

Humana Dental Schedule of Payments

CIS #: 399276

Area: FL

Type: South Gen REV



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Code	Description	Fee
Diagnostic		
D0120	Periodic oral evaluation	32
D0140	Limited oral evaluation - problem focused	49
D0145	Oral evaluation - patient under three yrs	44
D0150	Comprehensive oral evaluation	50
D0160	Detailed/extensive oral evaluation - problem focused	82
D0170	Re-evaluation - limited, problem focused	50
D0180	Comprehensive Periodontal evaluation	60
D0210	Intraoral comprehensive series of radiographic images	93
D0220	Periapical first radiographic image	20
D0230	Periapical each additional radiographic image	19
D0240	Occlusal radiographic image	32
D0250	2D projection radiographic image	40
D0251	Extra-oral posterior dental radiographic image	41
D0270	Bitewing - single radiographic image	19
D0272	Bitewings - two radiographic images	28
D0273	Bitewings - three radiographic images	32
D0274	Bitewings - four radiographic images	41
D0277	Vertical bitewings - 7 to 8 radiographic images	70
D0330	Panoramic radiographic image	84
D0340	2D Cephalometric radiographic image	74
D0350	2D Oral/facial photographic image	43
D0367	Cone beam CT capture and interpretation with field of view of b	223
D0431	Adjunctive prediagnostic	33
D0460	Pulp vitality tests	40
D0470	Diagnostic casts	84
Preventive		
D1110	Prophylaxis - adult	68
D1120	Prophylaxis - child	50
D1206	Topical application of fluoride varnish	27
D1208	Topical application of fluoride - excluding varnish	24
D1310	Nutritional counseling control of dental disease	29
D1351	Sealant per tooth	35
D1510	Space maintainer - fixed - unilateral - per quadrant	208
D1516	Space maintainer - fixed - bilateral, maxillary	312
D1517	Space maintainer - fixed - bilateral, mandibular	312
D1520	Space maintainer - removable-unilateral - per quadrant	210

Code	Description	Fee
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	55
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	55
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	55
D1575	Distal shoe space maintainer - fixed - unilateral - per quad	378
Restorative		
D2140	Amalgam - 1 surface, primary or permanent	91
D2150	Amalgam - 2 surfaces, primary or permanent	113
D2160	Amalgam - 3 surfaces, primary or permanent	136
D2161	Amalgam - 4+ surfaces, primary or permanent	158
D2330	Resin-based composite - 1 surface, anterior	101
D2331	Resin-based composite - 2 surfaces, anterior	124
D2332	Resin-based composite - 3 surfaces, anterior	147
D2335	Resin-based composite - 4+ surfaces, anterior	161
D2390	Resin-based composite crown anterior	236
D2391	Resin - based composite - 1 surface, posterior	108
D2392	Resin - based composite - 2 surfaces, posterior	144
D2393	Resin - based composite - 3 surfaces, posterior	173
D2394	Resin - based composite - 4+ surfaces, posterior	212
D2510	Inlay - metallic - one surface	489
D2520	Inlay - metallic - two surfaces	710
D2530	Inlay - metallic - three or more surfaces	669
D2542	Onlay - metallic - two surfaces	697
D2543	Onlay metallic three surfaces	717
D2544	Onlay - metallic - 4 or more surfaces	764
D2610	Inlay - porcelain/ceramic - one surface	567
D2620	Inlay - porcelain/ceramic - two surfaces	559
D2630	Inlay - porcelain/ceramic - three/more surfaces	616
D2642	Onlay - porcelain/ceramic - 2 surfaces	695
D2643	Onlay - porcelain/ceramic - 3 surfaces	741
D2644	Onlay - porcelain/ceramic - 4 or more surfaces	775
D2650	Inlay - resin-based composite - 1 surface	460
D2651	Inlay - resin-based composite - 2 surfaces	468
D2652	Inlay - resin-based composite - 3 or more surfaces	480
D2662	Onlay - resin-based composite - 2 surfaces	486
D2663	Onlay - resin-based composite - 3 surfaces	597
D2664	Onlay - resin-based composite - 4 or more surfaces	641
D2710	Crown - resin based composite indirect	470

