UNITED CONCORDIA®

Concordia Plus Schedule of Benefits Plan MD/DC 1160

IMPORTANT INFORMATION ABOUT YOUR PLAN

- This Schedule of Benefits provides a listing of procedures covered by Your Plan. For procedures that require a Copayment, the amount to be paid is shown in the column titled "Member Pays \$." You pay these Copayments to the dental office at the time of service.
- You must select a United Concordia Primary Dental Office (PDO) to receive Covered Services. Your PDO will perform the below procedures or refer You to a Specialty Care Dentist for further care. Treatment by an Out of Network Dentist is not covered, except as described in the Certificate of Coverage.
- Only procedures listed on this Schedule of Benefits are Covered Services. For services not listed (not covered), You are responsible for the full fee charged by the dentist. Procedure codes and member Copayments may be updated to meet American Dental Association (ADA) Current Dental Terminology (CDT) in accordance with national standards.
- ➡ For a complete description of Your Plan, please refer to the Certificate of Coverage and the Schedule of Exclusions and Limitations in addition to this Schedule of Benefits.
- ⇒ If You have any questions about Your United Concordia Dental Plan, please call Our Customer Service Department toll free at 1-866-357-3304 or access Our Website at www.unitedconcordia.com.

CLINICAL ORAL EVALUATIONS	ADA CODE	ADA I DESCRIPTION	Member Pays \$	ADA CODE	ADA DESCRIPTION	Member Pays \$
D0145 Coral evaluation or problem focused 5 D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver 5 D0150 Comprehensive oral evaluation - new or established patient not post-operative visit) 5 D0180 Comprehensive periodontal evaluation - new or established patient 5 D0180 Comprehensive periodontal evaluation - new or established patient 5 D0180 Comprehensive periodontal evaluation - new or established patient 5 D0180 Comprehensive periodontal evaluation - new or established patient 5 D0180 Comprehensive periodontal evaluation - new or established patient 5 D0180 Comprehensive periodontal evaluation - new or established patient 5 D0180 Comprehensive periodontal evaluation - new or established patient 5 D0180 Comprehensive periodontal evaluation - new or established patient 5 D0180 Comprehensive periodontal evaluation - new or established patient 5 D0180 Comprehensive periodontal evaluation - new or established patient 5 D0180 Comprehensive periodontal evaluation - new or established patient 5 D0180 Comprehensive periodontal evaluation - new or established patient 5 D0180 Comprehensive periodontal evaluation - new or established patient 5 D0180 Comprehensive periodontal evaluation - new or established patient 5 D0180 Comprehensive periodontal evaluation - new or established patient 5 D0180 Comprehensive periodontal evaluation - new or established patient 5 D0180 Comprehensive periodontal evaluation - new or established patient 5 D0180 Comprehensive periodontal evaluation - new or established patient 5 D0180 Comprehensive periodontal evaluation - new or established patient 5 D0180 Comprehensive periodontal evaluation - new or established patient 5 D0180 Comprehensive periodontal evaluation - new or established patient C01810 C0180 C0		CLINICAL ORAL EVALUATIONS			SPACE MAINTENANCE	
D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver 5 posses of age and counseling 43 posses of minister removable - unitateral 43 posses of age and care maintainer removable - unitateral 43 posses of a posses of age and care maintainer removable - unitateral 43 posses of a posses of age and care maintainer removable - unitateral 43 posses of a posses of age and care maintainer removable - unitateral 43 posses of a posses of fixed page and care maintainer removable - unitateral 43 posses of fixed page and care maintainer removable - unitateral 43 posses of fixed page and care maintainer of 6 posses of fixed page and care maintainer of 6 posses of fixed page and care maintainer of 6 posses of fixed page and care maintainer of 6 posses of fixed page and care maintainer of 6 posses of fixed page and care maintainer of 6 posses of fixed page and care maint	D0120	Periodic oral evaluation - established patient	5		(passive appliances)	
years of age and counseling with primary caregiver 5 comprehensive oral evaluation - new or established patient 5 cestablished patient 6 cestablished patient 7 corporative visit) 5 comprehensive periodontal evaluation - new or established patient 7 corporative visit) 5 comprehensive periodontal evaluation - new or established patient 7 corporative visit) 5 comprehensive periodontal evaluation - new or established patient 7 corporative visit) 5 comprehensive periodontal evaluation - new or established patient 7 corporative visit) 6 comprehensive periodontal evaluation - new or established patient 8 corporative visit) 7 corporative visit) 8 corporative visit) 8 corporative visit) 8 corporative visit) 9 corporative visitor visit) 9 corporative visitor visitor visitor visitor vi	D0140	Limited oral evaluation - problem focused	5			35
D0150 Comprehensive oral evaluation - new or established patient D0170 Re-evaluation - limited, problem focused (established patient; not post-operative visit) Comprehensive periodontal evaluation - new or established patient; not post-operative visit) Comprehensive periodontal evaluation - new or established patient Comprehensive periodontal evaluation - new surfaces, primary or permanent Collator Amalgam - new surfaces, primary or permanent Collator Amalgam - two surfaces primary or permanent Collator Amalgam - two surfaces primary or permanent Collator Amalgam - two surfaces, p	D0145	Oral evaluation for a patient under three				54
established patient D0170 Re-evaluation - limited, problem focused (established patient; not post-operative visit) D0180 Comprehensive periodontal evaluation - new or established patient RADIOGRAPHS/DIAGNOSTIC IMAGING (Including interpretation) D0210 Intraoral - complete series (including bitewings) D0220 Intraoral - periapical first film D0230 Intraoral - periapical each additional film D0230 Intraoral - periapical each additional film D0270 Bitewing - single film D0273 Bitewing - single film D0273 Bitewings - four films D0274 Bitewings - four films D0275 Bitewings - four films D0276 Bitewings - four films D0277 Vertical bitewings - 7 to 8 films D0277 Vertical bitewings - 7 to 8 films D0330 Panoramic film D0400 Cephalometric film D0400 Cephalometric film D0400 Diagnostic casts D0400 Pulp vitality tests D0400 Pulp vitality tests D0400 Pulp vitality tests D0400 Diagnostic casts D0400 Diagnostic casts D0400 Topical application of fluoride - adult D1201 Topical application of fluoride - child O1201 Topical application of fluoride - adult D1201 Topical fluoride varials, therapeutic application of fluoride - adult D1201 Topical fluoride varials, therapeutic		years of age and counseling with primary caregive	er 5			
