



Horizon Blue Cross Blue Shield of New Jersey

**Horizon Dental Choice - Plan H**

**Procedures not listed on the patient charge schedule are not covered.  
Services not covered are the patient's responsibility at the dentist's usual fees.**

Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
Diagnostic and Preventive- Oral evaluations are limited to one time per six month period. Limit of four bitewing X-rays every six months.			
D0120	Periodic oral evaluation - Established patient	\$0.00	Capitation
D0140	Limited oral evaluation- Problem focused	\$0.00	Capitation
D0145	Oral evaluation for patient under 3 years of age	\$0.00	Capitation
D0150	Comprehensive oral evaluation- New or established patient	\$0.00	Capitation
D0160	Detailed and extensive oral evaluation-Problem focused, by report	\$0.00	Capitation
D0170	Re-evaluation-limited, problem focused (established patient)	\$0.00	Capitation
D0171	Re-evaluation - limited, post operative office visit	\$0.00	Capitation
D0180	Comprehensive periodontal evaluation-New or established patient	\$0.00	Capitation
D0190	Screening of a patient	\$0.00	Capitation
D0191	Assessment of a patient	\$0.00	Capitation
D0210	Intraoral- complete series of radiographic images <i>(Limit 1 every 3 years)</i>	\$0.00	Capitation
D0220	Intraoral- periapical- first radiographic image	\$0.00	Capitation
D0230	Intraoral- periapical- each additional radiographic image	\$0.00	Capitation
D0240	Intraoral- occlusal radiographic image	\$0.00	Capitation
D0250	Extraoral- first radiographic image	\$0.00	Capitation
D0251	Extraoral-posterior radiographic image	\$0.00	Capitation
D0270	Bitewings- single radiographic image	\$0.00	Capitation
D0272	Bitewings- two radiographic image	\$0.00	Capitation
D0273	Bitewings- three radiographic images	\$0.00	Capitation

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Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
D0274	Bitewings- four radiographic images	\$0.00	Capitation
D0277	Vertical bitewings- seven to eight radiographic images	\$0.00	Capitation
D0330	Panoramic radiographic image <i>(Limit 1 every 3 years)</i>	\$0.00	Capitation
D0340	Cephalometric radiographic image	\$0.00	Capitation
D0460	Pulp vitality tests	\$0.00	Capitation
D0470	Diagnostic Casts	\$0.00	Capitation
D1110	Prophylaxis- adult	\$0.00	Capitation
D1120	Prophylaxis-child	\$0.00	Capitation
D1206	Topical application of fluoride varnish	\$0.00	Capitation
D1208	Topical application of fluoride	\$0.00	Capitation
D1330	Oral hygiene instruction	\$0.00	Capitation
D1351	Sealant- per tooth	\$0.00	Capitation
D1352	Preventive resin restoration	\$0.00	Capitation
D1353	Sealant repair	\$0.00	Capitation
D1510	Space maintainer-fixed-unilateral	\$0.00	Yes**
D1515	Space maintainer- fixed- bilateral	\$0.00	Yes**
D1520	Space maintainer- removable- unilateral	\$0.00	Yes**
D1525	Space maintainer- removable- bilateral	\$0.00	Yes**
D1550	Recementation of space maintainer	\$0.00	Capitation
D1555	Removal of space maintainer	\$0.00	Capitation
D1575	Distal shoe space maintainer – fixed – unilateral	\$0.00	Capitation
<b>Restorative- Fillings, including polishing- Fillings are limited to 1 time per 6 months per tooth and surface.</b>			
D2140	Amalgam- 1 surface , primary or permanent	\$12.00	Capitation
D2150	Amalgam- 2 surfaces , primary or permanent	\$12.00	Capitation
D2160	Amalgam- 3 surfaces , primary or permanent	\$12.00	Capitation
D2161	Amalgam- 4 or more surfaces , primary or permanent	\$12.00	Capitation

