

**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](http://www.UnitedConcordia.com).

| ADA Code   | ADA Description  | Member Pays \$ | ADA Code   | ADA Description   | Member Pays \$ |
|--|--|----------------|--|---|----------------|
| <b>CLINICAL ORAL EVALUATIONS</b>                                 |  |                | <b>RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation)</b> |   |                |
| D0120  | Periodic Oral Evaluation - Established Patient   | 5              | D0372  | Intraoral Tomosynthesis - Comprehensive Series of Radiographic Images     | 0              |
| D0140  | Limited Oral Evaluation - Problem Focused  | 5              | D0373  | Intraoral Tomosynthesis – Bitewing Radiographic Image                     | 0              |
| D0145  | Oral Evaluation For A Patient Under 3 Years Of Age And Counseling With Primary Caregiver | 5              | D0374  | Splint – Extra-Coronal; Natural Teeth or Prosthetic Crowns                | 0              |
| D0150  | Comprehensive Oral Evaluation - New Or Established Patient                               | 5              | <b>TESTS AND EXAMINATIONS</b>                                    |   |                |
| D0170  | Re-Evaluation-Limited, Problem Focused (Established Patient; Not Post-Operative Visit)   | 5              | D0396  | 3D Printing of a 3D Dental Surface Scan                                   | 0              |
| D0171  | Re-Evaluation - Post-Operative Office Visit  | 0              | D0460  | Pulp Vitality Tests   | 0              |
| D0180  | Comprehensive Periodontal Evaluation   | 5              | D0470  | Diagnostic Casts  | 0              |
| <b>RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation)</b> |  |                | <b>ORAL PATHOLOGY LABORATORY</b>                                 |   |                |
| D0210  | Intraoral - Comprehensive Series Of Radiographic Images                                  | 0              | D0601  | Caries Risk Assessment And Documentation, With A Finding Of Low Risk      | 0              |
| D0220  | Intraoral- Periapical First Radiographic Image   | 0              | D0602  | Caries Risk Assessment And Documentation, With A Finding Of Moderate Risk | 0              |
| D0230  | Intraoral- Periapical Each Additional Radiographic Image                                 | 0              | D0603  | Caries Risk Assessment And Documentation, With A Finding Of High Risk     | 0              |
| D0240  | Intraoral - Occlusal Radiographic Image  | 0              | <b>DENTAL PROPHYLAXIS</b>  |   |                |
| D0270  | Bitewing - Single Radiographic Image   | 0              | D1110  | Prophylaxis, Adult  | 0              |
| D0272  | Bitewings - Two Radiographic Images  | 0              | D1120  | Prophylaxis, Child  | 0              |
| D0273  | Bitewings - Three Radiographic Images  | 0              | <b>TOPICAL FLUORIDE TREATMENT (office procedure)</b>             |   |                |
| D0274  | Bitewings - Four Radiographic Images   | 0              | D1206  | Topical Application Of Fluoride Varnish                                   | 0              |
| D0277  | Vertical Bitewings - 7 To 8 Radiographic Images  | 0              | D1208  | Topical Application Of Flouride - Excluding Varnish                       | 0              |
| D0330  | Panoramic Radiographic Image   | 0              | <b>OTHER PREVENTIVE SERVICES</b>                                 |   |                |
| D0340  | 2D Cephalometric Radiographic Image - Acquisition, Measurement And Analysis              | 0              | D1301  | Immunization Counseling   | 0              |
|  |  |                | D1330  | Oral Hygiene Instruction  | 0              |

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| OTHER PREVENTIVE SERVICES                   |   |                | INLAY/ONLAY RESTORATIONS          |  |                |
| D1351                                       | Sealant - Per Tooth   | 0              | D2520                             | Inlay - Metallic - Two Surfaces  | 207 ◆          |
| D1353                                       | Sealant Repair - Per Tooth                                      | 0              | D2530                             | Inlay - Metallic - Three Or More Surfaces  | 256 ◆          |
| D1354                                       | Application of Caries Arresting Medicament - Per Tooth          | 15             | D2542                             | Onlay - Metallic-Two Surfaces  | 235 ◆          |
| D1355                                       | Caries preventive medicament application - per tooth            | 15             | D2543                             | Onlay - Metallic - Three Surfaces  | 275 ◆          |