D0170 Re-evaluation - limited, problem focused (established patient; not post-operative visit) D0180 Comprehensive periodontal evaluation - new or established patient; not post-operative visit) FRADIOGRAPHS/DIAGNOSTIC IMAGING (including niterpretation) D0210 Intraoral - complete series (including bitewings) 0 D0220 Intraoral - periapical first film 0 D0230 Intraoral - periapical each additional film 0 D0240 Intraoral - periapical each additional film 0 D0270 Bitewing - single film 0 D0271 Bitewings - two films 0 D0273 Bitewings - two films 0 D0274 Bitewings - four films 0 D0275 Bitewings - trice film 0 D0276 Didewings - four films 0 D0277 Vertical bitewings - 7 to 8 films 0 D03030 Panoramic film 0 D0330 Panoramic film 0 D0330 Panoramic film 0 D0330 Panoramic film 0 D0340 Cephalometric film 0 D0460 Pulp vitality tests 0 D0470 Diagnostic casts 0 TOPICAL FLUORIDE TREATMENT (office procedure) D1203 Topical application of fluoride - child 0 D1203 Topical application of fluoride - child 0 D1203 Topical application of fluoride - child 0 TOPICAL FLUORIDE TREATMENT (office procedure) D1203 Topical application of fluoride - child 0 TOPICAL FLUORIDE TREATMENT (office procedure) D1203 Topical application of fluoride - child 0 TOPICAL FLUORIDE TREATMENT (office procedure) D1203 Topical application of fluoride - child 0 TOPICAL FLUORIDE TREATMENT (office procedure) D1203 Topical application of fluoride - child 0 TOPICAL FLUORIDE TREATMENT (office procedure) D1203 Topical application of fluoride - child 0 TOPICAL FLUORIDE TREATMENT (office procedure) D1203 Topical application of fluoride - child 0 TOPICAL FLUORIDE TREATMENT (office procedure) D1203 Topical application of fluoride - child 0 TOPICAL FLUORIDE TREATMENT (office procedure) D1203 Topical application of fluoride - child 0 D1204 Topical fluoride varnish; therapeutic application of romoderate to high risk patients 0 TOPICAL FLUORIDE TREATMENT (office procedure) D1203 Topical fluoride varnish; therapeutic application of romod	D0150	Comprehensive oral evaluation - new or		D1525	Space maintainer - removable - bilateral	86
(established patient; not post-operative visit) D0180 Comprehensive periodontal evaluation - new or established patient FRADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation) D0210 Intraoral - complete series (including bitewings) D0220 Intraoral - periapical first film D0230 Intraoral - periapical each additional film D0240 Intraoral - periapical each additional film D0240 Intraoral - periapical each additional film D0270 Bitewing - single film D0272 Bitewings - single film D0273 Bitewings - two films D0273 Bitewings - two films D0274 Bitewings - two films D0275 Vertical bitewings - 7 to 8 films D0330 Panoramic film D0330 Panoramic film D0460 Pulp vitality tests D0470 Diagnostic casts D0470 Diagnostic casts D1100 Prophylaxis - child D1201 Topical application of fluoride - child D1201 Topical application of fluoride - child D1201 Topical fluoride varnish; therapetuic application for moderate to high risk patients D1330 Oral hygiene instructions D1331 Sealant - per volth D1331 Sealant - per volth D2751 Crown - porcelain fused to high noble metal D2751 Crown - porcelain fused to high noble metal D2751 Crown - porcelain fused to high noble metal D2751 Crown - porcelain fused to high noble metal D2751 Crown - porcelain fused to high noble metal D2751 Crown - porcelain fused to high noble metal D2751 Crown - porcelain fused to high noble metal			5	D1550	Re-cementation of space maintainer	6
Occuprehensive periodontal evaluation - new or established patient 5 RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation) D2140 Amalgam - one surface, primary or permanent 0 D2160 Amalgam - two surfaces, primary or permanent 0 D2160 Amalgam - two surfaces, primary or permanent 0 D2160 Amalgam - two surfaces, primary or permanent 0 D2160 Amalgam - two surfaces, primary or permanent 0 D2160 Amalgam - two surfaces, primary or permanent 0 D2160 Amalgam - two surfaces, primary or permanent 0 D2160 Amalgam - two surfaces, primary or permanent 0 D2160 Amalgam - two surfaces, primary or permanent 0 D2161 Amalgam - two surfaces, primary or permanent 0 D2161 Amalgam - two surfaces, primary or permanent 0 D2160 Amalgam - two surfaces, primary or permanent 0 D2160 Amalgam - two surfaces, primary or permanent 0 D2160 Amalgam - two surfaces, primary or permanent 0 D2160 Amalgam - two surfaces, primary or permanent 0 D2160 Amalgam - two surfaces, primary or permanent 0 D2160 Amalgam - two surfaces, primary or permanent 0 D2160 Amalgam - two surfaces, primary or permanent 0 D2160 Amalgam - two surfaces, primary or permanent 0 D2160 Amalgam - two surfaces, primary or permanent 0 D2160 Amalgam - two surfaces, primary or permanent 0 D2160 Amalgam - two surfaces, primary or permanent 0 D2160 Amalgam - two surfaces, primary or permanent 0 D2160 Amalgam - two surfaces, primary or permanent 0 D2160 Amalgam - two surfaces, primary or permanent 0 D2160 Amalgam - two surfaces, primary or permanent 0 D2160 Amalgam - two surfaces, primary or permanent 0 D2160 Amalgam - two surfaces, primary or permanent 0 D2160 Amalgam - two surfaces primary or permanent 0 D2160 Amalgam - two surfaces primary or permanent 0 D2160 Amalgam - two surfaces, primary or permanent 0 D2160 Amalgam - two surfaces primary or permanent 0 D2161 Amalgam - two surfaces primary or permanent 0 D2161 Amalgam - two surfaces primary or permanent 0 D2161 Amalgam - two surfaces primary or permanent 0 D2161 Amalgam - two surfaces primary or permanent 0 D2161 Amalgam	D0170			D1555	Removal of fixed space maintainer	26
Composite Com			5		AMALGAM RESTORATIONS	
Continuing interpretation Continuing interpretation	D0180				(including polishing)	
D2160 Amalgam - three surfaces, primary or permanent D2161 Amalgam - four or more surface, primary or permanent D2161 Amalgam - four or more surface, primary or permanent D2161 Amalgam - four or more surface, primary or permanent D2161 Amalgam - four or more surface, primary or permanent D2161 Amalgam - four or more surface, primary or permanent D2161 Amalgam - four or more surface, primary or permanent D2161 Amalgam - four or more surface, primary or permanent D2161 Amalgam - four or more surface, primary or permanent D2161 Amalgam - four or more surface, primary or permanent D2161 Amalgam - four or more surface, primary or permanent D2161 Amalgam - four or more surface, primary or permanent D2161 Amalgam - four or primary or permanent D2161 Amalgam - four or primar		or established patient	5			0
