

**APPENDIX C
FLORIDA TABLE OF ALLOWANCE
SPECIAL TABLE FOR THE SCHOOL BOARD OF SARASOTA COUNTY**

The amounts in the Allowance column are what Delta Dental will pay for covered services. Enrollees are responsible for paying the remainder of the Approved Amount, the amount the attending Provider agrees to accept as payment in full for services rendered.

Please note the following:

- *The procedures described and allowances indicated on this table are subject to the terms of the Contract and Delta Dental processing policies and may be limited or excluded.*
- *The below codes and nomenclature are copyright of the American Dental Association. This table represents codes and nomenclature excerpted from the version of Current Dental Terminology (CDT) in effect at the date of this printing. Delta Dental's administration of benefits, limitations and exclusions under this plan at all times will be based on the then current version of CDT whether or not a revised table is provided.*

Procedure Number	Procedure Description	Allowance
D0120	Periodic oral evaluation - established patient	\$28.00
D0140	Limited oral evaluation - problem focused	\$43.00
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$28.00
D0150	Comprehensive oral evaluation - new or established patient	\$45.00
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$58.00
D0180	Comprehensive periodontal evaluation - new or established patient	\$42.00
D0190	Sreening of a patient	\$18.00
D0191	Assessment of a patient	\$18.00
D0210	Intraoral - complete series of radiographic images	\$93.00
D0220	Intraoral - periapical first radiographic image	\$17.00
D0230	Intraoral - periapical each additional radiographic image	\$14.00
D0240	Intraoral - occlusal radiographic image	\$19.00
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	\$29.00
D0272	Bitewings - two radiographic images	\$26.00
D0273	Bitewings - three radiographic images	\$36.00
D0274	Bitewings - four radiographic images	\$45.00
D0277	Vertical bitewings - 7 to 8 radiographic images	\$68.00
D0330	Panoramic radiographic image	\$78.00
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	\$78.00
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	\$39.00
D0470	Diagnostic casts	\$70.00
D1110	Prophylaxis - adult	\$59.00

Procedure Number	Procedure Description	Allowance
D1120	Prophylaxis - child	\$45.00
D1206	Topical application of fluoride varnish	\$26.00
D1208	Topical application of fluoride – excluding varnish	\$20.00
D1351	Sealant - per tooth	\$28.00
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	\$30.00
D1510	Space maintainer - fixed - unilateral	\$222.00
D1515	Space maintainer - fixed - bilateral	\$352.00
D1520	Space maintainer - removable - unilateral	\$163.00
D1525	Space maintainer - removable - bilateral	\$251.00
D1550	Re-cement or re-bond space maintainer	\$47.00
D1555	Removal of fixed space maintainer	\$47.00
D2140	Amalgam - one surface, primary or permanent	\$67.00
D2150	Amalgam - two surfaces, primary or permanent	\$82.00
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	\$74.00
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)	\$132.00
D2391	Resin-based composite - one surface, posterior	\$67.00
D2392	Resin-based composite - two surfaces, posterior	\$82.00
D2393	Resin-based composite - three surfaces, posterior	\$96.00
D2394	Resin-based composite - four or more surfaces, posterior	\$178.00
D2410	Gold foil - one surface	\$193.00
D2420	Gold foil - two surfaces	\$316.00
D2430	Gold foil - three surfaces	\$390.00
D2510	Inlay - metallic - one surface	\$194.00
D2520	Inlay - metallic - two surfaces	\$219.00
D2530	Inlay - metallic - three or more surfaces	\$260.00
D2542	Onlay - metallic - two surfaces	\$355.00
D2543	Onlay - metallic - three surfaces	\$372.00
D2544	Onlay - metallic - four or more surfaces	\$384.00