| SPACE MAINTENANCE (passive appliances)      |   |                | D2544                             | Onlay - Metallic - Four Or More Surfaces   | 302 ◆          |
| D1510                                       | Space maintainer - fixed, unilateral - per quadrant             | 35             | CROWNS - SINGLE RESTORATIONS ONLY |  |                |
| D1516                                       | Space Maintainer - Fixed - bilateral, maxillary                 | 54             | D2710                             | Crown-Resin-Based Composite (Indirect)   | 80             |
| D1517                                       | Space Maintainer - Fixed - bilateral, mandibular                | 54             | D2712                             | Crown - 3/4 Resin-Based Composite (Indirect)   | 80             |
| D1520                                       | Space maintainer - removable, unilateral - per quadrant         | 43             | D2740                             | Crown, Porcelain/Ceramic   | 400            |
| D1526                                       | Space Maintainer - Removable - bilateral, maxillary             | 86             | D2750                             | Crown, Porcelain Fused To High Noble Metal   | 350 ◆          |
| D1527                                       | Space Maintainer - Removable - bilateral, mandibular            | 86             | D2751                             | Crown-Porcelain Fused To Predominantly Base Metal  | 320            |
| D1551                                       | Re-cement or re-bond bilateral space maintainer - maxillary     | 6              | D2752                             | Crown, Porcelain Fused To Noble Metal  | 330 ◆          |
| D1552                                       | Re-cement or re-bond bilateral space maintainer - mandibular    | 6              | D2753                             | Crown - porcelain fused to titanium and titanium alloys  | 330            |
| D1553                                       | Re-cement or re-bond bilateral space maintainer - per quadrant  | 6              | D2790                             | Crown, Full Cast High Noble Metal  | 350 ◆          |
| D1556                                       | Removal of fixed unilateral space maintainer - per quadrant     | 26             | D2791                             | Crown - Full Cast Predominantly Base Metal   | 320            |
| D1557                                       | Removal of fixed unilateral space maintainer - maxillary        | 26             | D2792                             | Crown, Full Cast Noble Metal   | 330 ◆          |
| D1558                                       | Removal of fixed unilateral space maintainer - mandibular       | 26             | D2794                             | Crown - titanium and titanium alloys   | 320            |
| D1575                                       | Distal shoe space maintainer - fixed, unilateral - per quadrant | 35             | D2799                             | Interim Crown - Further Treatment Or Completion Of Diagnosis Necessary Prior To Final Impression | 66             |
| AMALGAM RESTORATIONS (including polishing)  |   |                | OTHER RESTORATIVE SERVICES        |  |                |
| D2140                                       | Amalgam - One Surface, Primary Or Permanent                     | 0              | D2910                             | Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration                        | 12             |
| D2150                                       | Amalgam - Two Surfaces, Primary Or Permanent                    | 0              | D2915                             | Re-Cement Or Rebond Indirectly Fabricated Or Prefabricated Post And Core                         | 13             |
| D2160                                       | Amalgam - Three Surfaces, Primary Or Permanent                  | 0              | D2920                             | Re-Cement Or Re-Bond Crown   | 13             |
| D2161                                       | Amalgam - Four Or More Surfaces, Primary Or Permanent           | 0              | D2930                             | Prefabricated Stainless Steel Crown - Primary Tooth  | 52             |
| RESIN-BASED COMPOSITE RESTORATIONS - DIRECT |   |                | D2931                             | Prefabricated Stainless Steel Crown - Permanent Tooth  | 60             |
| D2330                                       | Resin-Based Composite - One Surface, Anterior                   | 0              | D2949                             | Restorative Foundation For An Indirect Restoration   | 0              |
