

Buffalo Teachers Federation

Group 21257

Table of Allowances: IN-NETWORK PROVIDERS, Delta Dental PPO and Delta Dental Premier

Effective date: 1/1/2025

Procedure Code	Description	01/01/2025 Paid Benefit
D0120	Periodic oral evaluation – established patient	\$24.00
D0140	Limited oral evaluation – problem focused	\$29.00
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$26.00
D0150	Comprehensive oral evaluation – new or established patient	\$29.00
D0160	Detailed and extensive oral evaluation – problem focused, by report	\$24.00
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	\$27.00
D0180	Comprehensive periodontal evaluation – new or established patient	\$39.00
D0190	Screening of a patient	\$14.00
D0191	Assessment of a patient	\$14.00
D0210	Intraoral – complete series of radiographic images	\$48.00
D0220	Intraoral – periapical first radiographic image	\$15.00
D0230	Intraoral – periapical each additional radiographic image	\$10.00
D0240	Intraoral – occlusal radiographic image	\$15.00
D0251	Extra-oral posterior dental radiographic image	\$34.00
D0270	Bitewing – single radiographic image	\$12.00
D0272	Bitewings – two radiographic images	\$20.00
D0273	Bitewings – three radiographic images	\$20.00
D0274	Bitewings – four radiographic images	\$29.00
D0277	Vertical bitewings – 7 to 8 radiographic images	\$29.00
D0310	Sialography	\$19.00
D0321	Other temporomandibular joint radiographic images, by report	\$16.00
D0322	Tomographic survey	\$72.00
D0330	Panoramic radiographic image	\$44.00
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	\$32.00
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	\$29.00
D0364	Cone beam CT capture and interpretation with limited field of view – less than one whole jaw	\$77.00
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – mandible	\$87.00
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	\$87.00
D0367	Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	\$106.00
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	\$384.00
D0380	Cone beam CT image capture with limited field of view – less than one whole jaw	\$72.00
D0381	Cone beam CT image capture with field of view of one full dental arch – mandible	\$130.00
D0382	Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium	\$155.00
D0383	Cone beam CT image capture with field of view of both jaws, with or without cranium	\$97.00
D0384	Cone beam CT image capture for TMJ series including two or more exposures	\$193.00
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	\$96.00
D0415	Collection of microorganisms for culture and sensitivity	\$36.00
D0418	Analysis of saliva sample	\$48.00

Buffalo Teachers Federation

Group 21257

Table of Allowances: IN-NETWORK PROVIDERS, Delta Dental PPO and Delta Dental Premier

Effective date: 1/1/2025

Procedure Code	Description	01/01/2025 Paid Benefit
D0419	Assessment of salivary flow by measurement	\$6.00
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	\$32.00
D0460	Pulp vitality tests	\$20.00
D0470	Diagnostic casts	\$44.00
D0472	Accession of tissue, gross examination, preparation and transmission of written report	\$54.00
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	\$54.00
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	\$54.00
D0601	Caries risk assessment and documentation, with a finding of low risk	\$4.00
D0602	Caries risk assessment and documentation, with a finding of moderate risk	\$4.00
D0603	Caries risk assessment and documentation, with a finding of high risk	\$4.00
D1110	Prophylaxis – adult	\$43.00
D1120	Prophylaxis – child	\$33.00
D1206	Topical application of fluoride varnish	\$22.00
D1208	Topical application of fluoride – excluding varnish	\$21.00
D1351	Sealant – per tooth	\$24.00
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	\$24.00
D1353	Sealant repair – per tooth	\$20.00
D1354	Application of caries arresting medicament - per tooth	\$20.00
D1510	Space maintainer – fixed, unilateral – per quadrant	\$96.00
D1516	Space maintainer – fixed – bilateral, maxillary	\$96.00
D1517	Space maintainer – fixed – bilateral, mandibular	\$96.00
D1526	Space maintainer – removable – bilateral, maxillary	\$144.00
D1527	Space maintainer – removable – bilateral, mandibular	\$144.00
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	\$20.00
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	\$20.00
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	\$20.00
D1556	Removal of fixed unilateral space maintainer – per quadrant	\$39.00
D1557	Removal of fixed bilateral space maintainer – maxillary	\$39.00
D1558	Removal of fixed bilateral space maintainer – mandibular	\$39.00
D1575	Distal shoe space maintainer - fixed, unilateral – per quadrant	\$149.00
D2140	Amalgam – one surface, primary or permanent	\$48.00
D2150	Amalgam – two surfaces, primary or permanent	\$53.00
D2160	Amalgam – three surfaces, primary or permanent	\$58.00
D2161	Amalgam – four or more surfaces, primary or permanent	\$68.00
D2330	Resin-based composite – one surface, anterior	\$53.00
D2331	Resin-based composite – two surfaces, anterior	\$58.00
D2332	Resin-based composite – three surfaces, anterior	\$68.00
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	\$96.00
D2390	Resin-based composite crown, anterior	\$106.00

