

Buffalo Teachers Federation SBF

Group 21257

Table of Allowances: OUT-OF-NETWORK PROVIDERS, Non-Delta Dental

Effective date: 1/1/2025

| Procedure Code | Description | 01/01/2025 Paid Benefit |
|----------------|---|-------------------------|
| D0120 | Periodic oral evaluation – established patient | \$40.00 |
| D0140 | Limited oral evaluation – problem focused | \$48.00 |
| D0145 | Oral evaluation for a patient under three years of age and counseling with primary caregiver | \$44.00 |
| D0150 | Comprehensive oral evaluation – new or established patient | \$48.00 |
| D0160 | Detailed and extensive oral evaluation – problem focused, by report | \$40.00 |
| D0170 | Re-evaluation – limited, problem focused (established patient; not post-operative visit) | \$45.00 |
| D0180 | Comprehensive periodontal evaluation – new or established patient | \$64.00 |
| D0190 | Screening of a patient | \$23.00 |
| D0191 | Assessment of a patient | \$23.00 |
| D0210 | Intraoral – complete series of radiographic images | \$80.00 |
| D0220 | Intraoral – periapical first radiographic image | \$24.00 |
| D0230 | Intraoral – periapical each additional radiographic image | \$16.00 |
| D0240 | Intraoral – occlusal radiographic image | \$24.00 |
| D0251 | Extra-oral posterior dental radiographic image | \$56.00 |
| D0270 | Bitewing – single radiographic image | \$20.00 |
| D0272 | Bitewings – two radiographic images | \$32.00 |
| D0273 | Bitewings – three radiographic images | \$32.00 |
| D0274 | Bitewings – four radiographic images | \$48.00 |
| D0277 | Vertical bitewings – 7 to 8 radiographic images | \$48.00 |
| D0310 | Sialography | \$31.00 |
| D0321 | Other temporomandibular joint radiographic images, by report | \$26.00 |
| D0322 | Tomographic survey | \$120.00 |
| D0330 | Panoramic radiographic image | \$72.00 |
| D0340 | 2D cephalometric radiographic image – acquisition, measurement and analysis | \$52.80 |
| D0350 | 2D oral/facial photographic image obtained intra-orally or extra-orally | \$48.00 |
| D0364 | Cone beam CT capture and interpretation with limited field of view – less than one whole jaw | \$128.00 |
| D0365 | Cone beam CT capture and interpretation with field of view of one full dental arch – mandible | \$144.00 |
| D0366 | Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium | \$144.00 |
| D0367 | Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium | \$176.00 |
| D0368 | Cone beam CT capture and interpretation for TMJ series including two or more exposures | \$640.00 |
| D0380 | Cone beam CT image capture with limited field of view – less than one whole jaw | \$120.00 |
| D0381 | Cone beam CT image capture with field of view of one full dental arch – mandible | \$217.00 |
| D0382 | Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium | \$258.00 |
| D0383 | Cone beam CT image capture with field of view of both jaws, with or without cranium | \$160.00 |
| D0384 | Cone beam CT image capture for TMJ series including two or more exposures | \$320.00 |
| D0391 | Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report | \$160.00 |
| D0415 | Collection of microorganisms for culture and sensitivity | \$60.00 |
| D0418 | Analysis of saliva sample | \$80.00 |
| D0419 | Assessment of salivary flow by measurement | \$10.00 |

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| D0431 | Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures | \$53.00 |
| D0460 | Pulp vitality tests | \$32.00 |
| D0470 | Diagnostic casts | \$72.00 |
| D0472 | Accession of tissue, gross examination, preparation and transmission of written report | \$90.00 |
| D0473 | Accession of tissue, gross and microscopic examination, preparation and transmission of written report | \$90.00 |
| D0474 | Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report | \$90.00 |
| D0601 | Caries risk assessment and documentation, with a finding of low risk | \$7.00 |
| D0602 | Caries risk assessment and documentation, with a finding of moderate risk | \$7.00 |
| D0603 | Caries risk assessment and documentation, with a finding of high risk | \$7.00 |
| D1110 | Prophylaxis – adult | \$68.00 |
| D1120 | Prophylaxis – child | \$52.00 |
| D1206 | Topical application of fluoride varnish | \$36.00 |
| D1208 | Topical application of fluoride – excluding varnish | \$34.00 |
| D1351 | Sealant – per tooth | \$40.00 |
| D1352 | Preventive resin restoration in a moderate to high caries risk patient – permanent tooth | \$39.00 |
| D1353 | Sealant repair – per tooth | \$32.00 |
| D1354 | Application of caries arresting medicament - per tooth | \$32.00 |
| D1510 | Space maintainer – fixed, unilateral – per quadrant | \$160.00 |
| D1516 | Space maintainer – fixed – bilateral, maxillary | \$160.00 |
| D1517 | Space maintainer – fixed – bilateral, mandibular | \$160.00 |
| D1526 | Space maintainer – removable – bilateral, maxillary | \$240.00 |
| D1527 | Space maintainer – removable – bilateral, mandibular | \$240.00 |
| D1551 | Re-cement or re-bond bilateral space maintainer – maxillary | \$32.00 |
| D1552 | Re-cement or re-bond bilateral space maintainer – mandibular | \$32.00 |
| D1553 | Re-cement or re-bond unilateral space maintainer – per quadrant | \$32.00 |
| D1556 | Removal of fixed unilateral space maintainer – per quadrant | \$64.00 |
| D1557 | Removal of fixed bilateral space maintainer – maxillary | \$64.00 |
| D1558 | Removal of fixed bilateral space maintainer – mandibular | \$64.00 |
| D1575 | Distal shoe space maintainer - fixed, unilateral – per quadrant | \$248.00 |
| D2140 | Amalgam – one surface, primary or permanent | \$80.00 |
| D2150 | Amalgam – two surfaces, primary or permanent | \$88.00 |
| D2160 | Amalgam – three surfaces, primary or permanent | \$96.00 |
| D2161 | Amalgam – four or more surfaces, primary or permanent | \$112.00 |
| D2330 | Resin-based composite – one surface, anterior | \$88.00 |
| D2331 | Resin-based composite – two surfaces, anterior | \$96.00 |
| D2332 | Resin-based composite – three surfaces, anterior | \$112.00 |
| D2335 | Resin-based composite – four or more surfaces or involving incisal angle (anterior) | \$160.00 |
| D2390 | Resin-based composite crown, anterior | \$176.00 |
| D2391 | Resin-based composite – one surface, posterior | \$112.00 |