| D2331                                       | Resin-Based Composite - Two Surfaces, Anterior                  | 0              | D2950                             | Core Buildup Including Any Pins When Required  | 58             |
| D2332                                       | Resin-Based Composite - Three Surfaces, Anterior                | 0              | D2951                             | Pin Retention - Per Tooth, In Addition To Restoration  | 10             |
| D2335                                       | Resin-Based Composite - Four Or More Surfaces (Anterior)        | 0              | D2952                             | Post And Core In Addition To Crown, Indirectly Fabricated  | 81             |
| D2391                                       | Resin-Based Composite - One Surface, Posterior                  | 40             | D2953                             | Each Additional Indirectly Fabricated Post - Same Tooth  | 41             |
| D2392                                       | Resin-Based Composite - Two Surfaces, Posterior                 | 65             | D2954                             | Prefabricated Post And Core In Addition To Crown   | 79             |
| D2393                                       | Resin-Based Composite - Three Surfaces, Posterior               | 80             | D2957                             | Each Additional Prefabricated Post - Same Tooth  | 40             |
| D2394                                       | Resin-Based Composite - Four Or More Surfaces, Posterior        | 85             | D2971                             | Additional Procedures To Customize a Crown to fit Under an Existing Partial Denture Framework    | 25             |
| INLAY/ONLAY RESTORATIONS                    |   |                | D2991                             | Application of Hydroxyapatite Regeneration Medicament – per tooth                                | 45             |
| D2510                                       | Inlay - Metallic - One Surface                                  | 186 ◆          | PULP CAPPING                      |  |                |

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| <b>PULP CAPPING</b>  |   |                | <b>OTHER ENDODONTIC PROCEDURES</b>                            |   |                |
| D3110  | Pulp Cap - Direct (Excluding Final Restoration)   | 0              | D3921   | Decoronation or submergence of an erupted tooth   | 52             |
| D3120  | Pulp Cap - Indirect (Excluding Final Restoration)   | 0              | D3950   | Canal Preparation And Fitting Of Preformed Dowel Or Post  | 0              |
| <b>PULPOTOMY</b>   |   |                | <b>SURGICAL SERVICES (including usual postoperative care)</b> |   |                |
| D3220  | Therapeutic Pulpotomy (Excluding Final Restoration)   | 35             | D4210   | Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant  | 173            |
| D3221  | Pulpal Debridement, Primary And Permanent Teeth   | 26             | D4211   | Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant  | 54             |
| D3222  | Partial Pulpotomy For Apexogenesis-Permanent Tooth With Incomplete Root Development           | 35             | D4212   | Gingivectomy Or Gingivoplasty To Allow Access For Restorative Procedure, Per Tooth  | 0              |
| <b>ENDODONTIC THERAPY ON PRIMARY TEETH</b>   |   |                | D4240   | Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant                            | 162            |
| D3230  | Pulpal Therapy (Resorbable Filling)-Anterior, Primary Tooth (Excluding Final Restoration)     | 60             | D4241   | Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant                            | 65             |
| D3240  | Pulpal Therapy (Resorbable Filling)-Posterior, Primary Tooth (Excluding Final Restoration)    | 72             | D4249   | Clinical Crown Lengthening-Hard Tissue  | 216            |
| <b>ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow-up care)</b> |   |                | D4260   | Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) – Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant | 260            |
| D3310  | Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)                              | 165            | D4261   | Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) – One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant | 104            |
| D3320  | Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)                              | 200            | D4263   | Bone Replacement Graft - Retained Natural Tooth - First Site In Quadrant  | 86             |
