UnitedHealthcare®

Description

DIAGNOSTIC SERVICES

ADA

DHMO/Managed Care Voluntary CA/\$0/\$0/Pismo 140C

SMC/covered dental 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 DTL & EXT ORAL EVAL - PROBLEM FOCUS REPORT D0160 \$0 D0170 **RE-EVALUATION - LTD PROBLEM FOCUSED** \$0 D0171 **RE-EVALUATION - POST-OPERATIVE OFFICE VISIT** \$5 D0180 COMP PERIODONTAL EVAL - NEW/EST PT \$0 D0190 SCREENING OF A PATIENT \$5 D0191 ASSESMENT OF A PATIENT \$5 INTRAORAL - COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES D0210 \$0 D0220 INTRAORAL PERIAPICAL FIRST RADIOGRAPHIC IMAGE \$0 D0230 INTRAORL PERIAPICAL EACH ADD RADIOGRAPHIC IMAGE \$0 D0240 **INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE** \$0 EXTRA-ORAL - 2D PROJECTION RADIOGRAPHIC IMAGE D0250 \$0 EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE D0251 \$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 **VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES** D0277 \$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 CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW OF ONE FULL DENTAL ARCH-MANDIBLE D0365 \$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 CONE BEAM CT CAPTURE AND INTERPRETATION FOR TMJ SERIES INCLUDING TWO OR MORE EXPOSURES D0368 \$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 INTRAORAL TOMOSYNTHESIS-BITEWING RADIOGRAPHIC-IMAGE CAPTURE ONLY D0388 \$0 D0389 INTRAORAL TOMOSYNTHESIS-PERIAPICAL RADIOGRAPHIC-IMAGE CAPTURE ONLY \$0 D0391 INTERPRETATION OF DIAGNOSTIC IMAGE \$5 LABORATORY PROCESSING OF MICROBIAL SPECIMEN TO INCLUDE CULTURE AND SENSITIVITY STUDIES, PREPARATION AND D0414 \$0 TRANSMISSION OF WRITTEN REPORT D0415 COLLECT MICROORGANISMS CULT & SENS \$0 VIRAL CULTURE D0416 \$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 ADJUNCT PREDX TST NO CYTOL/BX PROC D0431 \$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

