

Kaiser Permanente Insurance Company Dental Insurance Plan 2016 Table of Allowances

This plan is underwritten by Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc., (KFHP) and administered by Delta Dental of California.



A REGISTERED MARK OF DELTADENTAL PLANS ASSOCIATION



KPIC Dental Insurance Plan 2016 Table of Allowances

The benefits shown below are performed as deemed appropriate by the attending Dentist subject to the limitations and exclusions of the program. For a full list of the exclusions and limitations under your plan, please refer to your KPIC *Certificate of Insurance (COI)*. **Enrollees should discuss all treatment options with their Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of benefits under the Delta Dental program and is not to be interpreted as CDT 2015 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association. The American Dental Association may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

Code	Description	Allowance	Code	Description	Allowance
D0100-D0999 DIAGNOSTIC					
Clinical oral evaluations					
D0120	Periodic oral evaluation	18.00	D0290	Posterior – anterior or lateral skull and facial bone survey radiographic image	19.00
D0140	Limited oral evaluation – problem focused	25.20	D0330	Panoramic radiographic image	37.00
D0150	Comprehensive oral evaluation – new or established patient	25.20	Oral pathology laboratory		
D0160	Detailed and extensive oral evaluation, problem focused	21.00	D0472	Accession of tissue, gross examination, preparation and transmission of written report	59.00
D0170	Reevaluation limited problem focused (established patient; not post operative visit)	21.00	D0473	Accession of tissue, gross & microscopic examination, preparation and transmission of written report	59.00
D0180	Comprehensive periodontal evaluation – new or established patient	21.00	D0474	Accession of tissue, gross & micro examination, assessment of surgical margins for presence of disease, preparation and transmission of written report	59.00
Pre-diagnostic services			D1000-D1999 PREVENTIVE		
D0190	Screening of a patient	12.60	Dental prophylaxis		
D0191	Assessment of a patient	12.60	D1110	Prophylaxis – adult	43.20
Radiographs/diagnostic imaging (including interpretation)			Space maintenance (passive appliances)		
D0210	Intraoral – complete series of radiographic images	54.00	D1555	Removal of fixed space maintainer	23.00
D0220	Intraoral periapical – first radiographic image	12.00	D2000-D2999 RESTORATIVE		
D0230	Intraoral periapical – each additional radiographic image	5.00	Restorative procedures are subject to a 6 month waiting period		
D0240	Intraoral – occlusal radiographic image	12.00	Amalgam restorations (including polishing)		
D0250	Extraoral – first radiographic image	19.00	D2140	Amalgam – one surface, primary or permanent	35.00
D0260	Extraoral – each additional radiographic image	16.00	D2150	Amalgam – two surfaces, primary or permanent	43.00
D0270	Bitewing – single radiographic image	11.00	D2160	Amalgam – three surfaces, primary or permanent	52.00
D0272	Bitewings – two radiographic images	17.00	D2161	Amalgam – four or more surfaces, primary or permanent	58.00
D0273	Bitewings – three radiograph images	20.50	Resin – based composite restorations – direct		
D0274	Bitewings – four radiographic images	24.00	D2330	Resin-based composite – one surface, anterior	46.00
D0277	Vertical bitewings – 7 to 8 radiographic images	45.00	D2331	Resin-based composite – two surfaces, anterior	46.00
			D2332	Resin-based composite – three surfaces, anterior	46.00

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Code	Description	Allowance
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	68.00
D2390	Resin-based composite crown, anterior	114.00
D2391	Resin-based composite – one surface, posterior	47.00
D2392	Resin-based composite – two surfaces, posterior	64.00
D2393	Resin-based composite – three surfaces, posterior	80.00
D2394	Resin-based composite – four or more surfaces, posterior	80.00

Inlay/onlay restorations

D2510	Inlay – metallic – one surface . . .	99.00
D2520	Inlay – metallic – two surfaces . .	133.00
D2530	Inlay – metallic – three or more surfaces	150.00
D2542	Onlay – metallic – two surfaces. .	191.00
D2543	Onlay – metallic – three surfaces	191.00
D2544	Onlay – metallic – four or more surfaces	191.00
D2650	Inlay – resin-based composite – one surface	34.00
D2651	Inlay – resin-based composite – two surfaces	50.00
D2652	Inlay – resin-based composite – three or more surfaces	63.00
D2662	Onlay – resin-based composite – two surfaces	50.00
D2663	Onlay – resin-based composite – three surfaces	63.00
D2664	Onlay – resin-based composite – four surfaces	63.00

