

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			TESTS AND EXAMINATIONS		
D0120	Periodic Oral Evaluation - Established Patient	0	D0415	Collection Of Microorganisms For Culture And Sensitivity	0
D0140	Limited Oral Evaluation - Problem Focused	0	D0416	Viral Culture	0
D0145	Oral Evaluation For A Patient Under 3 Years Of Age And Counseling With Primary Caregiver	0	D0417	Collection And Preparation Of Saliva Sample For Laboratory Diagnostic Testing	15
D0150	Comprehensive Oral Evaluation - New Or Established Patient	0	D0418	Analysis Of Saliva Sample	15
D0160	Detailed And Extensive Oral Evaluation - Problem Focused, By Report	0	D0421	Genetic Test For Susceptibility To Oral Diseases	0
D0170	Re-Evaluation-Limited, Problem Focused (Established Patient; Not Post-Operative Visit)	0	D0425	Caries Susceptibility Tests	0
D0171	Re-Evaluation - Post-Operative Office Visit	0	D0431	Adjunctive Pre-Diagnostic Test That Aids In Detection Of Mucosal Abnormalities Including Premalignant And Malignant Lesions, Not To Include Cytology Or Biopsy Procedures	0
D0180	Comprehensive Periodontal Evaluation	0	D0460	Pulp Vitality Tests	0
RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation)			D0470	Diagnostic Casts	0
D0210	Intraoral - Complete Series Of Radiographic Images	0	ORAL PATHOLOGY LABORATORY		
D0220	Intraoral- Periapical First Radiographic Image	0	D0472	Accession Of Tissue, Gross Examination, Preparation And Transmission Of Written Report	0
D0230	Intraoral- Periapical Each Additional Radiographic Image	0	D0473	Accession Of Tissue, Gross And Microscopic Examination, Preparation And Transmission Of Written Report	0
D0240	Intraoral - Occlusal Radiographic Image	0	D0474	Accession Of Tissue, Gross And Microscopic Examination, Including Assessment Of Surgical Margins For Presence Of Disease, Preparation And Transmission Of Written Report	0
D0250	Extraoral - First Radiographic Image	0	D0502	Other Oral Pathology Procedures, By Report	0
D0260	Extraoral- Each Additional Radiographic Image	0	D0601	Caries Risk Assessment And Documentation, With A Finding Of Low Risk	0
D0270	Bitewing - Single Radiographic Image	0	D0602	Caries Risk Assessment And Documentation, With A Finding Of Moderate Risk	0
D0272	Bitewings - Two Radiographic Images	0	D0603	Caries Risk Assessment And Documentation, With A Finding Of High Risk	0
D0273	Bitewings - Three Radiographic Images	0			
D0274	Bitewings - Four Radiographic Images	0			
D0277	Vertical Bitewings - 7 To 8 Radiographic Images	0			
D0330	Panoramic Radiographic Image	0			
D0340	Cephalometric Radiographic Image	0			
D0350	2D Oral/Facial Photographic Image Obtained Intra-Orally Or Extra-Orally	0			
TESTS AND EXAMINATIONS			DENTAL PROPHYLAXIS		

