DHMO/Managed Care Contributory CA/\$0/\$0/\$0/Pismo 140C SMC/covered dental services

CA D175C

ADA	Description	MEMBER PAYS
DIAGNO	OSTIC SERVICES	
D0120	PERIODIC ORAL EVALUATION EST PT	\$0
D0140	LTD ORAL EVALUATION - PROBLEM FOCUS	\$0
D0145	ORAL EVAL PT<3 AND COUNSEL	\$0
D0150	COMP ORAL EVALUATION - NEW/EST PT	\$0
D0160	DTL & EXT ORAL EVAL - PROBLEM FOCUS REPORT	\$0
D0170	RE-EVALUATION - LTD PROBLEM FOCUSED	\$0
D0171	RE-EVALUATION - POST-OPERATIVE OFFICE VISIT	\$5
D0180	COMP PERIODONTAL EVAL - NEW/EST PT	\$C
D0190	SCREENING OF A PATIENT	\$5
D0191	ASSESMENT OF A PATIENT	\$5
D0210	INTRAORAL – COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES	\$0
D0220	INTRAORAL PERIAPICAL FIRST RADIOGRAPHIC IMAGE	\$0
D0230	INTRAORL PERIAPICAL EACH ADD RADIOGRAPHIC IMAGE	\$0
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	\$0
D0250	EXTRA-ORAL - 2D PROJECTION RADIOGRAPHIC IMAGE	\$0
D0251	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE	\$0
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	\$0
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	\$0
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	\$0
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	\$0
D0277	VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES	\$0
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$0
D0340	2D CEPHALOMETRIC RADIOGRAPHIC IMAGE - ACQUISITION, MEASUREMENT AND ANALYSIS	\$50
D0364	CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW-LESS THAN ONE WHOLE JAW	\$30
D0365	CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW OF ONE FULL DENTAL ARCH-MANDIBLE	\$30
D0366	CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW OF ONE FULL DENTAL ARCH-MAXILLA	\$35
D0367	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS	\$40
D0368	CONE BEAM CT CAPTURE AND INTERPRETATION FOR TMJ SERIES INCLUDING TWO OR MORE EXPOSURES	\$50
D0372	INTRAORAL TOMOSYNTHESIS-COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES	\$0
D0373	INTRAORAL TOMOSYNTHESIS – BITEWING RADIOGRAPHIC IMAGE	\$0
D0374	INTRAORAL TOMOSYNTHESIS – PERIAPICAL RADIOGRAPHIC IMAGE	\$0
D0387	INTRAORAL TOMOSYNTHESIS-COMPREHENSIVE SERIES OF RADIOGRAPHIC-IMAGE CAPTURE ONLY	\$0
D0388	INTRAORAL TOMOSYNTHESIS-BITEWING RADIOGRAPHIC-IMAGE CAPTURE ONLY	\$0
D0389	INTRAORAL TOMOSYNTHESIS-PERIAPICAL RADIOGRAPHIC-IMAGE CAPTURE ONLY	\$0
D0391	INTERPRETATION OF DIAGNOSTIC IMAGE	\$5
D0414	LABORATORY PROCESSING OF MICROBIAL SPECIMEN TO INCLUDE CULTURE AND SENSITIVITY STUDIES, PREPARATION TRANSMISSION OF WRITTEN REPORT	AND \$0
D0415	COLLECT MICROORGANISMS CULT & SENS	\$0
D0416	VIRAL CULTURE	\$10
D0417	COLLECTION & PREP OF SALIVA SAMPLE	\$10
D0418	ANALYSIS OF SALIVA SAMPLE	\$10
D0422	COLLECTION AND PREPARATION OF GENETIC SAMPLE MATERIAL FOR LABORATORY ANALYSIS AND REPORT	\$0
D0423	GENETIC TEST FOR SUSCEPTIBILITY TO DISEASES - SPECIMEN ANALYSIS	\$0
D0425	CARIES SUSCEPTIBILITY TESTS	\$0
D0431	ADJUNCT PREDX TST NO CYTOL/BX PROC	\$20
D0460	PULP VITALITY TESTS	\$0
D0470	DIAGNOSTIC CASTS	\$0
D0472	ACCESS TISSUE, GROSS EXAM - PREP & REPORT	\$0
D0473	ACCESS TISSUE, GROSS & MICROSCOPIC - PREP/REPORT	\$0

ADA	Description	MEMBER PAYS
D0474	ACCESS TISSUE, GROSS & MICROSCOPIC SURG MARG PREP/REPORT	\$0
D0601	CARIES RISK ASSESSMENT AND DOCUMENTATION, LOW	\$0
D0602	CARIES RISK ASSESSMENT AND DOCUMENTATION, MODERATE	\$0
D0603	CARIES RISK ASSESSMENT AND DOCUMENTATION, HIGH	\$0
D0701	PANORAMIC RADIOGRAPHIC IMAGE – IMAGE CAPTURE ONLY	\$0
D0702	2-D CEPHALOMETRIC RADIOGRAPHIC IMAGE – IMAGE CAPTURE ONLY	\$0
D0705	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE-IMAGE CAPTURE ONLY	\$0
D0706	INTRAORAL-OCCLUSAL RADIOGRAPHIC IMAGE-IMAGE CAPTURE ONLY	\$0
D0707	INTRAORAL-PERIAPICAL RADIOGRAPHIC IMAGE-IMAGE CAPTURE ONLY	\$0
D0708	INTRAORAL-BITEWING RADIOGRAPHIC IMAGE-IMAGE CAPTURE ONLY	\$0
D0709	INTRAORAL-COMPREHENSIVE SERIES OF RADIOGRAPHIC-IMAGE CAPTURE ONLY	\$0
D0999	OFFICE VISIT FEE - PER VISIT	\$5
PREVE	NTIVE SERVICES	
D1110 ¹	PROPHYLAXIS - ADULT	\$0
D1110 ¹	- PROPHYLAXIS - ADULT 1 ADD. PROPHY WITHIN 6 MONTHS	\$25
D11201	PROPHYLAXIS - CHILD	\$0
D11201	- PROPHYLAXIS - CHILD 1 ADD. PROPHY WITHIN 6 MONTHS	\$25
D1206	TOPICALFLUORIDE VARNISH	\$0
D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	\$0
D1310	NUTRIT CNSL CONTROL DENTAL DISEASE	\$0
D1320	TOBACCO CNSL CNTRL&PREVION ORL DZ	\$0
D1330	ORAL HYGIENE INSTRUCTIONS	\$0
D1351	SEALANT - PER TOOTH	\$5
D1352	PREV RESIN RESTORATION IN MOD HIGH CARIES RISK PATIENT- PERM TOOTH	\$10
D1353	SEALANT REPAIR – PER TOOTH	\$5
D1355	CARIES PREVENTIVE MEDICAMENT APPLICATION – PER TOOTH	\$0
D1516	SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY	\$25
D1517	SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR	\$25
D1520	SPACE MAINTAINER - REMOVABLE-UNILATERAL/QUAD	\$35
D1526	SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY	\$35
D1527	SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR	\$35
D1551	RECEM/REBOND BILATERAL SPACE MAINTAINER – MAXIL	\$5
D1552	RECEM/REBOND BILATERAL SPACE MAINTAINER – MANDIB	\$5
D1553	RECEM/REBOND UNILATERAL SPACE MAINTAINER/QUAD	\$5
D1556	REMOVAL OF FIXED UNILATERAL SPACE MAINTAINER/QUAD	\$10
D1557	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER-MAXIL	\$10
D1558	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER-MANDIB	\$10
D1575	DISTAL SHOE SPACE MAINTAINER – FIXED, UNILATERAL/QUAD	\$25
D1999	UNSPECIFIED PREVENTIVE PROCEDURE, BY REPORT	\$5
RESTO	RATIVE SERVICES	
D2140	AMALGAM - ONE SURFACE PRIMARY/PERMANENT	\$0
D2150	AMALGAM - TWO SURFACES PRIMARY/PERMANENT	\$0
D2160	AMALGAM - 3 SURFACES PRIMARY/PERMAMENT	\$0
D2161	AMALGAM - FOUR/MORE SURFACES PRIMARY/PERMANENT	\$0
D2330	RESIN COMPOSITE - ONE SURFACE ANTERIOR	\$0
D2331	RESIN COMPOSITE - 2 SURFACES ANTERIOR	\$0
D2332	RESIN COMPOSITE - 3 SURFACES ANTERIOR	\$0
D2335	RESIN COMPOSITE - 4/> SURF/W/INCISAL ANG	\$0
D2390	RESIN COMPOSITE CROWN ANTERIOR	\$25
D2391	RESIN COMPOSITE - 1 SURFACE POSTERIOR	\$30
D2391	RESIN COMPOSITE - 2 SURFACES POSTERIOR	\$40
D2392 D2393	RESIN COMPOSITE - 2 SURFACES POSTERIOR	\$55
D2393	RESIN COMPOSITE - 3 30KI ACES POSTEKIOK RESIN COMPOSITE - 4/MORE SURFACES POST	\$55 \$55
D2594	INLAY - METALLIC - ONE SURFACE	\$150
22010		ψ130

ADA	Description	MEMBER PAYS
D2520	INLAY - METALLIC - TWO SURFACES	\$150
D2530	INLAY - METALLIC - 3/MORE SURFACES	\$150
D2542	ONLAY - METALLIC - TWO SURFACES	\$150
D2543	ONLAY - METALLIC THREE SURFACES	\$150
D2544	ONLAY - METALLIC FOUR OR MORE SURFACES	\$150
D2610	INLAY - PORCELAIN/CERAMIC - 1 SURFACE	\$175
D2620	INLAY - PORCELAIN/CERAMIC - 2 SURFACES	\$175
D2630	INLAY - PORCELAIN/CERAMIC - 3/MORE SURFACES	\$175
D2642	ONLAY - PORCELAIN/CERAMIC - 2 SURFACES	\$175
D2643	ONLAY - PORCELAIN/CERAMIC - 3 SURFACES	\$175
D2644	ONLAY - PORCELAIN/CERAMIC - 4/MORE SURFACES	\$175
D2650	INLAY - RESIN BASED COMPOSITE - 1 SURFACE	\$175
D2651	INLAY - RESIN BASED COMPOSITE - 2 SURFACES	\$175
D2652	INLAY - RESIN BASED COMPOSITE - 3 />SURFACES	\$175
D2662	ONLAY - RESIN - BASED COMPOSITE - 2 SURFACES	\$175
D2663	ONLAY - RESIN - BASED COMPOSITE - 3 SURFACES	\$175
D2664	ONLAY - RESIN - BASED COMPOSITE - 4/> SURFACES	\$175
D2710	CROWN - RESIN - BASED COMPOSITE INDIRECT	\$125
D2712	CROWN - 3/4 RESIN - BASED COMPOSITE INDIRECT	\$125
D2720	CROWN - RESIN WITH HIGH NOBLE METAL	\$175*
D2721	CROWN - RESIN W/PREDOM BASE METAL	\$175
D2722	CROWN - RESIN WITH NOBLE METAL	\$175*
D2740	CROWN - PORCELAIN/CERAMIC SUBSTRATE	\$225
D2750	CROWN - PORCELAIN FUSED HI NOBLE METAL	\$175*
D2751	CROWN - PORCELAIN FUSED PREDOM BASE METAL	\$175
D2752	CROWN - PORCELAIN FUSED NOBLE METAL	\$175*
D2753	CROWN PORCELAIN FUSED TO TITANIUM/TITANIUM ALLOYS	\$175
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	\$175*
D2781	CROWN - 3/4 CAST PREDOM BASE METAL	\$175
D2782	CROWN - 3/4 CAST NOBLE METAL	\$175*
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	\$175
D2790	CROWN - FULL CAST HIGH NOBLE METAL	\$175*
D2791	CROWN - FULL CAST PREDOM BASE METAL	\$175
D2792	CROWN - FULL CAST NOBLE METAL	\$175*
D2794	CROWN - TITANIUM AND TITANIUM ALLOYS	\$175*
D2910	RECEMENT OR RE-BOND INLAY ONLAY VENEER OR PART COV REST	\$0
D2915	RECEMENT OR RE-BOND INDIRECTLY FABRICATED PREFABRICATED POST & CORE	\$0
D2920	RECEMENT OR RE-BOND CROWN	\$0
D2921	REATTACHMENT OF TOOTH FRAGMENT	\$65
D2929	PREFABRICATED PORCELAIN CROWN- PRIMARY	\$80
D2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY	\$25
D2931	PREFABRICATED STAINLESS STEEL CROWN - PERMANENT	\$25
D2932	PREFABRICATED RESIN CROWN	\$35
D2933	PREFABRICATED STAINLESS STEEL CROWN RESIN WINDOW	\$35
D2934	PREFABRICATED ESTHTC COATED STNLESS STEEL CROWN - PRIMARY	\$60
D2940	SEDATIVE FILLING	\$0
D2941	INTERIM THERAPEUTIC RESTORATION – PRIMARY DENTITION	\$5 ************************************
D2950	CORE BUILDUP INCLUDING ANY PINS	\$25 \$10
D2951	PIN RETENTION - PER TOOTH ADDITION REST	\$10
D2952	POST & CORE ADD CROWN INDIRECT FAB	\$35* \$35*
D2953	EACH ADD INDIRECT FABRICATED POST SAME TOOTH	\$25*
D2954	PREFABRICATED POST & CORE ADDITION CROWN	\$20 \$10
D2955	POST REMOVAL EACH ADD DREEARD DOST. SAME TOOTH	\$10 \$30
D2957	EACH ADD PREFABR POST - SAME TOOTH	\$30