Crowns – single restoration only

D2710	Crown – resin-based composite (indirect)	80.00
D2712	Crown – 3/4 resin-based composite (indirect)	80.00
D2720	Crown – resin with high noble metal	182.00
D2721	Crown – resin with predominantly base metal	163.00
D2722	Crown – resin with noble metal .	177.00
D2740	Crown – porcelain/ceramic substrate	192.00
D2750	Crown – porcelain fused to high noble metal	182.00
D2751	Crown – porcelain fused to predominantly base metal	163.00
D2752	Crown – porcelain fused to noble metal	177.00

Code	Description	Allowance
D2780	Crown – 3/4 cast high noble metal	186.00
D2781	Crown – 3/4 cast predominantly base metal	186.00
D2782	Crown – 3/4 cast noble metal . . .	186.00
D2790	Crown – full cast high noble metal	183.00
D2791	Crown – full cast predominantly base metal	170.00
D2792	Crown – full cast noble metal . . .	178.00
D2794	Crown – titanium.	183.00

Other restorative services

D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration.	27.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	27.00
D2920	Re-cement or re-bond crown . . .	27.00
D2921	Reattachment of tooth fragment, incisal edge or cusp	51.00
D2931	Prefabricated stainless steel crown – permanent tooth	74.00
D2932	Prefabricated resin crown.	80.00
D2933	Prefabricated stainless steel crown with resin window	90.00
D2950	Core buildup, including any pins when required.	43.00
D2951	Pin Retention – per tooth, in addition to restoration	20.00
D2952	Post and core in addition to crown, indirectly fabricated	92.00
D2954	Prefabricated post and core in addition to crown	75.00
D2960	Labial veneer (resin laminate chairside.	116.00
D2961	Labial veneer (resin laminate) – laboratory	128.00
D2962	Labial veneer (porcelain laminate) – laboratory	161.00
D2980	Crown repair necessitated by restorative material failure.	25.00

D3000-D3999 ENDODONTICS

Endodontic procedures are subject to a 6 month waiting period

Pulpotomy

D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	38.00
D3221	Pulpal debridement, primary or permanent teeth	41.00

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Code	Description	Allowance
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	38.00
Endodontic therapy (including treatment plan, clinical procedures, and follow-up care)		
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	193.00
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	227.00
D3330	Endodontic therapy, molar tooth (excluding final restoration)	306.00
Endodontic retreatment		
D3346	Re-treatment of previous root canal therapy – anterior	193.00
D3347	Re-treatment of previous root canal therapy – bicuspid	227.00
D3348	Re-treatment of previous root canal therapy – molar	306.00
Apicoectomy/periradicular services		
D3410	Apicoectomy – anterior	240.00
D3421	Apicoectomy – bicuspid (first root)	257.00
D3425	Apicoectomy – molar (first root)	294.00
D3426	Apicoectomy (each additional root)	50.00
D3427	Periradicular surgery without apicoectomy	57.00
D3430	Retrograde filling – per root	57.00
D3450	Root amputation root	166.00
Other endodontic services		
D3920	Hemisection (including any root removal), not including root canal therapy	121.00
D4000-D4999 PERIODONTICS		
<i>Periodontic procedures are subject to a 6 month waiting period</i>		
Surgical services (including usual postoperative services)		
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces per quadrant	128.00
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces, per quadrant	77.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	77.00
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or bounded teeth spaces per quadrant	159.00

Code	Description	Allowance
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces, per quadrant	95.00
D4245	Apically positioned flap	159.00
D4249	Clinical crown lengthening – hard tissue	96.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	342.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces, per quadrant	205.00
D4263	Bone replacement graft – first site in quadrant	62.00
D4264	Bone replacement graft – each additional site in quadrant	47.00
D4266	Guided tissue regeneration– restorable barrier, per site	135.00
D4267	Guided tissue regeneration – non-resorbable barrier, per site (includes membraneremoval)	135.00
D4268	Surgical revision procedure, per tooth	135.00
D4270	Pedicle soft tissue graft procedure	192.00
D4273	Subepithelial connective tissue graft procedures, per tooth	233.00
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	208.00
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	156.00
Non-surgical periodontal service		
D4341	Periodontal scaling and root planning, per quadrant – four or more teeth per quadrant	59.00
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	35.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	36.00
Other periodontal services		
D4910	Periodontal maintenance	41.00

