Code	Description	<u>A75</u>	<u>A100</u>	<u>A150</u>	<u>A200</u>	<u>A250</u>	<u>A75+</u>	<u>A100+</u>	<u>A150+</u>	<u>A200+</u>	<u>A250+</u>
Diagnostic Se	rvices										
All radiograph	ns and all diagnostic images include reading and interpretation by any contracting provider. Contracted dentists	s may not charg	e a surcharg	e to interpre	t diagnostic	images.					
	Office Visit (includes infection control)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0120	Periodic oral evaluation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0140	Limited oral evaluation - problem focused	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0145	Oral evaluation for a patient under 3 years of age and counseling with primary caregiver	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0150	Comprehensive oral evaluation - new or established patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0170	Re-evaluation - limited, problem focused	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0171	Re-evaluation - post operative visit	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0180	Comprehensive periodontal evaluation - new or established patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0210	Intraoral - complete series (including bitewings)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0220	Intraoral - periapical first image	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0230	Intraoral - periapical each additional image	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0240	Intraoral - occlusal image	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0250	Extra-oral – first 2D projection radiographic image created using a stationary radiation source, and detector.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0270	Bitewing - single image	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0272	Bitewings - two images	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0273	Bitewings, 3 images	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0274	Bitewings - four images	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0277	Vertical bitewings - 7 to 8 images	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0330	Panoramic image	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0350	2D Oral/facial photographic images, non-orthodontic, obtained intraorally or extraorally	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0460	Pulp vitality tests	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0470	Diagnostic casts, non-orthodontic	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0601	Caries risk assessment and documentation, with a finding of low risk	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0602	Caries risk assessment and documentation, with a finding of moderate risk	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0603	Caries risk assessment and documentation, with a finding of high risk	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Preventive Se	rvices										
	ures limited to once every 6 months, covered only at the General Dentist's Office.										
	one every 12 months on all Basic Plans, Advantage Plans-once every 6 months.										
D1110	Prophylaxis - adult [#]	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D1110	Prophylaxis - adult (each additional)	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D1120	Prophylaxis - child#										
D1120	Prophylaxis - child (each additional)	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00
	Topical Flouride Varnish -children to age 14 (except on Advantage Plans: no age limit). Chargeable on a per	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00
D1206	visit basis, not per tooth.*										
	Topical application of fluoride - excluding varnish-children to age 14 (except on Advantage Plans: no age limit) st	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D1208											
D1310	Nutritional counseling for control of dental disease	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D1320	Tobacco counseling for the control and prevention of oral disease	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D1330	Oral hygiene instructions	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D1351	Sealant - per tooth	\$0.00	\$0.00	\$5.00	\$8.00	\$15.00	\$0.00	\$0.00	\$5.00	\$8.00	\$15.00
D1352	Preventive resin restoration - permanent tooth - including placement of a sealant in non-carious pits and fissures	\$0.00	\$0.00	\$5.00	\$8.00	\$15.00	\$0.00	\$0.00	\$5.00	\$8.00	\$15.00
D1353	Sealant repair-per tooth. May not be charged by placing provider within 18mos of initial placement.	\$0.00	\$0.00	\$5.00	\$8.00	\$15.00	\$0.00	\$0.00	\$5.00	\$8.00	\$15.00
		\$0.00	\$0.00	\$5.00	\$8.00	\$15.00	\$0.00	\$0.00	\$5.00	\$8.00	\$15.00
D1354	Interim Caries arresting medicament application-per tooth. Does not include dental fluoride varnish application.										
D1510	Space maintainer - fixed - unilateral	\$35.00	\$35.00	\$35.00	\$55.00	\$75.00	\$35.00	\$35.00	\$35.00	\$55.00	\$75.00
D1516	Space Maintainer, Fixed, mandibular.	\$45.00	\$45.00	\$45.00	\$65.00	\$85.00	\$45.00	\$45.00	\$45.00	\$65.00	\$85.00
D1517	Space Maintainer, Fixed, maxillary.	\$45.00	\$45.00	\$45.00	\$65.00	\$85.00	\$45.00	\$45.00	\$45.00	\$65.00	\$85.00
D1520	Space maintainer - removable - unilateral	\$35.00	\$35.00	\$35.00	\$55.00	\$75.00	\$35.00	\$35.00	\$35.00	\$55.00	\$75.00
D1526	Space Maintainer, removable, maxillary.	\$55.00	\$55.00	\$55.00	\$65.00	\$85.00	\$55.00	\$55.00	\$55.00	\$65.00	\$85.00
D1527	Space Maintainer, removable, mandibular.	\$55.00	\$55.00	\$55.00	\$65.00	\$85.00	\$55.00	\$55.00	\$55.00	\$65.00	\$85.00
D1550	Recement or rebond space maintainer	\$0.00	\$0.00	\$0.00	\$10.00	\$10.00	\$0.00	\$0.00	\$0.00	\$10.00	\$10.00
D1555	Removal of fixed space maintainer	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
D1575	Distal shoe space maintainer - fixed - unilateral	\$35.00	\$35.00	\$35.00	\$55.00	\$75.00	\$35.00	\$35.00	\$35.00	\$55.00	\$75.00
		÷===00	÷90	+	+	÷. 2.50	÷••••	+	+	+	÷. 5.0

Code	Description	<u>A75</u>	<u>A100</u>	<u>A150</u>	<u>A200</u>	<u>A250</u>	<u>A75+</u>	<u>A100+</u>	<u>A150+</u>	<u>A200+</u>	A250+
Restorative Se	ervices										
Includes all ba	ases, liners, adhesives, bonding agents, desenstizing agents, removal of existing restorations.										
D2140	Amalgam - 1 surface, primary or permanent	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D2150	Amalgam - 2 surfaces, primary or permanent	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D2160	Amalgam - 3 surfaces, primary or permanent	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D2161	Amalgam - 4 or more surfaces, primary or permanent	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D2330	Resin-based composite - 1 surface, anterior	\$0.00	\$10.00	\$10.00	\$10.00	\$20.00	\$0.00	\$10.00	\$10.00	\$10.00	\$20.00
D2331	Resin-based composite - 2 surfaces, anterior	\$0.00	\$12.00	\$15.00	\$20.00	\$30.00	\$0.00	\$12.00	\$15.00	\$20.00	\$30.00
D2332	Resin-based composite - 3 surfaces, anterior	\$0.00	\$14.00	\$20.00	\$25.00	\$40.00	\$0.00	\$14.00	\$20.00	\$25.00	\$40.00
D2335	Resin-based composite - 4 or more surfaces or involving incisal angle (anterior)	\$0.00	\$20.00	\$25.00	\$30.00	\$50.00	\$0.00	\$20.00	\$25.00	\$30.00	\$50.00
D2390	Resin-based composite crown, anterior	\$50.00	\$75.00	\$85.00	\$90.00	\$100.00	\$50.00	\$75.00	\$85.00	\$90.00	\$100.00
	Resin-based composite - 1 surface, posterior. Except on Advantage Plans and Plan 309 (with coverage on <u>all</u>	\$65.00	\$65.00	\$70.00	\$75.00	\$80.00	\$65.00	\$65.00	\$70.00	\$75.00	\$80.00
D2391	surfaces), Covered for Facial surfaces of Bicuspids Only, when Caries or Failing Restoration Exists.										
D2392	Resin-based composite - 2 surfaces, posterior	\$85.00	\$85.00	\$100.00	\$110.00	\$120.00	\$85.00	\$85.00	\$100.00	\$110.00	\$120.00
D2393	Resin-based composite - 3 surfaces, posterior	\$100.00	\$100.00	\$125.00	\$140.00	\$150.00	\$100.00	\$100.00	\$125.00	\$140.00	\$150.00
D2394	Resin-based composite - 4 or more surfaces, posterior	\$120.00	\$120.00	\$150.00	\$170.00	\$185.00	\$120.00	\$120.00	\$150.00	\$170.00	\$185.00
Inlays/Onlays											
Includes all ba	ases, liners, adhesives, bonding agents, desensitizing agents, removal of existing restorations, lab costs, an	d temporization; exc	ept for Adva	antage Plans	, member is	responsible	for lab cos	t of gold.			
D2510	Inlay - metallic - 1 surface	\$80.00	\$85.00	\$100.00	\$110.00	\$130.00	\$80.00	\$85.00	\$100.00	\$110.00	\$130.00
D2520	Inlay - metallic - 2 surfaces	\$85.00	\$90.00	\$105.00	\$120.00	\$140.00	\$85.00	\$90.00	\$105.00	\$120.00	\$140.00
D2530	Inlay - metallic - 3 or more surfaces	\$90.00	\$95.00	\$110.00	\$130.00	\$150.00	\$90.00	\$95.00	\$110.00	\$130.00	\$150.00
D2542	Onlay - metallic - 2 surfaces	\$85.00	\$90.00	\$105.00	\$130.00	\$150.00	\$85.00	\$90.00	\$105.00	\$130.00	\$150.00
D2543	Onlay - metallic - 3 surfaces	\$90.00	\$95.00	\$110.00	\$140.00	\$160.00	\$90.00	\$95.00	\$110.00	\$140.00	\$160.00
D2544	Onlay - metallic - 4 or more surfaces	\$95.00	\$100.00	\$115.00	\$150.00	\$170.00	\$95.00	\$100.00	\$115.00	\$150.00	\$170.00
D2610	Inlay - porcelain/ceramic - 1 surface	\$175.00	\$185.00	\$210.00	\$225.00	\$250.00	\$175.00	\$185.00	\$210.00	\$225.00	\$250.00
D2620	Inlay - porcelain/ceramic - 2 surfaces	\$195.00	\$200.00	\$225.00	\$250.00	\$275.00	\$195.00	\$200.00	\$225.00	\$250.00	\$275.00
D2630	Inlay - porcelain/ceramic - 3 or more surfaces	\$210.00	\$215.00	\$240.00	\$265.00	\$300.00	\$210.00	\$215.00	\$240.00	\$265.00	\$300.00
D2642	Onlay - porcelain/ceramic - 2 surfaces	\$195.00	\$200.00	\$225.00	\$265.00	\$300.00	\$195.00	\$200.00	\$225.00	\$265.00	\$300.00
D2643	Onlay - porcelain/ceramic - 3 surfaces	\$205.00	\$215.00	\$240.00	\$280.00	\$315.00	\$205.00	\$215.00	\$240.00	\$280.00	\$315.00
D2644	Onlay - porcelain/ceramic - 4 or more surfaces	\$210.00	\$225.00	\$250.00	\$290.00	\$325.00	\$210.00	\$225.00	\$250.00	\$290.00	\$325.00
D2650	Inlay - resin-based composite - 1 surface	\$70.00	\$75.00	\$90.00	\$100.00	\$110.00	\$70.00	\$75.00	\$90.00	\$100.00	\$110.00
D2651	Inlay - resin-based composite - 2 surfaces	\$75.00	\$80.00	\$95.00	\$105.00	\$115.00	\$75.00	\$80.00	\$95.00	\$105.00	\$115.00
D2652	Inlay - resin-based composite - 3 or more surfaces	\$80.00	\$85.00	\$100.00	\$110.00	\$120.00	\$80.00	\$85.00	\$100.00	\$110.00	\$120.00
D2662	Onlay - resin-based composite - 2 surfaces	\$75.00	\$80.00	\$95.00	\$100.00	\$130.00	\$75.00	\$80.00	\$95.00	\$100.00	\$130.00
D2663	Onlay - resin-based composite - 3 surfaces	\$80.00	\$85.00	\$100.00	\$110.00	\$135.00	\$80.00	\$85.00	\$100.00	\$110.00	\$135.00
D2664	Onlay - resin-based composite - 4 or more surfaces	\$85.00	\$90.00	\$105.00	\$115.00	\$140.00	\$85.00	\$90.00	\$105.00	\$115.00	\$140.00
Crowns											
	ases, liners, adhesives, bonding agents, desensitizing agents, removal of existing restorations, lab costs, an	d temporization; exc	ept for Adva	antage Plans	, member is	responsible	e for lab cos	t of gold/not	ole/high nob	e metal.	