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|----------------|--|-------------------------|
| D2392 | Resin-based composite – two surfaces, posterior | \$136.00 |
| D2393 | Resin-based composite – three surfaces, posterior | \$152.00 |
| D2394 | Resin-based composite – four or more surfaces, posterior | \$160.00 |
| D2430 | Gold foil – three surfaces | \$320.00 |
| D2510 | Inlay – metallic – one surface | \$124.00 |
| D2520 | Inlay – metallic – two surfaces | \$184.00 |
| D2530 | Inlay – metallic – three or more surfaces | \$208.00 |
| D2542 | Onlay – metallic – two surfaces | \$360.00 |
| D2543 | Onlay – metallic – three surfaces | \$400.00 |
| D2544 | Onlay – metallic – four or more surfaces | \$440.00 |
| D2610 | Inlay – porcelain/ceramic – one surface | \$400.00 |
| D2620 | Inlay – porcelain/ceramic – two surfaces | \$440.00 |
| D2630 | Inlay – porcelain/ceramic – three or more surfaces | \$480.00 |
| D2642 | Onlay – porcelain/ceramic – two surfaces | \$320.00 |
| D2643 | Onlay – porcelain/ceramic – three surfaces | \$440.00 |
| D2644 | Onlay – porcelain/ceramic – four or more surfaces | \$560.00 |
| D2650 | Inlay – resin-based composite – one surface | \$240.00 |
| D2651 | Inlay – resin-based composite – two surfaces | \$280.00 |
| D2652 | Inlay – resin-based composite – three or more surfaces | \$320.00 |
| D2662 | Onlay – resin-based composite – two surfaces | \$360.00 |
| D2663 | Onlay – resin-based composite – three surfaces | \$400.00 |
| D2664 | Onlay – resin-based composite – four or more surfaces | \$440.00 |
| D2710 | Crown – resin-based composite (indirect) | \$400.00 |
| D2720 | Crown – resin with high noble metal | \$245.00 |
| D2740 | Crown – porcelain/ceramic substrate | \$640.00 |
| D2750 | Crown – porcelain fused to high noble metal | \$624.00 |
| D2751 | Crown – porcelain fused to predominantly base metal | \$576.00 |
| D2752 | Crown – porcelain fused to noble metal | \$576.00 |
| D2753 | Crown – porcelain fused to titanium and titanium alloys | \$624.00 |
| D2782 | Crown – ¾ cast noble metal | \$544.00 |
| D2783 | Crown – ¾ porcelain/ceramic | \$544.00 |
| D2790 | Crown – full cast high noble metal | \$624.00 |
| D2791 | Crown – full cast predominantly base metal | \$520.00 |
| D2792 | Crown – full cast noble metal | \$520.00 |
| D2799 | Interim crown – further treatment or completion of diagnosis necessary prior to final impression | \$144.00 |
| D2910 | Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration | \$40.00 |
| D2915 | Re-cement or re-bond indirectly fabricated or prefabricated post and core | \$40.00 |
| D2920 | Re-cement or re-bond crown | \$64.00 |
| D2921 | Reattachment of tooth fragment, incisal edge or cusp | \$200.00 |
| D2928 | Prefabricated porcelain/ceramic crown – permanent tooth | \$200.00 |
| D2929 | Prefabricated porcelain/ceramic crown – primary tooth | \$175.00 |
| D2930 | Prefabricated stainless steel crown – primary tooth | \$145.00 |