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Code	Description	Fee
Restorative (cont.)		
D2712	Crown - 3/4 resin based composite indirect	541
D2720	Crown - resin with high noble metal	670
D2721	Crown - resin with predominantly base metal	643
D2722	Crown - resin with noble metal	740
D2740	Crown - porcelain/ceramic	782
D2750	Crown - porcelain fused to high noble metal	791
D2751	Crown - porcelain fused predominantly base metal	699
D2752	Crown - porcelain fused to noble metal	734
D2780	Crown - 3/4 cast high noble metal	773
D2781	Crown - 3/4 cast predominately base metal	693
D2782	Crown - 3/4 cast noble metal	736
D2783	Crown - 3/4 porcelain/ceramic	776
D2790	Crown - full cast high noble metal	784
D2791	Crown - full cast predominantly base metal	651
D2792	Crown - full cast noble metal	694
D2799	Interim crown – further treatment or completion of diagnosis needed	215
D2910	Re-cement/Re-bond inlay, onlay, veneer or partial coverage resin	68
D2915	Re-cement/Re-bond indirectly fabricated or prefabricated post and core	65
D2920	Re-cement/Re-bond crown	63
D2929	Prefabricated porcelain/ceramic crown - primary tooth	133
D2930	Prefab SS crown - primary tooth	170
D2931	Prefabricated stainless steel crown - permanent tooth	213
D2932	Prefab resin crown	218
D2933	Prefabricated stainless steel crown with resin window	209
D2934	Prefabricated esthetic coated stainless steel crown	217
D2940	Protective restoration	67
D2950	Core buildup including pins when required	166
D2951	Pin retention - per tooth, in addition to restoration	33
D2952	Cast post & core in addition to crown	260
D2953	Each additional indirectly fabricated - same tooth	169
D2954	Prefab post & core in addition to crown	208
D2955	Post Removal	191
D2957	Each additional prefabricated post - same tooth	120
D2960	Labial veneer (resin laminate) - direct	378
D2961	Labial veneer (resin laminate) - indirect	536
D2962	Labial veneer (porcelain laminate) - direct	717

Code	Description	Fee
D2971	Add procedures to customize a crown to fit under existing partial denture	119
D2980	Crown repair necessitated by restorative material failure	158
Endodontics		
D3110	Pulp cap - direct	51
D3120	Pulp cap - indirect	47
D3220	Therapeutic pulpotomy w/o final restoration	116
D3221	Pulpal debridement primary and permanent teeth	130
D3222	Partial pulpotomy for apexogenesis - permanent tooth w/ incomplete root formation	207
D3230	Pulpal therapy - anterior primary tooth	159
D3240	Pulpal therapy - posterior primary tooth	165
D3310	Anterior tooth (excluding final restoration)	550
D3320	Premolar tooth (excluding final restorations)	636
D3330	Molar tooth (excluding final restoration)	814
D3331	Treatment of root canal obt.; non-surgical	174
D3332	Incomplete endo therapy; inop. Or frac tooth	364
D3333	Internal root repair of perforation defects	149
D3346	Retreatment of previous RCT - anterior	675
D3347	Retreatment of previous RCT - premolar	774
D3348	Retreatment of previous RCT - molar	982
D3351	Apexification/recalcification - initial visit	232
D3352	Apexification/recalcification - interim medical replacement	122
D3353	Apexification/recalcification - final visit	352
D3410	Apicoectomy - anterior	562
D3421	Apicoectomy - premolar (first root)	652
D3425	Apicoectomy - molar (first root)	675
D3426	Apicoectomy each Additional root	226
D3430	Retrograde filling - per root	159
D3450	Root amputation - per root	348
D3920	Hemisection w/o root canal therapy	287
Periodontics		
D4210	Gingivectomy/gingivoplasty - 4+ teeth, per quad	344
D4211	Gingivectomy/gingivoplasty - 1 to 3 teeth, per quad	122
D4212	Gingivectomy- gingivoplasty to allow access for restorative procedure	87
D4240	Gingival flap proc w/root planing - 4+ teeth, per quad	448
D4241	Gingival flap proc w/root planing - 1 to 3 teeth, per quad	288
D4249	Clinical crown lengthening - hard tissue	500
D4260	Osseous surgery (including elevation of a full thickness flap and	764