CA D176C

MEMBER PAYS

DMAY ACCESS TISSUE_GROSS & MICROSCOPIC SURG MARG PREPRICIPAT \$0 D0002 CARLES RIX ASSESSMENT AND DOCUMENTATION, LOW \$0 D0002 CARLES RIX ASSESSMENT AND DOCUMENTATION, LODDERATE \$0 D0002 CARLES RIX ASSESSMENT AND DOCUMENTATION, HIGH \$0 D0002 CARLES RIX ASSESSMENT AND DOCUMENTATION, HIGH \$0 D0003 EXTRAGOL, MODISCHAPTIC MAGE - MARGE CAPTURE ONLY \$0 D0003 INTRAGRAL, DOCULGAL RADIOGRAPHIC MAGE-MAGE CAPTURE ONLY \$0 D0003 INTRAGRAL, DOCULGAL RADIOGRAPHIC MAGE-MAGE CAPTURE ONLY \$0 D0003 INTRAGRAL, DOCULGAL RADIOGRAPHIC MAGE-MAGE CAPTURE ONLY \$0 D0003 INTRAGRAL, CARDENDERANGE SERVES OF RADIOGRAPHIC AMAGE CAPTURE ONLY \$0 D0003 INTRAGRAL, CARDENDERHONG MARGE CAPTURE ONLY \$0 D0003 INTRAGRAL, CARDENDERHONG RADIO IN MARGE CAPTURE ONLY \$0 D0003 INTRAGRAL, CARDENDERHONG RADIO IN MARGE CAPTURE ONLY \$0 D0003 OFFICE VISIT FEE - HER VISIT \$0 D1004 INTRAGRAL, CARDENDERHONG RADIO IN MARGE CAPTURE ONLY \$0 D1004 PROPHYLANS - ADULT ADD. PROPHY WITHIN & MONTHS	ADA	Description	MEMBER PAYS
D0002CARLES RISK ASSESSMENT AND DOCUMENTATION, MODERATES0D0003CARLES RISK ASSESSMENT AND DOCUMENTATION, MODERATES0D0004PANOPAMIC RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLYS0D0005EXTRA CARL DOCER IDEN DETAIL RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLYS0D00070INTRADRAL-DOCELLISM, RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLYS0D00070INTRADRAL-DECLISM, RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLYS0D00700INTRADRAL-DECLISM, RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLYS0D00700INTRADRAL-DETAIL RADIOGRAPHIC IMAGE CAPTURE ONLYS0D00700INTRADRAL-DETAIL RADIOGRAPHIC IMAGE CAPTURE ONLYS0D00700INTRADRAL-DETAIL RADIOGRAPHIC IMAGE CAPTURE ONLYS0D00700INTRADRAL-DETAIL RADIOGRAPHIC IMAGE CAPTURE ONLYS0D00700INTRADRAL-COMPERITURINES ESTRES OF RADIOGRAPHIC IMAGE CAPTURE ONLYS0D00700INTRADRAL-COMPERITURINES ESTRES OF RADIOGRAPHIC IMAGE CAPTURE ONLYS0D11101ROPINITALASS - ADULT 1 ADD. PROPIN WITHIN 6 MONTHSS0D11102PROPINITALASS - ADULT 1 ADD. PROPIN WITHIN 6 MONTHSS0D11103FRADRAL-DUDICUE VARISHS0D11104PROPINITALASS - ADULT 1 ADD. PROPIN WITHIN 6 MONTHSS0D11105PROC CONSL CONTRUCTION OF DUDGRES ESTRESS0D11105PROC MAURTANE NERSINCTION OF DUDGRES ESTRESS0D11105PROC MAURTANE NERSINCHING CADUS0D11105PROC MAURTANE NERSINCHING CADUS0D11105S0CALMARISH CAPTURE CAPTURE CAPTURE <td< td=""><td>D0474</td><td>ACCESS TISSUE, GROSS & MICROSCOPIC SURG MARG PREP/REPORT</td><td>\$0</td></td<>	D0474	ACCESS TISSUE, GROSS & MICROSCOPIC SURG MARG PREP/REPORT	\$0
DensityCAMIES HISK ASSESSMENT AND DOLLMENTATION HIGH\$0D0701PANORAMIC RADIOGRAPHIC IMAGE - MAGE CAPTURE ONLY\$0D0702EXTRA-ORAL DOSTHION DENTAL RADIOGRAPHIC IMAGE - MAGE CAPTURE ONLY\$0D0703INTRAORAL-DESTHION DENTAL RADIOGRAPHIC IMAGE - MAGE CAPTURE ONLY\$0D0704INTRAORAL-DERINARIA RADIOGRAPHIC IMAGE-IMAGE CAPTURE ONLY\$0D0705INTRAORAL-DERINARIA RADIOGRAPHIC IMAGE-IMAGE CAPTURE ONLY\$0D0706INTRAORAL-DERINARIA RADIOGRAPHIC IMAGE-IMAGE CAPTURE ONLY\$0D0706INTRAORAL-DERINARIA RADIOGRAPHIC IMAGE-IMAGE CAPTURE ONLY\$0D0706INTRAORAL-DERINARIA RADIOGRAPHIC IMAGE-IMAGE CAPTURE ONLY\$0D0706INTRAORAL-COMPREHENSIVE SERIES OF RADIOGRAPHIC-IMAGE CAPTURE ONLY\$0D17101PROPHITASIS - COULT I ADD PROPHY WITHIN 6 MONTHS\$00D17121PROPHITASIS - COULT I ADD PROPHY WITHIN 6 MONTHS\$00D17132PROPHITASIS - COULT I ADD PROPHY WITHIN 6 MONTHS\$00D17133BALANT PERINA ONLD\$00D17133CRALE MPULATION ONLD I ADD PROPHY WITHIN 6 MONTHS\$00D17134MAUTAL PERINO <td>D0601</td> <td>CARIES RISK ASSESSMENT AND DOCUMENTATION, LOW</td> <td>\$0</td>	D0601	CARIES RISK ASSESSMENT AND DOCUMENTATION, LOW	\$0
DV010PANDCRAMIC RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY\$0D07022.20 CEPHALOMETRIC RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY\$0D0703INTRAORAL-DOCULSAL RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY\$0D0704INTRAORAL-DOCULSAL RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY\$0D0705INTRAORAL-DERIAPICAL RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY\$0D0706INTRAORAL-DERIAPICAL RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY\$0D0709INTRAORAL-DERIAPICAL RADIOGRAPHIC IMAGE - MAGE CAPTURE ONLY\$0D0710INTRAORAL-DERING PERING SOF RADIOGRAPHIC-MAGE CAPTURE ONLY\$0D07110IPOCHYLANS - ADULT 1 ADD. PROPHY WITHIN 6 MONTHS\$25D1710IPOCHYLANS - CHILD 1 ADD. PROPHY WITHIN 6 MONTHS\$0D1720IPOTRCAL APPLICATION OF FLUORDE - EXCLUDING VARISH\$0D1730INTER TOSIS CONTROL DERIAL DISERADE\$0D1730IDORAL PROPICAL ROPHY WITHIN 6 MONTHS\$0D1730INTER TOSIS CONTROL DERIAL DISERADE\$0D1730IDORAL HYGENER INSTRUCTIONS\$0D1731INTER TOSIS CONTROL DERIAL DISERADE\$0D1732IDORAL HYGENER INSTRUCTIONS\$0D1733SALATY FE TOOTH\$0D1734INTERESTORATION IN MOLIGACRES RISK PATIENT- PERM TOOTH\$0D1735SACE MINITANER F. F	D0602	CARIES RISK ASSESSMENT AND DOCUMENTATION, MODERATE	\$0
D01702-0 CEPHALCMETHIC RADIOGRAPHIC IMAGE -IMAGE CAPTURE ONLY90D0705EXTRA ORAL POSTERIOR DORTAL RADIOGRAPHIC IMAGE-IMAGE CAPTURE ONLY90D0706INTARORAL-OCCLUSA LADIOGRAPHIC IMAGE-IMAGE CAPTURE ONLY90D0707INTARORAL-ORCLUSA LADIOGRAPHIC IMAGE-IMAGE CAPTURE ONLY90D0708INTARORAL-ORCLUSA LADIOGRAPHIC IMAGE-IMAGE CAPTURE ONLY90D0709INTARORAL-ORCLUSA LADIOGRAPHIC IMAGE-IMAGE CAPTURE ONLY90D0709INTARORAL-ORCLUSA LADIOGRAPHIC IMAGE-IMAGE CAPTURE ONLY90D0709INTARORAL-ORCLUSA LADIOGRAPHIC IMAGE IMAGE IMAGE CAPTURE ONLY90D0709INTARORAL-ORCLUSA LADIOGRAPHIC IMAGE IMAGE CAPTURE ONLY90D0700INTARORAL-ORCLUSA LADIOGRAPHIC IMAGE	D0603	CARIES RISK ASSESSMENT AND DOCUMENTATION, HIGH	\$0
D0705EVTRAORAL OSCIERIOS DENTAL RADIOGRAPHIC IMAGE IMAGE CAPTURE ONLY90D0707INTRAORAL-BERIAPICAL RADIOGRAPHIC IMAGE-IMAGE CAPTURE ONLY90D0707INTRAORAL-BERIAPICAL RADIOGRAPHIC IMAGE-IMAGE CAPTURE ONLY90D0708INTRAORAL-STREWING RADIOGRAPHIC IMAGE-IMAGE CAPTURE ONLY90D0709INTRAORAL-STREWING STREUS FERIOGRAPHIC-IMAGE IMAGE CAPTURE ONLY90D0709INTRAORAL-STREWING STREUS FERIOGRAPHIC-IMAGE IMAGE CAPTURE ONLY90D0709OFFICE VIST FER- PER VIST90D11101PROPHYLANS-ADULT 1 ADD. PROPHY WITHIN 6 MONTHS90D11102PROPHYLANS-CHILD 1 ADD. PROPHY WITHIN 6 MONTHS90D1120PROPHYLANS-CHILD 1 ADD. PROPHY WITHIN 6 MONTHS90D1120PROPHYLANS-CHILD 1 ADD. PROPHY WITHIN 6 MONTHS90D1120PROPHYLANS-CHILD 1 ADD. PROPHY WITHIN 6 MONTHS90D1200TORACOC ONSI, CATTURAPREVION ORL D290D1310UTITY PROPHYLANS-CHILD 1 ADD. PROPHY WITHIN 6 MONTHS90D1320TORACOC ONSI, CATTURAPREVION ORL D290D1330OTALAPUEDRE INSTREME TRADE90D1341SELANT - PER TOOTH90D1352SELANT - PER TOOTH90D1363SELANT - PER TOOTH90D1364SELANT - PER TOOTH90D1375SACE MANTAINER - REDORALE APPLICATION - PER TOOTH90D1376SEACE MANTAINER - REDORALE APPLICATION - PER TOOTH90D1376REDORALER - REDORALE BILLTERAL MANDIBULAR90D1376REDORALER - REDORABE - BILLTERAL MANDIBULAR	D0701	PANORAMIC RADIOGRAPHIC IMAGE – IMAGE CAPTURE ONLY	\$0
07070 INTRAORAL-DECLUISAL RAPIOGRAPHIC INAGE-IMAGE CAPTURE ONLY 90 07070 INTRAORAL-BITEWING RADIOGRAPHIC IMAGE-IMAGE CAPTURE ONLY 90 07080 INTRAORAL-BITEWING RADIOGRAPHIC IMAGE-IMAGE CAPTURE ONLY 90 07090 INTRAORAL-COMPRETENSIVE SERIES OF RADIOGRAPHIC-IMAGE CAPTURE ONLY 90 07101 INTRAORAL-ORDWRETENSIVE SERIES OF RADIOGRAPHIC-IMAGE CAPTURE ONLY 90 07102 INTRAORAL-ORDWRETENSIVE SERIES OF RADIOGRAPHIC-IMAGE CAPTURE ONLY 90 071010 INTRAORAL-BITEWING RADIOGRAPHIC IMAGE CAPTURE ONLY 90 07102 INTRAORAL-DECLIPSINE FEVENINE 90 071101 -PROPHYLAXIS - ADULT 10D, PROPHYLAXIS - ADULT 90 071102 -PROPHYLAXIS - ADULT 10D, PROPHY WITHIN 6 MONTHS 90 07102 TOPICALFLUCKIDE VARISH 90 90 07103 OTBACCO CONSTRUCTION OR LDD, PROPHY WITHIN 6 MONTHS 90 07104 TOPICALFLUCKIDE VARISH 90 07103 OTBACCO CONSTRUCTION ADD RELOCIDIN - CROTHOTH 90 07104 OTBACCO CONSTRUCTION ADD RELOCIDIN - CROTHOTH 90 07105 SEALHYT ERE NOTH	D0702	2-D CEPHALOMETRIC RADIOGRAPHIC IMAGE – IMAGE CAPTURE ONLY	\$0
D0707INTRAORAL-PERIAPICAL PADIOGRAPHIC INAGE-MACE CAPTURE ONLYS0D0708INTRAORAL-DERENSIVE SERIES OR DADIOGRAPHIC INAGE CAPTURE ONLYS0D0709INTRAORAL-COMPRETENSIVE SERIES OR DADIOGRAPHIC INAGE CAPTURE ONLYS0D0709INTRAORAL-COMPRETENSIVE SERIES OR DADIOGRAPHIC INAGE CAPTURE ONLYS0D11107PROPHYLAXIS - ADULTS0D11107PROPHYLAXIS - ADULT ADD. PROPHY WITHIN 6 MONTHSS0D11209PROPHYLAXIS - CHILDS0D11209PROPHYLAXIS - CHILD 1 ADD. PROPHY WITHIN 6 MONTHSS0D1204TORICAL-RODICATION OF FLUCROPE - EXCLIDING VARNISHS0D1310NUTRIT CASL CONTROL DENTAL DISEASES0D1310NUTRIT CASL CONTROL DENTAL DISEASES0D1310NUTRIT CASL CONTROL MOD HIGL CARES RISK PATIENT- PERM TOOTHS0D1331SCALLATY - ERE TOOTHS0D1332CARES PREVENTIVE MEDICAMENT APPLICATION – PER TOOTHS0D1333SCALLATY REPRIX OF ROTHS0D1344SPACE MAINTAINER - FIXED - BLATERAL, MANIBLARS0D1355CARES PREVENTIVE MEDICAMENT APPLICATION – PER TOOTHS0D1364SPACE MAINTAINER - REMOVABLE - BLATERAL, MANIBLARS0D1375SPACE MAINTAINER - REMOVABLE - BLATERAL, MANIBLARS0D1385SPACE MAINTAINER - REMOVABLE - BLATERAL, MANIBLARS0D1396SPACE MAINTAINER - REMOVABLE - BLATERAL, MANIBLARS0D1397SPACE MAINTAINER - REMOVABLE - BLATERAL, MANIBLARS0D1398SPACE MAINTAINER - REMOVABLE - BLATERAL, MANIBLARS0 <t< td=""><td>D0705</td><td>EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE-IMAGE CAPTURE ONLY</td><td>\$0</td></t<>	D0705	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE-IMAGE CAPTURE ONLY	\$0
D0708INTRAORAL-EDMREHENSING SERIES OF RADIOGRAPHIC-MAGE CAPTURE ONLYS0D0709OFFICE VISIT FEE. FER VISITS1PREVETTUE SERVICESS1D11101PROPHYLAXIS - ADULTS2D11101PROPHYLAXIS - ADULT 1 ADD. PROPHY WITHIN 6 MONTHSS2D11102PROPHYLAXIS - ADULT 1 ADD. PROPHY WITHIN 6 MONTHSS2D11103PROPHYLAXIS - ADULT 1 ADD. PROPHY WITHIN 6 MONTHSS2D11201PROPHYLAXIS - CHLD 1 ADD. PROPHY WITHIN 6 MONTHSS2D1208TOPRCALFLUCKIDE VARNISHS0D1309TOPRCALFLUCKIDE VARNISHS0D1300NUTRIT CNSL CONTROL DENTAL DISEASES0D1301NUTRIT CNSL CONTROL DENTAL DISEASES0D1303TOBACCO CNSL CONTROL DENTAL DISEASES0D1304REPAINT FEPAINE TOTHS6D1305SEALANT FEPAINE TON IN MOD HIGH CARIES RISK PATIENT- PERM TOOTHS6D1305SEALANT FEPAINE NED CAMENT APPLICATION – PER TOOTHS0D1305SEALANT FEPAINE PER TOOTHS2D1305SEALANT FEPAINE PER TOOTHS2D1305SEALANT FEPAINE NED CAMENT APPLICATION – PER TOOTHS0D1305SEALANT FEPAINE NED CAMENT APPLICATION – PER TOOTHS0D1305SEALANT FEPAINE PER TOOTHS2D1305SEALANT FEPAINE - REMOVABLE - BLATERAL, MANDIBULARS3D1305SEACE MANTAINER - REMOVABLE - BLATERAL, MANDIBULARS3D1305REMOVAL OF FIXED BLATERAL SPACE MINTAINER-MAXILS10D1305REMOVAL OF FIXED BLATERAL SPACE MINTAINER-MAXILS10 </td <td>D0706</td> <td>INTRAORAL-OCCLUSAL RADIOGRAPHIC IMAGE-IMAGE CAPTURE ONLY</td> <td>\$0</td>	D0706	INTRAORAL-OCCLUSAL RADIOGRAPHIC IMAGE-IMAGE CAPTURE ONLY	\$0
D9000INTROREAL-COMPREHENSIVE SERIES OF RADIOGRAPHIC-IMAGE CAPTURE ONLY\$0D00000OFPICE VISIT FEEL PER VISIT\$0D01100PROPHYLAXIS - ADULT\$0D11100PROPHYLAXIS - ADULT 1 ADD. PROPHY WITHIN 6 MONTHS\$0D11201PROPHYLAXIS - CHLD\$0D11202TOPICAL-LUORIDE VANISH\$0D11300VITRIT COSL COMPROL PANISH\$0D11300TOPICAL-LUORIDE VANISH\$0D13010NUTRIT COSL COMPROL DENTAL DISEASE\$0D13010NUTRIT COSL COMPROL DENTAL DISEASE\$0D13010NUTRIT COSL COMPROL DENTAL DISEASE\$0D13010NUTRI FERST ORATION IN MOD HIGH CARLES RISK PATIENT- PERM TOOTH\$0D13013DRALM TERPER - FER TOOTH\$0D1303SEALANT - PER TOOTH\$0D1304SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR\$0D1305SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR\$0D1306SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR\$0D1307SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR\$0D1308RECOMMEDIANDER - FIXED - BILATERAL, MANDIBULAR\$0D1309NECEMMEDIAND DILATERAL SPACE MAINTAINER - MANDIB\$0D1304SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR\$0D1305RECOMMEDIAND NILATERAL SPACE MAINTAINER - MANDIB\$0D1306REMOVAL OF FIXED DILATERAL SPACE MAINTAINER - MANDIB\$0D1307REGEMEDIAND DILATERAL SPACE MAINTAINER - MANDIB\$0D1308REEDWALD DILATE	D0707	INTRAORAL-PERIAPICAL RADIOGRAPHIC IMAGE-IMAGE CAPTURE ONLY	\$0
D989 OFFICE VISIT FEE - PER VISIT S6 PREVENTURE SETURE SETUR SETURE SETURE SETURE SETURE SETURE SETURE SETURE SETURE SETURE SE	D0708	INTRAORAL-BITEWING RADIOGRAPHIC IMAGE-IMAGE CAPTURE ONLY	\$0