ADA	Description	MEMBER PAYS
D2960	LABIAL VENEER (RESIN LAMINATE) - DIRECT	\$270
D2961	LABIAL VENEER (RESIN LAMINATE) - INDIRECT	\$465
D2962	LABIAL VENEER (PORCELAIN LAMINATE) - INDIRECT	\$560
D2971	ADDL PROC CUSTOMIZE CROWN TO FIT UNDER XST PART DENTURE	\$35
D2975	COPING	\$80
D2980	CROWN REPAIR	\$45
D2990	RESIN INFILTRATION OF INCIPIENT SMOOTH SURFACE LESIONS	\$5
ENDOD	ONTIC SERVICES	
D3110	PULP CAP - DIRECT	\$0
D3120	PULP CAP - INDIRECT	\$0
D3220	TX PULPOTOMY - CORONAL DENTNOCEMENTL JUNC	\$0
D3221	PULPAL DEBRIDEMENT PRIMARY & PERMAMENT TEETH	\$15
D3222	PARTIAL PULPOTOMY	\$60
D3230	PULPAL THERAPY - ANTERIOR PRIMARY TOOTH	\$25
D3240	PULPAL THERAPY - POSTERIOR PRIMARY TOOTH	\$25
D3310	ANTERIOR	\$75
D3320	BICUSPID	\$150
D3330	MOLAR	\$275
D3331	TX RC OBSTRUCTION; NON-SURG ACCESS	\$85
D3332	INCMPL ENDO TX;INOP UNRSTR/FX TOOTH	\$65
D3333	INTRL ROOT REPAIR PERFORATION DEFEC	\$65
D3346	RETX PREVIOUS RC THERAPY - ANTERIOR	\$100
D3347	RETX PREVIOUS RC THERAPY - BICUSPID	\$170
D3348	RETX PREVIOUS RC THERAPY - MOLAR	\$295
D3351	APEXIFICATION/RECALCIFICATION - INITIAL VST	\$65
D3352	APEXIFICATION/RECALCIFICATION - INTERIM	\$65
D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT	\$65
D3355	PULPAL REGENERATION - INITIAL VISIT	\$65
D3356	PULPAL REGENERATION - INTERIM MEDICAMENT REPLACEMENT	\$65
D3357	PULPAL REGENERATION - COMPLETION OF TREATMENT	\$65
D3410	APICOECTOMY SURG - ANT	\$95
D3421	APICOECTOMY SURG-BICUSPID	\$95
D3425	APICOECTOMY SURG - MOLAR	\$95
D3426	APICOECTOMY SURGERY	\$55
D3430	RETROGRADE FILLING - PER ROOT	\$55
D3450	ROOT AMPUTATION - PER ROOT	\$95
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	\$970
D3471	SURGICAL REPAIR OF ROOT RESORPTION - ANTERIOR	\$95
D3472	SURGICAL REPAIR OF ROOT RESORPTION – PREMOLAR	\$95
D3473	SURGICAL REPAIR OF ROOT RESORPTION – MOLAR	\$95
D3501	SURGICAL EXPOSURE ROOT SURFACE W/OUT APICOECTOMY OR REPAIR ROOT RESORPT-ANTERIOR	\$250
D3502	SURGICAL EXPOSURE ROOT SURFACE W/OUT APICOECTOMY OR REPAIR OF ROOT RESORPT-PREMOLAR	\$250
D3503	SURGICAL EXPOSURE ROOT SURFACE W/OUT APICOECTOMY OR REPAIR OF ROOT RESORPT-MOLAR	\$250
D3910	SURG PROC ISOLAT TOOTH W/RUBBER DAM	\$15
D3911	INTRAORIFICE BARRIER	\$30
D3920	HEMISECTION NOT INCL RC THERAPY	\$90
D3950	CANAL PREP & FIT PREFORMED DOWEL/POST	\$15
PERIO	DONTIC SERVICES	
D4210	GINGIVECTOMY/GINGIVOPLASTY 4/>CNTIG TEETH QUAD	\$115
D4211	GINGIVECTOMY/GINGIVOPLASTY 1-3 CNTIG TEETH QUAD	\$75
D4212	GINGIVECTOMY/GINGIVOPLASTY WITH REST PROC/TOOTH	\$15
D4240	GINGL FLP 4/>CNTIG/BOUND TEETH QUAD	\$140
D4241	GINGL FLP 1-3 CNTIG/BND TEETH QUAD	\$85
D4245	APICALLY POSITIONED FLAP	\$165
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D4260 OSSEOUS SURG 4/5 CNTIG TEETH QUAD A261 OSSEOUS SURG 1-3 CNTIG TEETH QUAD A262 SEQUES SURG 1-3 CNTIG TEETH QUAD A262 SEQUES SURG 1-3 CNTIG TEETH QUAD A262 BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - FIRST SITE IN QUADRANT A262 BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - EACH ADDITIONAL SITE IN QUADRANT B262 PEDICLE SOFT TISSUE GRAFT PROCEDURE A263 BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - EACH ADDITIONAL SITE IN QUADRANT B264 BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - EACH ADDITIONAL SITE IN QUADRANT B265 PEDICLE SOFT TISSUE GRAFT PROCEDURE - SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA) B267 FREE SOFT TISSUE GRAFT PROCEDURE - ADD TOOTH B268 FREE SOFT TISSUE GRAFT PROCEDURE - ADD TOOTH B268 SPLINT-EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS B4322 SPLINT-EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS B4323 SPLINT-EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS B4341 PERIODONTAL SCAL & ROOT PLAN 1-3 TEETH B446 SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION - FULL MOUTH, AFTER ORAL EVALUATION B457 FULL MOUTH DEBRID COMP PERIODONTAL EVAL & DX B4581 LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH B4910 PERIODONTAL MAINTENANCE B4910 UNSCHEDULED DRESSING CHANGE B4921 GINGIVAL IRRIGATION WITH A MEDICINAL AGENT-PER QUAD REMOVELE PROSTHODONTIC SERVICES B5110 COMPLETE DENTURE - MAXILLARY \$ 55140 MMEDIATE DENTURE - MAXILLARY \$ 55140 MANDIBULAR PARTIAL DENTURE - RESIN BASE \$ 55212 MANDIBULAR PARTIAL DENTURE - RESIN BASE \$ 55213 MAX PART DENTUR-CAST METL WIRSN	445
D4261 OSSEOUS SURG 1-3 CNTIG TEETH QUAD D4263 BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - FIRST SITE IN QUADRANT D4264 BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - EACH ADDITIONAL SITE IN QUADRANT D4270 PEDICLE SOFT TISSUE GRAFT PROCEDURE D4274 MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA) D4276 FREE SOFT TISSUE GRAFT PROCEDURE - SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA) D4277 FREE SOFT TISSUE GRAFT PROCEDURE - ADD TOOTH \$ D4278 FREE SOFT TISSUE GRAFT PROCEDURE - ADD TOOTH \$ D4320 SPLINT-INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS D4321 SPLINT-EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS D4322 SPLINT-EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS D4341 PERIODONTAL SCAL & ROOT PLAN 4/STEETH-QUAD D4342 PERIODONTAL SCAL & ROOT PLAN 4/STEETH-QUAD D4343 PERIODONTAL SCAL & ROOT PLAN 1-3 TEETH D4346 SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION - FULL MOUTH, AFTER ORAL EVALUATION D435 FULL MOUTH DEBRID COMP PERIODONTAL EVAL & DX D4361 LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH D4310 PERIODONTAL MAINTENANCE D4321 GINGIVAL IRRIGATION WITH A MEDICINAL AGENT-PER QUAD REMOVELEE PROSTHODONTIC SERVICES D5110 COMPLETE DENTURE - MAXILLARY S5130 IMMEDIATE DENTURE - MAXILLARY S61410 IMMEDIATE DENTURE - MANDIBULAR S6211 MAXILLARY PARTIAL DENTURE - RESIN BASE D5212 MANDIBULAR PARTIAL DENTURE - RESIN BASE S6213 MAX PART DENTUR-CAST METL W/RSN	115
D4263 BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - FIRST SITE IN QUADRANT D4264 BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - EACH ADDITIONAL SITE IN QUADRANT D4270 PEDICLE SOFT TISSUE GRAFT PROCEDURE D4271 MESIALDISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA) D4277 FREE SOFT TISSUE GRAFT PROCEDURE - 1ST TOOTH D4278 FREE SOFT TISSUE GRAFT PROCEDURE - 1ST TOOTH S40422 SPLINT-INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS D4323 SPLINT-EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS D4324 PERIODONTAL SCAL & ROOT PLAN 4/STEETH OR PROSTHETIC CROWNS D4341 PERIODONTAL SCAL & ROOT PLAN 1-3 TEETH D4342 PERIODONTAL SCAL & ROOT PLAN 1-3 TEETH D4345 FULL MOUTH DEBRID COMP PERIODONTAL EVAL & DX D4355 FULLE DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH D4391 PERIODONTAL MAINTENANCE D4392 UNSCHEDULED DRESSING CHANGE D4392 GINGIVAL IRRIGATION WITH A MEDICINAL AGENT-PER QUAD REMOVABLE PROSTHODONTIC SERVICES D5110 COMPLETE DENTURE - MAXILLARY S5120 COMPLETE DENTURE - MAXILLARY S5131 MAX PART DENTURE - MANDIBULAR D5212 MANDIBULAR PARTIAL DENTURE - RESIN BASE S5213 MAX PART DENTUR-CAST METL W/RSN	325
D4264 BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - EACH ADDITIONAL SITE IN QUADRANT D4270 PEDICLE SOFT TISSUE GRAFT PROCEDURE \$ MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA) D4277 FREE SOFT TISSUE GRAFT PROCEDURE - 1ST TOOTH \$ PROCEDURES IN THE SAME ANATOMICAL AREA) D4278 FREE SOFT TISSUE GRAFT PROCEDURE - ADD TOOTH \$ PASSA SPLINT-INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS D4322 SPLINT-INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS D4323 SPLINT-EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS D4341 PERIODONTAL SCAL & ROOT PLAN 4/>TEETH-QUAD D4342 PERIODONTAL SCAL & ROOT PLAN 4/>TEETH-QUAD D4345 SCALING IN PRESSENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION - FULL MOUTH, AFTER ORAL EVALUATION D4355 FULL MOUTH DEBRID COMP PERIODONTAL EVAL & DX D4361 LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH D4910 PERIODONTAL MAINTENANCE D4921 GINGIVAL IRRIGATION WITH A MEDICINAL AGENT-PER QUAD REMOVABLE PROSTHODONTIC SERVICES D5110 COMPLETE DENTURE - MAXILLARY \$ SOBJECT COMPLETE DENTURE - MAXILLARY \$ SOBJECT COMPLETE DENTURE - MANDIBULAR \$ SOBJECT MAKILLARY PARTIAL DENTURE - RESIN BASE D5212 MANDIBULAR PARTIAL DENTURE - RESIN BASE \$ SOSJECT MANDIBULAR PARTIAL DENTURE - RESIN BASE \$ SOSJECT MANDIBULAR PARTIAL DENTURE - RESIN BASE	215
D4270 PEDICLE SOFT TISSUE GRAFT PROCEDURE D4274 MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA) D4277 FREE SOFT TISSUE GRAFT PROCEDURE - 1ST TOOTH \$ D4278 FREE SOFT TISSUE GRAFT PROCEDURE - 1ST TOOTH \$ D4278 FREE SOFT TISSUE GRAFT PROCEDURE - ADD TOOTH \$ D4322 SPLINT-INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS D4323 SPLINT-EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS D4340 PERIODONTAL SCAL & ROOT PLAN 4/-TEETH-QUAD D4341 PERIODONTAL SCAL & ROOT PLAN 1-3 TEETH D4346 SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION – FULL MOUTH, AFTER ORAL EVALUATION D4355 FULL MOUTH DEBRID COMP PERIODONTAL EVAL & DX D4361 LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH D4910 PERIODONTAL MAINTENANCE D4920 UNSCHEDULED DRESSING CHANGE D4921 GINGIVAL IRRIGATION WITH A MEDICINAL AGENT–PER QUAD REMOVABLE PROSTHODONTIC SERVICES D5110 COMPLETE DENTURE - MAXILLARY S5120 COMPLETE DENTURE - MAXILLARY S6140 IMMEDIATE DENTURE - MANDIBULAR S6141 MAXILLARY PARTIAL DENTURE - RESIN BASE S6213 MAX PART DENTURE - RESIN BASE S6213 MAX PART DENTUR-CAST METL W/RSN	175
D4274 MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA) D4277 FREE SOFT TISSUE GRAFT PROCEDURE - 1ST TOOTH \$ D4278 FREE SOFT TISSUE GRAFT PROCEDURE - ADD TOOTH \$ D4322 SPLINT-INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS D4323 SPLINT-EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS D4341 PERIODONTAL SCAL & ROOT PLAN 4/5 TEETH-QUAD D4342 PERIODONTAL SCAL & ROOT PLAN 1/3 TEETH D4346 SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION - FULL MOUTH, AFTER ORAL EVALUATION D4355 FULL MOUTH DEBRID COMP PERIODONTAL EVAL & DX D4361 LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH D4910 PERIODONTAL MAINTENANCE D4920 UNSCHEDULED DRESSING CHANGE D4921 GINGIVAL IRRIGATION WITH A MEDICINAL AGENT-PER QUAD REMOVABLE PROSTHODONTIC SERVICES D5110 COMPLETE DENTURE - MAXILLARY \$ D5120 COMPLETE DENTURE - MAXILLARY \$ D5130 IMMEDIATE DENTURE - MANDIBULAR \$ D5140 IMMEDIATE DENTURE - MANDIBULAR \$ D5211 MAXILLARY PARTIAL DENTURE - RESIN BASE \$ D5212 MANDIBULAR PARTIAL DENTURE - RESIN BASE \$ D5213 MAX PART DENTUR-CAST METL W/RSN	\$75
PROCEDURES IN THE SAME ANATOMICAL AREA) D4277 FREE SOFT TISSUE GRAFT PROCEDURE -1ST TOOTH \$ D4278 FREE SOFT TISSUE GRAFT PROCEDURE - ADD TOOTH \$ D4327 SPLINT-INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS D4323 SPLINT-EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS D4324 PERIODONTAL SCAL & ROOT PLAN 4/>TEETH-QUAD D4325 PERIODONTAL SCAL & ROOT PLAN 1/-3 TEETH D4346 SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION – FULL MOUTH, AFTER ORAL EVALUATION D4355 FULL MOUTH DEBRID COMP PERIODONTAL EVAL & DX D4361 LOCALIZED DELINERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH D4910 PERIODONTAL MAINTENANCE D4920 UNSCHEDULED DRESSING CHANGE D4921 GINGIVAL IRRIGATION WITH A MEDICINAL AGENT-PER QUAD REMOVABLE PROSTHODONTIC SERVICES D5110 COMPLETE DENTURE - MAXILLARY \$ D5120 COMPLETE DENTURE - MAXILLARY \$ D5130 IMMEDIATE DENTURE - MANDIBULAR D5141 MAXILLARY PARTIAL DENTURE - RESIN BASE \$ D5212 MANDIBULAR PARTIAL DENTURE - RESIN BASE \$ D5213 MAX PART DENTUR-CAST METL W/RSN	215
D4278 FREE SOFT TISSUE GRAFT PROCEDURE - ADD TOOTH D4322 SPLINT-INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS D4323 SPLINT-EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS D4341 PERIODONTAL SCAL & ROOT PLAN 4/>TEETH-QUAD D4342 PERIODONTAL SCAL & ROOT PLAN 1-3 TEETH D4346 SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION - FULL MOUTH, AFTER ORAL EVALUATION D4355 FULL MOUTH DEBRID COMP PERIODONTAL EVAL & DX D4361 LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH D4910 PERIODONTAL MAINTENANCE D4920 UNSCHEDULED DRESSING CHANGE D4921 GINGIVAL IRRIGATION WITH A MEDICINAL AGENT-PER QUAD REMOVABLE PROSTHODONTIC SERVICES D5110 COMPLETE DENTURE - MAXILLARY D5120 COMPLETE DENTURE - MAXILLARY D5130 IMMEDIATE DENTURE - MANDIBULAR D5140 IMMEDIATE DENTURE - MANDIBULAR D5140 IMMEDIATE DENTURE - MANDIBULAR SD5211 MAXILLARY PARTIAL DENTURE - RESIN BASE SD5212 MANDIBULAR PARTIAL DENTURE - RESIN BASE SS5213 MAX PART DENTUR-CAST METL WIRSN	\$65
D4322 SPLINT-INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS D4323 SPLINT-EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS D4341 PERIODONTAL SCAL & ROOT PLAN 4/>TEETH-QUAD D4342 PERIODONTAL SCAL & ROOT PLAN 1-3 TEETH D4346 SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION – FULL MOUTH, AFTER ORAL EVALUATION D4355 FULL MOUTH DEBRID COMP PERIODONTAL EVAL & DX D4361 LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH D4910 PERIODONTAL MAINTENANCE D4920 UNSCHEDULED DRESSING CHANGE D4921 GINGIVAL IRRIGATION WITH A MEDICINAL AGENT-PER QUAD REMOVABLE PROSTHODONTIC SERVICES D5110 COMPLETE DENTURE - MAXILLARY D5120 COMPLETE DENTURE - MAXILLARY D5130 IMMEDIATE DENTURE - MAXILLARY D5140 IMMEDIATE DENTURE - MAXILLARY D5140 IMMEDIATE DENTURE - MANDIBULAR D5211 MAXILLARY PARTIAL DENTURE - RESIN BASE D5212 MANDIBULAR PARTIAL DENTURE - RESIN BASE D5213 MAX PART DENTUR-CAST METL W/RSN	235
D4323 SPLINT-EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS D4341 PERIODONTAL SCAL & ROOT PLAN 4/>TEETH-QUAD D4342 PERIODONTAL SCAL & ROOT PLAN 1/3 TEETH D4346 SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION – FULL MOUTH, AFTER ORAL EVALUATION D4355 FULL MOUTH DEBRID COMP PERIODONTAL EVAL & DX D4361 LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH D4910 PERIODONTAL MAINTENANCE D4920 UNSCHEDULED DRESSING CHANGE D4921 GINGIVAL IRRIGATION WITH A MEDICINAL AGENT-PER QUAD REMOVABLE PROSTHODONTIC SERVICES D5110 COMPLETE DENTURE - MAXILLARY \$ D5120 COMPLETE DENTURE - MANDIBULAR \$ D5130 IMMEDIATE DENTURE - MANDIBULAR \$ D5140 IMMEDIATE DENTURE - MANDIBULAR \$ D5211 MAXILLARY PARTIAL DENTURE - RESIN BASE \$ D5212 MANDIBULAR PARTIAL DENTURE - RESIN BASE \$ D5213 MAX PART DENTUR-CAST METL W/RSN	275
D4341 PERIODONTAL SCAL & ROOT PLAN 4/>TEETH-QUAD D4342 PERIODONTAL SCAL & ROOT PLAN 1-3 TEETH D4346 SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION – FULL MOUTH, AFTER ORAL EVALUATION D4355 FULL MOUTH DEBRID COMP PERIODONTAL EVAL & DX D4361 LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH D4910 PERIODONTAL MAINTENANCE D4920 UNSCHEDULED DRESSING CHANGE D4921 GINGIVAL IRRIGATION WITH A MEDICINAL AGENT–PER QUAD REMOVABLE PROSTHODONTIC SERVICES D5110 COMPLETE DENTURE - MAXILLARY D5120 COMPLETE DENTURE - MAXILLARY D5130 IMMEDIATE DENTURE - MAXILLARY D5140 IMMEDIATE DENTURE - MAXILLARY D5140 IMMEDIATE DENTURE - MANDIBULAR D5211 MAXILLARY PARTIAL DENTURE - RESIN BASE D5212 MANDIBULAR PARTIAL DENTURE - RESIN BASE D5213 MAX PART DENTUR-CAST METL W/RSN	\$75
D4342 PERIODONTAL SCAL & ROOT PLAN 1-3 TEETH D4346 SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION – FULL MOUTH, AFTER ORAL EVALUATION D4355 FULL MOUTH DEBRID COMP PERIODONTAL EVAL & DX D4381 LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH D4910 PERIODONTAL MAINTENANCE D4920 UNSCHEDULED DRESSING CHANGE D4921 GINGIVAL IRRIGATION WITH A MEDICINAL AGENT–PER QUAD REMOVABLE PROSTHODONTIC SERVICES D5110 COMPLETE DENTURE - MAXILLARY \$ D5120 COMPLETE DENTURE - MANDIBULAR \$ D5130 IMMEDIATE DENTURE - MANDIBULAR \$ D5140 IMMEDIATE DENTURE - MANDIBULAR \$ S D5211 MAXILLARY PARTIAL DENTURE - RESIN BASE \$ S D5212 MANDIBULAR PARTIAL DENTURE - RESIN BASE \$ S S S S S S S S S S S S S S S S S	\$75
D4346 SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION – FULL MOUTH, AFTER ORAL EVALUATION D4355 FULL MOUTH DEBRID COMP PERIODONTAL EVAL & DX D4381 LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH D4910 PERIODONTAL MAINTENANCE D4920 UNSCHEDULED DRESSING CHANGE D4921 GINGIVAL IRRIGATION WITH A MEDICINAL AGENT–PER QUAD REMOVABLE PROSTHODONTIC SERVICES D5110 COMPLETE DENTURE - MAXILLARY \$ D5120 COMPLETE DENTURE - MANDIBULAR \$ D5130 IMMEDIATE DENTURE - MAXILLARY \$ S D5140 IMMEDIATE DENTURE - MANDIBULAR \$ S D5140 IMMEDIATE DENTURE - MANDIBULAR \$ S D5211 MAXILLARY PARTIAL DENTURE - RESIN BASE \$ S D5212 MANDIBULAR PARTIAL DENTURE - RESIN BASE \$ S S S S S S S S S S S S S S S S S S	\$40
EVALUATION D4355 FULL MOUTH DEBRID COMP PERIODONTAL EVAL & DX D4381 LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH D4910 PERIODONTAL MAINTENANCE D4920 UNSCHEDULED DRESSING CHANGE D4921 GINGIVAL IRRIGATION WITH A MEDICINAL AGENT-PER QUAD REMOVABLE PROSTHODONTIC SERVICES D5110 COMPLETE DENTURE - MAXILLARY D5120 COMPLETE DENTURE - MAXILLARY D5130 IMMEDIATE DENTURE - MANDIBULAR D5140 IMMEDIATE DENTURE - MANDIBULAR D5211 MAXILLARY PARTIAL DENTURE - RESIN BASE D5212 MANDIBULAR PARTIAL DENTURE - RESIN BASE D5213 MAX PART DENTUR-CAST METL W/RSN	\$28
D4381 LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH D4910 PERIODONTAL MAINTENANCE D4920 UNSCHEDULED DRESSING CHANGE D4921 GINGIVAL IRRIGATION WITH A MEDICINAL AGENT-PER QUAD REMOVABLE PROSTHODONTIC SERVICES D5110 COMPLETE DENTURE - MAXILLARY D5120 COMPLETE DENTURE - MANDIBULAR D5130 IMMEDIATE DENTURE - MANDIBULAR D5140 IMMEDIATE DENTURE - MANDIBULAR D5211 MAXILLARY PARTIAL DENTURE - RESIN BASE D5212 MANDIBULAR PARTIAL DENTURE - RESIN BASE S5213 MAX PART DENTUR-CAST METL W/RSN	\$25 \$40
TISSUE, PER TOOTH D4910 PERIODONTAL MAINTENANCE D4920 UNSCHEDULED DRESSING CHANGE D4921 GINGIVAL IRRIGATION WITH A MEDICINAL AGENT-PER QUAD REMOVABLE PROSTHODONTIC SERVICES D5110 COMPLETE DENTURE - MAXILLARY D5120 COMPLETE DENTURE - MANDIBULAR D5130 IMMEDIATE DENTURE - MAXILLARY D5140 IMMEDIATE DENTURE - MANDIBULAR D5211 MAXILLARY PARTIAL DENTURE - RESIN BASE D5212 MANDIBULAR PARTIAL DENTURE - RESIN BASE D5213 MAX PART DENTUR-CAST METL W/RSN	\$35
D4920 UNSCHEDULED DRESSING CHANGE D4921 GINGIVAL IRRIGATION WITH A MEDICINAL AGENT-PER QUAD REMOVABLE PROSTHODONTIC SERVICES D5110 COMPLETE DENTURE - MAXILLARY D5120 COMPLETE DENTURE - MANDIBULAR D5130 IMMEDIATE DENTURE - MAXILLARY S D5140 IMMEDIATE DENTURE - MANDIBULAR D5211 MAXILLARY PARTIAL DENTURE - RESIN BASE D5212 MANDIBULAR PARTIAL DENTURE - RESIN BASE D5213 MAX PART DENTUR-CAST METL W/RSN	
D4921 GINGIVAL IRRIGATION WITH A MEDICINAL AGENT-PER QUAD REMOVABLE PROSTHODONTIC SERVICES D5110 COMPLETE DENTURE - MAXILLARY D5120 COMPLETE DENTURE - MANDIBULAR D5130 IMMEDIATE DENTURE - MAXILLARY D5140 IMMEDIATE DENTURE - MANDIBULAR D5211 MAXILLARY PARTIAL DENTURE - RESIN BASE D5212 MANDIBULAR PARTIAL DENTURE - RESIN BASE D5213 MAX PART DENTUR-CAST METL W/RSN	\$30
REMOVABLE PROSTHODONTIC SERVICES D5110 COMPLETE DENTURE - MAXILLARY D5120 COMPLETE DENTURE - MANDIBULAR D5130 IMMEDIATE DENTURE - MAXILLARY D5140 IMMEDIATE DENTURE - MANDIBULAR D5211 MAXILLARY PARTIAL DENTURE - RESIN BASE D5212 MANDIBULAR PARTIAL DENTURE - RESIN BASE D5213 MAX PART DENTUR-CAST METL W/RSN	\$0
D5110 COMPLETE DENTURE - MAXILLARY D5120 COMPLETE DENTURE - MANDIBULAR D5130 IMMEDIATE DENTURE - MAXILLARY D5140 IMMEDIATE DENTURE - MANDIBULAR D5211 MAXILLARY PARTIAL DENTURE - RESIN BASE D5212 MANDIBULAR PARTIAL DENTURE - RESIN BASE D5213 MAX PART DENTUR-CAST METL W/RSN	\$0
D5120 COMPLETE DENTURE - MANDIBULAR D5130 IMMEDIATE DENTURE - MAXILLARY D5140 IMMEDIATE DENTURE - MANDIBULAR D5211 MAXILLARY PARTIAL DENTURE - RESIN BASE D5212 MANDIBULAR PARTIAL DENTURE - RESIN BASE D5213 MAX PART DENTUR-CAST METL W/RSN	
D5130 IMMEDIATE DENTURE - MAXILLARY D5140 IMMEDIATE DENTURE - MANDIBULAR D5211 MAXILLARY PARTIAL DENTURE - RESIN BASE D5212 MANDIBULAR PARTIAL DENTURE - RESIN BASE D5213 MAX PART DENTUR-CAST METL W/RSN	225
D5140 IMMEDIATE DENTURE - MANDIBULAR D5211 MAXILLARY PARTIAL DENTURE - RESIN BASE D5212 MANDIBULAR PARTIAL DENTURE - RESIN BASE D5213 MAX PART DENTUR-CAST METL W/RSN	225
D5211 MAXILLARY PARTIAL DENTURE - RESIN BASE D5212 MANDIBULAR PARTIAL DENTURE - RESIN BASE D5213 MAX PART DENTUR-CAST METL W/RSN \$	250
D5212 MANDIBULAR PARTIAL DENTURE - RESIN BASE D5213 MAX PART DENTUR-CAST METL W/RSN \$	250
D5213 MAX PART DENTUR-CAST METL W/RSN \$	275
·	275
	275
D5214 MAND PART DENTUR- CAST METL W/RSN \$	275
,	\$55
D5222 IMMEDIATE MANDIBULAR PARTIAL DENTURE – RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$55
RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$55 \$55
RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	
	350
	350
	\$55
	\$55
	260
	260
	350
	350
D5410 ADJUST COMPLETE DENTURE - MAXILLARY	\$0
D5411 ADJUST COMPLETE DENTURE - MANDIBULAR	\$0
D5421 ADJUST PARTIAL DENTURE - MAXILLARY	\$0
D5422 ADJUST PARTIAL DENTURE - MANDIBULAR	\$0
D5511 REPAIR BROKEN COMPLETE DENTURE BASE	\$25
	\$25
	\$25
	\$25
	\$25
	\$25
	\$25
D5630 REPAIR OR REPLACE BROKEN CLASP - PER TOOTH	\$25