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Code	Description	Fee
Periodontics (cont.)		
D4261	Osseous surgery (including elevation of a full thickness flap and	551
D4263	Bone replacement graft - retained natural tooth - quad 1st site	263
D4264	Bone replacement graft - retained natural tooth - each add site i	261
D4265	Biologic materials for tissue regeneration, per site	269
D4266	Guided tissue regeneration, natural teeth - resorbable barrier pe	330
D4267	Guided tissue regeneration, natural teeth - nonresorbable barrie	353
D4270	Pedicle soft tissue graft procedure	555
D4273	autogenous connective tissue graft procedure, first tooth, implant	656
D4274	Mesial/distal or wedge procedure, single tooth	212
D4275	Non-autogenous connective tissue graft, first tooth, implant or e	392
D4276	Combined connective tissue and pedicle graft, per tooth	740
D4277	Free soft tissue graft procedure; first tooth, implant or edentulous	525
D4278	Free soft tissue graft procedure; each add contiguous tooth, imp	395
D4283	autogenous subepithelial connective tissue graft procedure, each	394
D4285	non-autogenous connective soft tissue allograft, each add tooth	235
D4341	Scaling & root planing - 4+ teeth per quad	156
D4342	Scaling & root planing - 1 to 3 teeth per quad	116
D4346	Scaling in presence of mod/severe gingival inflammation - full r	92
D4355	Full mouth debridement to enable a comprehensive oral evalua	103
D4381	Localized delivery of antimicrobial agents	46
D4910	Perio maintenance	83
Prosthodontics		
D5110	Complete denture - maxillary	873
D5120	Complete denture - mandibular	873
D5130	Immediate denture - maxillary	882
D5140	Immediate denture - mandibular	869
D5211	Maxillary partial denture - resin base	660
D5212	Mandibular partial denture - resin base	698
D5213	Maxillary partial denture - cast metal frame	938
D5214	Mandibular partial denture - cast metal frame	936
D5221	immediate maxillary partial denture - resin base	660
D5222	immediate mandibular partial denture - resin base	698
D5223	immediate maxillary partial denture - cast metal frame	938
D5224	immediate mandibular partial denture - cast metal frame	936
D5225	Maxillary partial denture - flexible base	660
D5226	Mandibular partial denture - flexible base	698

Code	Description	Fee
D5227	Immediate maxillary partial denture - flexible base (including any	759
D5228	Immediate mandibular partial denture - flexible base (including a	803
D5410	Adjust complete denture - maxillary	49
D5411	Adjust complete denture - mandibular	49
D5421	Adjust partial denture - maxillary	49
D5422	Adjust partial denture - mandibular	48
D5520	Replace missing/broken teeth - complete denture	94
D5630	Repair or replace broken retentive clasping materials, per tooth	131
D5640	Replace broken teeth - per tooth	100
D5650	Add tooth to existing partial denture	111
D5660	Add clasp to existing partial denture, per tooth	123
D5670	Replace all teeth&acrylic cast metal framework maxillary	352
D5671	Replace all teeth&acrylic cast metal framework mandibular	358
D5710	Rebase complete maxillary denture	272
D5711	Rebase complete mandibular denture	290
D5720	Rebase maxillary partial denture	274
D5721	Rebase mandibular partial denture	272
D5730	Reline complete maxillary denture - direct	180
D5731	Reline complete mandibular denture - direct	179
D5740	Reline maxillary partial denture - direct	164
D5741	Reline mandibular partial denture - direct	164
D5750	Reline complete maxillary denture - indirect	237
D5751	Reline complete mandibular denture - indirect	236
D5760	Reline maxillary partial denture - indirect	229
D5761	Reline mandibular partial denture - indirect	231
D5810	Interim complete denture - maxillary	484
D5811	Interim complete denture - mandibular	454
D5820	Interim partial denture - maxillary	323
D5821	Interim partial denture - mandibular	336
D5850	Tissue conditioning maxillary	97
D5851	Tissue conditioning mandibular	97
D6010	Surgical placement implant body: endosteal implant	1504
D6055	Connecting bar - Implant supported or abutment supported	1838
D6056	Prefabricated abutment - includes modification and placement	440
D6057	Custom fabricated abutment - includes placement	582
D6058	Abutment supported porcelain/ceramic crown	1031
D6059	Abutment supported porcelain fused to metal crown - High Nobl	1012

