Arthroscopy - surgical: synovectomy.....	425
D7350	Vestibuloplasty - ridge ext. inc. grafts, etc.....	425	D7876	Arthroscopy - surgical: discectomy.....	425
D7410	Excision of benign lesion up to 1.25 cm	278	D7877	Arthroscopy - surgical: debridement.....	425
D7411	Excision of benign lesion > 1.25 cm.....	225	D7880	Occlusal orthotic device, by report	272
D7412	Excision of benign lesion, complicated.....	313	D7910	Suture of recent small wounds up to 5 cm.....	59
D7413	Excision of malignant lesion up to 1.25 cm	425	D7911	Complicated suture, <= 5 cm.....	69
D7414	Excision of malignant lesion > 1.25 cm.....	425	D7912	Complicated suture, > 5 cm.....	79
D7415	Excision of malignant lesion, complicated.....	425	D7920	Skin graft - identify defect	425
D7440	Exc. of malignant tumor- lesion diam. <=1.25cm	425	D7921	Collection application of blood concentrate	40
D7441	Exc. of malignant tumor- lesion diam. >1.25cm	425	D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	20
D7450	Removal of benign odon cyst/tumor - diam <=1.25cm	354	D7940	Osteoplasty - for orthognathic deformities	425
D7451	Removal of benign odon cyst/tumor - diam >1.25cm.	425	D7941	Osteotomy - mandibular rami	425
D7460	Removal of benign nonodon cyst/tumor-diam <=1.25cm.....	425	D7943	Osteotomy - mandibular rami with bone graft.....	425
D7461	Removal of benign nonodon cyst/tumor-diam >1.25cm.....	425	D7944	Osteotomy- segmented/ subapical-per sext/quad....	425
D7465	Destruct. of lesion(s) by phys or chem method.....	300	D7945	Osteotomy - body of mandible.....	425
D7471	Removal of lateral exostosis	351	D7946	LeFort I (maxillary - total)	425
D7472	Removal of torus palatinus.....	425	D7947	LeFort I (maxillary - segmented).....	425
D7473	Removal of torus mandibularis	425	D7948	LeFort II or LeFort III	425
D7485	Surgical reduction of osseous tuberosity	425	D7949	LeFort II or LeFort III - with bone graft	425
D7490	Radical resection of maxilla or mandible	425	D7950	Osseous, osteoperiosteal, or cartilage graft	313
D7509	Marsupialization of odontogenic cyst	425	D7951	Sinus Augmentation via lateral approach.....	425
D7510	Incision and drainage of abscess - intraoral soft tissue	96	D7952	Sinus augmentation via vertical approach.....	319
D7511	Incision/drainage of abscess - intra. soft tissue, comp.	112	D7955	Repair of maxillofacial soft and hard tissue.....	321
D7520	Incision/drainage of abscess - extra. soft tissue	116	D7961	Buccal/labial frenectomy (frenulectomy)	263
D7521	Incision/drainage of abscess - extra. soft tissue, comp.....	120	D7962	Lingual frenectomy (frenulectomy)	263
D7530	Foreign body rem from muc./skin/subcut tissue	87	D7963	Frenuloplasty.....	293
D7540	Reaction producing foreign bodies removal.....	425	D7970	Excision of hyperplastic tissue - per arch.....	233
D7550	Partial ostect/sequestrect non-vital bone rem.....	336	D7971	Excision of pericoronal gingiva	131
D7560	Max. sinusotomy for tooth fragment removal	425	D7972	Surgical reduction of fibrous tuberosity	425
D7610	Maxillary - open reduction (teeth immobilized).....	425	D7979	Non-surgical sialolithotomy.....	43
D7620	Maxillary - closed reduction (teeth immobilized).....	425	D7980	Surgical sialolithotomy	228
D7630	Mandible - open reduction (teeth immobilized)	425	D7981	Excision of salivary gland, by report	425
D7640	Mandible - closed reduction (teeth immobilize)	425	D7982	Sialodochoplasty	425
D7650	Malar and/or zygomatic arch - open reduction.....	425	D7983	Closure of salivary fi stula	425
D7660	Malar and/or zygomatic arch- closed reduction.....	425	D7990	Emergency tracheotomy	425
D7670	Alveolus - closed reduction	425	D7991	Coronoideectomy	425
D7671	Alveolus- open reduction(incl. teeth stabil.)	425	D7995	Synthetic graft - mandible or facial bones	270
D7680	Facial bones - complicated reduction.....	425	D7996	Implant-mandible for augmentation purposes	425
D7710	Maxillary - open reduction	425	D7997	Appliance removal (not by original dentist)	269
D7720	Maxillary - closed reduction	425			
D7730	Mandible - open reduction.....	425			
D7740	Mandible - closed reduction.....	425			
D7750	Malar and/or zygomatic arch - open reduction.....	425			
D7760	Malar and/or zygomatic arch- closed reduction.....	425			
D7770	Alveolus - open reduction stabiliz. of teeth.....	425			
