Concordia Plus Schedule of Benefits Plan CA 1601

IMPORTANT INFORMATION ABOUT YOUR PLAN

- This schedule of benefits provides a listing of procedures covered by your plan. For procedures that require a copayment, the amount to be paid is shown in the column titled "Member Pays \$." You pay these copayments to the dental office at the time of service.
- You must select a United Concordia Primary Dental Office (PDO) to receive covered services. Your PDO will perform the below procedures or refer you to a specialty care dentist for further care. Treatment by an Out-of-Network dentist is not covered, except as described in the Certificate of Coverage.
- Only procedures listed on this Schedule of Benefits are Covered Services. For services not listed (not covered), You are responsible for the full fee charged by the dentist. Procedure codes and member Copayments may be updated to meet American Dental Association (ADA) Current Dental Terminology (CDT) in accordance with national standards.
- In-Network Dentists will charge an additional \$125 for the use of precious (high noble) or semi precious (noble) metal.
- For a complete description of your plan, please refer to the Certificate of Coverage and the Schedule of Exclusions and Limitations in addition to this Schedule of Benefits.
- If you have any questions about your United Concordia dental plan, please call our Customer Service Department toll-free at 1-866-357-3304 or access our website at www.UnitedConcordia.com.

ADA Code	ADA Description	Member Pays \$	ADA Code	ADA Description	Member Pays \$
	CLINICAL ORAL EVALUATIONS		RAI	DIOGRAPHS/DIAGNOSTIC IMAGING (including in	nterpretation)
D0120	Periodic Oral Evaluation - Established Patient	0	D0350	2D Oral/Facial Photographic Image Obtained	0
D0140	Limited Oral Evaluation - Problem Focused	0		Intra-Orally Or Extra-Orally TESTS AND EXAMINATIONS	
D0145	Oral Evaluation For A Patient Under 3 Years Of Age And Counseling With Primary Caregiver	0	D0415	Collection Of Microorganisms For Culture And Sensitivity	0
D0150	Comprehensive Oral Evaluation - New Or Established Patient	0	D0416	Viral Culture	0
D0160	Detailed And Extensive Oral Evaluation - Problem Focused, By Report	0	D0417	Collection And Preparation Of Saliva Sample For Laboratory Diagnostic Testing	0
D0170	Re-Evaluation-Limited, Problem Focused	0	D0418	Analysis Of Saliva Sample	0
D0170	(Established Patient; Not Post-Operative Visit)	Ü	D0422	Collection and Preparation Of Genetic Sample Material For Laboratory Analysis And Report	0
D0171	Re-Evaluation - Post-Operative Office Visit	0	D0 100	Constitution Test for Cuspentibility To Discours	0
D0180	Comprehensive Periodontal Evaluation	0	D0423	Genetic Test for Susceptibility To Diseases - Specimen Analysis	0
RAI	DIOGRAPHS/DIAGNOSTIC IMAGING (including in	terpretation)	D0425	Caries Susceptibility Tests	0
D0210	Intraoral - Complete Series Of Radiographic Images	0	D0431	Adjunctive Pre-Diagnostic Test That Aids In Detection Of Mucosal Abnormalities Including	0
D0220	Intraoral- Periapical First Radiographic Image	0		Premalignant And Malignant Lesions, Not To Include Cytology Or Biopsy Procedures	
D0230	Intraoral- Periapical Each Additional Radiographic Image	0	D0 400		0
D0240	Intraoral - Occlusal Radiographic Image	0	D0460	Pulp Vitality Tests Diagnostic Casts	0
D0250	Extra-oral - 2D Projection Radiographic Image	0	D0470	ORAL PATHOLOGY LABORATORY	U
	Created Using A Stationary Radiation Source, And Detector				
D0251	Extra-oral Posterior Dental Radiographic Image	0	D0472	Accession Of Tissue, Gross Examination, Preparation And Transmission Of Written Report	0
D0270	Bitewing - Single Radiographic Image	0	D0473	Accession Of Tissue, Gross And Microscopic	0
D0272	Bitewings - Two Radiographic Images	0		Examination, Preparation And Transmission	
D0273	Bitewings - Three Radiographic Images	0	D0474	Of Written Report Accession Of Tissue, Gross And Microscopic	0
D0274	Bitewings - Four Radiographic Images	0	D0474	Examination, Including Assessment Of	U
D0277	Vertical Bitewings - 7 To 8 Radiographic Images	0		Surgical Margins For Presence Of Disease, Preparation And Transmission Of Written	
D0330	Panoramic Radiographic Image	0		Report	0
D0340	2D Cephalometric Radiographic Image - Acquisition, Measurement And Analysis	0	D0502	Other Oral Pathology Procedures, By Report	0

ADA Code	ADA Description	Member Pays \$	ADA Code	ADA Description	Member Pays \$	
	ORAL PATHOLOGY LABORATORY			INLAY/ONLAY RESTORATIONS		
D0601	Caries Risk Assessment And Documentation,	0	D2510	Inlay - Metallic - One Surface	0 •	
	With A Finding Of Low Risk	0	D2520	Inlay - Metallic - Two Surfaces	0 •	
D0602	Caries Risk Assessment And Documentation, With A Finding Of Moderate Risk	0	D2530	Inlay - Metallic - Three Or More Surfaces	0 •	
			D2542	Onlay - Metallic-Two Surfaces	0 •	
D0603	Caries Risk Assessment And Documentation,	0	D2543	Onlay - Metallic - Three Surfaces	0 •	
	With A Finding Of High Risk DENTAL PROPHYLAXIS		D2544	Onlay - Metallic - Four Or More Surfaces	0 •	
D.1.1.0		0		CROWNS - SINGLE RESTORATIONS ON	_Y	
D1110	Prophylaxis, Adult	0	D2710	Crown-Resin-Based Composite (Indirect)	0	
D1120	Prophylaxis, Child TOPICAL FLUORIDE TREATMENT (office pro-		D2712	Crown - 3/4 Resin-Based Composite (Indirect)	0	
			D2720	Crown, Resin With High Noble Metal	0	
D1206	Topical Application Of Fluoride Varnish	0	D2721	Crown, Resin With Predominantly Base Metal	0	
D1208	Topical Application Of Flouride - Excluding Varnish	0	D2722	Crown, Resin With Noble Metal	0 •	
	OTHER PREVENTIVE SERVICES		D2740	Crown, Porcelain/Ceramic Substrate	0	
D1210	Nutritional Counseling For The Control Of	0	D2750	Crown, Porcelain Fused To High Noble Metal	0 •	
D1310	Dental Disease	O	D2751	Crown-Porcelain Fused To Predominantly Base Metal	0	
D1320	Tobacco Counseling For The Control And	0	D2752	Crown, Porcelain Fused To Noble Metal	0 •	
	Prevention Of Oral Disease		D2780	Crown - 3/4 Cast High Noble Metal	0 •	
D1330	Oral Hygiene Instruction	0	D2781	Crown - 3/4 Cast Predominantly Base Metal	0	
D1351	Sealant - Per Tooth	0	D2782	Crown - 3/4 Cast Noble Metal	0 •	
D1353	Sealant Repair - Per Tooth	0	D2783	Crown - 3/4 Porcelain/Ceramic	0	
D1354	Interim Caries Arresting Medicament Application	15	D2790	Crown, Full Cast High Noble Metal	0 •	
	SPACE MAINTENANCE (passive appliance	es)	D2791	Crown - Full Cast Predominantly Base Metal	0	
D1510	Space Maintainer - Fixed, Unilateral (Tooth	0	D2792	Crown, Full Cast Noble Metal	0 •	
סופום	Numbers Or Tooth Area Required)	Ü	D2794	Crown-Titanium	0	
D1515	Space Maintainer - Fixed, Bilateral	0	D2799	Provisional Crown - Further Treatment Or	0	