	at the General Dentist's office unless specific prior authorization given by Plan for specialist to perform.	NORth	NOD**	NOD**	NOD**	NOD++	NOD++	NODI	NORT	NODI	NODI
D2710	Crown - resin-based composite (indirect)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2720	Crown - resin with high noble metal	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2721	Crown - resin with predominantly base metal	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2722	Crown - resin with noble metal	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2740	Crown - porcelain/ceramic	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00
D2750	Crown - porcelain fused to high noble metal	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00
D2751	Crown - porcelain fused to predominantly base metal	\$75.00	\$100.00	\$150.00	\$200.00	\$250.00	\$75.00	\$100.00	\$150.00	\$200.00	\$250.00
D2752	Crown - porcelain fused to noble metal	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00
275MLR		Add \$75 to nonmolar			\$252.00	¢400.00	MOOF O C	* 050.00	#000 00	#050 00	¢400.00
D2780	Crown - 3/4 cast high noble metal	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00
D2781	Crown - 3/4 cast predominantly base metal	\$75.00 \$175.00	\$100.00	\$150.00	\$200.00	\$250.00	\$75.00	\$100.00	\$150.00	\$200.00	\$250.00
D2782	Crown - 3/4 cast noble metal	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00
D2783	Crown - 3/4 porcelain/ceramic	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00
D2790	Crown - full cast high noble metal	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00
D2791	Crown - full cast predominantly base metal	\$75.00	\$100.00	\$150.00	\$200.00	\$250.00	\$75.00	\$100.00	\$150.00	\$200.00	\$250.00
D2792	Crown - full cast noble metal	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00
D2794	Crown-Titanium, Includes full titanium and porcelain fused to titanium,	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00

Code	Description	A75	A100	A150	A200	A250	A75+	A100+	A150+	A200+	A250+
D2794M	Crown-Titanium, Includes full titanium and porcelain fused to titanium, for molars.	Add \$75 to nonmolar	conavment f	99							
D2799	Provisional crown—further treatment or completion of diagnosis necessary prior to final impression.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DEIGG	Recement or rebond inlay, onlay, veneer or partial coverage restorations. Except on Advantage Plans and	\$0.00	\$0.00	\$0.00	\$10.00	\$15.00	\$0.00	\$0.00	\$0.00	\$10.00	\$15.00
D2910	Cosmetic Benefits Rider, D2910 shall only be covered when recementing metallic substrate restorations.	\$0.00	φ0.00	φ0.00	φ10.00	φ15.00	φ0.00	φ 0.00	φ0.00	φ10.00	φ15.00
D2910 D2915		\$0.00	\$0.00	\$0.00	\$10.00	\$15.00	\$0.00	\$0.00	\$0.00	\$10.00	\$15.00
	Recement or rebond cast indirectly fabricated or prefabricated post and core	1	+				+				
D2920	Recement or rebond crown	\$0.00	\$0.00	\$0.00	\$10.00	\$15.00	\$0.00	\$0.00	\$0.00	\$10.00	\$15.00
D2929	Prefabricated porcelain/ceramic crown - primary tooth	\$100.00	\$135.00	\$140.00	\$140.00	\$150.00	\$100.00	\$135.00	\$140.00	\$140.00	\$150.00
D2930	Prefabricated stainless steel crown - primary tooth	\$0.00	\$25.00	\$30.00	\$40.00	\$50.00	\$0.00	\$25.00	\$30.00	\$40.00	\$50.00
D2931	Prefabricated stainless steel crown - permanent tooth	\$0.00	\$35.00	\$40.00	\$40.00	\$50.00	\$0.00	\$35.00	\$40.00	\$40.00	\$50.00
D2932	Prefabricated resin crown	\$50.00	\$85.00	\$90.00	\$90.00	\$100.00	\$50.00	\$85.00	\$90.00	\$90.00	\$100.00
D2933	Prefabricated stainless crown with resin window	\$50.00	\$85.00	\$90.00	\$90.00	\$100.00	\$50.00	\$85.00	\$90.00	\$90.00	\$100.00
D2934	Prefabricated esthetic coated stainless steel crownprimary tooth	\$55.00	\$90.00	\$95.00	\$95.00	\$1,005.00	\$55.00	\$90.00	\$95.00	\$95.00	\$1,005.00
D2940	Sedative filling	\$0.00	\$0.00	\$0.00	\$10.00	\$10.00	\$0.00	\$0.00	\$0.00	\$10.00	\$10.00
D2941	Interim therapeutic restoration-primary dentition	\$0.00	\$0.00	\$0.00	\$10.00	\$10.00	\$0.00	\$0.00	\$0.00	\$10.00	\$10.00
D2949	Restorative foundation for an indirect restoration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D2950	Core buildup, including any pins when required*	\$0.00	\$10.00	\$20.00	\$20.00	\$20.00	\$0.00	\$10.00	\$20.00	\$20.00	\$20.00
D2951	Pin retention - per tooth, in addition to restoration*	\$0.00	\$5.00	\$5.00	\$5.00	\$5.00	\$0.00	\$5.00	\$5.00	\$5.00	\$5.00
D2952	Indirectly fabricated post and core in addition to crown	\$50.00	\$50.00	\$50.00	\$65.00	\$75.00	\$50.00	\$50.00	\$50.00	\$65.00	\$75.00
D2953	Each additional indirectly fabricated post - same tooth	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D2954	Prefabricated post and core in addition to crown*	\$30.00	\$50.00	\$50.00	\$60.00	\$70.00	\$30.00	\$50.00	\$50.00	\$60.00	\$70.00
D2955	Post removal (not chargeable when in conjunction with endodontic therapy)*	\$15.00	\$15.00	\$25.00	\$35.00	\$35.00	\$15.00	\$15.00	\$25.00	\$35.00	\$35.00
D2957	Each additional prefabricated post - same tooth*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D2980	Crown repair, by report	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00
	Inlay repair due to restorative material failure- not allowed to be charged by same provider within 24 months of	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
D2981	the original restoration.	ψ20.00	φ20.00	ψ20.00	φ20.00	φ20.00	ψ20.00	φ20.00	φ20.00	φ20.00	φ20.00
D2301	Onlay repair due to restorative material failure- not allowed to be charged by same provider within 24 months of	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00
D2002		\$35.00	\$35.00	φ35.00	φ35.00	\$35.00	\$35.00	φ35.00	\$35.00	φ35.00	φ 3 5.00
D2982 D2990	the original restoration. Resin infiltration of incipient smooth surface lesions.	* 0.00	* 0.00	*5 00	*• • • •	645 00	* 0.00	*• • • •	\$5.00	*• • • •	#45.00
D2990		\$0.00	\$0.00	\$5.00	\$8.00	\$15.00	\$0.00	\$0.00	\$5.00	\$8.00	\$15.00
LABIAL Venee	ers (replaced once every 5 years)										
D2961	Labial veneer (resin laminate) - laboratory	\$250.00	\$300.00	\$350.00	\$400.00	\$400.00	\$250.00	\$300.00	\$350.00	\$400.00	\$400.00
D2962	Labial veneer (porcelain laminate) - laboratory	\$250.00	\$300.00	\$350.00	\$400.00	\$400.00	\$250.00	\$300.00	\$350.00	\$400.00	\$400.00
	Veneer repair due to restorative material failure not allowed to be charged by same provider within 24 months	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00
D2983	of the original restoration										
A 14 a martine Co											
Alternative Cr											
	ffices offer premium materials as alternatives to the standard porcelain/ceramic substrate and porcelain-fu rcelain/ceramic substrate crown	sed-to-metal materia	is for dental	restorations	, which are	marketed un	aer ameren	t brand nam	es and may	be available	through yo
FU	CEREC, Full-Z, Bruzzir, Lava, Prismatik	\$645.00	\$645.00	\$645.00	\$645.00	\$645.00	\$645.00	\$645.00	\$645.00	\$645.00	\$645.00
	CEREC Blue Block, e.Max, Procera	\$845.00	\$845.00 \$845.00	\$845.00 \$845.00	\$845.00 \$845.00	\$045.00 \$845.00	\$845.00 \$845.00	\$045.00 \$845.00	\$845.00 \$845.00	\$845.00 \$845.00	\$845.00 \$845.00
		\$900.00	\$045.00 \$900.00	\$645.00 \$900.00	\$045.00 \$900.00	\$645.00 \$900.00	\$845.00 \$900.00	\$645.00 \$900.00	\$845.00 \$900.00	\$045.00 \$900.00	\$845.00 \$900.00
-	Lava (layered), e.Max (layered), Procera (Layered)	\$900.00	\$900.00	\$900.00	\$900.00	\$900.00	\$900.00	\$900.00	\$900.00	\$900.00	\$900.00
Po	rcelain fused to high noble crown										
	Captek, Bio-2000	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00
	Occlusal Gold, Design, Synspar	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00
Endodontics (excluding final restorations)										
	cludes all irrigants, disinfectants, intracanal medicaments, adhesives, and filling materials, removal of exis	ting roctorations and	l noet-troatn	ont tompori	zation						
	r at GP office unless specific prior authorization given by Plan for specialist to perform	ting restorations, and	i post-treatti	lent tempon	2411011.						
D3110	Pulp cap - direct	\$0.00	\$0.00	\$0.00	\$5.00	\$15.00	\$0.00	\$0.00	\$0.00	\$5.00	\$15.00
D3120	Pulp cap - indirect	\$0.00	\$0.00	\$0.00	\$5.00	\$15.00	\$0.00	\$0.00	\$0.00	\$5.00	\$15.00
D3220	Therapeutic pulpotomy	\$0.00	\$0.00	\$0.00	\$25.00	\$25.00	\$0.00	\$0.00	\$0.00	\$25.00	\$25.00
	Pulpal debridement - primary and permanent when endodontic treatment not completed on same day										
D3221		\$15.00	\$15.00	\$25.00	\$25.00	\$25.00	\$15.00	\$15.00	\$25.00	\$25.00	\$25.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth	\$10.00	\$10.00	\$10.00	\$30.00	\$40.00	\$10.00	\$10.00	\$10.00	\$30.00	\$40.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth	\$15.00	\$15.00	\$15.00	\$30.00	\$40.00	\$15.00	\$15.00	\$15.00	\$30.00	\$40.00
D3310	Root canal - anterior per tooth	\$50.00	\$75.00	\$100.00	\$115.00	\$125.00	\$50.00	\$75.00	\$100.00	\$115.00	\$125.00
D3320	Root canal - premolar, per tooth	\$70.00	\$85.00	\$110.00	\$130.00	\$150.00	\$70.00	\$85.00	\$110.00	\$130.00	\$150.00
D3330	Root canal - molar tooth, per tooth	\$150.00	\$200.00	\$235.00	\$260.00	\$285.00	\$150.00	\$200.00	\$235.00	\$260.00	\$285.00

Code	Description	<u>A75</u>	<u>A100</u>	<u>A150</u>	<u>A200</u>	<u>A250</u>	<u>A75+</u>	<u>A100+</u>	<u>A150+</u>	<u>A200+</u>	<u>A250+</u>
	Treatment of root canal obstruction - subject to proper documentation of condition and procedure. See clinical	70%UCR	70%UCR	70%UCR	70%UCR	70%UCR	70%UCR	70%UCR	70%UCR	70%UCR	70%UCR
D3331	quidelines.										
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$50.00	\$75.00	\$100.00	\$125.00	\$150.00	\$50.00	\$75.00	\$100.00	\$125.00	\$150.00
D3346	Retreatment of previous root canal therapy - anterior	\$70.00	\$95.00	\$120.00	\$225.00	\$250.00	\$70.00	\$95.00	\$120.00	\$225.00	\$250.00
D3347	Retreatment of previous root canal therapy - premolar	\$100.00	\$120.00	\$145.00	\$275.00	\$300.00	\$100.00	\$120.00	\$145.00	\$275.00	\$300.00
D3348	Retreatment of previous root canal therapy - molar	\$190.00	\$210.00	\$235.00	\$300.00	\$375.00	\$190.00	\$210.00	\$235.00	\$300.00	\$375.00
D3351	Apexification/recalcification - initial visit	\$55.00	\$75.00	\$85.00	\$105.00	\$135.00	\$55.00	\$75.00	\$85.00	\$105.00	\$135.00
D3352	Apexification/recalcification - interim medication replacement	\$45.00	\$65.00	\$75.00	\$95.00	\$125.00	\$45.00	\$65.00	\$75.00	\$95.00	\$125.00
D3353	Apexification/recalcification - final visit (includes completed root canal)	\$55.00	\$75.00	\$85.00	\$105.00	\$135.00	\$55.00	\$75.00	\$85.00	\$105.00	\$135.00
D3355	Pulpal regeneration-initial visit	\$55.00	\$75.00	\$85.00	\$105.00	\$135.00	\$55.00	\$75.00	\$85.00	\$105.00	\$135.00
D3356	Pulpal regeneration-interim medication replacement	\$45.00	\$65.00	\$75.00	\$95.00	\$125.00	\$45.00	\$65.00	\$75.00	\$95.00	\$125.00
D3357	Pulpal regeneration-completion of treatment	\$55.00	\$75.00	\$85.00	\$105.00	\$135.00	\$55.00	\$75.00	\$85.00	\$105.00	\$135.00
D3410	Apicoectomy - anterior	\$150.00	\$200.00	\$225.00	\$250.00	\$275.00	\$150.00	\$200.00	\$225.00	\$250.00	\$275.00
D3421	Apicoectomy- bicuspid (first root)	\$150.00	\$200.00	\$225.00	\$250.00	\$275.00	\$150.00	\$200.00	\$225.00	\$250.00	\$275.00
D3425	Apicoectomy- molar (first root)	\$200.00	\$200.00	\$225.00	\$250.00	\$275.00	\$200.00	\$200.00	\$225.00	\$250.00	\$275.00
D3426	Apicoectomy-(each additional root)	\$100.00	\$100.00	\$100.00	\$125.00	\$125.00	\$100.00	\$100.00	\$100.00	\$125.00	\$125.00
D3427	Periradicular surgery without apicoectomy	\$150.00	\$200.00	\$225.00	\$250.00	\$275.00	\$150.00	\$200.00	\$225.00	\$250.00	\$275.00
D3430	Retrograde filling - per root	\$100.00	\$150.00	\$150.00	\$150.00	\$150.00	\$100.00	\$150.00	\$150.00	\$150.00	\$150.00
D3450	Root amputation - per root	\$75.00	\$100.00	\$100.00	\$150.00	\$200.00	\$75.00	\$100.00	\$100.00	\$150.00	\$200.00
D3920	Hemisection (including any root removal), not including root canal therapy	\$100.00	\$115.00	\$115.00	\$125.00	\$150.00	\$100.00	\$115.00	\$115.00	\$125.00	\$150.00
D3950	Canal preparation & fitting of preformed dowel or post by provider other than provider placing post.*	\$0.00	\$0.00	\$75.00	\$75.00	\$75.00	\$0.00	\$0.00	\$75.00	\$75.00	\$75.00
* - Procedu	only when performed by the Member's primary general dentist. res limited to once every 6 months nsiders gingivectomy provided in association with any direct fill restoration to be included in the fee for the resto	ration									
D4210	Gingivectomy or gingivoplasty - 4 or more contiguous teeth per quadrant	\$40.00	\$50.00	\$100.00	\$125.00	\$175.00	\$40.00	\$50.00	\$100.00	\$125.00	\$175.00
D4210	Gingivectomy or gingivoplasty - 4 to more contiguous teeth per quadrant	\$35.00	\$30.00 \$40.00	\$65.00	\$70.00	\$75.00	\$40.00 \$35.00	\$30.00 \$40.00	\$65.00	\$70.00	\$75.00
D4211	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth +	\$20.00	\$40.00 \$20.00	\$35.00	\$35.00	\$40.00	\$20.00	\$40.00 \$20.00	\$35.00	\$35.00	\$40.00
D4240	Gingival flap procedure - 4 or more contiguous teeth per quadrant	\$275.00	\$300.00	\$325.00	\$350.00	\$400.00	\$275.00	\$300.00	\$325.00	\$350.00	\$400.00
D4241	Gingival flap procedure - 1 to 3 contiguous teeth per quadrant	\$195.00	\$225.00	\$250.00	\$250.00	\$250.00	\$195.00	\$225.00	\$250.00	\$250.00	\$250.00
0-12-11	Clinical crown lengthening - hard tissue. D4249, when performed the same day as impression will be considered	\$100.00	\$125.00	\$135.00	\$150.00	\$175.00	\$100.00	\$125.00	\$135.00	\$150.00	\$175.00
D4249	to be D4212#	<i><i><i>q</i></i>^{100.00}</i>	¢120.00	<i><i><i>q</i></i> 100.00</i>	\$100100	\$110.00	\$ 100.00	¢120.00	<i>Q</i>	¢100.00	\$110.00
D4260	Osseous surgery - 4 or more contiguous teeth per quadrant	\$250.00	\$300.00	\$325.00	\$350.00	\$400.00	\$250.00	\$300.00	\$325.00	\$350.00	\$400.00
D4261	Osseous surgery - 1 to 3 contiguous teeth per quadrant	\$200.00	\$225.00	\$250.00	\$275.00	\$300.00	\$200.00	\$225.00	\$250.00	\$275.00	\$300.00
D4263	Bone replacement graft - first site in quadrant, Not to be used for extraction site bone grafts	\$200.00	\$225.00	\$250.00	\$300.00	\$350.00	\$200.00	\$225.00	\$250.00	\$300.00	\$350.00
D4264	Bone replacement graft – each additional site in quadrant, Not to be used for extraction site bone grafts	\$125.00	\$150.00	\$175.00	\$200.00	\$225.00	\$125.00	\$150.00	\$175.00	\$200.00	\$225.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant #	\$20.00	\$25.00	\$35.00	\$50.00	\$65.00	\$20.00	\$25.00	\$35.00	\$50.00	\$65.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant #	\$20.00	\$20.00	\$30.00	\$40.00	\$50.00	\$20.00	\$20.00	\$30.00	\$40.00	\$50.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation *,	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation,	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00
	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit. Not to be completed on same day as D0150, D0160, or D0180. Separate visit from therapeutic treatmentD0110,	\$20.00	\$25.00	\$25.00	\$25.00	\$25.00	\$20.00	\$25.00	\$25.00	\$25.00	\$25.00
D4355	D4341, D4342, D4346, D4910, or D6081.										