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Prosthodontics (cont.)		
D6060	Abutment supported porcelain fused to metal crown - predomin	914
D6061	Abutment supported porcelain fused to metal crown - noble met	967
D6062	Abutment supported cast metal crown - high noble metal	1003
D6063	Abutment supported cast metal crown - predominantly base me	958
D6064	Abutment supported cast metal crown - noble metal	936
D6065	Implant Supported Porcelain/Ceramic Crown	1091
D6066	Implant supported crown - porcelain high noble alloys	1074
D6067	Implant supported crown, high noble alloys	1100
D6068	Abutment supported retainer for porcelain/ceramic FPD	989
D6069	Abutment supported retainer for porcelain fused to metal FPD -	1018
D6070	Abutment supported retainer for porcelain fused to metal FPD -	857
D6071	Abutment supported retainer for porcelain fused to metal FPD -	954
D6072	Abutment supported retainer for cast metal FPD - high noble me	1032
D6073	Abutment supported retainer for cast metal FPD - predominantly	787
D6074	Abutment supported retainer for cast metal FPD - noble metal	950
D6075	Implant supported retainer for ceramic FPD	1152
D6076	Implant supported retainer for FPD - porcelain fused to high nob	1123
D6077	Implant supported retainer for metal FPD - high noble alloys	1153
D6080	Implant maintenance procedures - when prostheses are remove	95
D6081	Scaling and debridement w/presence of inflammation/mucositis	125
D6094	Abutment supported crown - titanium	1142
D6104	Bone graft at time of implant placement	369
D6190	Radiographic/surgical implant	280
D6194	Abutment supported retainer crown for FPD - titanium and titani	1046
D6205	Pontic indirect resin based composite	556
D6210	Pontic - cast high noble metal	746
D6211	Pontic - cast predominantly base metal	638
D6212	Pontic - cast noble metal	715
D6214	Pontic titanium and titanium alloys	778
D6240	Pontic - porcelain fused to high noble metal	757
D6241	Pontic - porcelain fused to predominantly base metal	633
D6242	Pontic - porcelain fused to noble metal	677
D6245	Pontic - porcelain/ceramic	783
D6250	Pontic - resin with high noble metal	739
D6251	Pontic - resin with predominantly base metal	660
D6252	Pontic - resin with noble metal	655

