

Effective: January 1, 2025  
 Ochsner Health Plan (HMO)  
 \$0 Annual Deductible  
 \$3,000 Annual Benefit Maximum (ABM)  
 No Out of Network Benefits



**Service Area:**

Acadia, Ascension, E. Baton Rouge, E. Feliciana, Iberville, Jefferson Davis, Livingston, W. Baton Rouge, Lafayette, Lafourche, Plaquemines, St. Bernard, St. Landry, St. Martin, Jefferson, Orleans, St. Charles, St. John, St. Tammany, Vermilion

Code	Procedure Description	Frequency	Coinsurance
<b>Diagnostic</b>			
<b>Clinical Oral Evaluations</b>			
D0120	Periodic Oral Evaluation	1/6 months	0%
D0140	Limited Oral Evaluation	1/12 months	0%
D0150	Comprehensive Oral Evaluation - new or established	1/36 months	0%
D0160	Extensive oral evaluation problem focus	1/12 months	0%
D0180	Comprehensive Periodontal Evaluation	1/24 months	0%
<b>Radiographs/Diagnostic Imaging</b>			
D0210	Intraoral - Complete Series (including bitewings)	1/36 months	0%
D0220	Intraoral - Periapical first film	1/12 months	0%
D0230	Intraoral - Periapical each additional film	1/12 months	0%
D0240	X-rays Intraoral-Occlusal Film	1/12 months	0%
D0250	Extraoral - First radiographic image	1/12 months	0%
D0260	Extraoral - Each additional radiographic image	1/12 months	0%
D0270	Bitewings, single film	1/12 months	0%
D0272	Bitewings, two films	1/12 months	0%
D0273	Bitewings, three films	1/12 months	0%
D0274	Bitewings, four films	1/12 months	0%
D0277	Vert bitewings 7 to 8 images	1/12 months	0%
D0330	Panoramic Film	1/12 months	0%
<b>Preventive</b>			
<b>Dental Prophylaxis</b>			
D1110	Prophylaxis - Adult	1/6 months	0%
<b>Restorative (Up to 4 total fillings per year and 1 crown procedure covered per year)</b>			
<b>Amalgam Restorations (including polishing)</b>			
D2140	Amalgam Filling - one surface		25%
D2150	Amalgam Filling - two surfaces		25%
D2160	Amalgam Filling - three surfaces		25%
D2161	Amalgam Filling - four surfaces		25%
<b>Resin-Based Composite Restorations - Direct</b>			
D2330	Resin-Based Composite - one surface, anterior		25%
D2331	Resin-Based Composite - two surfaces, anterior		25%
D2332	Resin-Based Composite - three surfaces, anterior		25%
D2335	Resin-Based Composite - four or more surfaces, anterior		25%
D2391	Resin-Based Composite - one surface, posterior		25%
D2392	Resin-Based Composite - two surfaces, posterior		25%
D2393	Resin-Based Composite - three surfaces, posterior		25%
D2394	Resin-Based Composite - four or more surfaces, posterior		25%
<b>Crowns - Single Restorations Only</b>			
D2740	Crown - Porcelain/Ceramic Substrate		25%
D2750	Crown - Porcelain fused to high noble metal		25%
D2751	Crown - Porcelain fused predominantly base metal		25%
D2752	Crown - Porcelain fused to noble metal		25%
D2783	Crown - 3/4 Porcelain/Ceramic Substrate		25%
D2790	Crown - full cast high noble metal		25%
D2791	Crown - full cast predominantly base metal		25%
D2792	Crown - full cast noble metal		25%
<b>Other Restorative Services</b>			
D2930	Prefabricated stainless steel crown - primary tooth		25%
D2931	Prefabricated stainless steel crown - permanent tooth		25%
D2950	Core Buildup, Including Any Pins		25%
D2951	Pin Retention - Per Tooth, in Addition to Restoration		25%
D2952	Post and Core in Addition to Crown, Indirectly Fabricated		25%