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|----------------|---|-------------------------|
| D2931 | Prefabricated stainless steel crown – permanent tooth | \$200.00 |
| D2932 | Prefabricated resin crown | \$200.00 |
| D2940 | Protective restoration | \$64.00 |
| D2941 | Interim therapeutic restoration – primary dentition | \$60.00 |
| D2950 | Core buildup, including any pins when required | \$160.00 |
| D2951 | Pin retention – per tooth, in addition to restoration | \$32.00 |
| D2952 | Post and core in addition to crown, indirectly fabricated | \$224.00 |
| D2954 | Prefabricated post and core in addition to crown | \$240.00 |
| D2955 | Post removal | \$240.00 |
| D2957 | Each additional prefabricated post – same tooth | \$80.00 |
| D2960 | Labial veneer (resin laminate) - direct | \$160.00 |
| D2961 | Labial veneer (resin laminate) - indirect | \$48.00 |
| D2962 | Labial veneer (porcelain laminate) - indirect | \$480.00 |
| D2975 | Coping | \$312.00 |
| D2980 | Crown repair necessitated by restorative material failure | \$120.00 |
| D2990 | Resin infiltration of incipient smooth surface lesions | \$80.00 |
| D3110 | Pulp cap – direct (excluding final restoration) | \$40.00 |
| D3120 | Pulp cap – indirect (excluding final restoration) | \$36.00 |
| D3220 | Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament | \$136.00 |
| D3221 | Pulpal debridement, primary and permanent teeth | \$96.00 |
| D3222 | Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development | \$96.00 |
| D3230 | Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration) | \$160.00 |
| D3240 | Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration) | \$192.00 |
| D3310 | Endodontic therapy, anterior tooth (excluding final restoration) | \$472.00 |
| D3320 | Endodontic therapy, premolar tooth (excluding final restoration) | \$520.00 |
| D3330 | Endodontic therapy, molar tooth (excluding final restoration) | \$624.00 |
| D3331 | Treatment of root canal obstruction; non-surgical access | \$240.00 |
| D3332 | Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth | \$160.00 |
| D3333 | Internal root repair of perforation defects | \$120.00 |
| D3346 | Retreatment of previous root canal therapy – anterior | \$240.00 |
| D3347 | Retreatment of previous root canal therapy – premolar | \$240.00 |
| D3348 | Retreatment of previous root canal therapy – molar | \$640.00 |
| D3351 | Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.) | \$320.00 |
| D3410 | Apicoectomy – anterior | \$280.00 |
| D3421 | Apicoectomy – premolar (first root) | \$320.00 |
| D3425 | Apicoectomy – molar (first root) | \$560.00 |
| D3426 | Apicoectomy (each additional root) | \$160.00 |
| D3428 | Bone graft in conjunction with periradicular surgery – per tooth, single site | \$320.00 |
| D3430 | Retrograde filling – per root | \$96.00 |
| D3450 | Root amputation – per root | \$160.00 |

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| Procedure Code | Description | 01/01/2025 Paid Benefit |
|----------------|---|-------------------------|
| D3460 | Endodontic endosseous implant | \$600.00 |
| D3471 | Surgical repair of root resorption - anterior | \$480.00 |
| D3472 | Surgical repair of root resorption – premolar | \$480.00 |
| D3473 | Surgical repair of root resorption – molar | \$480.00 |
| D3501 | Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior | \$480.00 |
| D3502 | Surgical exposure of root surface without apicoectomy or repair of root resorption –pre-molar | \$480.00 |
| D3503 | Surgical exposure of root surface without apicoectomy or repair of root resorption –molar | \$480.00 |
| D3910 | Surgical procedure for isolation of tooth with rubber dam | \$80.00 |
| D3920 | Hemisection (including any root removal), not including root canal therapy | \$192.00 |
| D3921 | Decoronation or submergence of an erupted tooth | \$120.00 |
| D3950 | Canal preparation and fitting of preformed dowel or post | \$160.00 |
| D4210 | Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant | \$240.00 |
| D4211 | Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant | \$160.00 |
| D4212 | Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth | \$80.00 |
| D4240 | Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant | \$288.00 |
| D4241 | Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant | \$240.00 |
| D4245 | Apically positioned flap | \$240.00 |
| D4249 | Clinical crown lengthening – hard tissue | \$240.00 |
| D4260 | Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant | \$640.00 |
| D4261 | Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant | \$480.00 |
| D4263 | Bone replacement graft – retained natural tooth – first site in quadrant | \$360.00 |
| D4264 | Bone replacement graft – retained natural tooth – each additional site in quadrant | \$360.00 |
| D4265 | Biologic materials to aid in soft and osseous tissue regeneration, per site | \$200.00 |
| D4266 | Guided tissue regeneration – resorbable barrier, per site | \$400.00 |
| D4267 | Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal) | \$480.00 |
| D4270 | Pedicle soft tissue graft procedure | \$480.00 |
| D4273 | Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft | \$400.00 |
| D4274 | Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area) | \$320.00 |
| D4277 | Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft | \$400.00 |
| 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 | \$320.00 |
| 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 | \$360.00 |
| D4322 | Splint – intra-coronal; natural teeth or prosthetic crowns | \$240.00 |
| D4323 | Splint – extra-coronal; natural teeth or prosthetic crowns | \$240.00 |