D0210 Intraoral - complete series (including bitewings) D0220 Intraoral - periapical first film D0230 Intraoral - periapical first film D0240 Intraoral - periapical each additional film D0240 Intraoral - occlusal film D0270 Bitewing - single film D0272 Bitewings - single film D0273 Bitewings - two films D0273 Bitewings - two films D0273 Bitewings - four films D0274 Bitewings - four films D0277 Vertical bitewings - four films D0277 Vertical bitewings - 7 to 8 films D0330 Panoramic film D0330 Panoramic film D0340 Cephalometric film D0460 Pulp vitality tests D0470 Diagnostic casts D1100 Prophylaxis - adult D1120 Prophylaxis - adult D1120 Prophylaxis - child D1204 Topical application of fluoride - adult D1204 Topical application of fluoride - adult D1204 Topical application of fluoride - adult D1206 Topical application of fluoride - adult D1206 Topical fluoride varnish; therapeutic application For moderate to high risk patients D1330 Oral hygiene instructions D1331 Sealant - per toth D0460 Pulp vitality tests D1331 Sealant - per toth D0472 D1480 D14		RADIOGRAPHS/DIAGNOSTIC IMAGING				0
D0220 Intraoral - periapical first film 0 D0230 Intraoral - periapical each additional film 0 D0240 Intraoral - occlusal film 0 D0270 Bitewing - single film 0 D0272 Bitewings - two films 0 D0273 Bitewings - two films 0 D0274 Bitewings - tree films 0 D0274 Bitewings - four films 0 D0275 Bitewings - tree films 0 D0276 Bitewings - four films 0 D0277 Vertical bitewings - 7 to 8 films 0 D0277 Vertical bitewings - 7 to 8 films 0 D0277 Vertical bitewings - 7 to 8 films 0 D0278 Bitewings - 7 to 8 films 0 D0279 Resin-based composite - four or more surfaces or involving incisal angle (anterior) 0 D02992 Resin-based composite - two surfaces, posterior 0 D02993 Resin-based composite - two surfaces, posterior 0 D02994 Resin-based composite - four or more surfaces, posterior 0 D02994 Resin-based composite - four or more surfaces, posterior 0 D02994 Resin-based composite - four or more surfaces, posterior 0 D02994 Resin-based composite - four or more surfaces, posterior 0 D02994 Resin-based composite - four or more surfaces, posterior 0 D02994 Resin-based composite - four or more surfaces, posterior 0 D02994 Resin-based composite - four or more surfaces, posterior 0 D02994 Resin-based composite - four or more surfaces, posterior 0 D02994 Resin-based composite - four or more surfaces, posterior 0 D02994 Resin-based composite - four or more surfaces, posterior 0 D02994 Resin-based composite - four or more surfaces, posterior 0 D02994 Resin-based composite - four or more surfaces, posteri						0
D0230 Intraoral - periapical each additional film D0240 Intraoral - occlusal film D0240 Intraoral - occlusal film D0270 Bitewing - single film D0272 Bitewings - single film D0273 Bitewings - two films D0273 Bitewings - two films D0273 Bitewings - three films D0273 Bitewings - four films D0274 Bitewings - four films D0274 Bitewings - four films D0277 Vertical bitewings - 7 to 8 films D0330 Panoramic film D0330 Panoramic film D0340 Cephalometric film D0340 Cephalometric film D0460 Pulp vitality tests D0470 Diagnostic casts D0470 Prophylaxis - adult D0470 Prophylaxis - adult D0470 D1206 Topical application of fluoride - adult D0470 D1206 Topical fluoride varnish; therapeutic application for moderate to high risk patients D0430 OTHER PREVENTIVE SERVICES D1330 Oral hygiene instructions D1330 Oral hygiene instructions D0430 Crown - porcelain fused to predominantly base D2751			0	D2161	Amalgam - four or more surfaces, primary or	
D0240 Intraoral - occlusal film D0270 Bitewing - single film D0273 Bitewings - two films D0273 Bitewings - two films D0273 Bitewings - three films D0273 Bitewings - four films D0274 Bitewings - four films D0275 Vertical bitewings - 7 to 8 films D0330 Panoramic film D0340 Cephalometric film D0340 Cephalometric film D0340 Cephalometric film D0340 Panoramic film D0340 Cephalometric film D0350 Resin-based composite - two surfaces or involving incisal angle (anterior) D0331 Resin-based composite - four or more surfaces, posterior D0331 Resin-based composite - four or more surfaces posterior D0331 Resin-based composite - four or more surfaces posterior D0331 Resin-based composite - four or more surfaces posterior D0331 Resin-based composite - four or more surfaces posterior D0331 Resin-based composite - four or more surfaces posterior D0331 Resin-based composite - four or more surfaces posterior D0331 Resin-based composite - four or more surfaces posterior D0331 Resin-based composite - four or more surfaces posterior D0332 Resin-based composite - two surfaces posterior D0333 Resin-based composite - four or more surfaces posterior D0333 Resin-based composite - four or more surfaces posterior D0333 Resin-based composite - four or more surfaces posterior D0330 Inlay - metallic - two surfaces posterior D0330 Inlay - metallic - two su	D0220	Intraoral - periapical first film	0		permanent	0
D0240 Intraoral - occlusal film D0270 Bitewing - single film D0272 Bitewings - two films D0273 Bitewings - three films D0274 Bitewings - three films D0274 Bitewings - three films D0275 Bitewings - three films D0276 Bitewings - three films D0277 Vertical bitewings - 7 to 8 films D0277 Vertical bitewings - 7 to 8 films D0278 Bitewings - 7 to 8 films D0279 Vertical bitewings - 7 to 8 films D0330 Panoramic film D0330 Panoramic film D0340 Cephalometric film D0340 Cephalometric film D0460 Pulp vitality tests D0470 Diagnostic casts D0470 Diagnostic casts D0470 Diagnostic casts D1110 Prophylaxis - adult D1120 Prophylaxis - adult O1253 Inlay - metallic - two surfaces, posterior O2530 Inlay - metallic - two surfaces D1250 Inlay - metallic - two surfaces D1250 Inlay - metallic - two surfaces D1254 Onlay - metallic - two surfaces D1254 Onlay - metallic - two romore surfaces D1254 Onlay - metallic - two romore surfaces D1254 Onlay - metallic - two romore surfaces D1255 Crown - porcelain/ceramic substrate CROWNS - SINGLE RESTORATIONS ONLY D12710 Crown - porcelain/ceramic substrate CROWNS - SINGLE RESTORATIONS ONLY D1351 Sealant - per tooth D1351 Sealant - per tooth D1351 Sealant - per tooth	D0230	Intraoral - periapical each additional film	0		RESIN-BASED COMPOSITE RESTORATIONS - DIREC	Т