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Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
D2330	Resin-based composite- 1 surface, anterior	\$12.00	Capitation
D2331	Resin-based composite- 2 surfaces, anterior	\$12.00	Capitation
D2332	Resin-based composite- 3 surfaces, anterior	\$12.00	Capitation
D2335	Resin-based composite- 4 or more surfaces or involving incisal edge, anterior	\$12.00	Capitation
D2390	Resin-based composite crown, anterior	\$12.00	Capitation
Posterior composites are covered on pre-molars. Molars are excluded. If a composite is elected on a molar because provider does not offer amalgam restorations in their offices, member will pay the difference between the provider's normal office charge for composites and provider's normal office charge for amalgam or the difference between the standard Horizon PPO fees for posterior composites and amalgam restorations. Excluded from coverage for posterior composites are teeth numbers/letters 1,2,3,14,15,16,17,18,19,30,31,32, A, B, I, J K, L, S and T.			
D2391	Resin-based composite- 1 surface, posterior	\$12.00	Capitation
D2392	Resin-based composite- 2 surfaces, posterior	\$12.00	Capitation
D2393	Resin-based composite- 3 surfaces, posterior	\$12.00	Capitation
D2394	Resin-based composite- 4 or more surfaces, posterior	\$12.00	Capitation
Crowns – Limited to 1 per tooth every 5 years			
D2710	Crown- Resin-based composite (Indirect)	\$75.00	Capitation
D2720	Crown- Resin with high noble metal	\$230.00	Capitation
D2721	Crown- Resin with predominantly base metal	\$230.00	Capitation
D2722	Crown- Resin with noble metal	\$230.00	Capitation
D2740	Crown- Porcelain/ceramic substrate	\$220.00	Capitation
D2750	Crown- Porcelain fused to high noble metal	\$240.00	Capitation
D2751	Crown- Porcelain fused to predominantly based metal	\$240.00	Capitation
D2752	Crown- Porcelain fused to high noble metal	\$240.00	Capitation
D2780	Crown- ¾ cast high noble metal	\$230.00	Capitation
D2781	Crown- ¾ cast predominantly base metal	\$230.00	Capitation
D2782	Crown-3/4 cast noble metal	\$230.00	Capitation
D2783	Crown-3/4 porcelain/ceramic	\$230.00	Capitation

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Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
D2790	Crown-Full cast high noble metal	\$240.00	Capitation
D2791	Crown- Full cast predominantly base metal	\$240.00	Capitation
D2792	Crown- Full cast noble metal	\$240.00	Capitation
D2794	Crown-titanium	\$240.00	Capitation
<b>Other Restorative Services</b>			
D2910	Re-cement inlay, onlay or partial coverage restoration	\$0.00	Capitation
D2915	Re-cement cast or prefabricated post and core	\$0.00	Capitation
D2920	Re-cement crown	\$0.00	Capitation
D2921	Reattachment of Tooth Fragment Incisal Edge or Cusp	\$12.00	Capitation
D2930	Prefabricated stainless steel crown-primary tooth	\$50.00	Capitation
D2931	Prefabricated stainless steel crown-permanent tooth	\$50.00	Capitation
D2932	Prefabricated resin crown	\$75.00	Capitation
D2933	Prefabricated stainless steel crown with resin window	\$50.00	Capitation
D2934	Prefabricated esthetic coated stainless steel crown- primary tooth	\$50.00	Capitation
D2940	Protective restoration	\$0.00	Capitation
D2980	Crown repair necessitated by restorative material failure	\$20.00	Capitation
D2981	Inlay repair necessitated by restorative material failure	\$20.00	Capitation
D2982	Onlay repair necessitated by restorative material failure	\$20.00	Capitation
<b>Pulp Capping and Pulpotomy</b>			
D3110	Pulp cap- direct (excluding final restoration)	\$12.00	Capitation
D3220	Therapeutic pulpotomy (excluding final restoration)	\$30.00	Capitation