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| Procedure Code | Description | 01/01/2025 Paid Benefit |
|----------------|--|-------------------------|
| D4341 | Periodontal scaling and root planing – four or more teeth per quadrant | \$152.00 |
| D4342 | Periodontal scaling and root planing – one to three teeth per quadrant | \$128.00 |
| D4346 | Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation | \$120.00 |
| D4355 | Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit | \$120.00 |
| D4381 | Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth | \$96.00 |
| D4910 | Periodontal maintenance | \$192.00 |
| D4921 | Gingival irrigation – per quadrant | \$24.00 |
| D5110 | Complete denture – maxillary | \$640.00 |
| D5120 | Complete denture – mandibular | \$640.00 |
| D5130 | Immediate denture – maxillary | \$600.00 |
| D5140 | Immediate denture – mandibular | \$600.00 |
| D5211 | Maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth) | \$440.00 |
| D5212 | Mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth) | \$440.00 |
| D5213 | Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | \$520.00 |
| D5214 | Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | \$520.00 |
| D5221 | Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth) | \$440.00 |
| D5222 | Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth) | \$440.00 |
| D5223 | Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | \$1,207.00 |
| D5224 | Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | \$1,207.00 |
| D5225 | Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth) | \$360.00 |
| D5226 | Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth) | \$360.00 |
| D5227 | Immediate maxillary partial denture – flexible base (including any clasps, rests and teeth) | \$360.00 |
| D5228 | Immediate mandibular partial denture – flexible base (including any clasps, rests and teeth) | \$360.00 |
| D5282 | Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary | \$320.00 |
| D5283 | Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular | \$320.00 |
| D5284 | Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests, and teeth) – per quadrant | \$288.00 |
| D5286 | Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests, and teeth) – per quadrant | \$288.00 |
| D5410 | Adjust complete denture – maxillary | \$40.00 |
| D5411 | Adjust complete denture – mandibular | \$40.00 |
| D5421 | Adjust partial denture – maxillary | \$40.00 |
| D5422 | Adjust partial denture – mandibular | \$40.00 |

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|----------------|--|-------------------------|
| D5511 | Repair broken complete denture base, mandibular | \$80.00 |
| D5512 | Repair broken complete denture base, maxillary | \$80.00 |
| D5520 | Replace missing or broken teeth – complete denture (each tooth) | \$80.00 |
| D5611 | Repair resin partial denture base, mandibular | \$64.00 |
| D5612 | Repair resin partial denture base, maxillary | \$80.00 |
| D5621 | Repair cast partial framework, mandibular | \$36.00 |
| D5622 | Repair cast partial framework, maxillary | \$36.00 |
| D5630 | Repair or replace broken retentive clasping materials – per tooth | \$80.00 |
| D5640 | Replace broken teeth – per tooth | \$64.00 |
| D5650 | Add tooth to existing partial denture | \$128.00 |
| D5660 | Add clasp to existing partial denture – per tooth | \$48.00 |
| D5670 | Replace all teeth and acrylic on cast metal framework (maxillary) | \$535.00 |
| D5671 | Replace all teeth and acrylic on cast metal framework (mandibular) | \$442.00 |
| D5710 | Rebase complete maxillary denture | \$101.00 |
| D5711 | Rebase complete mandibular denture | \$101.00 |
| D5720 | Rebase maxillary partial denture | \$101.00 |
| D5721 | Rebase mandibular partial denture | \$101.00 |
| D5725 | Rebase hybrid prosthesis | \$101.00 |
| D5730 | Reline complete maxillary denture (chairside) | \$64.00 |
| D5731 | Reline complete mandibular denture (chairside) | \$64.00 |
| D5740 | Reline maxillary partial denture (chairside) | \$64.00 |
| D5741 | Reline mandibular partial denture (chairside) | \$64.00 |
| D5750 | Reline complete maxillary denture (laboratory) | \$280.00 |
| D5751 | Reline complete mandibular denture (laboratory) | \$280.00 |
| D5760 | Reline maxillary partial denture (laboratory) | \$280.00 |
| D5761 | Reline mandibular partial denture (laboratory) | \$280.00 |
| D5765 | Soft liner for complete or partial removable denture – indirect | \$280.00 |
| D5810 | Interim complete denture (maxillary) | \$400.00 |
| D5811 | Interim complete denture (mandibular) | \$400.00 |
| D5820 | Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary | \$400.00 |
| D5821 | Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular | \$400.00 |
| D5850 | Tissue conditioning, maxillary | \$48.00 |
| D5851 | Tissue conditioning, mandibular | \$48.00 |
| D5862 | Precision attachment, by report | \$320.00 |
| D5863 | Overdenture – complete maxillary | \$645.00 |
| D5864 | Overdenture – partial maxillary | \$719.00 |
| D5865 | Overdenture – complete mandibular | \$645.00 |
| D5866 | Overdenture – partial mandibular | \$719.00 |
| D5867 | Replacement of replaceable part of semi-precision or precision attachment, per attachment | \$80.00 |
| D5875 | Modification of removable prosthesis following implant surgery | \$192.00 |
| D5936 | Obturator prosthesis, interim | \$160.00 |
| D5982 | Surgical stent | \$160.00 |