ADA Code	ADA Description	Member Pays \$
DENTAL PROPHYLAXIS		
D1110	Prophylaxis, Adult	0
D1120	Prophylaxis, Child	0
TOPICAL FLUORIDE TREATMENT (office procedure)		
D1206	Topical Application Of Fluoride Varnish	0
D1208	Topical Application Of Flouride - Excluding Varnish	0
OTHER PREVENTIVE SERVICES		
D1310	Nutritional Counseling For The Control Of Dental Disease	0
D1320	Tobacco Counseling For The Control And Prevention Of Oral Disease	0
D1330	Oral Hygiene Instruction	0
D1351	Sealant - Per Tooth	0
D1353	Sealant Repair - Per Tooth	0
SPACE MAINTENANCE (passive appliances)		
D1510	Space Maintainer - Fixed, Unilateral (Tooth Numbers Or Tooth Area Required)	0
D1515	Space Maintainer - Fixed, Bilateral	0
D1520	Space Maintainer - Removable, Unilateral	0
D1525	Space Maintainer - Removable, Bilateral	0
D1550	Re-Cement Or Re-Bond Space Maintainer	0
D1555	Removal Of Fixed Space Maintainer	0
AMALGAM RESTORATIONS (including polishing)		
D2140	Amalgam - One Surface, Primary Or Permanent	0
D2150	Amalgam - Two Surfaces, Primary Or Permanent	0
D2160	Amalgam - Three Surfaces, Primary Or Permanent	0
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	0
RESIN-BASED COMPOSITE RESTORATIONS - DIRECT		
D2330	Resin-Based Composite - One Surface, Anterior	0
D2331	Resin-Based Composite - Two Surfaces, Anterior	0
D2332	Resin-Based Composite - Three Surfaces, Anterior	0
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle (Anterior)	0
D2390	Resin-Based Composite Crown, Anterior	0
D2391	Resin-Based Composite - One Surface, Posterior	85
D2392	Resin-Based Composite - Two Surfaces, Posterior	109
D2393	Resin-Based Composite - Three Surfaces, Posterior	133
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	140
INLAY/ONLAY RESTORATIONS		
D2510	Inlay - Metallic - One Surface	26 ◆
D2520	Inlay - Metallic - Two Surfaces	27 ◆
D2530	Inlay - Metallic - Three Or More Surfaces	28 ◆
D2542	Onlay - Metallic-Two Surfaces	28 ◆
D2543	Onlay - Metallic - Three Surfaces	28 ◆
D2544	Onlay - Metallic - Four Or More Surfaces	30 ◆
CROWNS - SINGLE RESTORATIONS ONLY		

ADA Code	ADA Description	Member Pays \$
CROWNS - SINGLE RESTORATIONS ONLY		
D2710	Crown-Resin-Based Composite (Indirect)	25
D2712	Crown - 3/4 Resin-Based Composite (Indirect)	25
D2720	Crown, Resin With High Noble Metal	60 ◆
D2721	Crown, Resin With Predominantly Base Metal	60
D2722	Crown, Resin With Noble Metal	60 ◆
D2740	Crown, Porcelain/Ceramic Substrate	75
D2750	Crown, Porcelain Fused To High Noble Metal	60 ◆
D2751	Crown-Porcelain Fused To Predominantly Base Metal	60
D2752	Crown, Porcelain Fused To Noble Metal	60 ◆
D2780	Crown - 3/4 Cast High Noble Metal	60 ◆
D2781	Crown - 3/4 Cast Predominantly Base Metal	60
D2782	Crown - 3/4 Cast Noble Metal	60 ◆
D2783	Crown - 3/4 Porcelain/Ceramic	75
D2790	Crown, Full Cast High Noble Metal	60 ◆
D2791	Crown - Full Cast Predominantly Base Metal	60
D2792	Crown, Full Cast Noble Metal	60 ◆
D2794	Crown-Titanium	60
D2799	Provisional Crown - Further Treatment Or Completion Of Diagnosis Necessary Prior To Final Impression	0
OTHER RESTORATIVE SERVICES		
D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	0
D2915	Re-Cement Or Rebond Indirectly Fabricated Or Prefabricated Post And Core	0
D2920	Re-Cement Or Re-Bond Crown	0
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	8
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	10
D2932	Prefabricated Resin Crown	10
D2933	Prefabricated Stainless Steel Crown With Resin Window	10
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	10
D2940	Protective Restoration	0
D2949	Restorative Foundation For An Indirect Restoration	0
D2950	Core Buildup Including Any Pins When Required	0
D2951	Pin Retention - Per Tooth, In Addition To Restoration	0
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	0
D2953	Each Additional Indirectly Fabricated Post - Same Tooth	10
D2954	Prefabricated Post And Core In Addition To Crown	0
D2955	Post Removal	0
D2957	Each Additional Prefabricated Post - Same Tooth	10
D2970	Temporary Crown (Fractured Tooth)	15
D2971	Additional Procedures To Construct New Crown Under Existing Partial Denture Framework	25
D2980	Crown Repair Necessitated By Restorative Material Failure	0
D2981	Inlay Repair Necessitated By Restorative Material Failure	0