D4381	Localized delivery of antimicrobial agents, per tooth	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00
D4910	Periodontal maintenance - once every 6 months	\$25.00	\$25.00	\$30.00	\$40.00	\$50.00	\$25.00	\$25.00	\$30.00	\$40.00	\$50.00
D4910	Periodontal maintenance - each additional	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00

Code	Description	<u>A75</u>	<u>A100</u>	<u>A150</u>	<u>A200</u>	<u>A250</u>	<u>A75+</u>	<u>A100+</u>	<u>A150+</u>	<u>A200+</u>	<u>A250+</u>
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Gingiyal Irrigation-per quadrant, (Per quadrant in conjunction with D4341/D4342. Per visit in conjunction with	\$15.00	\$20.00	\$25.00	\$40.00	\$40.00	\$15.00	\$20.00	\$25.00	\$40.00	\$40.00
D4921	D1110/D1120, 4355, D4346 or D4910. See Clinical Guidelines)										
Removable Pr	osthodontics										
Except when i	noted, includes all lab costs and post delivery adjustments for 6 months following delivery. Replaced once every	5 years from in	itial placeme	ent under Pl	an coverage	& relined or	nce every 24	months, as	per limitatio	ns, exclusio	ons, and gu
* Reline, repai	r, rebase, and replace of thermoplastic partials is covered only on Advantage Plans. On Advantage Plans add $\$2$	5 for repairs/reli	ines/rebases	s of thermop	lastic/flexibl	e base full a	nd partial de	entures	•		
D5110	Complete upper denture	\$90.00	\$125.00	\$175.00	\$300.00	\$350.00	\$90.00	\$125.00	\$175.00	\$300.00	\$350.00
D5120	Complete lower denture	\$90.00	\$125.00	\$175.00	\$300.00	\$350.00	\$90.00	\$125.00	\$175.00	\$300.00	\$350.00
D5130	Immediate upper denture	\$90.00	\$125.00	\$175.00	\$300.00	\$350.00	\$90.00	\$125.00	\$175.00	\$300.00	\$350.00
D5140	Immediate lower denture	\$90.00	\$125.00	\$175.00	\$300.00	\$350.00	\$90.00	\$125.00	\$175.00	\$300.00	\$350.00
D5211	Upper partial denture - resin base	\$125.00	\$150.00	\$225.00	\$250.00	\$300.00	\$125.00	\$150.00	\$225.00	\$250.00	\$300.00
D5212	Lower partial denture - resin base	\$125.00	\$150.00	\$225.00	\$250.00	\$300.00	\$125.00	\$150.00	\$225.00	\$250.00	\$300.00
D5213	Upper partial denture - cast metal framework with resin denture bases	\$125.00	\$150.00	\$225.00	\$300.00	\$400.00	\$125.00	\$150.00	\$225.00	\$300.00	\$400.00
D5214	Lower partial denture - cast metal framework with resin denture bases	\$125.00	\$150.00	\$225.00	\$300.00	\$400.00	\$125.00	\$150.00	\$225.00	\$300.00	\$400.00
D5221	Immediate maxillary partial denture - resin base	\$125.00	\$150.00	\$225.00	\$250.00	\$300.00	\$125.00	\$150.00	\$225.00	\$250.00	\$300.00
D5222	Immediate mandibular partial denture - resin base	\$125.00	\$150.00	\$225.00	\$250.00	\$300.00	\$125.00	\$150.00	\$225.00	\$250.00	\$300.00
D5223	Immediate maxillary partial denture - metal framework	\$125.00	\$150.00	\$225.00	\$300.00	\$400.00	\$125.00	\$150.00	\$225.00	\$300.00	\$400.00
D5224	Immediate maxillary partial denture - metal framework	\$125.00	\$150.00	\$225.00	\$300.00	\$400.00	\$125.00	\$150.00	\$225.00	\$300.00	\$400.00
D5225	Upper partial denture - flexible base	\$125.00	\$150.00	\$225.00	\$350.00	\$450.00	\$125.00	\$150.00	\$225.00	\$350.00	\$450.00
D5226	Lower partial denture - flexible base	\$125.00	\$150.00	\$225.00	\$350.00	\$450.00	\$125.00	\$150.00	\$225.00	\$350.00	\$450.00
D5281 D5410	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	Adjust complete denture - upper	\$0.00	\$0.00	\$0.00	\$15.00	\$25.00	\$0.00	\$0.00	\$0.00	\$15.00	\$25.00
D5411 D5421	Adjust complete denture - lower	\$0.00	\$0.00	\$0.00	\$15.00	\$25.00	\$0.00	\$0.00	\$0.00	\$15.00	\$25.00
D5421	Adjust partial denture - upper	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$10.00 \$10.00	\$20.00 \$20.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$10.00 \$10.00	\$20.00 \$20.00
D5422 D5511	Adjust partial denture - lower	\$0.00 \$10.00			\$10.00 \$40.00	\$20.00 \$50.00	\$0.00 \$10.00		\$0.00 \$15.00	\$10.00 \$40.00	\$20.00 \$50.00
D5512	Repair broken complete denture base, mandibular. * Repair broken complete denture base, maxillary. *	\$10.00	\$15.00 \$15.00	\$15.00 \$15.00	\$40.00 \$40.00	\$50.00 \$50.00	\$10.00	\$15.00 \$15.00	\$15.00	\$40.00 \$40.00	\$50.00 \$50.00
D5520	Replace missing or broken teeth - complete denture (each tooth)*	\$10.00	\$15.00	\$15.00	\$40.00 \$20.00	\$30.00 \$25.00	\$10.00	\$15.00	\$15.00	\$40.00 \$20.00	\$25.00
D5520	Repair resin denture base, mandibular.*	\$10.00	\$15.00 \$15.00	\$15.00	\$20.00 \$40.00	\$25.00 \$50.00	\$10.00	\$15.00	\$15.00	\$20.00 \$40.00	\$25.00
D5612	Repair resin denture base, manufubular.	\$10.00	\$15.00	\$15.00	\$40.00 \$40.00	\$50.00 \$50.00	\$10.00	\$15.00	\$15.00	\$40.00 \$40.00	\$50.00
D5621	Repair cast partial framework, mandibular.	\$10.00	\$15.00	\$15.00	\$40.00	\$50.00	\$10.00	\$15.00	\$15.00	\$40.00	\$50.00
D5622	Repair cast partial framework, maxillary.	\$10.00	\$15.00	\$15.00	\$40.00	\$50.00	\$10.00	\$15.00	\$15.00	\$40.00	\$50.00
D5630	Repair or replace broken clasp*	\$10.00	\$15.00	\$15.00	\$35.00	\$40.00	\$10.00	\$15.00	\$15.00	\$35.00	\$40.00
D5640	Replace partial denture broken teeth - per tooth	\$10.00	\$15.00	\$15.00	\$20.00	\$25.00	\$10.00	\$15.00	\$15.00	\$20.00	\$25.00
D5650	Add tooth to existing partial denture*	\$10.00	\$15.00	\$15.00	\$30.00	\$50.00	\$10.00	\$15.00	\$15.00	\$30.00	\$50.00
D5660	Add clasp to existing partial denture*	\$10.00	\$15.00	\$15.00	\$30.00	\$50.00	\$10.00	\$15.00	\$15.00	\$30.00	\$50.00
D5670	Replace all teeth and acrylic on cast metal framework (Upper)	\$100.00	\$100.00	\$165.00	\$265.00	\$350.00	\$100.00	\$100.00	\$165.00	\$265.00	\$350.00
D5671	Replace all teeth and acrylic on cast metal framework (Lower)	\$100.00	\$100.00	\$165.00	\$265.00	\$350.00	\$100.00	\$100.00	\$165.00	\$265.00	\$350.00
D5710	Rebase complete upper denture	\$40.00	\$50.00	\$50.00	\$75.00	\$95.00	\$40.00	\$50.00	\$50.00	\$75.00	\$95.00
D5711	Rebase complete lower denture	\$40.00	\$50.00	\$50.00	\$75.00	\$95.00	\$40.00	\$50.00	\$50.00	\$75.00	\$95.00
D5720	Rebase upper partial denture	\$40.00	\$50.00	\$50.00	\$75.00	\$95.00	\$40.00	\$50.00	\$50.00	\$75.00	\$95.00
D5721	Rebase lower partial denture	\$40.00	\$50.00	\$50.00	\$75.00	\$95.00	\$40.00	\$50.00	\$50.00	\$75.00	\$95.00
D5730	Reline complete upper denture (chairside)	\$25.00	\$40.00	\$40.00	\$50.00	\$65.00	\$25.00	\$40.00	\$40.00	\$50.00	\$65.00
D5731	Reline complete lower denture (chairside)	\$25.00	\$40.00	\$40.00	\$50.00	\$65.00	\$25.00	\$40.00	\$40.00	\$50.00	\$65.00
D5740	Reline upper partial denture (chairside)	\$25.00	\$40.00	\$40.00	\$50.00	\$65.00	\$25.00	\$40.00	\$40.00	\$50.00	\$65.00
D5741	Reline lower partial denture (chairside)	\$25.00	\$40.00	\$40.00	\$50.00	\$65.00	\$25.00	\$40.00	\$40.00	\$50.00	\$65.00
D5750	Reline complete upper denture (laboratory)*	\$25.00	\$40.00	\$40.00	\$85.00	\$100.00	\$25.00	\$40.00	\$40.00	\$85.00	\$100.00
D5751	Reline complete lower denture (laboratory)*	\$25.00	\$40.00	\$40.00	\$85.00	\$100.00	\$25.00	\$40.00	\$40.00	\$85.00	\$100.00
D5760	Reline upper partial denture (laboratory)*	\$25.00	\$40.00	\$40.00	\$85.00	\$100.00	\$25.00	\$40.00	\$40.00	\$85.00	\$100.00
D5761	Reline lower partial denture (laboratory)*	\$25.00	\$40.00	\$40.00	\$85.00	\$100.00	\$25.00	\$40.00	\$40.00	\$85.00	\$100.00
D5820	Interim partial denture (upper)	\$40.00	\$40.00	\$40.00	\$105.00	\$150.00	\$40.00	\$40.00	\$40.00	\$105.00	\$150.00
D5821	Interim partial denture (lower)	\$40.00	\$40.00	\$40.00	\$105.00	\$150.00	\$40.00	\$40.00	\$40.00	\$105.00	\$150.00
D5850	Tissue conditioning, upper	\$10.00	\$10.00	\$10.00	\$25.00	\$25.00	\$10.00	\$10.00	\$10.00	\$25.00	\$25.00
D5851	Tissue conditioning, lower	\$10.00	\$10.00	\$10.00	\$25.00	\$25.00	\$10.00	\$10.00	\$10.00	\$25.00	\$25.00
D5876	Add metal substrate to new acrylic full denture (per arch)	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00

Alternative Dentures, Full + Partial, & Relines

Code	Description	<u>A75</u>	<u>A100</u>	<u>A150</u>	<u>A200</u>	<u>A250</u>	<u>A75+</u>	<u>A100+</u>	<u>A150+</u>	<u>A200+</u>	<u>A250+</u>
Most dental o	ffices offer alternatives to standard complete and partial dentures and relines which are marketed under differen Complete Denture	t brand names a	nd may be a	vailable thro	ough your Ca	alifornia De	ntal participa	ating provid	er for the fol	llowing copa	yments. Th
	Comfort Flex - Complete Upper Denture	\$550.00	\$550.00	\$600.00	\$650.00	\$700.00	\$550.00	\$550.00	\$600.00	\$650.00	\$700.00
	Comfort Flex - Complete Lower Denture	\$550.00	\$550.00	\$600.00	\$650.00	\$700.00	\$550.00	\$550.00	\$600.00	\$650.00	\$700.00
	Geneva - Complete Upper Denture	\$550.00	\$550.00	\$600.00	\$650.00	\$700.00	\$550.00	\$550.00	\$600.00	\$650.00	\$700.00
	Geneva - Complete Lower Denture	\$550.00	\$550.00	\$600.00	\$650.00	\$700.00	\$550.00	\$550.00	\$600.00	\$650.00	\$700.00
	Partial Denture - Resin Base										
	Simply Natural/Comfort Flex - Upper Partial	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00
	Simply Natural/Comfort Flex - Lower Partial	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00
	Geneva - Upper Partial	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00
	Geneva - Lower Partial	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00
	EstheticClasp - Upper Partial	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00
	EstheticClasp - Lower Partial	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00
	CuSil - Upper Partial	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00
	CuSil - Lower Partial	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00
	Valplast - Upper Partial	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00
	Valplast - Lower Partial	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00
	Partial Denture - Cast Metal Base with Resin Saddles										
	Comfort Flex - Upper Partial	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00
	Comfort Flex - Lower Partial	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00
	Valplast - Upper Partial	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00
	Valplast - Lower Partial	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00	\$600.00	\$600.00	\$650.00	\$700.00	\$750.00
	Denture Relines										
	PermaSoft - Complete Upper Denture (Laboratory)	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00
	PermaSoft - Complete Lower Denture (Laboratory)	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00
	PermaSoft - Partial Upper Denture (Laboratory)	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00
	PermaSoft - Partial Lower Denture (Laboratory)	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00
Many dental o D6010	offices offer premium materials as alternatives to the standard porcelain/ceramic substrate and porcelain-fused-to Surgical placement of implant body, endosteal; includes cost of, and placement of, healing cap when indicated.	o-metal material NCB**	s for dental NCB**	restorations, NCB**	, which are r NCB**	narketed ur NCB**		t brand nam \$1,500.00	-	be available \$1,500.00	
D6056	Prefabricated abutment, includes placement	NCB**	NCB**	NCB**	NCB**	NCB**	\$450.00	\$450.00	\$450.00	\$450.00	\$450.00
D6058	Abutment supported porcelain/ceramic crown	NCB**	NCB**	NCB**	NCB**	NCB**	\$1,055.00	\$1,055.00			