D5950 REPLACE BROKEN TEETH- PER TOOTH \$25 D6800 ADD CLASP EXISTING PARTIAL DENTURE - PER TOOTH \$25 D6870 REPLACE ALL TEETH & ACRYLL CFRIMEWRK MAXILLARY \$150 D6771 REPLACE ALL TEETH & ACRYLL CFRIMEWRK MAXILLARY \$150 D6717 REBASE COMMETE MAXILLARY DENTURE \$65 D6721 REBASE COMPLETE MAXILLARY DENTURE \$65 D6722 REBASE MAXILLARY PARTIAL DENTURE \$65 D6723 REBASE MAXILLARY PARTIAL DENTURE \$65 D6724 REBASE HYBRID PROSTHESIS \$65 D6736 RELINE CMPL MAXIL DENTURE (DIRECT) \$36 D6741 RELINE CMPL MAXIL DENTURE (DIRECT) \$36 D6742 RELINE CMPL MAXIL DENTURE (DIRECT) \$36 D6743 RELINE CMPL MAXIL DENTURE (INDIRECT) \$36 D6744 RELINE CMPL MAXIL DENTURE (INDIRECT) \$35 D6747 RELINE CMPL MAXIL DENTURE (INDIRECT) \$35 D6748 RELINE CMPL MAXIL DENTURE (INDIRECT) \$35 D6759 RELINE MAXIL PART DENTURE (INDIRECT) \$36 D6760 RELINE MAXIL PART	ADA	Description	MEMBER PAYS
D5600 ADD CLASP EXISTING PARTIAL DENTURE - PER TOOTH \$150 D6671 REPLACE ALL TEETH & ACRYLC FRIMEWIK MANDIBULAR \$150 D6771 REBASE COMPLETE MAXILLARY DENTURE \$25 D6772 REBASE COMPLETE MAXILLARY DENTURE \$55 D6773 REBASE COMPLETE MAXILLARY DENTURE \$55 D6772 REBASE MAXILLARY PARTIAL DENTURE \$55 D6773 REBASE MAXILLARY PARTIAL DENTURE \$55 D6774 RELINE CMPL MAXIL DENTURE (DIRECT) \$35 D6773 RELINE CMPL MAXIL DENTURE (DIRECT) \$35 D6774 RELINE CMPL MAXIL DENTURE (DIRECT) \$35 D6775 RELINE CMPL MAXIL DENTURE (DIRECT) \$35 D6776 RELINE MAXID PART DENTURE (DIRECT) \$35 D6777 RELINE CMPL MAXIL DENTURE (INDIRECT) \$35 D6778 RELINE CMPL MAXIL DENTURE (INDIRECT) \$35 D6780 RELINE CMPL MAXIL DENTURE (INDIRECT) \$35 D6791 RELINE CMPL MAXIL DENTURE (INDIRECT) \$35 D6792 RELINE MAXILLARY \$35 D6803 INTERIM PARTIAL DENTURE MAXILLARY <td></td> <td></td> <td></td>			
0.5970 REPLACE ALL TEETH & ACRYLC FRMEWRK MANDIBULAR \$150 0.5671 REPLACE ALL TEETH & ACRYLC FRMEWRK MANDIBULAR \$150 0.5710 REBASE COMPLETE MANULLAR DENTURE \$65 0.5721 REBASE COMPLETE MANDIBULAR DENTURE \$65 0.5722 REBASE MANDIBULAR PARTIAL DENTURE \$65 0.5723 REBASE MANDIBULAR PARTIAL DENTURE \$65 0.5723 REBASE HYBRID PROSTHESIS \$65 0.5723 REBASE MANDIBULAR PARTIAL DENTURE (DIRECT) \$35 0.5724 RELINE CMPL MANU DENTURE (DIRECT) \$35 0.5724 RELINE MANU PART DENTURE (MIDIRECT) \$35 0.5724 RELINE MANU PART DENTURE (MIDIRECT) \$35 0.5725 RELINE MANU PART DENTURE (MIDIRECT) \$35 0.5726 RELINE MANU PART DENTURE (MIDIRECT) \$35 0.5726 RELINE MANU PART DENTURE (MIDIRECT) \$35 0.5826 RELINE M			
D5710 REPLACE ALL TEETH & ACRYLC FRMEWRK MANDIBULAR \$15 D5710 REBASE COMPLETE MAXILLARY DENTURE \$5 D5721 REBASE COMPLETE MANDIBULAR DENTURE \$5 D5722 REBASE MANDIBULAR PARTIAL DENTURE \$5 D5725 REBASE MANDIBULAR PARTIAL DENTURE \$5 D5726 REBASE MANDIBULAR PARTIAL DENTURE \$5 D5737 RELINE CMPL MAND DENTURE (DIRECT) \$3 D5731 RELINE CMPL MAND DENTURE (DIRECT) \$3 D5731 RELINE CMPL MAND DENTURE (DIRECT) \$3 D5731 RELINE MAND PART DENTURE (DIRECT) \$3 D5731 RELINE MAND PART DENTURE (DIRECT) \$3 D5731 RELINE CMPL MAND DENTURE (DIRECT) \$5 D5731 RELINE CMPL MAND DENTURE (INDIRECT) \$5 D5732 RELINE MAND PART DENTURE (INDIRECT) \$5 D5733 RELINE MAND PART DENTURE (INDIRECT) \$5 D5740 RELINE MAND PART DENTURE (INDIRECT) \$5 D5751 RELINE MAND PART DENTURE (INDIRECT) \$5 D5762 RELINE MAND PART DENTURE (INDIRECT) \$5			
D5710 REBASE COMPLETE MANDIBULAR DENTURE \$55 D5711 REBASE COMPLETE MANDIBULAR DENTURE \$55 D5721 REBASE MANDLARLAY PARTIAL DENTURE \$55 D5725 REBASE MANDIBULAR PARTIAL DENTURE \$55 D5726 REBASE HYBRID PROSTHESIS \$55 D5727 RELINE CMPL MANDL DENTURE (DIRECT) \$35 D5731 RELINE CMPL MANDL DENTURE (DIRECT) \$35 D5741 RELINE MANUL PART DENTURE (DIRECT) \$35 D5742 RELINE MANDL PART DENTURE (DIRECT) \$35 D5743 RELINE MANDL DENTURE (IDRECT) \$35 D5754 RELINE MANDL DENTURE (INDRECT) \$35 D5755 RELINE MANDL DENTURE (INDRECT) \$35 D5761 RELINE MANDL PART DENTURE (INDRECT) \$35			
D5710 REBASE COMPLETE MANDIBULAR DETTURE S5 D5721 REBASE MANDIBULAR PARTIAL DETTURE S5 D5725 REBASE MANDIBULAR PARTIAL DETTURE S5 D5736 REBASE HYBRID PROSTHESIS S5 D5737 RELINE CMPL MANIL DENTURE (DIRECT) S3 D5731 RELINE CMPL MANIL DENTURE (DIRECT) S3 D5740 RELINE MANL PART DENTURE (DIRECT) S3 D5741 RELINE MANL PART DENTURE (DIRECT) S5 D5741 RELINE CMPL MAND DENTURE (DIRECT) S5 D5751 RELINE CMPL MAND DENTURE (DIRECT) S5 D5761 RELINE CMPL MAND DENTURE (INDIRECT) S5 D5761 RELINE CMPL MAND DENTURE (INDIRECT) S5 D5761 RELINE MAND PART DENTURE (INDIRECT) S5 D5761 RELINE MAND PART DENTURE (INDIRECT) S5 D5762 RELINE MAND PART DENTURE MANDIBULAR S6 D5863 JOER LINE MANDIBULAR S6 D5864 INTERIM PARTIAL DENTURE MANDIBULAR S6 D5865 TISSUE CONDITIONING MANDIBULAR S6			
D5721 REBASE MAXILLARY PARTIAL DENTURE \$55 D5721 REBASE MANDIBULAR PARTIAL DENTURE \$55 D5725 REBASE HYBRID PROSTHESIS \$55 D5730 RELINE CMPL MAXIL DENTURE (DIRECT) \$35 D5741 RELINE CMPL MAXIL DENTURE (DIRECT) \$35 D5741 RELINE MAXIL PART DENTURE (DIRECT) \$35 D5741 RELINE MAXIL DENTURE (INDIRECT) \$35 D5752 RELINE CMPL MAXIL DENTURE (INDIRECT) \$35 D5753 RELINE CMPL MAXIL DENTURE (INDIRECT) \$35 D5754 RELINE MAND PART DENTURE (INDIRECT) \$35 D5755 RELINE MAND PART DENTURE (INDIRECT) \$35 D5760 RELINE MAND PART DENTURE (INDIRECT) \$35 D5751 RELINE MAND PART DENTURE (INDIRECT) \$35 D5761 RELINE MAND PART DENTURE (INDIRECT) \$35 D5820 INTERIM PARTIAL DENTURE MAXILLARY \$36 D5821 INTERIM PARTIAL DENTURE MANDIBULAR \$30 D5822 INTERIM PARTIAL DENTURE MANDIBULAR \$30 D5833 OVERDENTURE - COMPLETE MAXILLARY \$42			
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D6010 SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT \$1035 D6013 SURGICAL PLACEMENT OF A MINI-IMPLANT \$1185 D6055 DENTAL IMPLANT SUPPORTED CONNECTING BAR \$390 D6056 PREFABRICATED ABUTMENT - INCLUDES MOD AND PLACEMENT \$290 D6057 CUSTOM FAB ABUTMENT - INCLUDES PLACEMENT \$395 D6058 ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN \$710 D6059 ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL) \$75 D6060 ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINATELY BASE METAL) \$635 D6061 ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL) \$675 D6062 ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINATELY BASE METAL) \$595 D6064 ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL) \$620 D6065 IMPLANT SUPPORTED CAST METAL CROWN (NOBLE METAL) \$620 D6066 IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO HIGH NOBLE ALLOYS \$720			•••
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D6056PREFABRICATED ABUTMENT - INCLUDES MOD AND PLACEMENT\$290D6057CUSTOM FAB ABUTMENT - INCLUDES PLACEMENT\$395D6058ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN\$710D6059ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL)\$770D6060ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINATELY BASE METAL)\$575D6061ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL)\$635D6062ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)\$675D6063ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINATELY BASE METAL)\$595D6064ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)\$620D6065IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN\$740D6066IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO HIGH NOBLE ALLOYS\$720	D6013	SURGICAL PLACEMENT OF A MINI-IMPLANT	\$1185
D6057 CUSTOM FAB ABUTMENT - INCLUDES PLACEMENT D6058 ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN D6059 ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL) D6060 ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINATELY BASE METAL) D6061 ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL) D6062 ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL) D6063 ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINATELY BASE METAL) D6064 ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINATELY BASE METAL) D6065 IMPLANT SUPPORTED CAST METAL CROWN (NOBLE METAL) D6066 IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO HIGH NOBLE ALLOYS \$720	D6055	DENTAL IMPLANT SUPPORTED CONNECTING BAR	\$390
ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL) 5710 D6060 ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINATELY BASE METAL) 5575 D6061 ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL) 5635 D6062 ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL) 5675 D6063 ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINATELY BASE METAL) 5595 D6064 ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL) 5606 IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN 5740 D6066 IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO HIGH NOBLE ALLOYS 5720	D6056	PREFABRICATED ABUTMENT - INCLUDES MOD AND PLACEMENT	\$290
D6059 ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL) D6060 ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINATELY BASE METAL) D6061 ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL) D6062 ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL) D6063 ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINATELY BASE METAL) D6064 ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL) D6065 IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN D6066 IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO HIGH NOBLE ALLOYS \$720	D6057	CUSTOM FAB ABUTMENT - INCLUDES PLACEMENT	\$395
D6060 ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINATELY BASE METAL) D6061 ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL) D6062 ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL) D6063 ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINATELY BASE METAL) D6064 ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL) D6065 IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN D6066 IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO HIGH NOBLE ALLOYS \$720	D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	\$710
D6061 ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL) D6062 ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL) D6063 ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINATELY BASE METAL) D6064 ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL) D6065 IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN D6066 IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO HIGH NOBLE ALLOYS \$720	D6059	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL)	\$710
D6062 ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL) D6063 ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINATELY BASE METAL) D6064 ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL) D6065 IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN D6066 IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO HIGH NOBLE ALLOYS \$720	D6060	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINATELY BASE METAL)	\$575
D6063ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINATELY BASE METAL)\$595D6064ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)\$620D6065IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN\$740D6066IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO HIGH NOBLE ALLOYS\$720	D6061	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL)	\$635
D6064ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)\$620D6065IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN\$740D6066IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO HIGH NOBLE ALLOYS\$720	D6062	ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)	\$675
D6065IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN\$740D6066IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO HIGH NOBLE ALLOYS\$720	D6063	ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINATELY BASE METAL)	\$595
D6066 IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO HIGH NOBLE ALLOYS \$720	D6064	ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)	\$620
	D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	\$740
D6067 IMPLANT SUPPORTED CROWN - HIGH NOBLE ALLOYS \$730	D6066	IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO HIGH NOBLE ALLOYS	\$720
VIO	D6067	IMPLANT SUPPORTED CROWN - HIGH NOBLE ALLOYS	\$730
D6068 ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC FPD \$680	D6068	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC FPD	\$680
D6069 ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (HIGH NOBLE METAL) \$705	D6069	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (HIGH NOBLE METAL)	\$705
D6070 ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (PREDOMINATELY BASE METAL) \$630	D6070	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (PREDOMINATELY BASE METAL)	\$630
D6071 ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (NOBLE METAL) \$680	D6071	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (NOBLE METAL)	\$680
D6072 ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL) \$690	D6072	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL)	\$690
D6073 ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (PREDOMINATELY BASE METAL) \$630	D6073	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (PREDOMINATELY BASE METAL)	\$630
D6074 ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL) \$670	D6074	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL)	\$670
D6075 IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD \$740		IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	·
D6076 IMPLANT SUPPORTED RETAINER FOR FPD - PORCELAIN FUSED TO HIGH NOBLE ALLOYS \$705			
D6077 IMPLANT SUPPORTED RETAINER FOR METAL FPD - HIGH NOBLE ALLOYS \$665	D6077	IMPLANT SUPPORTED RETAINER FOR METAL FPD - HIGH NOBLE ALLOYS	\$665