| D3330  | Endodontic Therapy, Molar Tooth (Excluding Final Restoration)                                 | 273            | D4264   | Bone Replacement Graft - Retained Natural Tooth - Each Additional Site In Quadrant  | 82             |
| <b>ENDODONTIC RETREATMENT</b>  |   |                | D4274   | Mesial/Distal Wedge Procedure, Single Tooth (When Not Performed In Conjunction With Surgical Procedures In The Same Anatomical Area)            | 156            |
| D3346  | Retreatment Of Previous Root Canal Therapy - Anterior   | 200            | D4286   | Removal of Non-Resorbable Barrier   | 0              |
| D3347  | Retreatment Or Previous Root Canal Therapy - Premolar   | 241            | <b>NON-SURGICAL PERIODONTAL SERVICES</b>                      |   |                |
| D3348  | Retreatment Of Previous Root Canal Therapy - Molar  | 313            | D4341   | Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant  | 65             |
| <b>APICOECTOMY/PERIRADICULAR SERVICES</b>  |   |                | D4342   | Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant  | 16             |
| D3410  | Apicoectomy - Anterior  | 147            | D4346   | Scaling In Presence Of Generalized Moderate Or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation                                 | 40             |
| D3421  | Apicoectomy - Premolar (First Root)   | 144            | D4355   | Full Mouth Debridement To Enable a Comprehensive Periodontal Evaluation And Diagnosis on a Subsequent Visit                                     | 35             |
| D3425  | Apicoectomy - Molar (First Root)  | 144            | D4381   | Localized Delivery Of Antimicrobial Agents Via Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth                            | 100            |
| D3426  | Apicoectomy (Each Additional Root)  | 65             | <b>OTHER PERIODONTAL SERVICES</b>                             |   |                |
| D3430  | Retrograde Filling - Per Root   | 0              |   |   |                |
| D3450  | Root Amputation - Per Root  | 81             |   |   |                |
| D3471  | Surgical repair of root resorption – anterior   | 144            |   |   |                |
| D3472  | Surgical repair of root resorption – premolar   | 144            |   |   |                |
| D3473  | Surgical repair of root resorption – molar  | 144            |   |   |                |
| D3501  | Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior | 144            |   |   |                |
| D3502  | Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar | 144            |   |   |                |
| D3503  | Surgical exposure of root surface without apicoectomy or repair of root resorption – molar    | 144            |   |   |                |
| <b>OTHER ENDODONTIC PROCEDURES</b>   |   |                |   |   |                |
| D3920  | Hemisection (Including Any Root Removal) Not Including Root Canal Therapy                     | 76             |   |   |                |

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| OTHER PERIODONTAL SERVICES                               |  |                | PARTIAL DENTURES (including routine post-delivery care) |   |                |
| D4910  | Periodontal Maintenance  | 40             | D5286   | Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant | 145            |
| D4921  | Gingival Irrigation with a medicinal agent - Per Quadrant  | 25             | ADJUSTMENTS TO DENTURES                                 |   |                |
| COMPLETE DENTURES (including routine post delivery care) |  |                | D5410   | Adjust Complete Denture - Maxillary   | 16             |
| D5110  | Complete Denture - Maxillary   | 325            | D5411   | Adjust Complete Denture - Mandibular  | 16             |
| D5120  | Complete Denture - Mandibular  | 325            | D5421   | Adjust Partial Denture - Maxillary  | 16             |
| D5130  | Immediate Denture - Maxillary  | 350            | D5422   | Adjust Partial Denture - Mandibular   | 16             |
| D5140  | Immediate Denture - Mandibular   | 350            | REPAIRS TO COMPLETE DENTURES                            |   |                |
| PARTIAL DENTURES (including routine post-delivery care)  |  |                | D5511   | Repair Broken Complete Denture Base, Mandibular   | 50             |
| D5211  | Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests And Teeth)   | 245            | D5512   | Repair Broken Complete Denture Base, Maxillary  | 50             |
| D5212  | Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests And Teeth)  | 245            | D5520   | Replace Missing Or Broken Teeth- Complete Denture (Each Tooth)  | 45             |