D1520	Space Maintainer - Removable, Unilateral	0		Completion Of Diagnosis Necessary Prior To Final Impression		
D1525	Space Maintainer - Removable, Bilateral	0		OTHER RESTORATIVE SERVICES		
D1550	Re-Cement Or Re-Bond Space Maintainer	0	D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer	0	
D1555	Removal Of Fixed Space Maintainer	0	D2910	Or Partial Coverage Restoration	Ü	
	AMALGAM RESTORATIONS (including polis	shing)	D2915	Re-Cement Or Rebond Indirectly Fabricated	0	
D2140	Amalgam - One Surface, Primary Or	0	Dooro	Or Prefabricated Post And Core	0	
D2150	Permanent Amalgam - Two Surfaces, Primary Or	0	D2920 D2930	Re-Cement Or Re-Bond Crown Prefabricated Stainless Steel Crown - Primary	0	
D2160	Permanent Amalgam - Three Surfaces, Primary Or	0	D2931	Tooth Prefabricated Stainless Steel Crown -	0	
D2464	Permanent Amalgam - Four Or More Surfaces, Primary	0	Dagga	Permanent Tooth Prefabricated Resin Crown	0	
D2161	Or Permanent	Ü	D2932 D2933	Prefabricated Stainless Steel Crown With	0	
	RESIN-BASED COMPOSITE RESTORATIONS -	DIRECT	D2933	Resin Window	Ü	
D2330	Resin-Based Composite - One Surface, Anterior	0	D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	0	
D2331	Resin-Based Composite - Two Surfaces,	0	D2940	Protective Restoration	0	
D2332	Anterior Resin-Based Composite - Three Surfaces,	0	D2949	Restorative Foundation For An Indirect Restoration	0	
	Anterior		D2950	Core Buildup Including Any Pins When	0	
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle (Anterior)	0	D2951	Required Pin Retention - Per Tooth, In Addition To	0	
D2390	Resin-Based Composite Crown, Anterior	0	Dooro	Restoration Post And Core In Addition To Crown, Indirectly	0	
D2391	Resin-Based Composite - One Surface, Posterior	85	D2952	Fabricated		
D2392	Resin-Based Composite - Two Surfaces, Posterior	109	D2953	Each Additional Indirectly Fabricated Post - Same Tooth	10	
D2393	Resin-Based Composite - Three Surfaces, Posterior	133	D2954	Prefabricated Post And Core In Addition To Crown	0	
D2394	Resin-Based Composite - Four Or More	140	D2955	Post Removal	0	
	Surfaces, Posterior		D2957	Each Additional Prefabricated Post - Same Tooth	10	

Common Composition Compo	ADA Code	ADA Description	Member Pays \$	ADA Code	ADA Description	Member Pays \$
Crown Under Existing Partial Denture Functions (Crown Repair Necessitated By Restorative (Crown Repair Necessitated By Restoration) (Crown Repair Necessitated By Restoration Belancy Proceedures Proceedure		OTHER RESTORATIVE SERVICES			APICOECTOMY/PERIRADICULAR SERVIC	ES
Framework Rogal Nacessitated By Restorative 0 D3420 Aplicacionny (Each Additional Root) 0 D3420 Aplicacionny (Each Additional Root) 0 D3427 Perinadoular Surgery Without Aplicoctomy 0 D3427 Perinadoular Surgery Without Aplicoctomy 0 D3427 Perinadoular Surgery Without Aplicoctomy 0 D3430 Root Angulation - Per Root 0 D3430 Root Amputation - Per Root 0 Root Root Root Root Root Root Ro	D2971		25	D3421	Apicoectomy - Bicuspid (First Root)	0
Description Comparison Co				D3425	Apicoectomy - Molar (First Root)	0
Material Failure Day 19 Material Failure Material Failure Day 20 Chary Repair Necessitated By Restorative 0 0 0 0 0 0 0 0 0	D2980		0	D3426	Apicoectomy (Each Additional Root)	0
Material Failure Policy Repair Necessitated By Restorative 0 OTHER ENDODONTO PROCEDURES	D2300		· ·	D3427	Periradicular Surgery Without Apicoectomy	0
Orlay Repair Mocassitated By Restorative Material Failure PUP Cap - Direct (Excluding Final Restoration) D3110 Pulp Cap - Direct (Excluding Final Restoration) PUP Cap - Direct (Excluding Final Restoration) D3220 Therapoutic Pulpotomy For Apexogenesis- Permanent Tool With Incomplete Root Permanent Tool With Incomplete	D2981		0	D3430	Retrograde Filling - Per Root	0
Material Failure PULP CAPPING D3110 Pulp Cap - Direct (Excluding Final Restoration) 0 0 0 0 0 0 0 0 0	Danca		0	D3450		0
Pulp Cap - Direct (Excluding Final Restoration) D3220 Hemissection (including Any Root Removal) O Not Including Root Canal Therapy	D2982		O		OTHER ENDODONTIC PROCEDURES	
Pulp Cap - Indirect (Excluding Final Restoration) 0 0 0 0 0 0 0 0 0		PULP CAPPING		D3910		0
Pulp Cap - Indirect (Excluding Final Restoration) PulPoTOMY	D3110	Pulp Cap - Direct (Excluding Final Restoration)	0	D3920	Hemisection (Including Any Root Removal)	0
D3220 Therapeutic Pulpotomy (Excluding Final 0 Restoration) D3221 Pulpot Debriddement, Primary And Permanent 1 On Pulpotomy (Excluding Final 8 Debridgement) D3222 Pulpal Debriddement, Primary And Permanent 1 On Permanent 1 On Pulpal Debriddement, Primary And Permanent 1 On Pulpal Debriddement, Primary And Permanent 1 On Pulpal Pulpotomy For Apexogenesis- 0 Partial Pulpotomy For Apexogenesis- 0 Pulpal Therapy (Resorbable Filling)-Anterior, 0 Pulpal Therapy (Resorbable Filling)-Anterior, 0 Pulpal Therapy (Resorbable Filling)-Posterior, 0 Pulpal Posteriored Filling)-Posterior, 0 Pulpal Posteriored Filling)-Posteriored Filling-Posteriored Filling-Post	D3120		0	D3950	Canal Preparation And Fitting Of Preformed	0
Dazzo Therapeutic Pulpotomy (Excluding Final Restoration) Pulpot Debridement, Primary And Permanent O Tooth Bounded Spaces Pulpot Debridement, Primary And Permanent O Tooth Bounded Spaces Per Quadrant Dazzo Partial Pulpotomy For Apexogenesis O Partial Pulpotomy For Apexogenesis O Permanent Tooth With Incomplete Root Development Dazzo Pulpot Therapy (Resorbable Filling)-Anterior, O Primary Tooth (Excluding Final Restoration) O Primary Tooth (Excluding Final Restoration) Dazzo Pulpot Therapy (Resorbable Filling)-Posterior, O Primary Tooth (Excluding Final Restoration) Dazzo Pulpot Therapy (Including Final Restoration) Dazzo Pulpot Therapy (Including Final Restoration) Dazzo Pulpot Therapy Pictoration Dazzo Pulpot Permanent Permanent Partial Production Dazzo Pulpot Permanent Permanent Partial Production Dazzo Pulpot Permanent Permanent Partial Production Dazzo Pulpot Permanent Perma		PULPOTOMY				ative care)
Restoration) 2222 Partial Pulpotomy For Apexogenesis- Per Quadrant D3222 Partial Pulpotomy For Apexogenesis- Per Quadrant D3222 Partial Pulpotomy For Apexogenesis- Per Quadrant D3223 Pulpal Therapy (Resorbable Filling)-Marterior, Primary Tooth (Excluding Final Restoration) D3240 Pulpal Therapy (Resorbable Filling)-Marterior, Primary Tooth (Excluding Final Restoration) D3240 Pulpal Therapy (Resorbable Filling)-Posterior, Primary Tooth (Excluding Final Restoration) D3240 Pulpal Therapy, (Resorbable Filling)-Posterior, Primary Tooth (Excluding Final Restoration) ENDODONTIC THERAPY (Including treatment plan, clinical procedures and follow-up care) D3310 Endodontic Therapy, Anterior Tooth Q(Excluding Final Restoration) D3320 Endodontic Therapy, Anterior Tooth Q(Excluding Final Restoration) D3330 Endodontic Therapy, Marterior Tooth Q(Excluding Final Restoration) D3330 Endodontic Therapy, Molar (Excluding Final Restoration) D3340 Retreatment Of Previous Root Canal D3341 Retreatment Of Previous Root Canal D3342 Retreatment Of Previous Root Canal D3343 Parteriant Of Previous Root Canal D3344 Retreatment Of Previous Root Canal D3345 Apexilication/Recalclification - Initial Visit Quadrant APEXIFICATION/Recalclification - Initial Visit Quadrant Quadrant D335 Apexilication/Recalclification - Initial Visit Quadrant Quadrant D3353 Apexilication/Recalclification - Initial Visit Quadrant Quadrant D3355 Pulpal Regeneration - Initial Visit Quadrant D3355 Pulpal Regen	D3220	Therapeutic Pulpotomy (Excluding Final	0			