D6058 D6059		NCB**	NCB**	NCB**	NCB**	NCB**	. ,	. ,		. ,	
	Abutment supported porcelain/high noble crown	NCB**	NCB	NCB NCB**	NCB	NCB	\$1,050.00	\$1,050.00		\$1,050.00	\$1,050.00
D6060	Abutment supported porcelain/base metal crown						\$1,000.00	\$1,000.00		\$1,000.00	
D6061	Abutment supported porcelain/noble metal crown	NCB**	NCB**	NCB**	NCB**	NCB**	\$1,050.00	\$1,050.00		\$1,050.00	\$1,050.00
D6062	Abutment supported cast metal crown, high noble	NCB**	NCB**	NCB**	NCB**	NCB**	\$1,050.00	\$1,050.00		\$1,050.00	\$1,050.00
D6063	Abutment supported cast metal crown, base metal	NCB**	NCB**	NCB**	NCB**	NCB**	\$900.00	\$900.00	\$900.00	\$900.00	\$900.00
D6064	Abutment supported cast metal crown, noble metal	NCB**	NCB**	NCB**	NCB**	NCB**	\$950.00	\$950.00	\$950.00	\$950.00	\$950.00
D6065	Implant supported porcelain/ceramic crown	NCB**	NCB**	NCB**	NCB**	NCB**	\$990.00	\$990.00	\$990.00	\$990.00	\$990.00
D6066	Implant supported porcelain/metal crown	NCB**	NCB**	NCB**	NCB**	NCB**	\$970.00	\$970.00	\$970.00	\$970.00	\$970.00
D6067	Implant supported metal crown	NCB**	NCB**	NCB**	NCB**	NCB**	\$935.00	\$935.00	\$935.00	\$935.00	\$935.00
D6068	Abutment supported retainer, porcelain/ceramic FPD	NCB**	NCB**	NCB**	NCB**	NCB**	\$1,055.00	\$1,055.00			\$1,055.00
D6069	Abutment supported retainer, metal FPD, high noble	NCB**	NCB**	NCB**	NCB**	NCB**	\$1,040.00	\$1,040.00	\$1,040.00	\$1,040.00	\$1,040.00
D6070	Abut. support. retainer, porc./metal FPD, base metal	NCB**	NCB**	NCB**	NCB**	NCB**	\$985.00	\$985.00	\$985.00	\$985.00	\$985.00
D6071	Abut. support. retainer, porc./metal FPD, noble	NCB**	NCB**	NCB**	NCB**	NCB**	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
D6072	Abut. support. retainer, cast metal FPD, high noble	NCB**	NCB**	NCB**	NCB**	NCB**	\$980.00	\$980.00	\$980.00	\$980.00	\$980.00
D6073	Abut. support. retainer, cast metal FPD, base metal	NCB**	NCB**	NCB**	NCB**	NCB**	\$885.00	\$885.00	\$885.00	\$885.00	\$885.00
D6074	Abut. support. retainer, cast metal FPD, noble	NCB**	NCB**	NCB**	NCB**	NCB**	\$955.00	\$955.00	\$955.00	\$955.00	\$955.00
D6075	Implant supported retainer for ceramic FPD	NCB**	NCB**	NCB**	NCB**	NCB**	\$1,040.00	\$1,040.00	\$1,040.00	\$1,040.00	\$1,040.00
D6076	Implant supported retainer for porc./metal FPD	NCB**	NCB**	NCB**	NCB**	NCB**	\$1,015.00	\$1,015.00	\$1,015.00	\$1,015.00	\$1,015.00
D6077	Implant supported retainer for cast metal FPD	NCB**	NCB**	NCB**	NCB**	NCB**	\$935.00	\$935.00	\$935.00	\$935.00	\$935.00
	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of	NCB**	NCB**	NCB**	NCB**	NCB**	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
DCOOL	the implant surfaces, without flap entry and closure. This procedure is not to be performed on the same day as										
D6081 D6085	D1110, D4346, or D4910. Provisional implant crown	NCB**	NCB**	NCB**	NCB**	NCB**	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10003	r tovisional impialit crown	NCD.	NCD	NCD	INCD		φ0.00	φ0.00	φ0.00	φ0.00	φ0.00

Code	Description	<u>A75</u>	<u>A100</u>	<u>A150</u>	<u>A200</u>	<u>A250</u>	<u>A75+</u>	<u>A100+</u>	<u>A150+</u>	<u>A200+</u>	<u>A250+</u>
D6092	Recement implant/abutment supported crown	NCB**	NCB**	NCB**	NCB**	NCB**	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00
D6093	Recement implant/abutment supported FPD	NCB**	NCB**	NCB**	NCB**	NCB**	\$65.00	\$65.00	\$65.00	\$65.00	\$65.00
D6094	Abutment supported crown, titanium	NCB**	NCB**	NCB**	NCB**	NCB**	\$640.00	\$640.00	\$640.00	\$640.00	\$640.00
D6194	Abut. supported retainer crown, FPD, titanium	NCB**	NCB**	NCB**	NCB**	NCB**	\$640.00	\$640.00	\$640.00	\$640.00	\$640.00
Fixed Prostho	<u>dontics</u>										
	ases, liners, adhesives, bonding agents, desensitizing agents, removal of existing restorations, lab costs, and										
D6210	Pontic - cast high noble metal	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00
D6211	Pontic - cast predominantly base metal	\$75.00	\$100.00	\$150.00	\$200.00	\$250.00	\$75.00	\$100.00	\$150.00	\$200.00	\$250.00
D6212	Pontic - cast noble metal	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00
D6214	Pontic- titanium (includes porcelain fused to titanium)	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00
D6240	Pontic - porcelain fused to high noble metal	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00
D6241	Pontic - porcelain fused to predominantly base metal	\$75.00	\$100.00	\$150.00	\$200.00	\$250.00	\$75.00	\$100.00	\$150.00	\$200.00	\$250.00
D6242	Pontic - porcelain fused to noble metal	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00
624MLR		Add \$75 to nonmolar									
D6245	Pontic – porcelain/ceramic	\$250.00	\$250.00	\$325.00	\$375.00	\$425.00	\$250.00	\$250.00	\$325.00	\$375.00	\$425.00
D6250	Pontic - resin with high noble metal	NCB**									
D6251	Pontic - resin with predominantly base metal	NCB**									
D6252	Pontic - resin with noble metal	NCB**									
B 4 4 5 4	Provisional Pontic- When final impression not taken and when replacing anterior tooth lost or anterior prosthesis	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
D6253	being replaced while covered by CDN	\$105 OO		\$005 00	*••••		\$405.00	* ~~~ ~~	* 005 00	#005 00	* ****
D6600	Inlay - porcelain/ceramic, 2 surfaces	\$195.00	\$200.00	\$225.00	\$265.00	\$300.00	\$195.00	\$200.00	\$225.00	\$265.00	\$300.00
D6601	Inlay - porcelain/ceramic, 3 or more surfaces	\$210.00	\$215.00	\$240.00	\$295.00	\$350.00	\$210.00	\$215.00	\$240.00	\$295.00	\$350.00
Fixed Prostho											
	ases, liners, adhesives, bonding agents, desensitizing agents, removal of existing restorations, lab costs, and										
D6602	Inlay - cast high noble metal, 2 surfaces	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00
D6603	Inlay - cast high noble metal, 3 or more surfaces	\$275.00	\$300.00	\$350.00	\$400.00	\$450.00	\$275.00	\$300.00	\$350.00	\$400.00	\$450.00
D6604	Inlay - cast predominantly base metal, 2 surfaces	\$125.00	\$150.00	\$200.00	\$250.00	\$300.00	\$125.00	\$150.00	\$200.00	\$250.00	\$300.00
D6605	Inlay - cast predominantly base metal, 3 or more surfaces	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00
D6606	Inlay - cast noble metal, 2 surfaces	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00
D6607	Inlay - cast noble metal, 3 or more surface	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00
D6608 D6609	Onlay -porcelain/ceramic, 2 surfaces	\$195.00	\$200.00	\$225.00	\$265.00	\$300.00	\$195.00	\$200.00	\$225.00	\$265.00	\$300.00
D6609	Onlay - porcelain/ceramic, 3 or more surfaces	\$210.00 \$225.00	\$215.00	\$240.00 \$300.00	\$265.00 \$350.00	\$300.00 \$400.00	\$210.00 \$225.00	\$215.00 \$250.00	\$240.00 \$300.00	\$265.00 \$350.00	\$300.00 \$400.00
D6610	Onlay - cast high noble metal, 2 surfaces		\$250.00								
D6612	Onlay - cast high noble metal, 3 or more surfaces Onlay - cast predominantly base metal, 2 surfaces	\$275.00 \$125.00	\$300.00 \$150.00	\$350.00 \$200.00	\$400.00 \$250.00	\$450.00 \$300.00	\$275.00 \$125.00	\$300.00 \$150.00	\$350.00 \$200.00	\$400.00 \$250.00	\$450.00 \$300.00
D6613	Onlay - cast predominantly base metal, 3 or more surfaces	\$125.00	\$200.00	\$200.00 \$250.00	\$200.00	\$350.00	\$175.00	\$200.00	\$200.00 \$250.00	\$200.00	\$350.00
D6614	Onlay - cast noble metal, 2 surfaces	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00	\$175.00	\$200.00	\$250.00 \$250.00	\$300.00	\$350.00
D6615	Onlay - cast noble metal, 3 or more surfaces	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00
D6624	Inlay - titanium	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00
D6634	Onlay - titanium	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00
D6720	Crown - resin with high noble metal	NCB**									
D6721	Crown - resin with predominantly base metal	NCB**									
D6722	Crown - resin with noble metal	NCB**									
D6740	Crown-porcelain/ceramic	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00
D6750	Crown - porcelain fused to high noble metal	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00
D6751	Crown - porcelain fused to predominantly base metal	\$75.00	\$100.00	\$150.00	\$200.00	\$250.00	\$75.00	\$100.00	\$150.00	\$200.00	\$250.00
D6752	Crown - porcelain fused to noble metal	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00
675MLR		Add \$75 to nonmolar									
D6780	Crown - 3/4 cast high noble metal	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00
D6781	Crown - 3/4 cast predominantly base metal	\$75.00	\$100.00	\$150.00	\$200.00	\$250.00	\$75.00	\$100.00	\$150.00	\$200.00	\$250.00
D6782	Crown - 3/4 cast noble metal	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00
D6783	Crown - 3/4 porcelain/ceramic	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00
D6790	Crown - full cast high noble metal	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00
D6791	Crown - full cast predominantly base metal	\$75.00	\$100.00	\$150.00	\$200.00	\$250.00	\$75.00	\$100.00	\$150.00	\$200.00	\$250.00
D6792	Crown - full cast noble metal	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00	\$175.00	\$200.00	\$250.00	\$300.00	\$350.00

Code	Description	<u>A75</u>	<u>A100</u>	<u>A150</u>	<u>A200</u>	<u>A250</u>	<u>A75+</u>	<u>A100+</u>	<u>A150+</u>	<u>A200+</u>	<u>A250+</u>
		¢45.00	¢45.00	¢45.00	¢45.00	¢45.00	¢45.00	¢45.00	¢45.00	¢45.00	¢45.00
D6793	Provisional retainer crown - When final impression not taken and when replacing anterior tooth lost or anterior prosthesis being replaced while covered by CDN	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
D6794	Crown - titanium (includes porcelain fused to titanium)	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00	\$225.00	\$250.00	\$300.00	\$350.00	\$400.00
D6930	Recement or rebond fixed partial denture	\$0.00	\$0.00	\$0.00	\$25.00	\$25.00	\$0.00	\$0.00	\$0.00	\$25.00	\$25.00
	Fixed partial denture repair, necessitated by restorative material failure. Not allowed to be charged by same	\$50.00	\$50.00	\$75.00	\$100.00	\$100.00	\$50.00	\$50.00	\$75.00	\$100.00	\$100.00
D6980	provider within 24 months of the original restoration										
D6985	Pediatric partial dentureFixed, temporary	\$180.00	\$180.00	\$180.00	\$180.00	\$180.00	\$180.00	\$180.00	\$180.00	\$180.00	\$180.00
Alternative Bri	dge Materials										
	fices offer premium materials as alternatives to the standard porcelain/ceramic substrate and porcelain-fused-	to-metal materia	Is for dental	restorations	, which are	marketed un	der differen	t brand nam	es and may	be available	through yo
Pol	celain/ceramic substrate crown CEREC, Full-Z, Bruxzir, Lava, Prismatik	\$645.00	\$645.00	\$645.00	\$645.00	\$645.00	\$645.00	\$645.00	\$645.00	\$645.00	\$645.00
	CEREC Blue Block, e.Max, Procera	\$845.00	\$845.00	\$845.00	\$845.00	\$845.00	\$845.00	\$845.00	\$845.00	\$845.00	\$845.00
	Lava (lavered), e.Max (lavered), Procera (Lavered)	\$900.00	\$900.00	\$900.00	\$900.00	\$900.00	\$900.00	\$900.00	\$900.00	\$900.00	\$900.00
Poi	rcelain fused to high noble crown										
	Captek, Bio-2000	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00
	Occlusal Gold, Design, Synspar	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00	\$675.00
Oral Surgery											
Includes sutur	es and clotting agents; extractions include minor smoothing of bone.										