ADA Code	ADA Description	Member Pays \$
OTHER RESTORATIVE SERVICES		
D2982	Onlay Repair Necessitated By Restorative Material Failure	0
PULP CAPPING		
D3110	Pulp Cap - Direct (Excluding Final Restoration)	0
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	0
PULPOTOMY		
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	0
D3221	Pulpal Debridement, Primary And Permanent Teeth	0
D3222	Partial Pulpotomy For Apexogenesis-Permanent Tooth With Incomplete Root Development	0
ENDODONTIC THERAPY ON PRIMARY TEETH		
D3230	Pulpal Therapy (Resorbable Filling)-Anterior, Primary Tooth (Excluding Final Restoration)	0
D3240	Pulpal Therapy (Resorbable Filling)-Posterior, Primary Tooth (Excluding Final Restoration)	0
ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow-up care)		
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	20
D3320	Endodontic Therapy, Bicuspid Tooth (Excluding Final Restoration)	30
D3330	Endodontic Therapy, Molar (Excluding Final Restoration)	40
ENDODONTIC RETREATMENT		
D3346	Retreatment Of Previous Root Canal Therapy - Anterior	0
D3347	Retreatment Or Previous Root Canal Therapy - Bicuspid	0
D3348	Retreatment Of Previous Root Canal Therapy - Molar	0
APEXIFICATION/RECALCIFICATION PROCEDURES		
D3351	Apexification/Recalcification - Initial Visit (Apical Closure / Calcific Repair Of Perforations, Root Resorption, Etc.)	80
D3352	Apexification/Recalcification - Interim Medication Replacement (Apical Closure/Calcific Repair Of Perforations, Root Resorption, Pulpal Space Disinfection, Etc.)	55
D3353	Apexification/Recalcification-Final Visit (Includes Completed Root Canal Therapy-Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.)	55
D3355	Pulpal Regeneration - Initial Visit	80
D3356	Pulpal Regeneration - Interim Medication Replacement	55
D3357	Pulpal Regeneration - Completion Of Treatment	55
APICOECTOMY/PERIRADICULAR SERVICES		
D3410	Apicoectomy - Anterior	0
D3421	Apicoectomy - Bicuspid (First Root)	0
D3425	Apicoectomy - Molar (First Root)	0
D3426	Apicoectomy (Each Additional Root)	0
D3427	Periradicular Surgery Without Apicoectomy	0
D3430	Retrograde Filling - Per Root	0
D3450	Root Amputation - Per Root	0

ADA Code	ADA Description	Member Pays \$
OTHER ENDODONTIC PROCEDURES		
D3910	Surgical Procedure For Isolation Of Tooth With Rubber Dam	0
D3920	Hemisection (Including Any Root Removal) Not Including Root Canal Therapy	0
D3950	Canal Preparation And Fitting Of Preformed Dowel Or Post	0
SURGICAL SERVICES (including usual postoperative care)		
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	0
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	0
D4212	Gingivectomy Or Gingivoplasty To Allow Access For Restorative Procedure, Per Tooth	0
D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	0
D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	0
D4245	Apically Positioned Flap	0
D4249	Clinical Crown Lengthening-Hard Tissue	0
D4260	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	0
D4261	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	0
D4263	Bone Replacement Graft - First Site In Quadrant	120
D4264	Bone Replacement Graft - Each Additional Site In Quadrant	92
D4274	Distal Or Proximal Wedge Procedure (When Not Performed In Conjunction With Surgical Procedures In The Same Anatomical Area)	0
NON-SURGICAL PERIODONTAL SERVICES		
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	0
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	0
D4355	Full Mouth Debridement To Enable Comprehensive Evaluation And Diagnosis	0
D4381	Localized Delivery Of Antimicrobial Agents Via Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth	43
OTHER PERIODONTAL SERVICES		
D4910	Periodontal Maintenance	0
D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist Or Their Staff)	0
D4921	Gingival Irrigation - Per Quadrant	25
COMPLETE DENTURES (including routine post delivery care)		
D5110	Complete Denture - Maxillary	100
D5120	Complete Denture - Mandibular	100
D5130	Immediate Denture - Maxillary	120
D5140	Immediate Denture - Mandibular	120
PARTIAL DENTURES (including routine post-delivery care)		
D5211	Maxillary Partial Denture - Resin Base (Including Any Conventional Clasps, Rests And Teeth)	70