ADA	Description M	EMBER PAYS
D6080	IMPLANT MAINTENANCE PROCEDURES WHEN PROSTHESIS ARE REMOVED AND REINSERTED, INCLUDING CLEANSING OF PROSTHESIES AND ABUTMENTS	\$80
D6081	SCALING AND DEBRIDEMENT IN THE PRESENCE OF INFLAMMATION OR MUCOSITIS OF A SINGLE IMPLANT, INCLUDING CLEANING OF THE IMPLANT SURFACES, WITHOUT FLAP ENTRY AND CLOSURE	\$190
D6082	IMPLANT SUPPT CROWN-PORCELAIN FUSED TO PREDOM. BASE ALLOYS	\$720
D6083	IMPLANT SUPPT CROWN-PORCELAIN FUSED TO NOBLE ALLOYS	\$720
D6084	IMPLANT SUPPT CROWN-PORCELAIN FUSED TO TITANIUM/TITANIUM ALLOYS	\$720
D6085	INTERIM IMPLANT CROWN	\$55
D6086	IMPLANT SUPPT CROWN-PREDOM. BASE ALLOYS	\$730
D6087	IMPLANT SUPPT CROWN-NOBLE ALLOYS	\$730
D6088	IMPLANT SUPPT CROWN-TITANIUM/TITANIUM ALLOYS	\$730
D6090	REPAIR IMPLANT SUPPORTED PROSTHESIS, BY REPORT	\$130
D6091	REPLCMT OF REPLCEABLE PART OF SEMI-PRECISION/PRECISION ATTCHMT OF IMPLANT/ABUTMENT SUPPT PROSTHESIS, PE ATTCHMT	
D6092	RECEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED CROWN	\$60
D6093	RECEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL DENTURE	\$80
D6094	ABUTMENT SUPPORTED CROWN - TITANIUM AND TITANIUM ALLOYS	\$560
D6095	REPAIR IMPLANT ABUTMENT, BY REPORT	\$150
D6096	REMOVE BROKEN IMPLANT RETAINING SCREW	\$10
D6097	ABUTMENT SUPPT CROWN-PORCELAIN FUSED TO TITANIUM/TITANIUM ALLOYS	\$710
D6098	IMPLANT SUPPT RETAINER-PORCELAIN FUSED TO PREDOM. BASE ALLOYS	\$705
D6099	IMPLANT SUPPT RETAINER FOR FPD-PORCELAIN FUSED TO NOBLE ALLOYS	\$705
D6100	SURGICAL REMOVAL OF IMPLANT BODY	\$250
D6101	DEBRIDEMENT PERI IMPLANT DEFECT OR DEFECTS SURROUNDING A SINGLE IMPLANT	\$255
D6102	DEBRIDEMENT & OSSEOUS PERI IMPLANT DEFECT OR DEFECTS SURROUNDING A SINGLE IMPLANT	\$315
D6103	BONE GRAFT FOR REPAIR OF PERI IMPLANT DEFECT	\$265
D6105	REMVL OF IMPLANT BODY NOT REQUIR BONE REMVL/FLAP ELEVATION	\$0
D6110	IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH – MAXILLARY	\$925
D6111	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH – MANDIBULAR	\$925
D6112	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH – MAXILLARY	\$925
D6113	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH – MANDIBULAR	\$925
D6120	IMPLANT SUPPT RETAINER-PORCELAIN FUSED TO TITANIUM/TITANIUM ALLOYS	\$705
D6121	IMPLANT SUPPT RETAINER FOR METAL FPD-PREDOM. BASE ALLOYS	\$665
D6122	IMPLANT SUPPT RETAINER FOR METAL FPD-NOBLE ALLOYS	\$665
D6123	IMPLANT SUPPT RETAINER FOR METAL FPD-TITANIUM/TITANIUM ALLOYS	\$665
D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT	\$145
D6191	SEMI-PRECISION ABUTMENT – PLACEMENT	\$525
D6192	SEMI-PRECISION ATTACHMENT – PLACEMENT	\$525
D6194	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD - TITANIUM AND TITANIUM ALLOYS	\$575
D6195	ABUTMENT SUPPT RETAINER-PORCELAIN FUSED TO TITANIUM/TITANIUM ALLOYS	\$705
D6197	REPLCMNT OF RESTOR MATERIAL TO CLOSE ACCESS OPENING OF SCREW-RETAIN IMPLANT SUPPT PROSTHESIS, PER IMPLANT	\$0
	PROSTHODONTIC SERVICES	#252
D6205	PONTIC- INDIRECT RESIN BASED COMPOSITE	\$250
D6210	PONTIC - CAST HIGH NOBLE METAL	\$175*
D6211	PONTIC - CAST PREDOM BASE METAL	\$175
D6212	PONTIC - CAST NOBLE METAL	\$175*
D6214	PONTIC - TITANIUM AND TITANIUM ALLOYS	\$175*
D6240	PONTIC - PORCELAIN FUSED HI NOBLE METAL	\$175*
D6241	PONTIC - PORCELAIN FUSED PREDOM BASE METAL	\$175
D6242	PONTIC - PORCELAIN FUSED NOBLE METAL	\$175*
D6243	PONTIC-PORCELAIN FUSED TO TITANIUM/TITANIUM ALLOYS	\$175
D6245	PONTIC - PORCELAIN/CERAMIC	\$225 \$475*
D6250	PONTIC - RESIN W/HIGH NOBLE METAL	\$175*
D6251	PONTIC RESIN W/NORLE METAL	\$175 \$175*
D6252	PONTIC RESIN W/NOBLE METAL	\$175*