D7111	Extraction, coronal remnants - primary tooth	\$0.00	\$0.00	\$0.00	\$10.00	\$25.00	\$0.00	\$0.00	\$0.00	\$10.00	\$25.00
D7140	Extraction, erupted tooth or exposed root	\$0.00	\$0.00	\$0.00	\$10.00	\$25.00	\$0.00	\$0.00	\$0.00	\$10.00	\$25.00
D7210	Surgical removal of erupted tooth	\$0.00	\$20.00	\$30.00	\$35.00	\$45.00	\$0.00	\$20.00	\$30.00	\$35.00	\$45.00
D7220 D7230	Removal of impacted tooth - soft tissue Removal of impacted tooth - partially bony	\$0.00 \$0.00	\$50.00 \$100.00	\$60.00 \$125.00	\$75.00 \$150.00	\$90.00 \$175.00	\$0.00 \$0.00	\$50.00 \$100.00	\$60.00 \$125.00	\$75.00 \$150.00	\$90.00 \$175.00
D7240	Removal of impacted tooth - completely bony	\$0.00	\$100.00	\$125.00	\$175.00	\$200.00	\$0.00 \$0.00	\$100.00	\$125.00	\$175.00	\$200.00
D7241	Removal of impacted tooth - completely bony, with unusual complications	\$0.00	\$130.00	\$155.00	\$180.00	\$210.00	\$0.00	\$130.00	\$155.00	\$180.00	\$210.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$0.00	\$50.00	\$60.00	\$80.00	\$90.00	\$0.00	\$50.00	\$60.00	\$80.00	\$90.00
D7251	Coronectomy - intentional partial tooth removal	\$0.00	\$130.00	\$155.00	\$180.00	\$210.00	\$0.00	\$130.00	\$155.00	\$180.00	\$210.00
D7270	Tooth reimplantation and/or stabilization of accidentally displaced tooth	\$100.00	\$110.00	\$130.00	\$150.00	\$200.00	\$100.00	\$110.00	\$130.00	\$150.00	\$200.00
D7310	Alveoplasty in conjunction with extractions - 4 or more contiguous teeth per quadrant	\$0.00	\$0.00	\$10.00	\$50.00	\$70.00	\$0.00	\$0.00	\$10.00	\$50.00	\$70.00
D7311 D7320	Alveoplasty in conjunction with extractions - 1 to 3 teeth/spaces per quadrant Alveoplasty not in conjunction with extractions - 4 or more contiguous teeth per quadrant	\$0.00 \$0.00	\$0.00 \$0.00	\$10.00 \$10.00	\$50.00 \$70.00	\$70.00 \$90.00	\$0.00 \$0.00	\$0.00 \$0.00	\$10.00 \$10.00	\$50.00 \$70.00	\$70.00 \$90.00
D7320	Alveoplasty not in conjunction with extractions - 1 to 3 teeth/spaces per guadrant	\$0.00	\$0.00	\$10.00	\$70.00 \$70.00	\$90.00 \$90.00	\$0.00 \$0.00	\$0.00	\$10.00	\$70.00 \$70.00	\$90.00 \$90.00
D7510	Incision and drainage of abscess - intraoral soft tissue	\$0.00	\$40.00	\$60.00	\$75.00	\$100.00	\$0.00	\$40.00	\$60.00	\$75.00	\$100.00
Orthodontics (only when provided by participating orthodontist)										
	or up to 24 months of active treatment										
D8020	Limited orthodontic treatment of the transitional dentition*	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
D8030	Limited orthodontic treatment of the adolescent dentition*	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
D8040	Limited orthodontic treatment of the adult dentition*	\$1,000.00	\$1,000.00	\$1,000.00			\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
D8050 D8060	Interceptive orthodontic treatment of the primary dentition* Interceptive orthodontic treatment of the transitional dentition*	\$1,150.00 \$1,150.00									
D8000	Comprehensive orthodontic treatment of the transitional dentition*	\$1,775.00	\$1,775.00	\$1,775.00	\$1,845.00	\$1,845.00	\$1,775.00	\$1,775.00	\$1,775.00	\$1,845.00	\$1,130.00 \$1.845.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition*	\$1,775.00	\$1,775.00	\$1,775.00	\$1,845.00	\$1,845.00	\$1,775.00	\$1,775.00	\$1,775.00	\$1,845.00	\$1,845.00
D8090	Comprehensive orthodontic treatment of the adult dentition*	\$1,975.00	\$1,975.00	\$1,975.00	\$2,045.00	\$2,045.00	\$1,975.00	\$1,975.00	\$1,975.00	\$2,045.00	\$2,045.00
D8660	pre-orthodontic treatment visit examination to monitor growth and development	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D8670	Periodic orthodontic treatment visit (as part of contract)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D8680	Orthodontic retention - Per Arch	\$125.00	\$125.00	\$125.00	\$125.00	\$125.00	\$125.00	\$125.00	\$125.00	\$125.00	\$125.00
D8681 D8695	Removable orthodontic retainer adjustment removal of fixed orthodontic appliances for reasons other than completion of treatment	\$0.00 \$25.00	\$0.00 \$25.00	\$0.00 \$25.00	\$10.00 \$25.00	\$20.00 \$25.00	\$0.00 \$25.00	\$0.00 \$25.00	\$0.00 \$25.00	\$10.00 \$25.00	\$20.00 \$25.00
D8999	Orthodontic Treatment Plan and Records(pre/post x-rays, photos, study models)	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00
20000	Active Orthodontic Treatment beyond 24 months - Per Visit. Except on Advantage Plans, Orthodontists may	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$250.00 \$75.00	\$75.00	\$75.00
	charge Members additional fees for costs of cases over 24 months, based on the differences in UCR fees for	÷• =• 50									
D8999	the needed treatment periods less the UCR fees for a 24 month period.										
	Appliances (head gear, maxillary expansion, etc.) may be required in addition to full banding.	UCR*									

Adjunctive General Services

Code	Description	<u>A75</u>	<u>A100</u>	<u>A150</u>	<u>A200</u>	<u>A250</u>	<u>A75+</u>	<u>A100+</u>	<u>A150+</u>	<u>A200+</u>	<u>A250+</u>
* - Covered	only for the removal of impacted wisdom teeth (1,16,17 & 32)										
	nly when performed by the Member's primary general dentist.										
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D9120	Sectioning of fixed partial denture (bridge)	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D9215	Local anesthesia	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D9222	Deep sedation/general anesthesia – first 15 minutes*	\$117.00	\$117.00	\$134.00	\$134.00	\$134.00	\$117.00	\$117.00	\$134.00	\$134.00	\$134.00
D9223	Deep sedation/general anesthesia - each subsequent 15 minutes*	\$85.00	\$85.00	\$100.00	\$100.00	\$100.00	\$85.00	\$85.00	\$100.00	\$100.00	\$100.00
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide*	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes*	\$100.00	\$100.00	\$120.00	\$120.00	\$120.00	\$100.00	\$100.00	\$120.00	\$120.00	\$120.00
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minutes*	\$65.00	\$65.00	\$80.00	\$80.00	\$80.00	\$65.00	\$65.00	\$80.00	\$80.00	\$80.00
	Consultation & Second Opinion, with prior authorization from Plan. Diagnostic service provided by dentist or	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
D9310	physician other than requesting dentist or physician, not chargeable on same day as therapeutic services.	¢20.00	¢20.00	¢20.00	¢20.00	\$20.00	\$20.00	<i>Q20100</i>	¢20.00	¢20.00	<i>\</i> 20.00
D9311	Consultation with a medical health care professional	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D9430	Office visit for observation (during regularly scheduled hours)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D9440	Office visit - after regularly scheduled hours	\$25.00	\$30.00	\$35.00	\$35.00	\$35.00	\$25.00	\$30.00	\$35.00	\$35.00	\$35.00
D9450	Case presentation, detailed and extensive treatment planning	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D9999	Office visit - during regular office hours in addition to other charges	\$0.00	\$0.00	\$0.00	\$5.00	\$5.00	\$0.00	\$0.00	\$0.00	\$5.00	\$5.00
D9630	Other drugs and/or medicaments dispensed in the office for home use.	\$15.00	\$20.00	\$25.00	\$40.00	\$40.00	\$15.00	\$20.00	\$25.00	\$40.00	\$40.00
D9910	Application of desensitizing medicament, per visit. (not to be used under restorations)	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth (not to be used under restorations)	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
D9930	Treatment of complication (post-surgical), unusual circumstances, by report	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D9932	In office cleaning and inspection of removable complete upper denture. Limited to once every 6 months.	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
D9933	In office cleaning and inspection of removable complete lower denture. Limited to once every 6 months.	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
D9934	In office cleaning and inspection of removable partial upper denture. Limited to once every 6 months.	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
D9935	In office cleaning and inspection of removable partial lower denture. Limited to once every 6 months.	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
D9942	Repair/reline occlusal guard	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00
D9943	Occlusal guard adjustment. Coverage is limited to only soft guards that are a Plan covered benefit.	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
D9944	occlusal guard – hard appliance, full arch	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00
D9945	occlusal guard – soft appliance, full arch	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00
D9946	occlusal guard – hard appliance, partial arch	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00
D9951	Occlusal adjustment - limited	\$15.00	\$15.00	\$15.00	\$20.00	\$20.00	\$15.00	\$15.00	\$15.00	\$20.00	\$20.00
D9961	duplicate/copy patient's records	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
D9972	External bleaching - per arch, performed in office	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00
D9973	External bleaching - per tooth	\$20.00	\$25.00	\$30.00	\$30.00	\$30.00	\$20.00	\$25.00	\$30.00	\$30.00	\$30.00
D9975	External bleaching for home application- per arch	\$125.00	\$125.00	\$125.00	\$125.00	\$125.00	\$125.00	\$125.00	\$125.00	\$125.00	\$125.00
D9986	Missed appointment	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
D9987	Cancelled appointment	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
D9990	certified translation or sign-language services per visit. Contact the Plan to arrange services at no charge to member	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D9991	Dental case management - addressing appointment compliance barriers	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9992	Dental case management -Care coordination across multiple providers	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9993	Dental case management - motivational interviewing	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9994	Dental case management - patient education to improve oral health literacy	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D9995	teledentistry – synchronous; real-time encounter#	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D9996	teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review#	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D9999	Broken Appointment - less than 24 notice	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
D9999	Broken Specialist Appointment - less than 24 notice	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00

Specialty Type

A75: Type C A100: Type CA150: Type CA200: Type CA250: Type CA75+: Type C.100+: Type (.150+: Type (.200+: Type (.250+: Type (.250+: Type .2505: Type D .100S: Type I.150S: Type I.250S: Type I.250S: Type I.75S+: Type I.00S+: Type I.50S+: Type 200S+: Type 200S+: Type A75V: Type E .100V: Type I.150V: Type I.250V: Type I.250V: Type I.75V+: Type I.00V+: Type I.50V+: Type 200V+: Type

Code	Description	<u>100</u>	<u>300</u>	<u>303/395</u>	<u>340</u>	<u>404/495</u>	<u>411</u>	<u>430</u>	<u>460</u>
agnostic Se	rvices								
l radiograph	as and all diagnostic images include reading and interpretation by any contracting provider. Contracted der								
	Office Visit (includes infection control)	\$0.00	\$0.00	\$0.00	\$5.00	\$0.00	\$0.00	\$5.00	\$5.0
D0120	Periodic oral evaluation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
D0140	Limited oral evaluation - problem focused	\$0.00	\$0.00	\$0.00	\$40.00	\$0.00	\$5.00	\$0.00	\$0.0
D0145	Oral evaluation for a patient under 3 years of age and counseling with primary caregiver	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
D0150	Comprehensive oral evaluation - new or established patient	\$0.00	\$0.00	\$0.00	\$5.00	\$0.00	\$0.00	\$0.00	\$0.0
D0170	Re-evaluation - limited, problem focused	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.
D0171	Re-evaluation - post operative visit	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.
D0180	Comprehensive periodontal evaluation - new or established patient	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15
D0210	Intraoral - complete series (including bitewings)	\$0.00	\$0.00	\$0.00	\$10.00	\$0.00	\$0.00	\$0.00	\$0
D0220	Intraoral - periapical first image	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0
D0230	Intraoral - periapical each additional image	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$C
D0240	Intraoral - occlusal image	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$C
D0250	Extra-oral – first 2D projection radiographic image created using a stationary radiation source, and detector.	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NC
D0270	Bitewing - single image	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$(
D0272	Bitewings - two images	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0
D0273	Bitewings, 3 images	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$
D0274	Bitewings - four images	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$
D0277	Vertical bitewings - 7 to 8 images	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	N
D0330	Panoramic image	\$0.00	\$0.00	\$0.00	\$10.00	\$0.00	\$0.00	\$0.00	\$
D0350	2D Oral/facial photographic images, non-orthodontic, obtained intraorally or extraorally	\$0.00	\$0.00	\$0.00	\$10.00	\$0.00	\$0.00	\$0.00	\$
D0460	Pulp vitality tests	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$
D0470	Diagnostic casts, non-orthodontic	\$10.00	\$10.00	\$5.00	\$10.00	\$5.00	\$10.00	\$10.00	\$1
	Caries risk assessment and documentation, with a finding of low risk	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	9
D0601									
D0602 D0603 ventive Se	Caries risk assessment and documentation, with a finding of moderate risk Caries risk assessment and documentation, with a finding of high risk rvices	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0 \$0
D0602 D0603 eventive Se # - Procedu	Caries risk assessment and documentation, with a finding of moderate risk Caries risk assessment and documentation, with a finding of high risk rvices rres limited to once every 6 months, covered only at the General Dentist's Office.	\$0.00							
D0602 D0603 eventive Se # - Procedu Limited to	Caries risk assessment and documentation, with a finding of moderate risk Caries risk assessment and documentation, with a finding of high risk rvices ures limited to once every 6 months, covered only at the General Dentist's Office. one every 12 months on all Basic Plans, Advantage Plans-once every 6 months.	\$0.00 \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$(
D0602 D0603 <u>ventive Se</u> # - Procedu Limited to D1110	Caries risk assessment and documentation, with a finding of moderate risk Caries risk assessment and documentation, with a finding of high risk rvices ures limited to once every 6 months, covered only at the General Dentist's Office. one every 12 months on all Basic Plans, Advantage Plans-once every 6 months. Prophylaxis - adult [#]	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$25.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$
