	ental HMO	Children (up to Age 19)	Adult (Age 1	<u>9 and older)</u>
Deductibl	les	None	No	ne
Out of Po	ocket Maximums	Individual Child- \$350	Not App	olicable
		Two or more Children in a family - \$700	Not App	olicable
Office Co	pay	No Charge	No Ch	narge
Waiting P	Period	None	No	ne
Annual Bo	enefit Limit	None	No	ne
			Member C	<u>opayment</u>
Code	<u>Description</u>		Child (up to Age 19)	Adult (Age 19 and older)
D0120	periodic oral evaluation		No Charge	No Charge
D0140	limited oral evaluation		No Charge	No Charge
D0145	Oral evaluation for a patient under three years of ag	ge and counseling with primary caregiver	No Charge	Not Covered
D0150	comprehensive oral evaluation		No Charge	No Charge
D0160	Detailed and extensive oral evaluation - problem for	cused, by report	No Charge	No Charge
D0170	Re-evaluation - limited, problem focused (not post-	pperative visit)	No Charge	No Charge
D0180	Comprehensive periodontal evaluation		No Charge	No Charge
D0190	screening of a patient		Not Covered	No Charge
D0191	assessment of a patient		Not Covered	No Charge
D0210	intraoral - complete series (including bitewings) - lim	nited to 1 series every 36 months	No Charge	No Charge
D0220	intraoral - periapical first film		No Charge	No Charge
D0230	intraoral - periapical each additional film		No Charge	No Charge
D0240	intraoral - occlusal film		No Charge	No Charge
D0250	Extraoral - first film		No Charge	No Charge
D0270	bitewing - single film		No Charge	No Charge
D0272	bitewings - two films		No Charge	No Charge
D0273	Bitewings - three films		No Charge	No Charge
D0274	bitewings - four films - limited to 1 series every 6 mc	onths	No Charge	No Charge
D0277	Vertical bitewings - 7 to 8 films		No Charge	No Charge
D0290	Posterior - anterior or lateral skull and facial bone su	urvey radiographic image	No Charge	Not Covered
D0310	Sialography		No Charge	Not Covered
D0320	Temporomandibular joint arthrogram, including inject	ction	No Charge	Not Covered
D0322	Tomographic survey		No Charge	Not Covered
D0330	panoramic film		No Charge	No Charge
D0340	Cephalometric radiographic image		No Charge	Not Covered
D0350	photograph 1st	of muses all almost collisions in all allians	No Charge	Not Covered
D0431 D0460	Adjunctive pre-diagnostic test that aids in detection premalignant and malignant lesions, not to include of pulp vitality tests		Not Covered No Charge	No Charge
D0470	Diagnostic casts may be provided only if one of the	above conditions is present	No Charge	No Charge
D0502	Other oral pathology procedures, by report		No Charge	Not Covered
D0601	caries risk assessment and documentation, with a fi	inding of low risk	No Charge	Not Covered
D0602	caries risk assessment and documentation, with a fi	inding of moderate risk	No Charge	Not Covered
D0603	caries risk assessment and documentation, with a fi	inding of high risk	No Charge	Not Covered
D0999	Unspecified diagnostic procedure, by report		No Charge	Not Covered
D1110	prophylaxis - adult		No Charge	No Charge

D4400		N. OI	N. (O
D1120	prophylaxis - child	No Charge	Not Covered
D1206	topical fluoride varnish	No Charge	Not Covered
D1208	topical application of fluoride	No Charge	Not Covered
D1310	Nutritional counseling for control of dental disease	No Charge	Not Covered
D1320	Tobacco counseling for the control and prevention of oral disease	No Charge	Not Covered
D1330	oral hygiene instructions	No Charge	No Charge
D1351	sealant - per tooth	No Charge	Not Covered
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	No Charge	Not Covered
D1510	space maintainer - fixed - unilateral	No Charge	Not Covered
D1515	space maintainer - fixed - bilateral	No Charge	Not Covered
D1520	Space maintainer-removable – unilateral	No Charge	Not Covered
D1525	space maintainer - removable - bilateral	No Charge	Not Covered
D1550	Re-cementation of space maintainer	No Charge	Not Covered
D1555	Removal of fixed space maintainer	No Charge	Not Covered
D2140	amalgam - one surface permanent or primary	\$25	\$25
D2150	amalgam - two surfaces permanent or primary	\$30	\$30
D2160	amalgam - three surfaces permanent or primary	\$40	\$40
D2161	amalgam - four or more surfaces permanent or primary	\$45	\$45
D2330	resin-based composite - one surface, anterior	\$30	\$30
D2331	resin-based composite - two surfaces, anterior	\$45	\$45
D2332	resin-based composite - three surfaces, anterior	\$55	\$55
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$60	\$60
D2390	Resin based composite crown, anterior	\$50	\$50
D2391	Resin based composite - one surface, posterior	\$30	\$30
D2392	Resin based composite - two surfaces, posterior	\$40	\$40
D2393	Resin based composite - three surfaces, posterior	\$50	\$50
D2394	Resin based composite - four or more surfaces, posterior	\$70	\$70
D2542	onlay - metallic-two surfaces	Not Covered	\$185
D2543	onlay - metallic-three surfaces	Not Covered	\$200
D2544	onlay - metallic-four or more surfaces	Not Covered	\$215
D2642	Onlay - porcelain/ceramic - two surfaces	Not Covered	\$250
D2643	Onlay - porcelain/ceramic - three or more surfaces	Not Covered	\$275
D2644	Onlay - porcelain/ceramic - four or more surfaces	Not Covered	\$300
D2662	Onlay - resin-based composite - two surfaces	Not Covered	\$160
D2663	Onlay - resin-based composite - three surfaces	Not Covered	\$180
D2664	Onlay - resin-based composite - four or more surfaces	Not Covered	\$200
D2710	crown - resin-based composite laboratory	\$140	\$140
D2712	Crown - 3/4 resin-based composite (indirect)	\$190	Not Covered
D2720	Crown - resin with high noble metal	Not Covered	\$300
D2721	Crown - resin with predominantly base metal	\$300	\$300
D2722	Crown - resin with noble metal	Not Covered	\$300
D2740	crown - porcelain/ceramic substrate	\$300	\$300
D2750	crown - porcelain fused to high noble metal	Not Covered	\$300
D2751	crown - porcelain fused to predominantly base metal	\$300	\$300
D2751	crown - porcelain fused to noble metal	Not Covered	\$300
D2780	Crown - 3/4 cast high noble metal	Not Covered	\$300
D2781	crown - 3/4 cast riigir noble metal	\$300	\$300
D2781	Crown - 3/4 cast predominantly base metal	Not Covered	\$300
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D2783	Crown – 3/4 porcelain/ceramic	\$310	Not Covered
D2790	crown - full cast high noble metal	Not Covered	\$300
D2791	crown - full cast predominantly base metal	\$300	\$300
D2792	crown - full cast noble metal	Not Covered	\$300
D2910	Recement inlay, onlay or partial coverage restoration	\$25	\$25
D2915	Recement cast or prefabricated post and core	\$25	\$25
D2920	Recement crown	\$25	\$15
D2929	Prefabricated porcelain/ceramic crown - primary tooth	\$95	Not Covered
D2930	prefabricated stainless steel crown - primary tooth	\$65	Not Covered
D2931	prefabricated stainless steel crown - permanent tooth	\$75	\$75
D2932	Prefabricated resin crown	\$75	Not Covered
D2933	Prefabricated stainless steel crown with resin window	\$80	Not Covered
D2940	protective restoration	\$25	\$20
D2950	Core buildup, including any pins	\$20	\$20
D2951	pin retention - per tooth, in addition to restoration	\$25	\$20
D2952	post and core in addition to crown, indirectly fabricated	\$100	\$60
D2953	Each additional indirectly fabricated post, same tooth	\$30	\$30
D2954	prefabricated post and core in addition to crown	\$90	\$60
D2955	Post removal	\$60	Not Covered
D2957	Each additional prefabricated post - same tooth	\$35	\$35
D2971	Additional procedures to construct new crown under existing partial denture framework	\$35	Not Covered
D2980	crown repair, by report	\$50	\$50
D2999	Unspecified restorative procedure, by report	\$40	Not Covered
D3110	pulp cap - direct (excluding final restoration)	\$20	\$20
D3120	Pulp cap (indirect) excluding final restoration	\$25	\$25
D3220	therapeutic pulpotomy (excluding final restoration)	\$40	\$35
D3220	Pulpal debridement, primary and permanent teeth	\$40	Not Covered
D3221	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$60	Not Covered
D3222	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	\$55	Not Covered
D3240	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	\$55	Not Covered
D3240	root canal therapy, anterior tooth (excluding final restoration)	\$195	\$200
D3320	root canal therapy, bicuspid tooth (excluding final restoration)	\$235	\$235
D3330	root canal therapy, molar (excluding final restoration)	\$300	\$300
D3331	Treatment of root canal obstruction; non-surgical access	\$50	\$50
D3331	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$50	\$85
D3333	Internal root repair of perforation defects	\$80	Not Covered
D3346	retreatment of previous root canal therapy - anterior	\$240	\$245
D3347	retreatment of previous root canal therapy - amenor	\$295	\$295
D3347	retreatment of previous root canal therapy - bicuspiu retreatment of previous root canal therapy - molar	\$365	\$365
D3351	apexification/recalcification – initial visit	\$85	Not Covered
D3351	apexification/recalcification - interim	\$45	Not Covered
D3352	apexification/recalcification - final visit	Not Covered	Not Covered
D3333	apicoectomy/periradicular surgery - anterior	\$240	\$240
D3410	apicoectomy/periradicular surgery - bicuspid (first root)	\$250	\$250
D3421	apicoectomy/perinadicular surgery - molar (first root)	\$275	\$275
D3426	Apioectomy / periradicular surgery - molar, each additional root	\$110	\$110
D3420	retrograde filling - per root	\$90	\$90
D3450	root amputation - per root	Not Covered	\$110
D0400	100t ampatation por 100t	140t Govereu	ΨΠΟ

	Surgical procedure for isolation of tooth with rubber dam	\$30	Not Covered
D3920	Hemisection (including any root removal; not including root canal therapy)	Not Covered	\$120
D3950	Canal preparation and fitting of preformed dowel or post	Not Covered	\$60
D3999	Unspecified endodontic procedure, by report	\$100	Not Covered
D4210	gingivectomy or gingivoplasty four or more contiguous teeth or tooth bounded spaces per	\$150	\$150
D4211	quadrant gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	\$50	\$50
D4240	Gingival flap procedure including root planing four or more teeth per quadrant	Not Covered	\$135
D4241	Gingival flap procedure including root planing one to three teeth per quadrant	Not Covered	\$70
D4249	Clinical crown lengthening – hard tissue	\$165	Not Covered
D4260	Osseous – muco - gingival surgery per quadrant	\$265	\$265
D4261	Osseous surgery (including flap entry and closures) - one to three contiguous teeth or tooth bounded spaces - per quadrant	\$140	\$140
D4263	Bone replacement graft - first site in quadrant	Not Covered	\$105
D4264	Bone replacement graft - each additional site in quadrant	Not Covered	\$75
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$80	Not Covered
D4266	Guided tissue regeneration - resorbable barrier - per site	Not Covered	\$145
D4267	Guided tissue regeneration - non-resorbable barrier - per site (includes membrane removal)	Not Covered	\$175
D4270	Pedicle soft tissue graft procedure	Not Covered	\$155
D4273	Subepithelial connective tissue graft procedure - per tooth	Not Covered	\$220
D4341	periodontal scaling and root planing - four or more teeth per quadrant	\$55	\$55
D4342	periodontal scaling and root planing - one to three teeth per quadrant	\$30	\$25
D4355	full mouth debridement to enable comprehensive evaluation and diagnosis	\$40	\$40
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$10	Not Covered
D4910	Periodontal maintenance	\$30	\$30
D4920	Unscheduled dressing change (by someone other than treating dentist)	\$15	Not Covered
D4999	Unspecified periodontal procedure, by report	\$350	Not Covered
D5110	complete denture - upper	\$300	\$400
D5120	complete denture - lower	\$300	\$400
		ΨΟΟΟ	φ400
D5130	immediate denture - upper	\$300	\$400