Daz212 Partial Pulpotorny For Apoxogenesis- Permanent Tooth With Incomplete Root Development ENDODONTIC THERAPY ON PRIMARY TEETH Daz30 Pulpal Therapy (Resorbable Filling)-Anterior, 0 Primary Tooth (Excluding Final Restoration) Daz40 Pulpal Therapy (Resorbable Filling)-Anterior, 0 Primary Tooth (Excluding Final Restoration) Daz41 Pulpal Therapy (Resorbable Filling)-Anterior, 0 Primary Tooth (Excluding Final Restoration) ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow-up care) ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow-up care) Daz310 Endodontic Therapy, Anterior Tooth 0 (Excluding Final Restoration) Daz320 Endodontic Therapy, Anterior Tooth 0 (Excluding Final Restoration) Daz320 Endodontic Therapy, Molar (Excluding Final Restoration) Daz330 Endodontic Therapy, Molar (Excluding Final Restoration) Daz330 Endodontic Therapy, Molar (Excluding Final Restoration) Daz340 Retreatment Of Previous Root Canal Therapy - Holizon Therapy - Holizo		Restoration)	0	D4210	Contiguous Teeth Or Tooth Bounded Spaces	U
Permanent Tooth With Incomplete Root Development ENDODONTIC THERAPY ON PRIMARY TEETH D3230 Pulpal Therapy (Resorbable Filling)-Anterior, Primary Tooth (Excluding Final Restoration) D3240 Pulpal Therapy (Resorbable Filling)-Posterior, Primary Tooth (Excluding Final Restoration) ENDODONTIC THERAPY (Including treatment plan, clinical procedures and follow-up care) D3310 Endodontic Therapy, Anterior Tooth (Excluding Final Restoration) D3320 Endodontic Therapy, Anterior Tooth (Excluding Final Restoration) D3320 Endodontic Therapy, Melior (Excluding Final Restoration) ENDODONTIC THERAPY (Including from the plan, clinical procedures and follow-up care) D3310 Endodontic Therapy, Anterior Tooth (Excluding Final Restoration) D3320 Endodontic Therapy, Melior (Excluding Final Restoration) ENDODONTIC THERAPY (Including Excluding Final Restoration) D3320 Endodontic Therapy, Melior (Excluding Final Restoration) ENDODONTIC THERAPY (Including Final Restoration) D3330 Endodontic Therapy, Melior (Excluding Final Restoration) ENDODONTIC THERAPY (Including Final Restoration) D3340 Endodontic Therapy, Melior (Excluding Final Restoration) ENDODONTIC THERAPY (Including Final Restoration) D3340 Endodontic Therapy, Melior (Excluding Final Restoration) ENDODONTIC THERAPY (Including Final Restoration) D3340 Endodontic Therapy, Melior (Excluding Final Restoration) ENDODONTIC THERAPY (Including Final Restoration) D3341 Primary Anterior ENDODONTIC THERAPY (Including Final Restoration) D3342 Endodontic Therapy, Melior (Excluding Final Restoration) ENDODONTIC THERAPY (Including Exvision Of A Primary Anterior (Including Final Restoration) D3450 Endodontic Therapy, Melior (Excluding Final Restoration) Primary Anterior (Primary Final Meliodon Of Primary - Melior Therapy - Anterior Primary - Anterior Primary - Anterior Primary - Melior Primary - Anterior Primary - Melior Primary - Melior Primary - Melior				D4211		0
Development ENDODONTIC THERAPY ON PRIMARY TEETH D3230 Pulpal Therapy (Resorbable Filling)-Anterior, O Primary Tooth (Excluding Final Restoration) D4240 Pulpal Therapy (Resorbable Filling)-Posterior, O Primary Tooth (Excluding Final Restoration) D4240 Pulpal Therapy (Resorbable Filling)-Posterior, O Primary Tooth (Excluding Final Restoration) D4240 Pulpal Therapy (Resorbable Filling)-Posterior, O Primary Tooth (Excluding Final Restoration) D4240 Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant D4240 Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant D4240 D42	D3222		0			
D3230 Pulpal Therapy (Resorbable Filling)-Anterior, Primary Tooth (Excluding Final Restoration) D3240 Pulpal Therapy (Resorbable Filling)-Posterior, 0 Primary Tooth (Excluding Final Restoration) D3240 Pulpal Therapy (Resorbable Filling)-Posterior, 0 Primary Tooth (Excluding Final Restoration) D3240 Pulpal Therapy (Resorbable Filling)-Posterior, 0 Primary Tooth (Excluding Final Restoration) D3250 Endodonitc Therapy, Anterior Tooth 0 D4249 Clinical Crown Lengthening-Hard Tissue 0 D4250 Endodonitc Therapy, Bicuspid Tooth (Excluding Final Restoration) D3320 Endodonitc Therapy, Bicuspid Tooth (Excluding Final Restoration) D3330 Endodonitc Therapy, Bicuspid Tooth (Excluding Final Restoration) D3330 Endodonitc Therapy, Molar (Excluding Final Restoration) D3340 Retreatment Of Previous Root Canal 0 D3347 Retreatment Of Previous Root Canal 0 D3447 Retreatment Of Previous Root Canal 0 D3450 Apexification Recalcification - Initial Visit 0 (Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.) D3351 Apexification/Recalcification - Initial Visit 0 (Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.) D3353 Apexification/Recalcification - Initial Visit 0 (Closure/Calcific Repair Of Perforations, Root Resorption, Etc.) D3354 Pulpal Regeneration - Initial Visit 0 (D3355 Pulpal Regeneration - Initial Visit 0 (D3356 Pulpal Regeneration - Initial Visit 0 (D3357 Pulpal Regeneration - Initi		Development	ETH	D4212	Gingivectomy Or Gingivoplasty To Allow	0
Primary Tooth (Excluding Final Restoration) D3240 Pulpal Therapy (Resorbable Filling)-Posterior, Primary Tooth (Excluding Final Restoration) D3240 Pulpal Therapy (Resorbable Filling)-Posterior, Primary Tooth (Excluding Final Restoration) ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow-up care) 3310 Endodontic Therapy, Anterior Tooth	D2220			D4240		0
