Ochsner Health Plan (HMO)

Effective: January 1, 2024

$0 Annual Deductible

$3,000 Annual Benefit Maximum (ABM)

No Out of Network Benefits

Service Area:

Ascension, E. Baton Rouge, E. Feliciana, Iberville, Livingston, W. Baton Rouge, Lafayette, St. Martin

Jefferson, Orleans, St. Charles, St. John, St. Tammany, Lafourche

Code	Procedure Description	Frequency	Copayment
Diagnostic			
Clinical Oral Evaluations			
D0120	Periodic Oral Evaluation	1/6 months	$0.00
D0140	Limited Oral Evaluation	1/12 months	$0.00
D0150	Comprehensive Oral Evaluation - new or established	1/36 months	$0.00
D0160	Extensive oral evaluation problem focus	1/12 months	$0.00
Radiographs/Diagnostic Imaging			
**D0210	Intraoral - Complete Series (including bitewings)	1/36 months	$0.00
D0220	Intraoral - Periapical first film	1/12 months	$0.00
D0230	Intraoral - Periapical each additional film	1/12 months	$0.00
D0240	X-rays Intraoral-Occlusal Film	1/12 months	$0.00
D0270	Bitewings, single film	1/12 months	$0.00
D0272	Bitewings, two films	1/12 months	$0.00
D0273	Bitewings, three films	1/12 months	$0.00
D0274	Bitewings, four films	1/12 months	$0.00
D0277	Vert bitewings 7 to 8 images	1/12 months	$0.00
**D0330	Panoramic Film	1/12 months	$0.00
Preventive			
Dental Prophylaxis			
D1110	Prophylaxis - Adult	1/6 months	$0.00
Restorative (Up to 4 total fillings per year and 1 crown procedure covered per year)			
Amalgam Restorations (including polishing)			
D2140	Amalgam Filling - one surface		$11.00
D2150	Amalgam Filling - two surfaces		$14.00
D2160	Amalgam Filling - three surfaces		$17.00
D2161	Amalgam Filling - four surfaces		$20.00
Resin-Based Composite Restorations - Direct			
D2330	Resin-Based Composite - one surface, anterior		$14.00
D2331	Resin-Based Composite - two surfaces, anterior		$19.00
D2332	Resin-Based Composite - three surfaces, anterior		$24.00
D2335	Resin-Based Composite - four o more surfaces, anterior		$27.00
D2391	Resin-Based Composite - one surface, posterior		$15.00
D2392	Resin-Based Composite - two surfaces, posterior		$23.00
D2393	Resin-Based Composite - three surfaces, posterior		$28.00
D2394	Resin-Based Composite - four o more surfaces, posterior		$35.00
Crowns - Single Restorations Only			
D2740	Crown - Porcelain/Ceramic Substrate		$295.00

D2750	Crown - Porcelain fused to high noble metal		$275.00
D2751	Crown - Porcelain fused predominantly base metal		$255.00
D2752	Crown - Porcelain fused to noble metal		$260.00
D2783	Crown - 3/4 Porcelain/Ceramic Substrate		$295.00
D2790	Crown - full cast high noble metal		$265.00
D2791	Crown - full cast predominantly base metal		$210.00
D2792	Crown - full cast noble metal		$230.00
Other Restorative Services			
D2930	Prefabricated stainless steel crown - primary tooth		$55.00
D2931	Prefabricated stainless steel crown - permanent tooth		$57.00
Endodontics			
D3110	Pulp cap direct		$15.00
D3120	Pulp cap indirect		$15.00
D3310	End therapy, anterior tooth	1/lifetime	$220.00
D3320	End therapy, bicuspid tooth	1/lifetime	$248.00
D3330	End therapy, molar	1/lifetime	$270.00
D3346	Retreat root canal anterior		$178.00
D3347	Retreat root canal bicuspid		$209.00
D3348	Retreat root canal molar		$259.00
Periodontics			
Non-Surgical Periodontal Service			
D4341	Periodontal Scaling and Root Planing, per quadrant	1/12 months	$53.00
D4342	Periodontal Scaling and Root Planing, 1-3 teeth	1/12 months	$30.00
D4355	Full Mouth Debridement	1/12 months	$32.00
Other Perdontal Service			
D4910	Periodontal Maintenance	1/6 months	$32.00
Prosthodontics - Removable (6 month waiting period for codes D5110-D5140 & D5213-D5214)			
Complete Dentures (including Routine Post-Delivery Care)			
D5110	Complete denture – maxillary	1/60 months	$206.00
D5120	Complete denture – mandibular	1/60 months	$206.00
D5130	Immediate denture – maxillary (in lieu of D5110)	1/60 months	$213.75
D5140	Immediate denture – mandibular (in lieu of D5120)	1/60 months	$213.75
Partial Dentures (Including Routine Post-Delivery Care)			
D5213	Maxillary partial denture – cast metal framework	1/60 months	$217.75
D5214	Mandibular partial denture – cast metal framework	1/60 months	$217.75
Adjustments to Dentures			
D5410	Adjust complete denture – Maxillary		$20.00
Repairs to Complete Dentures			
D5511	Repair Broken Complete Denture Base, mandibular		$39.00
D5512	Repair Broken Complete Denture Base, maxillary		$39.00
D5520	Replace missing or broken teeth – Complete Denture		$31.00
Repairs to Partial Dentures			
D5611	Repair Resin Denture Base, mandibular		$45.00
D5612	Repair Resin Denture Base, maxillary		$45.00
D5640	Replace Broken Teeth – Per Tooth		$30.00
Oral and Maxillofacial Surgery			
Extractions (Includes local anesthesia, suturing, if needed and routine postoperative care)			
D7140	Extraction - Erupted tooth or exposed root		$15.00
D7210	Surgical removal of erupted tooth		$56.00

Unclassified Treatment			
D9110	Palliative (emergency) Treatment of Dental Pain	1/12 months	$20.00

***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)**