D5140	immediate denture - upper immediate denture - lower		\$400 \$400
D5140 D5211	immediate denture - lower upper partial denture - resin based with conventional clasps, rests and teeth	\$300 \$300 \$300	\$400 \$400 \$325
D5140 D5211 D5212	immediate denture - lower	\$300 \$300 \$300 \$300	\$400 \$400 \$325 \$325
D5140 D5211	immediate denture - lower upper partial denture - resin based with conventional clasps, rests and teeth	\$300 \$300 \$300	\$400 \$400 \$325
D5140 D5211 D5212 D5213 D5214	immediate denture - lower upper partial denture - resin based with conventional clasps, rests and teeth lower partial denture - resin based with conventional clasps, rests and teeth	\$300 \$300 \$300 \$300 \$335 \$335	\$400 \$400 \$325 \$325 \$375 \$375
D5140 D5211 D5212 D5213 D5214 D5225	immediate denture - lower upper partial denture - resin based with conventional clasps, rests and teeth lower partial denture - resin based with conventional clasps, rests and teeth upper partial denture - cast metal resin based with conventional clasps, rests and teeth lower partial denture - cast metal resin based with conventional clasps, rests and teeth Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$300 \$300 \$300 \$300 \$335 \$335 Not Covered	\$400 \$400 \$325 \$325 \$375 \$375 \$375
D5140 D5211 D5212 D5213 D5214 D5225 D5226	immediate denture - lower upper partial denture - resin based with conventional clasps, rests and teeth lower partial denture - resin based with conventional clasps, rests and teeth upper partial denture - cast metal resin based with conventional clasps, rests and teeth lower partial denture - cast metal resin based with conventional clasps, rests and teeth Maxillary partial denture - flexible base (including any clasps, rests and teeth) Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$300 \$300 \$300 \$300 \$335 \$335 Not Covered	\$400 \$400 \$325 \$325 \$375 \$375 \$375 \$375
D5140 D5211 D5212 D5213 D5214 D5225 D5226 D5281	immediate denture - lower upper partial denture - resin based with conventional clasps, rests and teeth lower partial denture - resin based with conventional clasps, rests and teeth upper partial denture - cast metal resin based with conventional clasps, rests and teeth lower partial denture - cast metal resin based with conventional clasps, rests and teeth Maxillary partial denture - flexible base (including any clasps, rests and teeth) Mandibular partial denture - flexible base (including any clasps, rests and teeth) Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$300 \$300 \$300 \$300 \$335 \$335 Not Covered Not Covered	\$400 \$400 \$325 \$325 \$375 \$375 \$375 \$375 \$250
D5140 D5211 D5212 D5213 D5214 D5225 D5226 D5281 D5410	immediate denture - lower upper partial denture - resin based with conventional clasps, rests and teeth lower partial denture - resin based with conventional clasps, rests and teeth upper partial denture - cast metal resin based with conventional clasps, rests and teeth lower partial denture - cast metal resin based with conventional clasps, rests and teeth Maxillary partial denture - flexible base (including any clasps, rests and teeth) Mandibular partial denture - flexible base (including any clasps, rests and teeth) Removable unilateral partial denture - one piece cast metal (including clasps and teeth) adjust complete denture - upper	\$300 \$300 \$300 \$300 \$335 \$335 Not Covered Not Covered Not Covered	\$400 \$400 \$325 \$325 \$375 \$375 \$375 \$375 \$250 \$20
D5140 D5211 D5212 D5213 D5214 D5225 D5226 D5281 D5410 D5411	immediate denture - lower upper partial denture - resin based with conventional clasps, rests and teeth lower partial denture - resin based with conventional clasps, rests and teeth upper partial denture - cast metal resin based with conventional clasps, rests and teeth lower partial denture - cast metal resin based with conventional clasps, rests and teeth Maxillary partial denture - flexible base (including any clasps, rests and teeth) Mandibular partial denture - flexible base (including any clasps, rests and teeth) Removable unilateral partial denture - one piece cast metal (including clasps and teeth) adjust complete denture - upper adjust complete denture - lower	\$300 \$300 \$300 \$300 \$335 \$335 Not Covered Not Covered Not Covered \$20 \$20	\$400 \$400 \$325 \$325 \$375 \$375 \$375 \$375 \$250 \$20
D5140 D5211 D5212 D5213 D5214 D5225 D5226 D5281 D5410 D5411 D5421	immediate denture - lower upper partial denture - resin based with conventional clasps, rests and teeth lower partial denture - resin based with conventional clasps, rests and teeth upper partial denture - cast metal resin based with conventional clasps, rests and teeth lower partial denture - cast metal resin based with conventional clasps, rests and teeth Maxillary partial denture - flexible base (including any clasps, rests and teeth) Mandibular partial denture - flexible base (including any clasps, rests and teeth) Removable unilateral partial denture - one piece cast metal (including clasps and teeth) adjust complete denture - upper adjust partial denture - lower adjust partial denture - upper	\$300 \$300 \$300 \$300 \$335 \$335 Not Covered Not Covered Not Covered \$20 \$20 \$20	\$400 \$400 \$325 \$325 \$375 \$375 \$375 \$375 \$250 \$20 \$20
D5140 D5211 D5212 D5213 D5214 D5225 D5226 D5281 D5410 D5411 D5421 D5422	immediate denture - lower upper partial denture - resin based with conventional clasps, rests and teeth lower partial denture - resin based with conventional clasps, rests and teeth upper partial denture - cast metal resin based with conventional clasps, rests and teeth lower partial denture - cast metal resin based with conventional clasps, rests and teeth Maxillary partial denture - flexible base (including any clasps, rests and teeth) Mandibular partial denture - flexible base (including any clasps, rests and teeth) Removable unilateral partial denture - one piece cast metal (including clasps and teeth) adjust complete denture - upper adjust partial denture - lower adjust partial denture - upper	\$300 \$300 \$300 \$300 \$335 \$335 Not Covered Not Covered Not Covered \$20 \$20 \$20 \$20	\$400 \$400 \$325 \$325 \$375 \$375 \$375 \$375 \$250 \$20 \$20 \$20 \$20
D5140 D5211 D5212 D5213 D5214 D5225 D5226 D5281 D5410 D5411 D5421 D5422 D5510	immediate denture - lower upper partial denture - resin based with conventional clasps, rests and teeth lower partial denture - resin based with conventional clasps, rests and teeth upper partial denture - cast metal resin based with conventional clasps, rests and teeth lower partial denture - cast metal resin based with conventional clasps, rests and teeth Maxillary partial denture - flexible base (including any clasps, rests and teeth) Mandibular partial denture - flexible base (including any clasps, rests and teeth) Removable unilateral partial denture - one piece cast metal (including clasps and teeth) adjust complete denture - upper adjust partial denture - lower adjust partial denture - lower repair broken complete denture base	\$300 \$300 \$300 \$300 \$335 \$335 Not Covered Not Covered Not Covered \$20 \$20 \$20 \$20 \$40	\$400 \$400 \$325 \$325 \$375 \$375 \$375 \$375 \$250 \$20 \$20 \$20 \$20 \$30
D5140 D5211 D5212 D5213 D5214 D5225 D5226 D5281 D5410 D5411 D5421 D5422 D5510 D5520	immediate denture - lower upper partial denture - resin based with conventional clasps, rests and teeth lower partial denture - resin based with conventional clasps, rests and teeth upper partial denture - cast metal resin based with conventional clasps, rests and teeth lower partial denture - cast metal resin based with conventional clasps, rests and teeth Maxillary partial denture - flexible base (including any clasps, rests and teeth) Mandibular partial denture - flexible base (including any clasps, rests and teeth) Removable unilateral partial denture - one piece cast metal (including clasps and teeth) adjust complete denture - upper adjust partial denture - lower adjust partial denture - lower repair broken complete denture base replace missing or broken teeth - complete denture (each tooth)	\$300 \$300 \$300 \$300 \$335 \$335 Not Covered Not Covered \$20 \$20 \$20 \$20 \$40 \$40	\$400 \$400 \$325 \$325 \$375 \$375 \$375 \$375 \$250 \$20 \$20 \$20 \$20 \$30 \$30
D5140 D5211 D5212 D5213 D5214 D5225 D5226 D5281 D5410 D5411 D5421 D5422 D5510 D5520 D5610	immediate denture - lower upper partial denture - resin based with conventional clasps, rests and teeth lower partial denture - resin based with conventional clasps, rests and teeth upper partial denture - cast metal resin based with conventional clasps, rests and teeth lower partial denture - cast metal resin based with conventional clasps, rests and teeth Maxillary partial denture - flexible base (including any clasps, rests and teeth) Mandibular partial denture - flexible base (including any clasps, rests and teeth) Removable unilateral partial denture - one piece cast metal (including clasps and teeth) adjust complete denture - upper adjust partial denture - lower adjust partial denture - lower repair broken complete denture base	\$300 \$300 \$300 \$300 \$335 \$335 Not Covered Not Covered Not Covered \$20 \$20 \$20 \$20 \$40 \$40	\$400 \$400 \$325 \$325 \$375 \$375 \$375 \$375 \$250 \$20 \$20 \$20 \$20 \$30 \$30 \$30
D5140 D5211 D5212 D5213 D5214 D5225 D5226 D5281 D5410 D5411 D5421 D5422 D5510 D5520 D5610 D5620	immediate denture - lower upper partial denture - resin based with conventional clasps, rests and teeth lower partial denture - resin based with conventional clasps, rests and teeth upper partial denture - cast metal resin based with conventional clasps, rests and teeth lower partial denture - cast metal resin based with conventional clasps, rests and teeth Maxillary partial denture - flexible base (including any clasps, rests and teeth) Mandibular partial denture - flexible base (including any clasps, rests and teeth) Removable unilateral partial denture - one piece cast metal (including clasps and teeth) adjust complete denture - upper adjust complete denture - lower adjust partial denture - lower repair broken complete denture base replace missing or broken teeth - complete denture (each tooth) repair resin denture base repair cast framework	\$300 \$300 \$300 \$300 \$335 \$335 Not Covered Not Covered Not Covered \$20 \$20 \$20 \$20 \$40 \$40 \$40	\$400 \$400 \$325 \$325 \$375 \$375 \$375 \$375 \$250 \$20 \$20 \$20 \$20 \$30 \$30 \$30 \$35
D5140 D5211 D5212 D5213 D5214 D5225 D5226 D5281 D5410 D5411 D5421 D5422 D5510 D5520 D5610 D5620 D5630	immediate denture - lower upper partial denture - resin based with conventional clasps, rests and teeth lower partial denture - resin based with conventional clasps, rests and teeth upper partial denture - cast metal resin based with conventional clasps, rests and teeth lower partial denture - cast metal resin based with conventional clasps, rests and teeth Maxillary partial denture - flexible base (including any clasps, rests and teeth) Mandibular partial denture - flexible base (including any clasps, rests and teeth) Removable unilateral partial denture - one piece cast metal (including clasps and teeth) adjust complete denture - upper adjust complete denture - lower adjust partial denture - lower repair broken complete denture base replace missing or broken teeth - complete denture (each tooth) repair resin denture base repair cast framework repair or replace broken clasp	\$300 \$300 \$300 \$300 \$335 \$335 Not Covered Not Covered \$20 \$20 \$20 \$20 \$40 \$40 \$40 \$40 \$50	\$400 \$400 \$325 \$325 \$375 \$375 \$375 \$375 \$250 \$20 \$20 \$20 \$20 \$30 \$30 \$30 \$35