Procedure Number	Procedure Description	Allowance
D2610	Inlay - porcelain/ceramic - one surface	\$194.00
D2620	Inlay - porcelain/ceramic - two surfaces	\$219.00
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$260.00
D2642	Onlay - porcelain/ceramic - two surfaces	\$355.00
D2643	Onlay - porcelain/ceramic - three surfaces	\$372.00
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$384.00
D2650	Inlay - resin-based composite - one surface	\$194.00
D2651	Inlay - resin-based composite - two surfaces	\$219.00
D2652	Inlay - resin-based composite - three or more surfaces	\$260.00
D2662	Onlay - resin-based composite - two surfaces	\$355.00
D2663	Onlay - resin-based composite - three surfaces	\$372.00
D2664	Onlay - resin-based composite - four or more surfaces	\$384.00
D2710	Crown - resin-based composite (indirect)	\$119.00
D2712	Crown - ¾ resin-based composite (indirect)	\$119.00
D2740	Crown - porcelain/ceramic substrate	\$369.00
D2750	Crown - porcelain fused to high noble metal	\$396.00
D2751	Crown - porcelain fused to predominantly base metal	\$347.00
D2752	Crown - porcelain fused to noble metal	\$357.00
D2780	Crown - 3/4 cast high noble metal	\$397.00
D2781	Crown - 3/4 cast predominantly base metal	\$374.00
D2782	Crown - 3/4 cast noble metal	\$388.00
D2783	Crown - ¾ porcelain/ceramic	\$406.00
D2790	Crown - full cast high noble metal	\$384.00
D2791	Crown - full cast predominantly base metal	\$326.00
D2792	Crown - full cast noble metal	\$349.00
D2794	Crown - titanium	\$384.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$28.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$28.00
D2920	Re-cement or re-bond crown	\$29.00
D2921	Reattachment of tooth fragment, incisal edge or cusp	\$101.00
D2929	Prefabricated porcelain/ceramic crown – primary tooth	\$97.00
D2930	Prefabricated stainless steel crown - primary tooth	\$136.00
D2931	Prefabricated stainless steel crown - permanent tooth	\$105.00

Procedure Number	Procedure Description	Allowance
D2932	Prefabricated resin crown	\$96.00
D2933	Prefabricated stainless steel crown with resin window	\$194.00
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	\$194.00
D2940	Protective restoration	\$56.00
D2941	Interim therapeutic restoration – primary dentition	\$30.00
D2950	Core buildup, including any pins when required	\$79.00
D2951	Pin retention - per tooth, in addition to restoration	\$29.00
D2952	Post and core in addition to crown, indirectly fabricated	\$116.00
D2954	Prefabricated post and core in addition to crown	\$109.00
D2960	Labial veneer (resin laminate) - chairside	\$155.00
D2961	Labial veneer (resin laminate) - laboratory	\$301.00
D2962	Labial veneer (porcelain laminate) - laboratory	\$349.00
D2971	Additional procedures to construct new crown under existing partial denture framework	\$100.00
D2980	Crown repair necessitated by restorative material failure	\$129.00
D2981	Inlay repair necessitated by restorative material failure	\$129.00
D2982	Onlay repair necessitated by restorative material failure	\$129.00
D2983	Veneer repair necessitated by restorative material failure	\$129.00
D3110	Pulp cap - direct (excluding final restoration)	\$33.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$93.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$93.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$409.00
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	\$477.00
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$580.00
D3346	Retreatment of previous root canal therapy - anterior	\$446.00
D3347	Retreatment of previous root canal therapy - bicuspid	\$564.00
D3348	Retreatment of previous root canal therapy - molar	\$698.00
D3351	Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	\$253.00
D3352	Apexification/recalcification – interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	\$112.00
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$375.00
D3410	Apicoectomy – anterior	\$295.00

Procedure Number	Procedure Description	Allowance
D3421	Apicoectomy – bicuspid (first root)	\$369.00
D3425	Apicoectomy – molar (first root)	\$436.00
D3426	Apicoectomy (each additional root)	\$105.00
D3427	Periradicular surgery without apicoectomy	\$76.00
D3430	Retrograde filling - per root	\$136.00
D3450	Root amputation - per root	\$186.00
D3920	Hemisection (including any root removal), not including root canal therapy	\$242.00
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$260.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$78.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$74.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$310.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$186.00
D4249	Clinical crown lengthening – hard tissue	\$437.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$589.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	\$353.00
D4270	Pedicle soft tissue graft procedure	\$451.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites first tooth, implant, or edentulous tooth position in graft	\$360.00
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	\$270.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$127.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$78.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$59.00
D4910	Periodontal maintenance	\$74.00
D5110	Complete denture - maxillary	\$446.00
D5120	Complete denture - mandibular	\$446.00
D5130	Immediate denture, maxillary	\$482.00
D5140	Immediate denture, mandibular	\$482.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$322.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$322.00