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Code	Description	Allowance
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	36.00
D5000-D5999 PROSTHODONTICS (REMOVABLE)		
<i>Prosthetic Removable procedures are subject to a 12 month waiting period</i>		
Complete dentures (including routine post-delivery care)		
D5110	Complete denture – maxillary . . .	240.00
D5120	Complete denture – mandibular .	241.00
D5130	Immediate denture – maxillary . .	240.00
D5140	Immediate denture – mandibular	241.00
Partial dentures (including routine post-delivery care)		
D5211	Maxillary partial denture – resin base (including conventional clasps, rests and teeth)	203.00
D5212	Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	212.00
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including conventional clasps, rests and teeth)	287.00
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including conventional clasps, rests and teeth)	287.00
D5225	Maxillary partial denture – flexible base (including any clasps, rests and teeth)	216.00
D5226	Mandibular partial denture – flexible base (including any clasps, rests and teeth)	216.00
D5281	Removable unilateral partial denture – one piece cast metal (including clasps and teeth)	120.00
Adjustments to dentures		
D5410	Adjust complete denture – maxillary	13.00
D5411	Adjust complete denture – mandibular	13.00
D5421	Adjust partial denture – maxillary	14.00
D5422	Adjust partial denture – mandibular	14.00
Repairs to complete dentures		
D5510	Repair broken complete denture base	31.00
D5520	Replace missing or broken teeth – complete denture (each tooth)	25.00

Code	Description	Allowance
Repairs to partial dentures		
D5610	Repair resin denture base	30.00
D5620	Repair cast framework	25.00
D5630	Repair or replace broken clasp . .	36.00
D5640	Replace broken teeth – per tooth	27.00
D5650	Add tooth to existing partial denture	31.00
D5660	Add clasp to existing partial denture	37.00
Denture rebase procedures		
D5710	Rebase complete maxillary denture	94.00
D5711	Rebase complete mandibular denture	93.00
D5720	Rebase maxillary partial denture . .	89.00
D5721	Rebase mandibular partial denture	91.00
Denture reline procedures		
D5730	Reline complete maxillary denture (chairside)	46.00
D5731	Reline complete mandibular denture (chairside)	45.00
D5740	Reline maxillary partial denture (chairside)	45.00
D5741	Reline mandibular partial denture (chairside)	47.00
D5750	Reline complete maxillary denture (laboratory)	70.00
D5751	Reline complete mandibular denture (laboratory)	70.00
D5760	Reline maxillary partial denture (laboratory)	71.00
D5761	Reline mandibular partial denture(laboratory)	71.00
Interim prosthesis		
D5820	Interim partial denture (maxillary) .	85.00
D5821	Interim partial denture (mandibular)	85.00
Other removable prosthetic services		
D5850	Tissue conditioning, maxillary . . .	25.00
D5851	Tissue conditioning, mandibular . .	24.00
D5863	Overdenture – complete maxillary	240.00
D5864	Overdenture – partial maxillary . .	287.00
D5865	Overdenture – complete mandibular	241.00
D5866	Overdenture – partial mandibular	287.00
D6200-D6999 PROSTHODONTICS, FIXED		
Each retainer and each pontic constitutes a unit in a fixed partial denture		
<i>Fixed prosthetic procedures are subject to a 6 month waiting period</i>		
Fixed partial denture pontics		
D6210	Pontic – cast high noble metal . .	171.00
D6211	Pontic – cast predominantly base metal	138.00