D0270 Bitewing - single film D0272 Bitewings - two films D0273 Bitewings - three films D0274 Bitewings - four films D0275 Bitewings - four films D0276 Bitewings - four films D0277 Vertical bitewings - 7 to 8 films D0277 Vertical bitewings - 7 to 8 films D0277 Vertical bitewings - 7 to 8 films D0330 Panoramic film D0340 Cephalometric film D0340 Cephalometric film D040 Pulp vitality tests D0470 Diagnostic casts D0470 Diagnostic casts D1110 Prophylaxis - adult D1110 Prophylaxis - adult D1120 Prophylaxis - child D1203 Topical application of fluoride - adult D1204 Topical application of fluoride - adult D1206 Topical fluoride varnish; therapeutic application for moderate to high risk patients D1330 Oral hygiene instructions D1350 Sealant - per tooth D1351 Sealant - per tooth D2331 Resin-based composite - two surfaces, anterior D2332 Resin-based composite - four or more surfaces or involving incisal angle (anterior) 0 D2331 Resin-based composite - two surfaces or involving incisal angle (anterior) 0 D2391 Resin-based composite - two surfaces, posterior 0 D2392 Resin-based composite - two surfaces, posterior 0 D2393 Resin-based composite - two surfaces, posterior 0 D2394 Resin-based composite - four or more surfaces, posterior 0 D2395 Resin-based composite - four or more surfaces severior 0 D2391 Resin-based composite - four or more surfaces severior 0 D2393 Resin-based composite - four or more surfaces severior 0 D2394 Resin-based composite - four or more surfaces severior 0 D2395 Resin-based composite - four or more surfaces severior 0 D2396 Resin-based composite - four or more surfaces severior 0 D2397 Resin-based composite - four or more surfaces severior 0 D2398 Resin-based composite - four or more surfaces severior 0 D2399 Resin-based composite - four or more surfaces severior 0 D2390 Resin-based composite - four or more surfaces severior seve			0			
D0272 Bitewings - two films D0273 Bitewings - three films D0274 Bitewings - three films D0274 Bitewings - four films D0277 Vertical bitewings - 7 to 8 films D0277 Vertical bitewings - 7 to 8 films D0330 Panoramic film D0340 Cephalometric film D0340 Cephalometric film D0460 Pulp vitality tests D0470 Diagnostic casts D0470 Diagnostic casts D1110 Prophylaxis - adult D1120 Prophylaxis - child D1203 Topical application of fluoride - child D1204 Topical application of fluoride - adult D1206 Topical fluoride varnish; therapeutic application for moderate to high risk patients D1330 Oral hygiene instructions D1351 Sealant - per tooth D232 Resin-based composite - three surfaces, posterior involving incisal angle (anterior) D2391 Resin-based composite - two surfaces, posterior both 20 D2392 Resin-based composite - three surfaces, posterior both 20 D2393 Resin-based composite - three surfaces, posterior both 20 D2391 Resin-based composite - two surfaces, posterior both 20 D2392 Resin-based composite - two surfaces, posterior both 20 D2393 Resin-based composite - two surfaces, posterior both 20 D2394 Resin-based composite - two surfaces, posterior both 20 D2394 Resin-based composite - two surfaces, posterior both 20 D2392 Resin-based composite - two surfaces posterior both 20 D2393 Resin-based composite - two surfaces posterior both 20 D2394 Resin-based composite - two surfaces posterior both 20 D2394 Resin-based composite - two surfaces posterior both 20 D2394 Resin-based composite - two surfaces posterior both 20 D2394 Resin-based composite - two surfaces posterior both 20 D2394 Resin-based composite - two surfaces posterior both 20 D2394 Resin-based composite - two surfaces posterior both 20 D2394 Resin-based composite - two surfaces posterior both 20 D2394 Resin-based composite - two surfaces posterior both 20 D2394 Resin-based composite - two surfaces posterior both 20 D2394 Resin-based composite - two surfaces posterior both 20 D2394 Resin-based composite - two surfaces posterior both 20 D2500 Inlay - metallic - two						0
D0274 Bitewings - four films D0277 Vertical bitewings - 7 to 8 films D0330 Panoramic film D0340 Cephalometric film D0470 Diagnostic casts D05510 Inlay - metallic - one surface D05520 Inlay - metallic - two surfaces D05520 Inlay - metallic -						0
D0277 Vertical bitewings - 7 to 8 films D0330 Panoramic film D0340 Cephalometric film D0340 Cephalometric film D0340 Cephalometric film D0460 Pulp vitality tests D0470 Diagnostic casts D1110 Prophylaxis - adult D1120 Prophylaxis - child D1204 Topical application of fluoride - adult D1204 Topical application of fluoride - adult D1206 Topical fluoride varnish; therapeutic application for moderate to high risk patients D1330 Oral hygiene instructions D2391 Resin-based composite - two surfaces, posterior D2392 Resin-based composite - four or more surfaces, posterior D2393 Resin-based composite - four or more surfaces, posterior D2394 Resin-based composite - four or more surfaces, posterior D2395 Resin-based composite - two surfaces, posterior D2396 Resin-based composite - two surfaces, posterior D2397 Resin-based composite - two surfaces, posterior D2398 Resin-based composite - four or more surfaces, posterior D2399 Resin-based composite - two surfaces, posterior D2390 Resin-based composite - two surfaces, posterior D2391 Resin-based composite - two surfaces, posterior D2392 Resin-based composite - two surfaces, posterior D2393 Resin-based composite - four or more surfaces, posterior D2394 Resin-based composite - two surfaces, posterior D2390 Resin-based composite - two surfaces, posterior D2391 Resin-based composite - two surfaces, posterior D2392 Resin-based composite - two surfaces posterior D2393 Resin-based composite - two surfaces posterior D2391 Inlay - metallic - two surfaces posterior D2500 Inlay - metallic - two surfaces posterior D2540 Onlay - metallic - two surfaces posterior D2				D2335	Resin-based composite - four or more surfaces or	
D0330 Panoramic film D0340 Cephalometric film D0460 Pulp vitality tests D0540 Inlay - metallic - one surface D0550 Inlay - metallic - two surfaces D0540 Onlay - metallic - two surfaces D0540 Onlay - metallic - two surfaces D0540 Onlay - metallic - four or more surfaces D0544 Onlay - metallic - four or more surfaces D0544 Onlay - metallic - four or more surfaces D0544 Onlay - metallic - four or more surfaces D0544 Onlay - metallic - four or more surfaces D0544 Onlay - metallic - four or more surfaces D0544 Onlay - metallic - four or more surfaces D0544 Onlay - metallic - four or more surfaces D0544 Onlay - metallic - four or more surfaces D0544 Onlay - metallic - two surfaces D0545 Onlay - metallic - two surfaces D0546 Onlay - metallic - two surf					involving incisal angle (anterior)	0
