

Class	1 CoPay Per Visit	Description of Services				Prior Authorization
A	\$0	Diagnostic & Preventive Care- cleanings, check-ups, X-rays, and fluoride treatments				Some require prior authorization
B	\$10	Basic Care, Restorative, Endodontic, Periodontal, Oral & Maxillofacial Surgery, fillings, extractions, periodontal care, and some root canals				Some require prior authorization
C	\$25	Major Care, Prosthodontic- crowns, bridges and dentures				Some require prior authorization
D	\$25	Orthodontics- Only as medically necessary; not covered for cosmetic purposes (Ortho co-pay only on code, not per day)				Requires prior authorization
Adult	\$0	Only Emergency extractions are covered as medically necessary				No prior authorization
Benefit Class	CDT10 Code	Amount	Effective Date	Prior Authorize	Tooth # Required	Additional Criteria
EXAMINATION						
A	D0120	\$22.06	1/1/21			
A	D0140	\$31.51	1/1/21		X	
A	D0150	\$31.51	1/1/21			Absent from treatment for 18 months
RADIOGRAPHS/TEST						
A	D0210	\$63.01	1/1/21	X		Narrative to qualify, once per 3 years
A	D0220	\$15.75	1/1/21		X	
A	D0230	\$7.88	1/1/21		X	
A	D0240	\$18.91	1/1/21			Once per year
A	D0270	\$15.75	1/1/21	X		Once per year
A	D0272	\$18.91	1/1/21			Once per year
A	D0274	\$31.51	1/1/21			Once per year
A	D0310	\$132.32	1/1/21	X		
A	D0330	\$50.40	1/1/21	X		
A	D0340	\$63.01	1/1/21			
A	D0350	\$31.51	1/1/21			
A	D0470	\$39.38	1/1/21			Once per 2 yrs
PROPHYLAXIS/SEALANTS						
A	D1110	\$47.26	1/1/21			Age 13+
A	D1120	\$31.51	1/1/21			Age 12 or less
A	D1208	\$15.75	1/1/21			Age 12 or less
A	D1351	\$25.21	1/1/21		X	Tooth must be caries free
A	D1354	\$25.21	1/1/21			
SPACE MAINTENANCE - PASSIVE					Missing tooth #, provider responsible for 6 month post insertion	
A	D1510	\$126.02	1/1/21		X	
A	D1516	\$189.02	1/1/21		X	
A	D1517	\$189.02	1/1/21		X	
A	D1551	\$37.80	1/1/21		X	Available 9 months post insertion
A	D1552	\$37.80	1/1/21			
A	D1552	\$37.80	1/1/21			
A	D1553	\$37.80	1/1/21			
A	D1556	\$34.66	1/1/21			
A	D1557	\$34.66	1/1/21			
A	D1558	\$34.66	1/1/21			
AMALGAM RESTORATIONS						
B	D2140	\$63.01	1/1/21		X	
B	D2150	\$97.67	1/1/21		X	
B	D2160	\$127.60	1/1/21		X	
B	D2161	\$103.96	1/1/21		X	
RESIN BASED COMPOSITE RESTORATIONS						
B	D2330	\$63.01	1/1/21		X	
B	D2331	\$94.52	1/1/21		X	
B	D2332	\$110.27	1/1/21		X	
B	D2335	\$126.02	1/1/21		X	
B	D2391	\$63.01	1/1/21		X	

2021 Insure Oklahoma Dental Fee Schedule.xls

Benefit Class	CDT10 Code	Amount	Effective Date	Prior Authorize	Tooth # Required	Additional Criteria
B	D2392	\$97.67	1/1/21		X	