ADA Code	ADA Description	Member Pays \$
PARTIAL DENTURES (including routine post-delivery care)		
D5212	Mandibular Partial Denture - Resin Base (Including Any Conventional Clasps, Rests And Teeth)	70
D5213	Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rests And Teeth)	75
D5214	Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rest And Teeth)	75
D5225	Maxillary Partial Denture - Flexible Base (Including Any Clasps, Rests And Teeth)	86
D5226	Mandibular Partial Denture - Flexible Base (Including Any Clasps, Rests And Teeth)	86
D5281	Removable Unilateral Partial Denture-One Piece Cast Metal (Including Clasps)	90
ADJUSTMENTS TO DENTURES		
D5410	Adjust Complete Denture - Maxillary	0
D5411	Adjust Complete Denture - Mandibular	0
D5421	Adjust Partial Denture - Maxillary	0
D5422	Adjust Partial Denture - Mandibular	0
REPAIRS TO COMPLETE DENTURES		
D5510	Repair Broken Complete Denture Base	0
D5520	Replace Missing Or Broken Teeth-Complete Denture (Each Tooth)	0
REPAIRS TO PARTIAL DENTURES		
D5610	Repair Resin Denture Base	0
D5620	Repair Cast Framework	0
D5630	Repair Or Replace Broken Clasp	0
D5640	Replace Broken Teeth-Per Tooth	0
D5650	Add Tooth To Existing Partial Denture	0
D5660	Add Clasp To Existing Partial Denture	0
D5670	Replace All Teeth And Acrylic On Cast Metal Framework (Maxillary)	49
D5671	Replace All Teeth And Acrylic On Cast Metal Framework (Mandibular)	49
DENTURE REBASE PROCEDURES		
D5710	Rebase Complete Maxillary Denture	0
D5711	Rebase Complete Mandibular Denture	0
D5720	Rebase Maxillary Partial Denture	0
D5721	Rebase Mandibular Partial Denture	0
DENTURE RELINE PROCEDURES		
D5730	Reline Complete Maxillary Denture (Chairside)	0
D5731	Reline Complete Mandibular Denture (Chairside)	0
D5740	Reline Maxillary Partial Denture (Chairside)	0
D5741	Reline Mandibular Partial Denture (Chairside)	0
D5750	Reline Complete Maxillary Denture (Laboratory)	20
D5751	Reline Complete Mandibular Denture (Laboratory)	20
D5760	Reline Maxillary Partial Denture (Laboratory)	20
D5761	Reline Mandibular Partial Denture (Laboratory)	20
D5810	Interim Complete Denture (Maxillary)	120
D5811	Interim Complete Denture (Mandibular)	120
D5820	Interim Partial Denture (Maxillary)	45