PREVENUE SERVICES Solution PROPHYLAXIS - ADULT Solution D1110 PROPHYLAXIS - ADULT 1 ADD. PROPHY WITHIN 6 MONTHS Sol D1120 PROPHYLAXIS - CHILD Sol D1120 PROPHYLAXIS - CHILD 1 ADD. PROPHY WITHIN 6 MONTHS Sol D1120 PROPHYLAXIS - CHILD 1 ADD. PROPHY WITHIN 6 MONTHS Sol D1208 TOPICAL FULCATION OF FLUCORIDE - EXCLUDING VARNISH Sol D1300 NUTET CASL. CONTRO OF FLUCORIDE - EXCLUDING VARNISH Sol D1301 NUTET CASL. CONTRO OF FLUCORIDE - EXCLUDING VARNISH Sol D1301 NUTET CASL. CONTRO OF FLUCORIDE - EXCLUDING VARNISH Sol D1301 NUTET CASL. CONTRO OF FLUCORIDE - EXCLUDING VARNISH Sol D1301 NUTET CASL. CONTRO OF FLUCORIDE - EXCLUDING VARNISH Sol D1301 NUTET CASL. CONTRO OF FLUCORIDE - EXCLUDING VARNISH Sol D1303 SCALAT PRET TOOTH Sol Sol D1303 SEALANT REPAIR - PROTH Sol Sol D1305 SARCE MAINTAINER - FIXED - BILATERAL, MAXILLARY Sol Sol D1305 SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY<	D0709	INTRAORAL-COMPREHENSIVE SERIES OF RADIOGRAPHIC-IMAGE CAPTURE ONLY	\$0
D1110PROPHYLAXIS - ADULTS0D1110PROPHYLAXIS - ADULT 1 ADD. PROPHY WITHIN 6 MONTHSS0D11212PROPHYLAXIS - CHILD 1 ADD. PROPHY WITHIN 6 MONTHSS0D12126TOPROPHYLAXIS - CHILD 1 ADD. PROPHY WITHIN 6 MONTHSS0D12126TOPROPHYLAXIS - CHILD 1 ADD. PROPHY WITHIN 6 MONTHSS0D12126TOPROPHYLAXIS - CHILD 1 ADD. PROPHY WITHIN 6 MONTHSS0D12126TOPRCAL APPLICATION OF FLUORIDE - EXCLUDING VARNISHS0D1310NUTHIT CNSL CONTROL DENTAL DISEASES0D1321TOBACCO ONSL CITRLERPEVION ONL D ZS0D1332SEALANT FERDIN ENSTRUCTIONSS0D1333SEALANT FERDIN PER TOOTHS0D1334SEALANT FERDIN ENSTRUCTIONSS0D1335CARLERS PREVENTIVE WEDICAMENT APPLICATION - PER TOOTHS0D1335CARLES PREVENTIVE WEDICAMENT APPLICATION - PER TOOTHS0D1336SPACE MAINTAINER FIXED - BILATERAL, MAXILLARYS0D1347SPACE MAINTAINER HEMO/SABLE-INLATERAL/QUADS0D1348SPACE MAINTAINER HEMO/SABLE-INLATERAL/QUADS0D1359RECEMMEEDOND BILATERAL SPACE MAINTAINER - MAXILS0D1350RECEMMEEDOND BILATERAL SPACE MAINTAINER - MAXILS0D1351RECEMMEEDOND BILATERAL SPACE MAINTAINER - MAXILS0D1352RECEMMEEDOND BILATERAL SPACE MAINTAINER - MAXILS0D1353RECEMMEEDOND BILATERAL SPACE MAINTAINER - MAXILS0D1354RECONVAL OF FIXED BILATERAL SPACE MAINTAINER - MAXILS0D1355RECEMPEDOND BILATERAL SPACE MAINTA	D0999	OFFICE VISIT FEE - PER VISIT	\$5
D1100 - PROPHYLAXIS - ADULT 1 ADD. PROPHY WITHIN 6 MONTHS \$30 D1120 - PROPHYLAXIS - CHILD \$30 D1120 - PROPHYLAXIS - CHILD 1 ADD. ROPCHY WITHIN 6 MONTHS \$30 D1208 TOPICALFLUORDE VARNISH \$30 D1208 TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH \$30 D1300 INTRIT CASL. CONTROL DENTAL DISEASE \$30 D1310 NUTRIT CASL. CONTROL DENTAL DISEASE \$30 D1320 TOBACCO CASL. CNTRL#PREVION GRL DZ \$30 D1330 SEALANT - PER TOOTH \$30 D1331 SEALANT - PER TOOTH \$30 D1332 SEALANT - PER TOOTH \$30 D1333 SEALANT REPAR - PER TOOTH \$30 D1345 SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY \$32 D1350 SPACE MAINTAINER - REMOVABLE- BILATERAL, MAXILLARY \$35 D1352 SPACE MAINTAINER - REMOVABLE- BILATERAL, MAXILLARY \$35 D1353 SPACE MAINTAINER - REMOVABLE- BILATERAL, MAXILLARY \$35 D1354 RECOMREBOND BILATERAL SPACE MAINTAINER - MAXIL \$35 D1355 <t< td=""><td>PREVE</td><td>NTIVE SERVICES</td><td></td></t<>	PREVE	NTIVE SERVICES	
D1120' PROPHYLAXIS - CHILD 1 ADD. PROPHY WITHIN 6 MONTHS \$25 D1120' -PROPHYLAXIS - CHILD 1 ADD. PROPHY WITHIN 6 MONTHS \$25 D1206 TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH \$0 D1210 TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH \$0 D1210 NUTRIT CNSL CONTROL DENTAL DISEASE \$0 D1210 TORACCO CNSL CONTRAPREVION OR LD Z \$0 D1321 SEALANT FPER TOOTH \$10 D1322 PERVENTING REDICATION IN MOD HIGH CARLES RISK PATIENT- PERM TOOTH \$10 D1333 SEALANT REPAIR - PER TOOTH \$10 D1335 CARLES PREVENTIVE MEDICAMENT APPLICATION – PER TOOTH \$10 D1335 CARLES PREVENTIVE MEDICAMENT APPLICATION – PER TOOTH \$25 D1335 CARLES PREVENTIVE MEDICAMENT APPLICATION – PER TOOTH \$26 D1335 CARLES PREVENTIVE MEDICAMENT APPLICATION – PER TOOTH \$26 D1335 CARLES PREVENTIVE MEDICAMENT APPLICATION – PER TOOTH \$30 D1355 CARLES PREVENTIVE MEDICAMENT APPLICATION – PER TOOTH \$30 D1350 SPACE MAINTAINER - REMOVABLE- BILATERAL, MANDIBULAR \$30	D1110 ¹	PROPHYLAXIS - ADULT	\$0
D11201- PROPHYLAXIS - CHILD 1 ADD. PROPHY WITHIN 6 MONTHS\$25D1208TOPICALFLUORDE VARNISH\$30D1208TOPICAL PPLICATION OF FLUORDE - EXCLUDING VARNISH\$30D1310NUTRIT CNSL CONTROL DEITAL DISEASE\$30D1320TOBACCO CONSL CNTRLAPREVION OR LD Z\$30D1331CAAL HYCHEN INSTRUCTIONS\$30D1332ORAL HYCHEN INSTRUCTIONS\$30D1333SEALANT - PER TOOTH\$35D1354PREV RESIN RESTORATION IN MOD HIGH CARLES RISK PATIENT- PERM TOOTH\$30D1355CARLES PREVENTIVE MEDICAMENT APPLICATION - PER TOOTH\$30D1365SACLES PREVENTIVE MEDICAMENT APPLICATION - PER TOOTH\$30D1365SACLES PREVENTIVE MEDICAMENT APPLICATION - PER TOOTH\$30D1375SPACE MAINTAINER - FIKED - BILATERAL, MANDIBULAR\$35D1516SPACE MAINTAINER - FIKED - BILATERAL, MANDIBULAR\$35D1527SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR\$35D1538RECEMREBOND BILATERAL SPACE MAINTAINER - MAXIL\$35D1549REMOVAL OF FIKED BILATERAL SPACE MAINTAINER - MAXIL\$36D1558REMOVAL OF FIKED BILATERAL SPACE MAINTAINER - MAXIL\$30D1558REMOVAL OF FIKED BILATERAL SPACE MAINTAINER - MAXIL\$30D1559D1550REMOVAL OF FIKED BILATERAL SPACE MAINTAINER - MAXIL\$10D1559NUSPECIFIED DREVENTVE PROCEDURE, BY REPORT\$30D1569REMOVAL OF FIKED BILATERAL SPACE MAINTAINER - MAXIL\$10D1570MALGAM - ONE GUNTAGES PRIMARY/PERMANENT\$30<	D1110 ¹	- PROPHYLAXIS - ADULT 1 ADD. PROPHY WITHIN 6 MONTHS	\$25
D1206 TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH S0 D1210 TOTIRT ONSE CONTROL DENTAL DISEASE S0 D1310 NUTRIT ONSE CONTROL DENTAL DISEASE S0 D13120 TOBACCO CONSL CNTRL&PREVION ORL DZ S0 D1313 SCALANT - PER TOOTH S6 D1315 SEALANT - PER TOOTH S6 D1315 SEALANT - PER TOOTH S6 D1315 SCALANT - PER TOOTH S6 D1315 SCALANT - PER TOOTH S0 D1316 SPACE MAINTAINER - PER TOOTH S0 D1316 SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY S25 D1517 SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY S35 D1518 SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY S35 D1517 SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY S35 D1518 RECENTREBOND BILATERAL SPACE MAINTAINER - MAXIL S36 D1518 RECENTREBOND BILATERAL SPACE MAINTAINER - MAXIL S36 D1518 RECENTREBOND BILATERAL SPACE MAINTAINER - MAXIL S10 D1518 RECENTREBON	D11201	PROPHYLAXIS - CHILD	\$0
D1208 TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH S0 D1310 NUTRIT CNEL CONTROL DENTAL DISEASE S0 D1320 TOBACCO CONSL CITIL SPREVION OR L DZ S0 D1315 SCALANT FREN TRUCTIONS S0 D1321 DCRAL HYGIENE INSTRUCTION ON DHIGH CARLES RISK PATIENT - PERM TOOTH S10 D1325 PREV RESIN RESTORATION IN MOD HIGH CARLES RISK PATIENT - PERM TOOTH S10 D1335 SCALANT REPAR - PER TOOTH S10 D1356 CARLES PREVENTIVE MEDICAMENT APPLICATION - PER TOOTH S10 D1357 SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY S25 D1528 SPACE MAINTAINER - REMOVABLE - UNILATERAL, MAXILLARY S35 D1530 RECENTREBOND BILATERAL, SPACE MAINTAINER - MAXIL S35 D1547 SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY S35 D1558 RECONNEBOND BILATERAL SPACE MAINTAINER - MAXIL S35 D1551 RECENTREBOND BILATERAL SPACE MAINTAINER - MAXIL S36 D1552 RECENTREBOND BILATERAL SPACE MAINTAINER - MAXIL S30 D1555 REMOVAL OF FIXED BILATERAL SPACE MAINTAINER - MAXIL S30	D11201	- PROPHYLAXIS - CHILD 1 ADD. PROPHY WITHIN 6 MONTHS	\$25
D1310 NUTRIT ONSL CONTROL DENTAL DISEASE 30 D1320 TOBACCO CINSL CINTRLAPREVION ORL DZ 30 D1330 ORAL HYGIENE INSTRUCTIONS 30 D1351 SEALANT - PER TOOTH 35 D1352 PREV RESIN RESTORATION IN MOD HIGH CARIES RISK PATIENT- PERM TOOTH 310 D1353 SEALANT REPARE - PER TOOTH 30 D1354 CARIES PREVENTIVE MEDICAMENT APPLICATION - PER TOOTH 30 D1515 SPACE MAINTAINER - FIERD - BILATERAL, MAXILLARY 325 D1520 SPACE MAINTAINER - REMOVABLE- UNILATERAL/ MANDIBULAR 335 D1525 SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR 335 D1526 SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR 335 D1527 SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR 335 D1528 RECEMMEBOND BILATERAL SPACE MAINTAINER - MAXIL 355 D1539 RECEMREBOND BILATERAL SPACE MAINTAINER - MAXIL 310 D1540 RECEMREBOND BILATERAL SPACE MAINTAINER - MAXIL 310 D1551 RECEMREBOND BILATERAL SPACE MAINTAINER - MAXIL 310 D1556 REMOVAL OF FIX	D1206	TOPICALFLUORIDE VARNISH	\$0
D1320 TOBACCO CNSL CNTRLAPREVION ORL DZ 30 D1330 ORAL HYGIENE INSTRUCTIONS 30 D1341 SEALANT - PER TOOTH 35 D1352 PREV RESIN RESTORATION IN MOD HIGH CARLES RISK PATIENT- PERM TOOTH 31 D1353 SEALANT SERTORATION IN MOD HIGH CARLES RISK PATIENT- PER TOOTH 35 D1355 CARLES PREVENTIVE MEDICAMENT APPLICATION – PER TOOTH 35 D1516 SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY 325 D1520 SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY 335 D1526 SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY 335 D1527 SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY 335 D1528 RECEM/REBOND BILATERAL SPACE MAINTAINER - MAXIL 335 D1529 RECEM/REBOND BILATERAL SPACE MAINTAINER - MAXIL 350 D1530 RECEM/REBOND BILATERAL SPACE MAINTAINER - MAXIL 350 D1545 RECEM/REBOND BILATERAL SPACE MAINTAINER - MAXIL 350 D1558 RECEM/REBOND BILATERAL SPACE MAINTAINER - MAXIL 350 D1549 LINGAM SACE MAINTAINER - MAXIL 350 D1545	D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	\$0
D1330ORAL HYGIENE INSTRUCTIONSS0D1351SEALANT - PER TOOTHS10D1352PREV RESIN RESTORATION IN MOD HIGH CARIES RISK PATIENT- PERM TOOTHS10D1353SEALANT REPAIR - PER TOOTHS20D1354SEALANT REPAIR - PER TOOTHS20D1515SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARYS25D1520SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARYS35D1521SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULARS35D1522SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULARS35D1523SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULARS35D1524SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULARS35D1525RECEMREBOND BILATERAL SPACE MAINTAINER - MAXILS35D1526RECEMREBOND BILATERAL SPACE MAINTAINER - MAXILS35D1537RECEMREBOND BILATERAL SPACE MAINTAINER/QUADS36D1548REMOVAL OF FIXED DILATERAL SPACE MAINTAINER/QUADS36D1559REMOVAL OF FIXED BILATERAL SPACE MAINTAINER/QUADS36D1550REMOVAL OF FIXED BILATERAL SPACE MAINTAINER/QUADS36D1550REMOVAL OF FIXED BILATERAL SPACE MAINTAINER/ANDIBS40D1550REMOVAL OF FIXED BILATERAL SPACE MAINTAINER/ANDIB <td< td=""><td>D1310</td><td>NUTRIT CNSL CONTROL DENTAL DISEASE</td><td>\$0</td></td<>	D1310	NUTRIT CNSL CONTROL DENTAL DISEASE	\$0
D1351SEALANT - PER TOOTH\$1D1352PER V RESIN RESTORATION IN MOD HIGH CARIES RISK PATIENT - PER MOOTH\$10D1353SEALANT REPAIR - PER TOOTH\$20D1354CARIES PREVENTIVE MEDICAMENT APPLICATION - PER TOOTH\$20D1515SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY\$25D1517SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY\$35D1520SPACE MAINTAINER - REMOVABLE- BILATERAL, MAXILLARY\$35D1521SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY\$35D1522SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY\$35D1523RECEMREBOND BILATERAL SPACE MAINTAINER - MAXIL\$35D1524RECEMREBOND BILATERAL SPACE MAINTAINER - MAXIL\$35D1525RECEMREBOND BILATERAL SPACE MAINTAINER - MAXIL\$35D1536REMOVAL OF FIXED DINLATERAL SPACE MAINTAINER - MAXIL\$36D1537REMOVAL OF FIXED DINLATERAL SPACE MAINTAINER MAXIL\$10D1548REMOVAL OF FIXED DINLATERAL SPACE MAINTAINER MAXIL\$10D1559REMOVAL OF FIXED DINLATERAL SPACE MAINTAINER MAXIL\$10D1569NEMOVAL OF FIXED DINLATERAL SPACE MAINTAINER MAXIL\$10D1570DISTAL SHOE SPACE MAINTAINER, MANDIB\$10D1575DISTAL SHOE SPACE MAINTAINER, MANDIB\$10D1576MALGAM - ONE SURFACE SPRIMARY/PERMANENT\$0D158REMOVAL OF FIXED DINLATERAL SPACE MAINTAINER MAXIL\$10D159UNSPECIFIED PREVENTIVE PROCEDURE, BY REPORT\$20D150MALGAM - ONE SURFACES PRIMARY/PERMANENT\$	D1320	TOBACCO CNSL CNTRL&PREVION ORL DZ	\$0
D1352 PREV RESIN RESTORATION IN MOD HIGH CARIES RISK PATIENT- PERM TOOTH \$10 D1353 SEALANT REPAIR – PER TOOTH \$50 D1355 CARIES PREVENTIVE MEDICAMENT APPLICATION – PER TOOTH \$20 D1516 SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY \$25 D1517 SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY \$35 D1520 SPACE MAINTAINER - REMOVABLE- UNILATERAL/QUAD \$35 D1521 SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY \$35 D1522 SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY \$35 D1523 RECEM/REBOND BILATERAL SPACE MAINTAINER - MAXIL \$35 D1524 RECEM/REBOND BILATERAL SPACE MAINTAINER - MAXIL \$36 D1525 REMOVAL OF FIXED DINILATERAL SPACE MAINTAINER - MAXIL \$36 D1536 REMOVAL OF FIXED BILATERAL SPACE MAINTAINER/QUAD \$36 D1545 REMOVAL OF FIXED BILATERAL SPACE MAINTAINER/MAXIL \$36 D1556 REMOVAL OF FIXED BILATERAL SPACE MAINTAINER/MAXIL \$36 D1557 REMOVAL OF FIXED BILATERAL SPACE MAINTAINER/MAXIL \$30 D1558 REMOVAL OF FIXED BILATERAL SPACE MAINTAINER/MAXIL	D1330	ORAL HYGIENE INSTRUCTIONS	\$0