D0340 Cephalometric film TESTS AND EXAMINATIONS D0460 Pulp vitality tests D0470 Diagnostic casts D1110 Prophylaxis - adult D1120 Prophylaxis - child TOPICAL FLUORIDE TREATMENT (office procedure) D1203 Topical application of fluoride - child D1204 Topical application of fluoride - adult D1206 Topical fluoride varnish; therapeutic application for moderate to high risk patients D1330 Oral hygiene instructions D1331 Sealant - per footh TESTS AND EXAMINATIONS D2393 Resin-based composite - three surfaces, posterior 80 D2394 Resin-based composite - four or more surfaces, posterior 80 D2394 Resin-based composite - four or more surfaces, posterior 80 INLAY/ONLAY RESTORATIONS D2510 Inlay - metallic - one surface posterior D2520 Inlay - metallic - two surfaces D2532 Inlay - metallic - two surfaces D2542 Onlay - metallic - three or more surfaces D2543 Onlay - metallic - three surfaces D2544 Onlay - metallic - four or more surfaces D2544 Onlay - metallic - four or more surfaces D2544 Onlay - metallic - four or more surfaces D2544 Onlay - metallic - four or more surfaces D2544 Onlay - metallic - four or more surfaces D2544 Onlay - metallic - four or more surfaces D2545 Onlay - metallic - four or more surfaces D2540 Onlay - metallic - four or more surfaces D2540 Onlay - metallic - four or more surfaces D2540 Onlay - metallic - four or more surfaces D2540 Onlay - metallic - four or more surfaces D2540 Onlay - metallic - four or more surfaces D2540 Onlay - metallic - four or more surfaces D2540 Onlay - metallic - four or more surfaces D2540 Onlay - metallic - four or more surfaces D2540 Onlay - metallic - four or more surfaces D2540 Onlay - metallic - four or more surfaces D2540 Onlay - metallic - four or more surfaces D2540 Onlay - metallic - four or more surfaces D2540 Onlay - metallic - four or more surfaces D2540 Onlay - metallic - four or more surfaces D2540 Onlay - metallic - four or more surfaces D2540 Onlay - metallic - four or more surfaces D2540 Onlay - metallic - four						40
TESTS AND EXAMINATIONS D0460 Pulp vitality tests D0470 Diagnostic casts DENTAL PROPHYLAXIS D1110 Prophylaxis - adult D1120 Prophylaxis - child D1120 Prophylaxis - child D1203 Topical application of fluoride - child D1204 Topical application of fluoride - adult D1206 Topical fluoride varnish; therapeutic application for moderate to high risk patients D1300 Oral hygiene instructions D1301 Sealant - per tooth D1301 Prophylaxis - four or more surfaces, posterior D2394 Resin-based composite - four or more surfaces, posterior 85 D2394 Resin-based composite - four or more surfaces, posterior 85 D2510 Inlay - metallic - two surfaces D2520 Inlay - metallic - three or more surfaces D2542 Onlay - metallic - three surfaces D2543 Onlay - metallic - three surfaces D2544 Onlay - metallic - four or more surfaces D2544 Onlay - metallic - four or more surfaces D2544 Onlay - metallic - four or more surfaces D2545 Orown - resin-based composite (indirect) D2710 Crown - resin-based composite (indirect) D2710 Crown - porcelain fused to high noble metal D2750 Crown - porcelain fused to high noble metal D2751 Crown - porcelain fused to predominantly base						
D0460 Pulp vitality tests D0470 Diagnostic casts DENTAL PROPHYLAXIS D1110 Prophylaxis - adult D1120 Prophylaxis - child D1120 Prophylaxis - child D1203 Topical application of fluoride - child D1204 Topical application of fluoride - adult D1206 Topical fluoride varnish; therapeutic application for moderate to high risk patients D1330 Oral hygiene instructions D1351 Sealant - per tooth D050 DENTAL PROPHYLAXIS D110 Prophylaxis - adult D1204 D1206 Topical application D1206 Topical fluoride varnish; therapeutic application D1207 D1208 D1330 Oral hygiene instructions D1351 Sealant - per tooth D1208 D1351 Sealant - per tooth	D0340	Cephalometric film	0			80
D0470 Diagnostic casts DENTAL PROPHYLAXIS D1110 Prophylaxis - adult D1120 Prophylaxis - child D120 Prophylaxis - child OTHER PREVENTIVE SERVICES D1330 Oral hygiene instructions D1351 Sealant - per tooth D1401 Prophylaxis - adult D1510 Inlay - metallic - one surface D2520 Inlay - metallic - two surfaces D2520 Inlay - metallic - three or more surfaces D2530 Inlay - metallic - two surfaces D2542 Onlay - metallic - two surfaces D2543 Onlay - metallic - three surfaces D2544 Onlay - metallic - four or more surfaces D2544 Onlay - metallic - four or more surfaces D2545 Onlay - metallic - four or more surfaces D2540 Onlay - metallic - four or more surfaces D2541 Onlay - metallic - four or more surfaces D2542 Onlay - metallic - four or more surfaces D2543 Onlay - metallic - four or more surfaces D2544 Onlay - metallic - four or more surfaces D2545 Onlay - metallic - four or more surfaces D2540 Onlay - metallic - four or more surfaces D2541 Onlay - metallic - two surfaces D2542 Onlay - metallic - two surfaces D2543 Onlay - metallic - two surfaces D2544 Onlay - metallic - two surfaces D2545 Onlay - metallic - two surfaces D2540 Onlay - metallic - two surfaces D2540 Onlay - metallic - two surfaces D2540 Onlay - metallic - two surfaces D2541 Onlay - metallic - two surfaces D2542 Onlay - metallic - two surfaces D2544 Onlay - metallic - two surfaces D2545 Onlay - metallic - two surfaces D2540 Onlay - metallic - two surfaces D2540 Onlay - metallic - two surfaces D2541 Onlay - metallic - two surfaces D2542 Onlay - metallic - two surfaces D2542 Onlay - metallic - two surfaces D2543 Onlay - metallic - two surfaces D2544 Onlay - metallic - two surfaces D2545 Onlay - metallic - two surfaces D2540 Onlay - metallic - two surfaces D2541 Onlay - metallic - two surfaces D2542 Onlay - metallic - two surfaces D2542 Onlay - metallic - two surfaces D2543 Onlay - metallic - two surfaces D2544 Onlay - metallic - two surfaces D2544 Onlay - metallic - two surfaces D2545 Onlay - metallic - two surfaces D2546 Onlay - metallic - two surfaces D		TESTS AND EXAMINATIONS		D2394	Resin-based composite - four or more surfaces,	
DENTAL PROPHYLAXIS D1110 Prophylaxis - adult D1120 Prophylaxis - child D1120 Prophylaxis - child TOPICAL FLUORIDE TREATMENT (office procedure) D1203 Topical application of fluoride - child D1204 Topical application of fluoride - adult D1206 Topical fluoride varnish; therapeutic application for moderate to high risk patients D1330 Oral hygiene instructions D1331 Sealant - per tooth D1351 Sealant - per tooth D1302 Prophylaxis - adult D12520 Inlay - metallic - two surfaces D2530 Inlay - metallic - two surfaces D2542 Onlay - metallic - three or more surfaces D2544 Onlay - metallic - three or more surfaces D2544 Onlay - metallic - toru or more surfaces D2544 Onlay - metallic - four or more surfaces D2544 Onlay - metallic - trons or more surfaces D2545 Onlay - metallic - two surfaces D2546 Onlay - metallic - two surfaces D2546 Onlay - metallic - two surfaces D254 Onlay - metallic - two surfaces D254 Onlay - metallic - two surfaces D254 Onlay - metallic - two surfaces D2554 Onlay - metallic - two surfaces D256 ◆ D2542 Onlay - metallic - two surfaces D2544 Onlay - metallic - two surfaces D254 On	D0460	Pulp vitality tests	0		posterior	85