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Code	Description	Allowance	Code	Description	Allowance
D6212	Pontic – cast noble metal	168.00	D6722	Crown – resin with noble metal	175.00
D6214	Pontic – titanium	171.00	D6750	Crown – porcelain fused to high noble metal	181.00
D6240	Pontic – porcelain fused to high noble metal	176.00	D6751	Crown – porcelain fused to predominantly base metal	161.00
D6241	Pontic – porcelain fused to predominantly base metal	155.00	D6752	Crown – porcelain fused to noble metal	175.00
D6242	Pontic – porcelain fused to noble metal	170.00	D6780	Crown – 3/4 cast high noble metal	181.00
D6250	Pontic – resin with high noble metal	176.00	D6781	Crown – 3/4 cast predominantly base metal	181.00
D6251	Pontic – resin with predominantly base metal	155.00	D6782	Crown – 3/4 cast noble metal . . .	181.00
D6252	Pontic – resin with noble metal . .	170.00	D6790	Crown – full cast high noble metal	180.00
Fixed partial denture retainers – inlays/onlays			D6791	Crown – full cast predominantly base metal	159.00
D6545	Retainer – cast metal for resin bonded fixed prosthesis	88.00	D6792	Crown – full cast noble metal . . .	175.00
D6549	Resin retainer – for resin bonded fixed prosthesis.	88.00	D6794	Crown – titanium	180.00
D6602	Inlay – cast high noble metal, two surfaces	121.00	Other fixed partial denture services		
D6603	Inlay – cast high noble metal, three or more surfaces	135.00	D6930	Re-cement or re-bond fixed partial denture	33.00
D6604	Inlay – cast predominantly base metal, two surfaces	121.00	D6940	Stress breaker	38.00
D6605	Inlay – cast predominantly base metal, three or more surfaces . . .	135.00	D6980	Fixed partial denture repair necessitated by restorative material failure	50.00
D6606	Inlay – cast noble metal, two surfaces.	121.00	D7000-D7999 ORAL AND MAXILLOFACIAL SURGERY		
D6607	Inlay – cast noble metal, three or more surfaces	135.00	<i>The following procedures are subject to a 6 month waiting period</i>		
D6610	Onlay – cast high noble metal, two surfaces.	288.00	Extractions (includes local anesthesia, suturing, if needed, and routine postoperative care)		
D6611	Onlay – cast high noble metal, three or more surfaces	288.00	D7111	Extraction, coronal remnants – deciduous tooth	20.00
D6612	Onlay – cast predominantly base metal, two surfaces	288.00	D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	39.00
D6613	Onlay – cast predominantly base metal, three or more surfaces . . .	288.00	Surgical extractions (includes local anesthesia, suturing, if needed, and routine postoperative care)		
D6614	Onlay – cast noble metal, two surfaces	288.00	D7210	Surgical removal of erupted tooth requiring removal of bone and/or section of tooth, and including elevation of mucoperiosteal flap if indicated	74.00
D6615	Onlay – cast noble metal, three or more surfaces	288.00	D7220	Removal of impacted tooth – soft tissue	90.00
D6624	Inlay – titanium.	135.00	D7230	Removal of impacted tooth – partially bony	117.00
D6634	Onlay – titanium	288.00	D7240	Removal of impacted tooth – completely bony	134.00
Fixed partial denture retainers – crowns					
D6720	Crown – resin with high noble metal	181.00			
D6721	Crown – resin with predominantly base metal	161.00			

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Code	Description	Allowance
D7250	Surgical removal of residual tooth roots (cutting procedure) . .	78.00
Other surgical procedures		
D7260	Oroantral fistula closure	225.00
D7261	Primary closure of a sinus perforation	225.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	132.00
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	98.00
D7280	Surgical access of unerupted tooth	176.00
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)	136.00
D7286	Incisional biopsy of oral tissue – soft	108.00
Alveoloplasty – surgical preparation of ridge for dentures		
D7310	Alveoloplasty in conjunction with extractions – per quadrant	59.00
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	36.00
D7320	Alveoloplasty not in conjunction with extractions – per quadrant	96.00
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	58.00
Vestibuloplasty		
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	82.00
D7350	Vestibuloplasty – ridge extension (including soft tissue graft, muscle re-attachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	218.00
Surgical excision of intra-osseous lesions		
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	131.00
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	273.00
Excision of bone tissue		
D7471	Removal of lateral exostosis (maxilla or mandible)	162.00
D7472	Removal of torus palatinus	162.00
D7473	Removal of torus mandibularis . .	162.00

Code	Description	Allowance
Surgical incision		
D7510	Incision and drainage of abscess – intraoral soft tissue	48.00
Other repair procedures		
D7960	Frenulectomy (frenectomy or frenotomy) – separate procedure not incidental to another procedure.	115.00
D7970	Excision of hyperplastic tissue – per arch	88.00
D7971	Excision of pericoronal gingival . .	43.00
D9000-D9999 ADJUNCTIVE GENERAL SERVICES		
Unclassified treatment		
D9110	Palliative (emergency) treatment of dental pain – minor procedure . . .	41.00
Anesthesia		
D9220	Deep sedation/general anesthesia – first 30 minutes	100.00
D9221	Deep sedation/general anesthesia – each additional 15 minutes	36.00
Professional visits		
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment) . .	43.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	24.00
D9440	Office visit – after regularly scheduled hours	49.00
Drugs		
D9610	Therapeutic parenteral drug injection, single administration	6.00
D9612	Therapeutic parental drugs, two or more administrations, different medications.	6.00
Miscellaneous services		
D9930	Treatment of complications (post-surgical) – unusual circumstances, by report	19.00
D9951	Occlusal adjustment – limited . . .	32.00

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