ADA	Description	MEMBER PAYS
D6253	INTERIM PONTIC-FURTHER TREATMT/COMPLT OF DIAG PRIOR TO FINAL IMPRESSION	\$175
D6545	RETAINER - CASE METAL FOR RESIN FIXED PROSTHESIS	\$250
D6548	RETAINER - PORCELAIN CERAMIC FOR RESIN BONDED FIXED PROSTHESIS	\$300
D6549	RESIN RETAINER – FOR RESIN BONDED FIXED PROSTHESIS	\$85
D6600	RETAINER INLAY - PORCELAIN/CERAMIC 2 SURFACES	\$195
D6601	RETAINER INLAY - PORCELAIN/CERAMIC 3/MORE SURFACES	\$195
D6602	RETAINER INLAY - CAST HI NOBLE METAL 2 SURFACES	\$150*
D6603	RETAINER INLAY - CAST HI NOBLE METAL 3/> SURFACES	\$150*
D6604	RETAINER INLAY - CAST PREDOM BASE METAL 2 SURFACES	\$150
D6605	RETAINER INLAY - CAST PREDOM BASE METAL 3/>SURFACES	\$150
D6606	RETAINER INLAY - CAST NOBLE METAL 2 SURFACES	\$150*
D6607	RETAINER INLAY - CAST NOBLE METAL 3/MORE SURFACES	\$150*
D6608	RETAINER ONLAY - PORCELAIN/CERAMIC 2 SURFACES	\$205
D6609	RETAINER ONLAY - PORCELAIN/CERAMIC 3/MORE SURFACES	\$205
D6610	RETAINER ONLAY - CAST HI NOBLE METAL 2 SURFACES	\$150*
D6611	RETAINER ONLAY - CAST HI NOBLE METAL 3/> SURFACES	\$150*
D6612	RETAINER ONLAY - CAST PREDOM BASE METAL 2 SURFACES	\$155
D6613	RETAINER ONLAY - CAST PREDOM BASE METAL 3/>SURFACES	\$155
D6614	RETAINER ONLAY - CAST NOBLE METAL 2 SURFACES	\$150*
D6615	RETAINER ONLAY - CAST NOBLE METAL 3/MORE SURFACES	\$155*
D6624	RETAINER INLAY - TITANIUM	\$175*
D6634	RETAINER ONLAY - TITANIUM	\$175*
D6710	RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE	\$185
D6720	RETAINER CROWN - RESIN WITH HIGH NOBLE METAL	\$175*
D6721		
D6722		
D6740	740 RETAINER CROWN - PORCELAIN/CERAMIC	
D6750		
D6751	RETAINER CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$175* \$175
D6752	RETAINER CROWN - PORCELAIN FUSED TO NOBLE METAL	\$175*
D6753	RETAINER CROWN-PORCELAIN FUSED TO TITANIUM/TITANIUM ALLOYS	\$175
D6780	RETAINER CROWN - 3/4 CAST HIGH NOBLE METAL	\$175*
D6781	RETAINER CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	\$175
D6782	RETAINER CROWN - 3/4 CAST NOBLE METAL	\$175*
D6783	RETAINER CROWN - 3/4 PORCELAIN/CERAMIC	\$175
D6784	RETAINER CROWN - 3/4 TITANIUM/TITANIUM ALLOYS	\$175
D6790	RETAINER CROWN - FULL CAST HIGH NOBLE METAL	\$175*
D6791	RETAINER CROWN - FULL CAST PREDOMINANTLY BASE METAL	\$175
D6792	RETAINER CROWN - FULL CAST NOBLE METAL	\$175*
D6794	RETAINER CROWN - TITANIUM AND TITANIUM ALLOYS	\$175*
D6920		
D6930		
D6940	STRESS BREAKER	\$115
D6980	FIXED PARTIAL DENTURE REPAIR, BY REPORT	\$140
ORAL S	SURGERY SERVICES	
D7111	XTRCT CORONAL REMNANTS PRIMARY TOOTH	\$0
D7140	EXTRAC ERUPTED TOOTH/EXPOSED ROOT	\$0
D7210	EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVAT	ION \$25
D7220	OF MUCOPERIOSTEAL FLAP IF INDICATED REMOVAL IMPACT TOOTH - SOFT TISSUE	\$50
D7230	REMOVAL IMPACT TOOTH - PARTLY BONY	\$75
D7240	REMOVAL IMPACTED TOOTH - COMPLETELY BONY	\$115
D7241	REMOVAL IMPACTED TOOTH - COMPLETELY BONY W/SURG COMP	\$135
D7250	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	\$40
D7251	CORONECTOMY-INTENTIONAL PART TOOTH REMVL, IMPACT TEETH ONLY	\$150
NCA-01C	(v5.5) 400-3997 ©2023-2024United HealthCare Services This plan is underwritten by UnitedHealthcare Ins	urance Company