Buffalo Teachers Federation

Group 21257

Table of Allowances: IN-NETWORK PROVIDERS, Delta Dental PPO and Delta Dental Premier

Effective date: 1/1/2025

Procedure Code	Description	01/01/2025 Paid Benefit
D2391	Resin-based composite – one surface, posterior	\$68.00
D2392	Resin-based composite – two surfaces, posterior	\$82.00
D2393	Resin-based composite – three surfaces, posterior	\$92.00
D2394	Resin-based composite – four or more surfaces, posterior	\$96.00
D2430	Gold foil – three surfaces	\$192.00
D2510	Inlay – metallic – one surface	\$74.00
D2520	Inlay – metallic – two surfaces	\$111.00
D2530	Inlay – metallic – three or more surfaces	\$125.00
D2542	Onlay – metallic – two surfaces	\$216.00
D2543	Onlay – metallic – three surfaces	\$240.00
D2544	Onlay – metallic – four or more surfaces	\$264.00
D2610	Inlay – porcelain/ceramic – one surface	\$240.00
D2620	Inlay – porcelain/ceramic – two surfaces	\$264.00
D2630	Inlay – porcelain/ceramic – three or more surfaces	\$288.00
D2642	Onlay – porcelain/ceramic – two surfaces	\$192.00
D2643	Onlay – porcelain/ceramic – three surfaces	\$264.00
D2644	Onlay – porcelain/ceramic – four or more surfaces	\$336.00
D2650	Inlay – resin-based composite – one surface	\$144.00
D2651	Inlay – resin-based composite – two surfaces	\$168.00
D2652	Inlay – resin-based composite – three or more surfaces	\$192.00
D2662	Onlay – resin-based composite – two surfaces	\$216.00
D2663	Onlay – resin-based composite – three surfaces	\$240.00
D2664	Onlay – resin-based composite – four or more surfaces	\$264.00
D2710	Crown – resin-based composite (indirect)	\$240.00
D2720	Crown – resin with high noble metal	\$147.00
D2740	Crown – porcelain/ceramic substrate	\$384.00
D2750	Crown – porcelain fused to high noble metal	\$375.00
D2751	Crown – porcelain fused to predominantly base metal	\$346.00
D2752	Crown – porcelain fused to noble metal	\$346.00
D2753	Crown – porcelain fused to titanium and titanium alloys	\$375.00
D2782	Crown – ¾ cast noble metal	\$327.00
D2783	Crown – ¾ porcelain/ceramic	\$327.00
D2790	Crown – full cast high noble metal	\$375.00
D2791	Crown – full cast predominantly base metal	\$312.00
D2792	Crown – full cast noble metal	\$312.00
D2799	Interim crown – further treatment or completion of diagnosis necessary prior to final impression	\$87.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$24.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$24.00
D2920	Re-cement or re-bond crown	\$39.00
D2921	Reattachment of tooth fragment, incisal edge or cusp	\$120.00
D2928	Prefabricated porcelain/ceramic crown – permanent tooth	\$120.00