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Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
D3221	Pulpal debridement- primary and permanent teeth	\$0.00	Capitation
D3222	Partial pulpotomy for apexogenesis- permanent tooth with incomplete root development	\$55.00	Capitation
<b>Endodontic Services</b>			
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$30.00	Capitation
D3240	Pulpal therapy (resorbable filling)- posterior, primary tooth (excluding final restoration)	\$30.00	Capitation
D3310	Anterior tooth (excluding final restoration)	\$125.00	Capitation
D3320	Bicuspid tooth (excluding final restoration)	\$150.00	Capitation
D3330*	Molar (excluding final restoration)	\$200.00	Remaining balance of specialty care dentists fee
D3346*	Retreatment of previous root canal therapy- anterior	\$125.00	Remaining balance of specialty care dentists fee
D3347*	Retreatment of previous root canal therapy- bicuspid	\$150.00	Remaining balance of specialty care dentists fee
D3348*	Retreatment of previous root canal therapy- molar	\$200.00	Remaining balance of specialty care dentists fee
D3351*	Apexification/Recalcification- Initial visit	\$0.00	100% of specialty care dentists fee
D3352*	Apexification/Recalcification-Interim medication replacement	\$0.00	100% of specialty care dentists fee
D3353*	Apexification/Recalcification-Final visit	\$0.00	100% of specialty care dentists fee
D3410*	Apicoectomy/Periradicular surgical-anterior	\$115.00	Remaining balance of specialty care dentists fee
D3421*	Apicoectomy/Periradicular surgical-bicuspid (first root)	\$100.00	Remaining balance of specialty care dentists fee
D3425*	Apicoectomy/Periradicular surgical-molar (first root)	\$100.00	Remaining balance of specialty care dentists fee
D3426*	Apicoectomy/Periradicular surgical- (each additional root)	\$100.00	Remaining balance of specialty care dentists fee
D3427*	Periadicular surgical without apicoectomy	\$100.00	Remaining balance of specialty care dentists fee
D3430*	Retrograde filling-per root	\$40.00	Remaining balance of specialty care dentists fee
D3450*	Root amputation- per root	\$70.00	Remaining balance of specialty care dentists fee
D3920*	Hemisection (including any root removal, not including root canal therapy)	\$80.00	Remaining balance of specialty care dentists fee

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Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
Periodontics			
Coverage for surgical periodontal procedures, excluding scaling and root planing, is limited to one surgical periodontal treatment per quadrant every 36 months; coverage for scaling and root planing is limited to one per quadrant every 12 months.			
D4210*	Gingivectomy or Gingivoplasty- 4 or more contiguous teeth or tooth bounded spaces per quadrant	\$90.00	Remaining balance of specialty care dentists fee
D4211*	Gingivectomy or Gingivoplasty- 1-3 contiguous teeth or tooth bounded spaces per quadrant	\$30.00 per tooth (if fewer than 6)	Remaining balance of specialty care dentists fee
D4245*	Apically positioned flap	\$165.00	Remaining balance of specialty care dentists fee
D4249*	Clinical Crown Lengthening — Hard Tissue	\$40.00	Remaining balance of specialty care dentists fee
D4260*	Osseous surgery- 4 or more contiguous teeth	\$210.00	Remaining balance of specialty care dentists fee
D4261*	Osseous surgery- 1 to 3 contiguous teeth	\$100.00	Remaining balance of specialty care dentists fee
D4270*	Pedicle soft tissue graft procedure	\$115.00	Remaining balance of specialty care dentists fee
D4276*	Combined connective tissue and double pedicle graft-per tooth	\$0.00	100% of specialty care dentists fee
D4277*	Free soft tissue graft procedure – (including donor site surgery)	\$120.00	Remaining balance of specialty care dentists fee
D4278*	Free soft tissue graft procedure- (including donor site surgery)	\$120.00	Remaining balance of specialty care dentists fee
D4341*	Periodontal scaling and root planing- 4 or more teeth per quadrant	\$35.00	Capitation
D4342*	Periodontal scaling and root planning- 1 to 3 teeth per quadrant	\$35.00	Capitation
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth. after	\$0.00	Capitation
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$0.00	Capitation
D4910 *	Periodontal maintenance	\$30.00	Capitation