ADA Code	ADA Description	Member Pays \$
DENTURE RELINE PROCEDURES		
D5821	Interim Partial Denture (Mandibular)	45
OTHER REMOVABLE PROSTHETIC SERVICES		
D5850	Tissue Conditioning, Maxillary	0
D5851	Tissue Conditioning, Mandibular	0
FIXED PARTIAL DENTURE PONTICS		
D6205	Pontic - Indirect Resin Based Composite	75
D6210	Pontic-Cast High Noble Metal	50
D6211	Pontic-Cast Predominantly Base Metal	50
D6212	Pontic-Cast Noble Metal	50
D6214	Pontic - Titanium	50
D6240	Pontic-Porcelain Fused To High Noble Metal	50
D6241	Pontic-Porcelain Fused To Predominantly Base Metal	50
D6242	Pontic-Porcelain Fused To Noble Metal	50
D6245	Pontic - Porcelain/Ceramic	75
D6250	Pontic, Resin With High Noble Metal	50
D6251	Pontic, Resin With Predominantly Base Metal	50
D6252	Pontic, Resin With Noble Metal	50
FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS		
D6545	Retainer-Cast Metal For Resin Bonded Fixed Prosthesis	70
D6548	Retainer - Porcelain/Ceramic For Resin Bonded Fixed Prosthesis	105
D6549	Resin Retainer - For Resin Bonded Fixed Prosthesis	70
D6602	Inlay - Cast High Noble Metal, Two Surfaces	27
D6603	Inlay - Cast High Noble Metal, Three Or More Surfaces	28
D6604	Inlay - Cast Predominantly Base Metal, Two Surfaces	27
D6605	Inlay - Cast Predominantly Base Metal, Three Or More Surfaces	28
D6606	Inlay - Cast Noble Metal, Two Surfaces	27
D6607	Inlay - Cast Noble Metal, Three Or More Surfaces	28
D6610	Onlay - Cast High Noble Metal, Two Surfaces	28
D6611	Onlay - Cast High Noble Metal, Three Or More Surfaces	28
D6612	Onlay - Cast Predominantly Base Metal, Two Surfaces	28
D6613	Onlay - Cast Predominantly Base Metal, Three Or More Surfaces	28
D6614	Onlay - Cast Noble Metal, Two Surfaces	28
D6615	Onlay - Cast Noble Metal, Three Or More Surfaces	28
D6624	Inlay - Titanium	28
D6634	Onlay - Titanium	30
FIXED PARTIAL DENTURE RETAINERS - CROWNS		
D6710	Crown - Indirect Resin Based Composite	75
D6720	Crown, Resin With High Noble Metal	60
D6721	Crown, Resin With Predominantly Base Metal	60
D6722	Crown, Resin With Noble Metal	60
D6740	Crown - Porcelain/Ceramic	75
D6750	Crown, Porcelain Fused To High Noble Metal	60
D6751	Crown - Porcelain Fused To Predominantly Base Metal	60
D6752	Crown, Porcelain Fused To Noble Metal	60

ADA Code	ADA Description	Member Pays \$	
FIXED PARTIAL DENTURE RETAINERS - CROWNS			
D6780	Crown, 3/4 Cast High Noble Metal	60	◆
D6781	Crown - 3/4 Cast Predominantly Base Metal	60	
D6782	Crown - 3/4 Cast Noble Metal	60	◆
D6783	Crown - 3/4 Porcelain/Ceramic	75	
D6790	Crown, Full Cast High Noble Metal	60	◆
D6791	Crown, Full Cast Predominantly Base Metal	60	
D6792	Crown, Full Cast Noble Metal	60	◆
D6794	Crown - Titanium	60	

OTHER FIXED PARTIAL DENTURE SERVICES

D6930	Re-Cement Or Re-Bond Fixed Partial Denture	0	
D6940	Stress Breaker	90	
D6950	Precision Attachment	135	
D6980	Fixed Partial Denture Repair Necessitated By Restorative Material Failure	0	

EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)

D7111	Extraction, Coronal Remnants - Deciduous Tooth	0	
D7140	Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)	0	

SURGICAL EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)

D7210	Surgical Removal Of Erupted Tooth Requiring Removal Of Bone And/Or Sectioning Of Tooth, And Including Elevation Of Mucoperiosteal Flap If Indicated	0	
D7220	Removal Of Impacted Tooth - Soft Tissue	0	
D7230	Removal Of Impacted Tooth - Partially Bony	0	
D7240	Removal Of Impacted Tooth - Completely Bony	0	
D7241	Removal Of Impacted Tooth - Completely Bony, With Unusual Surgical Complications	0	
D7250	Surgical Removal Of Residual Tooth Roots (Cutting Procedure)	0	
D7251	Coronectomy-Intentional Partial Tooth Removal	0	

OTHER SURGICAL PROCEDURES

D7280	Surgical Access Of An Unerupted Tooth	0	
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	0	
D7285	Incisional Biopsy Of Oral Tissue-Hard (Bone, Tooth)	0	
D7286	Incisional Biopsy Of Oral Tissue-Soft	0	
D7288	Brush Biopsy - Transepithelial Sample Collection	45	

ALVEOLOPLASTY (surgical preparation of ridge for dentures)

D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	0	
D7311	Alveoloplasty In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant	0	
D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	0	
D7321	Alveoloplasty Not In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant	0	

SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS

ADA Code	ADA Description	Member Pays \$
SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS		
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Lesion Diameter Up To 1.25 Cm	0
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Lesion Diameter Greater Than 1.25 Cm	90