Procedure Number	Procedure Description	Allowance
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$543.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$543.00
D5221	Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	\$386.00
D5222	Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	\$386.00
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$652.00
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$652.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$408.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$408.00
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$322.00
D5410	Adjust complete denture - maxillary	\$37.00
D5411	Adjust complete denture - mandibular	\$37.00
D5421	Adjust partial denture - maxillary	\$37.00
D5422	Adjust partial denture - mandibular	\$37.00
D5510	Repair broken complete denture base	\$81.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$81.00
D5610	Repair resin denture base	\$93.00
D5620	Repair cast framework	\$99.00
D5630	Repair or replace broken clasp – per tooth	\$101.00
D5640	Replace broken teeth - per tooth	\$81.00
D5650	Add tooth to existing partial denture	\$93.00
D5660	Add clasp to existing partial denture – per tooth	\$101.00
D5710	Rebase complete maxillary denture	\$214.00
D5711	Rebase complete mandibular denture	\$214.00
D5720	Rebase maxillary partial denture	\$212.00
D5721	Rebase mandibular partial denture	\$212.00
D5730	Reline complete maxillary denture (chairside)	\$133.00
D5731	Reline complete mandibular denture (chairside)	\$133.00
D5740	Reline maxillary partial denture (chairside)	\$127.00
D5741	Reline mandibular partial denture (chairside)	\$127.00
D5750	Reline complete maxillary denture (laboratory)	\$214.00

Procedure Number	Procedure Description	Allowance
D5751	Reline complete mandibular denture (laboratory)	\$214.00
D5760	Reline maxillary partial denture (laboratory)	\$209.00
D5761	Reline mandibular partial denture (laboratory)	\$209.00
D5820	Interim partial denture (maxillary)	\$186.00
D5821	Interim partial denture (mandibular)	\$186.00
D5850	Tissue conditioning, maxillary	\$47.00
D5851	Tissue conditioning, mandibular	\$47.00
D5863	Overdenture – complete maxillary	\$350.00
D5864	Overdenture – partial maxillary	\$377.00
D5865	Overdenture – complete mandibular	\$350.00
D5866	Overdenture – partial mandibular	\$377.00
D6205	Pontic - indirect resin based composite	\$333.00
D6210	Pontic - cast high noble metal	\$367.00
D6211	Pontic - cast predominantly base metal	\$333.00
D6212	Pontic - cast noble metal	\$341.00
D6214	Pontic - titanium	\$367.00
D6240	Pontic - porcelain fused to high noble metal	\$369.00
D6241	Pontic - porcelain fused to predominantly base metal	\$339.00
D6242	Pontic - porcelain fused to noble metal	\$353.00
D6245	Pontic - porcelain/ceramic	\$800.00
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$214.00
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$159.00
D6549	Resin retainer –for resin bonded fixed prosthesis	\$149.00
D6600	Retainer inlay - porcelain/ceramic, two surfaces	\$253.00
D6601	Retainer inlay - porcelain/ ceramic - three or more surfaces	\$271.00
D6602	Retainer inlay - cast high noble metal, two surfaces	\$253.00
D6603	Retainer inlay - cast high noble metal, three or more surfaces	\$271.00
D6604	Retainer inlay - cast predominantly base metal, two surfaces	\$253.00
D6605	Retainer inlay – cast predominantly base metal, three or more surfaces	\$271.00
D6606	Retainer inlay – cast noble metal, two surfaces	\$253.00
D6607	Retainer inlay – cast noble metal – three or more surfaces	\$271.00
D6608	Retainer onlay - porcelain/ ceramic, two surfaces	\$361.00
D6609	Retainer onlay porcelain/ ceramic, three or more surfaces	\$388.00