D0602 D0603 <u>ventive Se</u> # - Procedu Limited to D1110 D1110	Caries risk assessment and documentation, with a finding of moderate risk Caries risk assessment and documentation, with a finding of high risk rvices ures limited to once every 6 months, covered only at the General Dentist's Office. one every 12 months on all Basic Plans, Advantage Plans-once every 6 months. Prophylaxis - adult [#] Prophylaxis - adult (each additional)	\$0.00 \$0.00 \$0.00 NCB**	\$0.00 \$0.00 NCB**	\$0.00 \$0.00 NCB**	\$0.00 \$25.00 NCB**	\$0.00 \$0.00 NCB**	\$0.00 \$0.00 NCB**	\$0.00 \$0.00 NCB**	\$ \$ NC
D0602 D0603 <u>ventive Se</u> # - Procedu Limited to D1110 D1110 D1120	Caries risk assessment and documentation, with a finding of moderate risk Caries risk assessment and documentation, with a finding of high risk rvices ures limited to once every 6 months, covered only at the General Dentist's Office. one every 12 months on all Basic Plans, Advantage Plans-once every 6 months. Prophylaxis - adult [#] Prophylaxis - adult (each additional) Prophylaxis - child [#]	\$0.00 \$0.00 NCB** \$0.00	\$0.00 \$0.00 NCB** \$0.00	\$0.00 \$0.00 NCB** \$0.00	\$0.00 \$25.00 NCB** \$25.00	\$0.00 \$0.00 NCB** \$0.00	\$0.00 \$0.00 NCB** \$0.00	\$0.00 \$0.00 NCB** \$0.00	\$ \$ N0 \$
D0602 D0603 <u>ventive Se</u> # - Procedu Limited to D1110 D1110	Caries risk assessment and documentation, with a finding of moderate risk Caries risk assessment and documentation, with a finding of high risk rvices ures limited to once every 6 months, covered only at the General Dentist's Office. one every 12 months on all Basic Plans, Advantage Plans-once every 6 months. Prophylaxis - adult [#] Prophylaxis - adult (each additional) Prophylaxis - child [#] Prophylaxis - child [#]	\$0.00 \$0.00 NCB** \$0.00 NCB**	\$0.00 \$0.00 NCB** \$0.00 NCB**	\$0.00 \$0.00 NCB** \$0.00 NCB**	\$0.00 \$25.00 NCB** \$25.00 NCB**	\$0.00 \$0.00 NCB** \$0.00 NCB**	\$0.00 \$0.00 NCB** \$0.00 NCB**	\$0.00 \$0.00 NCB** \$0.00 NCB**	\$ N(\$ N(
D0602 D0603 <u>ventive Se</u> # - Procedu Limited to D1110 D1110 D1120 D1120	Caries risk assessment and documentation, with a finding of moderate risk Caries risk assessment and documentation, with a finding of high risk rvices ures limited to once every 6 months, covered only at the General Dentist's Office. one every 12 months on all Basic Plans, Advantage Plans-once every 6 months. Prophylaxis - adult [#] Prophylaxis - adult (each additional) Prophylaxis - child [#] Prophylaxis - child (each additional) Topical Flouride Varnish -children to age 14 (except on Advantage Plans: no age limit). Chargeable on a per	\$0.00 \$0.00 NCB** \$0.00	\$0.00 \$0.00 NCB** \$0.00	\$0.00 \$0.00 NCB** \$0.00	\$0.00 \$25.00 NCB** \$25.00	\$0.00 \$0.00 NCB** \$0.00	\$0.00 \$0.00 NCB** \$0.00	\$0.00 \$0.00 NCB** \$0.00	\$ \$ Ni \$ Ni
D0602 D0603 <u>ventive Se</u> # - Procedu Limited to D1110 D1110 D1120	Caries risk assessment and documentation, with a finding of moderate risk Caries risk assessment and documentation, with a finding of high risk rvices tree limited to once every 6 months, covered only at the General Dentist's Office. one every 12 months on all Basic Plans, Advantage Plans-once every 6 months. Prophylaxis - adult [#] Prophylaxis - adult [#] Prophylaxis - child [#] Prophylaxis - child [#] Prophylaxis - child (each additional) Topical Flouride Varnish -children to age 14 (except on Advantage Plans: no age limit). Chargeable on a per visit basis, not per tooth.*	\$0.00 \$0.00 NCB** \$0.00 NCB** \$5.00	\$0.00 \$0.00 NCB** \$0.00 NCB** \$5.00	\$0.00 \$0.00 NCB** \$0.00 NCB** \$5.00	\$0.00 \$25.00 NCB** \$25.00 NCB** \$5.00	\$0.00 \$0.00 NCB** \$0.00 NCB** \$5.00	\$0.00 \$0.00 NCB** \$0.00 NCB** \$5.00	\$0.00 \$0.00 NCB** \$0.00 NCB** \$5.00	\$ N0 \$ N0 \$
D0602 D0603 <u>ventive Se</u> # - Procedu Limited to D1110 D1110 D1120 D1120 D1206	Caries risk assessment and documentation, with a finding of moderate risk Caries risk assessment and documentation, with a finding of high risk rvices ures limited to once every 6 months, covered only at the General Dentist's Office. one every 12 months on all Basic Plans, Advantage Plans-once every 6 months. Prophylaxis - adult [#] Prophylaxis - adult (each additional) Prophylaxis - child [#] Prophylaxis - child (each additional) Topical Flouride Varnish -children to age 14 (except on Advantage Plans: no age limit). Chargeable on a per	\$0.00 \$0.00 NCB** \$0.00 NCB**	\$0.00 \$0.00 NCB** \$0.00 NCB**	\$0.00 \$0.00 NCB** \$0.00 NCB**	\$0.00 \$25.00 NCB** \$25.00 NCB**	\$0.00 \$0.00 NCB** \$0.00 NCB**	\$0.00 \$0.00 NCB** \$0.00 NCB**	\$0.00 \$0.00 NCB** \$0.00 NCB**	\$ N0 \$ N0 \$
D0602 D0603 + Procedu imited to D1110 D1110 D1120 D1120 D1206 D1208	Caries risk assessment and documentation, with a finding of moderate risk Caries risk assessment and documentation, with a finding of high risk rvices rres limited to once every 6 months, covered only at the General Dentist's Office. one every 12 months on all Basic Plans, Advantage Plans-once every 6 months. Prophylaxis - adult [#] Prophylaxis - adult [#] Prophylaxis - child [#] Prophylaxis - child [#] Prophylaxis - child (each additional) Prophylaxis - child (each additional) Topical Flouride Varnish -children to age 14 (except on Advantage Plans: no age limit). Chargeable on a per visit basis, not per tooth. [*] Topical application of fluoride - excluding varnish-children to age 14 (except on Advantage Plans: no age limit) [*]	\$0.00 \$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00	\$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00	\$0.00 \$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00	\$0.00 \$25.00 NCB** \$25.00 NCB** \$5.00 \$0.00	\$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00	\$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00	\$0.00 \$0.00 NCB** \$0.00 NCB** \$5.00 \$10.00	\$ N(\$ N(\$ \$
D0602 D0603 <u>ventive See</u> # - Procedu Limited to D1110 D1110 D1120 D1206 D1208 D1208 D1310	Caries risk assessment and documentation, with a finding of moderate risk Caries risk assessment and documentation, with a finding of high risk rvices tres limited to once every 6 months, covered only at the General Dentist's Office. one every 12 months on all Basic Plans, Advantage Plans-once every 6 months. Prophylaxis - adult [#] Prophylaxis - adult (each additional) Prophylaxis - child [#] Prophylaxis - child (each additional) Topical Flouride Varnish -children to age 14 (except on Advantage Plans: no age limit). Chargeable on a per visit basis, not per tooth.* Topical application of fluoride - excluding varnish-children to age 14 (except on Advantage Plans: no age limit) * Nutritional counseling for control of dental disease	\$0.00 \$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00	\$0.00 \$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00	\$0.00 \$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00	\$0.00 \$25.00 NCB** \$25.00 NCB** \$5.00 \$0.00	\$0.00 \$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00	\$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00	\$0.00 \$0.00 NCB** \$0.00 NCB** \$5.00 \$10.00 \$0.00	\$ \\\ \\\ \$ \$ \$ \$ \$ \$ \$ \$
D0602 D0603 <u>ventive Se</u> # - Procedu Limited to D1110 D1110 D1120 D1206 D1208 D1208 D1310 D1320	Caries risk assessment and documentation, with a finding of moderate risk Caries risk assessment and documentation, with a finding of high risk rvices tres limited to once every 6 months, covered only at the General Dentist's Office. one every 12 months on all Basic Plans, Advantage Plans-once every 6 months. Prophylaxis - adult [#] Prophylaxis - adult (each additional) Prophylaxis - child [#] Prophylaxis - child (each additional) Topical Flouride Varnish - children to age 14 (except on Advantage Plans: no age limit). Chargeable on a per visit basis, not per tooth. [*] Topical application of fluoride - excluding varnish-children to age 14 (except on Advantage Plans: no age limit) [*] Nutritional counseling for control of dental disease Tobacco counseling for the control and prevention of oral disease	\$0.00 \$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00	\$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00	\$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00	\$0.00 \$25.00 NCB** \$25.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00	\$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00	\$0.00 \$0.00 NCB** \$0.00 NCB** \$5.00 \$10.00 \$0.00 \$0.00	\$ N(\$ N(\$ \$ \$ \$ \$ \$ \$ \$ \$
D0602 D0603 ventive Se # - Procedi Limited to D1110 D1120 D1206 D1208 D1208 D1310 D1320 D1330	Caries risk assessment and documentation, with a finding of moderate risk Caries risk assessment and documentation, with a finding of high risk rvices tree limited to once every 6 months, covered only at the General Dentist's Office. one every 12 months on all Basic Plans, Advantage Plans-once every 6 months. Prophylaxis - adult [#] Prophylaxis - adult [#] Prophylaxis - child [#] Prophylaxis - child [#] Prophylaxis - child (each additional) Topical Flouride Varnish -children to age 14 (except on Advantage Plans: no age limit). Chargeable on a per visit basis, not per tooth.* Topical application of fluoride - excluding varnish-children to age 14 (except on Advantage Plans: no age limit). * Nutritional counseling for control of dental disease Tobacco counseling for the control and prevention of oral disease Oral hygiene instructions	\$0.00 \$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$25.00 NCB** \$25.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 NCB** \$0.00 NCB** \$5.00 \$10.00 \$0.00 \$0.00 \$0.00	\$ NC \$ S S S S S S S S S S S S S S S S S S
D0602 D0603 ventive Se # - Procedu Limited to D1110 D1120 D1206 D1208 D1208 D1310 D1320	Caries risk assessment and documentation, with a finding of moderate risk Caries risk assessment and documentation, with a finding of high risk rvices tree limited to once every 6 months, covered only at the General Dentist's Office. one every 12 months on all Basic Plans, Advantage Plans-once every 6 months. Prophylaxis - adult [#] Prophylaxis - adult [#] Prophylaxis - adult (each additional) Prophylaxis - child [#] Prophylaxis - child (each additional) Topical Flouride Varnish -children to age 14 (except on Advantage Plans: no age limit). Chargeable on a per visit basis, not per tooth. [*] Topical application of fluoride - excluding varnish-children to age 14 (except on Advantage Plans: no age limit) [*] Nutritional counseling for control of dental disease Tobacco counseling for the control and prevention of oral disease Oral hygiene instructions Sealant - per tooth	\$0.00 \$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$0.00 \$25.00	\$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$0.00 \$5.00	\$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$25.00 NCB** \$25.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$25.00	\$0.00 \$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$25.00	\$0.00 \$0.00 NCB** \$5.00 \$10.00 \$0.00 \$0.00 \$0.00 \$0.00	\$1 NC \$1 \$1 \$1 \$1 \$2 \$2
D0602 D0603	Caries risk assessment and documentation, with a finding of moderate risk Caries risk assessment and documentation, with a finding of high risk rvices tree limited to once every 6 months, covered only at the General Dentist's Office. one every 12 months on all Basic Plans, Advantage Plans-once every 6 months. Prophylaxis - adult [#] Prophylaxis - adult [#] Prophylaxis - child [#] Prophylaxis - child [#] Prophylaxis - child (each additional) Topical Flouride Varnish -children to age 14 (except on Advantage Plans: no age limit). Chargeable on a per visit basis, not per tooth. [*] Topical application of fluoride - excluding varnish-children to age 14 (except on Advantage Plans: no age limit) [*] Nutritional counseling for control of dental disease Tobacco counseling for the control and prevention of oral disease Oral hygiene instructions Sealant - per tooth Preventive resin restoration - permanent tooth - including placement of a sealant in non-carious pits and fissures	\$0.00 \$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$0.00 \$25.00	\$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$5.00 \$5.00	\$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$5.00 \$5.00	\$0.00 \$25.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$25.00	\$0.00 \$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$0.00 \$5.00 \$5.00	\$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$25.00	\$0.00 \$0.00 NCB** \$0.00 NCB** \$5.00 \$10.00 \$0.00 \$0.00 \$0.00 \$20.00 \$20.00	\$ N(\$ N(\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
D0602 D0603 Eventive Se # - Procedu Limited to D1110 D1120 D1120 D1206 D1208 D1208 D1300 D1320 D1330 D1351 D1352 D1353	Caries risk assessment and documentation, with a finding of moderate risk Caries risk assessment and documentation, with a finding of high risk rvices tree limited to once every 6 months, covered only at the General Dentist's Office. one every 12 months on all Basic Plans, Advantage Plans-once every 6 months. Prophylaxis - adult [#] Prophylaxis - adult [#] Prophylaxis - adult (each additional) Prophylaxis - child [#] Prophylaxis - child (each additional) Topical Flouride Varnish -children to age 14 (except on Advantage Plans: no age limit). Chargeable on a per visit basis, not per tooth. [*] Topical application of fluoride - excluding varnish-children to age 14 (except on Advantage Plans: no age limit) [*] Nutritional counseling for control of dental disease Tobacco counseling for the control and prevention of oral disease Oral hygiene instructions Sealant - per tooth Preventive resin restoration - permanent tooth - including placement of a sealant in non-carious pits and fissures Sealant repair-per tooth. May not be charged by placing provider within 18mos of initial placement.	\$0.00 \$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$0.00 \$25.00	\$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$0.00 \$5.00	\$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$25.00 NCB** \$25.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$25.00	\$0.00 \$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$25.00	\$0.00 \$0.00 NCB** \$5.00 \$10.00 \$0.00 \$0.00 \$0.00 \$0.00	\$(NC \$(\$(\$(\$(\$(\$2(\$2(\$2(\$2(\$2(\$2(