D7771	Alveolus, closed reduction stabiliz. of teeth.....	208			
D7780	Facial bones - complicated reduction.....	425			
D7810	Open reduction of dislocation	425			
D7820	Closed reduction of dislocation	342			
D7830	Manipulation under anesthesia	283			
D7840	Condylectomy.....	425			
D7850	Surgical discectomy, with/without implant	425			
D7854	Synovectomy	425			
D7858	Joint reconstruction.....	425			
D7860	Arthrotomy.....	425			
D7865	Arthroplasty.....	425			
D7870	Arthrocentesis	158			
D7871	Non-arthroscopic lysis and lavage	425			
D7872	Arthroscopy - diagnosis, w/ or w/out biopsy	425			
D7873	Arthroscopy-surgical-lavage/lysis of adhesion	425			
D7874	Arthroscopy - surgical: disc reposit/stabiliz.....	425			

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D9212	Trigeminal division block anesthesia	0	to accidental bodily injury to sound natural teeth as determined by the Plan.
D9215	Local anesthesia in conj. w/ operative/surg. procedures	0	4. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where, in the opinion of the Plan, such services should not be performed in a dental office, with the exception of the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities.
D9219	Evaluation for deep sedation or general anesthesia ...	0	5. Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
D9222	Deep sedation/general anesthesia - first 15 minutes..	103	6. Procedures not listed as covered services under this Plan.
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment.....	103	7. Services obtained outside of the dental office in which enrolled and that are not pre-authorized by such office or the Plan (with the exception of out-of-area emergency dental services).
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis.....	37	
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes.....	103	
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment.....	103	
D9248	Non-intravenous conscious sedation	145	
D9310	Consultation (diagnostic service by nontreating dentist)	43	
D9410	House/extended care facility call	200	
D9420	Hospital call	375	
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	0	
D9440	Office visit after regularly scheduled hours.....	90	
D9450	Case presentation, subsequent to detailed and extensive treatment planning	43	
D9610	Therapeutic parenteral drug, single admin.	26	
D9612	Therapeutic parenteral drug, 2 or more admin., diff. med.	70	
D9613	Infiltration of sustained release therapeutic drug, per quadrant.....	190	
D9630	Drugs or medicaments dispensed in the office for home use.....	42	
D9910	Application of desensitizing medicament	31	
D9911	Appl. of desen. resin for cervical/root surf.....	38	
D9920	Behavior management, by report	68	
D9930	Treatment of complications (post-surgical)	43	
D9941	Fabrication of athletic mouthguard.....	102	
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D9943	Occlusal guard adjustment.....	46	
D9944	Occlusal guard – hard appliance, full arch.....	272	
D9945	Occlusal guard – soft appliance, full arch	272	
D9946	Occlusal guard – hard appliance, partial arch	272	
D9950	Occlusion analysis - mounted case	104	
D9951	Occlusal adjustment - limited.....	66	
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D9953	Reline custom sleep apnea appliance (indirect).....	175	
D9971	Odontoplasty 1 - 2 teeth	48	
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D9986	Missed appointment	50	
D9995	Teledentistry - synchronous; real-time encounter (when available)	0	
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review (when available)	0	
D9997	Dental case management – patients with special health care needs	50	
1.	Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Plan Specialist.		
2.	See limitation #12 for additional coverage information.		
Current Dental Terminology © American Dental Association. Only current ADA CDT codes are considered valid by Dominion. For a full description of each code, please consult the ADA's CDT guidelines.			
Plan Exclusions			
1.	Services which are covered under worker's compensation or employer's liability laws.		
2.	Services which are not Necessary and Appropriate Dental Services for the patient's dental health as determined by the Plan.		
3.	Cosmetic, elective or aesthetic dentistry except as required due		