ADA Description MEMBER PXS 27276 PRIMARY CLOSURE OF A SINUS PERFORATION 3225 27270 PRIMARY CLOSURE OF A SINUS PERFORATION 350 27280 PROSERY CLOSURE OF AN INERIOR STABLIZATION ACCIDENTLY DISPLACED 350 27280 MOBILIZATION OF ERUPTED OR MAL POSITIONED TOOTH TO AID ERUPTION 350 17281 MICISIONAL BIOPS YO GRAL TISSUE HADD 30 17287 INCISIONAL BIOPS YO GRAL TISSUE HADD 30 17288 MUSCHIOLAR STORE STABLIZATION OF THE THE STABLE SOFT 30 17289 BRUGH BIORSY 320 17280 SURRICAL REPOSITIONING OF TEETH 320 17280 ALVEOLOPLASTY NOT WITH THE TEETH SPACE 326 17291 ALVEOLOPLASTY NOT WITHOUT AT TEETH SPACE 340 17292 ALVEOLOPLASTY NOT WITHOUT THE TEETH SPACE 340 17293 ALVEOLOPLASTY NOT WITHOUT THE TEETH SPACE 340 17294 VESTIBILIOPLASTY - RIDGE EXTENSION (SECONDARY PEITHELIALIZATION) 326 17210 VESTIBILIOPLASTY - RIDGE EXTENSION (SECONDARY PEITHELIALIZATION) 326 17211 VESTIBILIOPLASTY - RIDGE EXTENSIO	ADA	Description	MEMBER DAVE
072720 TODTH REIMPLANTATION ANDORS STABILIZATION ACCIDENTLY DISPLACED \$85 072720 SEPOSURE OF AN UNERUPITED TOOTH \$85 072720 MORIZATION OF ERUPTED OR MAL POSITIONED TOOTH TO AID ERUPTION \$80 072285 INCISIONAL BIOPSY OF ORAL TISSUE SOFT \$9 07286 INCISIONAL BIOPSY OF ORAL TISSUE SOFT \$9 07287 EXTOLLATIVE CYTOLOGICAL SAMPLE COLLECTION \$20 07288 BRUSH BIOPSY \$20 07290 ALVECUCPLASTY WEXT 45 - TEETHSPACE \$25 07310 ALVECUCPLASTY TO EXT 45 - TEETHSPACE \$10 07311 ALVECUCPLASTY TO EXT 45 - TEETHSPACE \$40 07321 ALVECUCPLASTY TO EXT 45 - TEETHSPACE \$40 07321 ALVECUCPLASTY TO EXT 45 - TEETHSPACE \$40 07322 ALVECUCPLASTY TO EXT 45 - TEETHSPACE \$40 07323 ALVECUCPLASTY TO EXT 45 - TEETHSPACE \$40 07324		· · · · · · · · · · · · · · · · · · ·	
D/2202 EXPOSURE OF AN UNERUPTED TOOTH \$85 P/222 MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION \$80 D/2286 INCISIONAL BIORSY OF ORAL TISSUE HARD \$9 D/2286 INCISIONAL BIORSY OF ORAL TISSUE SOFT \$20 D/2287 EXTOLATIVE CYTOLOGICAL SAMPLE COLLECTION \$20 D/2289 BRUSH BIORSY \$20 D/2309 SALOCAL REPOSITIONING OF TEETH \$75 D/2310 ALVEOLOPLASTY WEXT 4" TEETHSPACE \$26 D/2311 ALVEOLOPLASTY NOT WIXTECT 1-3 TEETH \$40 D/2310 ALVEOLOPLASTY NOT WIXTECT 1-3 TEETH \$40 D/2310 VESTIBULOPLASTY - RIDGE EXTENSION (ISCONDARY EPITHELIALIZATION) \$25 D/2310 VESTIBULOPLASTY - RIDGE EXTENSION (ISCONDARY EPITHELIALIZATION) \$27 VESTIBULOPLASTY - RIDGE EXTENSION OR SECONDARY EPITHELIALIZATION) \$27 VESTIBULOPLASTY - RIDGE EXTENSION OR SECONDARY EPITHELIALIZATION) \$27 VESTIBULOPLASTY - RIDGE EXTENSION OR SECONDARY EPITHELIALIZATION \$37 D/240 REMOVAL OF BERION ONOONOTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM \$17 D/241 REMOVAL O			·
072785 MOBILIZATION OF ERUPTED OR NALPOSITIONED TOOTH TO AID ERUPTION 39 072786 INCISIONAL BIORYS OF ORAL TISSUE HARD 30 072787 EXTOLLATIVE CYTOLOGICAL SAMPLE COLLECTION 320 07288 BURSH BIORYS 320 07289 BURSH BIORYS 325 07280 BURSH BIORYS 325 07310 ALVEOLOPLASTY WEXT 45 TEETHSPACE 355 07311 ALVEOLOPLASTY WEXT 45 TEETHISPACE 340 07320 ALVEOLOPLASTY WEXT 45 TEETHISPACE 340 07321 ALVEOLOPLASTY WEXT 45 TEETHISPACE 340 07321 ALVEOLOPLASTY WEXTRECT 13 TEETH 360 07321 ALVEOLOPLASTY NO EXT 45 TEETHISPACE 360 07320 ALVEOLOPLASTY NO EXT 45 TEETHISPACE 360 07321 ALVEOLOPLASTY NO EXT 45 TEETHISPACE 360 07320 ALVEOLOPLASTY NO EXT 45 TEETHISPACE 360 07321 ALVEOLOPLASTY WINTER 13 TEETH 360 07320 ALVEOLOPLASTY WINTER 13 TEETH 360 07431 REMOVAL OF BEINGH MODONTOGENIC CYST OR TUMOR - LESION DIAMETER UPT 01 125 CM			
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0.7287 KYTOLIATIVE CYTOLOGICAL SAMPLE COLLECTION 320 0.7288 BRUSH BIOPSY 320 0.7280 BRUSH BIOPSY 326 0.7310 ALYEOLOPLASTY WEXT 4- TEETH-SPACE 326 0.7321 ALYEOLOPLASTY WORN 2-TEETH-SPACE 326 0.7321 ALYEOLOPLASTY NO EXT 4/5- TEETH-SPACE 340 0.7322 ALVEOLOPLASTY NO EXT 4/5- TEETH-SPACE 340 0.7323 ALVEOLOPLASTY NO EXT ACT 3- TEETH 320 0.7320 VESTIBULOPLASTY NO EXT ACT 3- TEETH 320 0.7321 CESTIBULOPLASTY NO EXT ACT 3- TEETH 320 0.7322 KESTIBULOPLASTY NO EXT ACT 3- TEETH 320 0.7432 REMOVAL OF BERING NO TOOGENIC CYST OR TUMOR - LESION DIAMETER TEAT THAN 1-25 CM 370 0.7452 REMOVAL OF BERING NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1-25 CM 310 0.7472 REMOVAL OF BERING NONDONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1-25 CM 320 0.7472 REMOVAL OF BERING NONDONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1-25 CM 320 0.7472 REMOVAL OF BERING NONDONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1-25 CM 320			
D7288 BRUSH BIOPSY 320 D7290 SURGICAL REPOSITIONING OF TEETH 375 ALYEOLOPLASTY WEXT 45* TEETH/SPACE 325 D7310 ALYEOLOPLASTY OO NUC XTRCT 1-3 TEETH 310 D7320 ALVEOLOPLASTY NO EXT 45* TEETH/SPAC 420 D7321 ALVEOLOPLASTY NO TWINTECT 1-3 TEETH 320 D7320 ALVEOLOPLASTY NO TWINTECT 1-3 TEETH 320 D7321 ALVEOLOPLASTY NOT WINTECT 1-3 TEETH 320 D7320 ALVEOLOPLASTY NOT WINTECT 1-3 TEETH 320 D7320 AUSTRULOPLASTY - RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE REATTACHMENT, REVISION OF SOFT 320 D7450 RESTBULOPLASTY - RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE REATTACHMENT, REVISION OF SOFT 367 D7450 REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM 310 D7460 REMOVAL OF BENIGN ONONDONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM 310 D7461 REMOVAL OF TORUS PALATINUS 350 D7472 REMOVAL OF TORUS PALATINUS 350 D7473 REMOVAL OF TORUS PALATINUS 350 D7474 <td< td=""><td></td><td></td><td></td></td<>			
D7290 SURGICAL REPOSITIONING OF TEETH 258 D7310 ALVECLOPLASTY WEXT 46-TEETHUSPACE 258 D7312 ALVECLOPLASTY YOR NOX XTRCT 1-3 TEETH 310 D7320 ALVECLOPLASTY NO EXT 46-TEETHUSPAC 450 D7321 ALVECLOPLASTY NOT WIXTRCT 1-3 TEETH 250 D7320 VESTIBILL OPLASTY - RIDGE EXTENSION (IKCLUDING SOFT TISSUE GRAFTS, MUSCLE REATTACHMENT, REVISION OF SOFT 350 D7450 VESTIBILL OPLASTY - RIDGE EXTENSION (IKCLUDING SOFT TISSUE GRAFTS, MUSCLE REATTACHMENT, REVISION OF SOFT 370 D7450 REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 125 CM 310 D7451 REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 125 CM 310 D7461 REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 125 CM 312 D7471 REMOVAL OF DEBNIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 125 CM 316 D7472 REMOVAL OF DRUS MANDIBULARIS 350 D7473 REMOVAL OF TORUS MANDIBULARIS 350 D7501 18 D A BSCESS - INTRAORAL SOFT TISSUE 350 D7510 18 D OF A ABSCESS S ATTRAORAL SOFT TISSUE 3			
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D7310 ALVEOLOPLASTY NOT WIXTRCT 1-3 TEETH \$215 D7340 VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION) \$215 D7350 VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION) \$70 D7450 PERMOVAL OF BENIGN DODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM \$70 D7451 REMOVAL OF BENIGN DODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM \$110 D7461 REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM \$125 D7471 REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM \$125 D7471 REMOVAL OF LATERAL EXOSTOSIS \$75 D7472 REMOVAL OF TORUS PALATINUS \$60 D7473 REMOVAL OF TORUS PALATINUS \$50 D7474 REMOVAL OF TORUS MANDIBULARIS \$60 D7459 REMOVAL OF TORUS MANDIBULARIS \$50 D7509 MARSUPHALIZATION OF ODONTOGENIC CYST \$70 D7510 I & D ABSCESS INTRAORAL SOFT TISSUE \$25 D7521 I & D OF ABSCESS EXTRAORAL SOFT TISSUE \$25 D7522 I & D OF ABSCESS EXTRAORAL SOFT TISSUE <td>_</td> <td></td> <td></td>	_		
D7340 VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION) \$275 D7350 VESTIBULOPLASTY - RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE REATTACHMENT, REVISION OF SOFT \$76 D7450 REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM \$11 D7461 REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM \$10 D7461 REMOVAL OF BENIGN NONDODNTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM \$10 D7461 REMOVAL OF BENIGN NONDODNTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM \$125 D7471 REMOVAL OF TORUS PALATINUS \$50 D7472 REMOVAL OF TORUS PALATINUS \$50 D7458 REDUCTION OF OSSOUS TUBEROSITY \$50 D7459 MARSUPIALIZATION OF ODONTOGENIC CYST \$70 D7510 I & D ABSCESS - INTRAORAL SOFT TISSUE \$25 D7521 I & D OF ABSCESS EXTRAORAL SOFT TISSUE \$30 D7521 I & D OF ABSCESS - EXTRAORAL COMPLICATED \$39 D7530 REMOVAL OF PORTISM BODY - SIN BUBCUTANEOUS \$40 D7811 I & D OF ABSCESS - SITHAORAL COMPLICATED \$25 <td< td=""><td></td><td></td><td>•</td></td<>			•
D7350 VESTIBULOPLASTY - RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE REATTACHMENT, TISSUE ATTACHMENT \$70 D7450 REMOVAL OF BENIGN DONOTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM \$110 D7450 REMOVAL OF BENIGN DONOTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM \$110 D7461 REMOVAL OF BENIGN NONDONOTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM \$100 D7461 REMOVAL OF BENIGN NONDONOTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM \$125 D7471 REMOVAL OF LATERAL EXOSTOSIS \$75 D7472 REMOVAL OF TORUS PALATINUS \$50 D7473 REMOVAL OF TORUS MANDIBULARIS \$50 D7495 REDUCTION OF OSSCOUS TUBEROSITY \$50 D7509 MARSUPIALIZATION OF ODONTOGENIC CYST \$70 D7510 I & D ABSCESS - INTRAORAL SOFT TISSUE \$25 D7511 I & D ABSCESS - INTRAORAL SOFT TISSUE \$70 D7521 I & D OF ABSCESS EXTRAORAL COMPLICATED \$90 D7530 REMOVAL OF FOREIGN BODY - SKIN SUBCUTANEOUS \$40 D7861 BUCCAL / LABIAL FRENECTOMY (FRENULECTOMY) \$25 D7961 BUCCAL / LABIAL FRENECTOMY			
D7451 REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER QREATER THAN 1.25 CM \$100 D7460 REMOVAL OF BENIGN NONDODNTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM \$100 D7471 REMOVAL OF BENIGN NONDODNTOGENIC CYST OR TUMOR - LESION DIAMETER QREATER THAN 1.25 CM \$125 D7471 REMOVAL OF TORUS PALATINUS \$50 D7472 REMOVAL OF TORUS PALATINUS \$50 D7485 REBUCTION OF OSSEGUS TUBEROSITY \$50 D7590 MARSUPIALIZATION OF ODONTOGENIC CYST \$70 D7510 I & D ABSCESS - INTRAORAL SOFT TISS UE \$25 D7511 I & D ABSCESS - INTRAORAL SOFT TISS UE \$25 D7521 I & D OF ABSCESS EXTRAORAL SOFT TISS UE \$70 D7521 I & D OF ABSCESS EXTRAORAL SOFT TISS UE \$70 D7521 I & D OF ABSCESS EXTRAORAL SOFT TISS UE \$70 D7521 I & D OF ABSCESS EXTRAORAL SOFT TISS UE \$70 D7521 I & D OF ABSCESS EXTRAORAL SOFT TISS UE \$70 D7521 I & D OF ABSCESS EXTRAORAL SOFT TISS UE \$70 D7521 I & D OF ABSCESS EXTRAORAL SOFT TISS UE \$70 D7521	D7350	· · · · · · · · · · · · · · · · · · ·	OFT \$670
D7460 REMOVAL OF BENIGN NONDONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM \$125 D7461 REMOVAL OF BENIGN NONDONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM \$125 D7472 REMOVAL OF LATERAL EXOSTOSIS \$75 D7473 REMOVAL, OF TORUS PALATINUS \$50 D7473 REMOVAL, OF TORUS MANDIBULARIS \$50 D7485 REDUCTION OF OSSEOUS TUBEROSITY \$50 D7599 MARSUPIALIZATION OF DONOTOGENIC CYST \$70 D7510 I & D ABSCESS - INTRAORAL SOFT TISSUE \$25 D7511 I & D OF ABSCESS SEXTRAORAL SOFT TISSUE \$70 D7512 I & D OF ABSCESS SEXTRAORAL SOFT TISSUE \$70 D7511 I & D OF ABSCESS SEXTRAORAL SOFT TISSUE \$70 D7521 I & D OF ABSCESS EXTRAORAL SOFT TISSUE \$70 D7521 I & D OF ABSCESS EXTRAORAL SOFT TISSUE \$70 D7521 I & D OF ABSCESS EXTRAORAL SOFT TISSUE \$70 D7521 I & D OF ABSCESS EXTRAORAL SOFT TISSUE \$70 D7521 I & D OF ABSCESS EXTRAORAL SOFT TISSUE \$70 D7521 I & D OF ABSCESS EXTRAORAL SOFT TISSUE	D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM	\$70
D7461 REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM \$125 D7471 REMOVAL OF LATERAL EXOSTOSIS \$57 D7472 REMOVAL OF TORUS MANDIBULARIS \$50 D7485 REDUCTION OF OSSEOUS TUBEROSITY \$50 D7509 MARSUPIALIZATION OF ODONTOGENIC CYST \$70 D7510 I & D ABSCESS - INTRAORAL SOFT TISSUE \$25 D7511 I & D ABSCESS - INTRAORAL SOFT TISSUE \$25 D7520 I & D OF ABSCESS EXTRAORAL SOFT TISSUE \$26 D7521 I & D OF ABSCESS EXTRAORAL SOFT TISSUE \$10 D7521 I & D OF ABSCESS EXTRAORAL SOFT TISSUE \$26 D7520 I & D OF ABSCESS EXTRAORAL COMPLICATED \$10 D7521 I & D OF ABSCESS EXTRAORAL SOFT TISSUE \$20 D7520 I & D OF ABSCESS EXTRAORAL COMPLICATED \$10 D7531 REMOVAL OF FOREIGN BODY - SKIN SUBCUTANEOUS \$40 D7810 SULURE RECENT SMALL WOUNDS UP 5 CM \$25 D7961 BUCCAL / LABIAL FRENECTOMY (FRENULECTOMY) \$25 D7962 LINGUAL FRENECTOMY (FRENULECTOMY) \$25	D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM	\$110
D7471 REMOVAL OF LATERAL EXOSTOSIS \$75 D7472 REMOVAL OF TORUS PALATINUS \$50 D7473 REMOVAL OF TORUS PALATINUS \$50 D7495 REDUCTION OF OSSEOUS TUBEROSITY \$50 D7509 MARSUPIALIZATION OF ODONTOGENIC CYST \$70 D7510 I & D ABSCESS - INTRAORAL SOFT TISSUE \$25 D7521 I & D OF ABSCESS - INTRAORAL SOFT TISSUE \$70 D7520 I & D OF ABSCESS EXTRAORAL SOFT TISSUE \$70 D7521 I & D OF ABSCESS EXTRAORAL SOFT TISSUE \$70 D7520 I & D OF ABSCESS EXTRAORAL SOFT TISSUE \$70 D7521 I & D OF ABSCESS EXTRAORAL SOFT TISSUE \$70 D7520 I & D OF ABSCESS EXTRAORAL SOFT TISSUE \$70 D7521 I & D OF ABSCESS EXTRAORAL SOFT TISSUE \$70 D7520 I & D OF ABSCESS EXTRAORAL SOFT TISSUE \$70 D7521 I & D OF ABSCESS EXTRAORAL SOFT TISSUE \$70 D7520 I & D OF ABSCESS EXTRAORAL SOFT TISSUE \$70 D7531 EXIDATE RECEDIT SOME SOFT TISSUE \$70 D7521 SUTURE RECEDIT SOME SOFT	D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM	\$100
D7472 REMOVAL OF TORUS PALATINUS \$50 D7473 REMOVAL OF TORUS MANDIBULARIS \$50 D7485 REDUCTION OF OSSEOUS TUBEROSITY \$50 D7509 MARSUPIALIZATION OF ODDOTTOGENIC CYST \$70 D7510 I & D ABSCESS - INTRAORAL SOFT TISSUE \$25 D7511 I & D OF ABSCESS - INTRAORAL SOFT TISSUE \$25 D7520 I & D OF ABSCESS STRAORAL SOFT TISSUE \$70 D7521 I & D OF ABSCESS EXTRAORAL SOFT TISSUE \$70 D7521 I & D OF ABSCESS EXTRAORAL SOFT TISSUE \$70 D7520 I & D OF ABSCESS EXTRAORAL SOFT TISSUE \$70 D7521 I & D OF ABSCESS EXTRAORAL SOFT TISSUE \$70 D7520 I & D OF ABSCESS EXTRAORAL SOFT TISSUE \$70 D7521 I & D OF ABSCESS EXTRAORAL SOFT TISSUE \$70 D7520 REMOVAL OF FOREIGN BODY - SKIN SUBCUTATEOUS \$10 D7881 OCCLUSAL ORTHOTIC DEVICE ADJUSTMENT \$25 D7961 BUCCAL / LABIAL PRENECTOMY (FRENULECTOMY) \$25 D7962 LINGUAL FRENECTOMY (FRENULECTOMY) \$25 D7973 EXCHIV	D7461	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM	\$125
D7473 REMOVAL OF TORUS MANDIBULARIS \$6 D7486 REDUCTION OF OSSEOUS TUBEROSITY \$5 D7509 MARSUPIALIZATION OF ODONTOGENIC CYST \$70 D7510 I & D ABSCESS - INTRAORAL SOFT TISSUE \$25 D7511 I & D ABSCESS - INTRAORAL SOFT TISSUE \$25 D7520 I & D OF ABSCESS EXTRAORAL SOFT TISSUE \$70 D7521 I & D OF ABSCESS EXTRAORAL COMPLICATED \$190 D7521 I & D OF ABSCESS EXTRAORAL COMPLICATED \$190 D7521 I & D OF ABSCESS EXTRAORAL COMPLICATED \$190 D7530 REMOVAL OF FOREIGN BODY - SKIN SUBCUTANEOUS \$40 D7881 OCCLUSAL ORTHOTIC DEVICE ADJUSTMENT \$0 D7881 COCLUSAL ORTHOTIC DEVICE ADJUSTMENT \$25 D7961 BUCCAL / LABIAL FRENECTOMY (FRENULECTOMY) \$25 D7962 LINGUAL FRENECTOMY (FRENULECTOMY) \$25 D7963 FRENULOPLASTY \$25 D7970 EXC HYPERPLASTIC TISSUE-PER ARCH \$35 D7971 EXCISION OF PERICORONAL GINGRA \$30 D7972 EXCISION OF PERICORONAL GINGRA	D7471	REMOVAL OF LATERAL EXOSTOSIS	\$75
D7485 REDUCTION OF OSSEOUS TUBEROSITY \$50 D7509 MARSUPIALIZATION OF ODONTOGENIC CYST \$70 D7510 I & D ABSCESS - INTRAORAL SOFT TISSUE \$25 D7511 I & D ABSCESS - INTRAORAL SOFT TISS COMPLICATED \$25 D7520 I & D OF ABSCESS EXTRAORAL SOFT TISSUE \$70 D7521 I & D OF ABSCESS EXTRAORAL SOFT TISSUE \$190 D7530 REMOVAL OF FOREIGN BODY - SKIN SUBCUTANEOUS \$40 D7881 OCCLUSAL ORTHOTIC DEVICE ADJUSTMENT \$0 D7910 SUTURE RECENT SMALL WOUNDS UP 5 CM \$25 D7961 BUCCAL / LABIAL FRENECTOMY (FRENULECTOMY) \$25 D7962 LINGUAL FRENECTOMY (FRENULECTOMY) \$25 D7963 FRENULOPLASTY \$25 D7964 EXCSION OF PERICORONAL GINGIVA \$30 D7970 EXC HYPERPLASTIC TISSUE-PER ARCH \$30 D7971 EXCISION OF PERICORONAL GINGIVA \$30 D7972 SURGICAL RDUC FIBROUS TUBEROSITY \$100 D9211 REGIONAL BLOCK ANESTHESIA \$0 D9212 TRIGEMINAL DIVISION BLOCK ANES <td< td=""><td>D7472</td><td>REMOVAL OF TORUS PALATINUS</td><td>\$50</td></td<>	D7472	REMOVAL OF TORUS PALATINUS	\$50
D7509 MARSUPIALIZATION OF ODONTOGENIC CYST \$70 D7510 1 & D ABSCESS - INTRAORAL SOFT TISSUE \$25 D7511 1 & D ABSCESS - INTRAORAL SOFT TISSUE \$25 D7520 1 & D OF ABSCESS EXTRAORAL SOFT TISSUE \$70 D7521 1 & D OF ABSCESS EXTRAORAL COMPLICATED \$190 D7530 REMOVAL OF FOREIGN BODY - SKIN SUBCUTANEOUS \$40 D7881 OCCLUSAL ORTHOTIC DEVICE ADJUSTMENT \$0 D7981 BUCCAL / LABIAL FRENECTOMY (FRENULECTOMY) \$25 D7962 BUCCAL / LABIAL FRENECTOMY (FRENULECTOMY) \$25 D7963 FRENULOPLASTY \$25 D7964 EXC HYPERPLASTIC TISSUE-PER ARCH \$36 D7970 EXC CHYPERPLASTIC TISSUE-PER ARCH \$36 D7971 EXCISION OF PERICORONAL GINGIVA \$30 D7972 EXCHIVERPLASTIC TISSUE-PER ARCH \$30 D7971 EXCISION OF PERICORONAL GINGIVA \$30 D7972 EXCHIVERPLASTIC TISSUE-PER ARCH \$30 D9212 PERICORAL SERVICES \$30 D9212 TRIGGINAL BLOCK ANESTHESIA \$3 <	D7473	REMOVAL OF TORUS MANDIBULARIS	\$50
D7510 I & D ABSCESS - INTRAORAL SOFT TISSUE \$25 D7511 I & D ABSCESS - INTRAORAL SOFT TISS COMPLICATED \$25 D7520 I & D OF ABSCESS EXTRAORAL SOFT TISSUE \$70 D7521 I & D OF ABSCESS EXTRAORAL COMPLICATED \$190 D7530 REMOVAL OF FOREIGN BODY - SKIN SUBCUTANEOUS \$40 D7881 OCCLUSAL ORTHOTIC DEVICE ADJUSTMENT \$0 D7910 SUTURE RECENT SMALL WOUNDS UP 5 CM \$25 D7961 BUCCAL / LABIAL FRENECTOMY (FRENULECTOMY) \$25 D7962 LINGUAL FRENECTOMY (FRENULECTOMY) \$25 D7963 FRENULOPLASTY \$25 D7964 BUCCAL / LABIAL FRENECTOMY (FRENULECTOMY) \$25 D7975 EXC HYPERPLASTIC TISSUE-PER ARCH \$35 D7970 EXC HYPERPLASTIC TISSUE-PER ARCH \$35 D7971 EXCISION OF PERICORONAL GINGIVA \$30 D7972 SURGICAL RDUC FIBROUS TUBEROSITY \$10 D9110 PALLIATIVE TREATMENT OF DENTAL PAIN – PER VISIT \$0 D9211 REGIONAL BLOCK ANESTHESIA \$0 D9212 REGIONAL BLOCK ANESTHESIA<	D7485	REDUCTION OF OSSEOUS TUBEROSITY	\$50
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D9243 INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH 15 MINUTE INCREMENT \$70			
		,	
D9246 NON-INTRAVENOUS (CONSCIOUS) SEDATION, THIS INCLUDES NON-IV MINIMIMAL AND MODERATE SEDATION \$50		,	
DO240 CNCLT DV DENT/DUV NOT DEO DENT/DUV			
D9310 CNSLT DX DENT/PHY NOT REQ DENT/PHY \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$			
D9430 OV OBS - NO OTH SERVICES PERFORMED \$5	_		
D9440 OV-AFTER REGULARLY SCHEDULED HRS \$35			
D9450 CASE PRSATION SUBSEQUENT TO DTL & EXT TX PLANNING \$0			
D9930 TREATMENT OF COMPLICATIONS - POST SURG. \$0 NCA-01C(v5.5) 400-3997 ©2023-2024United HealthCare Services This plan is underwritten by UnitedHealthcare Insurance Company			•