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|----------------|--|-------------------------|
| D6010 | Surgical placement of implant body: endosteal implant | \$800.00 |
| D6013 | Surgical placement of mini implant | \$480.00 |
| D6051 | Interim implant abutment placement | \$160.00 |
| D6055 | Connecting bar – implant supported or abutment supported | \$320.00 |
| D6056 | Prefabricated abutment – includes modification and placement | \$400.00 |
| D6057 | Custom fabricated abutment – includes placement | \$480.00 |
| D6058 | Abutment supported porcelain/ceramic crown | \$600.00 |
| D6059 | Abutment supported porcelain fused to metal crown (high noble metal) | \$624.00 |
| D6060 | Abutment supported porcelain fused to metal crown (predominantly base metal) | \$544.00 |
| D6061 | Abutment supported porcelain fused to metal crown (noble metal) | \$544.00 |
| D6062 | Abutment supported cast metal crown (high noble metal) | \$544.00 |
| D6063 | Abutment supported cast metal crown (predominantly base metal) | \$589.00 |
| D6064 | Abutment supported cast metal crown (noble metal) | \$610.00 |
| D6065 | Implant supported porcelain/ceramic crown | \$640.00 |
| D6066 | Implant supported crown – porcelain fused to high noble alloys | \$640.00 |
| D6067 | Implant supported crown – high noble alloys | \$552.00 |
| D6068 | Abutment supported retainer for porcelain/ceramic FPD | \$400.00 |
| D6069 | Abutment supported retainer for porcelain fused to metal FPD (high noble metal) | \$400.00 |
| D6070 | Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) | \$525.00 |
| D6071 | Abutment supported retainer for porcelain fused to metal FPD (noble metal) | \$400.00 |
| D6072 | Abutment supported retainer for cast metal FPD (high noble metal) | \$548.00 |
| D6073 | Abutment supported retainer for cast metal FPD (predominantly base metal) | \$492.00 |
| D6074 | Abutment supported retainer for cast metal FPD (noble metal) | \$508.00 |
| D6075 | Implant supported retainer for ceramic FPD | \$520.00 |
| D6076 | Implant supported retainer for FPD – porcelain fused to high noble alloys | \$400.00 |
| D6077 | Implant supported retainer for metal FPD – high noble alloys | \$552.00 |
| D6080 | Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments | \$80.00 |
| 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 | \$128.00 |
| D6082 | Implant supported crown – porcelain fused to predominantly base alloys | \$544.00 |
| D6083 | Implant supported crown – porcelain fused to noble alloys | \$544.00 |
| D6084 | Implant supported crown – porcelain fused to titanium and titanium alloys | \$671.00 |
| D6085 | Interim implant crown | \$240.00 |
| D6086 | Implant supported crown – predominantly base alloys | \$589.00 |
| D6087 | Implant supported crown – noble alloys | \$610.00 |
| D6088 | Implant supported crown – titanium and titanium alloys | \$671.00 |
| D6091 | Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment | \$148.00 |
| D6092 | Re-cement or re-bond implant/abutment supported crown | \$64.00 |
| D6093 | Re-cement or re-bond implant/abutment supported fixed partial denture | \$58.00 |
| D6094 | Abutment supported crown – titanium and titanium alloys | \$671.00 |

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Table of Allowances: OUT-OF-NETWORK PROVIDERS, Non-Delta Dental