Primary Tooth (Excluding Final Restoration) ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow-up care) Barrian follow-up care) D3310 Endodontic Therapy, Anterior Tooth 0 D4249 Clinical Crown Lengthening-Hard Tissue 0 D4260 (Excluding Final Restoration) D4260 Coseous Surgery (including Elevation Of A 0 Fill Thickness Flap And Closure) – Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant D4260 Coseous Surgery (including Elevation Of A 0 Fill Thickness Flap And Closure) – Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant D4260 Coseous Surgery (including Elevation Of A 0 Fill Thickness Flap And Closure) – Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant D4261 Coseous Surgery (including Elevation Of A 0 Fill Thickness Flap And Closure) – One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant D4261 Coseous Surgery (including Elevation Of A 0 Fill Thickness Flap And Closure) – One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant D4261 Coseous Surgery (including Elevation Of A 0 Fill Thickness Flap And Closure) – One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant D4261 Coseous Surgery (including Elevation Of A 0 Fill Thickness Flap And Closure) – One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant D4261 Coseous Closure Closu		Primary Tooth (Excluding Final Restoration)				
Date	D3240		Ü	D4241	Planing - One To Three Contiguous Teeth Or	0
D3310 Endodontic Therapy, Anterior Tooth 0 (Excluding Final Restoration) D3320 Endodontic Therapy, Bicuspid Tooth 0 (Excluding Final Restoration) D3320 Endodontic Therapy, Bicuspid Tooth 0 (Excluding Final Restoration) D3330 Endodontic Therapy, Molar (Excluding Final Restoration) D3330 Endodontic Therapy, Molar (Excluding Final Restoration) D3330 Endodontic Therapy, Molar (Excluding Final Restoration) D3340 Endodontic Therapy, Molar (Excluding Final D3346 Retreatment Of Previous Root Canal D3347 Retreatment Of Previous Root Canal D3348 Retreatment Of Previous Root Canal D3349 Retreatment Of Previous Root Canal D3340 Retreatment Of Previous Root Canal D3460 Retreatment Of Previous Root Canal D4261 Bone Replacement Graft - Each Additional D4264 B	ENDO		nical procedures	D/2/15	·	0
Excluding Final Restoration D330 Endodontic Therapy, Bicuspid Tooth (Excluding Final Restoration) D3330 Endodontic Therapy, Bicuspid Tooth (Excluding Final Restoration) D3330 Endodontic Therapy, Molar (Excluding Final 0 Restoration) D3330 Endodontic Therapy, Molar (Excluding Final 0 Restoration) D3346 Retreatment Of Previous Root Canal 0 Therapy - Anterior D3347 Retreatment Of Previous Root Canal 0 Therapy - Anterior D3348 Retreatment Of Previous Root Canal 0 Therapy - Bicuspid D3488 Retreatment Of Previous Root Canal 0 Therapy - Bicuspid D4264 Bone Replacement Graft - First Site In 120 Quadrant D4264 Bone Replacement Graft - Each Additional 92 Site In Quadrant D4274 Distallar Or Provious In The Same Anatomical Area) D4274 Distallar Or Provious In The Same Anatomical Area D4274 D42	D2210	. ,	0		. ,	
Endodontic Therapy, Bicuspid Tooth (Excluding Final Restoration) Basso Endodontic Therapy, Molar (Excluding Final 0 Restoration) ENDODONTIC RETREATMENT D3346 Retreatment Of Previous Root Canal 1 Therapy - Aniterior Perforations, Root Resorption, Etc.) D3347 Retreatment Of Previous Root Canal 0 Therapy - Molar D3448 Retreatment Of Previous Root Canal 0 Therapy - Molar APEXIFICATION/RECALCIFICATION PROCEDURES D3351 Apexification/Recalcification - Initial Visit (Apical Closure / Calcific Repair Of Perforations, Root Resorption, Etc.) D3353 Apexification/Recalcification - Initerim 0 Medication Resorption, Etc.) D3354 Pulpal Regeneration - Initerim Medication 0 Replacement (Pulpal Regeneration - Initerim Medication 0 Replacement (Pulpal Regeneration - Initerim Medication 0 Replacement (Pulpal Regeneration - Completion Of 0 Treatment (Pulpal Regeneration - Resorption Fulpal Regeneration - Completion Of 0 Treatment (Pulpal Regeneration - Resorption Fulpal Regenerati	D3310		O			0
Data Part	D3320		0	2 .200	Full Thickness Flap And Closure) – Four Or More Contiguous Teeth Or Tooth Bounded	
ENDODONTIC RETREATMENT D3346 Retreatment Of Previous Root Canal 0 Therapy - Anterior D3347 Retreatment Or Previous Root Canal 0 Therapy - Bicuspid D3348 Retreatment Of Previous Root Canal 0 Therapy - Bicuspid D348 Retreatment Of Previous Root Canal 0 Therapy - Molar APEXIFICATION/RECALCIFICATION PROCEDURES D351 Apexification/Recalcification - Initial Visit 0 (Apical Closure / Calcific Repair Of Perforations, Root Resorption, Pulpal Space Disinfection, Etc.) D352 Apexification/Recalcification - Initial Visit 0 (Resorption, Pulpal Space Disinfection, Etc.) D353 Apexification/Recalcification-Final Visit 0 (Includes Completed Root Canal Therapy-Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.) D355 Pulpal Regeneration - Initial Visit 0 (Replacement Canal Therapy-Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.) D356 Pulpal Regeneration - Initial Visit 0 (Replacement Canal Therapy-Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.) D357 Pulpal Regeneration - Initial Visit 0 (Pulpal Regeneration - Completion Of 0 (Pulpal Regeneration - Completion Of 0 (Pulpal Regeneration - Completion Of 0 (Pulpal Regeneration - Pulpal Regeneration - Completion Of 0 (Pulpal Regeneration - Per Quadrant 0 (P	D3330		0	D 1001	•	0
Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant Therapy - Anterior D3347 Retreatment Or Previous Root Canal D3348 Retreatment Of Previous Root Canal D3348 Retreatment Of Previous Root Canal D3348 Retreatment Of Previous Root Canal D3349 Retreatment Of Previous Root Canal D346 Retreatment Of Previous Root Canal D356 Retreatment Of Previous Root Canal D357 Retreatment Of Previous Root Canal D358 Retreatment Of Previous Root Canal D369 Retreatment Of Previous Root Canal D360 Replacement Graft - Each Additional D4264 Bone Replacement Bone Replace		,		D4261		U
Therapy - Anterior D3347 Retreatment Or Previous Root Canal 0 Therapy - Bicuspid D3348 Retreatment Of Previous Root Canal 0 Therapy - Molar APEXIFICATION/RECALCIFICATION PROCEDURES D3351 Apexification/Recalcification - Initial Visit (Apical Colsure / Calcific Repair Of Perforations, Root Resorption, Pulpal Space Disinfection, Pulpal Space Disinfection, Root Resorption, Etc.) D3353 Apexification/Recalcification-Final Visit (Includes Completed Root Canal Therapy - Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.) D3354 Pulpal Regeneration - Initial Visit 0 Closure/Calcific Repair Of Perforations, Root Resorption, Etc.) D3355 Pulpal Regeneration - Initial Visit 0 D3356 Pulpal Regeneration - Interim Medication 0 Replacement Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.) D3357 Pulpal Regeneration - Completion Of Treatment D4264 Bone Replacement Graft - First Site In 120 Quadrant D4264 Bone Replacement Graft - Each Additional 92 Site In Quadrant D4274 Distal Or Proximal Wedge Procedure (When 0 Not Performed In Conjunction With Surgical Procedures In The Same Anatomical Area) Non-Surgical Or Proximal Wedge Procedure (When 0 Not Performed In Conjunction With Surgical Procedures In The Same Anatomical Area) Non-Surgical Or Proximal Wedge Procedure (When 0 Not Performed In Conjunction With Surgical Procedures In The Same Anatomical Area) Non-Surgical Or Proximal Wedge Procedure (When 0 Not Performed In Conjunction With Surgical Procedures In The Same Anatomical Area) Non-Surgical Or Perforation Same Anatomical Area Non-Surgical Or Period In Conjunction With Surgical Procedures In The Same Anatomical Area Non-Surgical Or Period In Conjunction With Surgical Procedures In The Same Anatomical Area Non-Surgical Or Period In Conjunction With Surgical Procedures In The Same Anatomical Area Non-Surgical Or Period In Conjunction With Surgical Procedures In The Same Anatomical Area Non-Surgical Or Period In Conjunction With Surgical Procedures In The Same Anatomical					Three Contiguous Teeth Or Tooth Bounded	