D5140 D5211 D5212 D5213 D5214 D5225 D5226 D5281 D5410 D5411 D5421 D5422 D5510 D5520 D5610 D5620	immediate denture - lower upper partial denture - resin based with conventional clasps, rests and teeth lower partial denture - resin based with conventional clasps, rests and teeth upper partial denture - cast metal resin based with conventional clasps, rests and teeth lower partial denture - cast metal resin based with conventional clasps, rests and teeth Maxillary partial denture - flexible base (including any clasps, rests and teeth) Mandibular partial denture - flexible base (including any clasps, rests and teeth) Removable unilateral partial denture - one piece cast metal (including clasps and teeth) adjust complete denture - upper adjust complete denture - lower adjust partial denture - lower repair broken complete denture base replace missing or broken teeth - complete denture (each tooth) repair resin denture base repair cast framework	\$300 \$300 \$300 \$300 \$335 \$335 Not Covered Not Covered Not Covered \$20 \$20 \$20 \$20 \$40 \$40 \$40	\$400 \$400 \$325 \$325 \$375 \$375 \$375 \$375 \$250 \$20 \$20 \$20 \$20 \$30 \$30 \$30 \$35

D5660	add clasp to existing partial denture	\$60	\$45
D5670	Replace all teeth and acrylic on cast framework - maxillary	Not Covered	\$195
D5671	Replace all teeth and acrylic on cast framework - mandibular	Not Covered	\$195
D5710	Rebase complete maxillary denture	Not Covered	\$155
D5711	Rebase complete mandibular denture	Not Covered	\$155
D5720	Rebase maxillary partial denture	Not Covered	\$150
D5721	Rebase mandibular partial denture	Not Covered	\$150
D5730	reline complete upper denture (chairside)	\$60	\$80
D5731	reline complete lower denture (chairside)	\$60	\$80
D5740	reline upper partial denture (chairside)	\$60	\$75
D5741	reline lower partial denture (chairside)	\$60	\$75
D5750	reline complete upper denture (laboratory)	\$90	\$120
D5751	reline complete lower denture (laboratory)	\$90	\$120
D5760	reline upper partial denture (laboratory)	\$80	\$110
D5761	reline lower partial denture (laboratory)	\$80	\$110
D5850	tissue conditioning, upper	\$30	\$35
D5851	tissue conditioning, lower	\$30	\$35
D5862	Precision attachment, by report	\$90	Not Covered
D5863	Overdenture – Complete Maxillary	\$300	\$300
D5865	Overdenture – Complete Mandibular	\$300	\$300
D5899	Unspecified removable prosthodontic procedure, by report	\$350	Not Covered
D5911	Facial moulage (sectional)	\$285	Not Covered
D5912	Facial moulage (complete)	\$350	Not Covered
D5913	Nasal prosthesis	\$350	Not Covered
D5914	Auricular prosthesis	\$350	Not Covered
D5915	Orbital prosthesis	\$350	Not Covered
D5916	Ocular prosthesis	\$350	Not Covered
D5919	Facial prosthesis	\$350	Not Covered
D5922	Nasal septal prosthesis	\$350	Not Covered
D5923	Ocular prosthesis, interim	\$350	Not Covered
D5924	Cranial prosthesis	\$350	Not Covered
D5925	Facial augmentation implant prosthesis	\$200	Not Covered
D5926	Nasal prosthesis, replacement	\$200	Not Covered
D5927	Auricular prosthesis, replacement	\$200	Not Covered
D5928	Orbital prosthesis, replacement	\$200	Not Covered
D5929	Facial prosthesis, replacement	\$200	Not Covered
D5931	Obturator prosthesis, surgical	\$350	Not Covered
D5932	Obturator prosthesis, definitive	\$350	Not Covered
D5933	Obturator prosthesis, modification	\$150	Not Covered
D5934	Mandibular resection prosthesis with guide flange	\$350	Not Covered
D5935	Mandibular resection prosthesis without guide flange	\$350	Not Covered
D5936	Obturator prosthesis, interim	\$350	Not Covered
D5937	Trismus appliance (not for TMD treatment)	\$85	Not Covered
D5951	Feeding aid	\$135	Not Covered
D5952	Speech aid prosthesis, pediatric	\$350	Not Covered
D5953	Speech aid prosthesis, adult	\$350	Not Covered
D5954	Palatal augmentation prosthesis	\$135	Not Covered
D5955	Palatal lift prosthesis, definitive	\$350	Not Covered

D5958	Palatal lift prosthesis, interim	\$350	Not Covered
D5959	Palatal lift prosthesis, modification	\$145	Not Covered
D5960	Speech aid prosthesis, modification	\$145	Not Covered
D5982	Surgical stent	\$70	Not Covered
D5983	Radiation carrier	\$55	Not Covered
D5984	Radiation shield	\$85	Not Covered
D5985	Radiation cone locator	\$135	Not Covered
D5986	Fluoride gel carrier	\$35	Not Covered
D5987	Commissure splint	\$85	Not Covered
D5988	Surgical splint	\$95	Not Covered
D5991	Topical Medicament Carrier	\$70	Not Covered
D5999	Unspecified maxillofacial prosthesis, by report	\$350	Not Covered
D6010	Surgical placement of implant body: endosteal implant	\$350	Not Covered
D6040	Surgical placement: eposteal implant	\$350	Not Covered
D6050	Surgical placement: transosteal implant	\$350	Not Covered
D6055	Connecting bar - implant supported or abutment supported	\$350	Not Covered
D6056	Prefabricated abutment - includes modification and placement	\$135	Not Covered
D6057	Custom fabricated abutment - includes placement	\$180	Not Covered
D6058	Abutment supported porcelain/ceramic crown	\$320	Not Covered
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$315	Not Covered
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$295	Not Covered
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$300	Not Covered
D6062	Abutment supported cast metal crown (high noble metal)	\$315	Not Covered
D6063	Abutment supported cast metal crown (predominantly base metal)	\$300	Not Covered
D6064	Abutment supported cast metal crown (noble metal)	\$315	Not Covered
D6065	Implant supported porcelain/ceramic crown	\$340	Not Covered
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$335	Not Covered
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$340	Not Covered
D6068	Abutment supported retainer for porcelain/ceramic FPD	\$320	Not Covered
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$315	Not Covered
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$290	Not Covered
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$300	Not Covered
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	\$315	Not Covered
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	\$290	Not Covered
D6074	Abutment supported retainer for cast metal FPD (noble metal)	\$320	Not Covered
D6075	Implant supported retainer for ceramic FPD	\$335	Not Covered
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	\$330	Not Covered
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	\$350	Not Covered
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis	\$30	Not Covered
D6090	Repair implant supported prosthesis, by report	\$65	Not Covered
D6091	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	\$40	Not Covered
D6092	Recement implant/abutment supported crown	\$25	Not Covered
D6093	Recement implant/abutment supported fixed partial denture	\$35	Not Covered
D6094	Abutment supported crown (titanium)	\$295	Not Covered
D6095	Repair implant abutment, by report	\$65	Not Covered
D6100	Implant removal, by report	\$110	Not Covered
D6110	Implant/abutment supported removable denture for edentulous arch - maxillary	\$350	Not Covered

D6111	Implant/abutment supported removable denture for edentulous arch - mandibular	\$350	Not Covered
D6112	Implant/abutment supported removable denture for partially edentulous arch - maxillary	\$350	Not Covered
D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular	\$350	Not Covered
D6114	Implant/abutment supported fixed denture for edentulous arch - maxillary	\$350	Not Covered
D6115	Implant/abutment supported fixed denture for edentulous arch - mandibular	\$350	Not Covered
D6116	Implant/abutment supported fixed denture for partially edentulous arch - maxillary	\$350	Not Covered
D6117	Implant/abutment supported fixed denture for partially edentulous arch - mandibular	\$350	Not Covered
D6190	Radiographic/Surgical implant index, by report	\$75	Not Covered
D6194	Abutment supported retainer crown for FPD (titanium)	\$265	Not Covered
D6199	Unspecified implant procedure, by report	\$350	Not Covered
D6205	Pontic - indirect resin based composite	Not Covered	\$165
D6210	pontic - cast high noble metal	Not Covered	\$300
D6211	pontic - cast predominantly base metal	\$300	\$300
D6212	pontic - cast noble metal	Not Covered	\$300
D6214	Pontic - cast titanium metal	Not Covered	\$300
D6240	pontic - porcelain fused to high noble metal	Not Covered	\$300
D6241	pontic - porcelain fused to predominantly base metal	\$300	\$300
D6242	pontic - porcelain fused to noble metal	Not Covered	\$300
D6245	Pontic - porcelain/ceramic	\$300	\$300
D6250	Pontic - resin with high noble metal	Not Covered	\$300
D6251	pontic - resin with predominantly base metal	\$300	\$300
D6251	Pontic - resin with noble metal	Not Covered	\$300
D6545	retainer - cast metal for resin bonded fixed prosthesis	Not Covered	\$130
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	Not Covered	\$145
D6608	Onlay - porcelain/ceramic - two surfaces	Not Covered	\$200
D6609	Onlay - porcelain/ceramic - two surfaces Onlay - porcelain/ceramic - three or more surfaces	Not Covered	\$200
D6610		Not Covered	\$200
	Onlay - cast high noble metal - two surfaces		·
D6611	Onlay - cast high noble metal - three or more surfaces	Not Covered	\$200
D6612	Onlay - cast predominantly base metal - two surfaces	Not Covered	\$200
D6613	Onlay - cast predominantly base metal - three or more surfaces	Not Covered	\$200
D6614	Onlay - cast noble metal- two surfaces	Not Covered	\$200
D6615	Onlay - cast noble metal - three or more surfaces	Not Covered	\$200
D6634	Onlay - titanium	Not Covered	\$200
D6710	Crown - indirect resin based composite	Not Covered	\$200
D6720	crown - resin with high noble metal	Not Covered	\$300
D6721	crown - resin with predominantly base metal	\$300	\$300
D6722	crown - resin with noble metal	Not Covered	\$300
D6740	crown - porcelain/ceramic	\$300	\$300
D6751	crown - porcelain fused to predominantly base metal	\$300	\$300
D6781	crown - 3/4 cast predominantly base metal	\$300	\$300
D6782	crown - 3/4 cast noble metal	Not Covered	\$300
D6783	crown - 3/4 porcelain/ceramic	\$300	\$300
D6791	crown - full cast predominantly base metal	\$300	\$300
D6930	Recement bridge	\$40	\$40
D6980	fixed partial denture repair necessitated by restorative material failure	\$95	\$95
D6999	Unspecified fixed prosthodontic procedure, by report	\$350	Not Covered
D7111	Extraction, coronal remnants - deciduous tooth	\$40	\$40
D7140	extraction, erupted tooth or exposed root	\$65	\$65

D7210	surgical removal of erupted tooth requiring elevation of flap and removal of bone and/or	\$120	\$115
D7220	sectioning of tooth removal of impacted tooth - soft tissue	\$95	\$85
D7230	removal of impacted tooth - partially bony	\$145	\$145
D7240	removal of impacted tooth - completely bony	\$160	\$160
D7241	Removal of impacted tooth - complete bony with unusual surgical complications	\$175	\$175
D7250	surgical removal of residual tooth roots requiring cutting of soft tissue and bone and	\$80	\$75
D7260	Oral Antral Fistula Closure	\$280	\$280
D7261	Primary closure of a sinus perforation	\$285	Not Covered
D7270	tooth reimplantation / stabilization	\$185	Not Covered
D7280	Surgical access of an unerupted tooth	\$220	Not Covered
D7283	Placement of device to facilitate eruption of impacted tooth	\$85	Not Covered
D7285	biopsy of oral tissue - hard (bone, tooth)	\$180	Not Covered
D7286	biopsy of oral tissue - soft	\$110	\$110
D7287	Exfoliative cytological sample collection	Not Covered	\$35
D7288	Brush biopsy transepithelial sample collection	Not Covered	\$35
D7290	Surgical repositioning of teeth	\$185	Not Covered
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$80	Not Covered