Buffalo Teachers Federation

Group 21257

Table of Allowances: IN-NETWORK PROVIDERS, Delta Dental PPO and Delta Dental Premier

Effective date: 1/1/2025

Procedure Code	Description	01/01/2025 Paid Benefit
D2929	Prefabricated porcelain/ceramic crown – primary tooth	\$105.00
D2930	Prefabricated stainless steel crown – primary tooth	\$87.00
D2931	Prefabricated stainless steel crown – permanent tooth	\$120.00
D2932	Prefabricated resin crown	\$120.00
D2940	Protective restoration	\$39.00
D2941	Interim therapeutic restoration – primary dentition	\$36.00
D2950	Core buildup, including any pins when required	\$96.00
D2951	Pin retention – per tooth, in addition to restoration	\$20.00
D2952	Post and core in addition to crown, indirectly fabricated	\$135.00
D2954	Prefabricated post and core in addition to crown	\$144.00
D2955	Post removal	\$144.00
D2957	Each additional prefabricated post – same tooth	\$48.00
D2960	Labial veneer (resin laminate) - direct	\$96.00
D2961	Labial veneer (resin laminate) - indirect	\$29.00
D2962	Labial veneer (porcelain laminate) - indirect	\$289.00
D2975	Coping	\$188.00
D2980	Crown repair necessitated by restorative material failure	\$72.00
D2990	Resin infiltration of incipient smooth surface lesions	\$48.00
D3110	Pulp cap – direct (excluding final restoration)	\$24.00
D3120	Pulp cap – indirect (excluding final restoration)	\$22.00
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	\$82.00
D3221	Pulpal debridement, primary and permanent teeth	\$58.00
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	\$58.00
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	\$96.00
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	\$116.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$284.00
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$312.00
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$375.00
D3331	Treatment of root canal obstruction; non-surgical access	\$144.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$96.00
D3333	Internal root repair of perforation defects	\$72.00
D3346	Retreatment of previous root canal therapy – anterior	\$144.00
D3347	Retreatment of previous root canal therapy – premolar	\$144.00
D3348	Retreatment of previous root canal therapy – molar	\$384.00
D3351	Apexification/recalcification – initial visit (apical closure/calific repair of perforations, root resorption, etc.)	\$192.00
D3410	Apicoectomy – anterior	\$168.00
D3421	Apicoectomy – premolar (first root)	\$192.00
D3425	Apicoectomy – molar (first root)	\$336.00
D3426	Apicoectomy (each additional root)	\$96.00
D3428	Bone graft in conjunction with periradicular surgery – per tooth, single site	\$192.00

Buffalo Teachers Federation

Group 21257

Table of Allowances: IN-NETWORK PROVIDERS, Delta Dental PPO and Delta Dental Premier

Effective date: 1/1/2025

Procedure Code	Description	01/01/2025 Paid Benefit
D3430	Retrograde filling – per root	\$58.00
D3450	Root amputation – per root	\$96.00
D3460	Endodontic endosseous implant	\$360.00
D3471	Surgical repair of root resorption - anterior	\$288.00
D3472	Surgical repair of root resorption – premolar	\$288.00
D3473	Surgical repair of root resorption – molar	\$288.00
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	\$288.00
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption –pre-molar	\$288.00
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption –molar	\$288.00
D3910	Surgical procedure for isolation of tooth with rubber dam	\$48.00
D3920	Hemisection (including any root removal), not including root canal therapy	\$116.00
D3921	Decoronation or submergence of an erupted tooth	\$72.00
D3950	Canal preparation and fitting of preformed dowel or post	\$96.00
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	\$144.00
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	\$96.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$48.00
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	\$173.00
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	\$144.00
D4245	Apically positioned flap	\$144.00
D4249	Clinical crown lengthening – hard tissue	\$144.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$384.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	\$288.00
D4263	Bone replacement graft – retained natural tooth – first site in quadrant	\$216.00
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	\$216.00
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	\$120.00
D4266	Guided tissue regeneration – resorbable barrier, per site	\$240.00
D4267	Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)	\$288.00
D4270	Pedicle soft tissue graft procedure	\$288.00
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	\$240.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$192.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	\$240.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	\$192.00
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$216.00