Benefit Class	CDT10 Code	Amount	Effective Date	Prior Authorize	Tooth # Required	Additional Criteria
SINGLE CROWNS						
C	D2710	\$315.05	1/1/21	X	X	
C	D2721	\$472.56	1/1/21	X	X	
C	D2751	\$504.07	1/1/21	X	X	#s 4-13, 21-28; age 16-18
C	D2791	\$441.07	1/1/21	X	X	Posterior teeth
OTHER RESTORATIVE						
C	D2920	\$47.26	1/1/21		X	Available 9 months post cementation
C	D2930	\$126.02	1/1/21		X	
C	D2931	\$189.02	1/1/21		X	
C	D2932	\$151.22	1/1/21		X	
C	D2940	\$47.26	1/1/21		X	
C	D2951	\$31.51	1/1/21		X	
C	D2954	\$157.52	1/1/21	X	X	
C	D2960	\$189.02	1/1/21	X	X	
ENDODONTICS					No missing teeth in arch, provider responsible for 24 months follow-up	
B	D3120	\$31.51	1/1/21		X	
B	D3221	\$126.02	1/1/21		X	
B	D3230	\$103.96	1/1/21		X	
B	D3240	\$116.56	1/1/21		X	
B	D3310	\$321.34	1/1/21		X	
B	D3320	\$362.30	1/1/21	X	X	
B	D3330	\$441.07	1/1/21	X	X	
PERIODONTAL SERVICES					Requires narrative, perio chart	
B	D4341	\$157.52	1/1/21	X	Quad.	Age 12+
B	D4342	\$85.06	1/1/21	X	Quad.	Age 12+
REMOVABLE PROSTHODONTICS					Teeth to be replaced must be on PA request	
C	D5110	\$787.61	1/1/21	X		Once every 5 yrs, includes 6 months follow up
C	D5120	\$787.61	1/1/21	X		Once every 5 yrs, includes 6 months follow up
C	D5130	\$866.38	1/1/21	X		Once every 5 yrs, includes 6 months follow up
C	D5140	\$866.38	1/1/21	X		Once every 5 yrs, includes 6 months follow up
C	D5211	\$535.58	1/1/21	X		
C	D5212	\$557.63	1/1/21	X		
C	D5213	\$945.14	1/1/21	X		
C	D5214	\$945.14	1/1/21	X		
C	D5284	\$422.16	1/1/21	X		
C	D5286	\$422.16	1/1/21	X		
C	D5410	\$37.80	1/1/21			Limited to 2 visits
C	D5411	\$37.80	1/1/21			Limited to 2 visits
C	D5421	\$37.80	1/1/21			Limited to 2 visits
C	D5422	\$37.80	1/1/21			Limited to 2 visits
C	D5511	\$94.52	1/1/21	X		Once every 5 yrs, includes 6 months follow up
C	D5512	\$94.52	1/1/21	X		Once every 5 yrs, includes 6 months follow up
C	D5520	\$63.01	1/1/21		X	
C	D5611	\$94.52	1/1/21			
C	D5612	\$94.52	1/1/21			
C	D5621	\$129.17	1/1/21			
C	D5622	\$129.17	1/1/21			
C	D5630	\$116.56	1/1/21		X	
C	D5640	\$94.52	1/1/21		X	
C	D5650	\$94.52	1/1/21		X	
C	D5660	\$157.52	1/1/21		X	
C	D5750	\$252.04	1/1/21	X		
C	D5751	\$252.04	1/1/21	X		
C	D5760	\$252.04	1/1/21	X		
C	D5761	\$252.04	1/1/21	X		