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Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
<b>Prosthodontics-Removable</b>  The replacement of an existing removable prosthetic appliance is covered only after a five-year period measured from the date on which the appliance was previously placed.			
D5110	Complete denture- maxillary	\$250.00	Capitation
D5120	Complete denture-mandibular	\$270.00	Capitation
D5130	Immediate denture-maxillary	\$250.00	Capitation
D5140	Immediate denture-mandibular	\$270.00	Capitation
D5211	Maxillary partial denture- resin base (including any conventional clasps, rests and teeth)	\$270.00	Capitation
D5212	Mandibular partial denture-resin base (including any conventional clasps, rests and teeth)	\$270.00	Capitation
D5213	Maxillary partial denture- cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$270.00	Capitation
D5214	Mandibular partial denture- cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$270.00	Capitation
D5221	Immediate Maxillary Partial Denture- Resin Based	\$250.00	Capitation
D5222	Immediate Mandibular Partial Denture- Resin Based	\$270.00	Capitation
D5223	Immediate Maxillary Partial Denture- Cast Metal Based	\$250.00	Capitation
D5224	Immediate Mandibular Partial Denture- Cast Metal	\$270.00	Capitation
D5225	Maxillary partial denture- flexible base (including any conventional clasps, rests and teeth)	\$270.00	Capitation
D5226	Mandibular partial denture- flexible base (including any conventional clasps, rests and teeth)	\$270.00	Capitation
D5281	Removable unilateral partial denture- one piece cast metal (including clasps and teeth)	\$270.00	Capitation
D5410	Adjust complete denture-maxillary	\$0.00	Capitation
D5411	Adjust complete denture- mandibular	\$0.00	Capitation
D5421	Adjust partial denture- maxillary	\$0.00	Capitation
D5422	Adjust partial denture- mandibular	\$0.00	Capitation

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Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
D5511	Repair broken complete denture base, mandibular	\$20.00	Capitation
D5512	Repair broken complete denture base, maxillary	\$20.00	Capitation
D5520	Replace missing or broken teeth- complete denture (each tooth)	\$30.00	Capitation
D5611	Repair resin denture base, mandibular	\$55.00	Capitation
D5612	Repair resin denture base, maxillary	\$55.00	Capitation
D5621	Repair cast framework, mandibular	\$20.00	Capitation
D5622	Repair cast framework, maxillary	\$20.00	Capitation
D5630	Repair or replace broken clasp	\$20.00	Capitation
D5640	Replace broken teeth- per tooth	\$30.00	Capitation
D5650	Add tooth to existing partial denture	\$30.00	Capitation
D5660	Add clasp to existing partial denture	\$20.00	Capitation
D5710	Rebase complete maxillary denture	\$55.00	Capitation
D5711	Rebase complete mandibular denture	\$55.00	Capitation
D5720	Rebase maxillary partial denture	\$55.00	Capitation
D5721	Rebase mandibular partial denture	\$55.00	Capitation
D5730	Reline complete maxillary denture-chairside	\$55.00	Capitation
D5731	Reline complete mandibular denture-chairside	\$55.00	Capitation
D5740	Reline complete maxillary partial denture-chairside	\$55.00	Capitation
D5741	Reline complete mandibular partial denture-chairside	\$75.00	Capitation
D5750	Reline complete maxillary denture-laboratory	\$75.00	Capitation
D5751	Reline complete mandibular partial denture-laboratory	\$75.00	Capitation
D5760	Reline complete maxillary partial denture-laboratory	\$75.00	Capitation
D5761	Reline complete mandibular partial denture-laboratory	\$75.00	Capitation
D5850	Tissue conditioning (maxillary)	\$0.00	Capitation
D5851	Tissue conditioning (mandibular)	\$0.00	Capitation
<b>Prosthodontics: Fixed; the replacement of a fixed removable prosthetic appliance is covered only after a five-year period measured from the date on which the appliance was previously placed.</b>			
D6110	Implant supported removable denture for edentulous arch - Maxillary	\$240.00	Capitation
D6111	Implant supported removable denture for edentulous arch – Mandibular	\$240.00	Capitation