Buffalo Teachers Federation

Group 21257

Table of Allowances: IN-NETWORK PROVIDERS, Delta Dental PPO and Delta Dental Premier

Effective date: 1/1/2025

Procedure Code	Description	01/01/2025 Paid Benefit
D4322	Splint – intra-coronal; natural teeth or prosthetic crowns	\$144.00
D4323	Splint – extra-coronal; natural teeth or prosthetic crowns	\$144.00
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	\$92.00
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	\$77.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	\$72.00
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	\$72.00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$58.00
D4910	Periodontal maintenance	\$116.00
D4921	Gingival irrigation – per quadrant	\$15.00
D5110	Complete denture – maxillary	\$384.00
D5120	Complete denture – mandibular	\$384.00
D5130	Immediate denture – maxillary	\$360.00
D5140	Immediate denture – mandibular	\$360.00
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	\$264.00
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	\$264.00
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$312.00
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$312.00
D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	\$264.00
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)	\$264.00
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$724.00
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$724.00
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	\$216.00
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	\$216.00
D5227	Immediate maxillary partial denture – flexible base (including any clasps, rests and teeth)	\$216.00
D5228	Immediate mandibular partial denture – flexible base (including any clasps, rests and teeth)	\$216.00
D5282	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	\$192.00
D5283	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	\$192.00
D5284	Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests, and teeth) – per quadrant	\$173.00

Buffalo Teachers Federation

Group 21257

Table of Allowances: IN-NETWORK PROVIDERS, Delta Dental PPO and Delta Dental Premier

Effective date: 1/1/2025

Procedure Code	Description	01/01/2025 Paid Benefit
D5286	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests, and teeth) – per quadrant	\$173.00
D5410	Adjust complete denture – maxillary	\$24.00
D5411	Adjust complete denture – mandibular	\$24.00
D5421	Adjust partial denture – maxillary	\$24.00
D5422	Adjust partial denture – mandibular	\$24.00
D5511	Repair broken complete denture base, mandibular	\$48.00
D5512	Repair broken complete denture base, maxillary	\$48.00
D5520	Replace missing or broken teeth – complete denture (each tooth)	\$48.00
D5611	Repair resin partial denture base, mandibular	\$39.00
D5612	Repair resin partial denture base, maxillary	\$48.00
D5621	Repair cast partial framework, mandibular	\$22.00
D5622	Repair cast partial framework, maxillary	\$22.00
D5630	Repair or replace broken retentive clasping materials – per tooth	\$48.00
D5640	Replace broken teeth – per tooth	\$39.00
D5650	Add tooth to existing partial denture	\$77.00
D5660	Add clasp to existing partial denture – per tooth	\$29.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$321.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$265.00
D5710	Rebase complete maxillary denture	\$61.00
D5711	Rebase complete mandibular denture	\$61.00
D5720	Rebase maxillary partial denture	\$61.00
D5721	Rebase mandibular partial denture	\$61.00
D5725	Rebase hybrid prosthesis	\$61.00
D5730	Reline complete maxillary denture (chairside)	\$39.00
D5731	Reline complete mandibular denture (chairside)	\$39.00
D5740	Reline maxillary partial denture (chairside)	\$39.00
D5741	Reline mandibular partial denture (chairside)	\$39.00
D5750	Reline complete maxillary denture (laboratory)	\$168.00
D5751	Reline complete mandibular denture (laboratory)	\$168.00
D5760	Reline maxillary partial denture (laboratory)	\$168.00
D5761	Reline mandibular partial denture (laboratory)	\$168.00
D5765	Soft liner for complete or partial removable denture – indirect	\$168.00
D5810	Interim complete denture (maxillary)	\$240.00
D5811	Interim complete denture (mandibular)	\$240.00
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	\$240.00
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	\$240.00
D5850	Tissue conditioning, maxillary	\$29.00
D5851	Tissue conditioning, mandibular	\$29.00
D5862	Precision attachment, by report	\$192.00
D5863	Overdenture – complete maxillary	\$387.00
D5864	Overdenture – partial maxillary	\$432.00

