

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.

ADA Code	ADA Description	Member Pays \$	ADA Code	ADA Description	Member Pays \$
CLINICAL ORAL EVALUATIONS			RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation)		
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	TESTS AND EXAMINATIONS		
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
RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation)			ORAL PATHOLOGY LABORATORY		
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	DENTAL PROPHYLAXIS		
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	TOPICAL FLUORIDE TREATMENT (office procedure)		
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	OTHER PREVENTIVE SERVICES		
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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PULP CAPPING			OTHER ENDODONTIC PROCEDURES		
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
PULPOTOMY			SURGICAL SERVICES (including usual postoperative care)		
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
ENDODONTIC THERAPY ON PRIMARY TEETH			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
ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow-up care)			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
ENDODONTIC RETREATMENT			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	NON-SURGICAL PERIODONTAL SERVICES		
D3348	Retreatment Of Previous Root Canal Therapy - Molar	313	D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	65
APICOECTOMY/PERIRADICULAR SERVICES			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	OTHER PERIODONTAL SERVICES		
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			
OTHER ENDODONTIC PROCEDURES					
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			
COMPLETE DENTURES (including routine post delivery care)			ADJUSTMENTS TO DENTURES		
D5110	Complete Denture - Maxillary	325	D5410	Adjust Complete Denture - Maxillary	16
D5120	Complete Denture - Mandibular	325	D5411	Adjust Complete Denture - Mandibular	16
D5130	Immediate Denture - Maxillary	350	D5421	Adjust Partial Denture - Maxillary	16
D5140	Immediate Denture - Mandibular	350	D5422	Adjust Partial Denture - Mandibular	16
PARTIAL DENTURES (including routine post-delivery care)			REPAIRS TO COMPLETE DENTURES		
D5211	Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests And Teeth)	245	D5511	Repair Broken Complete Denture Base, Mandibular	50
D5212	Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests And Teeth)	245	D5512	Repair Broken Complete Denture Base, Maxillary	50
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	350	D5520	Replace Missing Or Broken Teeth- Complete Denture (Each Tooth)	45
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	350			
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	245	REPAIRS TO PARTIAL DENTURES		
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	245	D5611	Repair Resin Partial Denture Base, Mandibular	50
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	350	D5612	Repair Resin Partial Denture Base, Maxillary	50
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	350	D5621	Repair Cast Partial Framework, Mandibular	65
D5225	Maxillary Partial Denture - Flexible Base (Including Retentive/Clasping materials, Rests And Teeth)	403	D5622	Repair Cast Partial Framework, Maxillary	65
D5226	Mandibular Partial Denture - Flexible Base (Including Retentive/Clasping materials, Rests And Teeth)	403	D5630	Repair Or Replace Broken Retentive Clasping Materials - Per Tooth	65
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	245	D5640	Replace Broken Teeth-Per Tooth	50
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	245	D5650	Add Tooth To Existing Partial Denture	60
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary	145	D5660	Add Clasp To Existing Partial Denture - Per Tooth	60
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular	145	D5670	Replace All Teeth And Acrylic On Cast Metal Framework (Maxillary)	228
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant	145	D5671	Replace All Teeth And Acrylic On Cast Metal Framework (Mandibular)	228
			DENTURE REBASE PROCEDURES		
			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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DENTURE RELINE PROCEDURES				SURGICAL EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)		
D5765	Soft liner for complete or partial removable denture – indirect	60		D7220	Removal Of Impacted Tooth - Soft Tissue	64
OTHER REMOVABLE PROSTHETIC SERVICES				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		OTHER SURGICAL PROCEDURES		
D5866	Overdenture - Partial Mandibular	350		D7280	Exposure Of An Unerupted Tooth	102
FIXED PARTIAL DENTURE PONTICS				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		ALVEOLOPLASTY (surgical preparation of ridge for dentures)		
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		SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS		
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		SURGICAL INCISION		
D6245	Pontic - Procelain/Ceramic	400		D7509	Marsupialization of Odontogenic Cyst	245
FIXED PARTIAL DENTURE RETAINERS - CROWNS				OTHER REPAIR PROCEDURES		
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		LIMITED ORTHODONTIC TREATMENT		
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	◆	COMPREHENSIVE ORTHODONTIC TREATMENT		
D6794	Retainer crown - titanium and titanium alloys	320		D8070	Comprehensive Orthodontic Treatment Of Transitional Dentition	2900
OTHER FIXED PARTIAL DENTURE SERVICES				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
EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)				MINOR TREATMENT TO CONTROL HARMFUL HABITS		
D7111	Extraction, Coronal Remnants - Primary Tooth	11				
D7140	Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)	28				
SURGICAL EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)						
D7210	Extraction, Erupted Tooth Requiring Removal Of Bone And/Or Sectioning Of Tooth, And Including Elevation Of Mucoperiosteal Flap If Indicated	52				

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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					