D0602 D0603	Caries risk assessment and documentation, with a finding of moderate risk Caries risk assessment and documentation, with a finding of high risk rvices tree limited to once every 6 months, covered only at the General Dentist's Office. one every 12 months on all Basic Plans, Advantage Plans-once every 6 months. Prophylaxis - adult [#] Prophylaxis - adult [#] Prophylaxis - child [#] Prophylaxis - child [#] Prophylaxis - child (each additional) Prophylaxis - child (each additional) Topical Flouride Varnish -children to age 14 (except on Advantage Plans: no age limit). Chargeable on a per visit basis, not per tooth.* Topical application of fluoride - excluding varnish-children to age 14 (except on Advantage Plans: no age limit) * Nutritional counseling for control of dental disease Tobacco counseling for the control and prevention of oral disease Oral hygiene instructions Sealant - per tooth Preventive resin restoration - permanent tooth - including placement of a sealant in non-carious pits and fissures Sealant repair-per tooth. May not be charged by placing provider within 18mos of initial placement. Interim Caries arresting medicament application-per tooth. Does not include dental fluoride varnish application.	\$0.00 \$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$0.00 \$25.00 \$25.00 \$25.00 \$25.00	\$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$5.00 \$5.00 \$5.00 \$5.00	\$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$5.00 \$5.00 \$5.00 \$5.00	\$0.00 \$25.00 NCB** \$25.00 \$0.00 \$0.00 \$0.00 \$0.00 \$25.00 \$25.00 \$25.00 \$25.00	\$0.00 \$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$0.00 \$5.00 \$5.00 \$5.00 \$5.00	\$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$0.00 \$25.00 \$25.00 \$25.00	\$0.00 NCB** \$0.00 NCB** \$5.00 \$10.00 \$0.00 \$0.00 \$0.00 \$20.00 \$20.00 \$20.00 \$20.00	\$1 NC \$1 \$1 \$1 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2
D0602 D0603	Caries risk assessment and documentation, with a finding of moderate risk Caries risk assessment and documentation, with a finding of high risk rvices tree limited to once every 6 months, covered only at the General Dentist's Office. one every 12 months on all Basic Plans, Advantage Plans-once every 6 months. Prophylaxis - adult [#] Prophylaxis - adult [#] Prophylaxis - adult (each additional) Prophylaxis - child [#] Prophylaxis - child (each additional) Topical Flouride Varnish -children to age 14 (except on Advantage Plans: no age limit). Chargeable on a per visit basis, not per tooth. [*] Topical application of fluoride - excluding varnish-children to age 14 (except on Advantage Plans: no age limit) [*] Nutritional counseling for control of dental disease Tobacco counseling for the control and prevention of oral disease Oral hygiene instructions Sealant - per tooth Preventive resin restoration - permanent tooth - including placement of a sealant in non-carious pits and fissures Sealant repair-per tooth. May not be charged by placing provider within 18mos of initial placement. Interim Caries arresting medicament application-per tooth. Does not include dental fluoride varnish application. Space maintainer - fixed - unilateral	\$0.00 \$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$0.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00	\$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00	\$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$0.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00	\$0.00 \$25.00 NCB** \$25.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$0.00 \$25.00 \$0.00 \$0.00 \$0.00 \$25.00 \$0.00 \$25.00 \$0.00 \$0.00 \$25.00 \$25.00 \$0.00 \$25.00 \$25.00 \$25.00 \$0.00 \$25.00	\$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$0.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00	\$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$25.00 \$25.00 \$25.00 \$55.00	\$0.00 \$0.00 NCB** \$0.00 NCB** \$5.00 \$10.00 \$0.00 \$0.00 \$0.00 \$0.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00	\$ N(\$ N(\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
D0602 D0603	Caries risk assessment and documentation, with a finding of moderate risk Caries risk assessment and documentation, with a finding of high risk rvices tree limited to once every 6 months, covered only at the General Dentist's Office. one every 12 months on all Basic Plans, Advantage Plans-once every 6 months. Prophylaxis - adult [#] Prophylaxis - adult [#] Prophylaxis - child [#] Prophylaxis - child [#] Prophylaxis - child (each additional) Topical Flouride Varnish -children to age 14 (except on Advantage Plans: no age limit). Chargeable on a per visit basis, not per tooth. [*] Topical application of fluoride - excluding varnish-children to age 14 (except on Advantage Plans: no age limit) [*] Nutritional counseling for control of dental disease Tobacco counseling for the control and prevention of oral disease Oral hygiene instructions Sealant - per tooth Preventive resin restoration - permanent tooth - including placement of a sealant in non-carious pits and fissures Sealant repair-per tooth. May not be charged by placing provider within 18mos of initial placement. Interim Caries arresting medicament application-per tooth. Does not include dental fluoride varnish application. Space maintainer - fixed - unilateral Space Maintainer, Fixed, mandibular.	\$0.00 \$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$0.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00	\$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00	\$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00	\$0.00 \$25.00 NCB** \$25.00 \$0.00 \$0.00 \$0.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00	\$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$0.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$20.00	\$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$25.00 \$25.00 \$25.00 \$25.00 \$55.00	\$0.00 NCB** \$0.00 NCB** \$5.00 \$10.00 \$0.00 \$0.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00 \$20.00	\$ N(\$ N(\$ \$ \$ \$ \$ \$ \$ \$ \$ 2 \$2 \$2 \$2 \$2 \$2 \$2 \$
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D0602 D0603 ventive Se # - Procedi Limited to D1110 D1120 D1206 D1208 D1206 D1208 D1310 D1351 D1352 D1353 D1354 D1354 D1510 D1516 D1517 D1520	Caries risk assessment and documentation, with a finding of moderate risk Caries risk assessment and documentation, with a finding of high risk rvices tree limited to once every 6 months, covered only at the General Dentist's Office. one every 12 months on all Basic Plans, Advantage Plans-once every 6 months. Prophylaxis - adult [#] Prophylaxis - adult [#] Prophylaxis - child [#] Prophylaxis - child [#] Prophylaxis - child (each additional) Topical Flouride Varnish -children to age 14 (except on Advantage Plans: no age limit). Chargeable on a per visit basis, not per tooth. [*] Topical application of fluoride - excluding varnish-children to age 14 (except on Advantage Plans: no age limit) [*] Nutritional counseling for control of dental disease Tobacco counseling for the control and prevention of oral disease Oral hygiene instructions Sealant - per tooth Preventive resin restoration - permanent tooth - including placement of a sealant in non-carious pits and fissures Sealant repair-per tooth. May not be charged by placing provider within 18mos of initial placement. Interim Caries arresting medicament application-per tooth. Does not include dental fluoride varnish application. Space maintainer - fixed - unilateral Space Maintainer, Fixed, mandibular.	\$0.00 \$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$0.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00	\$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00	\$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00	\$0.00 \$25.00 NCB** \$25.00 \$0.00 \$0.00 \$0.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00	\$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$0.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$20.00	\$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$25.00 \$25.00 \$25.00 \$25.00 \$55.00 \$55.00	\$0.00 \$0.00 NCB** \$5.00 \$10.00 \$0.00 \$0.00 \$20.	\$ N(\$ N(\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
D0602 D0603 ventive Se # - Procedi Limited to D1110 D1120 D1206 D1206 D1208 D1300 D1320 D1351 D1352 D1353 D1354 D1516 D1516 D1520 D1526	Caries risk assessment and documentation, with a finding of moderate risk Caries risk assessment and documentation, with a finding of high risk rvices tree limited to once every 6 months, covered only at the General Dentist's Office. one every 12 months on all Basic Plans, Advantage Plans-once every 6 months. Prophylaxis - adult [#] Prophylaxis - adult [#] Prophylaxis - child [#] Prophylaxis - child [#] Prophylaxis - child (each additional) Topical Flouride Varnish -children to age 14 (except on Advantage Plans: no age limit). Chargeable on a per visit basis, not per tooth.* Topical application of fluoride - excluding varnish-children to age 14 (except on Advantage Plans: no age limit). Chargeable on a per visit basis, not per tooth.* Nutritional counseling for control of dental disease Tobacco counseling for the control and prevention of oral disease Oral hygiene instructions Sealant - per tooth Preventive resin restoration - permanent tooth - including placement of a sealant in non-carious pits and fissures Sealant - per tooth. Interim Caries arresting medicament application-per tooth. Does not include dental fluoride varnish application. Space Maintainer, Fixed, mandibular. Space Maintainer, Fixed, maxillary.	\$0.00 \$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$0.00 \$25.000 \$25.000\$200\$200\$20\$200\$20\$200\$200\$20\$200\$20	\$0.00 \$0.00 NCB** \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$5	\$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00	\$0.00 \$25.00 NCB** \$25.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$0.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00	\$0.00 \$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$0.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$20.00 \$20.00 \$20.00 \$20.00	\$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$25.00 \$25.00 \$25.00 \$55.00 \$55.00 \$55.00	\$0.00 \$0.00 NCB** \$5.00 \$10.00 \$0.00 \$0.00 \$0.00 \$20.0	\$ N(\$ N(\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
D0602 D0603 ventive Se # - Procedi Limited to D1110 D1120 D1206 D1208 D1206 D1208 D1310 D1351 D1352 D1353 D1354 D1354 D1510 D1516 D1517 D1520	Caries risk assessment and documentation, with a finding of moderate risk Caries risk assessment and documentation, with a finding of high risk rvices tree limited to once every 6 months, covered only at the General Dentist's Office. one every 12 months on all Basic Plans, Advantage Plans-once every 6 months. Prophylaxis - adult [#] Prophylaxis - adult (each additional) Prophylaxis - child (each additional) Prophylaxis - child (each additional) Topical Flouride Varnish -children to age 14 (except on Advantage Plans: no age limit). Chargeable on a per visit basis, not per tooth.* Topical application of fluoride - excluding varnish-children to age 14 (except on Advantage Plans: no age limit). Chargeable on a per visit basis, not per tooth.* Topical application of fluoride - excluding varnish-children to age 14 (except on Advantage Plans: no age limit). * Nutritional counseling for control of dental disease Tobacco counseling for the control and prevention of oral disease Oral hygiene instructions Sealant - per tooth Preventive resin restoration - permanent tooth - including placement of a sealant in non-carious pits and fissures Sealant repair-per tooth. May not be charged by placing provider within 18mos of initial placement. Interim Caries arresting medicament application-per tooth. Does not include dental fluoride varnish application. Space Maintainer, Fixed, maxillary. Space Maintainer, Fixed, maxillary. Space Maintainer, Fixed, maxillary. Space maintainer - removable - unilateral	\$0.00 \$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$0.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00	\$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$45.00 \$45.00	\$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$0.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$10.00 \$10.00	\$0.00 \$25.00 NCB** \$25.00 \$0.00 \$0.00 \$0.00 \$0.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$0.00	\$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$20.00 \$20.00 \$20.00	\$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$25.00 \$25.00 \$25.00 \$55.00 \$55.00 \$55.00	\$0.00 \$0.00 NCB** \$5.00 \$10.00 \$0.00 \$0.00 \$20.	\$ N(\$ N(\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
D0602 D0603	Caries risk assessment and documentation, with a finding of moderate risk Caries risk assessment and documentation, with a finding of high risk rvices tree limited to once every 6 months, covered only at the General Dentist's Office. one every 12 months on all Basic Plans, Advantage Plans-once every 6 months. Prophylaxis - adult [#] Prophylaxis - adult [#] Prophylaxis - child [#] Prophylaxis - child [#] Prophylaxis - child (each additional) Prophylaxis - child (each additional) Topical Flouride Varnish -children to age 14 (except on Advantage Plans: no age limit). Chargeable on a per visit basis, not per tooth.* Topical application of fluoride - excluding varnish-children to age 14 (except on Advantage Plans: no age limit) * Nutritional counseling for control of dental disease Tobacco counseling for the control and prevention of oral disease Oral hygiene instructions Sealant - per tooth. Preventive resin restoration - permanent tooth - including placement of a sealant in non-carious pits and fissures Sealant repair-per tooth. May not be charged by placing provider within 18mos of initial placement. Interim Caries arresting medicament application-per tooth. Does not include dental fluoride varnish application. Space Maintainer, Fixed, mandibular. Space Maintainer, Fixed, maxillary. Space Maintainer, removable - unilateral Space Maintainer, removable - unilateral Space Maintainer, removable, maxillary.	\$0.00 \$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$0.00 \$25.000 \$25.000\$200\$200\$20\$200\$20\$200\$200\$20\$200\$20	\$0.00 \$0.00 NCB** \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$5	\$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$0.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$10.00 \$10.00 \$10.00	\$0.00 \$25.00 NCB** \$25.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$0.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$25.00 \$20.	\$0.00 \$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$0.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$20.00 \$20.00 \$20.00 \$20.00	\$0.00 NCB** \$0.00 NCB** \$5.00 \$0.00 \$0.00 \$0.00 \$25.00 \$25.00 \$25.00 \$55.00 \$55.00 \$55.00 \$55.00	\$0.00 \$0.00 NCB** \$5.00 \$10.00 \$0.00 \$0.00 \$0.00 \$20.0	\$ N(\$ N(\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
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D219 Analgin - 2 surfaces, primary or permanent 524.00 51.00 55.00 <th>Code</th> <th>Description</th> <th><u>100</u></th> <th><u>300</u></th> <th><u>303/395</u></th> <th><u>340</u></th> <th><u>404/495</u></th> <th><u>411</u></th> <th><u>430</u></th> <th><u>460</u></th>	Code	Description	<u>100</u>	<u>300</u>	<u>303/395</u>	<u>340</u>	<u>404/495</u>	<u>411</u>	<u>430</u>	<u>460</u>
D2104 Aningum - 1 surface, primary a permanent 22.20 80.00 50.00	Restorative S	ervices								
D2100 Analgan - 2 surfaces, promay or permanent \$22.00 \$10.00 \$20.00 <		ases, liners, adhesives, bonding agents, desenstizing agents, removal of existing restorations.								