Buffalo Teachers Federation

Group 21257

Table of Allowances: IN-NETWORK PROVIDERS, Delta Dental PPO and Delta Dental Premier

Effective date: 1/1/2025

Procedure Code	Description	01/01/2025 Paid Benefit
D5865	Overdenture – complete mandibular	\$387.00
D5866	Overdenture – partial mandibular	\$432.00
D5867	Replacement of replaceable part of semi-precision or precision attachment, per attachment	\$48.00
D5875	Modification of removable prosthesis following implant surgery	\$116.00
D5936	Obturator prosthesis, interim	\$96.00
D5982	Surgical stent	\$96.00
D6010	Surgical placement of implant body: endosteal implant	\$480.00
D6013	Surgical placement of mini implant	\$288.00
D6051	Interim implant abutment placement	\$96.00
D6055	Connecting bar – implant supported or abutment supported	\$192.00
D6056	Prefabricated abutment – includes modification and placement	\$240.00
D6057	Custom fabricated abutment – includes placement	\$288.00
D6058	Abutment supported porcelain/ceramic crown	\$360.00
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$375.00
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$327.00
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$327.00
D6062	Abutment supported cast metal crown (high noble metal)	\$327.00
D6063	Abutment supported cast metal crown (predominantly base metal)	\$354.00
D6064	Abutment supported cast metal crown (noble metal)	\$366.00
D6065	Implant supported porcelain/ceramic crown	\$384.00
D6066	Implant supported crown – porcelain fused to high noble alloys	\$384.00
D6067	Implant supported crown – high noble alloys	\$332.00
D6068	Abutment supported retainer for porcelain/ceramic FPD	\$240.00
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$240.00
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$315.00
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$240.00
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	\$329.00
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	\$295.00
D6074	Abutment supported retainer for cast metal FPD (noble metal)	\$305.00
D6075	Implant supported retainer for ceramic FPD	\$312.00
D6076	Implant supported retainer for FPD – porcelain fused to high noble alloys	\$240.00
D6077	Implant supported retainer for metal FPD – high noble alloys	\$332.00
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	\$48.00
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	\$77.00
D6082	Implant supported crown – porcelain fused to predominantly base alloys	\$327.00
D6083	Implant supported crown – porcelain fused to noble alloys	\$327.00
D6084	Implant supported crown – porcelain fused to titanium and titanium alloys	\$403.00
D6085	Interim implant crown	\$144.00
D6086	Implant supported crown – predominantly base alloys	\$354.00
D6087	Implant supported crown – noble alloys	\$366.00

Buffalo Teachers Federation

Group 21257

Table of Allowances: IN-NETWORK PROVIDERS, Delta Dental PPO and Delta Dental Premier