D7310	alveoloplasty in conjunction with extractions – per quadrant	\$85	\$85
D7310	alveoloplasty in conjunction with extractions - per quadrant alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per	\$50	\$50
D7311	alveoloplasty in conjunction with extractions – one to three teeth of tooth spaces, per alveoloplasty not in conjunction with extractions – per quadrant	\$120	\$120
D7320	alveoloplasty not in conjunction with extractions – per quadrant alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per	\$65	\$65
	quadrant		·
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	\$350	Not Covered
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue) excision of benign lesion up to 1.25 cm	\$350 \$75	Not Covered
D7410	excision of benign lesion greater than 1.25 cm	\$115	Not Covered
D7411	Excision of benign lesion, complicated	\$175	Not Covered
D7412	Excision of malignant lesion up to 1.25 cm	\$95	Not Covered
D7413	Excision of malignant lesion greater than 1.25 cm	\$120	Not Covered
D7414	Excision of malignant lesion, complicated	\$255	Not Covered
D7413	i i	\$105	Not Covered
D7441	Excision of malignant tumor – lesion diameter up to 1.25 cm	\$105	Not Covered
D7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm	\$180	Not Covered
D7451	removal of benign adoptogonic cyst or tumor - lesion diameter up to 1.25 cm	\$330	
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$330 \$155	Not Covered Not Covered
D7460		\$250	Not Covered Not Covered
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm Destruction of lesion(s) by physical or chemical method, by report	\$40	Not Covered Not Covered
D7403	Removal of lateral exostosis (maxilla or mandible)	\$140	\$140
D7471	Removal of Torus Palatinus	\$140	\$140
D7472	Removal of torus mandibularis	\$140	\$140
D7475	Surgical reduction of osseous tuberosity	\$105	Not Covered
D7490	Radical reaction of osseous tabelosity	\$350	Not Covered
D7490	incision and drainage of abscess - intraoral soft tissue	\$70	55
D7510		\$70	\$69
D7511	Incision & drainage of abscess - intraoral soft tissue - complicated	\$70	Not Covered
D7520	incision and drainage of abscess - extraoral soft tissue		
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces) Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$80 \$45	Not Covered Not Covered
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	\$75	Not Covered

D7580 Maxillar y sinusotomy for removal of tooth fragment or foreign body \$235 Not Cover D7610 Maxillar – closed pen reduction (seeth immobilized, if present) \$140 Not Cover D7620 Maxillar – closed reduction (seeth immobilized, if present) \$250 Not Cover D7640 Mandbile – Open reduction (seeth immobilized, if present) \$350 Not Cover D7650 Malar andior zygomatic arch – Open reduction \$350 Not Cover D7660 Malar andior zygomatic arch – Open reduction \$350 Not Cover D7670 Alveolus – Goled reduction, may include stabilization of teeth \$170 Not Cover D7671 Alveolus – Open reduction, may include stabilization of teeth \$230 Not Cover D7710 Maxilla – open reduction \$110 Not Cover D7720 Marbilla – Open reduction \$180 Not Cover D7730 Marbilla – Open reduction \$230 Not Cover D7740 Mandbile – open reduction \$220 Not Cover D7750 Malar andior zygomatic arch – open reduction \$220 Not Cover D7760<	D7550	Partial ostectomy /sequestrectomy for removal of non-vital bone	\$125	125
D7610 Maxilla - open reduction (teeth immobilized, if present) \$140 Not Cover D7620 Maxilla - dosed reduction (teeth immobilized, if present) \$250 Not Cover D7640 Mandatible - closed reduction (teeth immobilized, if present) \$350 Not Cover D7640 Mandatible - closed reduction (teeth immobilized, if present) \$350 Not Cover D7650 Malair and/or zygomatic arch - closed reduction \$350 Not Cover D7670 Alveolus - closed reduction, may include stabilization of teeth \$170 Not Cover D7671 Alveolus - open reduction, may include stabilization of teeth \$20 Not Cover D7760 Facial bones - complicated reduction with fixation and multiple surgical approaches \$350 Not Cover D7771 Maxilla - open reduction \$180 Not Cover D7720 Maxilla - open reduction \$350 Not Cover D7730 Mandible - open reduction \$350 Not Cover D7750 Malair and/or zygomatic arch - open reduction \$350 Not Cover D7750 Malair and/or zygomatic arch - open reduction \$350 N				Not Covered
D7620 Maxilla – closed reduction (teeth immobilized, if present) \$250 Not Cover D7630 Mandible – closed reduction (teeth immobilized, if present) \$350 Not Cover D7640 Mandible – closed reduction (teeth immobilized, if present) \$350 Not Cover D7650 Malar and/or zygomatic arch – closed reduction \$350 Not Cover D7670 Alveolus – closed reduction, may include stabilization of teeth \$170 Not Cover D7671 Alveolus – closed reduction, may include stabilization of teeth \$220 Not Cover D7680 Facial bones – complicated reduction with fixation and multiple surgical approaches \$350 Not Cover D7720 Maxilla – closed reduction \$110 Not Cover D7730 Mandible – open reduction \$350 Not Cover D7740 Marille – closed reduction \$350 Not Cover D7740 Marille – closed reduction \$350 Not Cover D7740 Marille – closed reduction at the cover	D7610			Not Covered
D7640 Mandible – closed reduction (teeth immobilized, if present) \$350 Not Cover D7650 Malair and/or zygomatic arch – open reduction \$350 Not Cover D7660 Malair and/or zygomatic arch – closed reduction \$350 Not Cover D7671 Alveolus – closed reduction, may include stabilization of teeth \$170 Not Cover D7671 Alveolus – open reduction, may include stabilization of teeth \$230 Not Cover D7680 Facial bones – complicated reduction with fixation and multiple surgical approaches \$350 Not Cover D7710 Massilla – closed reduction \$110 Not Cover D7720 Massilla – closed reduction \$350 Not Cover D7730 Mandible – open reduction \$230 Not Cover D7740 Mandible – closed reduction \$230 Not Cover D7750 Malair and/or zygomatic arch – open reduction \$220 Not Cover D7760 Malair and/or zygomatic arch – open reduction \$220 Not Cover D7760 Malair and/or zygomatic arch – open reduction \$350 Not Cover D7771 </th <td>D7620</td> <td></td> <td>\$250</td> <td>Not Covered</td>	D7620		\$250	Not Covered
D7650 Malar and/or zygomatic arch – open reduction \$350 Not Cover D7660 Malar and/or zygomatic arch – closed reduction \$350 Not Cover D7670 Alveolus – closed reduction, may include stabilization of teeth \$170 Not Cover D7671 Alveolus – closed reduction, may include stabilization of teeth \$230 Not Cover D7680 Facial bones – complicated reduction with fixation and multiple surgical approaches \$350 Not Cover D7710 Maxilla – open reduction \$110 Not Cover D7720 Maxilla – closed reduction \$350 Not Cover D7730 Mandible – poen reduction \$350 Not Cover D7730 Malar and/or zygomatic arch – obser deduction \$220 Not Cover D7750 Malar and/or zygomatic arch – obser deduction \$350 Not Cover D7760 Malar and/or zygomatic arch – obser deduction \$350 Not Cover D7771 Alveolus, closed reduction stabilization of teeth \$135 Not Cover D7771 Alveolus, closed reduction stabilization of teeth \$160 Not Cover <td< th=""><td>D7630</td><td>Mandible – open reduction (teeth immobilized, if present)</td><td>\$350</td><td>Not Covered</td></td<>	D7630	Mandible – open reduction (teeth immobilized, if present)	\$350	Not Covered
D7650 Malar and/or zygomatic arch – open reduction \$350 Not Cover D7660 Malar and/or zygomatic arch – closed reduction \$350 Not Cover D7670 Alveolus – closed reduction, may include stabilization of teeth \$170 Not Cover D7680 Facial bones – complicated reduction with fixation and multiple surgical approaches \$350 Not Cover D7710 Maxilla – open reduction \$110 Not Cover D7720 Maxilla – closed reduction \$180 Not Cover D7730 Mandible – open reduction \$350 Not Cover D7740 Mandible – dosed reduction \$350 Not Cover D7740 Mandible – dosed reduction \$220 Not Cover D7750 Malar and/or zygomatic arch – open reduction \$220 Not Cover D7750 Malar and/or zygomatic arch – open reduction \$350 Not Cover D7770 Alveolus – open reduction stabilization of teeth \$135 Not Cover D7771 Alveolus – open reduction stabilization of teeth \$160 Not Cover D7780 Facial bones – complicated reduction	D7640		\$350	Not Covered
D7660 Malar and/or zygomatic arch – closed reduction \$350 Not Cover D7670 Alveolus – closed reduction, may include stabilization of teeth \$170 Not Cover D7671 Alveolus – open reduction, may include stabilization of teeth \$230 Not Cover D7680 Facial bones – complicated reduction with fixation and multiple surgical approaches \$350 Not Cover D7710 Maxilla – open reduction \$110 Not Cover D7720 Maxilla – closed reduction \$180 Not Cover D7730 Mandible – closed reduction \$230 Not Cover D7740 Mandible – closed reduction \$290 Not Cover D7750 Malar and/or zygomatic arch – open reduction \$220 Not Cover D7750 Malar and/or zygomatic arch – open reduction \$350 Not Cover D7750 Malar and/or zygomatic arch – open reduction \$350 Not Cover D7770 Alveolus – open reduction stabilization of teeth \$150 Not Cover D7771 Alveolus – open reduction stabilization of teeth \$150 Not Cover D7770 <t< th=""><td>D7650</td><td></td><td></td><td>Not Covered</td></t<>	D7650			Not Covered
D7671 Alveolus – open reduction, may include stabilization of teeth \$230 Not Cover D7880 Facial bones – complicated reduction with fixation and multiple surgical approaches \$350 Not Cover D7710 Maxilla – open reduction \$110 Not Cover D7730 Mandible – open reduction \$350 Not Cover D7740 Mandible – closed reduction \$290 Not Cover D7750 Malar and/or zygomatic arch – open reduction \$220 Not Cover D7750 Malar and/or zygomatic arch – closed reduction \$350 Not Cover D7770 Alveolus – open reduction stabilization of teeth \$150 Not Cover D7770 Alveolus – open reduction stabilization of teeth \$150 Not Cover D7771 Alveolus, closed reduction stabilization of teeth \$160 Not Cover D7780 Facial bones – complicated reduction with fixation and multiple surgical approaches \$350 Not Cover D7810 Open reduction of dislocation \$350 Not Cover D7820 Closed reduction of dislocation \$350 Not Cover D7830 <td>D7660</td> <td>Malar and/or zygomatic arch – closed reduction</td> <td>\$350</td> <td>Not Covered</td>	D7660	Malar and/or zygomatic arch – closed reduction	\$350	Not Covered
D7680 Facial bones — complicated reduction with fixation and multiple surgical approaches \$350 Not Cover D7710 Maxilla — open reduction \$110 Not Cover D7720 Maxilla — closed reduction \$180 Not Cover D7730 Mandible — open reduction \$250 Not Cover D7740 Mandible — closed reduction \$220 Not Cover D7750 Malar and/or zygomatic arch — obsed reduction \$220 Not Cover D7760 Malar and/or zygomatic arch — dosed reduction \$350 Not Cover D7770 Alveolus — open reduction stabilization of teeth \$135 Not Cover D7770 Alveolus — open reduction of teeth \$135 Not Cover D7770 Alveolus — open reduction of teeth \$135 Not Cover D7770 Alveolus — open reduction of teeth \$135 Not Cover D7770 Alveolus — open reduction of teeth \$135 Not Cover D7771 Alveolus — open reduction of teeth \$135 Not Cover D7880 Facial bones — complicated reduction of teeth \$136 Not C	D7670	Alveolus – closed reduction, may include stabilization of teeth	\$170	Not Covered