D1333 SEALANT REPAIR - PER TOOTH \$5 D1355 CARIES PREVENTIVE MEDICAMENT APPLICATION - PER TOOTH \$0 D1516 SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR \$25 D1520 SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR \$35 D1520 SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR \$35 D1521 SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR \$35 D1522 SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR \$35 D1523 SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR \$35 D1524 RECEMREBOND BILATERAL SPACE MAINTAINER - MANDIB \$35 D1525 RECEMREBOND BILATERAL SPACE MAINTAINER - MANDIB \$35 D1536 REMOVAL OF FIXED BILATERAL SPACE MAINTAINER/QUAD \$36 D1537 REMOVAL OF FIXED BILATERAL SPACE MAINTAINER/QUAD \$30 D1538 REMOVAL OF FIXED BILATERAL SPACE MAINTAINER/ANDIB \$10 D1539 USTAL SHOE SPACE MAINTAINER - FIXED, UNILATERAL/QUAD \$25 D1540 MALGAM - ONE SURFACES PRIMARY/PERMANENT \$0 D2140 AMALGAM - ONE SURFACES PRIMARY/PERMANENT \$0	D1351	SEALANT - PER TOOTH	\$5
D1365 CARIES PREVENTIVE MEDICAMENT APPLICATION – PER TOOTH \$20 D1516 SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY \$25 D1517 SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY \$35 D1520 SPACE MAINTAINER - REMOVABLE - UNILATERAL/QUAD \$35 D1521 SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY \$35 D1522 SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR \$35 D1521 RECEMREBOND BILATERAL SPACE MAINTAINER - MAXIL \$35 D1522 RECEMREBOND BILATERAL SPACE MAINTAINER - MAXIL \$35 D1533 RECEMREBOND UNILATERAL SPACE MAINTAINER - MAXIL \$35 D1554 REMOVAL OF FIXED DILATERAL SPACE MAINTAINER, MAXIL \$36 D1555 REMOVAL OF FIXED BILATERAL SPACE MAINTAINER/QUAD \$10 D1557 REMOVAL OF FIXED BILATERAL SPACE MAINTAINER/AMAXIL \$10 D1557 REMOVAL OF FIXED BILATERAL SPACE MAINTAINER/AMAXIL \$10 D1557 REMOVAL OF FIXED BILATERAL SPACE MAINTAINER/AMAXIL \$10 D1557 REMOVAL OF FIXED BILATERAL SPACE MAINTAINER/AMANDIB \$10 D1555 D154L SHOE SPACE MAINTAINER - FIXED, UNILATERAL/QUAD	D1352	PREV RESIN RESTORATION IN MOD HIGH CARIES RISK PATIENT- PERM TOOTH	\$10
D1516 SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY \$25 D1517 SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR \$25 D1520 SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR \$35 D1521 SPACE MAINTAINER - REMOVABLE - BILATERAL, MANLILARY \$35 D1521 SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR \$35 D1521 RECEMREBOND BILATERAL SPACE MAINTAINER - MAXIL \$35 D1532 RECEMREBOND BILATERAL SPACE MAINTAINER - MAXIL \$35 D1533 RECEMREBOND BILATERAL SPACE MAINTAINER - MAXIL \$35 D1535 REMOVAL OF FIXED BILATERAL SPACE MAINTAINER/QUAD \$10 D1537 REMOVAL OF FIXED BILATERAL SPACE MAINTAINER-MAXIL \$10 D1535 REMOVAL OF FIXED BILATERAL SPACE MAINTAINER-MAXIL \$10 D1535 REMOVAL OF FIXED BILATERAL SPACE MAINTAINER-MAXIL \$10 D1535 DIS55 REMOVAL OF FIXED BILATERAL SPACE MAINTAINER-MAXIL \$10 D1535 DIS56 REMOVAL OF FIXED BILATERAL SPACE MAINTAINER-MAXIL \$10 D1550 JUNSPECIFIED PREVENTUE PROCEDURE, BY REPORT \$0 \$0 D2140	D1353	SEALANT REPAIR – PER TOOTH	\$5
D1517 SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR \$25 D1520 SPACE MAINTAINER - REMOVABLE- UNILATERAL/QUAD \$35 D1524 SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR \$35 D1527 SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR \$35 D1528 RECEM/REBOND BILATERAL SPACE MAINTAINER - MAXIL \$55 D1552 RECEM/REBOND BILATERAL SPACE MAINTAINER - MAXIL \$55 D1553 RECEM/REBOND DILATERAL SPACE MAINTAINER/QUAD \$55 D1554 REMOVAL OF FIXED BILATERAL SPACE MAINTAINER/QUAD \$10 D1555 REMOVAL OF FIXED BILATERAL SPACE MAINTAINER/ANDIB \$10 D1555 REMOVAL OF FIXED BILATERAL SPACE MAINTAINER/MANDIB \$10 D1555 REMOVAL OF FIXED BILATERAL SPACE MAINTAINER/MANDIB \$10 D1555 REMOVAL OF FIXED BILATERAL SPACE MAINTAINER/MANDIB \$10 D1555 DISTAL SHOE SPACE PRIVER PROCEDURE, BY REPORT \$25 D1599 UNSPECIFIED REVENTIVE PROCEDURE, BY REPORT \$0 D2140 AMALGAM - ONE SURFACES PRIMARY/PERMANENT \$0 D2161 AMALGAM - FOUR/MORE SURFACES PRIMARY/PERMANENT \$0 </td <td>D1355</td> <td>CARIES PREVENTIVE MEDICAMENT APPLICATION – PER TOOTH</td> <td>\$0</td>	D1355	CARIES PREVENTIVE MEDICAMENT APPLICATION – PER TOOTH	\$0
D1520 SPACE MAINTAINER - REMOVABLE- UNILATERAL/OUAD \$35 D1526 SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY \$35 D1527 SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY \$35 D1551 RECEM/REBOND BILATERAL SPACE MAINTAINER - MANDIB \$55 D1552 RECEM/REBOND BILATERAL SPACE MAINTAINER - MANDIB \$55 D1553 RECEM/REBOND UNILATERAL SPACE MAINTAINER - MANDIB \$55 D1556 REMOVAL OF FIXED DUILATERAL SPACE MAINTAINER/QUAD \$10 D1557 REMOVAL OF FIXED BILATERAL SPACE MAINTAINER/AUXIL \$10 D1558 REMOVAL OF FIXED DUILATERAL SPACE MAINTAINER/AUXIL \$10 D1557 REMOVAL OF FIXED BILATERAL SPACE MAINTAINER/AUXIL \$10 D1576 REMOVAL OF FIXED BILATERAL SPACE MAINTAINER/AUXIL \$10 D1577 DISTAL SHOE SPACE MAINTAINER - FIXED, UNILATERAL/QUAD \$25 D1599 UNSPECIFIED PREVENTIVE PROCEDURE, BY REPORT \$30 D150 MALGAM - NOW SURFACES PRIMARY/PERMANENT \$30 D2160 AMALGAM - FOUR/MORE SURFACES PRIMARY/PERMANENT \$30 D2331 RESIN COMPOSITE - SURFACES ANTERIOR \$30 <	D1516	SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY	\$25
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 - MAXIL \$5 D1553 RECEM/REBOND DILATERAL SPACE MAINTAINER - MANDIB \$10 D1554 REMOVAL OF FIXED UNILATERAL SPACE MAINTAINER/QUAD \$10 D1557 REMOVAL OF FIXED BILATERAL SPACE MAINTAINER/QUAD \$10 D1558 REMOVAL OF FIXED BILATERAL SPACE MAINTAINER/QUAD \$10 D1557 REMOVAL OF FIXED BILATERAL SPACE MAINTAINER/QUAD \$10 D1558 REMOVAL OF FIXED BILATERAL SPACE MAINTAINER/QUAD \$25 D1999 UNSPECIFIED PREVENTIVE PROCEDURE, BY REPORT \$25 D1999 UNSPECIFIED PREVENTIVE PROCEDURE, BY REPORT \$0 D2140 AMALGAM - ONE SURFACE PRIMARY/PERMANENT \$0 D2150 AMALGAM - SURFACES PRIMARY/PERMANENT \$0 D2330 RESIN COMPOSITE - ONE SURFACES ANTERIOR \$0 D2331 RESIN COMPOSITE - SURFACES ANTERIOR \$0 D2332	D1517	SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR	\$25
D1527 SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR \$35 D1551 RECEMREBOND BILATERAL SPACE MAINTAINER - MANDIB \$5 D1552 RECEMREBOND BILATERAL SPACE MAINTAINER - MANDIB \$5 D1553 RECEMREBOND DINLATERAL SPACE MAINTAINER, MANDIB \$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-MAXIL \$10 D1559 NISTAL SHOE SPACE MAINTAINER - FIXED, UNILATERAL/QUAD \$25 D1990 UNSPECIFIED PREVENTIVE PROCEDURE, BY REPORT \$25 D1990 UNSPECIFIED PREVENTIVE PROCEDURE, BY REPORT \$26 D1210 AMALGAM - ONE SURFACE PRIMARY/PERMANENT \$0 D2140 AMALGAM - SURFACES PRIMARY/PERMANENT \$0 D2330 RESIN COMPOSITE - ONE SURFACES ANTERIOR \$0 D2331 RESIN COMPOSITE - SURFACES ANTERIOR \$0 D2332 RESIN COMPOSITE - SURFACES ANTERIOR \$0 D2333 RESIN COMPOSITE - SURFACES ANTERIOR \$25 D2334 RESIN COMPOSIT	D1520	SPACE MAINTAINER - REMOVABLE-UNILATERAL/QUAD	\$35
D1551RECEM/REBOND BILATERAL SPACE MAINTAINER - MAXIL\$D1552RECEM/REBOND BILATERAL SPACE MAINTAINER - MANDIB\$D1553RECEM/REBOND UNILATERAL SPACE MAINTAINER/QUAD\$D1556REMOVAL OF FIXED UNILATERAL SPACE MAINTAINER/QUAD\$10D1557REMOVAL OF FIXED BILATERAL SPACE MAINTAINER-MAXIL\$10D1558REMOVAL OF FIXED BILATERAL SPACE MAINTAINER-MAXIL\$10D1555DISTAL SHOE SPACE MAINTAINER - MANDIB\$10D1555DISTAL SHOE SPACE MAINTAINER - MANDIB\$25D1999UNSPECIFIED PREVENTIVE PROCEDURE, BY REPORT\$55D12140AMALGAM - ONE SURFACE PRIMARY/PERMANENT\$00D2150AMALGAM - ONE SURFACE PRIMARY/PERMANENT\$00D2160AMALGAM - FOUR/MORE SURFACES PRIMARY/PERMANENT\$00D2300RESIN COMPOSITE - ONE SURFACES PRIMARY/PERMANENT\$00D2331RESIN COMPOSITE - ONE SURFACES ANTERIOR\$00D2332RESIN COMPOSITE - SURFACES ANTERIOR\$00D2333RESIN COMPOSITE - SURFACES ANTERIOR\$00D2334RESIN COMPOSITE - SURFACES ANTERIOR\$00D2335RESIN COMPOSITE - SURFACES OSTERIOR\$00D2336RESIN COMPOSITE - SURFACES POSTERIOR\$00D2337RESIN COMPOSITE - SURFACES POSTERIOR\$00D2339RESIN COMPOSITE - SURFACES POSTERIOR\$00D2339RESIN COMPOSITE - SURFACES POSTERIOR\$00D2339RESIN COMPOSITE - SURFACES POSTERIOR\$00D2339RESIN COMPOSITE - SURFACES POSTERIOR\$00D2339 <td>D1526</td> <td>SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY</td> <td>\$35</td>	D1526	SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY	\$35
D1552RECEM/REBOND BILATERAL SPACE MAINTAINER - MANDIBS5D1553RECEM/REBOND UNILATERAL SPACE MAINTAINER/QUAD\$10D1556REMOVAL OF FIXED UNILATERAL SPACE MAINTAINER/QUAD\$10D1557REMOVAL OF FIXED BILATERAL SPACE MAINTAINER-MAXIL\$10D1558REMOVAL OF FIXED BILATERAL SPACE MAINTAINER-MAXIL\$10D1559DISTAL SHOE SPACE MAINTAINER - FIXED, UNILATERALQUAD\$25D1590UNSPECIFIED PREVENTIVE PROCEDURE, BY REPORT\$55 RESTOVE SERVICES \$50D2140AMALGAM - ONE SURFACE PRIMARY/PERMANENT\$00D2150AMALGAM - SURFACE SPRIMARY/PERMANENT\$00D2161AMALGAM - SURFACES PRIMARY/PERMANENT\$00D2162AMALGAM - FOUR/MORE SURFACES PRIMARY/PERMANENT\$00D2330RESIN COMPOSITE - ONE SURFACE ANTERIOR\$00D2331RESIN COMPOSITE - SURFACES ANTERIOR\$00D2332RESIN COMPOSITE - SURFACES ANTERIOR\$00D2333RESIN COMPOSITE - SURFACES ANTERIOR\$00D2340RESIN COMPOSITE - SURFACES ANTERIOR\$00D2332RESIN COMPOSITE - SURFACES POSTERIOR\$030D2333RESIN COMPOSITE - SURFACES POSTERIOR\$030D2334RESIN COMPOSITE - SURFACES POSTERIOR\$030D2335RESIN COMPOSITE - SURFACES POSTERIOR\$030D2334RESIN COMPOSITE - SURFACES POSTERIOR\$030D2334RESIN COMPOSITE - SURFACES POSTERIOR\$030D2334RESIN COMPOSITE - SURFACES POSTERIOR\$05D2334RESIN COMPOSITE - SURFACES PO	D1527	SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR	
D1553RECEM/REBOND UNILATERAL SPACE MAINTAINER/QUADSD1556REMOVAL OF FIXED UNILATERAL SPACE MAINTAINER/QUAD\$10D1557REMOVAL OF FIXED BILATERAL SPACE MAINTAINER/MAXIL\$10D1558REMOVAL OF FIXED BILATERAL SPACE MAINTAINER-MAXIL\$10D1555DISTAL SHOE SPACE MAINTAINER - FIXED, UNILATERAL/QUAD\$25D1990UNSPECIFIED PREVENTIVE PROCEDURE, BY REPORT\$5 RESTONTIVE SERVICES \$5D2140AMALGAM - ONE SURFACE PRIMARY/PERMANENT\$0D2150AMALGAM - TWO SURFACE S PRIMARY/PERMANENT\$0D2160AMALGAM - FOUR/MORE SURFACES PRIMARY/PERMANENT\$0D2330RESIN COMPOSITE - ONE SURFACE S PRIMARY/PERMANENT\$0D2331RESIN COMPOSITE - ONE SURFACE ANTERIOR\$0D2332RESIN COMPOSITE - SURFACE ANTERIOR\$0D2333RESIN COMPOSITE - SURFACE ANTERIOR\$0D2340RESIN COMPOSITE - SURFACE S ANTERIOR\$0D2339RESIN COMPOSITE - SURFACE POSTERIOR\$25D2340RESIN COMPOSITE - SURFACES POSTERIOR\$26D2341RESIN COMPOSITE - SURFACES POSTERIOR\$40D2333RESIN COMPOSITE - SURFACES POSTERIOR\$40D2344RESIN COMPOSITE - SURFACES POSTERIOR\$45D2344RESIN COMPOSITE - SURFACES POSTERIOR\$45D2344RESIN COMPOSITE - SURFACES POSTERIOR\$45D2344RESIN COMPOSITE - 4/MORE SURFACES POSTERIOR\$55D2344RESIN COMPOSITE - 4/MORE SURFACES POSTERIOR\$55D2344RESIN COMPOSITE - 4/MOR	D1551	RECEM/REBOND BILATERAL SPACE MAINTAINER – MAXIL	\$5
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D1557REMOVAL OF FIXED BILATERAL SPACE MAINTAINER-MAXIL\$10D1558REMOVAL OF FIXED BILATERAL SPACE MAINTAINER-MANDIB\$10D1575DISTAL SHOE SPACE MAINTAINER - FIXED, UNILATERAL/QUAD\$25D1999UNSPECIFIED PREVENTIVE PROCEDURE, BY REPORT\$5D2140AMALGAM - ONE SURFACE PRIMARY/PERMANENT\$0D2150AMALGAM - SURFACES PRIMARY/PERMANENT\$0D2160AMALGAM - SURFACES PRIMARY/PERMANENT\$0D2161AMALGAM - FOUR/MORE SURFACES PRIMARY/PERMANENT\$0D2330RESIN COMPOSITE - ONE SURFACES PRIMARY/PERMANENT\$0D2331RESIN COMPOSITE - SURFACE ANTERIOR\$0D2332RESIN COMPOSITE - SURFACES ANTERIOR\$0D2333RESIN COMPOSITE - SURFACES ANTERIOR\$0D2340RESIN COMPOSITE - SURFACES ANTERIOR\$0D2352RESIN COMPOSITE - SURFACE POSTERIOR\$0D2353RESIN COMPOSITE - SURFACES POSTERIOR\$0D2354RESIN COMPOSITE - SURFACES POSTERIOR\$0D2355RESIN COMPOSITE - SURFACES POSTERIOR\$0D2354RESIN COMPOSITE - SURFACES POSTERIOR\$0D2355RESIN COMPOSITE - SURFACES POSTERIOR\$0D2354RESIN COMPOSITE - SURFACES POSTERIOR\$0D2354RESIN COMPOSITE - SURFACES POSTERIOR\$0D2354RESIN COMPOSITE - SURFACES POSTERIOR\$0D2354RESIN COMPOSITE - SURFACES POSTERIOR\$0D2355RESIN COMPOSITE - SURFACES POSTERIOR\$0D2354RESIN COMPOSITE - SURFACES POSTERIO	D1553	RECEM/REBOND UNILATERAL SPACE MAINTAINER/QUAD	
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D2394 RESIN COMPOSITE - 4/MORE SURFACES POST \$55			
DZOTU IINLAT - METALLIG - UNE SUKFAGE \$150			
	02010		\$150

