

Effective: January 1, 2025  
Ochsner Health Plan (D-SNP)  
\$0 Annual Deductible  
\$3,500 Annual Benefit Maximum (ABM)  
No Out of Network Benefits



Service Area:  
Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles

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>Other Preventative Services</b>			
D1320	Tobacco Counseling	1 per lifetime	0%
D1330	Oral Hygiene Instruction	1 per lifetime	0%
<b>Restorative (Up to 4 total fillings per year and 2 crown procedure covered per year)</b>			
<b>Amalgam Restorations (including polishing)</b>			
D2140	Amalgam Filling - one surface		0%
D2150	Amalgam Filling - two surfaces		0%
D2160	Amalgam Filling - three surfaces		0%
D2161	Amalgam Filling - four surfaces		0%
<b>Resin-Based Composite Restorations - Direct</b>			
D2330	Resin-Based Composite - one surface, anterior		0%
D2331	Resin-Based Composite - two surfaces, anterior		0%
D2332	Resin-Based Composite - three surfaces, anterior		0%
D2335	Resin-Based Composite - four or more surfaces, anterior		0%
D2391	Resin-Based Composite - one surface, posterior		0%
D2392	Resin-Based Composite - two surfaces, posterior		0%
D2393	Resin-Based Composite - three surfaces, posterior		0%
D2394	Resin-Based Composite - four or more surfaces, posterior		0%
<b>Crowns - Single Restorations Only</b>			
D2740	Crown - Porcelain/Ceramic Substrate		0%
D2750	Crown - Porcelain fused to high noble metal		0%
D2751	Crown - Porcelain fused predominantly base metal		0%
D2752	Crown - Porcelain fused to noble metal		0%
D2783	Crown - 3/4 Porcelain/Ceramic Substrate		0%
D2790	Crown - full cast high noble metal		0%
D2791	Crown - full cast predominantly base metal		0%
D2792	Crown - full cast noble metal		0%
<b>Other Restorative Services</b>			
D2930	Prefabricated stainless steel crown - primary tooth		0%
D2931	Prefabricated stainless steel crown - permanent tooth		0%

D2950	Core Buildup, Including Any Pins		0%
D2951	Pin Retention - Per Tooth, in Addition to Restoration		0%
D2952	Post and Core in Addition to Crown, Indirectly Fabricated		0%
D2953	Each Additional Indirectly Fabricated Post - Same Tooth		0%
D2954	Prefabricated Post and Core in Addition to Crown		0%
D2955	Post Removal (Not in Conjunction with Endodontic Therapy)		0%
D2957	Each Additional Prefabricated Post - Same Tooth		0%
<b>Endodontics</b>			
<b>Pulp Capping</b>			
D3110	Pulp Cap, Direct (Excluding Final Restoration)		0%
D3120	Pulp Cap, Indirect (Excluding Final Restoration)		0%
<b>Pulpotomy</b>			
D3220	Therapeutic Pulpotomy		0%
D3221	Pulpal Debridement, Primary and Permanent Teeth		0%
<b>Endodontic Therapy (Including Treatment Plan, Clinical Procedures, and Follow-up Care)</b>			
D3310	End therapy, anterior tooth	1 /lifetime	0%
D3320	End therapy, bicuspid tooth	1 /lifetime	0%
D3330	End therapy, molar	1 /lifetime	0%
<b>Endodontic Retreatment</b>			
D3346	Retreat root canal anterior	1 /lifetime	0%
D3347	Retreat root canal bicuspid	1 /lifetime	0%
D3348	Retreat root canal molar	1 /lifetime	0%
<b>Apexification/Recalcification</b>			
D3351	Apexification/Recalcification - Initial Visit	1 /lifetime	0%
D3352	Apexification/Recalcification - Interim Med Replacement Root Resorption, etc.)	1 /lifetime	0%
D3353	Apexification/Recalcification - Final Visit	1 /lifetime	0%
<b>Apicoectomy/Periradicular Services</b>			
D3410	Apicoectomy/Periradicular Surgery - Anterior	1 /lifetime	0%
D3421	Apicoectomy/Periradicular Surgery - Bicuspid, First Root	1 /lifetime	0%
D3425	Apicoectomy/Periradicular Surgery - Molar, First Root	1 /lifetime	0%
D3426	Apicoectomy/Periradicular Surgery - Additional Roots	1 /lifetime	0%
D3430	Retrograde Filling	1 /lifetime	0%
D3450	Root Amputation - Per Root	1 /lifetime	0%
<b>Periodontics</b>			
<b>Surgical Services</b>			
D4210	Gingivectomy or Gingivoplasty, Per Quadrant (4 or More Teeth)	1 per quadrant per 24 months	0%
D4211	Gingivectomy or Gingivoplasty, Per Quadrant (1 to 3 Teeth)	1 per quadrant per 24 months	0%
D4240	Gingival Flap Procedure, Incl Root Planing - (4 or More Teeth) Per Quadrant	1 per quadrant per 24 months	0%
D4241	Gingival Flap Procedure, Incl Root Planing - (1 to 3 Teeth) Per Quadrant	1 per quadrant per 24 months	0%
D4245	Apically Positioned Flap	1 per 24 months	0%
D4249	Clinical Crown Lengthening - Hard Tissue	1 per 24 months	0%
D4260	Osseous Surgery (Incl Flap Entry and Closure) - Per Quadrant (4 or More Teeth)	1 per quadrant per 24 months	0%
D4261	Osseous Surgery (Including Flap Entry and Closure) - Per Quadrant (1 to 3 Teeth)	1 per quadrant per 24 months	0%
D4263	Bone Replacement Graft - First Site in Quadrant	1 per quadrant per 24 months	0%
D4264	Bone Replacement Graft - Each Additional Site in Quadrant	1 per quadrant per 24 months	0%
D4266	Guided Tissue Regeneration - Resorbable Barrier, Per Site	1 per 24 months	0%
D4267	Guided Tissue Regeneration - Nonresorbable Barrier, Per Site	1 per 24 months	0%
D4270	Pedicle Soft Tissue Graft Procedure	1 per 24 months	0%
D4274	Distal or Proximal Wedge Procedure	1 per 24 months	0%
<b>Non-Surgical Periodontal Service</b>			
D4341	Periodontal Scaling and Root Planing, per quadrant	1 /12 months	0%
D4342	Periodontal Scaling and Root Planing, 1-3 teeth	1 /12 months	0%
D4355	Full Mouth Debridement	1 /12 months	0%
<b>Other Predental Service</b>			
D4910	Periodontal Maintenance	1 /6 months	0%
<b>Prosthodontics - Removable</b>			
<b>Complete Dentures (including Routine Post-Delivery Care)</b>			
D5110	Complete denture – maxillary	1 /60 months	0%
D5120	Complete denture – mandibular	1 /60 months	0%
D5130	Immediate denture – maxillary (in lieu of D5110)	1 /60 months	0%
D5140	Immediate denture – mandibular (in lieu of D5120)	1 /60 months	0%
<b>Partial Dentures (Including Routine Post-Delivery Care)</b>			
D5211	Partial Upper - Resin Base (with Clasps/Rests & Teeth) **	1 /60 months	0%