D7710 Maxilla – open reduction \$110 Not Cover D7720 Maxilla – closed reduction \$180 Not Cover D7730 Mandible – open reduction \$350 Not Cover D7740 Mandible – closed reduction \$290 Not Cover D7760 Malar and/or zygomatic arch – open reduction \$350 Not Cover D7770 Alveolus – open reduction stabilization of teeth \$135 Not Cover D7771 Alveolus – open reduction stabilization of teeth \$160 Not Cover D7771 Alveolus – closed reduction stabilization of teeth \$160 Not Cover D7780 Facial bones – complicated reduction with fixation and multiple surgical approaches \$350 Not Cover D7810 Open reduction of dislocation \$350 Not Cover D7820 Closed reduction of dislocation \$80 Not Cover D7830 Manipulation under anesthesia \$85 Not Cover D7840 Condylectomy \$350 Not Cover D7852 Disc repair \$350 Not Cover D7853	D7671	Alveolus – open reduction, may include stabilization of teeth	\$230	Not Covered
D7720 Maxilla – closed reduction \$180 Not Cover D7730 Mandible – open reduction \$350 Not Cover D7740 Mandible – closed reduction \$290 Not Cover D7750 Malar and/or zygomatic arch – open reduction \$220 Not Cover D7760 Malar and/or zygomatic arch – closed reduction \$350 Not Cover D7771 Alveolus – open reduction stabilization of teeth \$160 Not Cover D7771 Alveolus – open reduction stabilization of teeth \$160 Not Cover D7780 Facial bones – complicated reduction with fixation and multiple surgical approaches \$350 Not Cover D7810 Open reduction of dislocation \$350 Not Cover D7820 Closed reduction of dislocation \$350 Not Cover D7820 Closed reduction of dislocation \$350 Not Cover D7830 Manipulation under anesthesia \$85 Not Cover D7850 Surgical dissectomy, with/without implant \$350 Not Cover D7851 Surgical dissectomy, with/without implant \$350	D7680	Facial bones – complicated reduction with fixation and multiple surgical approaches	\$350	Not Covered
D7730 Mandible – open reduction \$350 Not Cover D7740 Mandible – closed reduction \$290 Not Cover D7750 Malar and/or zygomatic arch – open reduction \$220 Not Cover D7760 Malar and/or zygomatic arch – closed reduction \$350 Not Cover D7770 Alveolus – open reduction stabilization of teeth \$135 Not Cover D7771 Alveolus, closed reduction stabilization of teeth \$160 Not Cover D7780 Facial bones – complicated reduction with fixation and multiple surgical approaches \$350 Not Cover D7810 Open reduction of dislocation \$390 Not Cover D7820 Closed reduction of dislocation \$80 Not Cover D7830 Manipulation under anesthesia \$85 Not Cover D7840 Condylectomy \$350 Not Cover D7855 Surgical discectomy, with/without implant \$350 Not Cover D7856 Surgical discectomy, with/without implant \$350 Not Cover D7856 Myotomy \$350 Not Cover	D7710	Maxilla – open reduction	\$110	Not Covered
D7740 Mandible – closed reduction \$290 Not Cover D7750 Malar and/or zygomatic arch – open reduction \$220 Not Cover D7760 Malar and/or zygomatic arch – closed reduction \$350 Not Cover D7770 Alveolus – open reduction stabilization of teeth \$135 Not Cover D7771 Alveolus, closed reduction stabilization of teeth \$160 Not Cover D7780 Facial bones – complicated reduction with fixation and multiple surgical approaches \$350 Not Cover D7810 Open reduction of dislocation \$350 Not Cover D7820 Closed reduction of dislocation \$80 Not Cover D7830 Manipulation under anesthesia \$85 Not Cover D7840 Condylectomy \$350 Not Cover D7851 Surgical discectomy, with/without implant \$350 Not Cover D7852 Disc repair \$350 Not Cover D7853 Synovectomy \$350 Not Cover D7854 Synovectomy \$350 Not Cover D7855 Myot	D7720	Maxilla – closed reduction	\$180	Not Covered
D7750 Malar and/or zygomatic arch – open reduction \$220 Not Cover D7760 Malar and/or zygomatic arch – closed reduction \$350 Not Cover D7770 Alveolus, closed reduction stabilization of teeth \$135 Not Cover D7771 Alveolus, closed reduction stabilization of teeth \$160 Not Cover D7780 Facial bones – complicated reduction with fixation and multiple surgical approaches \$350 Not Cover D7810 Open reduction of dislocation \$80 Not Cover D7820 Closed reduction of dislocation \$80 Not Cover D7830 Manipulation under anesthesia \$85 Not Cover D7840 Condylectomy \$350 Not Cover D7850 Surgical discectory, with/without implant \$350 Not Cover D7852 Disc repair \$350 Not Cover D7854 Synovectomy \$350 Not Cover D7855 Myotomy \$350 Not Cover D7856 Myotomy \$350 Not Cover D7860 Arthrostory <td< th=""><td>D7730</td><td>Mandible – open reduction</td><td>\$350</td><td>Not Covered</td></td<>	D7730	Mandible – open reduction	\$350	Not Covered
D7760 Malar and/or zygomatic arch – closed reduction \$350 Not Cover D7770 Alveolus – open reduction stabilization of teeth \$135 Not Cover D7771 Alveolus, closed reduction stabilization of teeth \$160 Not Cover D7780 Facial bones – complicated reduction with fixation and multiple surgical approaches \$350 Not Cover D7810 Open reduction of dislocation \$80 Not Cover D7820 Closed reduction of dislocation \$80 Not Cover D7830 Manipulation under anesthesia \$85 Not Cover D7840 Condylectomy \$350 Not Cover D7851 Surgical discectomy, with/without implant \$350 Not Cover D7852 Disc repair \$350 Not Cover D7853 Synovectomy \$350 Not Cover D7854 Synovectomy \$350 Not Cover D7855 Joint reconstruction \$350 Not Cover D7860 Arthrostomy \$350 Not Cover D7875 Arthrostomy \$350 Not Cover D7876 Arthroscopy - surgical: with or without	D7740	Mandible – closed reduction	\$290	Not Covered
D7770 Alveolus – open reduction stabilization of teeth D7771 Alveolus, closed reduction stabilization of teeth D7780 Facial bones – complicated reduction with fixation and multiple surgical approaches S350 Not Cover D7810 Open reduction of dislocation D7820 Closed reduction of dislocation S80 Not Cover D7830 Manipulation under anesthesia S85 Not Cover D7840 Condylectomy S350 Not Cover D7840 Condylectomy S350 Not Cover D7850 Surgical discectomy, with/without implant S350 Not Cover D7852 Disc repair S350 Not Cover D7854 Synovectomy S350 Not Cover D7855 Myotomy S350 Not Cover D7856 Arthrostomy S350 Not Cover D7858 Joint reconstruction S350 Not Cover D7858 Joint reconstruction S350 Not Cover D7856 Arthrostomy S350 Not Cover D7860 Arthrostomy S350 Not Cover D7860 Arthrostomy S350 Not Cover D7860 Arthroscopic lysis and lavage S350 Not Cover D7861 Non-arthroscopic lysis and lavage S350 Not Cover D7862 Arthroscopy – surgical: disc repositioning and stabilization S350 Not Cover D7864 Arthroscopy – surgical: disc repositioning and stabilization S350 Not Cover D7866 Arthroscopy – surgical: disc repositioning and stabilization S350 Not Cover D7866 Arthroscopy – surgical: disc repositioning and stabilization S350 Not Cover D7866 Arthroscopy – surgical: disc repositioning and stabilization S350 Not Cover D7866 Arthroscopy – surgical: disc repositioning and stabilization S350 Not Cover D7867 Arthroscopy – surgical: debridement S350 Not Cover D7867 Arthroscopy – surgical: debridement S350 Not Cover D7869 Unspecified TMD therapy, by report S350 Not Cover D7869 Unspecified TMD therapy, by report S350 Not Cover D7861 Cover S350 Not Cover D7860 Cover S350 Not	D7750	Malar and/or zygomatic arch – open reduction	\$220	Not Covered
D7771 Alveolus, closed reduction stabilization of teeth D7780 Facial bones – complicated reduction with fixation and multiple surgical approaches S350 Not Cover D7810 Open reduction of dislocation S350 Not Cover D7820 Closed reduction of dislocation S880 Not Cover D7830 Manipulation under anesthesia S85 Not Cover D7840 Condylectomy S350 Not Cover D7850 Surgical discectomy, with/without implant S350 Not Cover D7852 Disc repair S350 Not Cover D7854 Synovectomy S350 Not Cover D7855 Myotomy S350 Not Cover D7856 Myotomy S350 Not Cover D7858 Joint reconstruction S350 Not Cover D7860 Arthrostomy S350 Not Cover D7860 Arthrostomy S350 Not Cover D7861 Non-arthroscopic lysis and lavage S150 Not Cover D7871 Non-arthroscopic lysis and lavage S150 Not Cover D7873 Arthroscopy – surgical: lavage and lysis of adhesions S350 Not Cover D7875 Arthroscopy – surgical: discretomy S350 Not Cover D7876 Arthroscopy – surgical: discretomy S350 Not Cover D7877 Arthroscopy – surgical: discretomy S350 Not Cover D7878 Arthroscopy – surgical: discretomy S350 Not Cover D7879 Arthroscopy – surgical: discretomy S350 Not Cover D7870 Arthroscopy – surgical: discretomy S350 Not Cover D7871 Arthroscopy – surgical: discretomy S350 Not Cover D7870 Arthroscopy – surgical: discretomy S350 Not Cover D7871 Arthroscopy – surgical: discretomy S350 Not Cover D7870 Arthroscopy – surgical: discretomy S350 Not Cover D7871 Arthroscopy – surgical: discretomy S350 Not Cover D7870 Arthroscopy – surgical: discretomy S350 Not Cover D7871 Arthroscopy – surgical: discretomy S350 Not Cover D7871 Arthroscopy – surgical: discretomy S350 Not Cover D7870 Arthroscopy – surgical: discretomy S350 Not Cover D7871 Complicated suture – up to 5 cm S350 Not Cover D7871 Complicated suture – up to 5 cm S350 Not Cover D79912 Complicated suture – up to 5 cm	D7760		\$350	Not Covered
Pacial bones – complicated reduction with fixation and multiple surgical approaches \$350 Not Cover D7810 Open reduction of dislocation \$350 Not Cover D7820 Closed reduction of dislocation \$80 Not Cover D7830 Manipulation under anesthesia \$85 Not Cover D7840 Condylectomy \$350 Not Cover D7840 Condylectomy \$350 Not Cover D7850 Surgical discectomy, with/without implant \$350 Not Cover D7852 Disc repair \$350 Not Cover D7854 Synovectomy \$350 Not Cover D7854 Synovectomy \$350 Not Cover D7855 Myotomy \$350 Not Cover D7856 Myotomy \$350 Not Cover D7856 Anthrostomy \$350 Not Cover D7856 Anthrostomy \$350 Not Cover D7856 Anthrostomy \$350 Not Cover D7856 Anthroscopic lysis and lavage \$350 Not Cover D7871 Non-arthroscopic lysis and lavage \$350 Not Cover D7872 Anthroscopy – diagnosis, with or without biopsy \$350 Not Cover D7873 Anthroscopy – surgical: lavage and lysis of adhesions \$350 Not Cover D7876 Anthroscopy – surgical: disc repositioning and stabilization \$350 Not Cover D7876 Anthroscopy – surgical: discectomy \$350 Not Cover D7876 Anthroscopy – surgical: discectomy \$350 Not Cover D7876 Anthroscopy – surgical: debridement \$350 Not Cover D7877 Anthroscopy – surgical: debridement \$350 Not Cover D7880 Coclusal orthotic device, by report \$350 Not Cover D7880 Coclusal orthotic device, by report \$350 Not Cover D7899 Unspecified TMD therapy, by report \$350 Not Cover D7890 Complicated suture – up to 5 cm \$350 Not Cover D79910 Complicated suture – up to 5 cm \$350 Not Cover D79910 Complicated suture – up to 5 cm \$350 Not Cover D79910 Complicated suture – up to 5 cm \$350 Not Cover D79910 Complicated suture – up to 5 cm	D7770	Alveolus – open reduction stabilization of teeth	\$135	Not Covered
D7810 Open reduction of dislocation \$350 Not Cover D7820 Closed reduction of dislocation \$80 Not Cover D7830 Manipulation under anesthesia \$85 Not Cover D7840 Condylectomy \$350 Not Cover D7850 Surgical discectomy, with/without implant \$350 Not Cover D7852 Disc repair \$350 Not Cover D7854 Synovectomy \$350 Not Cover D7856 Myotomy \$350 Not Cover D7858 Joint reconstruction \$350 Not Cover D7860 Arthrostomy \$350 Not Cover D7865 Arthrostomy \$350 Not Cover D7870 Arthroscopic lysis and lavage \$150 Not Cover D7871 Non-arthroscopic lysis and lavage \$150 Not Cover D7872 Arthroscopy – surgical: dayage and lysis of adhesions \$350 Not Cover D7873 Arthroscopy – surgical: disc repositioning and stabilization \$350 Not Cover D7	D7771	Alveolus, closed reduction stabilization of teeth	\$160	Not Covered
D7820 Closed reduction of dislocation \$80 Not Cover D7830 Manipulation under anesthesia \$85 Not Cover D7840 Condylectomy \$350 Not Cover D7850 Surgical discectomy, with/without implant \$350 Not Cover D7852 Disc repair \$350 Not Cover D7854 Synovectomy \$350 Not Cover D7856 Myotomy \$350 Not Cover D7858 Joint reconstruction \$350 Not Cover D7860 Arthrostomy \$350 Not Cover D7865 Arthroplasty \$350 Not Cover D7870 Arthroscopic lysis and lavage \$150 Not Cover D7871 Non-arthroscopic lysis and lavage \$150 Not Cover D7872 Arthroscopy – diagnosis, with or without biopsy \$350 Not Cover D7873 Arthroscopy – surgical: lavage and lysis of adhesions \$350 Not Cover D7874 Arthroscopy – surgical: disc repositioning and stabilization \$350 Not Cover	D7780	Facial bones – complicated reduction with fixation and multiple surgical approaches	\$350	Not Covered