Effective date: 1/1/2025

Procedure Code	Description	01/01/2025 Paid Benefit
D6088	Implant supported crown – titanium and titanium alloys	\$403.00
D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment	\$89.00
D6092	Re-cement or re-bond implant/abutment supported crown	\$39.00
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	\$35.00
D6094	Abutment supported crown – titanium and titanium alloys	\$403.00
D6096	Remove broken implant retaining screw	\$164.00
D6097	Abutment supported crown – porcelain fused to titanium and titanium alloys	\$403.00
D6098	Implant supported retainer – porcelain fused to predominantly base alloys	\$315.00
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys	\$240.00
D6101	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	\$100.00
D6102	Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	\$198.00
D6103	Bone graft for repair of peri-implant defect – does not include flap entry and closure	\$240.00
D6104	Bone graft at time of implant placement	\$144.00
D6110	Implant/abutment supported removable denture for edentulous arch – maxillary	\$542.00
D6111	Implant/abutment supported removable denture for edentulous arch – mandibular	\$542.00
D6112	Implant/abutment supported removable denture for partially edentulous arch – maxillary	\$549.00
D6113	Implant/abutment supported removable denture for partially edentulous arch – mandibular	\$549.00
D6114	Implant/abutment supported fixed denture for edentulous arch – maxillary	\$542.00
D6115	Implant/abutment supported fixed denture for edentulous arch – mandibular	\$542.00
D6116	Implant/abutment supported fixed denture for partially edentulous arch – maxillary	\$549.00
D6117	Implant/abutment supported fixed denture for partially edentulous arch – mandibular	\$549.00
D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys	\$295.00
D6121	Implant supported retainer for metal FPD – predominantly base alloys	\$295.00
D6122	Implant supported retainer for metal FPD – noble alloys	\$305.00
D6123	Implant supported retainer for metal FPD – titanium and titanium alloys	\$380.00
D6190	Radiographic/surgical implant index, by report	\$144.00
D6194	Abutment supported retainer crown for FPD – titanium and titanium alloys	\$380.00
D6195	Abutment supported retainer – porcelain fused to titanium and titanium alloys	\$240.00
D6198	Remove interim implant component	\$96.00
D6205	Pontic – indirect resin based composite	\$144.00
D6210	Pontic – cast high noble metal	\$264.00
D6211	Pontic – cast predominantly base metal	\$240.00
D6214	Pontic – titanium and titanium alloys	\$336.00
D6240	Pontic – porcelain fused to high noble metal	\$384.00
D6241	Pontic – porcelain fused to predominantly base metal	\$240.00
D6242	Pontic – porcelain fused to noble metal	\$384.00
D6243	Pontic – porcelain fused to titanium and titanium alloys	\$384.00
D6245	Pontic – porcelain/ceramic	\$384.00

Buffalo Teachers Federation

Group 21257

Table of Allowances: IN-NETWORK PROVIDERS, Delta Dental PPO and Delta Dental Premier

Effective date: 1/1/2025

Procedure Code	Description	01/01/2025 Paid Benefit
D6250	Pontic – resin with high noble metal	\$216.00
D6251	Pontic – resin with predominantly base metal	\$192.00
D6252	Pontic – resin with noble metal	\$192.00
D6253	Interim pontic - further treatment or completion of diagnosis necessary prior to final impression	\$144.00
D6545	Retainer – cast metal for resin bonded fixed prosthesis	\$168.00
D6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis	\$168.00
D6549	Retainer – for resin bonded fixed prosthesis	\$192.00
D6600	Retainer inlay – porcelain/ceramic, two surfaces	\$192.00
D6601	Retainer inlay – porcelain/ceramic, three or more surfaces	\$216.00
D6602	Retainer inlay – cast high noble metal, two surfaces	\$193.00
D6603	Retainer inlay – cast high noble metal, three or more surfaces	\$211.00
D6604	Retainer inlay – cast predominantly base metal, two surfaces	\$186.00
D6605	Retainer inlay – cast predominantly base metal, three or more surfaces	\$204.00
D6606	Retainer inlay – cast noble metal, two surfaces	\$189.00
D6607	Retainer inlay – cast noble metal, three or more surfaces	\$212.00
D6608	Retainer onlay – porcelain/ceramic, two surfaces	\$192.00
D6609	Retainer onlay – porcelain/ceramic, three or more surfaces	\$192.00
D6610	Retainer onlay – cast high noble metal, two surfaces	\$262.00
D6611	Retainer onlay – cast high noble metal, three or more surfaces	\$264.00
D6612	Retainer onlay – cast predominantly base metal, two surfaces	\$255.00
D6613	Retainer onlay – cast predominantly base metal, three or more surfaces	\$260.00
D6614	Retainer onlay – cast noble metal, two surfaces	\$258.00
D6615	Retainer onlay – cast noble metal, three or more surfaces	\$264.00
D6720	Retainer crown – resin with high noble metal	\$288.00
D6740	Retainer crown – porcelain/ceramic	\$384.00
D6750	Retainer crown – porcelain fused to high noble metal	\$384.00
D6751	Retainer crown – porcelain fused to predominantly base metal	\$327.00
D6752	Retainer crown – porcelain fused to noble metal	\$384.00
D6753	Retainer crown – porcelain fused to titanium and titanium alloys	\$384.00
D6780	Retainer crown – ¾ cast high noble metal	\$168.00
D6783	Retainer crown – ¾ porcelain/ceramic	\$192.00
D6784	Retainer crown ¾ – titanium and titanium alloys	\$312.00
D6790	Retainer crown – full cast high noble metal	\$312.00
D6792	Retainer crown – full cast noble metal	\$327.00
D6793	Interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression	\$96.00
D6930	Re-cement or re-bond fixed partial denture	\$72.00
D6940	Stress breaker	\$72.00
D6950	Precision attachment	\$192.00
D6980	Fixed partial denture repair necessitated by restorative material failure	\$77.00
D7111	Extraction, coronal remnants – primary tooth	\$53.00