| D5213  | Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)            | 350            | REPAIRS TO PARTIAL DENTURES                             |   |                |
| D5214  | Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)           | 350            | D5611   | Repair Resin Partial Denture Base, Mandibular   | 50             |
| D5221  | Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)                                     | 245            | D5612   | Repair Resin Partial Denture Base, Maxillary  | 50             |
| D5222  | Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)                                    | 245            | D5621   | Repair Cast Partial Framework, Mandibular   | 65             |
| D5223  | Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)  | 350            | D5622   | Repair Cast Partial Framework, Maxillary  | 65             |
| D5224  | Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | 350            | D5630   | Repair Or Replace Broken Retentive Clasping Materials - Per Tooth   | 65             |
| D5225  | Maxillary Partial Denture - Flexible Base (Including Retentive/Clasping materials, Rests And Teeth)  | 403            | D5640   | Replace Broken Teeth-Per Tooth  | 50             |
| D5226  | Mandibular Partial Denture - Flexible Base (Including Retentive/Clasping materials, Rests And Teeth)   | 403            | D5650   | Add Tooth To Existing Partial Denture   | 60             |
| D5227  | Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)  | 245            | D5660   | Add Clasp To Existing Partial Denture - Per Tooth   | 60             |
| D5228  | Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)   | 245            | D5670   | Replace All Teeth And Acrylic On Cast Metal Framework (Maxillary)   | 228            |
| D5282  | Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary               | 145            | D5671   | Replace All Teeth And Acrylic On Cast Metal Framework (Mandibular)  | 228            |
| D5283  | Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular              | 145            | DENTURE REBASE PROCEDURES                               |   |                |
| D5284  | Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant        | 145            | D5710   | Rebase Complete Maxillary Denture   | 130            |
|  |  |                | D5711   | Rebase Complete Mandibular Denture  | 130            |
|  |  |                | D5720   | Rebase Maxillary Partial Denture  | 115            |
|  |  |                | D5721   | Rebase Mandibular Partial Denture   | 115            |
|  |  |                | D5725   | Rebase hybrid prosthesis  | 115            |
|  |  |                | DENTURE RELINE PROCEDURES                               |   |                |
|  |  |                | D5730   | Reline Complete Maxillary Denture (direct)  | 60             |
|  |  |                | D5731   | Reline Complete Mandibular Denture (direct)   | 60             |
|  |  |                | D5740   | Reline Maxillary Partial Denture (direct)   | 60             |
|  |  |                | D5741   | Reline Mandibular Partial Denture (direct)  | 60             |
|  |  |                | D5750   | Reline Complete Maxillary Denture (indirect)  | 85             |
|  |  |                | D5751   | Reline Complete Mandibular Denture (indirect)   | 85             |
|  |  |                | D5760   | Reline Maxillary Partial Denture (indirect)   | 85             |
|  |  |                | D5761   | Reline Mandibular Partial Denture (indirect)  | 85             |

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| <b>DENTURE RELINE PROCEDURES</b>   |   |                |   | <b>SURGICAL EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)</b> |  |                |
| D5765  | Soft liner for complete or partial removable denture – indirect   | 60             |   | D7220  | Removal Of Impacted Tooth - Soft Tissue  | 64             |
| <b>OTHER REMOVABLE PROSTHETIC SERVICES</b>   |   |                |   | D7230  | Removal Of Impacted Tooth - Partially Bony   | 86             |
| D5850  | Tissue Conditioning, Maxillary  | 40             |   | D7240  | Removal Of Impacted Tooth - Completely Bony  | 106            |
| D5851  | Tissue Conditioning, Mandibular   | 40             |   | D7241  | Removal Of Impacted Tooth - Completely Bony, With Unusual Surgical Complications                     | 121            |
| D5863  | Overdenture - Complete Maxillary  | 325            |   | D7250  | Removal Of Residual Tooth Roots (Cutting Procedure)  | 50             |
| D5864  | Overdenture - Partial Maxillary   | 350            |   | D7251  | Coronectomy-Intentional Partial Tooth Removal, impacted teeth only                                   | 106            |