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 \$0
D2920 D2921	REATTACHMENT OF TOOTH FRAGMENT	\$65
D2921	PREFABRICATED PORCELAIN CROWN- PRIMARY	\$80 \$80
D2929 D2930	PREFABRICATED FORCELAIN CROWN - PRIMARY	\$80 \$25
D2930 D2931	PREFABRICATED STAINLESS STELL CROWN - PRIMART	\$25 \$25
D2931 D2932	PREFABRICATED STAINLESS STEEL CROWN - PERMANENT	
	PREFABRICATED RESIN CROWN PREFABRICATED STAINLESS STEEL CROWN RESIN WINDOW	\$35 \$35
D2933		\$35
D2934	PREFABRICATED ESTHTC COATED STNLESS STEEL CROWN - PRIMARY	\$60 *0
D2940		\$0 ¢5
D2941		\$5
D2950	CORE BUILDUP INCLUDING ANY PINS	\$25
D2951	PIN RETENTION - PER TOOTH ADDITION REST	\$10
D2952	POST & CORE ADD CROWN INDIRECT FAB	\$35*
D2953	EACH ADD INDIRECT FABRICATED POST SAME TOOTH	\$25*
D2954	PREFABRICATED POST & CORE ADDITION CROWN	\$20
D2955	POST REMOVAL	\$10
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	DONTIC 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		\$65
D3346	RETX PREVIOUS RC THERAPY - ANTERIOR	\$100
D3347	RETX PREVIOUS RC THERAPY - BICUSPID	\$170
D3348	RETX PREVIOUS RC THERAPY - MOLAR	\$295 \$65
D3351		
D3352		
D3353		
D3355	PULPAL REGENERATION - INITIAL VISIT	\$65 \$65
D3356 D3357	PULPAL REGENERATION - INTERIM MEDICAMENT REPLACEMENT PULPAL REGENERATION - COMPLETION OF TREATMENT	\$65 \$65
D3357 D3410	APICOECTOMY SURG - ANT	\$05 \$95
D3410 D3421	APICOECTOMY SURG-BICUSPID	\$95 \$95
D3421	APICOECTOMY SURG - MOLAR	\$95 \$95
D3425 D3426	APICOECTOMY SURGERY	\$ 5 5
D3430	RETROGRADE FILLING - PER ROOT	\$55 \$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