Procedure Number	Procedure Description	Allowance
D6610	Retainer onlay - cast high noble metal, two surfaces	\$361.00
D6611	Retainer onlay - cast high noble metal, three or more surfaces	\$388.00
D6612	Retainer onlay - cast predominantly base metal, two surfaces	\$361.00
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	\$388.00
D6614	Retainer onlay - cast noble metal, two surfaces	\$361.00
D6615	Retainer onlay - cast noble metal, three or more surfaces	\$388.00
D6624	Retainer Inlay – titanium	\$271.00
D6634	Retainer Onlay - titanium	\$388.00
D6710	Retainer crown - indirect resin based composite	\$674.00
D6750	Retainer crown - porcelain fused to high noble metal	\$396.00
D6751	Retainer crown - porcelain fused to predominantly base metal	\$347.00
D6752	Retainer crown - porcelain fused to noble metal	\$357.00
D6780	Retainer crown - 3/4 cast high noble metal	\$397.00
D6781	Retainer crown - 3/4 cast predominantly base metal	\$374.00
D6782	Retainer crown - 3/4 cast noble metal	\$388.00
D6783	Retainer crown - 3/4 porcelain/ceramic	\$406.00
D6790	Retainer crown - full cast high noble metal	\$384.00
D6791	Retainer crown - full cast predominantly base metal	\$326.00
D6792	Retainer crown - full cast noble metal	\$349.00
D6794	Retainer crown - titanium	\$369.00
D6930	Re-cement or re-bond fixed partial denture	\$40.00
D6980	Fixed partial denture repair necessitated by restorative material failure	\$180.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$73.00
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$115.00
D7220	Removal of impacted tooth - soft tissue	\$147.00
D7230	Removal of impacted tooth - partially bony	\$205.00
D7240	Removal of impacted tooth - completely bony	\$248.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$115.00
D7280	Surgical access of an unerupted tooth	\$174.00
D7283	Placement of device to facilitate eruption of impacted tooth	\$105.00
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	\$147.00
D7286	Incisional biopsy of oral tissue-soft	\$130.00

Procedure Number	Procedure Description	Allowance
D7290	Surgical repositioning of teeth	\$131.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$109.00
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$65.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$155.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$93.00
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	\$274.00
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	\$744.00
D7410	Excision of benign lesion up to 1.25 cm	\$253.00
D7411	Excision of benign lesion greater than 1.25 cm	\$385.00
D7412	Excision of benign lesion, complicated	\$423.00
D7413	Excision of malignant lesion up to 1.25 cm	\$457.00
D7414	Excision of malignant lesion greater than 1.25 cm	\$500.00
D7415	Excision of malignant lesion, complicated	\$721.00
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	\$357.00
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	\$498.00
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$328.00
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$399.00
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$303.00
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$399.00
D7465	Destruction of lesion(s) by physical or chemical method, by report	\$193.00
D7471	Removal of lateral exostosis (maxilla or mandible)	\$496.00
D7472	Removal of torus palatinus	\$496.00
D7473	Removal of torus mandibularis	\$496.00
D7510	Incision and drainage of abscess - intraoral soft tissue	\$129.00
D7520	Incision and drainage of abscess - extraoral soft tissue	\$181.00
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$153.00
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	\$279.00
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	\$261.00
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$520.00
D7610	Maxilla - open reduction (teeth immobilized, if present)	\$200.00

Procedure Number	Procedure Description	Allowance
D7620	Maxilla - closed reduction (teeth immobilized, if present)	\$814.00
D7630	Mandible - open reduction (teeth immobilized, if present)	\$2,060.00
D7640	Mandible - closed reduction (teeth immobilized, if present)	\$1,690.00
D7650	Malar and/or zygomatic arch - open reduction	\$390.00
D7660	Malar and/or zygomatic arch - closed reduction	\$450.00
D7670	Alveolus - closed reduction, may include stabilization of teeth	\$520.00
D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches	\$750.00
D7910	Suture of recent small wounds up to 5 cm	\$143.00
D7911	Complicated suture - up to 5 cm	\$202.00
D7912	Complicated suture - greater than 5 cm	\$303.00
D7960	Frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	\$297.00
D7970	Excision of hyperplastic tissue - per arch	\$297.00
D7971	Excision of pericoronal gingiva	\$126.00
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$47.00
D9223	Deep sedation/general anesthesia – each 15 minute increment	\$89.00
D9243	Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment	\$73.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$70.00
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	\$67.00