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Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
D6112	Implant supported removable denture for partially edentulous arch - Maxillary	\$240.00	Capitation
D6113	Implant supported removable denture for partially edentulous arch - Mandibular	\$240.00	Capitation
D6210	Pontic-cast high noble metal	\$240.00	Capitation
D6211	Pontic-cast predominantly base metal	\$240.00	Capitation
D6212	Pontic-cast noble metal	\$240.00	Capitation
D6214	Pontic-titanium	\$240.00	Capitation
D6240	Pontic- porcelain fused to high noble metal	\$240.00	Capitation
D6241	Pontic — Porcelain Fused to Predominantly Base Metal	\$240.00	Capitation
D6242	Pontic — Porcelain Fused to Noble Metal	\$240.00	Capitation
D6245	Pontic- porcelain/ceramic	\$240.00	Capitation
D6250	Pontic- resin with high noble metal	\$230.00	Capitation
D6251	Pontic- resin with predominantly base metal	\$230.00	Capitation
D6252	Pontic- resin with noble metal	\$230.00	Capitation
D6545	Retainer- cast metal for resin bonded fixed prosthesis	\$240.00	Capitation
D6548	Retainer porcelain/ceramic for resin bonded fixed prosthesis	\$240.00	Capitation
D6549	Retainer - resin bonded fixed prosthesis	\$240.00	Capitation
D6602	Inlay- cast high noble metal- 2 surfaces	\$240.00	Capitation
D6603	Inlay- cast high noble metal- 3 or more surfaces	\$240.00	Capitation
D6604	Inlay- cast predominantly base metal- 2 surfaces	\$240.00	Capitation
D6605	Inlay- cast predominantly base metal- 3 or more surfaces	\$240.00	Capitation
D6606	Inlay- cast noble metal- 2 surfaces	\$240.00	Capitation
D6607	Inlay- cast noble metal- 3 or more surfaces	\$240.00	Capitation

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Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
D6608	Onlay-porcelain/ceramic- 2 surfaces	\$240.00	Capitation
D6609	Onlay- porcelain/ceramic- 3 or more surfaces	\$240.00	Capitation
D6610	Onlay- cast high noble metal- 2 surfaces	\$240.00	Capitation
D6611	Onlay- cast high noble metal- 3 or more surfaces	\$240.00	Capitation
D6612	Onlay- cast predominantly base metal- 2 surfaces	\$240.00	Capitation
D6613	Onlay- cast predominantly base metal – 3 or more surfaces	\$240.00	Capitation
D6614	Onlay- cast noble metal- 2 surfaces	\$240.00	Capitation
D6615	Onlay- cast noble metal- 3 or more surfaces	\$240.00	Capitation
D6624	Inlay- titanium	\$240.00	Capitation
D6634	Onlay- titanium	\$240.00	Capitation
D6720	Crown- resin with high noble metal	\$230.00	Capitation
D6721	Crown- resin with predominantly base metal	\$230.00	Capitation
D6722	Crown- resin with noble metal	\$230.00	Capitation
D6740	Crown- porcelain/ceramic	\$230.00	Capitation
D6750	Crown-porcelain fused to high noble metal	\$240.00	Capitation
D6751	Crown- porcelain fused to predominantly base metal	\$240.00	Capitation
D6752	Crown- porcelain fused to noble metal	\$250.00	Capitation
D6780	Crown- ¾ cast high noble metal	\$230.00	Capitation
D6781	Crown- ¾ cast predominantly base metal	\$230.00	Capitation
D6782	Crown- ¾ cast noble metal	\$230.00	Capitation
D6783	Crown- ¾ porcelain/ceramic	\$240.00	Capitation
D6790	Crown- full cast high noble metal	\$250.00	Capitation
D6791	Crown- full cast predominantly base metal	\$250.00	Capitation
D6792	Crown- full cast noble metal	\$270.00	Capitation
D6794	Crown- titanium	\$270.00	Capitation

