



Excellus BlueCross BlueShield

2025 Dental Schedule of Allowances

Effective January 1, 2025

Procedure Code	Procedure Description	Current Allowance	Procedure Code	Procedure Description	Current Allowance
DIAGNOSTIC			PERIODONTICS		
D0120	PERIODIC ORAL EXAMINATION	36.23	D4210	GINGIVECTOMY OR GINGIVOPLASTY- FOUR OR MORE	402.12
D0140	LIMITED ORAL EVALUATION- PROBLEM FOCUSED	54.05	D4260	OSSEOUS SURGERY- FOUR OR MORE TEETH	985.98
D0150	COMPREHENSIVE ORAL EVALUATION	57.05	D4341	PERIODONTAL SCALING AND ROOT PLANNING	184.81
D0210	INTRAORAL COMPLETE SERIES- RADIOGRAPHIC IMAGES	121.20	D4910	PERIODONTAL MAINTENANCE	95.54
D0220	INTRAORAL PERIAPICAL- FIRST RADIOGRAPHIC IMAGE	18.85			
D0230	INTRAORAL PERIAPICAL ADDITIONAL RADIOGRAPHIC IMAGE	15.20			
D0272	BITEWINGS- TWO RADIOGRAPHIC IMAGES	33.11			
PREVENTIVE			DENTURES / REPAIRS		
D1110	ADULT PROPHYLAXIS	79.31	D5110	COMPLETE DENTURE- MAXILLARY	1,300.00
D1120	CHILD PROPHYLAXIS	56.33	D5213	MAXILLARY PARTIAL DENTURE	1,174.38
D1208	TOPICAL FLUORIDE	25.15	D5640	REPLACE BROKEN TEETH- PER TOOTH	87.74
D1351	SEALANT- PER TOOTH	33.84	D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	137.88
			D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	162.94
			D5750	RELINE COMPLETE MAXILLARY DENTURE	376.03
SPACE MAINTENANCE (PASSIVE APPLIANCES)			BRIDGE PONTICS / RETAINER CROWNS		
D1510	SPACE MAINTAINER UNILATERAL FIXED	174.63	D6240	PONTIC- PORCELAIN FUSED TO HIGH NOBLE METAL	920.02
D1516	SPACE MAINTAINER- FIXED BILATERAL MAXILLARY	274.50	D6250	PONTIC- RESIN WITH HIGH NOBLE METAL	852.33
D1517	SPACE MAINTAINER- FIXED BILATERAL MANDIBULAR	274.50	D6720	RETAINER CROWN- RESIN W/HIGH NOBLE METAL	852.33
			D6750	RETAINER CROWN-PORCELAIN FUSED HIGH NOBLE METAL	993.62
			D6930	RE-CEMENT OR RE-BOND FIXED PARTIAL BRIDGE	98.30
RESTORATIONS			EXTRACTIONS / ORAL SURGERY		
D2140	AMALGAM- ONE SURFACE, PRIMARY OR PERMANENT	83.80	D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT	120.57
D2150	AMALGAM- TWOSURFACES, PRIMARY OR PERMANENT	102.42	D7220	REMOVAL OF IMPACTED TOOTH- SOFT TISSUE	259.34
D2160	AMALGAM- THREE SURFACES, PRIMARY OR PERMANENT	128.39	D7230	REMOVAL OF IMPACTED TOOTH- PARTIALLY BONY	282.22
D2330	RESIN- BASED COMPOSITE- ONE SURFACE ANTERIOR	112.52	D7240	REMOVAL OF IMPACTED TOOTH- COMPLETELY BONY	374.49
D2331	RESIN-BASED COMPOSITE- TWO SURFACES ANTERIOR	140.95	D7310	ALVEOPLASTY W/EXTRACTIONS- FOUR OR MORE TEETH	109.05
D2332	RESIN-BASED COMPOSITE- THREE SURFACES ANTERIOR	163.02			
SINGLE CROWNS			ADJUNCTIVE GENERAL SERVICES		
D2750	CROWN- PORCELAIN FUSED HIGH NOBLE METAL	940.09	D9110	EMERGENCY PALLIATIVE TREATMENT	47.78
D2790	CROWN- FULL CAST HIGH NOBLE METAL	937.92			
D2920	RE-CEMENT OR RE-BOND CROWN	67.33			
ENDODONTICS					
D3220	THERAPEUTIC PULPOTOMY	91.48			
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH	528.18			
D3320	ENDODONTIC THERAPY, PREMOLAR TOOTH	769.45			
D3330	ENDODONTIC THERAPY, MOLAR TOOTH	947.32			

The allowances specified in this schedule are not intended to represent what the dentist's charge will or should be, but merely show the maximum amount that will be considered as covered dental expenses. Dentists who participate with Blue Shield agree to accept the Blue Shield Schedule of Allowances as payment in full. Non-participating dentists are not obligated to accept the Blue Shield allowance. All procedures are subject to benefit limitations and exclusions.