Buffalo Teachers Federation

Group 21257

Table of Allowances: IN-NETWORK PROVIDERS, Delta Dental PPO and Delta Dental Premier

Effective date: 1/1/2025

Procedure Code	Description	01/01/2025 Paid Benefit
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$72.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$96.00
D7220	Removal of impacted tooth – soft tissue	\$101.00
D7230	Removal of impacted tooth – partially bony	\$120.00
D7240	Removal of impacted tooth – completely bony	\$144.00
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	\$144.00
D7250	Removal of residual tooth roots (cutting procedure)	\$116.00
D7260	Oroantral fistula closure	\$144.00
D7261	Primary closure of a sinus perforation	\$144.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$144.00
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	\$53.00
D7280	Exposure of an unerupted tooth	\$144.00
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$111.00
D7283	Placement of device to facilitate eruption of impacted tooth	\$120.00
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)	\$82.00
D7286	Incisional biopsy of oral tissue – soft	\$82.00
D7287	Exfoliative cytological sample collection	\$44.00
D7288	Brush biopsy – transepithelial sample collection	\$48.00
D7290	Surgical repositioning of teeth	\$68.00
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$96.00
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$77.00
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$77.00
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$96.00
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	\$96.00
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	\$120.00
D7410	Excision of benign lesion up to 1.25 cm	\$34.00
D7411	Excision of benign lesion greater than 1.25 cm	\$39.00
D7412	Excision of benign lesion, complicated	\$572.00
D7440	Excision of malignant tumor – lesion diameter up to 1.25 cm	\$29.00
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	\$120.00
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	\$192.00
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm	\$120.00
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm	\$192.00
D7471	Removal of lateral exostosis (maxilla or mandible)	\$192.00
D7472	Removal of torus palatinus	\$96.00
D7473	Removal of torus mandibularis	\$96.00
D7485	Reduction of osseous tuberosity	\$168.00

Buffalo Teachers Federation

Group 21257

Table of Allowances: IN-NETWORK PROVIDERS, Delta Dental PPO and Delta Dental Premier