Effective date: 1/1/2025

| Procedure Code | Description | 01/01/2025 Paid Benefit |
|----------------|---|-------------------------|
| D6096 | Remove broken implant retaining screw | \$272.00 |
| D6097 | Abutment supported crown – porcelain fused to titanium and titanium alloys | \$671.00 |
| D6098 | Implant supported retainer – porcelain fused to predominantly base alloys | \$525.00 |
| D6099 | Implant supported retainer for FPD – porcelain fused to noble alloys | \$400.00 |
| 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 | \$167.00 |
| 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 | \$330.00 |
| D6103 | Bone graft for repair of peri-implant defect – does not include flap entry and closure | \$400.00 |
| D6104 | Bone graft at time of implant placement | \$240.00 |
| D6110 | Implant/abutment supported removable denture for edentulous arch – maxillary | \$903.00 |
| D6111 | Implant/abutment supported removable denture for edentulous arch – mandibular | \$903.00 |
| D6112 | Implant/abutment supported removable denture for partially edentulous arch – maxillary | \$914.00 |
| D6113 | Implant/abutment supported removable denture for partially edentulous arch – mandibular | \$914.00 |
| D6114 | Implant/abutment supported fixed denture for edentulous arch – maxillary | \$903.00 |
| D6115 | Implant/abutment supported fixed denture for edentulous arch – mandibular | \$903.00 |
| D6116 | Implant/abutment supported fixed denture for partially edentulous arch – maxillary | \$914.00 |
| D6117 | Implant/abutment supported fixed denture for partially edentulous arch – mandibular | \$914.00 |
| D6120 | Implant supported retainer – porcelain fused to titanium and titanium alloys | \$492.00 |
| D6121 | Implant supported retainer for metal FPD – predominantly base alloys | \$492.00 |
| D6122 | Implant supported retainer for metal FPD – noble alloys | \$508.00 |
| D6123 | Implant supported retainer for metal FPD – titanium and titanium alloys | \$632.00 |
| D6190 | Radiographic/surgical implant index, by report | \$240.00 |
| D6194 | Abutment supported retainer crown for FPD – titanium and titanium alloys | \$632.00 |
| D6195 | Abutment supported retainer – porcelain fused to titanium and titanium alloys | \$400.00 |
| D6198 | Remove interim implant component | \$160.00 |
| D6205 | Pontic – indirect resin based composite | \$240.00 |
| D6210 | Pontic – cast high noble metal | \$440.00 |
| D6211 | Pontic – cast predominantly base metal | \$400.00 |
| D6214 | Pontic – titanium and titanium alloys | \$559.00 |
| D6240 | Pontic – porcelain fused to high noble metal | \$640.00 |
| D6241 | Pontic – porcelain fused to predominantly base metal | \$400.00 |
| D6242 | Pontic – porcelain fused to noble metal | \$640.00 |
| D6243 | Pontic – porcelain fused to titanium and titanium alloys | \$640.00 |
| D6245 | Pontic – porcelain/ceramic | \$640.00 |
| D6250 | Pontic – resin with high noble metal | \$360.00 |
| D6251 | Pontic – resin with predominantly base metal | \$320.00 |
| D6252 | Pontic – resin with noble metal | \$320.00 |
| D6253 | Interim pontic - further treatment or completion of diagnosis necessary prior to final impression | \$240.00 |
| D6545 | Retainer – cast metal for resin bonded fixed prosthesis | \$280.00 |
| D6548 | Retainer – porcelain/ceramic for resin bonded fixed prosthesis | \$280.00 |

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Table of Allowances: OUT-OF-NETWORK PROVIDERS, Non-Delta Dental

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| Procedure Code | Description | 01/01/2025 Paid Benefit |
|----------------|---|-------------------------|
| D6549 | Retainer – for resin bonded fixed prosthesis | \$320.00 |
| D6600 | Retainer inlay – porcelain/ceramic, two surfaces | \$320.00 |
| D6601 | Retainer inlay – porcelain/ceramic, three or more surfaces | \$360.00 |
| D6602 | Retainer inlay – cast high noble metal, two surfaces | \$322.00 |
| D6603 | Retainer inlay – cast high noble metal, three or more surfaces | \$351.00 |
| D6604 | Retainer inlay – cast predominantly base metal, two surfaces | \$309.00 |
| D6605 | Retainer inlay – cast predominantly base metal, three or more surfaces | \$340.00 |
| D6606 | Retainer inlay – cast noble metal, two surfaces | \$314.00 |
| D6607 | Retainer inlay – cast noble metal, three or more surfaces | \$352.00 |
| D6608 | Retainer onlay – porcelain/ceramic, two surfaces | \$320.00 |
| D6609 | Retainer onlay – porcelain/ceramic, three or more surfaces | \$320.00 |
| D6610 | Retainer onlay – cast high noble metal, two surfaces | \$436.00 |
| D6611 | Retainer onlay – cast high noble metal, three or more surfaces | \$440.00 |
| D6612 | Retainer onlay – cast predominantly base metal, two surfaces | \$424.00 |
| D6613 | Retainer onlay – cast predominantly base metal, three or more surfaces | \$432.00 |
| D6614 | Retainer onlay – cast noble metal, two surfaces | \$429.00 |
| D6615 | Retainer onlay – cast noble metal, three or more surfaces | \$440.00 |
| D6720 | Retainer crown – resin with high noble metal | \$480.00 |
| D6740 | Retainer crown – porcelain/ceramic | \$640.00 |
| D6750 | Retainer crown – porcelain fused to high noble metal | \$640.00 |
| D6751 | Retainer crown – porcelain fused to predominantly base metal | \$544.00 |
| D6752 | Retainer crown – porcelain fused to noble metal | \$640.00 |
| D6753 | Retainer crown – porcelain fused to titanium and titanium alloys | \$640.00 |
| D6780 | Retainer crown – ¾ cast high noble metal | \$280.00 |
| D6783 | Retainer crown – ¾ porcelain/ceramic | \$320.00 |
| D6784 | Retainer crown ¾ – titanium and titanium alloys | \$520.00 |
| D6790 | Retainer crown – full cast high noble metal | \$520.00 |
| D6792 | Retainer crown – full cast noble metal | \$544.00 |
| D6793 | Interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression | \$160.00 |
| D6930 | Re-cement or re-bond fixed partial denture | \$120.00 |
| D6940 | Stress breaker | \$120.00 |
| D6950 | Precision attachment | \$320.00 |
| D6980 | Fixed partial denture repair necessitated by restorative material failure | \$128.00 |
| D7111 | Extraction, coronal remnants – primary tooth | \$88.00 |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | \$120.00 |
| D7210 | Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | \$160.00 |
| D7220 | Removal of impacted tooth – soft tissue | \$168.00 |
| D7230 | Removal of impacted tooth – partially bony | \$200.00 |
| D7240 | Removal of impacted tooth – completely bony | \$240.00 |
| D7241 | Removal of impacted tooth – completely bony, with unusual surgical complications | \$240.00 |