ADA	Description	MEMBER PAYS
D9943	OCCLUSAL GUARD ADJUSTMENT	\$0
D9944	OCCLUSAL GUARD - HARD APPLIANCE, FULL ARCH	\$85
D9945	OCCLUSAL GUARD - SOFT APPLIANCE, FULL ARCH	\$85
D9946	OCCLUSAL GUARD - HARD APPLIANCE, PARTIAL ARCH	\$85
D9951	OCCLUSAL ADJUSTMENT - LIMITED	\$30
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	\$80
D9971	ODONTOPLASTY - PER TOOTH	\$20
D9972	EXTERNAL BLEACHING - PER ARCH PERFORMED IN OFFICE	\$125
D9975	EXTERNAL BLEACHING FOR HOME APPLICATION, PER ARCH	\$125
D9995	TELEDENTISTRY - SYNCHRONOUS; REAL TIME ENCOUNTER	\$0
D9996	TELEDENTISTRY - ASYNCHRONOUS; INFORMATION STORED AND FORWARDED TO DENTIST FOR SUBSEQUENT REVIEW	\$0
D9999	BROKEN APPOINTMENT	\$10
ORTHO	DONTIC SERVICES	
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT TRANSITIONAL DENTITION)	\$1895
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT ADOLESCENT DENTITION	\$1895
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT ADULT DENTITION	\$1895
D8660	PRE-ORTHODONTIC TREATMENT EXAM TO MONITOR GROWTH AND DEVELOPMENT	\$250
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF RETAINERS)	\$300
D8695	REMOVAL OF FIXED ORTHODONTIC APPLIANCES FOR REASONS OTHER THAN COMPLETION OF TREATMENT	\$150
D8999b	POST TREATMENT RECORDS	\$150

¹Additional Prophy within 6 months will be based upon the necessity recommended by the provider.