D3347 Retreatment Or Previous Root Canal Therapy - Bicuspid D3348 Retreatment Of Previous Root Canal Therapy - Molar D3349 Apexification/Recalcification - Initial Visit (Apical Closure / Calcific Repair Of Perforations, Root Resorption, Ptlc.) D3352 Apexification/Recalcification - Interim Medication Replacement (Apical Closure/Calcific Repair Of Perforations, Root Resorption, Pulpal Space Disinfection, Etc.) D3353 Apexification/Recalcification-Final Visit (Includes Completed Root Canal Therapy- Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.) D3355 Pulpal Regeneration - Initial Visit D3356 Pulpal Regeneration - Initial Visit D3357 Pulpal Regeneration - Completion Of Treatment APICOECTOMY/PERIRADICULAR SERVICES D4264 Bone Replacement Graft - Each Additional 92 Site In Quadrant D4274 Distal Or Proximal Wedge Procedure (When ONOT Percondures In The Same Anatomical Area) Non-SURGICAL PERIODONTAL SERVICES D4341 Periodontal Scaling And Root Planing - Four Or Or Or There Teeth Per Quadrant To Three Teeth	D3346		0	D4000	•	120
D3348 Retreatment Of Previous Root Canal Therapy - Molar APEXIFICATION/RECALCIFICATION PROCEDURES D3351 Apexification/Recalcification - Initial Visit O(Apical Closure / Calcific Repair Of Perforations, Root Resorption, Etc.) D3352 Apexification/Recalcification - Interim OMedication Replacement (Apical Closure/Calcific Repair Of Perforations, Root Resorption, Pulpal Space Disinfection, Etc.) D3353 Apexification/Recalcification-Final Visit O(Includes Completed Root Canal Therapy- Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.) D3355 Pulpal Regeneration - Interim Medication D3356 Pulpal Regeneration - Interim Medication CD3357 Pulpal Regeneration - Completion Of Treatment APICOECTOMY/PERIRADICULAR SERVICES Site In Quadrant D4274 Distal Or Proximal Wedge Procedure (When O Not Performed In Conjunction With Surgical Procedures In The Same Anatomical Area) NON-SURGICAL PERIODONTAL SERVICES D4341 Periodontal Scaling And Root Planing - Four O Or More Teeth Per Quadrant D4342 Periodontal Scaling And Root Planing - One O To Three Teeth Per Quadrant D4355 Full Mouth Debridement To Enable O Comprehensive Evaluation And Diagnosis D4351 Localized Delivery Of Antimicrobial Agents Via 43 Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth OTHER PERIODONTAL SERVICES D4361 Localized Delivery Of Antimicrobial Agents Via 43 Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth OTHER PERIODONTAL SERVICES D4910 Periodontal Maintenance 0 Other Than Treating Dentits Or Their Staff) D4921 Gingival Irrigation - Per Quadrant 25	D3347	• •	0	D4263		120
Therapy - Molar APEXIFICATION/RECALCIFICATION PROCEDURES D3351 Apexification/Recalcification - Initial Visit (Apical Closure / Calcific Repair Of Perforations, Root Resorption, Etc.) D3352 Apexification/Recalcification - Interim Medication Recalcification - Interim Medication Replacement (Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.) D3353 Apexification/Recalcification-Interim 0 (Includes Completed Root Canal Therapy-Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.) D3355 Pulpal Regeneration - Initial Visit 0 (Includes Completed Root Canal Therapy-Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.) D3356 Pulpal Regeneration - Initial Visit 0 (Replacement To Initial Visit (Repair Of Perforations, Root Resorption, Etc.) D3357 Pulpal Regeneration - Completion Of 0 (Replacement To Initial Visit (Repair Of Perforations, Root Resorption, Etc.) D3358 Pulpal Regeneration - Completion Of 0 (Replacement To Initial Visit (Repair Of Perforations), Root Resorption, Etc.) D3359 Pulpal Regeneration - Completion Of 0 (Replacement To Initial Visit (Repair Of Perforations), Root Resorption, Etc.) D3350 (Resorption, Etc.) D3351 (Resorption, Recalcification-Final Visit (Repair Of Perforations), Root Resorption, Etc.) D3352 (Resorptio	D2249		0	D4264		92
APEXIFICATION/RECALCIFICATION PROCEDURES D3351 Apexification/Recalcification - Initial Visit 0 (Apical Closure / Calcific Repair Of Perforations, Root Resorption, Etc.) D3352 Apexification/Recalcification - Interim 0 Medication Replacement (Apical Closure/Calcific Repair Of Perforations, Root Resorption, Pulpal Space Disinfection, Etc.) D3353 Apexification/Recalcification-Final Visit 0 (Includes Completed Root Canal Therapy-Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.) D3355 Pulpal Regeneration - Initial Visit 0 Replacement Pulpal Regeneration - Initial Visit 0 Replacement Pulpal Regeneration - Interim Medication Pulpal Regeneration - Completion Of Treatment Pulpal Regenerat	D3340		O	D4274		0
Apexification/Recalcification - Initial Visit (Apical Closure / Calcific Repair Of Perforations, Root Resorption, Etc.) D3352 Apexification/Recalcification - Interim Medication Replacement (Apical Closure/Calcific Repair Of Perforations, Root Resorption, Pulpal Space Disinfection, Etc.) D3353 Apexification/Recalcification - Interim Onder Teeth Per Quadrant Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant Or More Teeth Per Quadrant Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant To Three Teeth Per Quadrant Or More Teeth Per Quadrant Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant To Three Teeth Per Quadrant D4355 Full Mouth Debridement To Enable Comprehensive Evaluation And Diagnosis Uncludes Completed Root Canal Therapy-Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.) D4381 Localized Delivery Of Antimicrobial Agents Via Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth D4910 Periodontal Maintenance OTHER PERIODONTAL SERVICES D4910 Periodontal Maintenance Other Than Treating Dentist Or Their Staff) D4921 Gingival Irrigation - Per Quadrant 25 COMPLETE PENTILES (including routine post delivery care)		APEXIFICATION/RECALCIFICATION PROCED	DURES			