D7830 Manipulation under anesthesia \$85 Not Cover D7840 Condylectomy \$350 Not Cover D7850 Surgical discectomy, with/without implant \$350 Not Cover D7852 Disc repair \$350 Not Cover D7854 Synovectomy \$350 Not Cover D7856 Myotomy \$350 Not Cover D7858 Joint reconstruction \$350 Not Cover D7860 Arthrostomy \$350 Not Cover D7865 Arthroplasty \$350 Not Cover D7870 Arthrocentesis \$90 Not Cover D7871 Non-arthroscopic lysis and lavage \$150 Not Cover D7872 Arthroscopy – diagnosis, with or without biopsy \$350 Not Cover D7873 Arthroscopy – surgical: lavage and lysis of adhesions \$350 Not Cover D7874 Arthroscopy – surgical: disc repositioning and stabilization \$350 Not Cover D7875 Arthroscopy – surgical: discectomy \$350 Not Cover	D7810	Open reduction of dislocation	\$350	Not Covered
D7840 Condylectomy \$350 Not Cover D7850 Surgical discectomy, with/without implant \$350 Not Cover D7852 Disc repair \$350 Not Cover D7854 Synovectomy \$350 Not Cover D7856 Myotomy \$350 Not Cover D7858 Joint reconstruction \$350 Not Cover D7860 Arthrostomy \$350 Not Cover D7870 Arthrocatesis \$350 Not Cover D7871 Non-arthroscopic lysis and lavage \$150 Not Cover D7872 Arthroscopy – diagnosis, with or without biopsy \$350 Not Cover D7873 Arthroscopy – surgical: lavage and lysis of adhesions \$350 Not Cover D7874 Arthroscopy – surgical: disc repositioning and stabilization \$350 Not Cover D7875 Arthroscopy – surgical: discectomy \$350 Not Cover D7876 Arthroscopy – surgical: debridement \$350 Not Cover D7880 Occlusal orthotic device, by report \$350 Not Cover </th <td>D7820</td> <td>Closed reduction of dislocation</td> <td>\$80</td> <td>Not Covered</td>	D7820	Closed reduction of dislocation	\$80	Not Covered
D7850 Surgical discectomy, with/without implant \$350 Not Cover D7852 Disc repair \$350 Not Cover D7854 Synovectomy \$350 Not Cover D7856 Myotomy \$350 Not Cover D7856 Myotomy \$350 Not Cover D7858 Joint reconstruction \$350 Not Cover D7858 Joint reconstruction \$350 Not Cover D7860 Arthrostomy \$350 Not Cover D7860 Arthrostomy \$350 Not Cover D7865 Arthroplasty \$350 Not Cover D7870 Arthroscopic lysis and lavage \$150 Not Cover D7871 Non-arthroscopic lysis and lavage \$150 Not Cover D7872 Arthroscopy – diagnosis, with or without biopsy \$350 Not Cover D7873 Arthroscopy – surgical: lavage and lysis of adhesions \$350 Not Cover D7874 Arthroscopy – surgical: disc repositioning and stabilization \$350 Not Cover D7875 Arthroscopy – surgical: discectomy \$350 Not Cover D7876 Arthroscopy – surgical: discectomy \$350 Not Cover D7877 Arthroscopy – surgical: debridement \$350 Not Cover D7880 Occlusal orthotic device, by report \$120 Not Cover D7899 Unspecified TMD therapy, by report \$350 Not Cover D7910 Suture of recent small wounds up to 5 cm \$55 Not Cover D7911 Complicated suture – up to 5 cm \$55 Not Cover D7912 Complicated suture – greater than 5 cm \$130 Not Cover D7912 Complicated suture – greater than 5 cm	D7830	Manipulation under anesthesia	\$85	Not Covered
D7852 Disc repair \$350 Not Cover D7854 Synovectomy \$350 Not Cover D7856 Myotomy \$350 Not Cover D7856 Myotomy \$350 Not Cover D7858 Joint reconstruction \$350 Not Cover D7860 Arthrostomy \$350 Not Cover D7865 Arthroplasty \$350 Not Cover D7870 Arthroscopic lysis and lavage \$350 Not Cover D7871 Non-arthroscopic lysis and lavage \$350 Not Cover D7872 Arthroscopy — diagnosis, with or without biopsy \$350 Not Cover D7873 Arthroscopy — surgical: lavage and lysis of adhesions \$350 Not Cover D7874 Arthroscopy — surgical: disc repositioning and stabilization \$350 Not Cover D7875 Arthroscopy — surgical: disc repositioning and stabilization \$350 Not Cover D7876 Arthroscopy — surgical: discectomy \$350 Not Cover D7876 Arthroscopy — surgical: discectomy \$350 Not Cover D7877 Arthroscopy — surgical: discectomy \$350 Not Cover D7878 Arthroscopy — surgical: discectomy \$350 Not Cover D7879 Arthroscopy — surgical: discectomy \$350 Not Cover D7879 Arthroscopy — surgical: describedment \$350 Not Cover D7880 Occlusal orthotic device, by report \$120 Not Cover D7889 Unspecified TMD therapy, by report \$350 Not Cover D7910 Suture of recent small wounds up to 5 cm \$35 Not Cover D7911 Complicated suture — up to 5 cm \$55 Not Cover D7912 Complicated suture — greater than 5 cm	D7840	Condylectomy	\$350	Not Covered
D7854 Synovectomy \$350 Not Cover D7856 Myotomy \$350 Not Cover D7858 Joint reconstruction \$350 Not Cover D7860 Arthrostomy \$350 Not Cover D7865 Arthroplasty \$350 Not Cover D7870 Arthrocentesis \$90 Not Cover D7871 Non-arthroscopic lysis and lavage \$150 Not Cover D7872 Arthroscopy – diagnosis, with or without biopsy \$350 Not Cover D7873 Arthroscopy – surgical: lavage and lysis of adhesions \$350 Not Cover D7874 Arthroscopy – surgical: disc repositioning and stabilization \$350 Not Cover D7875 Arthroscopy – surgical: discectomy \$350 Not Cover D7876 Arthroscopy – surgical: debridement \$350 Not Cover D7880 Occlusal orthotic device, by report \$120 Not Cover D7899 Unspecified TMD therapy, by report \$350 Not Cover D7910 Suture of recent small wounds up to 5 cm \$35	D7850	Surgical discectomy, with/without implant	\$350	Not Covered
D7856 Myotomy \$350 Not Cover D7858 Joint reconstruction \$350 Not Cover D7860 Arthrostomy \$350 Not Cover D7865 Arthroplasty \$350 Not Cover D7870 Arthroscopic lysis and lavage \$150 Not Cover D7871 Non-arthroscopic lysis and lavage \$150 Not Cover D7872 Arthroscopy – diagnosis, with or without biopsy \$350 Not Cover D7873 Arthroscopy – surgical: lavage and lysis of adhesions \$350 Not Cover D7874 Arthroscopy – surgical: disc repositioning and stabilization \$350 Not Cover D7875 Arthroscopy – surgical: synovectomy \$350 Not Cover D7876 Arthroscopy – surgical: disc repositioning and stabilization \$350 Not Cover D7876 Arthroscopy – surgical: discectomy \$350 Not Cover D7876 Arthroscopy – surgical: discectomy \$350 Not Cover D7877 Arthroscopy – surgical: debridement \$350 Not Cover D7880 Occlusal orthotic device, by report \$120 Not Cover D7880 Unspecified TMD therapy, by report \$120 Not Cover D7899 Unspecified TMD therapy, by report \$350 Not Cover D7910 Suture of recent small wounds up to 5 cm \$35 Not Cover D7911 Complicated suture – up to 5 cm \$55 Not Cover D7912 Complicated suture – greater than 5 cm	D7852	Disc repair	\$350	Not Covered
D7858 Joint reconstruction \$350 Not Cover D7860 Arthrostomy \$350 Not Cover D7865 Arthroplasty \$350 Not Cover D7870 Arthrocentesis \$90 Not Cover D7871 Non-arthroscopic lysis and lavage \$150 Not Cover D7872 Arthroscopy – diagnosis, with or without biopsy \$350 Not Cover D7873 Arthroscopy – surgical: lavage and lysis of adhesions \$350 Not Cover D7874 Arthroscopy – surgical: disc repositioning and stabilization \$350 Not Cover D7875 Arthroscopy – surgical: disc repositioning and stabilization \$350 Not Cover D7876 Arthroscopy – surgical: discectomy \$350 Not Cover D7876 Arthroscopy – surgical: discectomy \$350 Not Cover D7877 Arthroscopy – surgical: debridement \$350 Not Cover D7880 Occlusal orthotic device, by report \$120 Not Cover D7899 Unspecified TMD therapy, by report \$350 Not Cover D7910 Suture of recent small wounds up to 5 cm \$35 Not Cover D7911 Complicated suture – up to 5 cm \$55 Not Cover D7912 Complicated suture – greater than 5 cm	D7854	Synovectomy	\$350	Not Covered
D7860 Arthrostomy \$350 Not Cover D7865 Arthroplasty \$350 Not Cover D7870 Arthrocentesis \$90 Not Cover D7871 Non-arthroscopic lysis and lavage \$150 Not Cover D7872 Arthroscopy – diagnosis, with or without biopsy \$350 Not Cover D7873 Arthroscopy – surgical: lavage and lysis of adhesions \$350 Not Cover D7874 Arthroscopy – surgical: disc repositioning and stabilization \$350 Not Cover D7875 Arthroscopy – surgical: synovectomy \$350 Not Cover D7876 Arthroscopy – surgical: disc repositioning and stabilization \$350 Not Cover D7876 Arthroscopy – surgical: discectomy \$350 Not Cover D7877 Arthroscopy – surgical: debridement \$350 Not Cover D7880 Occlusal orthotic device, by report \$120 Not Cover D7899 Unspecified TMD therapy, by report \$350 Not Cover D7910 Suture of recent small wounds up to 5 cm \$35 Not Cover D7911 Complicated suture – up to 5 cm \$55 Not Cover D7912 Complicated suture – greater than 5 cm	D7856	Myotomy	\$350	Not Covered
D7865 Arthroplasty \$350 Not Cover D7870 Arthrocentesis \$90 Not Cover D7871 Non-arthroscopic lysis and lavage \$150 Not Cover D7872 Arthroscopy – diagnosis, with or without biopsy \$350 Not Cover D7873 Arthroscopy – surgical: lavage and lysis of adhesions \$350 Not Cover D7874 Arthroscopy – surgical: disc repositioning and stabilization \$350 Not Cover D7875 Arthroscopy – surgical: synovectomy \$350 Not Cover D7876 Arthroscopy – surgical: discectomy \$350 Not Cover D7877 Arthroscopy – surgical: debridement \$350 Not Cover D7880 Occlusal orthotic device, by report \$120 Not Cover D7899 Unspecified TMD therapy, by report \$350 Not Cover D7910 Suture of recent small wounds up to 5 cm \$350 Not Cover D7911 Complicated suture – up to 5 cm \$130 Not Cover D7912 Complicated suture – greater than 5 cm \$130 Not Cover D7912 Complicated suture – greater than 5 cm	D7858	Joint reconstruction	\$350	Not Covered
D7870 Arthrocentesis \$90 Not Cover D7871 Non-arthroscopic lysis and lavage \$150 Not Cover D7872 Arthroscopy – diagnosis, with or without biopsy \$350 Not Cover D7873 Arthroscopy – surgical: lavage and lysis of adhesions \$350 Not Cover D7874 Arthroscopy – surgical: disc repositioning and stabilization \$350 Not Cover D7875 Arthroscopy – surgical: synovectomy \$350 Not Cover D7876 Arthroscopy – surgical: discectomy \$350 Not Cover D7877 Arthroscopy – surgical: debridement \$350 Not Cover D7880 Occlusal orthotic device, by report \$120 Not Cover D7899 Unspecified TMD therapy, by report \$350 Not Cover D7910 Suture of recent small wounds up to 5 cm \$35 Not Cover D7911 Complicated suture – up to 5 cm \$35 Not Cover D7912 Complicated suture – greater than 5 cm \$130 Not Cover D7912 Complicated suture – greater than 5 cm	D7860	Arthrostomy	\$350	Not Covered
D7871Non-arthroscopic lysis and lavage\$150Not CoverD7872Arthroscopy – diagnosis, with or without biopsy\$350Not CoverD7873Arthroscopy – surgical: lavage and lysis of adhesions\$350Not CoverD7874Arthroscopy – surgical: disc repositioning and stabilization\$350Not CoverD7875Arthroscopy – surgical: synovectomy\$350Not CoverD7876Arthroscopy – surgical: discectomy\$350Not CoverD7877Arthroscopy – surgical: debridement\$350Not CoverD7880Occlusal orthotic device, by report\$120Not CoverD7899Unspecified TMD therapy, by report\$350Not CoverD7910Suture of recent small wounds up to 5 cm\$35Not CoverD7911Complicated suture – up to 5 cm\$55Not CoverD7912Complicated suture – greater than 5 cm\$130Not Cover	D7865	Arthroplasty	\$350	Not Covered
D7872Arthroscopy – diagnosis, with or without biopsy\$350Not CoverD7873Arthroscopy – surgical: lavage and lysis of adhesions\$350Not CoverD7874Arthroscopy – surgical: disc repositioning and stabilization\$350Not CoverD7875Arthroscopy – surgical: synovectomy\$350Not CoverD7876Arthroscopy – surgical: discectomy\$350Not CoverD7877Arthroscopy – surgical: debridement\$350Not CoverD7880Occlusal orthotic device, by report\$120Not CoverD7899Unspecified TMD therapy, by report\$350Not CoverD7910Suture of recent small wounds up to 5 cm\$35Not CoverD7911Complicated suture – up to 5 cm\$55Not CoverD7912Complicated suture – greater than 5 cm\$130Not Cover	D7870	Arthrocentesis	\$90	Not Covered