D1110 Prophylaxis - adult D1120 Prophylaxis - child D1203 Topical application of fluoride - child D1204 Topical application of fluoride - adult D1206 Topical fluoride varnish; therapeutic application for moderate to high risk patients D1330 Oral hygiene instructions D1351 Sealant - per tooth D1204 Prophylaxis - child D1205 Topical fluoride varnish; therapeutic application D1206 Topical fluoride varnish; therapeutic application D1306 Oral hygiene instructions D1351 Sealant - per tooth D1307 D1308 D2520 Inlay - metallic - two surfaces D2530 Inlay - metallic - two surfaces D2542 Onlay - metallic - two surfaces D2543 Onlay - metallic - transportation and possible control of three surfaces D2544 Onlay - metallic - two surfaces D2545 Onlay - metallic - two surfaces D2546 Onlay - metallic - two surfaces D2546 Onlay - metallic - two surfaces D2540 Onlay - metallic - two surfaces D2541 Onlay - metallic - two surfaces D2540 Onlay - metalli	D0470	Diagnostic casts	0		INLAY/ONLAY RESTORATIONS	
D1110 Prophylaxis - adult D1120 Prophylaxis - child D1203 Topical application of fluoride - child D1204 Topical application of fluoride - adult D1206 Topical fluoride varnish; therapeutic application for moderate to high risk patients D1330 Oral hygiene instructions D1351 Sealant - per tooth D1204 Prophylaxis - child D1205 Topical fluoride varnish; therapeutic application D1206 Topical fluoride varnish; therapeutic application D1306 Oral hygiene instructions D1351 Sealant - per tooth D1307 D1308 D2520 Inlay - metallic - two surfaces D2530 Inlay - metallic - two surfaces D2542 Onlay - metallic - two surfaces D2543 Onlay - metallic - transportation and possible control of three surfaces D2544 Onlay - metallic - two surfaces D2545 Onlay - metallic - two surfaces D2546 Onlay - metallic - two surfaces D2546 Onlay - metallic - two surfaces D2540 Onlay - metallic - two surfaces D2541 Onlay - metallic - two surfaces D2540 Onlay - metalli		DENTAL PROPHYLAXIS		D2510	Inlay - metallic - one surface	186 ♦
D1120 Prophylaxis - child TOPICAL FLUORIDE TREATMENT (office procedure) D1203 Topical application of fluoride - child D1204 Topical application of fluoride - adult D1206 Topical fluoride varnish; therapeutic application for moderate to high risk patients D1330 Oral hygiene instructions D1351 Sealant - per tooth D1206 TOPICAL FLUORIDE TREATMENT (office procedure) D2542 Onlay - metallic - three or more surfaces D2543 Onlay - metallic - three surfaces D2544 Onlay - metallic - three or more surfaces D2544 Onlay - metallic - three or more surfaces D2545 Onlay - metallic - three or more surfaces D2546 Onlay - metallic - three or more surfaces D2547 Onlay - metallic - three or more surfaces D2548 Onlay - metallic - three or more surfaces D2549 Onlay - metallic - three or more surfaces D2540 Onlay - metallic - three or more surfaces D2540 Onlay - metallic - three or more surfaces D2540 Onlay - metallic - three or more surfaces D2541 Onlay - metallic - three or more surfaces D2540 Onlay	D1110		0			207 ♦
TOPICAL FLUORIDE TREATMENT (office procedure) D1203 Topical application of fluoride - child D1204 Topical application of fluoride - adult D1206 Topical fluoride varnish; therapeutic application for moderate to high risk patients OTHER PREVENTIVE SERVICES D1330 Oral hygiene instructions D1351 Sealant - per tooth D1204 Topical application of fluoride - adult D2542 Onlay - metallic - two surfaces D2543 Onlay - metallic - three surfaces D2544 Onlay - metallic - four or more surfaces D2544 Onlay - metallic - two surfaces D2545 Onlay - metallic - two surfaces D2546 Onlay - metallic - two surfaces D2546 Onlay - metallic - two surfaces D2547 Onlay - metallic - two surfaces D2548 Onlay - metallic - two surfaces D2549 Onlay - metallic - two surfaces D2540 Onlay - metallic - two surfaces D2541 Onlay - metallic - two surfaces D2542 Onlay - metallic - two surfaces D2543 Onlay - metallic - two surfaces D2542 Onlay - metallic - two surfaces D2543 Onlay - metallic - two surfaces D2540 Onlay - metallic - two surfaces		• •	0	D2530	Inlay - metallic - three or more surfaces	256 ♦
(office procedure) D1203 Topical application of fluoride - child 0 D1204 Topical application of fluoride - adult 0 D1206 Topical fluoride varnish; therapeutic application for moderate to high risk patients 0 D1330 Oral hygiene instructions 0 D1331 Sealant - per tooth 0 D1351 Sealant - per tooth 0 D12543 Onlay - metallic - three surfaces 275 ◆ D2544 Onlay - metallic - four or more surfaces 302 ◆ D2710 Crown - resin-based composite (indirect) 80 D2712 Crown - 3/4 resin-based composite (indirect) 80 D2740 Crown - porcelain/ceramic substrate 400 D2750 Crown - porcelain fused to high noble metal 350 ◆ D2751 Crown - porcelain fused to predominantly base				D2542	Onlay - metallic - two surfaces	235 ♦
D1203 Topical application of fluoride - child D1204 Topical application of fluoride - adult D1206 Topical fluoride varnish; therapeutic application for moderate to high risk patients OTHER PREVENTIVE SERVICES D1330 Oral hygiene instructions D1351 Sealant - per tooth D2544 Onlay - metallic - four or more surfaces CROWNS - SINGLE RESTORATIONS ONLY D2710 Crown - resin-based composite (indirect) 80 D2712 Crown - 3/4 resin-based composite (indirect) D2740 Crown - porcelain/ceramic substrate D2750 Crown - porcelain fused to high noble metal D2751 Crown - porcelain fused to predominantly base				D2543	Onlay - metallic - three surfaces	275 ♦
D1204 Topical application of fluoride - adult D1206 Topical fluoride varnish; therapeutic application for moderate to high risk patients OTHER PREVENTIVE SERVICES D1330 Oral hygiene instructions D1351 Sealant - per tooth OTHER PREVENTIVE SERVICES D1351 Sealant - per tooth OCROWNS - SINGLE RESTORATIONS ONLY D2710 Crown - resin-based composite (indirect) 80 D2740 Crown - 3/4 resin-based composite (indirect) D2740 Crown - porcelain/ceramic substrate 400 D2750 Crown - porcelain fused to high noble metal D2751 Crown - porcelain fused to predominantly base	D1203	, ,	0	D2544	Onlay - metallic - four or more surfaces	302 ♦
D1206 Topical fluoride varnish; therapeutic application for moderate to high risk patients OTHER PREVENTIVE SERVICES D1330 Oral hygiene instructions D1351 Sealant - per tooth D2710 Crown - resin-based composite (indirect) D2712 Crown - 3/4 resin-based composite (indirect) D2740 Crown - porcelain/ceramic substrate D2750 Crown - porcelain fused to high noble metal D2751 Crown - porcelain fused to predominantly base					CROWNS - SINGLE RESTORATIONS ONLY	