Perforations, Root Resorption, Etc.) D3352 Apexification/Recalcification - Interim 0 Medication Replacement (Apical Closure/Calcific Repair Of Perforations, Root Resorption, Pulpal Space Disinfection, Etc.) D3353 Apexification/Recalcification-Final Visit 0 (Includes Completed Root Canal Therapy-Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.) D3355 Pulpal Regeneration - Initial Visit 0 D3356 Pulpal Regeneration - Interim Medication Replacement D3357 Pulpal Regeneration - Completion Of Treatment D3357 Pulpal	D3351		0		•	ES
D3352 Apexification/Recalcification - Interim				D4044		
Medication Replacement (Apical Closure/Calcific Repair Of Perforations, Root Resorption, Pulpal Space Disinfection, Etc.) D3353 Apexification/Recalcification-Final Visit 0 (Includes Completed Root Canal Therapy-Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.) D3355 Pulpal Regeneration - Initial Visit 0 D3356 Pulpal Regeneration - Interim Medication Replacement D2357 Pulpal Regeneration - Completion Of Treatment D3357 Pulpal Regeneration - Completion Of Treatment D4342 Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant D4345 Full Mouth Debridement To Enable Comprehensive Evaluation And Diagnosis Localized Delivery Of Antimicrobial Agents Via Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth Controlled Release Vehi	D3352	,	0	D4341		U
D3353 Apexification/Recalcification-Final Visit 0 (Includes Completed Root Canal Therapy-Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.) D3355 Pulpal Regeneration - Initial Visit 0 Orther Periodontal Maintenance Orther Periodontal Agents Via Agentation - Completion Of Treatment Orther Days of Antimicrobial Agents Via Agents Via Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth OTHER PERIODONTAL SERVICES D4381 Localized Delivery Of Antimicrobial Agents Via Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth OTHER PERIODONTAL SERVICES D4381 Device The Periodontal Maintenance OTHER PERIODONTAL SERV		Closure/Calcific Repair Of Perforations, Root		D4342		0
(Includes Completed Root Canal Therapy- Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.) D3355 Pulpal Regeneration - Initial Visit 0 D3356 Pulpal Regeneration - Interim Medication Replacement 0 D3357 Pulpal Regeneration - Completion Of Treatment 0 APICOECTOMY/PERIRADICULAR SERVICES D4381 Localized Delivery Of Antimicrobial Agents Via Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth OTHER PERIODONTAL SERVICES D4910 Periodontal Maintenance 0 D4910 Periodontal Maintenance 0 D4920 Unscheduled Dressing Change (By Someone Other Than Treating Dentist Or Their Staff) APICOECTOMY/PERIRADICULAR SERVICES D4921 Gingival Irrigation - Per Quadrant 25 COMPLETE DENTILES (including routine post delivery care)			0	D4355		0
Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.) D3355 Pulpal Regeneration - Initial Visit 0 D3356 Pulpal Regeneration - Interim Medication Replacement 0 D3357 Pulpal Regeneration - Completion Of Treatment 0 APICOECTOMY/PERIRADICULAR SERVICES D4381 Coalcaled Delivery Of Artifilicitobial Agents Via Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth OTHER PERIODONTAL SERVICES D4910 Periodontal Maintenance 0 D4910 Periodontal Maintenance 0 Other Than Treating Dentist Or Their Staff) APICOECTOMY/PERIRADICULAR SERVICES D4921 Gingival Irrigation - Per Quadrant 25 COMPLETE DENTINES (including routine post delivery care)	D3353		0			40
D3355 Pulpal Regeneration - Initial Visit 0 D3356 Pulpal Regeneration - Interim Medication 0 Replacement D4910 Periodontal Maintenance 0 D4910 Periodontal Maintenance 0 D4920 Unscheduled Dressing Change (By Someone 0 Other Than Treating Dentist Or Their Staff) APICOECTOMY/PERIRADICULAR SERVICES D4921 Gingival Irrigation - Per Quadrant 25 COMPLETE DENTINES (including routine post delivery care)		Apical Closure/Calcific Repair Of Perforations,		D4381	Controlled Release Vehicle Into Diseased	43
D3356 Pulpal Regeneration - Interim Medication Replacement D4910 Periodontal Maintenance 0 D3357 Pulpal Regeneration - Completion Of Treatment D4920 Unscheduled Dressing Change (By Someone Other Than Treating Dentist Or Their Staff) APICOECTOMY/PERIRADICULAR SERVICES D4921 Gingival Irrigation - Per Quadrant 25 COMPLETE DENTINES (including routine post delivery care)	D3355				·	
D3357 Pulpal Regeneration - Completion Of 0 D4920 Unscheduled Dressing Change (By Someone 0 Other Than Treating Dentist Or Their Staff) APICOECTOMY/PERIRADICULAR SERVICES D4921 Gingival Irrigation - Per Quadrant 25 COMPLETE DENTURES (including routine post delivery care)	D3356	. •	0	D4910		0
Treatment Other Than Treating Dentist Or Their Staff) APICOECTOMY/PERIRADICULAR SERVICES D4921 Gingival Irrigation - Per Quadrant 25 COMPLETE DENTURES (including routine post delivery care)	D3357	•	0			
COMPLETE DENTURES (including routine post delivery care)	20001	Treatment		J.020	Other Than Treating Dentist Or Their Staff)	
D3410 Apicoectomy - Anterior 0 COMPLETE DENTURES (including routine post delivery care)		APICOECTOMY/PERIRADICULAR SERVIC	ES			
	D3410	Apicoectomy - Anterior	0	C	OMPLETE DENTURES (including routine post de	livery care)

ADA Code	ADA Description	Member Pays \$	ADA Code	ADA Description	Member Pays \$
С	OMPLETE DENTURES (including routine post d	elivery care)		DENTURE REBASE PROCEDURES	
D5110	Complete Denture - Maxillary	0	D5710	Rebase Complete Maxillary Denture	0
D5120	Complete Denture - Mandibular	0	D5711	Rebase Complete Mandibular Denture	0
D5130	Immediate Denture - Maxillary	0	D5720	Rebase Maxillary Partial Denture	0
D5140	Immediate Denture - Mandibular	0	D5721	Rebase Mandibular Partial Denture	0
	PARTIAL DENTURES (including routine post-de	ivery care)		DENTURE RELINE PROCEDURES	
D5211	Maxillary Partial Denture - Resin Base (Including Any Conventional Clasps, Rests And Teeth)	0	D5730	Reline Complete Maxillary Denture (Chairside)	0
D5212	Mandibular Partial Denture - Resin Base (Including Any Conventional Clasps, Rests	0	D5731	Reline Complete Mandibular Denture (Chairside) Reline Mavillary Partial Denture (Chairside)	0
	And Teeth)		D5740	Reline Maxillary Partial Denture (Chairside)	
D5213	Maxillary Partial Denture - Cast Metal	0	D5741	Reline Mandibular Partial Denture (Chairside)	0
	Framework With Resin Denture Bases (Including Any Conventional Clasps, Rests And Teeth)		D5750 D5751	Reline Complete Maxillary Denture (Laboratory) Reline Complete Mandibular Denture	0
D5214	Mandibular Partial Denture - Cast Metal	0	וטוטם	(Laboratory)	O
D3214	Framework With Resin Denture Bases (Including Any Conventional Clasps, Rest And	O	D5760 D5761	Reline Maxillary Partial Denture (Laboratory) Reline Mandibular Partial Denture (Laboratory)	0