Code	Description	Fee
D6253	Interim pontic - further treatment or completion of diagnosis nec	331
D6545	Retainer - cast metal resin bonded fix prosthesis	399
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	551
D6600	retainer inlay - porcelain/ceramic, two surfaces	597
D6601	retainer inlay - porcelain/ceramic, three or more surfaces	640
D6602	retainer inlay - cast high noble metal, two surfaces	488
D6603	retainer inlay - cast high noble metal, three or more surfaces	565
D6604	retainer inlay - cast predominantly base metal, two surfaces	536
D6605	retainer inlay - cast predominantly base metal, three or more su	649
D6606	retainer inlay - cast noble metal, two surfaces	562
D6607	retainer inlay - cast noble metal, three or more surfaces	661
D6608	retainer onlay - porcelain/ceramic, two surfaces	702
D6609	retainer onlay - porcelain/ceramic, three or more surfaces	716
D6610	retainer onlay - cast high noble metal, two surfaces	554
D6611	retainer onlay - cast high noble metal, three or more surfaces	731
D6612	retainer onlay - cast predominantly base metal, two surfaces	553
D6613	retainer onlay - cast predominantly base metal, three or more su	663
D6614	retainer onlay - cast noble metal, two surfaces	540
D6615	retainer onlay - cast noble metal, three or more surfaces	787
D6624	retainer inlay - titanium	693
D6634	retainer onlay - titanium	741
D6710	retainer crown - indirect resin based composite	540
D6720	retainer crown - resin with high noble metal	728
D6721	retainer crown - resin with predominantly base metal	774
D6722	retainer crown - resin with noble metal	787
D6740	retainer crown - porcelain/ceramic	782
D6750	retainer crown - porcelain fused to high noble metal	791
D6751	retainer crown - porcelain fused to predominantly base metal	699
D6752	retainer crown - porcelain fused to noble metal	734
D6780	retainer crown - 3/4 cast high noble metal	670
D6781	retainer crown - 3/4 cast predominantly base metal	651
D6782	retainer crown - 3/4 cast noble metal	768
D6783	retainer crown - 3/4 porcelain/ceramic	881
D6790	retainer crown - full cast high noble metal	822
D6791	retainer crown - full cast predominantly base metal	698
D6792	retainer crown - full cast noble metal	783
D6793	Interim retainer crown	311

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Code	Description	Fee
Prosthodontics (cont.)		
D6794	retainer crown - titanium and titanium alloys	850
D6930	Re-cement/Re-bond fixed partial denture	84
Oral surgery		
D7111	Extraction, coronal remnants - Primary tooth	84
D7140	Extraction of erupted tooth or exposed root	104
D7210	Extraction, erupted tooth requiring removal of bone and/or section	184
D7220	Removal impacted tooth - soft tissue	235
D7230	Removal impacted tooth - part bony	288
D7240	Removal impacted tooth - completely bony	336
D7241	Rem impacted tooth - complete bony w/ complications	397
D7250	Removal of residual tooth roots - cutting procedure	193
D7251	Coronectomy - intentional partial tooth removal	328
D7260	Oral antral fistula closure	424
D7280	Exposure of an unerupted tooth	387
D7282	Mobilization of erupted/malpositioned tooth	163
D7283	Placement of device to facilitate eruption of impacted tooth	187
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	705
D7286	Incisional biopsy of oral tissue-soft	228
D7288	Brush biopsy	146
D7291	Transseptal fibrotomy/supra crestal fibrotomy by report	154
D7310	Alveoloplasty in conjunction w/extractions - 4+ teeth/tooth space	162
D7311	Alveoloplasty in conjunction w/extractions - 1-3 teeth/tooth space	137
D7320	Alveoloplasty no extractions per quad	429
D7321	Alveoloplasty not with extractions	177
D7410	Excision of benign lesion up to 1.25 cm	248
D7450	Removal benign odontogenic cyst or tumor- lesion diameter up to 1.25 cm	343
D7451	Removal benign odontogenic cyst or tumor -lesion diameter greater than 1.25 cm	519
D7471	Removal of lateral exostosis	369
D7472	Removal of torus palatinus	477
D7473	Removal of torus mandibularis	617
D7485	Reduction of osseous tuberosity	367
D7510	Incision/drainage of abscess-intraoral soft tissue	140
D7520	Incision&drainage of abscess - extra-oral soft tissue see code 4	245
D7880	Occlusal orthotic device by report see also code 21499	496
D7953	Bone replacement graft for ridge preservation, per site	289
D7961	Buccal / labial frenectomy (frenulectomy)	322