| D5865  | Overdenture - Complete Mandibular   | 325            |   | <b>OTHER SURGICAL PROCEDURES</b>   |  |                |
| D5866  | Overdenture - Partial Mandibular  | 350            |   | D7280  | Exposure Of An Unerupted Tooth   | 102            |
| <b>FIXED PARTIAL DENTURE PONTICS</b>   |   |                |   | D7283  | Placement Of Device To Facilitate Eruption Of Impacted Tooth   | 25             |
| D6205  | Pontic - Indirect Resin Based Composite   | 400            |   | D7284  | Excisional biopsy of minor salivary glands   | 245            |
| D6210  | Pontic-Cast High Noble Metal  | 350            | ◆ | D7288  | Brush Biopsy - Transepithelial Sample Collection   | 45             |
| D6211  | Pontic-Cast Predominantly Base Metal  | 320            |   | <b>ALVEOLOPLASTY (surgical preparation of ridge for dentures)</b>  |  |                |
| D6212  | Pontic-Cast Noble Metal   | 330            | ◆ | D7310  | Alveoloplasty In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant     | 49             |
| D6214  | Pontic - titanium and titanium alloys   | 320            |   | D7320  | Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant | 60             |
| D6240  | Pontic-Porcelain Fused To High Noble Metal  | 350            | ◆ | D7321  | Alveoloplasty Not In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant | 24             |
| D6241  | Pontic-Porcelain Fused To Predominantly Base Metal  | 320            |   | <b>SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS</b>  |  |                |
| D6242  | Pontic-Porcelain Fused To Noble Metal   | 330            | ◆ | D7450  | Removal Of Benign Odontogenic Cyst Or Tumor - Lesion Diameter Up To 1.25 Cm                          | 76             |
| D6243  | Pontic - porcelain fused to titanium and titanium alloys  | 330            |   | <b>SURGICAL INCISION</b>   |  |                |
| D6245  | Pontic - Procelain/Ceramic  | 400            |   | D7509  | Marsupialization of Odontogenic Cyst   | 245            |
| <b>FIXED PARTIAL DENTURE RETAINERS - CROWNS</b>  |   |                |   | <b>OTHER REPAIR PROCEDURES</b>   |  |                |
| D6710  | Retainer Crown - Indirect Resin Based Composite   | 400            |   | D7961  | Buccal / labial frenectomy (frenulectomy)  | 100            |
| D6740  | Retainer Crown - Porcelain/Ceramic  | 400            |   | D7962  | Lingual frenectomy (frenulectomy)  | 100            |
| D6750  | Retainer Crown, Porcelain Fused To High Noble Metal   | 350            | ◆ | D7963  | Frenuloplasty  | 50             |
| D6751  | Retainer Crown - Porcelain Fused To Predominantly Base Metal  | 320            |   | <b>LIMITED ORTHODONTIC TREATMENT</b>   |  |                |
| D6752  | Retainer Crown, Porcelain Fused To Noble Metal  | 330            | ◆ | D8010  | Limited Orthodontic Treatment Of Primary Dentition   | 750            |
| D6753  | Retainer crown - porcelain fused to titanium and titanium alloys  | 330            |   | D8020  | Limited Orthodontic Treatment Of Transitional Dentition  | 750            |
| D6790  | Retainer Crown, Full Cast High Noble Metal  | 350            | ◆ | D8030  | Limited Orthodontic Treatment Of Adolescent Dentition  | 750            |
| D6791  | Retainer Crown, Full Cast Predominantly Base Metal  | 320            |   | D8040  | Limited Orthodontic Treatment Of The Adult Dentition   | 750            |
| D6792  | Retainer Crown, Full Cast Noble Metal   | 330            | ◆ | <b>COMPREHENSIVE ORTHODONTIC TREATMENT</b>   |  |                |
| D6794  | Retainer crown - titanium and titanium alloys   | 320            |   | D8070  | Comprehensive Orthodontic Treatment Of Transitional Dentition  | 2900           |
| <b>OTHER FIXED PARTIAL DENTURE SERVICES</b>  |   |                |   | D8080  | Comprehensive Orthodontic Treatment Of Adolescent Dentition  | 2900           |
| D6930  | Re-Cement Or Re-Bond Fixed Partial Denture  | 31             |   | D8090  | Comprehensive Orthodontic Treatment Of Adult Dentition   | 2900           |
| <b>EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)</b>          |   |                |   | <b>MINOR TREATMENT TO CONTROL HARMFUL HABITS</b>   |  |                |
| D7111  | Extraction, Coronal Remnants - Primary Tooth  | 11             |   |  |  |                |
| D7140  | Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)  | 28             |   |  |  |                |
| <b>SURGICAL EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)</b> |   |                |   |  |  |                |
| D7210  | Extraction, Erupted Tooth Requiring Removal Of Bone And/Or Sectioning Of Tooth, And Including Elevation Of Mucoperiosteal Flap If Indicated | 52             |   |  |  |                |