	Teeth)		D3701	remie manabalar i antai Bontaro (Easoratory)	· ·
D5221	Immediate Maxillary Partial Denture - Resin Base (Including Any Conventional Clasps,	0	D5810	Interim Complete Denture (Maxillary)	0
	Rests and Teeth)		D5811	Interim Complete Denture (Mandibular)	0
D5222	Immediate Mandibular Partial Denture - Resin	0	D5820	Interim Partial Denture (Maxillary)	0
	Base (Including Any Conventional Clasps,		D5821	Interim Partial Denture (Mandibular)	0
D5223	Rests and Teeth) Immediate Maxillary Partial Denture - Case	0		OTHER REMOVABLE PROSTHETIC SERVI	CES
DJZZJ	Metal Framework With Resin Denture Bases	O	D5850	Tissue Conditioning, Maxillary	0
	(Including Any Conventional Clasps, Rests		D5851	Tissue Conditioning, Mandibular	0
D5004	And Teeth)	0	D5863	Overdenture - Complete Maxillary	0
D5224	Immediate Mandibular Partial Denture - Case Metal Framework With Resin Denture Bases	U	D5864	Overdenture - Partial Maxillary	0
	(Including Any Conventional Clasps, Rests		D5865	Overdenture - Complete Mandibular	0
	And Teeth)	0	D5866	Overdenture - Partial Mandibular	0
D5225	Maxillary Partial Denture - Flexible Base (Including Any Clasps, Rests And Teeth)	0		FIXED PARTIAL DENTURE PONTICS	
D5226	Mandibular Partial Denture - Flexible Base	0	D6205	Pontic - Indirect Resin Based Composite	0
D=004	(Including Any Clasps, Rests And Teeth)	0	D6210	Pontic-Cast High Noble Metal	0 •
D5281	Removable Unilateral Partial Denture-One Piece Cast Metal (Including Clasps	0	D6211	Pontic-Cast Predominatly Base Metal	0
	ADJUSTMENTS TO DENTURES		D6212	Pontic-Cast Noble Metal	0 •
D5410	Adjust Complete Denture - Maxillary	0	D6214	Pontic - Titanium	0
D5410 D5411	Adjust Complete Denture - Mandibular	0	D6240	Pontic-Porcelain Fused To High Noble Metal	0 •
D5411	Adjust Partial Denture - Maxillary	0	D6241	Pontic-Porcelain Fused To Predominantly	0
D5422	Adjust Partial Denture - Mandibular	0	D0040	Base Metal Pontic-Porcelain Fused To Noble Metal	0 •
BO IZZ	REPAIRS TO COMPLETE DENTURES		D6242 D6245	Pontic - Procelain/Ceramic	0
DEE40	Repair Broken Complete Denture Base	0	D6245 D6250	Pontic, Resin With High Noble Metal	0
D5510	Replace Missing Or Broken Teeth-Complete	0	D6250 D6251	Pontic, Resin With Predominantly Base Metal	0
D5520	Denture (Each Tooth)	O	D6252	Pontic, Resin With Noble Metal	0 •
	REPAIRS TO PARTIAL DENTURES			FIXED PARTIAL DENTURE RETAINTERS - INLAYS	S/ONLAYS
D5610	Repair Resin Denture Base	0		Retainer-Cast Metal For Resin Bonded Fixed	0
D5620	Repair Cast Framework	0	D6545	Prosthesis	U
D5630	Repair Or Replace Broken Clasp - Per Tooth	0	D6548	Retainer - Porcelain/Ceramic For Resin	0
D5640	Replace Broken Teeth-Per Tooth	0		Bonded Fixed Prosthesis	
D5650	Add Tooth To Existing Partial Denture	0	D6549	Resin Retainer - For Resin Bonded Fixed Prosthesis	0
D5660	Add Clasp To Existing Partial Denture - Per Tooth	0	D6602	Retainer Inlay - Cast High Noble Metal, Two Surfaces	0 •
D5670	Replace All Teeth And Acrylic On Cast Metal Framework (Maxillary)	0	D6603	Retainer Inlay - Cast High Noble Metal, Three Or More Surfaces	0 •
D5671	Replace All Teeth And Acrylic On Cast Metal Framework (Mandibular)	0	D6604	Retainer Inlay - Cast Predominantly Base Metal, Two Surfaces	0
	DENTURE REBASE PROCEDURES				

ADA Code	ADA Description	Member Pays \$	ADA Code	ADA Description	Member Pays \$
	FIXED PARTIAL DENTURE RETAINTERS - INLAY	S/ONLAYS	SURGIC	AL EXTRACTIONS (includes local anesthesia,	suturing, if needed
D6605	Retainer Inlay - Cast Predominantly Base Metal, Three Or More Surfaces	0	D7210	and routine postoperative care) Surgical Removal Of Erupted Tooth Requiring Removal Of Bone And/Or Sectioning Of	0
D6606	Retainer Inlay - Cast Noble Metal, Two Surfaces	0 •		Tooth, And Including Elevation Of Mucoperiosteal Flap If Indicated	
D6607	Retainer Inlay - Cast Noble Metal, Three Or More Surfaces	0 •	D7220	Removal Of Impacted Tooth - Soft Tissue	0
D6610	Retainer Onlay - Cast High Noble Metal, Two	0 •	D7230	Removal Of Impacted Tooth - Partially Bony	0
	Surfaces	0 •	D7240	Removal Of Impacted Tooth - Completely Bony	0
D6611	Retainer Onlay - Cast High Noble Metal, Three Or More Surfaces	0 •	D7241	Removal Of Impacted Tooth - Completely	0
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	0	D7250	Bony, With Unusual Surgical Complications Surgical Removal Of Residual Tooth Roots	0
D6613	Retainer Onlay - Cast Predominantly Base Metal, Three Or More Surfaces	0	D7251	(Cutting Procedure) Coronectomy-Intentional Partial Tooth	0
D6614	Retainer Onlay - Cast Noble Metal, Two	0 •	B7201	Removal	
	Surfaces	0 🛕		OTHER SURGICAL PROCEDURES	
D6615	Retainer Onlay - Cast Noble Metal, Three Or More Surfaces	0 •	D7280	Surgical Access Of An Unerupted Tooth	0
D6624	Retainer Inlay - Titanium	0	D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	0
D6634	Retainer Onlay - Titanium	0	D7285	Incisional Biopsy Of Oral Tissue-Hard (Bone,	0
	FIXED PARTIAL DENTURE RETAINERS - CR	OWNS	D7000	Tooth)	0
D6710	Retainer Crown - Indirect Resin Based	0	D7286 D7288	Incisional Biopsy Of Oral Tissue-Soft Brush Biopsy - Transepithelial Sample	45
D6720	Composite Retainer Crown, Resin With High Noble Metal	0 •		Collection	
D6721	Retainer Crown, Resin With Predominantly	0	Α	LVEOLOPLASTY (surgical preparation of ridge	for dentures)
B0700	Base Metal	0 🔺	D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth Or Tooth	0
D6722 D6740	Retainer Crown, Resin With Noble Metal Retainer Crown - Porcelain/Ceramic	0 •		Spaces, Per Quadrant	
D6750	Retainer Crown, Porcelain Fused To High	0 •	D7311	Alveoloplasty In Conjuction With Extractions -	0
20,00	Noble Metal			One To Three Teeth Or Tooth Spaces, Per Quandrant	
D6751	Retainer Crown - Porcelain Fused To Predominantly Base Metal	0	D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth Or Tooth	0
D6752	Retainer Crown, Porcelain Fused To Noble Metal	0 •	D7004	Spaces, Per Quadrant Alveoloplasty Not In Conjunction With	0
D6780	Retainer Crown, 3/4 Cast High Noble Metal	0 •	D7321	Extractions - One To Three Teeth Or Tooth	O
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	0		Spaces, Per Quadrant SURGICAL EXCISION OF INTRA-OSSEOUS	LESIONS
D6782	Retainer Crown - 3/4 Cast Noble Metal	0 •	D7450	Removal Of Benign Odontogenic Cyst Or	0
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	0	D7450	Tumor - Lesion Diameter Up To 1.25 Cm	O
D6790 D6791	Retainer Crown, Full Cast High Noble Metal Retainer Crown, Full Cast Predominantly Base	0 ◆ 0	D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Lesion Diameter Greater Than 1.25	0
D0700	Metal Retainer Crown, Full Cast Noble Metal	0 •		Cm EXCISION OF BONE TISSUE	
D6792 D6794	Retainer Crown - Titanium	0	D7471	Removal Of Lateral Exostosis (Maxilla Or	0