Code	Description	Fee
D7962	Lingual frenectomy (frenulectomy)	322
D7963	Frenuloplasty	313
D7970	Excision of hyperplastic tissue - per arch	232
D7971	Excision pericoronal gingiva	140
Adjunctive general services		
D9110	Palliative - emergency treat dental pain - minor	61
D9222	Deep sedation/general anesthesia – first 15 minutes	144
D9223	Deep sedation/general anesthesia – each subsequent 15 minutes	122
D9230	Inhalation of nitrous oxide; anxiolysis, analgesia	87
D9239	Intravenous moderate (conscious) sedation/anesthesia – first 15 minutes	132
D9243	Intravenous moderate (conscious) sedation/anesthesia – each subsequent 15 minutes	112
D9310	Consultation	51
D9610	Therapeutic drug injection, by report	44
D9612	Therapeutic parenteral drugs, 2+ administrations, different medications	70
D9910	Application of desensitizing medicament	38
D9944	Occlusal guard – hard appliance, full arch	360
D9945	Occlusal guard – soft appliance, full arch	360
D9946	Occlusal guard – hard appliance, partial arch	360
D9951	Occlusal adjustment - limited	63
D9952	Occlusal adjustment - complete	250
D9973	External bleaching - per tooth	83

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HumanaDental schedule of payments

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Code	Description	Fee
DIAGNOSTIC		
D0120	Periodic Oral Evaluation - Established Patient	46
D0140	Limited Oral Evaluation - Problem Focused	69
D0150	Comprehensive Oral Evaluation - New Or Established Patient	94
D0160	Detailed And Extensive Oral Evaluation - Problem Focused	113
D0170	Re-Evaluation - Limited, Problem Focused (Established Patient)	80
D0180	Comprehensive Periodontal Evaluation - New Or Established Patient	74
D0210	Intraoral - Comprehensive Series Of Radiographic Images	120
D0220	Intraoral - Periapical First Radiographic Image	24
D0230	Intraoral - Periapical Each Additional Radiographic Image	21
D0240	Intraoral - Occlusal Radiographic Image	29
D0251	Extra-Oral Posterior Dental Radiographic Image	52
D0270	Bitewing - Single Radiographic Image	22
D0272	Bitewings - Two Radiographic Images	35
D0274	Bitewings - Four Radiographic Images	52
D0277	Vertical Bitewings - 7 To 8 Radiographic Images	81
D0330	Panoramic Radiographic Image	107
D0340	2D Cephalometric Radiographic Image - Acquisition, Measurement	96
D0460	Pulp Vitality Tests	53
PREVENTIVE		
D1110	Prophylaxis - Adult	83
D1120	Prophylaxis - Child	65
D1208	Topical Application Of Fluoride - Excluding Varnish	32
D1351	Sealant - Per Tooth	48
D1510	Space Maintainer - Fixed, Unilateral - Per Quadrant	254
D1516	Space Maintainer - Fixed - Bilateral, Maxillary	449
D1517	Space Maintainer - Fixed - Bilateral, Mandibular	449
D1575	Distal Shoe Space Maintainer - Fixed, Unilateral - Per Quadrant	469
RESTORATIVE		
D2140	Amalgam - One Surface, Primary Or Permanent	116
D2150	Amalgam - Two Surfaces, Primary Or Permanent	142
D2160	Amalgam - Three Surfaces, Primary Or Permanent	177
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	195
D2330	Resin-Based Composite - One Surface, Anterior	128
D2331	Resin-Based Composite - Two Surfaces, Anterior	160
D2332	Resin-Based Composite - Three Surfaces, Anterior	202
D2335	Resin-Based Composite - Four Or More Surfaces (Anterior)	224