Effective date: 1/1/2025

Procedure Code	Description	01/01/2025 Paid Benefit
D7490	Radical resection of maxilla or mandible	\$384.00
D7510	Incision and drainage of abscess – intraoral soft tissue	\$96.00
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	\$48.00
D7520	Incision and drainage of abscess – extraoral soft tissue	\$48.00
D7521	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	\$311.00
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$29.00
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	\$87.00
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	\$34.00
D7610	Maxilla – open reduction (teeth immobilized, if present)	\$221.00
D7620	Maxilla – closed reduction (teeth immobilized, if present)	\$149.00
D7630	Mandible – open reduction (teeth immobilized, if present)	\$221.00
D7640	Mandible – closed reduction (teeth immobilized, if present)	\$149.00
D7650	Malar and/or zygomatic arch – open reduction	\$149.00
D7660	Malar and/or zygomatic arch – closed reduction	\$63.00
D7670	Alveolus – closed reduction, may include stabilization of teeth	\$53.00
D7671	Alveolus – open reduction, may include stabilization of teeth	\$1,951.00
D7710	Maxilla – open reduction	\$288.00
D7720	Maxilla – closed reduction	\$202.00
D7730	Mandible – open reduction	\$288.00
D7740	Mandible – closed reduction	\$202.00
D7750	Malar and/or zygomatic arch – open reduction	\$202.00
D7760	Malar and/or zygomatic arch – closed reduction	\$96.00
D7770	Alveolus – open reduction stabilization of teeth	\$53.00
D7771	Alveolus, closed reduction stabilization of teeth	\$535.00
D7810	Open reduction of dislocation	\$240.00
D7820	Closed reduction of dislocation	\$96.00
D7830	Manipulation under anesthesia	\$24.00
D7880	Occlusal orthotic device, by report	\$240.00
D7881	Occlusal orthotic device adjustment	\$21.00
D7910	Suture of recent small wounds up to 5 cm	\$24.00
D7911	Complicated suture – up to 5 cm	\$20.00
D7949	LeFort II or LeFort III – with bone graft	\$87.00
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or nonautogenous, by report	\$240.00
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	\$240.00
D7952	Sinus augmentation via a vertical approach	\$192.00
D7953	Bone replacement graft for ridge preservation – per site	\$144.00
D7961	Buccal/labial frenectomy (frenulectomy)	\$144.00
D7962	Lingual frenectomy (frenulectomy)	\$144.00
D7970	Excision of hyperplastic tissue – per arch	\$120.00

Buffalo Teachers Federation

Group 21257

Table of Allowances: IN-NETWORK PROVIDERS, Delta Dental PPO and Delta Dental Premier

Effective date: 1/1/2025

Procedure Code	Description	01/01/2025 Paid Benefit
D7971	Excision of pericoronal gingiva	\$96.00
D7972	Surgical reduction of fibrous tuberosity	\$113.00
D7979	Non – surgical sialolithotomy	\$335.00
D7990	Emergency tracheotomy	\$39.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$48.00
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$39.00
D9120	Fixed partial denture sectioning	\$92.00
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$34.00
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	\$29.00
D9222	Deep sedation/general anesthesia – first 15 minutes	\$192.00
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	\$77.00
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$39.00
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	\$48.00
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	\$72.00
D9248	Non-intravenous conscious sedation	\$96.00
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	\$34.00
D9311	Consultation with a medical health care professional	\$34.00
D9410	House/extended care facility call	\$10.00
D9420	Hospital or ambulatory surgical center call	\$10.00
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	\$10.00
D9440	Office visit – after regularly scheduled hours	\$10.00
D9450	Case presentation, detailed and extensive treatment planning	\$24.00
D9610	Therapeutic parenteral drug, single administration	\$24.00
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	\$39.00
D9910	Application of desensitizing medicament	\$15.00
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	\$20.00
D9920	Behavior management, by report	\$15.00
D9941	Fabrication of athletic mouthguard	\$24.00
D9942	Repair and/or relines of occlusal guard	\$48.00
D9944	Occlusal guard – hard appliance, full arch	\$192.00
D9945	Occlusal guard – soft appliance, full arch	\$192.00
D9946	Occlusal guard – hard appliance, partial arch	\$168.00
D9950	Occlusion analysis – mounted case	\$96.00
D9951	Occlusal adjustment – limited	\$48.00
D9952	Occlusal adjustment – complete	\$96.00
D9970	Enamel microabrasion	\$10.00
D9971	Odontoplasty - per tooth	\$10.00
D9973	External bleaching – per tooth	\$20.00
D9974	Internal bleaching – per tooth	\$24.00