ADA	Description ME	MBER PAYS
D4249	CLIN CROWN LEN - HARD TISSUE	\$115
D4260	OSSEOUS SURG 4/> CNTIG TEETH QUAD	\$325
D4261	OSSEOUS SURG 1-3 CNTIG TEETH QUAD	\$215
D4263	BONE REPLACEMENT GRAFT – RETAINED NATURAL TOOTH – FIRST SITE IN QUADRANT	\$175
D4264	BONE REPLACEMENT GRAFT – RETAINED NATURAL TOOTH – EACH ADDITIONAL SITE IN QUADRANT	\$75
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$215
D4274	MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA)	\$65
D4277	FREE SOFT TISSUE GRAFT PROCEDURE -1ST TOOTH	\$235
D4278	FREE SOFT TISSUE GRAFT PROCEDURE - ADD TOOTH	\$275
D4322	SPLINT-INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS	\$75
D4323	SPLINT-EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS	\$75
D4341	PERIODONTAL SCAL & ROOT PLAN 4/>TEETH-QUAD	\$40
D4342	PERIODONTAL SCAL & ROOT PLAN 1-3 TEETH	\$28
D4346	SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION – FULL MOUTH, AFTER ORAL EVALUATION	\$25
D4355	FULL MOUTH DEBRID COMP PERIODONTAL EVAL & DX	\$40
_	LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH	\$35
D4910	PERIODONTAL MAINTENANCE	\$30
D4920	UNSCHEDULED DRESSING CHANGE	\$0
D4921	GINGIVAL IRRIGATION WITH A MEDICINAL AGENT-PER QUAD	\$0
REMOVA	ABLE PROSTHODONTIC SERVICES	
D5110	COMPLETE DENTURE - MAXILLARY	\$225
D5120	COMPLETE DENTURE - MANDIBULAR	\$225
D5130	IMMEDIATE DENTURE - MAXILLARY	\$250
D5140	IMMEDIATE DENTURE - MANDIBULAR	\$250
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE	\$275
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE	\$275
D5213	MAX PART DENTUR-CAST METL W/RSN	\$275
D5214	MAND PART DENTUR- CAST METL W/RSN	\$275
D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE – RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$55
D5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE – RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH	,
D5223 D5224	IMMEDIATE MAXILLARY PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH) IMMEDIATE MANDIBULAR PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING DETENTIVE (CLASPING MATERIALS, DESTS AND TEETH)	\$55 \$55
D5225	RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH) MAXILLARY PARTIAL DENTURE FLEX BASE	\$350
D5226	MANDIBULAR PARTIAL DENTURE FLEX BASE	\$350
D5227	IMMEDIATE MAXILLARY PARTIAL DENTURE-FLEX BASE	\$55
D5228	IMMEDIATE MANDIBULAR PARTIAL DENTURE-FLEX BASE	\$55
D5282	REMOVABLE UNILATERAL PARTIAL DENTURE - MAXILLARY	\$260
D5283	REMOVABLE UNILATERAL PARTIAL DENTURE - MANDIBULAR	\$260
D5284	REMOVABLE UNILATERAL PARTIAL DENTURE – FLEX BASE/QUAD	\$350
D5286	REMOVABLE UNILATERAL PARTIAL DENTURE-RESIN/QUAD	\$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
D5512	REPAIR BROKEN COMPLETE DENTURE BASE - MAXILLARY	\$25
D5520	REPLACE MISSING/BROKEN TEETH - COMPLETE DENTURE	\$25
D5611	REPAIR RESIN PARTIAL DENTURE BASE - MANDIBULAR	\$25
D5612	REPAIR RESIN PARTIAL DENTURE BASE - MAXILLARY	\$25
D5621	REPAIR CAST PARTIAL FRAMEWORK - MANDIBULAR	\$25
D5622	REPAIR CAST PARTIAL FRAMEWORK - MAXILLARY	\$25
D5630	REPAIR OR REPLACE BROKEN CLASP - PER TOOTH	\$25