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Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
D6930	Re-cement fixed partial denture	\$0.00	Capitation
D6980	Fixed partial denture repair necessitated by restorative material failure	\$20.00	Capitation
<b>Oral Surgery</b>			
D7111	Extraction- coronal remnants- deciduous tooth	\$0.00	Capitation
D7140	Extraction- erupted tooth or exposed root (elevation and/or forceps removal)	\$25.00	Capitation
D7210	Surgical removal of erupted tooth	\$30.00	Capitation
D7220	Removal of impacted tooth- soft	\$50.00	Capitation
D7230*	Removal of impacted tooth- partially bony	\$60.00	Remaining balance of specialty care dentists fee
D7240*	Removal of impacted tooth- complete bony	\$65.00	Remaining balance of specialty care dentists fee
D7241*	Removal of impacted tooth- complete bony with unusual surgical complications	\$65.00	Remaining balance of specialty care dentists fee
D7250*	Surgical removal of residual tooth roots	\$25.00	Remaining balance of specialty care dentists fee
D7251*	Coronectomy- Intentional partial tooth removal	\$25.00	Remaining balance of specialty care dentists fee
D7260	Oroantral Fistula Closure	\$65.00	Remaining balance of specialty care dentists fee
D7261*	Primary closure of a sinus perforation	\$65.00	Remaining balance of specialty care dentists fee
D7280*	Surgical access of an unerupted tooth	\$55.00	Remaining balance of specialty care dentists fee
D7285*	Biopsy of Oral Tissue — Hard (Bone, Tooth)	\$30.00	Remaining balance of specialty care dentists fee
D7286*	Biopsy of Oral Tissue — Soft	\$30.00	Remaining balance of specialty care dentists fee
D7291*	Transeptal fiberotomy/supra crestal fiberotomy, by report	\$30.00 per tooth if less than 6	Remaining balance of specialty care dentists fee
D7296	Corticotomy - one to three teeth or tooth spaces, per quadrant	This service is covered as a part of an orthodontic case when orthodontics are covered under a specific group. If orthodontics is not covered this service is not covered.	
D7297	Corticotomy – four or more teeth or tooth spaces, per quadrant	This service is covered as a part of an orthodontic case when orthodontics are covered under a specific group. If orthodontics is not covered this service is not covered.	
D7310*	Alveoplasty in conjunction with extraction- 4 or more teeth or tooth spaces, per quadrant	\$0.00	100% of specialty care dentists fee
D7311*	Alveoplasty in conjunction with extraction- 1 to 3 teeth or tooth spaces, per quadrant	\$0.00	100% of specialty care dentists fee
D7320*	Alveoplasty not in conjunction with extractions- 4 or more teeth or tooth spaces, per quadrant	\$0.00	100% of specialty care dentists fee
D7321	Alveoplasty not in conjunction with extractions- 1 to 3 teeth or tooth spaces, per quadrant	\$0.00	100% of specialty care dentists fee