D2953	Each Additional Indirectly Fabricated Post - Same Tooth		25%
D2954	Prefabricated Post and Core in Addition to Crown		25%
D2955	Post Removal (Not in Conjunction with Endodontic Therapy)		25%
D2957	Each Additional Prefabricated Post - Same Tooth		25%
<b>Endodontics</b>			
<b>Pulp Capping</b>			
D3110	Pulp Cap, Direct (Excluding Final Restoration)		25%
D3120	Pulp Cap, Indirect (Excluding Final Restoration)		25%
<b>Pulpotomy</b>			
D3220	Therapeutic Pulpotomy		25%
D3221	Pulpal Debridement, Primary and Permanent Teeth		25%
<b>Endodontic Therapy (Including Treatment Plan, Clinical Procedures, and Follow-up Care)</b>			
D3310	End therapy, anterior tooth	1/lifetime	25%
D3320	End therapy, bicuspid tooth	1/lifetime	25%
D3330	End therapy, molar	1/lifetime	25%
<b>Endodontic Retreatment</b>			
D3346	Retreat root canal anterior	1/lifetime	25%
D3347	Retreat root canal bicuspid	1/lifetime	25%
D3348	Retreat root canal molar	1/lifetime	25%
<b>Apexification/Recalcification</b>			
D3351	Apexification/Recalcification - Initial Visit	1/lifetime	25%
D3352	Apexification/Recalcification - Interim Medication Replacement Root Resorption, etc.)	1/lifetime	25%
D3353	Apexification/Recalcification - Final Visit (Includes Completed Root Canal Therapy - Apica	1/lifetime	25%
<b>Apicoectomy/Periradicular Services</b>			
D3410	Apicoectomy/Periradicular Surgery - Anterior	1/lifetime	25%
D3421	Apicoectomy/Periradicular Surgery - Bicuspid, First Root	1/lifetime	25%
D3425	Apicoectomy/Periradicular Surgery - Molar, First Root	1/lifetime	25%
D3426	Apicoectomy/Periradicular Surgery - Additional Roots	1/lifetime	25%
D3430	Retrograde Filling	1/lifetime	25%
D3450	Root Amputation - Per Root	1/lifetime	25%
<b>Periodontics</b>			
<b>Surgical Services</b>			
D4210	Gingivectomy or Gingivoplasty, Per Quadrant (4 or More Teeth)	1 per quadrant per 24 months	25%
D4211	Gingivectomy or Gingivoplasty, Per Quadrant (1 to 3 Teeth)	1 per quadrant per 24 months	25%
D4240	Gingival Flap Procedure, Including Root Planing - (4 or More Teeth) Per Quadrant	1 per quadrant per 24 months	25%
D4241	Gingival Flap Procedure, Including Root Planing - (1 to 3 Teeth) Per Quadrant	1 per quadrant per 24 months	25%
D4245	Apically Positioned Flap	1 per 24 months	25%
D4249	Clinical Crown Lengthening - Hard Tissue	1 per 24 months	25%
D4260	Osseous Surgery (Including Flap Entry and Closure) - Per Quadrant (4 or More Teeth)	1 per quadrant per 24 months	25%
D4261	Osseous Surgery (Including Flap Entry and Closure) - Per Quadrant (1 to 3 Teeth)	1 per quadrant per 24 months	25%
D4263	Bone Replacement Graft - First Site in Quadrant	1 per quadrant per 24 months	25%
D4264	Bone Replacement Graft - Each Additional Site in Quadrant	1 per quadrant per 24 months	25%
D4266	Guided Tissue Regeneration - Resorbable Barrier, Per Site	1 per 24 months	25%
D4267	Guided Tissue Regeneration - Nonresorbable Barrier, Per Site (Includes Membrane Remov	1 per 24 months	25%
D4270	Pedicle Soft Tissue Graft Procedure	1 per 24 months	25%
D4274	Distal or Proximal Wedge Procedure (When Not Performed in Conjunction with Surgical P	1 per 24 months	25%
<b>Non-Surgical Periodontal Service</b>			
D4341	Periodontal Scaling and Root Planing, per quadrant	1/12 months	25%
D4342	Periodontal Scaling and Root Planing, 1-3 teeth	1/12 months	25%
D4355	Full Mouth Debridement	1/12 months	25%
<b>Other Predental Service</b>			
D4910	Periodontal Maintenance	1/6 months	25%
<b>Prosthodontics - Removable</b>			
<b>Complete Dentures (including Routine Post-Delivery Care)</b>			
D5110	Complete denture – maxillary	1/60 months	25%
D5120	Complete denture – mandibular	1/60 months	25%
D5130	Immediate denture – maxillary (in lieu of D5110)	1/60 months	25%
D5140	Immediate denture – mandibular (in lieu of D5120)	1/60 months	25%
<b>Partial Dentures (Including Routine Post-Delivery Care)</b>			
D5211	Partial Upper - Resin Base (with Clasps/Rests & Teeth) **	1/60 months	25%
D5212	Partial Lower - Resin Base (with Clasps/Rests & Teeth) **	1/60 months	25%
D5213	Maxillary partial denture – cast metal framework	1/60 months	25%
D5214	Mandibular partial denture – cast metal framework	1/60 months	25%
<b>Adjustments to Dentures</b>			

D5410	Adjust Complete Denture - Upper	1/24 months	25%
D5411	Adjust Complete Denture - Lower	1/24 months	25%
D5421	Adjust Partial Denture - Upper	1/24 months	25%
D5422	Adjust Partial Denture - Lower	1/24 months	25%
<b>Repairs to Complete Dentures</b>			
D5510	Repair Broken Complete Denture Base	1/24 months	25%
D5511	Repair Broken Complete Denture Base, mandibular	1/24 months	25%
D5512	Repair Broken Complete Denture Base, maxillary	1/24 months	25%
D5520	Replace missing or broken teeth – Complete Denture	1/24 months	25%
<b>Repairs to Partial Dentures</b>			
D5610	Repair Resin Denture Base	1/24 months	25%
D5611	Repair Resin Denture Base, mandibular	1/24 months	25%
D5612	Repair Resin Denture Base, maxillary	1/24 months	25%
D5640	Replace Broken Teeth – Per Tooth	1/24 months	25%
<b>Denture Reline Procedures</b>			
D5730	Chairside Reline Complete Upper Denture	1/24 months	25%
D5731	Chairside Reline Complete Lower Denture	1/24 months	25%
D5740	Chairside Reline Upper Partial	1/24 months	25%
D5741	Chairside Reline Lower Partial	1/24 months	25%
D5750	Laboratory Reline Complete Upper Denture**	1/24 months	25%
D5751	Laboratory Reline Complete Lower Denture**	1/24 months	25%
D5760	Laboratory Reline Upper Partial**	1/24 months	25%
D5761	Laboratory Reline Lower Partial**	1/24 months	25%
<b>Oral and Maxillofacial Surgery</b>			
<b>Extractions (Includes local anesthesia, suturing, if needed and routine postoperative care)</b>			
D7140	Extraction - Erupted tooth or exposed root		25%
D7210	Surgical removal of erupted tooth		25%
<b>Unclassified Treatment</b>			
D9110	Palliative (emergency) Treatment of Dental Pain	1/12 months	25%

\*Preventative procedures do not count toward the Annual Benefit Maximum

\*\*Total reimbursement does not include lab costs. Lab fees are the member's responsibility

\*\*\*Panoramic Film (D0330) may be taken in place of Intraoral-Complete Series (D0210)