ADA	Description	MEMBER PAYS
D5640		\$25
D5650		\$25
D5660		\$25
D5670	REPLACE ALL TEETH & ACRYLC FRMEWRK MAXILLARY	\$150
D5671	REPLACE ALL TEETH & ACRYLC FRMEWRK MANDIBULAR	\$150
D5710	REBASE COMPLETE MAXILLARY DENTURE	\$55
D5711	REBASE COMPLETE MANDIBULAR DENTURE	\$55 ¢55
D5720	REBASE MAXILLARY PARTIAL DENTURE	\$55 ¢55
D5721	REBASE MANDIBULAR PARTIAL DENTURE	\$55 \$55
D5725		\$55 \$25
D5730	RELINE CMPL MAXIL DENTURE (DIRECT)	\$35 \$35
D5731 D5740	RELINE CMPL MAND DENTURE (DIRECT)	\$35 \$35
	RELINE MAXIL PART DENTURE (DIRECT)	
D5741 D5750	RELINE MAND PART DENTURE (DIRECT) RELINE CMPL MAXIL DENTURE (INDIRECT)	\$35 \$55
D5750 D5751		\$55 \$55
D5760	RELINE CMPL MAND DENTURE (INDIRECT) RELINE MAXIL PART DENTURE (INDIRECT)	\$55 \$55
D5760 D5761	RELINE MAND PART DENTURE (INDIRECT)	\$55 \$55
D5765	SOFT LINER FOR COMPLETE OR PART REMOVABLE DENTURE-INDIRECT	\$33 \$10
D5785 D5820	INTERIM PARTIAL DENTURE MAXILLARY	\$10
D5820	INTERIM PARTIAL DENTURE MANDIBULAR	\$55
D5850	TISSUE CONDITIONING MAXILLARY	\$33 \$10
D5851	TISSUE CONDITIONING MANDIBULAR	\$10
D5863	OVERDENTURE - COMPLETE MAXILLARY	\$425
D5864	OVERDENTURE - COMPLETE MANDIBULAR	\$450
D5865	OVERDENTURE - PARTIAL MAXILLARY	\$425
D5866	OVERDENTURE - PARTIAL MANDIBULAR	\$450
D5876	ADD METAL SUBSTRUCTURE TO ACRYLIC FULL DENTURE (PER ARCH)	\$55
	IT SERVICES	400
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)	\$710
D6060	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINATELY BASE METAL)	\$575
D6061	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL)	\$635
D6062	ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)	\$675
D6063	ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINATELY BASE METAL)	\$595
D6064	ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)	\$620
D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	\$740
D6066	IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO HIGH NOBLE ALLOYS	\$720
D6067	IMPLANT SUPPORTED CROWN - HIGH NOBLE ALLOYS	\$730
D6068	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC FPD	\$680
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
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
D6073	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (PREDOMINATELY BASE METAL)	\$630
D6074	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL)	\$670
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	\$740
D6076	IMPLANT SUPPORTED RETAINER FOR FPD - PORCELAIN FUSED TO HIGH NOBLE ALLOYS	\$705
D6077	IMPLANT SUPPORTED RETAINER FOR METAL FPD - HIGH NOBLE ALLOYS	\$665