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Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
D7410*	Excision of benign lesion up to 1.25 cm	\$35.00	Remaining balance of specialty care dentists fee
D7411*	Excision of benign lesion greater than 1.25 cm	\$0.00	100% of specialty care dentists fee
D7412*	Excision of benign lesion, complicated	\$150.00	Remaining balance of specialty care dentists fee
D7413*	Excision of malignant lesion up to 1.25 cm	\$0.00	100% of specialty care dentists fee
D7440*	Excision of malignant tumor lesion diameter up to 1.25 cm	\$0.00	100% of specialty care dentists fee
D7441*	Excision of malignant tumor lesion diameter greater than 1.25 cm	\$0.00	100% of specialty care dentists fee
D7450*	Removal of benign odontogenic cyst or tumor- Lesions up to 1.25 cm diameter	\$35.00	Remaining balance of specialty care dentists fee
D7451*	Removal of benign odontogenic cyst or tumor- Lesions greater than 1.25 cm diameter	\$60.00	Remaining balance of specialty care dentists fee
D7460*	Removal of benign non-odontogenic cyst or tumor- lesion up to 1.25 cm diameter	\$35.00	Remaining balance of specialty care dentists fee
D7461*	Removal of benign non-odontogenic cyst or tumor- lesion greater than 1.25 cm diameter	\$60.00	Remaining balance of specialty care dentists fee
D7465*	Destruction of lesions by physical or chemical method, by report	\$15.00	Remaining balance of specialty care dentists fee
D7471*	Removal of lateral exostosis (maxilla or mandible)	\$0.00	100% of specialty care dentists fee
D7472*	Removal torus palatinus	\$0.00	100% of specialty care dentists fee
D7473*	Removal torus mandibularis	\$0.00	100% of specialty care dentists fee
D7485*	Surgical reduction of osseous tuberosity	\$0.00	100% of specialty care dentists fee

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Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
D7510*	Incision and drainage of abscess- intraoral- soft tissue	\$15.00	Remaining balance of specialty care dentists fee
D7511*	Incision and drainage- intraoral- soft tissue- complicated (includes drainage of multiple facial spaces)	\$15.00	Remaining balance of specialty care dentists fee
D7520*	Incision and drainage of abscess- extraoral- soft tissue	\$20.00	Remaining balance of specialty care dentists fee
D7521*	Incision and drainage of abscess- extraoral- soft tissue complicated (includes drainage of multiple facial spaces)	\$20.00	Remaining balance of specialty care dentists fee
D7530*	Removal of foreign body from mucosa, skin or subcutaneous alveolar tissue	\$15.00	Remaining balance of specialty care dentists fee
D7550*	Partial ostectomy/sequestrectomy for removal of nonvital one	\$0.00	100% of specialty care dentists fee
D7960*	Frenulectomy	\$35.00	Remaining balance of specialty care dentists fee
D7963*	Frenuloplasty	\$35.00	Remaining balance of specialty care dentists fee
D7970*	Excision of hyperplastic tissue- per arch	\$45.00	Remaining balance of specialty care dentists fee
D7971*	Excision of pericoronal gingiva	\$0.00	100% of specialty care dentists fee
D7972*	Surgical reduction of fibrous tuberosity	\$0.00	100% of specialty care dentists fee
D7980*	Sialolithotomy	\$0.00	100% of specialty care dentists fee
D7983*	Closure of salivary fistula	\$0.00	100% of specialty care dentists fee

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Codes	Procedure Description	Patient Charge	Horizon BCBSNJ Payment
<b>Orthodontics</b>			
Orthodontic benefits are a covered service for adults & children - Treatment for children must begin prior to age 19.			
HDC orthodontics is based on a 24-month case \$1,000 Patient Charge			
<b>Adjunctive General Services</b>			
D9110	Palliative (emergency) treatment of dental pain	\$0.00	Capitation
D9222*	Deep sedation/general anesthesia – first 15 minutes	\$15.00	Remaining balance of specialty care dentists fee
D9223*	Deep sedation/general anesthesia- 15-minute increments	\$15.00	Remaining balance of specialty care dentists fee
D9310	Consultation –diagnostic services provided by dentist	\$0.00	100% of specialty care dentists fee
D9311	Consultation with a medical health care professional		Inclusive
D9991	Dental case management – addressing appointment compliance barriers		Inclusive
D9992	Dental case management – care coordination		Inclusive
D9995	Teledentistry – synchronous; real-time encounter		Inclusive
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review		Inclusive
D9986	Missed appointment	\$25.00	N/A