| ADA Code                                  | ADA Description   | Member Pays \$ | ADA Code  | ADA Description   | Member Pays \$ |
|---|---|----------------|-----------|---|----------------|
| MINOR TREATMENT TO CONTROL HARMFUL HABITS |   |                | FOOTNOTES |   |                |
| D8210                                     | Removable Appliance Therapy For Control Of Harmful Habits   | 375            | ◆         | 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. |                |
| D8220                                     | Fixed Appliance Therapy For Control Of Harmful Habits   | 375            |           |   |                |
| OTHER ORTHODONTIC SERVICES                |   |                | ⚙         | 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.  |                |
| D8680                                     | Orthodontic Retention (Removal Of Appliances, Construction And Placement Of Retainer(S)                       | 275            |           |   |                |
| ⚙   | Orthodontic Records Fee   | 250            |           |   |                |
| UNCLASSIFIED TREATMENT                    |   |                |           |   |                |
| D9110                                     | Palliative Treatment Of Dental Pain - per visit   | 26             |           |   |                |
| PROFESSIONAL CONSULTATION                 |   |                |           |   |                |
| D9310                                     | Consultation - Diagnostic Service Provided By Dentist Or Physician Other Than Requesting Dentist Or Physician | 28             |           |   |                |
| D9311                                     | Consultation With A Medical Health Care Professional  | 0              |           |   |                |
| PROFESSIONAL VISITS                       |   |                |           |   |                |
| D9430                                     | Office Visit For Observation (During Regularly Scheduled Hours) - No Other Services Performed                 | 0              |           |   |                |
| D9440                                     | Office Visit After Regularly Scheduled Hours  | 54             |           |   |                |
| MISCELLANEOUS SERVICES                    |   |                |           |   |                |
| D9932                                     | Cleaning And Inspection Of Removable Complete Denture, Maxillary  | 0              |           |   |                |
| D9933                                     | Cleaning And Inspection Of Removable Complete Denture, Mandibular   | 0              |           |   |                |
| D9934                                     | Cleaning And Inspection Of Removable Partial Denture, Maxillary   | 0              |           |   |                |
| D9935                                     | Cleaning And Inspection Of Removable Partial Denture, Mandibular  | 0              |           |   |                |
| D9986                                     | Missed Appointment  | 11             |           |   |                |
| D9987                                     | Cancelled appointment   | 11             |           |   |                |
| D9990                                     | Certified translation or sign-language services - per visit   | 0              |           |   |                |
| D9991                                     | Dental Case Management - Addressing Appointment Compliance Barriers   | 0              |           |   |                |
| D9992                                     | Dental Case Management - Care Coordination  | 0              |           |   |                |
| D9993                                     | Dental Case Management - Motivational Interviewing  | 0              |           |   |                |
| D9994                                     | Dental Case Management - Patient Education To Improve Oral Health Literacy                                    | 0              |           |   |                |
| D9995                                     | Teledentistry - Synchronous; Real-Time Encounter  | 0              |           |   |                |
| D9996                                     | Teledentistry - Asynchronous; Information Stored and Forwarded to Dentist for Subsequent Review               | 0              |           |   |                |
| D9997                                     | Dental care management - patients with special health care needs  | 0              |           |   |                |
| FOOTNOTES                                 |   |                |           |   |                |