For additional coverage details and to locate a dentist please visit myuhc.com® or contact Customer Service.
*If a noble, high noble or titanium metal is used, there will be an additional charge not to exceed \$150 per unit. If a base metal is used, there are no additional charges from the provider.

UnitedHealthcare/Select Managed Care dental exclusions and limitations

LIMITATIONS OF BENEFITS

The following are the limitation of benefits, unless otherwise specifically listed as a covered benefit on this Plan's Schedule of Benefits:

1.	PERIODIC ORAL EVALUATION	Limited to 1 time per 6 months
2.	COMPLETE SERIES OR PANOREX RADIOGRAPHS	·
3.	BITEWING RADIOGRAPHS	Limited to 1 series of 4 films in any 6 month period
4.	DENTAL PROPHYLAXIS	Limited to 1 time per 6 months
5.	FLUORIDE TREATMENTS	Limited to one time per calendar year
6.	CROWNS	Limited to 1 time per tooth per 5 years. Covered only when a filling cannot restore the tooth.
7.	POST AND CORES	Covered only for teeth that have had root canal therapy.
8.	SCALING AND ROOT PLANING	Limited to 4 quadrants per calendar year.
9.	PERIODONTAL MAINTENANCE	Limited to once every 6 months, following active therapy, exclusive of gross debridement
10.	REPLACEMENT OF COMPLETE DENTURES, FIXED OR REMOVABLE PARTIAL DENTURES, CROWNS, INLAYS OR ONLAYS AND IMPLANTS, IMPLANT CROWNS, IMPLANT PROTHESIS	Replacement of complete dentures, fixed or removable partial dentures, crowns, inlays, onlays, and implant crowns, implant prostheses previously submitted for payment under the plan is limited to 1 time per tooth per 5 years from initial or supplemental placement. This includes retainers, habit appliances, and any fixed or removable orthodontic appliances.
11.	REMOVABLE PROSTHETICS/FIXED PROSTHETICS/CROWNS, INLAYS AND ONLAYS (MAJOR RESTORATIVE SERVICES)	Replacement of complete dentures, and fixed and removable partial dentures or crowns if damage or breakage was directly related to provider error. This type of replacement is the responsibility of the Dentist. If replacement is Necessary because of patient non-compliance, the patient is liable for the cost of replacement.
12.	CROWNS RETAINERS/ABUTMENTS	Limited to 1 time per tooth per 5 years.
13.	TEMPORARY CROWNS RESTORATIONS	Limited to 1 time per tooth per 5 years. Covered only when a filling cannot restore the tooth.
14.	INLAYS/ONLAYS RETAINERS/ABUTMENTS	Limited to 1 time per tooth per 5 years.
15.	INLAYS/ONLAYS RESTORATIONS	Limited to 1 time per tooth per 5 years. Covered only when a filling cannot restore the tooth.
16.	STAINLESS STEEL CROWNS	Limited to 1 time per tooth per 5 years. Covered only when a filling cannot restore the tooth. Prefabricated esthetic coated stainless steel crown -primary tooth, are limited to primary anterior teeth.
17.	ADJUSTMENTS TO FULL DENTURES, PARTIAL DENTURES, BRIDGES OR CROWNS	Limited to repairs or adjustments performed more than 6 months after the initial insertion.
18.	INTRAVENOUS SEDATION OR GENERAL ANESTHESIA	Administration of I.V. sedation or general anesthesia is limited to covered oral surgical procedures involving 1 or more impacted teeth (soft tissue, partial bony or complete bony impactions).
19.	ADJUNCTIVE PRE-DIAGNOSTIC TEST	That aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures - Limited to 1 time per year, to Covered Persons over the age of 30.
20.	ALL SPECIALTY REFERRAL SERVICES MUST BE	(A) Pre-Authorized by us; and (B) Coordinated by a Covered Person's PCD. Any Covered Person who elects specialist care without prior referral by his or her PCD and approval by us is responsible for all charges incurred
		• In order for specialty services to be Covered by this plan, the following referral process must be followed:
		A Covered Person's PCD must coordinate all Dental Services.
		• When the care of a Network Specialist Dentist is required, the Covered Person's PCD must contact us and request authorization
		• If the PCD's request for specialist referral is denied, the PCD and the Covered Person will be notifi ed of the reason for the denial. If the service in question is a Covered service, and no limitations or exclusions apply, the PCD may be asked to perform the service.
		• Covered Person who receives authorized specialty services must pay all applicable Copayments associated with the services provided. When we authorize specialty dental care, a Covered Person will be referred to a Network Specialist Dentist for treatment. The Network includes Network Specialist Dentists in: (a) endodontics; (b) oral surgery; (c) pediatric dentistry; and (d) orthodontics; and (e) periodontics, located in the Covered Person's Service Area. If there is no Network Specialist Dentist in the Covered Person's Service Area, we will refer the Covered Person to a Non-Participating Specialist of our choice. Except for Emergency Dental Services, in no event will we cover dental care provided to a Covered Person by a specialist not preauthorized by us to provide such services.
		• Covered Person's financial responsibility is limited to applicable Copayments. Copayments are listed in the Covered Person's Schedule of Covered Dental Services.
21.	CROWNS, FIXED BRIDGES, AND IMPLANTS	The maximum benefit within a 12 month period is any combination of 7 crowns or pontics (artificial teeth that are part of a fixed bridge). If more than 7 crowns and/or pontics are done for a Member within a 12 month period, the dentist's fee for any additional crowns within that period would not be limited to the listed Copayment, but instead can reflect the Dentist's Billed Charges.
22.	CONE BEAM	Limited to 1 time per consecutive 60 months.

EXCLUSIONS OF BENEFITS

26.

The following procedures and services are excluded and not Covered Services, unless otherwise specifically listed as a covered benefit on this Plan's Schedule of Benefits:

Dental Services that are not Necessary 2. Any service done for cosmetic purposes that is not listed as a Covered cosmetic service in the Schedule of Covered Dental Services. 3. Reconstructive surgery, regardless of whether or not the surgery is incidental to a dental disease, injury, or Congenital Anomaly, when the primary purp 4. Any Dental Procedure not directly associated with dental disease. 5. Procedures that are considered to be Experimental, Investigational or Unproven. This includes pharmacological regimens not accepted by the American Dental Association (ADA) Council on Dental Therapeutics. The fact that an Experimental, Investigational or Unproven Service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in Coverage if the procedure is considered to be Experimental, Investigational or Unproven in the treatment of that particular condition. 6. Any implant procedures performed which are not listed as Covered implant procedures in the Schedule of Covered Dental Services. Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue. 8. Treatment of benign neoplasms, cysts, or other pathology involving benign lesions, except excisional removal. Treatment of malignant neoplasms or Congenital Anomalies of hard or soft tissue, including excision. 9. Replacement of complete dentures, fixed and removable partial dentures or crowns if damage or breakage was directly related to provider error. This type of replacement is the responsibility of the Dentist. If replacement is Necessary because of patient non-compliance, the patient is liable for the cost of replacement. 10. Fixed or removable prosthodontic restoration procedures for complete oral rehabilitation or reconstruction. 11. Procedures related to the reconstruction of a patient's correct vertical dimension of occlusion (VDO). 12. Occlusal guards used as safety items or to affect performance primarily in sports-related activities. 13. Placement of fixed partial dentures solely for the purpose of achieving periodontal stability 14. Dental Services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any 15. Any Dental Services or Procedures not listed in the Schedule of Covered Dental Services 16. Drugs/medications, obtainable with or without a prescription, unless they are dispensed and utilized in the dental office during the patient visit. 17. Services for injuries or conditions covered by Worker's Compensation or employer liability laws, and services that are provided without cost to the Covered Person by any municipality, county, or other political subdivision. Covered Person by any municipality, county, or other political subdivision. This exclusion does not apply to any services covered by Medicaid or Medicare. 18. Any Dental Procedure not performed in a participating dental setting. An exception is made for Emergency Dental Care, as defined in this Evidence of coverage. 19. Costs for non-dental services related to the provision of dental services in hospitals, extended care facilities, or Member's home are not covered. When deemed necessary by the Primary Care Dentist, the Member's physician, and authorized by the Plan, covered dental services that are delivered in an inpatient or outpatient hospital setting are covered as indicated in the Schedule of Benefits. 20. Any Covered Person request for: (a) specialist services or treatment which can be routinely provided by the PCD; or (b) treatment by a specialist without referral from the PCD and our approval. 21. Any endodontic, periodontal, crown or bridge abutment procedure or appliance requested, recommended or performed for a tooth or teeth with a guarded, guestionable or poor prognosis. 22. Dental Services otherwise Covered under the Contract, but rendered after the date individual Coverage under the Contract terminates, including Dental Services for dental conditions arising prior to the date individual Coverage under the Contract terminates. 23. Replacement of a lost, missing or stolen appliance or prosthesis or the fabrication of a spare appliance or prosthesis. 24. Services related to the temporomandibular joint (TMJ), either bilateral or unilateral. Upper and lower jaw bone surgery (including that related to the temporomandibular joint). No Coverage is provided for orthognathic surgery, jaw alignment, or treatment. 25. Treatment which requires the services of a pediatric specialist, after the Covered Person's 6th birthday.

Expenses for Dental Procedures begun prior to the Covered Person becoming enrolled under the Contract.

EXCLUSIONS OF BENEFITS

The following procedures and services are excluded and not Covered Services, unless otherwise specifically listed as a covered benefit on this Plan's Schedule of Benefits:

27. Orthodontic Exclusions and Limitations

If you require the services of an orthodontist, a referral must first be obtained. If a referral is not obtained prior to the commencement of orthodontic treatment, the member will be responsible for all costs associated with any orthodontic treatment.

If you terminate coverage after the start of orthodontic treatment, you will be responsible for any additional charges incurred for the remaining orthodontic treatment.

- 1. The following are not Covered orthodontic benefi ts:
- · Extractions required for orthodontic purposes
- · Surgical orthodontics or jaw repositioning
- Myofunctional therapy
- Cleft palate
- Micrognathia
- Macroglossia
- Hormonal imbalances
- Orthodontic retreatment when initial treatment was rendered under this plan or for changes in orthodontic treatment necessitated by any kind of accident
- Palatal expansion appliances
- Replacement or repair of lost, stolen or broken appliances or appliances damaged due to the neglect of the Covered Person
- 2. If a treatment plan is for less than 24 months, then a prorated portion of the full Copayment shall apply.
- 3. If Covered Person's dental eligibility ends, for whatever reason, and the Covered Person is receiving orthodontic treatment under the plan, the remaining cost for that treatment will be prorated at the orthodontist's usual fees over the number of months of treatment remaining. The Covered Person will be responsible for the payment of this balance under the terms and conditions pre-arranged with the orthodontist.
- 4. If the Covered Person has the orthodontist perform a "diagnostic work-up" (a consultation and diagnosis) and then decides to forgo the treatment program, the Covered Person will be charged a \$50 consultation fee, plus any lab costs incurred by the orthodontist.
- 5. One orthodontic benefit under this plan is available per lifetime, per Covered Person. A Covered Person may access this benefit for either Interceptive Orthodontic Treatment or Comprehensive Orthodontic Treatment, or both. If both interceptive treatment and comprehensive treatment are necessary, and both are completed within a 24 month period, the Copayments listed will apply. If both are necessary and active treatment for both extends beyond 24 months, the provider is obligated to accept the plan Copayment only for the first 24 months of active therapy. The provider may charge usual and customary fees for active treatment extending beyond the 24 month benefit period.