Code	Description	Fee
D2391	Resin-Based Composite - One Surface, Posterior	146
D2392	Resin-Based Composite - Two Surfaces, Posterior	194
D2393	Resin-Based Composite - Three Surfaces, Posterior	242
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	268
D2544	Onlay - Metallic - Four Or More Surfaces	848
D2642	Onlay - Porcelain/Ceramic - Two Surfaces	750
D2643	Onlay - Porcelain/Ceramic - Three Surfaces	797
D2644	Onlay - Porcelain/Ceramic - Four Or More Surfaces	837
D2740	Crown - Porcelain/Ceramic	885
D2750	Crown - Porcelain Fused To High Noble Metal	858
D2751	Crown - Porcelain Fused To Predominantly Base Metal	757
D2752	Crown - Porcelain Fused To Noble Metal	805
D2780	Crown - 3/4 Cast High Noble Metal	838
D2783	Crown - 3/4 Porcelain/Ceramic	850
D2790	Crown - Full Cast High Noble Metal	851
D2791	Crown - Full Cast Predominantly Base Metal	719
D2792	Crown - Full Cast Noble Metal	761
D2920	Re-Cement Or Re-Bond Crown	69
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	214
D2932	Prefabricated Resin Crown	273
D2940	Protective Restoration	80
D2950	Core Buildup, Including Any Pins When Required	182
D2951	Pin Retention - Per Tooth, In Addition To Restoration	35
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	266
D2954	Prefabricated Post And Core In Addition To Crown	218
D2960	Labial Veneer (Resin Laminate) - Direct	410
D2962	Labial Veneer (Porcelain Laminate) - Indirect	798
ENDODONTICS		
D3220	Therapeutic Pulpotomy (Excluding Final Restoration) - Root Canal	170
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	647
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	771
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	1013
D3331	Treatment Of Root Canal Obstruction; Non-Surgical Access	218
D3332	Incomplete Endodontic Therapy; Inoperable, Unrestorable	455
D3333	Internal Root Repair Of Perforation Defects	186
D3346	Retreatment Of Previous Root Canal Therapy - Anterior	808
D3347	Retreatment Of Previous Root Canal Therapy - Premolar	922

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Code	Description	Fee
ENDODONTICS (cont.)		
D3348	Retreatment Of Previous Root Canal Therapy - Molar	1184
D3351	Apexification/Recalcification – Initial Visit (Apical Closure/C	289
D3352	Apexification/Recalcification – Interim Medication Replac	152
D3353	Apexification/Recalcification - Final Visit (Includes Comple	439
D3410	Apicoectomy - Anterior	673
D3421	Apicoectomy - Premolar (First Root)	816
D3425	Apicoectomy - Molar (First Root)	819
D3426	Apicoectomy (Each Additional Root)	282
D3430	Retrograde Filling - Per Root	198
D3450	Root Amputation - Per Root	432
D3920	Hemisection (Including Any Root Removal), Not Including	356
PERIODONTICS		
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous	401
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous	133
D4240	Gingival Flap Procedure, Including Root Planing - Four Or	570
D4241	Gingival Flap Procedure, Including Root Planing - One To	365
D4249	Clinical Crown Lengthening – Hard Tissue	581
D4260	Osseous Surgery (Including Elevation Of A Full Thickness	868
D4261	Osseous Surgery (Including Elevation Of A Full Thickness	706
D4263	Bone Replacement Graft – Retained Natural Tooth – First	308
D4265	Biologic Materials To Aid In Soft And Osseous Tissue Reg	338
D4273	Autogenous Connective Tissue Graft Procedure (Including	784
D4274	Mesial/Distal Wedge Procedure, Single Tooth (When Not	269
D4275	Non-Autogenous Connective Tissue Graft (Including Recip	479
D4277	Free Soft Tissue Graft Procedure (Including Recipient And	671
D4278	Free Soft Tissue Graft Procedure (Including Recipient And	504
D4283	Autogenous Connective Tissue Graft Procedure (Including	471
D4285	Non-Autogenous Connective Tissue Graft Procedure (Incl	287
D4341	Periodontal Scaling And Root Planing - Four Or More Teet	197
D4342	Periodontal Scaling And Root Planing - One To Three Tee	142
D4346	Scaling In Presence Of Generalized Moderate Or Severe	111
D4910	Periodontal Maintenance	106
PROSTHODONTICS (removable)		
D5110	Complete Denture - Maxillary	1171
D5120	Complete Denture - Mandibular	1138
D5130	Immediate Denture - Maxillary	1270