D0704	OTHER FIXED PARTIAL DENTURE SERVIO			Mandible)	· ·
D6930	Re-Cement Or Re-Bond Fixed Partial Denture	0	D7472	Removal Of Torus Palatinus	0
D6940	Stress Breaker	0	D7473	Removal Of Torus Mandibularis	0
D6950	Precision Attachment	0	D7485	Surgical Reduction Of Osseous Tuberosity SURGICAL INCISION	0
D6980	Fixed Partial Denture Repair Necessitated By Restorative Material Failure	0	D7510	Incision And Drainage Of Abscess - Intraoral	0
EXTRAC	TIONS (includes local anesthesia, suturing, if ne	eded, and routine	D7511	Soft Tissue Incision And Drainage Of Abscess - Intraoral	0
D7111	postoperative care) Extraction, Coronal Remnants - Deciduous Tooth	0	D/511	Soft Tissue - Complicated (Includes Drainage Of Multiple Fascial Spaces)	Ü
D7140	Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)	0	D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue	0
SURGIO	AL EXTRACTIONS (includes local anesthesia, su and routine postoperative care)	ituring, if needed,	D7521	Incision And Drainage Of Abscess - Extraoral Soft Tissue - Complicated (Includes Drainage Of Multiple Fascial Spaces)	0
				REPAIR OF TRAUMATIC WOUNDS	
			D7910	Suture Of Recent Small Wounds Up To 5 Cm	0

ADA Code	ADA Description	Member Pays \$	ADA Code	ADA Description
	OTHER REPAIR PROCEDURES			PROFESSIONAL CONSUL
D7960	Frenulectomy - Also Known As Frenectomy Or Frenotomy - Separate Procedure Not Incidental To Another Procedure	0	D9310	Consultation - Diagnostic Service Prov Dentist Or Physician Other Than Requ Dentist Or Physician
D7963	Frenuloplasty	0		PROFESSIONAL VISI
D7970	Excision Of Hyperplastic Tissue - Per Arch	0	D9430	Office Visit For Observation (During Re
D7971	Excision Pericoronal Gingival	0		Scheduled Hours) - No Other Services Performed
	LIMITED ORTHODONTIC TREATMENT	Г	D9440	Office Visit After Regularly Scheduled
D8010	Limited Orthodontic Treatment Of Primary Dentition	1500	D9450	Case Presentation, Detailed And Exter
D8020	Limited Orthodontic Treatment Of Transitional Dentition	1500		Treatment Planning MISCELLANEOUS SERV
D8030	Limited Orthodontic Treatment Of Adolescent Dentition	1500	D9932	Cleaning And Inspection Of Removable Complete Denture, Maxillary
D8040	Limited Orthodontic Treatment Of The Adult Dentition	1500	D9933	Cleaning And Inspection Of Removable Complete Denture, Mandibular
	INTERCEPTIVE ORTHODONTIC TREATM	ENT	D9934	Cleaning And Inspection Of Removable
D8050	Interceptive Orthodontic Treatment Of Primary Dentition	1500	D9935	Denture, Maxillary Cleaning And Inspection Of Removable Denture, Mandibular
D8060	Interceptive Orthodontic Treatment Of Transitional Dentition	1500	D9940	Occlusal Guards, By Report
	COMPREHENSIVE ORTHODONTIC TREAT	MENT	D9942	Repair And/Or Reline Of Occlusal Gua
D8070	Comprehensive Orthodontic Treatment Of	1500	D9943	Occlusal Guard Adjustment
D0070	Transitional Dentition		D9951	Occlusal Adjustment (Limited)
D8080	Comprehensive Orthodontic Treatment Of	1500	D9952	Occlusal Adjustment (Complete)
D8090	Adolescent Dentition Comprehensive Orthodontic Treatment Of Adult Dentition	2000	D9986	Broken Appointment Per 15 Minutes (V 24-Hour Notice)
	MINOR TREATMENT TO CONTROL HARMFUL	. HABITS	D9987	Cancelled Appointment Per 15 Minutes (Without 24-Hour Notice)
D8210	Removable Appliance Therapy For Control Of	750		BLEACHING
D8210	Harmful Habits Fixed Appliance Therapy For Control Of	750	D9975	External Bleaching For Home Applicati Arch, Includes Materials And Fabrication
DOLLO	Harmful Habits			Custom Trays
	OTHER ORTHODONTIC SERVICES			FOOTNOTES
D8660	Pre-Orthodontic Treatment Examination To Monitor Growth And Development	15	•	Charges for the use of precious (high r semi precious (noble) metal are not inc
D8670	Periodic Orthodontic Treatment Visit	0		in the copayment for crowns, bridges, principles, inlays and onlays. The decision to use
D8680	Orthodontic Retention (Removal Of Appliances, Construction And Placement Of	240		materials is a cooperative effort between provider and the patient, based on the
	Retainer(S) Orthodontic Records Fee	265		professional advice of the provider. Pro are expected to charge no more than a
Ц	UNCLASSIFIED TREATMENT			additional \$125 for these materials.
D9110	Palliative (Emergency) Treatment Of Dental	0	+	Please Report Under Code D8999
20110	Pain, Minor Procedures		717	"Unspecified Orthodontic Procedure, B
D9120	Fixed Partial Denture Sectioning	0		Report." Records Include All Diagnostic Procedures, Such As Cephalometric F
	ANESTHESIA			Full Mouth X-Rays, Models, And Treati
D9210	Local Anesthesia (Not In Conjunction With Operative Or Surgical Procedures)	0		Plans.
D9211	Regional Block Anesthesia	0		
D9212	Trigeminal Division Block Anesthesia	0		
D9215	Local Anesthesia In Conjunction With Operative Or Surgical Procedures	0		
D9219	Evaluation For Deep Sedation Or General Anesthesia	0		
D9223	Deep Sedation/General Anesthesia - Each 15 Mintue Increment	80		
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each 15 Minute Increment	85		
	PROFESSIONAL CONSULTATION			

Code	ADA Description	Member Pays \$
	PROFESSIONAL CONSULTATION	
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician Other Than Requesting Dentist Or Physician	0
	PROFESSIONAL VISITS	
D9430	Office Visit For Observation (During Regularly Scheduled Hours) - No Other Services Performed	0
D9440	Office Visit After Regularly Scheduled Hours	40
D9450	Case Presentation, Detailed And Extensive Treatment Planning	0
	MISCELLANEOUS SERVICES	
D9932	Cleaning And Inspection Of Removable Complete Denture, Maxillary	0
D9933	Cleaning And Inspection Of Removable Complete Denture, Mandibular	0
D9934	Cleaning And Inspection Of Removable Partial Denture, Maxillary	0
D9935	Cleaning And Inspection Of Removable Partial Denture, Mandibular	0
D9940	Occlusal Guards, By Report	95
D9942	Repair And/Or Reline Of Occlusal Guard	15
D9943	Occlusal Guard Adjustment	24
D9951	Occlusal Adjustment (Limited)	0
D9952	Occlusal Adjustment (Complete)	0
D9986 D9987	Broken Appointment Per 15 Minutes (Without 24-Hour Notice) Cancelled Appointment Per 15 Minutes	20
וספפת	(Without 24-Hour Notice)	20
	BLEACHING	
D9975	External Bleaching For Home Application, Per Arch, Includes Materials And Fabrication Of Custom Trays	125
	FOOTNOTES	
•	Charges for the use of precious (high noble) or semi precious (noble) metal are not included in the copayment for crowns, bridges, pontics, inlays and onlays. The decision to use these materials is a cooperative effort between the provider and the patient, based on the professional advice of the provider. Providers are expected to charge no more than an additional \$125 for these materials.	
	Please Report Under Code D8999	