Benefit Class	CDT10 Code	Amount	Effective Date	Prior Authorize	Tooth # Required	Additional Criteria
	FIXED PROSTHODONTICS Age 17+ Request must include narrative detailing medical necessity versus removable partial					
C	D6211	\$441.07	1/1/21	X	X	
C	D6241	\$567.08	1/1/21	X	X	
C	D6251	\$441.07	1/1/21	X	X	
C	D6721	\$472.56	1/1/21	X	X	
C	D6751	\$504.07	1/1/21	X	X	
C	D6791	\$441.07	1/1/21	X	X	
C	D6930	\$63.01	1/1/21	X	X	
C	D6980	\$163.82	1/1/21	X	X	
	ORAL AND MAXILLOFACIAL SURGERY					Request must include narrative detailing medical necessity
B	D7111	\$63.01	1/1/21		X	
B	D7140	\$69.31	1/1/21		X	
B	D7210	\$126.02	1/1/21		X	
B	D7220	\$144.92	1/1/21		X	
B	D7230	\$189.02	1/1/21		X	
B	D7240	\$226.82	1/1/21		X	
B	D7241	\$315.05	1/1/21	X	X	
B	D7250	\$126.02	1/1/21		X	
B	D7261	\$330.80	1/1/21		X	
B	D7270	\$226.82	1/1/21		X	
B	D7280	\$189.02	1/1/21	X	X	
B	D7283	\$239.43	1/1/21	X	X	
B	D7285	\$163.82	1/1/21			
B	D7286	\$126.02	1/1/21		Quad	
B	D7310	\$132.32	1/1/21		Quad	
B	D7321	\$242.59	1/1/21		Quad	
	EXCISION/REMOVAL OF LESIONS					Request must include narrative detailing medical necessity
B	D7410	\$157.52	1/1/21		L, R	
B	D7411	\$154.37	1/1/21	X		
B	D7412	\$214.23	1/1/21	X		
B	D7413	\$315.05	1/1/21			
B	D7414	\$277.25	1/1/21			
B	D7415	\$447.36	1/1/21			
B	D7440	\$248.88	1/1/21			
B	D7441	\$504.07	1/1/21			
B	D7450	\$214.23	1/1/21			
B	D7451	\$277.25	1/1/21			
B	D7460	\$211.08	1/1/21			
B	D7461	\$299.30	1/1/21			
	EXCISION OF BONE TISSUE					Request must include narrative detailing medical necessity
B	D7472	\$220.53	1/1/21	X		
B	D7473	\$226.82	1/1/21	X	L, R	
B	D7485	\$248.88	1/1/21	X		
	SURGICAL INCISION					
B	D7510	\$85.06	1/1/21		X	
B	D7520	\$189.02	1/1/21		X	

Benefit Class	CDT10 Code	Amount	Effective Date	Prior Authorize	Tooth # Required	Additional Criteria
FRACTURE TREATMENTS						
B	D7610	\$1,827.27	1/1/21			
B	D7620	\$1,512.22	1/1/21			
B	D7630	\$2,079.30	1/1/21			
B	D7640	\$1,260.19	1/1/21			
B	D7650	\$1,984.79	1/1/21			
B	D7660	\$1,197.17	1/1/21			
B	D7670	\$630.09	1/1/21			
B	D7671	\$378.06	1/1/21			
B	D7710	\$2,173.82	1/1/21			
B	D7720	\$1,386.20	1/1/21			
B	D7730	\$2,425.85	1/1/21			
B	D7740	\$1,417.70	1/1/21			
B	D7750	\$2,047.80	1/1/21			
B	D7760	\$1,890.28	1/1/21			
B	D7770	\$1,197.17	1/1/21		X	
B	D7771	\$740.35	1/1/21		X	
B	D7780	\$3,843.56	1/1/21			
SURGICAL REPAIRS						
					Request must include narrative detailing medical necessity	
B	D7911	\$170.13	1/1/21			
B	D7912	\$252.04	1/1/21			
B	D7972	\$324.49	1/1/21		L, R	
ORTHODONTICS						
					Request includes narrative detailing medical necessity	
D	D8050	\$346.44	1/1/21	X		
D	D8060	\$346.44	1/1/21	X		
D	D8080	Manual	1/1/21	X		
D	D8220	\$395.93	1/1/21	X		
D	D8695	\$126.02	1/1/21	X		
ADJUNCTIVE GENERAL SERVICES						
					Request must include narrative detailing medical necessity	
B	D9230	\$28.35	1/1/21			Limited to four per year
B	D9944	\$315.05	1/1/21	X		Narrative of clinical findings to qualify
B	D9945	\$315.05	1/1/21	X		Narrative of clinical findings to qualify
B	D9946	\$315.05	1/1/21	X		Narrative of clinical findings to qualify