for moderate to high risk patients OTHER PREVENTIVE SERVICES D1330 Oral hygiene instructions D1351 Sealant - per tooth D2712 Crown - 3/4 resin-based composite (indirect) D2740 Crown - porcelain/ceramic substrate D2750 Crown - porcelain fused to high noble metal D2751 Crown - porcelain fused to predominantly base			Ü	D2710		80
OTHER PREVENTIVE SERVICES D1330 Oral hygiene instructions 0 D1351 Sealant - per tooth 0 D2740 Crown - porcelain/ceramic substrate 400 D2750 Crown - porcelain fused to high noble metal 350◆ D2751 Crown - porcelain fused to predominantly base	D 1200		Ο			
D1330 Oral hygiene instructions D1351 Sealant - per tooth D2750 Crown - porcelain fused to high noble metal D2751 Crown - porcelain fused to predominantly base						
D1351 Sealant - per tooth D2751 Crown - porcelain fused to predominantly base	D1220		0			350♦
111351 Sealant - per tooth		, ,				
	ופנוט	Sediant - per tooth	U		metal	320

ADA CODE		Member Pays \$	ADA CODE	ADA DESCRIPTION	Member Pays \$
D2752	Crown - porcelain fused to noble metal	330◆	D3426	Apicoectomy/periradicular surgery	
	Crown - full cast high noble metal	350♦		(each additional root)	65
	Crown - full cast predominantly base metal	320		Retrograde filling - per root	0
	Crown - full cast noble metal	330♦	D3450	Root amputation - per root	81
	Crown - titanium	320		OTHER ENDODONTIC PROCEDURES	
D2799	Provisional crown	66	D3920	Hemisection (including any root removal),	
D2040	OTHER RESTORATIVE SERVICES			not including root canal therapy	76
D2910	Recement inlay, onlay, or partial coverage restoration	12	D3950	Canal preparation and fitting of preformed	
D2015	Recement cast or prefabricated post and core	13		dowel or post	0
	Recement crown	13		SURGICAL SERVICES	
	Prefabricated stainless steel crown - primary tooth		D4240	(including usual postoperative care)	
	Prefabricated stainless steel crown - permanent		D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per	
	tooth	60		quadrant	173
	Core buildup, including any pins	58	D4211	Gingivectomy or gingivoplasty - one to three	170
	Pin retention - per tooth, in addition to restoration	10		contiguous teeth or tooth bounded spaces per	
D2952	Post and core in addition to crown, indirectly			quadrant	54
Danea	fabricated	81	D4240	Gingival flap procedure, including root planing -	
D2953	Each additional indirectly fabricated post - same tooth	41		four or more contiguous teeth or tooth bounded	
D2054	Prefabricated post and core in addition to crown	79		spaces per quadrant	162
	Each additional prefrabricated post - same tooth	40	D4241	Gingival flap procedure, including root planing -	
	Temporary crown (fractured tooth)	80		one to three contiguous teeth or tooth bounded	6.E
	Additional procedures to construct new crown		D4240	spaces per quadrant Clinical crown lengthening - hard tissue	65 216
	under existing partial denture framework	25		Osseous surgery (including flap entry and	210
	PULP CAPPING		D-1200	closure) - four or more contiguous teeth or	
D3110	Pulp cap - direct (excluding final restoration)	0		tooth bounded spaces per quadrant	260
D3120	Pulp cap - indirect (excluding final restoration)	0	D4261	Osseous surgery (including flap entry and	
	PULPOTOMY			closure) - one to three contiguous teeth or	
D3220	Therapeutic pulpotomy (excluding final restoration) 35		tooth bounded spaces per quadrant	104
D3221	Pulpal debridement, primary and permanent teeth	26		Bone replacement graft - first site in quadrant	86
D3222	Partial pulpotomy for apexogenesis – permanent		D4264	Bone replacement graft - each additional site	00
	tooth with incomplete root development	35	D4274	in quadrant Distal or proximal wedge procedure (when	82
	ENDODONTIC THERAPY ON PRIMARY TEETH		D4214	not performed in conjunction with surgical	
D3230	Pulpal therapy (resorbable filling) - anterior,			procedures in the same anatomical area)	156
	primary tooth (excluding final restoration)	60		NON-SURGICAL PERIODONTAL SERVICES	100
D3240	Pulpal therapy (resorbable filling) - posterior,		D4341	Periodontal scaling and root planing - four or	
	primary tooth (excluding final restoration)	72	Bioii	more teeth per quadrant	65
	ENDODONTIC THERAPY		D4342	Periodontal scaling and root planing - one to	
	(including treatment plan, clinical procedures and follow-up care)			three teeth per quadrant	16
D3310	Endodontic therapy, anterior tooth (excluding		D4355	Full mouth debridement to enable comprehensive	;
D0010	final restoration)	165		evaluation and diagnosis	35
D3320	Endodontic therapy, bicuspid tooth (excluding		D4381	Localized delivery of antimicrobial agents via a	
	final restoration)	200		controlled release vehicle into diseased crevicular	
D3330	Endodontic therapy, molar (excluding final			tissue, per tooth, per report	100
	restoration)	273	D 4040	OTHER PERIODONTAL SERVICES	4.0
	ENDODONTIC RETREATMENT		D4910	Periodontal maintenance	40
D3346	Retreatment of previous root canal therapy -			COMPLETE DENTURES	
	anterior	200	DE110	(including routine post-delivery care) Complete denture - maxillary	325
D3347	Retreatment of previous root canal therapy -	0.4.4		Complete denture - maxiliary Complete denture - mandibular	325
D2040	bicuspid	241		Immediate denture - maxillary	350
D3348	Retreatment of previous root canal therapy - mola	1 313		Immediate denture - maximary	350
D2440	APICOECTOMY/PERIRADICULAR SERVICES	117	20710	PARTIAL DENTURES	
	Apicoectomy/periradicular surgery - anterior	147		(including routine post-delivery care)	
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	144	D5211	Maxillary partial denture - resin base (including	
D3425	Apicoectomy/periradicular surgery - molar	1-1-4	·	any conventional clasps, rests and teeth)	245
D0 4 ∠0	(first root)	144	D5212	Mandibular partial denture - resin base (including	
	(mat root)	177		any conventional clasps, rests and teeth)	245

ADA CODE	ADA DESCRIPTION	Member Pays \$	ADA CODE	ADA DESCRIPTION	Member Pays \$
D5213	Maxillary partial denture - cast metal framework			FIXED PARTIAL DENTURE RETAINERS - CROWNS	
	with resin denture bases (including any		D6710	Crown - indirect resin based composite	400
	conventional clasps, rests and teeth)	350		Crown - porcelain/ceramic	400
D5214	Mandibular partial denture - cast metal framework			Crown - porcelain fused to high noble metal	350◆
	with resin denture bases (including any		D6751	Crown - porcelain fused to predominantly	
DECOE	conventional clasps, rests and teeth)	350		base metal	320
D5225	Maxillary partial denture - flexible base (including	403		Crown - porcelain fused to noble metal	330♦
D5226	any clasps, rests and teeth) Mandibular partial denture - flexible base	403		Crown - full cast high noble metal Crown - full cast predominantly base metal	350 ♦ 320