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Table of Allowances: OUT-OF-NETWORK PROVIDERS, Non-Delta Dental

Effective date: 1/1/2025

| Procedure Code | Description | 01/01/2025 Paid Benefit |
|----------------|---|-------------------------|
| D7250 | Removal of residual tooth roots (cutting procedure) | \$192.00 |
| D7260 | Oroantral fistula closure | \$240.00 |
| D7261 | Primary closure of a sinus perforation | \$240.00 |
| D7270 | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth | \$240.00 |
| D7272 | Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization) | \$88.00 |
| D7280 | Exposure of an unerupted tooth | \$240.00 |
| D7282 | Mobilization of erupted or malpositioned tooth to aid eruption | \$184.00 |
| D7283 | Placement of device to facilitate eruption of impacted tooth | \$200.00 |
| D7285 | Incisional biopsy of oral tissue – hard (bone, tooth) | \$136.00 |
| D7286 | Incisional biopsy of oral tissue – soft | \$136.00 |
| D7287 | Exfoliative cytological sample collection | \$72.00 |
| D7288 | Brush biopsy – transepithelial sample collection | \$80.00 |
| D7290 | Surgical repositioning of teeth | \$112.00 |
| D7310 | Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant | \$160.00 |
| D7311 | Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant | \$128.00 |
| D7320 | Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant | \$128.00 |
| D7321 | Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant | \$160.00 |
| D7340 | Vestibuloplasty – ridge extension (secondary epithelialization) | \$160.00 |
| D7350 | Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue) | \$200.00 |
| D7410 | Excision of benign lesion up to 1.25 cm | \$56.00 |
| D7411 | Excision of benign lesion greater than 1.25 cm | \$64.00 |
| D7412 | Excision of benign lesion, complicated | \$952.00 |
| D7440 | Excision of malignant tumor – lesion diameter up to 1.25 cm | \$48.00 |
| D7450 | Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm | \$200.00 |
| D7451 | Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm | \$320.00 |
| D7460 | Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm | \$200.00 |
| D7461 | Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm | \$320.00 |
| D7471 | Removal of lateral exostosis (maxilla or mandible) | \$320.00 |
| D7472 | Removal of torus palatinus | \$160.00 |
| D7473 | Removal of torus mandibularis | \$160.00 |
| D7485 | Reduction of osseous tuberosity | \$280.00 |
| D7490 | Radical resection of maxilla or mandible | \$640.00 |
| D7510 | Incision and drainage of abscess – intraoral soft tissue | \$160.00 |
| D7511 | Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces) | \$80.00 |
| D7520 | Incision and drainage of abscess – extraoral soft tissue | \$80.00 |
| D7521 | Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces) | \$517.00 |
| D7530 | Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue | \$48.00 |

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Table of Allowances: **OUT-OF-NETWORK PROVIDERS, Non-Delta Dental**