D7873Arthroscopy – surgical: lavage and lysis of adhesions\$350Not CoverD7874Arthroscopy – surgical: disc repositioning and stabilization\$350Not CoverD7875Arthroscopy – surgical: synovectomy\$350Not CoverD7876Arthroscopy – surgical: discectomy\$350Not CoverD7877Arthroscopy – surgical: debridement\$350Not CoverD7880Occlusal orthotic device, by report\$120Not CoverD7899Unspecified TMD therapy, by report\$350Not CoverD7910Suture of recent small wounds up to 5 cm\$35Not CoverD7911Complicated suture – up to 5 cm\$55Not CoverD7912Complicated suture – greater than 5 cm\$130Not Cover	D7871	Non-arthroscopic lysis and lavage	\$150	Not Covered
D7874Arthroscopy – surgical: disc repositioning and stabilization\$350Not CoverD7875Arthroscopy – surgical: synovectomy\$350Not CoverD7876Arthroscopy – surgical: discectomy\$350Not CoverD7877Arthroscopy – surgical: debridement\$350Not CoverD7880Occlusal orthotic device, by report\$120Not CoverD7899Unspecified TMD therapy, by report\$350Not CoverD7910Suture of recent small wounds up to 5 cm\$35Not CoverD7911Complicated suture – up to 5 cm\$55Not CoverD7912Complicated suture – greater than 5 cm\$130Not Cover	D7872	Arthroscopy – diagnosis, with or without biopsy	\$350	Not Covered
D7875Arthroscopy – surgical: synovectomy\$350Not CoverD7876Arthroscopy – surgical: discectomy\$350Not CoverD7877Arthroscopy – surgical: debridement\$350Not CoverD7880Occlusal orthotic device, by report\$120Not CoverD7899Unspecified TMD therapy, by report\$350Not CoverD7910Suture of recent small wounds up to 5 cm\$35Not CoverD7911Complicated suture – up to 5 cm\$55Not CoverD7912Complicated suture – greater than 5 cm\$130Not Cover	D7873	Arthroscopy – surgical: lavage and lysis of adhesions	\$350	Not Covered
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D7880Occlusal orthotic device, by report\$120Not CoverD7899Unspecified TMD therapy, by report\$350Not CoverD7910Suture of recent small wounds up to 5 cm\$35Not CoverD7911Complicated suture – up to 5 cm\$55Not CoverD7912Complicated suture – greater than 5 cm\$130Not Cover	D7876	Arthroscopy – surgical: discectomy	\$350	Not Covered
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D7910 Suture of recent small wounds up to 5 cm \$35 Not Cover D7911 Complicated suture – up to 5 cm \$55 Not Cover D7912 Complicated suture – greater than 5 cm \$130 Not Cover	D7880	Occlusal orthotic device, by report	\$120	Not Covered
D7911Complicated suture – up to 5 cm\$55Not CoverD7912Complicated suture – greater than 5 cm\$130Not Cover	D7899	Unspecified TMD therapy, by report	\$350	Not Covered
D7912 Complicated suture – greater than 5 cm \$130 Not Cover	D7910	Suture of recent small wounds up to 5 cm	\$35	Not Covered
	D7911	Complicated suture – up to 5 cm	\$55	Not Covered
D7920 Skin graft (identify defect covered location and type of graft) \$120 Not Cover	D7912	Complicated suture – greater than 5 cm	\$130	Not Covered
Only graft (identify defect covered, location and type of graft)	D7920	Skin graft (identify defect covered, location and type of graft)	\$120	Not Covered
D7940 Osteoplasty – for orthognathic deformities \$160 Not Cover	D7940	Osteoplasty – for orthognathic deformities	\$160	Not Covered
D7941 Osteotomy – mandibular rami \$350 Not Cover	D7941	Osteotomy – mandibular rami	\$350	Not Covered
D7943 Osteotomy – mandibular rami with bone graft; includes obtaining the graft \$350 Not Cover	D7943	Osteotomy – mandibular rami with bone graft; includes obtaining the graft	\$350	Not Covered

Osteolority - body of mandible \$350 Not Covered	D7944	Osteotomy – segmented or subapical	\$275	Not Covered
	D7945			
LeFort I (maxilla – segmented) LeFort I for LeFort III (naterila) LeFort I for LeFort III (naterila) LeFort I for LeFort III (naterila) LeFort I for LeFort III - LeFort III (naterila) Not Covered without bone graft LeFort I for LeFort III - with bone graft or mandible or facial bones – autogenous or nonautogenous, by report Sinus augmentation with bone or bone substitutes via a lateral open approach Size autogenous in the property of the substitutes of a lateral open approach Size augmentation with bone or bone substitutes via a lateral open approach Size augmentation with bone or bone substitutes via a lateral open approach Size augmentation with bone or bone substitutes via a vertical approach Size augmentation with bone or bone substitutes via a vertical approach Size augmentation with bone or bone substitutes via a vertical approach Size augmentation with bone or bone substitutes via a vertical approach Size augmentation with bone or bone substitutes via a vertical approach Size augmentation with bone or bone substitutes via a vertical approach Size augmentation with bone or bone substitutes via a vertical approach Size augmentation with bone or bone substitutes via a vertical approach Size augmentation with bone or bone substitutes via a lateral open approach Size augmentation with bone or bone substitutes via a lateral open approach Size augmentation with bone or bone substitutes via a lateral open approach Size augmentation with bone or bone substitutes via a lateral open approach Size augmentation with bone or bone substitutes via a lateral open approach Size augmentation with bone or bone substitutes via a lateral open approach Size augmentation with bone or bone substitutes via a lateral open approach Size augmentation with bone or bone substitutes via a lateral open approach Size augmentation via	D7946			
LeFart Inc LaFart Inc LeFart	D7947			
Not Covered consultation - International Contract 150 15	D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) –		
Ossabus, cateoperiosteal, or cartilage graft of mandible or facial bones – autogenous or nonauticipations, by report Shub augmentation with bone or bone substitutes via a lateral open approach Shub augmentation with bone or bone substitute via a lateral open approach Shub augmentation with bone or bone substitute via a vertical approach Shub augmentation with bone or bone substitute via a vertical approach Shub augmentation with bone or bone substitute via a vertical approach Shub augmentation with bone or bone substitute via a vertical approach Shub augmentation with bone or bone substitute via a vertical approach Shub augmentation with bone or bone substitute via a vertical approach Shub augmentation with bone or bone substitute via a vertical approach Shub augmentation with bone or bone substitute via a vertical approach Shub augmentation with bone or bone substitute via a vertical approach Shub augmentation with bone or bone substitute via a vertical approach Shub augmentation with bone or bone substitute via a vertical approach Shub augmentation with bone or bone substitute via a vertical approach Shub augmentation with bone or bone substitute via a vertical approach Shub augmentation with output shub avertical approach Shub augmentation with bone or bone substitute via a vertical approach Shub augmentation with bone or bone substitute via a vertical approach Shub augmentation of performance vertical approach Shub augmentation of performance vertical approach Shub augmentation of performance vertical vertical approach appliance), includes removal of archbar Shub augmentation vertical vertical vertical appliance removal of archbar and shub and appliance vertical vertical vertical appliance vertical vertical appliance vertical vertical appliance vertical vertical appliance vertical vertical vertical vertical vertical vertical verti	D7949	ū	\$350	Not Covered
nonautogenous, by report Sinus augmentation with bone or bone substitutes via a lateral open approach S290 Not Covered Repair of maxilofacial soft and/or hard tissue defect S200 Not Covered S200 Salo Salo Salo Salo Salo Salo Salo Salo	D7950	<u> </u>		
Sinus augmentation with bone or bone substitute via a vertical approach \$175 Not Covered	DTOE	nonautogenous, by report		
Repair of maxillofacial soft and/or hard tissue defect 17965 Repair of maxillofacial soft and/or hard tissue defect 17966 17966 17976 17967 17967 17968 17977 17968 17977 17976 17977 17978 17978 17977 17978 1797				
17960 frenulectomy – also known as frenectomy or frenotomy – separate procedure \$120 \$120 \$7970 Excision of price plastic tissue – per arch \$175 \$176 \$7771 Excision of price plastic tissue – per arch \$176 \$176 \$7771 Excision of price plastic tissue – per arch \$180 \$80 \$7772 Surgical reduction of fibrous tuberosity \$100 Not Covered \$100 Not Covered \$150 Not Covered \$150 Not Covered \$150 Not Covered \$17981 Excision of salivary gland, by report \$110 Not Covered \$120 Not Covered \$140 Not Covered \$140 Not Covered \$150				
Frenuloplasty \$120 \$120 \$120 \$120 \$120 \$127676 Excision of hyperplastic tissue - per arch \$175 \$176 \$176 \$176 \$176 \$1776 Excision of pericoronal gingival \$20 \$30 \$30 \$30 \$30 \$30 \$30 \$30		·		
Exission of hyperplastic tissue - per arch \$175 \$176 \$176 \$177 Excision of pericoronal gingival \$20 \$30 \$30 \$30 \$30 \$30 \$30 \$30	D7960	frenulectomy – also known as frenectomy or frenotomy – separate procedure		
Excision of pericoronal ginglival \$80 \$80 \$80 \$80 \$7972 \$ Surgical reduction of fibrous tuberosity \$100 Not Covered \$7980 \$ Sialoidithotomy \$155 Not Covered \$7981 Excision of salivary gland, by report \$120 Not Covered \$7982 \$ Sialoid-choplasty \$215 Not Covered \$7982 \$ Sialoid-choplasty \$215 Not Covered \$7983 \$ Closure of salivary gland, by report \$120 Not Covered \$7983 \$ Closure of salivary gland, by report \$140 Not Covered \$79983 \$ Closure of salivary gland, by report \$140 Not Covered \$79991 \$345 Not Covered \$79991 \$345 Not Covered \$79991 \$345 Not Covered \$79995 \$7991 \$345 Not Covered \$79997 \$345 Not Covered \$79997 Appliance removal (not by dentist who placed appliance), includes removal of archbar \$60 Not Covered \$79997 \$350 Not Covered \$350 Pre-orthodonic treatment visit (as part of contract) Handicapping malocclusion \$350 Not Covered \$3660 Pre-orthodonic treatment visit (as part of contract) Handicapping malocclusion \$350 Not Covered \$3660 Pre-orthodonic treatment visit (as part of contract) Handicapping malocclusion \$350 Not Covered \$3660 Pre-orthodonic treatment visit (as part of contract) \$350 Pre-orthodonic treatment visit \$350 Pr	D7963	Frenuloplasty	\$120	\$120
Surgical reduction of fibrous tuberosity Surgical reduction of fibrous tuberosity Sialolithotomy Sialolithotomy Sialolithotomy Sisiolithotomy Not Covered Sisiolithotomy Sisiolithotomy Sisiolithotomy Sisiolithotomy Sisiolithotomy Not Covered Sisiolithotomy Sisiolithotomy Not Covered Sisiolithotomy Not Covered Sisiolithotomy Sisiolithotomy Sisiolithotomy Sisiolithotomy Sisiolithotome Sisiolithotome Not Covered Sisiolithotome Sisiolithome Sisiolithome Not Covered Sisiolithome Sisiolithome Not	D7970	Excision of hyperplastic tissue - per arch	\$175	\$176
Sialolithotomy Sialolithomy Sialo	D7971	Excision of pericoronal gingival	\$80	\$80