D5212	Partial Lower - Resin Base (with Clasps/Rests & Teeth) **	1 /60 months	0%
D5213	Maxillary partial denture – cast metal framework	1 /60 months	0%
D5214	Mandibular partial denture – cast metal framework	1 /60 months	0%
<b>Adjustments to Dentures</b>			
D5410	Adjust Complete Denture - Upper	1 /24 months	0%
D5411	Adjust Complete Denture - Lower	1 /24 months	0%
D5421	Adjust Partial Denture - Upper	1 /24 months	0%
D5422	Adjust Partial Denture - Lower	1 /24 months	0%
<b>Repairs to Complete Dentures</b>			
D5510	Repair Broken Complete Denture Base	1 /24 months	0%
D5511	Repair Broken Complete Denture Base, mandibular	1 /24 months	0%
D5512	Repair Broken Complete Denture Base, maxillary	1 /24 months	0%
D5520	Replace missing or broken teeth – Complete Denture	1 /24 months	0%
<b>Repairs to Partial Dentures</b>			
D5610	Repair Resin Denture Base	1 /24 months	0%
D5611	Repair Resin Denture Base, mandibular	1 /24 months	0%
D5612	Repair Resin Denture Base, maxillary	1 /24 months	0%
D5640	Replace Broken Teeth – Per Tooth	1 /24 months	0%
<b>Denture Reline Procedures</b>			
D5730	Chairside Reline Complete Upper Denture	1 /24 months	0%
D5731	Chairside Reline Complete Lower Denture	1 /24 months	0%
D5740	Chairside Reline Upper Partial	1 /24 months	0%
D5741	Chairside Reline Lower Partial	1 /24 months	0%
D5750	Laboratory Reline Complete Upper Denture**	1 /24 months	0%
D5751	Laboratory Reline Complete Lower Denture**	1 /24 months	0%
D5760	Laboratory Reline Upper Partial**	1 /24 months	0%
D5761	Laboratory Reline Lower Partial**	1 /24 months	0%
<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		0%
D7210	Surgical removal of erupted tooth		0%
<b>Unclassified Treatment</b>			
D9110	Palliative (emergency) Treatment of Dental Pain	1 /12 months	0%

\*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)