ADA	Description MEME	BER 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, PER ATTCHMT	\$200
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
FIXED F	PROSTHODONTIC SERVICES	
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
D6250	PONTIC - RESIN W/HIGH NOBLE METAL	\$175*
D6251	PONTIC RESIN W/PREDOM BASE METAL	\$175
D6252	PONTIC RESIN W/NOBLE METAL	\$175*

D6253INTERIM PONTIC-FURTHER TREATMT/COMPLT OF DIAG PRIOR TO FINAL IMPRESSION\$175D6545RETAINER - CASE METAL FOR RESIN FIXED PROSTHESIS\$250D6548RETAINER - PORCELAIN CERAMIC FOR RESIN BONDED FIXED PROSTHESIS\$300D6549RESIN RETAINER - FOR RESIN BONDED FIXED PROSTHESIS\$85D6600RETAINER INLAY - PORCELAIN/CERAMIC 2 SURFACES\$195D6601RETAINER INLAY - PORCELAIN/CERAMIC 3/MORE SURFACES\$195D6602RETAINER INLAY - CAST HI NOBLE METAL 2 SURFACES\$150*D6603RETAINER INLAY - CAST HI NOBLE METAL 2 SURFACES\$150D6604RETAINER INLAY - CAST PREDOM BASE METAL 3/SURFACES\$150D6605RETAINER INLAY - CAST PREDOM BASE METAL 2 SURFACES\$150*D6606RETAINER INLAY - CAST NOBLE METAL 2 SURFACES\$150*D6607RETAINER INLAY - CAST NOBLE METAL 2 SURFACES\$150*D6608RETAINER NILAY - CAST NOBLE METAL 2 SURFACES\$150*D6609RETAINER NILAY - CAST NOBLE METAL 2 SURFACES\$205D6609RETAINER ONLAY - PORCELAIN/CERAMIC 2 MORE SURFACES\$205D6610RETAINER ONLAY - CAST HI NOBLE METAL 2 SURFACES\$150*D6611RETAINER ONLAY - CAST NOBLE METAL 2 SURFACES\$150*D6612RETAINER ONLAY - CAST NOBLE METAL 2 SURFACES\$155*D6613RETAINER ONLAY - CAST NOBLE METAL 2 SURFACES\$150*D6614RETAINER ONLAY - CAST NOBLE METAL 2 SURFACES\$155*D6615RETAINER ONLAY - CAST NOBLE METAL 2 SURFACES\$155*D6614RETAINER ONLAY - CAST NOBLE METAL 2 SURFACES
D6548RETAINER - PORCELAIN CERAMIC FOR RESIN BONDED FIXED PROSTHESIS\$300D6549RESIN RETAINER - FOR RESIN BONDED FIXED PROSTHESIS\$85D6600RETAINER INLAY - PORCELAIN/CERAMIC 2 SURFACES\$195D6601RETAINER INLAY - PORCELAIN/CERAMIC 3/MORE SURFACES\$150D6603RETAINER INLAY - CAST HI NOBLE METAL 2 SURFACES\$150D6604RETAINER INLAY - CAST PREDOM BASE METAL 2 SURFACES\$150D6605RETAINER INLAY - CAST PREDOM BASE METAL 2 SURFACES\$150D6606RETAINER INLAY - CAST PREDOM BASE METAL 2 SURFACES\$150D6607RETAINER INLAY - CAST NOBLE METAL 2 SURFACES\$150D6608RETAINER INLAY - CAST NOBLE METAL 2 SURFACES\$150D6609RETAINER INLAY - CAST NOBLE METAL 2 SURFACES\$150D6609RETAINER ONLAY - PORCELAIN/CERAMIC 2 SURFACES\$150D6609RETAINER ONLAY - PORCELAIN/CERAMIC 2 SURFACES\$150D6610RETAINER ONLAY - CAST HI NOBLE METAL 2 SURFACES\$150D6611RETAINER ONLAY - CAST HI NOBLE METAL 2 SURFACES\$150D6612RETAINER ONLAY - CAST HI NOBLE METAL 2 SURFACES\$150D6613RETAINER ONLAY - CAST HI NOBLE METAL 2 SURFACES\$150D6614RETAINER ONLAY - CAST PREDOM BASE METAL 2 SURFACES\$150D6615RETAINER ONLAY - CAST NOBLE METAL 2 SURFACES\$150D66161RETAINER ONLAY - CAST NOBLE METAL 2 SURFACES\$150D6617RETAINER ONLAY - CAST NOBLE METAL 2 SURFACES\$150D6618RETAINER ONLAY - CAST NOBLE METAL 2 SURFACES\$150
D6549RESIN RETAINER - FOR RESIN BONDED FIXED PROSTHESIS\$85D6600RETAINER INLAY - PORCELAIN/CERAMIC 2 SURFACES\$195D6601RETAINER INLAY - ORCELAIN/CERAMIC 3/MORE SURFACES\$150D6602RETAINER INLAY - CAST HI NOBLE METAL 2 SURFACES\$150D6603RETAINER INLAY - CAST HI NOBLE METAL 3/> SURFACES\$150D6604RETAINER INLAY - CAST PREDOM BASE METAL 2 SURFACES\$150D6605RETAINER INLAY - CAST PREDOM BASE METAL 2 SURFACES\$150D6606RETAINER INLAY - CAST NOBLE METAL 3/SURFACES\$150D6607RETAINER INLAY - CAST NOBLE METAL 2 SURFACES\$150D6608RETAINER INLAY - CAST NOBLE METAL 2 SURFACES\$150D6609RETAINER ONLAY - CAST NOBLE METAL 2 SURFACES\$150D6609RETAINER ONLAY - PORCELAIN/CERAMIC 2 SURFACES\$150D6609RETAINER ONLAY - CAST HI NOBLE METAL 2 SURFACES\$150D6610RETAINER ONLAY - CAST HI NOBLE METAL 2 SURFACES\$150D6611RETAINER ONLAY - CAST PREDOM BASE METAL 2 SURFACES\$150D6612RETAINER ONLAY - CAST PREDOM BASE METAL 2 SURFACES\$150D6613RETAINER ONLAY - CAST PREDOM BASE METAL 2 SURFACES\$150D6614RETAINER ONLAY - CAST NOBLE METAL 3/> SURFACES\$150D6615RETAINER ONLAY - CAST NOBLE METAL 3/> SURFACES\$150D6616RETAINER ONLAY - CAST PREDOM BASE METAL 2 SURFACES\$150D6617RETAINER ONLAY - CAST NOBLE METAL 3/> SURFACES\$150D6618RETAINER ONLAY - CAST NOBLE METAL 3/> SURFACES\$155D6
D6600RETAINER INLAY - PORCELAIN/CERAMIC 2 SURFACES\$195D6601RETAINER INLAY - PORCELAIN/CERAMIC 3/MORE SURFACES\$150D6602RETAINER INLAY - CAST HI NOBLE METAL 2 SURFACES\$150D6603RETAINER INLAY - CAST HI NOBLE METAL 3/> SURFACES\$150D6604RETAINER INLAY - CAST PREDOM BASE METAL 2 SURFACES\$150D6605RETAINER INLAY - CAST PREDOM BASE METAL 2 SURFACES\$150D6606RETAINER INLAY - CAST PREDOM BASE METAL 2 SURFACES\$150D6607RETAINER INLAY - CAST NOBLE METAL 2 SURFACES\$150D6608RETAINER INLAY - CAST NOBLE METAL 2 SURFACES\$150D6609RETAINER INLAY - CAST NOBLE METAL 2 SURFACES\$150D6609RETAINER ONLAY - PORCELAIN/CERAMIC 2 SURFACES\$205D6609RETAINER ONLAY - PORCELAIN/CERAMIC 2 SURFACES\$205D6609RETAINER ONLAY - CAST HI NOBLE METAL 2 SURFACES\$150D6610RETAINER ONLAY - CAST HI NOBLE METAL 2 SURFACES\$150D6611RETAINER ONLAY - CAST HI NOBLE METAL 2 SURFACES\$150D6612RETAINER ONLAY - CAST HI NOBLE METAL 2 SURFACES\$150D6613RETAINER ONLAY - CAST NOBLE METAL 2 SURFACES\$150D6614RETAINER ONLAY - CAST NOBLE METAL 2 SURFACES\$150D6615RETAINER ONLAY - CAST NOBLE METAL 2 SURFACES\$150D6616RETAINER ONLAY - CAST NOBLE METAL 2 SURFACES\$150D6617RETAINER ONLAY - CAST NOBLE METAL 2 SURFACES\$150D6618RETAINER ONLAY - CAST NOBLE METAL 2 SURFACES\$150 <tr<tr>D6624RETAINER</tr<tr>
De601RETAINER INLAY - PORCELAIN/CERAMIC 3/MORE SURFACES195D6602RETAINER INLAY - CAST HI NOBLE METAL 2 SURFACES\$150'D6603RETAINER INLAY - CAST HI NOBLE METAL 3/> SURFACES\$150'D6604RETAINER INLAY - CAST PREDOM BASE METAL 2 SURFACES\$150'D6605RETAINER INLAY - CAST PREDOM BASE METAL 2 SURFACES\$150'D6606RETAINER INLAY - CAST PREDOM BASE METAL 2 SURFACES\$150'D6607RETAINER INLAY - CAST NOBLE METAL 2 SURFACES\$150'D6608RETAINER NILAY - CAST NOBLE METAL 2 SURFACES\$150'D6609RETAINER NILAY - CAST NOBLE METAL 3/MORE SURFACES\$205D6609RETAINER ONLAY - PORCELAIN/CERAMIC 3/MORE SURFACES\$205D6609RETAINER ONLAY - PORCELAIN/CERAMIC 3/MORE SURFACES\$150'D6610RETAINER ONLAY - CAST HI NOBLE METAL 2 SURFACES\$150'D6611RETAINER ONLAY - CAST HI NOBLE METAL 2 SURFACES\$150'D6612RETAINER ONLAY - CAST HI NOBLE METAL 2 SURFACES\$150'D6613RETAINER ONLAY - CAST PREDOM BASE METAL 2 SURFACES\$150'D6614RETAINER ONLAY - CAST PREDOM BASE METAL 2 SURFACES\$150'D6615RETAINER ONLAY - CAST NOBLE METAL 2 SURFACES\$150'D6616RETAINER ONLAY - CAST NOBLE METAL 2 SURFACES\$150'D6617RETAINER ONLAY - CAST NOBLE METAL 2 SURFACES\$150'D6618RETAINER ONLAY - CAST NOBLE METAL 2 SURFACES\$150'D6619RETAINER ONLAY - CAST NOBLE METAL 2 SURFACES\$150'D6614RETAINER ONLAY - CAST NOBLE METAL 2 SURFACES\$150' </td
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D6603RETAINER INLAY - CAST HI NOBLE METAL 3/> SURFACES150°D6604RETAINER INLAY - CAST PREDOM BASE METAL 2 SURFACES\$150D6605RETAINER INLAY - CAST PREDOM BASE METAL 3/>SURFACES\$150D6606RETAINER INLAY - CAST NOBLE METAL 2 SURFACES\$150°D6607RETAINER INLAY - CAST NOBLE METAL 3/MORE SURFACES\$150°D6608RETAINER ONLAY - PORCELAIN/CERAMIC 2 SURFACES\$205D6609RETAINER ONLAY - PORCELAIN/CERAMIC 3/MORE SURFACES\$205D6610RETAINER ONLAY - CAST HI NOBLE METAL 3/> SURFACES\$150°D6611RETAINER ONLAY - CAST HI NOBLE METAL 3/> SURFACES\$150°D6612RETAINER ONLAY - CAST PREDOM BASE METAL 2 SURFACES\$150°D6613RETAINER ONLAY - CAST PREDOM BASE METAL 2 SURFACES\$150°D6614RETAINER ONLAY - CAST PREDOM BASE METAL 2 SURFACES\$150°D6615RETAINER ONLAY - CAST NOBLE METAL 2 SURFACES\$150°D6616RETAINER ONLAY - CAST NOBLE METAL 2 SURFACES\$150°D6617RETAINER ONLAY - CAST NOBLE METAL 2 SURFACES\$150°D6618RETAINER ONLAY - CAST NOBLE METAL 2 SURFACES\$150°D6624RETAINER ONLAY - CAST NOBLE METAL 2 SURFACES\$155°D6634RETAINER ONLAY - TITANIUM\$175°D6634RETAINER ONLAY - TITANIUM\$175°D6634RETAINER ONLAY - TITANIUM\$175°D6740RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE\$185D6720RETAINER CROWN - RESIN WITH HIGH NOBLE METAL\$175°
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D6720 RETAINER CROWN - RESIN WITH HIGH NOBLE METAL \$175*
D6721 RETAINER GROWN - RESIN PREDOMINANTLY BASE METAL \$175
D6722 RETAINER CROWN - RESIN WITH NOBLE METAL \$175*
D6740 RETAINER CROWN - PORCELAIN/CERAMIC \$225
D6750 RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL \$175*
D6751 RETAINER CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL \$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 CONNECTOR BAR \$85
D6930 RECEMENT OR RE-BOND FIXED PARTIAL DENTURE \$0
D6940 STRESS BREAKER \$115
D6980 FIXED PARTIAL DENTURE REPAIR, BY REPORT \$140
ORAL 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 ELEVATION \$25 OF MUCOPERIOSTEAL FLAP IF INDICATED D7220 REMOVAL IMPACT TOOTH - SOFT TISSUE \$50
D7230 REMOVAL IMPACT TOOTH - PARTLY BONY \$75
D7240 REMOVAL IMPACTED TOOTH - COMPLETELY BONY \$13
D7240 REMOVAL IMPACTED TOOTH - COMPLETELY BONY W/SURG COMP \$135
D7241 REMOVAL IMPACTED TOOTH - COMPLETELT BONT W/SORG COMP \$135 D7250 REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE) \$40
D7251 CORONECTOMY-INTENTIONAL PART TOOTH REMVL, IMPACT TEETH ONLY \$150
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ADA	Description	MEMBER PAYS
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	\$225
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION ACCIDENTLY DISPLACED	\$50
D7280	EXPOSURE OF AN UNERUPTED TOOTH	\$85
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	\$90
D7285	INCISIONAL BIOPSY OF ORAL TISSUE HARD	\$0
D7286	INCISIONAL BIOPSY OF ORAL TISSUE SOFT	\$0
D7287	EXTOLIATIVE CYTOLOGICAL SAMPLE COLLECTION	\$20
D7288	BRUSH BIOPSY	\$20
D7290	SURGICAL REPOSITIONING OF TEETH	\$75
D7310	ALVEOLOPLASTY W/EXT 4/> TEETH/SPACE	\$25
D7311	ALVEOLOPLASTY CONJNC XTRCT 1-3 TEETH	\$10
D7320	ALVEOLOPLASTY NO EXT 4/> TEETH/SPAC	\$40
D7321	ALVEOLOPLASTY NOT W/XTRCT 1-3 TEETH	\$20
D7340	VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION)	\$215
D7350	VESTIBULOPLASTY - RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE REATTACHMENT, REVISION OF SOFT TISSUE ATTACHMENT	\$670
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM	\$70
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM	\$110
D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM	\$100
D7461	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	\$50
D7473	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 TISS COMPLICATED	\$25
D7520	I & D OF ABSCESS EXTRAORAL SOFT TISSUE	\$20 \$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 \$25
D7962	LINGUAL FRENECTOMY (FRENULECTOMY)	\$25 \$25
D7963	FRENULOPLASTY	\$25 \$25
D7903	EXC HYPERPLASTIC TISSUE-PER ARCH	\$35
D7971	EXCISION OF PERICORONAL GINGIVA	\$30
D7972	SURGICAL RDUC FIBROUS TUBEROSITY	\$30 \$100
	TIVE GENERAL SERVICES	φτου
D9110	PALLIATIVE TREATMENT OF DENTAL PAIN – PER VISIT	\$10
D9211	REGIONAL BLOCK ANESTHESIA	\$0
D9212	TRIGEMINAL DIVISION BLOCK ANES	\$0
D9215	LOCAL ANESTHESIA	\$0
D9219	EVALUATION FOR DEEP SEDATION OR GENERAL ANESTHESIA	\$0 \$0
D9222	DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTES	\$150
D9223	DEEP SEDATION/GENERAL ANESTHESIA - EACH 15 MINUTE INCREMENT	\$75
D9230	ANALGESIA ANXIOLYSIS, INHALATION OF NITROUS OXIDE	\$30
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANESTHESIA - FIRST 15 MINUTES	\$30 \$140
_		\$70
D9243 D9248	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH 15 MINUTE INCREMENT NON-INTRAVENOUS (CONSCIOUS) SEDATION, THIS INCLUDES NON-IV MINIMAL AND MODERATE SEDATION	\$70 \$50
D9310	CNSLT DX DENT/PHY NOT REQ DENT/PHY	\$0 \$5
D9430	OV OBS - NO OTH SERVICES PERFORMED	\$5 \$25
D9440	OV-AFTER REGULARLY SCHEDULED HRS	\$35
D9450	CASE PRSATION SUBSEQUENT TO DTL & EXT TX PLANNING	\$0 \$0
D9930	TREATMENT OF COMPLICATIONS - POST SURG.	\$0

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	Limited to 1 time in any 2 year period
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 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:

1.	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.
7.	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, questionable 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.
26.	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.