Excision of salivary gland, by report Sit20 Not Covered 77982 Sialodochoplasty Sit30 Closure of salivary fistula Sit40 Not Covered 77982 Sialodochoplasty Sit50 Not Covered 77982 Sialodochoplasty Sit40 Not Covered 77989 Emergency tracheotomy Sit50 Not Covered 77991 Coronidectomy Sit50 Not Covered 77997 Appliance removal (not by dentist who placed appliance), includes removal of archbar 77999 Unspecified oral surgery procedure, by report Sit50 Not Covered 77999 Unspecified oral surgery procedure, by report Sit50 Not Covered 77999 Unspecified oral surgery procedure, by report Sit50 Not Covered 77999 Unspecified oral surgery procedure, by report Sit50 Not Covered 77999 Unspecified oral surgery procedure, by report Sit50 Not Covered 77999 Unspecified oral surgery procedure, by report Sit50 Not Covered 77999 Unspecified oral surgery procedure, by report Sit50 Not Covered 77999 Unspecified oral surgery procedure, by report Sit50 Not Covered 77999 Pre-orthodontic treatment visit Pre-orthodontic treatment visit Pre-orthodontic treatment visit Pre-orthodontic treatment visit Pre-orthodontic treatment visit (as part of contract) Handicapping malocclusion Pre-orthodontic treatment visit Pre-orthodontic treatment visit (as part of contract) Handicapping malocclusion Pre-orthodontic treatment visit Pre-orthodontic treatment visit Pre-orthodontic treatment visit Pre-orthodontic treatment visit (as part of contract) Handicapping malocclusion Pre-orthodontic treatment visit Pre-orthodontic treatment visi	D7972	Surgical reduction of fibrous tuberosity	\$100	Not Covered
Sialodochoplasty Closure of salivary fistula Cornonidectomy Sad5 Not Covered Sad6 Sad7 Sad6 Sad6 Sad6 Sad6 Sad6 Sad6 Sad	D7980	Sialolithotomy	\$155	Not Covered
Closure of salivary fistula Closure of salivary fistula Emergency tracheotomy Emergency tracheotomy Emergency tracheotomy Sa50 Not Covered Not Covered Synthetic graft — mandible or facial bones, by report Synthetic graft — mandible or facial bones, by report Appliance removal (not by dentist who placed appliance), includes removal of archbar S60 Not Covered Not Covered Not Covered Comprehensive orthodontic treatment of the adolescent dentition Handicapping malocclusion Removable appliance therapy Fixed appliance therapy Periodic orthodontic treatment visit Periodic orthodontic treatment visit (as part of contract) Handicapping malocclusion Orthodontic retention (removal of appliances, construction and placement of retainer(s)) Repair of orthodontic treatment visit (as part of contract) Handicapping malocclusion Orthodontic retention (removal of appliances, construction and placement of retainer(s)) Repair of orthodontic procedure, by report Periodic orthodontic procedure, by report Palliative (emergency) treatment of dental pain - minor procedure Fixed partial denture sectioning S30 \$28 Pized partial denture sectioning S30 S28 S20 S20 S20 S20 S20 S20 S2	D7981	Excision of salivary gland, by report	\$120	Not Covered
Emergency tracheotomy \$350 Not Covered 77991 Coronoidectomy \$345 Not Covered 77991 Coronoidectomy \$345 Not Covered 77995 Synthetic graft — mandible or facial bones, by report \$150 Not Covered 77997 Appliance removal (not by dentist who placed appliance), includes removal of archbar \$60 Not Covered 77999 Unspecified oral surgery procedure, by report \$350 Not Covered 77999 Unspecified oral surgery procedure, by report \$350 Not Covered 77999 Unspecified oral surgery procedure, by report \$350 Not Covered 77999 Unspecified oral surgery procedure, by report \$350 Not Covered 77999 Unspecified oral surgery procedure, by report \$350 Not Covered 77999 Unspecified oral surgery procedure, by report 9798220 Fixed appliance therapy 9798220 Fixed appliance therapy 9798220 Periodic orthodontic treatment visit (as part of contract) Handicapping malocclusion 979860 Pre-orthodontic retention (removal of appliances, construction and placement of retainer(s)) 978691 Repair of orthodontic procedure, by report 979910 Palliative (emergency) treatment of dental pain - minor procedure 979910 Palliative (emergency) treatment of dental pain - minor procedure 979910 Palliative (emergency) treatment of dental pain - minor procedures 979911 Regional block anesthesia 9790 97911 Regional block anesthesia 9790 97911 Regional block anesthesia 9790 97911 Palliative (increment) 97911 Palliativ	D7982	Sialodochoplasty	\$215	Not Covered
Coronoidectomy \$345 Not Covered \$7995 Synthetic graft – mandible or facial bones, by report \$150 Not Covered \$7997 Appliance removal (not by dentist who placed appliance), includes removal of archbar \$60 Not Covered \$7999 Unspecified oral surgery procedure, by report \$350 Not Covered \$350 Not Covered \$7999 Unspecified oral surgery procedure, by report \$350 Not Covered \$350 Not Covered \$350 Removable appliance therapy Fixed appliance therapy Fixed appliance therapy Periodic orthodontic treatment visit (as part of contract) Handicapping malocclusion Periodic orthodontic treatment visit (as part of contract) Handicapping malocclusion \$350 Orthodontic treatment visit (as part of contract) Handicapping malocclusion Periodic orthodontic procedure visit (as part of contract) Handicapping malocclusion Orthodontic retention (removal of appliances, construction and placement of retainer(s)) Repair of orthodontic procedure, by report Unspecified orthodontic procedure, by report pallitative (emergency) treatment of dental pain - minor procedure \$30 \$28 \$28 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20	D7983	Closure of salivary fistula	\$140	Not Covered
Synthetic graft – mandible or facial bones, by report Appliance removal (not by dentist who placed appliance), includes removal of archbar Appliance removal (not by dentist who placed appliance), includes removal of archbar Son Not Covered Not Covered Not Covered Not Covered Not Covered Comprehensive orthodontic treatment of the adolescent dentition Handicapping malocclusion Removable appliance therapy Fixed appliance therapy Pre-orthodontic treatment visit Periodic orthodontic treatment visit (as part of contract) Handicapping malocclusion Orthodontic retention (removal of appliances, construction and placement of retainer(s)) Repair of orthodontic appliance Replacement of lost or broken retainer Rebonding or recementing: and/or repair, as required, of fixed retainers Unspecified orthodontic procedure, by report palliative (emergency) treatment of dental pain - minor procedure \$30 \$28 \$28 \$2910 Eixed partial denture sectioning \$95 \$95 \$9210 Local anesthesia not in conjunction with outpatient surgical procedures \$10 \$10 \$10 \$10 \$10 \$10 \$12 \$15 \$15 \$15 \$15 \$15 \$15 \$15	D7990	Emergency tracheotomy	\$350	Not Covered
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Comprehensive orthodontic treatment of the adolescent dentition Handicapping malocclusion Removable appliance therapy Removable appliance therapy Recompleted Pre-orthodontic treatment visit Repear of orthodontic treatment visit (as part of contract) Handicapping malocclusion Repear of orthodontic treatment visit (as part of contract) Handicapping malocclusion Repear of orthodontic appliances, construction and placement of retainer(s)) Repear of orthodontic appliance Replacement of lost or broken retainer Rebonding or recementing: and/or repair, as required, of fixed retainers Rebonding or recementing: and/or repair, as required, of fixed retainers Rebonding or recementing: and/or repair, as required, of fixed retainers Replacement of Industry prepair Repla	D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	\$60	Not Covered
Removable appliance therapy Fixed appliance therapy Pre-orthodontic treatment visit Periodic orthodontic treatment visit (as part of contract) Handicapping malocclusion Orthodontic retention (removal of appliances, construction and placement of retainer(s)) Repair of orthodontic appliance Replacement of lost or broken retainer Rebonding or recementing: and/or repair, as required, of fixed retainers Unspecified orthodontic procedure, by report Unspecified orthodontic procedure, by report Privated partial denture sectioning Fixed partial denture sectioning Fixed partial denture sectioning Regional block anesthesia not in conjunction with outpatient surgical procedures Trigeminal division block anesthesia Segous Seg	D7999	Unspecified oral surgery procedure, by report	\$350	Not Covered
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Replacement of lost or broken retainer Rebonding or recementing: and/or repair, as required, of fixed retainers Unspecified orthodontic procedure, by report Palliative (emergency) treatment of dental pain - minor procedure Pixed partial denture sectioning Pixed partial denture sectioning Pixed partial denture sectioning Pixed partial denture sectioning Pixed partial block anesthesia not in conjunction with outpatient surgical procedures Pixed partial block anesthesia Pixed partial division block anesthesia Pixed partial denture sectioning P	D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))		
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dentist or physician				
House/Extended care facility call \$50 Not Covered		dentist or physician		·
	D9410	House/Extended care facility call	\$50	Not Covered

D9420	Hospital or ambulatory surgical center call	\$135	Not Covered
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	\$20	\$12
D9440	office visit - after regularly scheduled hours	\$45	\$40
D9450	Case presentation	Not Covered	\$0
D9610	Therapeutic parenteral drug, single administration	\$30	Not Covered
D9612	Therapeutic parenteral drug, two or more administrations, different medications	\$40	Not Covered
D9910	Application of desensitizing medicament	\$20	\$22
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	\$35	Not Covered
D9940	Occlusal guards, by report	Not Covered	\$115
D9241	Intravenous moderate (conscious) sedation/analgesia—first 30 minutes	\$60	\$60
D9942	Repair and/or reline of occlusal guard	Not Covered	\$35
D9950	Occlusion analysis – mounted case	\$120	Not Covered
D9951	Occlusal adjustment - limited	\$45	\$45
D9952	Occlusal adjustment - complete	\$210	\$210
D9999	unspecified adjunctive procedure, by report	\$0	Not Covered

Endnotes to 2017 Dental Standard Benefit Plan Designs

- 1) Deductible is waived for Diagnostic and Preventive Services.
- 2) Cost sharing payments made by each individual child for in-network covered services accrue to the child's out-of-pocket maximum. Once the child's individual out-of-pocket maximum has been reached, the plan pays all costs for covered services for that child.
- 3) In a plan with two or more children, cost sharing payments made by each individual child for innetwork services contribute to the family in-network deductible, if applicable, as well as the family out-of-pocket maximum.
- 4) In a plan with two or more children, cost sharing payments made by each individual child for out-of-network covered services contribute to the family out-of-network deductible, if applicable, and do not accumulate to the family out-of-pocket maximum.
- 5) Administration of these plan designs must comply with requirements of the pediatric dental EHB benchmark plan, including coverage of services in circumstances of medical necessity as defined in the Early Periodic Screening, Diagnosis and Treatment (EPSDT) benefit.
- 6) The requirements set forth in 10 CCR 6522 (a)(4)(A) and (a)(5)(A) shall apply to the Group Dental Plan design.
- 7) Member cost share for Medically Necessary Orthodontia services applies to course of treatment, not individual benefit years within a multi-year course of treatment. This member cost share applies to the course of treatment as long as the member remains enrolled in the plan.
- 8) Each adult is responsible for an individual deductible.
- 9) Tooth whitening, adult orthodontia and implants are not covered services.