\*Direct Referral Services

\*\* Indicates capitated services which are also eligible for additional payment. These services should be submitted to Horizon for payment

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## Questions & Answers

# Horizon Dental Choice (HDC) Plan



The **Horizon Dental Choice (HDC) plan** covers 100 percent of all eligible preventive and basic services with no copayments, maximums or deductibles when receiving those services from your primary HDC dentist. Care must be coordinated through the in-network HDC dentist you select as your primary care dentist (PCD).

### Can I go to any dentist?

No. You must choose one of the dentists in the HDC Network as your PCD and receive care, or be referred for care, from that PCD.

### How does my plan work?

The HDC plan covers 100 percent of all eligible preventive and basic services with no copayments, maximums or deductibles when receiving those services from your primary HDC dentist. The HDC plan also covers a significant amount of charges for all eligible major and specialty dental services. Care must be coordinated through the in-network HDC dentist who you select as your PCD. There is no out-of-network benefit for the HDC plan.

### Can my family members choose different dentists?

Yes. Your eligible dependents may each select a different PCD from the HDC Network.

### Can I change my primary care dentist?

Your choice of a primary care dentist may change effective on the first day of any month.

### How can I find an in-network dentist?

To find an in-network dentist, go to [Horizonblue.com/rwjbarnabashealth](https://Horizonblue.com/rwjbarnabashealth) and select *Find a RWJBarnabas Provider* under the *Tools & Services* menu. Choose *RWJBH Doctor & Hospital Finder*, then *Dentists* under *What type of care are you looking for?* Remember to select *Horizon Dental Choice* as the plan name.

***\*It is important to remember that Horizon Dental Choice providers are only available in NJ.***

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Horizon Blue Cross Blue Shield of New Jersey

[HorizonBlue.com/dental](https://HorizonBlue.com/dental)

### **What if my dentist isn't in the network?**

If your current dentist is not in the network, notify us of your dentist's name and we will attempt to recruit him or her.

### **Is there an out-of-network benefit if I use an out-of-network dentist?**

No. There are no out-of-network benefits under your HDC plan.

### **Will I need to submit a claim form when I go to the dentist?**

No, you will not have to submit a claim form.

### **Will I need to satisfy a deductible?**

No, there is no deductible.

### **Will I need to pay anything directly to the dentist?**

You will only be responsible for any required copayment for eligible major and specialty services.

### **How do I see a specialist?**

Your PCD will provide you with a referral. You can search for a specialist online at [HorizonBlue.com/rwjbarnabashealth](http://HorizonBlue.com/rwjbarnabashealth) or call Dental Customer Service at **1-844-209-4715**.

### **If I have dental work in progress, can I enroll and will HDC cover those services?**

You can enroll in the HDC program if you currently are going through work. It is best if you try to complete the work that was previously approved under your current plan. If this is not possible, please discuss the plan change with your provider so they are aware of the change and Horizon Dental will coordinate with your provider to continue care. If you have other questions, you may reach out to us by just calling **1-844-209-4715**.

### **Is there a waiting period before I am eligible for major services?**

No. You do not have a waiting period to be eligible for major services.

### **If I choose not to enroll at this time, when can I enroll next?**

If you do not enroll when you first become eligible, you may need to wait until the next open enrollment, unless you have a qualifying event. Please refer to your benefit booklet for more information.

### **Who do I call if I have questions?**

Dedicated Customer Service Representatives are available to speak with you. If you have any questions regarding your benefits, you may contact the Horizon Dental Customer Service Department at **1-844-209-4715**.