Code	Description	Fee
D5140	Immediate Denture - Mandibular	1225
D5211	Maxillary Partial Denture – Resin Base (Including, Retentiv	820
D5212	Mandibular Partial Denture – Resin Base (Including, Reter	925
D5213	Maxillary Partial Denture - Cast Metal Framework With Res	1279
D5214	Mandibular Partial Denture - Cast Metal Framework With F	1279
D5221	Immediate Maxillary Partial Denture - Resin Base (Includin	820
D5222	Immediate Mandibular Partial Denture - Resin Base (Includ	925
D5223	Immediate Maxillary Partial Denture - Cast Metal Framewo	1279
D5224	Immediate Mandibular Partial Denture - Cast Metal Framew	1279
D5225	Maxillary Partial Denture - Flexible Base (Including Retenti	820
D5226	Mandibular Partial Denture - Flexible Base (Including Rete	925
D5227	Immediate Maxillary Partial Denture - Flexible Base (Includ	943
D5228	Immediate Mandibular Partial Denture - Flexible Base (Incl	1064
D5650	Add Tooth To Existing Partial Denture	151
IMPLANT SERVICES		
D6081	Scaling And Debridement In The Presence Of Inflammatio	158
PROSTHODONTICS, fixed		
D6240	Pontic - Porcelain Fused To High Noble Metal	887
D6241	Pontic - Porcelain Fused To Predominantly Base Metal	767
D6242	Pontic - Porcelain Fused To Noble Metal	824
D6740	Retainer Crown - Porcelain/Ceramic	1060
D6750	Retainer Crown - Porcelain Fused To High Noble Metal	895
D6751	Retainer Crown - Porcelain Fused To Predominantly Base	760
D6752	Retainer Crown - Porcelain Fused To Noble Metal	829
D6930	Re-Cement Or Re-Bond Fixed Partial Denture	104
ORAL & MAXILLOFACIAL SURGERY		
D7111	Extraction, Coronal Remnants – Primary Tooth	88
D7140	Extraction, Erupted Tooth Or Exposed Root (Elevation And	128
D7210	Extraction, Erupted Tooth Requiring Removal Of Bone And	215
D7220	Removal Of Impacted Tooth - Soft Tissue	268
D7230	Removal Of Impacted Tooth - Partially Bony	358
D7240	Removal Of Impacted Tooth - Completely Bony	423
D7241	Removal Of Impacted Tooth - Completely Bony, With Unus	470
D7250	Removal Of Residual Tooth Roots (Cutting Procedure)	218
D7280	Exposure Of An Unerupted Tooth	491
D7282	Mobilization Of Erupted Or Malpositioned Tooth To Aid Eru	215
D7285	Incisional Biopsy Of Oral Tissue-Hard (Bone, Tooth)	827

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Code	Description	Fee
ORAL & MAXILLOFACIAL SURGERY (cont.)		
D7286	Incisional Biopsy Of Oral Tissue-Soft	268
D7310	Alveoloplasty In Conjunction With Extractions - Four Or Mo	187
D7320	Alveoloplasty Not In Conjunction With Extractions - Four O	497
D7473	Removal Of Torus Mandibularis	752
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	169
D7961	Buccal / Labial Frenectomy (Frenulectomy)	370
D7962	Lingual Frenectomy (Frenulectomy)	370
ADJUNCTIVE GENERAL SERVICES		
D9110	Palliative Treatment Of Dental Pain – Per Visit	85
D9222	Deep Sedation/General Anesthesia – First 15 Minutes	155
D9223	Deep Sedation/General Anesthesia – Each Subsequent 15	131
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia- F	147
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia – E	125
D9610	Therapeutic Parenteral Drug, Single Administration	52
D9944	Occlusal Guard – Hard Appliance, Full Arch	484
D9945	Occlusal Guard – Soft Appliance, Full Arch	484
D9946	Occlusal Guard – Hard Appliance, Partial Arch	484
D9951	Occlusal Adjustment - Limited	75

Code	Description	Fee
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