EXCISION OF BONE TISSUE

D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	40
D7472	Removal Of Torus Palatinus	40
D7473	Removal Of Torus Mandibularis	40
D7485	Surgical Reduction Of Osseous Tuberosity	60

SURGICAL INCISION

D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	0
D7511	Incision And Drainage Of Abscess - Intraoral Soft Tissue - Complicated (Includes Drainage Of Multiple Fascial Spaces)	15
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue	0
D7521	Incision And Drainage Of Abscess - Extraoral Soft Tissue - Complicated (Includes Drainage Of Multiple Fascial Spaces)	25

REPAIR OF TRAUMATIC WOUNDS

D7910	Suture Of Recent Small Wounds Up To 5 Cm	15
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OTHER REPAIR PROCEDURES

D7960	Frenulectomy - Also Known As Frenectomy Or Frenotomy - Separate Procedure Not Incidental To Another Procedure	0
D7963	Frenuloplasty	0
D7970	Excision Of Hyperplastic Tissue - Per Arch	0
D7971	Excision Pericoronal Gingival	0

LIMITED ORTHODONTIC TREATMENT

D8010	Limited Orthodontic Treatment Of Primary Dentition	1500
D8020	Limited Orthodontic Treatment Of Transitional Dentition	1500
D8030	Limited Orthodontic Treatment Of Adolescent Dentition	1500
D8040	Limited Orthodontic Treatment Of The Adult Dentition	1500

INTERCEPTIVE ORTHODONTIC TREATMENT

D8050	Interceptive Orthodontic Treatment Of Primary Dentition	1500
D8060	Interceptive Orthodontic Treatment Of Transitional Dentition	1500

COMPREHENSIVE ORTHODONTIC TREATMENT

D8070	Comprehensive Orthodontic Treatment Of Transitional Dentition	1500
D8080	Comprehensive Orthodontic Treatment Of Adolescent Dentition	1500
D8090	Comprehensive Orthodontic Treatment Of Adult Dentition	2000

MINOR TREATMENT TO CONTROL HARMFUL HABITS

D8210	Removable Appliance Therapy For Control Of Harmful Habits	750
D8220	Fixed Appliance Therapy For Control Of Harmful Habits	750

OTHER ORTHODONTIC SERVICES

ADA Code	ADA Description	Member Pays \$
OTHER ORTHODONTIC SERVICES		
D8660	Pre-Orthodontic Treatment Examination To Monitor Growth And Development	30
D8670	Periodic Orthodontic Treatment Visit	0
D8680	Orthodontic Retention (Removal Of Appliances, Construction And Placement Of Retainer(S))	240
†	Orthodontic Records Fee	265
UNCLASSIFIED TREATMENT		
D9110	Palliative (Emergency) Treatment Of Dental Pain, Minor Procedures	0
D9120	Fixed Partial Denture Sectioning	20
ANESTHESIA		
D9210	Local Anesthesia (Not In Conjunction With Operative Or Surgical Procedures)	0
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
D9220	Deep Sedation/General Anesthesia - First 30 Minutes	160
D9221	Deep Sedation/General Anesthesia - Each Additional 15 Minutes	68
D9241	Intravenous Moderate (Conscious) Sedation/Analgesia – First 30 Minutes	170
D9242	Intravenous Moderate (Conscious) Sedation/Analgesia – Each Additional 15 Minutes	42
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		
D9931	Cleaning And Inspection Of A Removable Appliance	14
D9940	Occlusal Guards, By Report	120
D9942	Repair And/Or Reline Of Occlusal Guard	35
D9951	Occlusal Adjustment (Limited)	0
D9952	Occlusal Adjustment (Complete)	0
D9986	Broken Appointment Per 15 Minutes (Without 24-Hour Notice)	20
D9987	Cancelled Appointment Per 15 Minutes (Without 24-Hour Notice)	20
BLEACHING		
D9975	External Bleaching For Home Application, Per Arch, Includes Materials And Fabrication Of Custom Trays	125
FOOTNOTES		

ADA Code	ADA Description	Member Pays \$
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 "Unspecified Orthodontic Procedure, By Report." Records Include All Diagnostic Procedures, Such As Cephalometric Films, Full Mouth X-Rays, Models, And Treatment Plans.	