D3220	(including any clasps, rests and teeth)	403		Crown - full cast predominantly base metal	330♦
D5281	Removable unilateral partial denture - one piece	100		Crown - titanium	320
	cast metal (including clasps and teeth)	145	D0734		320
	ADJUSTMENTS TO DENTURES		D6030	OTHER FIXED PARTIAL DENTURE SERVICES Recement fixed partial denture	31
D5410	Adjust complete denture - maxillary	16		Post and core in addition to fixed partial	31
	Adjust complete denture - mandibular	16	D0070	denture retainer, indirectly fabricated	92
	Adjust partial denture - maxillary	16	D6972	Prefabricated post and core in addition to fixed	~-
D5422	Adjust partial denture - mandibular	16		partial denture retainer	62
	REPAIRS TO COMPLETE DENTURES			Core build up for retainer, including any pins	71
D5510	Repair broken complete denture base	50	D6976	Each additional indirectly fabricated post -	
	Replace missing or broken teeth - complete			same tooth	21
	denture (each tooth)	45	D6977	Each additional prefabricated post - same tooth	31
	REPAIRS TO PARTIAL DENTURES			EXTRACTIONS	
D5610	Repair resin denture base	50		(includes local anesthesia, suturing, if needed, and	1
D5620	Repair cast framework	65	D7111	routine postoperative care) Extraction, coronal remnants - deciduous tooth	11
	Repair or replace broken clasp	65		Extraction, erupted tooth or exposed root	11
	Replace broken teeth - per tooth	50	D7 140	(elevation and/or forceps removal)	28
	Add tooth to existing partial denture	60		SURGICAL EXTRACTIONS	
	Add clasp to existing partial denture	60		(includes local anesthesia, suturing, if needed, and	d
D5070	Replace all teeth and acrylic on cast metal framework (maxillary)	228		routine postoperative care)	
D5671	Replace all teeth and acrylic on cast metal	220	D7210	Surgical removal of erupted tooth requiring remov	val
D007 1	framework (mandibular)	228		of bone and/or sectioning of tooth, and including	
	DENTURE REBASE PROCEDURES	220	D7000	elevation of mucoperiosteal flap if indicated	52
D5710	Rebase complete maxillary denture	130		Removal of impacted tooth - soft tissue	64
	Rebase complete mandibular denture	130		Removal of impacted tooth - partially bony Removal of impacted tooth - completely bony	86 106
	Rebase maxillary partial denture	115		Removal of impacted tooth - completely bony,	100
	Rebase mandibular partial denture	115	D7211	with unusual surgical complications	121
	DENTURE RELINE PROCEDURES		D7250	Surgical removal of residual tooth roots	
D5730	Reline complete maxillary denture (chairside)	60		(cutting procedure)	50
	Reline complete mandibular denture (chairside)	60	D7251	Coronectomy – intentional partial tooth removal	106
	Reline maxillary partial denture (chairside)	60		OTHER SURGICAL PROCEDURES	
	Reline mandibular partial denture (chairside)	60	D7280	Surgical access of an unerupted tooth	102
	Reline complete maxillary denture (laboratory)	85	D7283	Placement of device to facilitate eruption of	
	Reline complete mandibular denture (laboratory)	85		impacted tooth	25
	Reline maxillary partial denture (laboratory)	85	D7288	Brush biopsy - transepithelial sample	
D5761	Reline mandibular partial denture (laboratory)	85		collection	45
DEGEO	OTHER REMOVABLE PROSTHETIC SERVICES	40		ALVEOLOPLASTY	
	Tissue conditioning, maxillary	40	D7040	(surgical preparation of ridge for dentures)	
D5851	Tissue conditioning, mandibular	40	D/310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	49
Dooos	FIXED PARTIAL DENTURE PONTICS	400	D7320	Alveoloplasty not in conjunction with extractions	
	Pontic - indirect resin based composite	400	D7 320	four or more teeth or tooth spaces, per quadrant	60
	Pontic - cast high noble metal	350 ♦ 320	D7321	Alveoloplasty not in conjunction with extractions	
	Pontic - cast predominantly base metal Pontic - cast noble metal	320 330 ♦		one to three teeth or tooth spaces, per quadrant	24
	Pontic - titanium	320 320		SURGICAL EXCISION OF INTRA-OSSEOUS LESION	
	Pontic - porcelain fused to high noble metal	350♦		Removal of benign odontogenic cyst or	
	Pontic - porcelain fused to predominantly			tumor - lesion diameter up to 1.25cm	76
	base metal	320		1	
	Pontic - porcelain fused to noble metal	330◆			
D6245	Pontic - porcelain/ceramic	400			

ADA CODE	ADA DESCRIPTION	Member Pays \$
	OTHER REPAIR PROCEDURES	
	Frenulectomy – also known as frenectomy or frenotomy - separate procedure not incidental to another procedure Frenuloplasty	100 50
	LIMITED ORTHODONTIC TREATMENT	
	Limited orthodontic treatment of the primary dentition Limited orthodontic treatment of the transitional	750
	dentition Limited orthodontic treatment of the transitional Limited orthodontic treatment of the adolescent	750
	dentition Limited orthodontic treatment of the adult	750
D00+0	dentition	750
DOOFO	INTERCEPTIVE ORTHODONTIC TREATMENT	
	Interceptive orthodontic treatment of the primary dentition Interceptive orthodontic treatment of the	900
	transitional dentition	900
D2070	COMPREHENSIVE ORTHODONTIC TREATMENT Comprehensive orthodontic treatment of the	
	transitional dentition Comprehensive orthodontic treatment of the	2,900
	adolescent dentition Comprehensive orthodontic treatment of the	2,900
	adult dentition MINOR TREATMENT TO CONTROL HARMFUL HABIT	2,900
	Removable appliance therapy	375
	Fixed appliance therapy	375
Dacaa	Orthodoxida (company) of any linear control	
+	Orthodontic retention (removal of appliances, construction and placement of retainer(s)) Orthodontic records fee	275 250
-	UNCLASSIFIED TREATMENT	
D9110	Palliative (emergency) treatment of dental pain - minor procedure	26
	PROFESSIONAL CONSULTATION	
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist	
	or physician	28
D9430	PROFESSIONAL VISITS Office visit for observation (during regularly	
D9440	scheduled hours) - no other services performed Office visit, after regularly scheduled hours	0 54
	MISCELLANEOUS SERVICES	
*	Broken appointment per 15 minutes (without 24-hour notice)	11

FOOTNOTES

Member Pays \$

ADA CODE ADA DESCRIPTION

- Please report under code D8999 "Unspecified orthodontic procedure, by report." Records include all diagnostic procedures, such as cephalometric films, full mouth x-rays, models, and treatment plans.
- ★ Please report under code D9999 "Unspecified adjunctive procedure, by report."
- Charges for the use of precious (high noble) or semi precious (noble) metal are not included in the copayment for crowns, bridges, pontics, inlays and onlays. The decision to use these materials is a cooperative effort between the provider and the patient, based on the professional advice of the provider. Providers are expected to charge no more than an additional \$125 for these materials.