Effective date: 1/1/2025

| Procedure Code | Description | 01/01/2025 Paid Benefit |
|----------------|--|-------------------------|
| D7540 | Removal of reaction producing foreign bodies, musculoskeletal system | \$144.00 |
| D7550 | Partial ostectomy/sequestrectomy for removal of non-vital bone | \$56.00 |
| D7610 | Maxilla – open reduction (teeth immobilized, if present) | \$368.00 |
| D7620 | Maxilla – closed reduction (teeth immobilized, if present) | \$248.00 |
| D7630 | Mandible – open reduction (teeth immobilized, if present) | \$368.00 |
| D7640 | Mandible – closed reduction (teeth immobilized, if present) | \$248.00 |
| D7650 | Malar and/or zygomatic arch – open reduction | \$248.00 |
| D7660 | Malar and/or zygomatic arch – closed reduction | \$104.00 |
| D7670 | Alveolus – closed reduction, may include stabilization of teeth | \$88.00 |
| D7671 | Alveolus – open reduction, may include stabilization of teeth | \$3,252.00 |
| D7710 | Maxilla – open reduction | \$480.00 |
| D7720 | Maxilla – closed reduction | \$336.00 |
| D7730 | Mandible – open reduction | \$480.00 |
| D7740 | Mandible – closed reduction | \$336.00 |
| D7750 | Malar and/or zygomatic arch – open reduction | \$336.00 |
| D7760 | Malar and/or zygomatic arch – closed reduction | \$160.00 |
| D7770 | Alveolus – open reduction stabilization of teeth | \$88.00 |
| D7771 | Alveolus, closed reduction stabilization of teeth | \$892.00 |
| D7810 | Open reduction of dislocation | \$400.00 |
| D7820 | Closed reduction of dislocation | \$160.00 |
| D7830 | Manipulation under anesthesia | \$40.00 |
| D7880 | Occlusal orthotic device, by report | \$400.00 |
| D7881 | Occlusal orthotic device adjustment | \$34.00 |
| D7910 | Suture of recent small wounds up to 5 cm | \$40.00 |
| D7911 | Complicated suture – up to 5 cm | \$32.00 |
| D7949 | LeFort II or LeFort III – with bone graft | \$144.00 |
| D7950 | Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or nonautogenous, by report | \$400.00 |
| D7951 | Sinus augmentation with bone or bone substitutes via a lateral open approach | \$400.00 |
| D7952 | Sinus augmentation via a vertical approach | \$320.00 |
| D7953 | Bone replacement graft for ridge preservation – per site | \$240.00 |
| D7961 | Buccal/labial frenectomy (frenulectomy) | \$240.00 |
| D7962 | Lingual frenectomy (frenulectomy) | \$240.00 |
| D7970 | Excision of hyperplastic tissue – per arch | \$200.00 |
| D7971 | Excision of pericoronal gingiva | \$160.00 |
| D7972 | Surgical reduction of fibrous tuberosity | \$188.00 |
| D7979 | Non – surgical sialolithotomy | \$557.00 |
| D7990 | Emergency tracheotomy | \$64.00 |
| D8660 | Pre-orthodontic treatment examination to monitor growth and development | \$80.00 |
| D9110 | Palliative (emergency) treatment of dental pain – minor procedure | \$64.00 |
| D9120 | Fixed partial denture sectioning | \$152.00 |
| D9210 | Local anesthesia not in conjunction with operative or surgical procedures | \$56.00 |

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Table of Allowances: OUT-OF-NETWORK PROVIDERS, Non-Delta Dental

Effective date: 1/1/2025

| Procedure Code | Description | 01/01/2025 Paid Benefit |
|----------------|---|-------------------------|
| D9219 | Evaluation for moderate sedation, deep sedation or general anesthesia | \$48.00 |
| D9222 | Deep sedation/general anesthesia – first 15 minutes | \$320.00 |
| D9223 | Deep sedation/general anesthesia – each subsequent 15 minute increment | \$128.00 |
| D9230 | Inhalation of nitrous oxide/analgesia, anxiolysis | \$64.00 |
| D9239 | Intravenous moderate (conscious) sedation/analgesia – first 15 minutes | \$80.00 |
| D9243 | Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment | \$120.00 |
| D9248 | Non-intravenous conscious sedation | \$160.00 |
| D9310 | Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician | \$56.00 |
| D9311 | Consultation with a medical health care professional | \$56.00 |
| D9410 | House/extended care facility call | \$16.00 |
| D9420 | Hospital or ambulatory surgical center call | \$16.00 |
| D9430 | Office visit for observation (during regularly scheduled hours) – no other services performed | \$16.00 |
| D9440 | Office visit – after regularly scheduled hours | \$16.00 |
| D9450 | Case presentation, detailed and extensive treatment planning | \$40.00 |
| D9610 | Therapeutic parenteral drug, single administration | \$40.00 |
| D9612 | Therapeutic parenteral drugs, two or more administrations, different medications | \$64.00 |
| D9910 | Application of desensitizing medicament | \$24.00 |
| D9911 | Application of desensitizing resin for cervical and/or root surface, per tooth | \$32.00 |
| D9920 | Behavior management, by report | \$24.00 |
| D9941 | Fabrication of athletic mouthguard | \$40.00 |
| D9942 | Repair and/or reline of occlusal guard | \$80.00 |
| D9944 | Occlusal guard – hard appliance, full arch | \$320.00 |
| D9945 | Occlusal guard – soft appliance, full arch | \$320.00 |
| D9946 | Occlusal guard – hard appliance, partial arch | \$280.00 |
| D9950 | Occlusion analysis – mounted case | \$160.00 |
| D9951 | Occlusal adjustment – limited | \$80.00 |
| D9952 | Occlusal adjustment – complete | \$160.00 |
| D9970 | Enamel microabrasion | \$16.00 |
| D9971 | Odontoplasty - per tooth | \$16.00 |
| D9973 | External bleaching – per tooth | \$32.00 |
| D9974 | Internal bleaching – per tooth | \$40.00 |