D2160 Anagian - 3 strates, primary or parameter \$25.00 \$30.00 \$60.00 <		Amalgam - 1 surface, primary or permanent								\$10.00
D2161 Amagim - 4 more suffaces, primary operament \$48.00 \$50.00		5								\$15.00
D230 Resin-Super Composite - 1 surface, minimar S5.00 S5.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>\$20.00</td>										\$20.00
D231 Resin-based compoints - 2 surfaces, andered 355.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00										\$25.00
D232 Rein-based composite - 3 surfaces, interior 38.5 940.00 \$10.00 886.00 \$10.00 \$22.00 885.00 \$40.00 D233 Rein-based composite - 4 micros surfaces, interior 38.00 960.00 \$44.00 \$80.00 \$44.00 \$80.00 \$44.00 \$80.00 \$44.00 \$80.00 \$44.00 \$80.00 \$44.00 \$80.00 \$44.00 \$80.00 \$44.00 \$80.00 \$44.00 \$80.00 \$44.00 \$80.00 \$44.00 \$80.00 \$46.00 \$80.00 \$80.00 \$46.00 \$80.00 \$80.00 \$46.00 \$80.00 <td></td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>\$25.00</td>		•								\$25.00
D233 Rest-based composite - 4 or more surfaces or involving inclusion angle (anterior) SX 700 SX 700 <thsx 700<="" th=""> <thsx 700<="" th=""> SX 700<!--</td--><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>\$25.00</td></thsx></thsx>										\$25.00
D230 Rear-based composite rorom, name Sis0.0 Sis0.0<										\$25.00
Resin-based composite - 1 surfaces, potentior Except on Advantage Plans and Plan 300 (with coverage on all possite and composite - 2 surfaces, potentior S14.00										\$40.00
D239 sustainability Statustice NCB* NCB*<	D2390	,								
D238 Rein-based composite - 3 surfaces, posterior NCB+ NCB	D2391		\$39.00	\$60.00	\$14.00	\$85.00	\$14.00	\$30.00	\$45.00	\$50.00
D234 Ream-based composite - 4 or more surfaces, posterior NCB ⁺⁺	D2392	Resin-based composite - 2 surfaces, posterior	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
Intervention No. No. <t< td=""><td>D2393</td><td>Resin-based composite - 3 surfaces, posterior</td><td>NCB**</td><td>NCB**</td><td>NCB**</td><td>NCB**</td><td>NCB**</td><td>NCB**</td><td>NCB**</td><td>NCB**</td></t<>	D2393	Resin-based composite - 3 surfaces, posterior	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
Interdue lases, liner, athesives, bonding agents, desensitizing agents, removal of existing restorations, lab costs, an Interdue lases Status	D2394	Resin-based composite - 4 or more surfaces, posterior	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D250 Initay - metalic - 1 surfaces TYDs of UCR* \$100.00 \$33.00 \$23.00 \$75.00 \$70.00 \$11.50 \$115.00 \$13.50 \$115.00 \$13.50 \$115.00 \$13.50 \$115.00 \$13.50 \$115.00 \$13.50 \$115.00 \$116.00 </td <td>Inlays/Onlays</td> <td></td> <td>_</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Inlays/Onlays		_							
D2520 Infer," metalic - 2 surfaces 70% of UCR* \$100.00 \$35.00 \$25.00 \$75.00 \$70.00 \$15.00 \$15.00 \$15.00 \$15.00 \$15.00 \$15.00 \$15.00 \$15.00 \$15.00 \$15.00 \$15.00 \$15.00 \$15.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$16.00 \$14.00 \$14.50 \$25.00 \$25.				¢400.00	\$25.00	#050 00	#7 5.00	¢70.00	6445 00	#47E 00
D253 Integ'-metalla- 3 curraces 70% of UCR* \$100.00 \$325.00 \$375.00 \$90.00 \$115.00 \$125.00 D2543 Onlay-metalla- 3 curraces 70% of UCR* \$185.00 \$90.00 \$116.00 \$125.00 \$220.00 \$105.00 \$104.00 \$145.00 \$220.00 \$105.00 \$106.00 \$140.00 \$145.00 \$220.00 \$105.00 \$106.00 \$106.00 \$140.00 \$145.00 \$220.00 \$200.00 \$300.00 \$106.00		,								
D242 Onis, - surfaces 70% of UCR* \$185.00 \$500.00 \$100.00 \$140.00 \$145.00 \$250.00 D2544 Onis, - metalic - 3 surfaces 70% of UCR* \$185.00 \$500.00 \$100.00 \$140.00 \$140.00 \$250.00 \$200.00 \$100.00 \$140.00 \$140.00 \$250.00 \$200.00 \$200.00 \$100.00 \$140.00 \$140.00 \$250.00 \$200.00 \$200.00 \$100.00 \$140.00 \$140.00 \$210.00 \$250.00 \$200.00 \$100.00 \$140.00		,								
D243 Onlay - metallic - 3 surfaces 70% of UCR* \$185.00 \$300.00 \$105.00 \$141.00 \$252.00 D2541 Onlay - metallic - 5 surfaces 70% of UCR* NCB*										
D2544 Onlay - metallic - 4 or more surfaces 70% or UCR* \$165.00 \$300.00 \$300.00 \$3105.00 \$145.00 \$250.00 D2510 Iniay - procelain/corramic - 3 surfaces NCB*		,								
D2610 Inizy - procelain/corramic - 1 surfaces INCB+* INCB+* <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>										
D2620 Indig procelarit/ceramic - 2 surfaces NCB ⁺⁺		,								
D2830 India - procelain/ceramic - 3 or more surfaces NCB** NCB*										
D2642 Onlay - procelatin/ceramic - 2 surfaces NCB**										
D2643 Onley - procelativezamic - 3 surfaces NCB ⁺⁺										
D2644 Onlay - proceelain/ceramic - 4 or more surfaces NCB ⁺⁺ <td></td>										
D2650 Inlag-resin-based composite - 1 surfaces NCB+* NCB+* NCB+* NCB+* NCB+* NCB**										NCB**
D2651 Inlay'. resin-based composite - 2 surfaces NCB** NCB** <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>NCB**</td>										NCB**
D2652 Inly - resin-based composite - 3 surfaces NCB** NCB** <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>NCB**</td>										NCB**
D2662 Onlay - resin-based composite - 3 surfaces NCB** NCB** <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>NCB**</td>										NCB**
D2663 Onlay - resin-based composite - 4 or more surfaces NCB**										NCB**
D2664 Onlay - resin-based composite - 4 or more surfaces NCB**			NCB**		NCB**		NCB**	NCB**		NCB**
Includes all bases, liners, adhesives, bonding agents, desensitizing agents, removal of existing restorations, lab costs, an "Covered only at the General Dentist's office unless specific prior authorization given by Plan for specialist to perform. D2710 Crown - resin-based composite (indirect) \$115.00 \$150.00 \$90.00 \$105.00 \$105.00 \$110.00 \$140.00 \$175.00 D2720 Crown - resin with high noble metal \$154.00 \$200.00 \$90.00 \$300.00 \$105.00 \$110.00 \$140.00 \$175.00 D2722 Crown - resin with hole metal \$154.00 \$200.00 \$300.00 \$105.00 \$110.00 \$140.00 \$175.00 D2722 Crown - resin with noble metal \$154.00 \$200.00 \$90.00 \$300.00 \$105.00 \$110.00 \$140.00 \$175.00 D2750 Crown - porcelain/ceramic \$187.00 NCB** NCB**<									NCB**	NCB**
"Covered only at the General Dentist's office unless specific prior authorization given by Plan for specialist to perform. D2710 Crown - resin-based composite (indirect) \$115.00 \$150.00 \$90.00 \$150.00 \$105.00 \$105.00 \$110.00 \$140.00 \$175.00 D2720 Crown - resin with predominantly base metal \$154.00 \$200.00 \$90.00 \$300.00 \$105.00 \$110.00 \$140.00 \$175.00 D2720 Crown - resin with predominantly base metal \$154.00 \$200.00 \$90.00 \$300.00 \$105.00 \$110.00 \$140.00 \$175.00 D2720 Crown - resin with predominantly base metal \$154.00 \$200.00 \$90.00 \$300.00 \$105.00 \$110.00 \$140.00 \$175.00 D2740 Crown - porcelain fused to high noble metal \$220.00 \$200.00 \$90.00 \$400.00 \$105.00 \$165.00 \$200.00 \$200.00 \$90.00 \$400.00 \$165.00 \$200.00 \$200.00 \$200.00 \$90.00 \$400.00 \$165.00 \$200.00 \$275.00 \$177.00 \$475.00 \$165.00 \$200.00 \$275.00 \$170.00 \$475.00 \$165.00										
D2720 Crown - resin with high noble metal \$154.00 \$200.00 \$90.00 \$300.00 \$110.00 \$140.00 \$175.00 D2721 Crown - resin with predominantly base metal \$154.00 \$200.00 \$90.00 \$300.00 \$105.00 \$110.00 \$140.00 \$175.00 D2722 Crown - resin with predominantly base metal \$154.00 \$200.00 \$90.00 \$300.00 \$105.00 \$110.00 \$140.00 \$175.00 D2740 Crown - porcelain/ceramic \$154.00 \$200.00 \$90.00 \$300.00 \$105.00 \$110.00 \$140.00 \$175.00 D2750 Crown - porcelain fused to high noble metal \$220.00 \$200.00 \$90.00 \$400.00 \$165.00 \$200.00 \$275.00 D2752 Crown - porcelain fused to noble metal \$220.00 \$200.00 \$90.00 \$400.00 \$165.00 \$200.00 \$275.00 \$275.00 \$275.00 \$275.00 \$275.00 \$275.00 \$275.00 \$275.00 \$275.00 \$275.00 \$275.00 \$275.00 \$275.00 \$275.00 \$275.00 <td></td> <td></td> <td>in</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>			in							
D2721 Crown - resin with predominantly base metal \$154.00 \$200.00 \$90.00 \$300.00 \$110.00 \$140.00 \$175.0 D2722 Crown - resin with noble metal \$154.00 \$200.00 \$90.00 \$300.00 \$105.00 \$110.00 \$140.00 \$175.0 D2740 Crown - porcelain/ceramic \$164.00 \$200.00 \$90.00 \$300.00 \$105.00 \$110.00 \$140.00 \$175.0 D2750 Crown - porcelain/ceramic \$187.00 NCB** NCB** </td <td></td> <td></td> <td>\$115.00</td> <td>\$150.00</td> <td>\$90.00</td> <td>\$150.00</td> <td>\$105.00</td> <td>\$85.00</td> <td>\$115.00</td> <td>\$145.00</td>			\$115.00	\$150.00	\$90.00	\$150.00	\$105.00	\$85.00	\$115.00	\$145.00
D2722 Crown - resin with noble metal \$154.00 \$200.00 \$90.00 \$105.00 \$110.00 \$140.00 \$175.00 D2740 Crown - porcelain/ceramic \$187.00 NCB** NCB*	D2720	Crown - resin with high noble metal	\$154.00	\$200.00	\$90.00	\$300.00	\$105.00	\$110.00	\$140.00	\$175.00
D2740 Crown - porcelain/ceramic \$187.00 NCB**	D2721	Crown - resin with predominantly base metal	\$154.00	\$200.00	\$90.00	\$300.00	\$105.00	\$110.00	\$140.00	\$175.00
D2750 Crown - porcelain fused to high noble metal \$200.00 \$200.00 \$400.00 \$105.00 \$165.00 \$200.00 \$275.00 D2751 Crown - porcelain fused to predominantly base metal \$200.00 \$200.00 \$90.00 \$400.00 \$105.00 \$165.00 \$200.00 \$275.00 D2752 Crown - porcelain fused to noble metal \$200.00 \$200.00 \$90.00 \$400.00 \$105.00 \$165.00 \$200.00 \$275.00 D2752 Crown - porcelain fused to noble metal \$200.00 \$200.00 \$200.00 \$400.00 \$105.00 \$165.00 \$200.00 \$275.00 275MLR Crown - porcelain fused to any metal for molars \$200.00 \$200.00 \$105.00 \$140.00 \$185.00 \$250.00 \$275.00 \$200.00 \$200.00 \$100.00 \$100.00 \$140.00 \$185.00 \$250.00 \$275.00 \$200.00 \$90.00 \$400.00 \$105.00 \$140.00 \$185.00 \$250.00 \$200.00 \$200.00 \$90.00 \$400.00 \$105.00 \$140.00 \$185.00 \$250.00 \$200.00 \$200.00 \$90.00 \$400.00 \$105.00 \$145.00	D2722	Crown - resin with noble metal	\$154.00	\$200.00	\$90.00	\$300.00	\$105.00	\$110.00	\$140.00	\$175.00
D2751 Crown - porcelain fused to predominantly base metal \$220.00 \$200.00 \$400.00 \$105.00 \$165.00 \$200.00 \$275.0 D2752 Crown - porcelain fused to noble metal \$200.00 \$200.00 \$90.00 \$400.00 \$105.00 \$165.00 \$200.00 \$275.00 275MLR Crown - porcelain fused to any metal for molars \$200.00 \$200.00 \$400.00 \$105.00 \$165.00 \$275.00 \$275.00 D2780 Crown - 3/4 cast high noble metal \$200.00 \$200.00 \$200.00 \$400.00 \$105.00 \$140.00 \$185.00 \$275.00 \$200.00 \$200.00 \$400.00 \$105.00 \$140.00 \$185.00 \$205.00 \$275.00 \$200.00 \$400.00 \$105.00 \$140.00 \$185.00 \$250.00 \$275.00 \$200.00 \$200.00 \$400.00 \$105.00 \$140.00 \$185.00 \$250.00 \$275.00 \$200.00 \$200.00 \$400.00 \$105.00 \$140.00 \$185.00 \$250.00 \$275.00 \$200.00 \$90.00 \$400.00 \$105.00 \$140.00 \$185.00 \$250.00 \$275.00 \$275.00 \$275.00 \$200.00 <td>D2740</td> <td>Crown - porcelain/ceramic</td> <td>\$187.00</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td>	D2740	Crown - porcelain/ceramic	\$187.00	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2751 Crown - porcelain fused to predominantly base metal \$220.00 \$200.00 \$400.00 \$105.00 \$165.00 \$200.00 \$275.0 D2752 Crown - porcelain fused to noble metal \$200.00 \$200.00 \$90.00 \$400.00 \$105.00 \$165.00 \$200.00 \$275.00 275MLR Crown - porcelain fused to any metal for molars \$200.00 \$200.00 \$400.00 \$105.00 \$165.00 \$275.00 \$275.00 D2780 Crown - 3/4 cast high noble metal \$200.00 \$200.00 \$200.00 \$400.00 \$105.00 \$140.00 \$185.00 \$275.00 \$200.00 \$200.00 \$400.00 \$105.00 \$140.00 \$185.00 \$205.00 \$275.00 \$200.00 \$400.00 \$105.00 \$140.00 \$185.00 \$250.00 \$275.00 \$200.00 \$200.00 \$400.00 \$105.00 \$140.00 \$185.00 \$250.00 \$275.00 \$200.00 \$200.00 \$400.00 \$105.00 \$140.00 \$185.00 \$250.00 \$275.00 \$200.00 \$90.00 \$400.00 \$105.00 \$140.00 \$185.00 \$250.00 \$275.00 \$275.00 \$275.00 \$200.00 <td></td> <td>Crown - porcelain fused to high noble metal</td> <td>\$220.00</td> <td>\$200.00</td> <td>\$90.00</td> <td>\$400.00</td> <td>\$105.00</td> <td>\$165.00</td> <td>\$200.00</td> <td>\$275.00</td>		Crown - porcelain fused to high noble metal	\$220.00	\$200.00	\$90.00	\$400.00	\$105.00	\$165.00	\$200.00	\$275.00
275MLR Crown-porcelain fused to any metal for molars \$295.00 \$275.00 \$170.00 \$475.00 \$185.00 \$220.00 \$200.00 \$90.00 \$400.00 \$105.00 \$140.00 \$185.00 \$250.00 \$275.00 \$275.00 \$105.00 \$140.00 \$185.00 \$200.00 \$200.00 \$90.00 \$400.00 \$105.00 \$140.00 \$185.00 \$250.00 \$250.00 \$276.00 \$200.00 \$200.00 \$90.00 \$400.00 \$105.00 \$140.00 \$185.00 \$250.00 \$250.00 \$200.00 \$90.00 \$400.00 \$105.00 \$140.00 \$185.00 \$250.00 \$200.00 \$200.00 \$90.00 \$400.00 \$105.00 \$140.00 \$185.00 \$250.00 \$200.00 \$200.00 \$90.00 \$400.00 \$105.00 \$140.00 \$185.00 \$250.00 \$200.00 \$200.00 \$90.00 \$400.00 \$105.00 \$145.00 \$185.00 \$250.00 \$200.00 \$90.00 \$400.00 \$105.00 \$145.00 \$185.00 \$250.00 \$200.00 \$90.00 \$400.00 \$105.00 \$145.00 \$185.00 \$250.00 \$200.00 \$90.00 \$400.00 <td></td> <td>Crown - porcelain fused to predominantly base metal</td> <td>\$220.00</td> <td>\$200.00</td> <td>\$90.00</td> <td>\$400.00</td> <td>\$105.00</td> <td>\$165.00</td> <td>\$200.00</td> <td>\$275.00</td>		Crown - porcelain fused to predominantly base metal	\$220.00	\$200.00	\$90.00	\$400.00	\$105.00	\$165.00	\$200.00	\$275.00
D2780 Crown - 3/4 cast high noble metal \$204.00 \$200.00 \$90.00 \$400.00 \$105.00 \$140.00 \$185.00 \$220.00 D2781 Crown - 3/4 cast predominantly base metal \$204.00 \$200.00 \$90.00 \$400.00 \$105.00 \$140.00 \$185.00 \$250.00 D2782 Crown - 3/4 cast noble metal \$204.00 \$200.00 \$90.00 \$400.00 \$105.00 \$140.00 \$185.00 \$250.00 D2782 Crown - 3/4 cast noble metal \$204.00 \$200.00 \$90.00 \$400.00 \$105.00 \$140.00 \$185.00 \$250.00 D2783 Crown - 3/4 porcelain/ceramic NCB**		Crown - porcelain fused to noble metal			\$90.00					\$275.00
D2781 Crown - 3/4 cast predominantly base metal \$204.00 \$200.00 \$90.00 \$400.00 \$105.00 \$140.00 \$185.00 \$200.00 D2782 Crown - 3/4 cast noble metal \$204.00 \$200.00 \$90.00 \$400.00 \$105.00 \$140.00 \$185.00 \$250.00 D2783 Crown - 3/4 cast noble metal \$204.00 \$200.00 \$90.00 \$400.00 \$105.00 \$140.00 \$185.00 \$250.00 D2783 Crown - 3/4 porcelain/ceramic NCB** NCB** <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>\$350.00</td></t<>										\$350.00
D2782 Crown - 3/4 cast noble metal \$204.00 \$200.00 \$90.00 \$400.00 \$105.00 \$140.00 \$185.00 \$200.00 D2783 Crown - 3/4 porcelain/ceramic NCB**										\$250.00
D2783 Crown - 3/4 porcelain/ceramic NCB** NCB** <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>\$250.00</td></t<>										\$250.00
D2790 Crown - full cast high noble metal \$204.00 \$200.00 \$400.00 \$145.00 \$185.00 \$250.00 D2791 Crown - full cast predominantly base metal \$204.00 \$200.00 \$90.00 \$400.00 \$145.00 \$185.00 \$250.00 D2791 Crown - full cast predominantly base metal \$204.00 \$200.00 \$90.00 \$400.00 \$145.00 \$185.00 \$250.00 D2792 Crown - full cast noble metal \$204.00 \$200.00 \$90.00 \$400.00 \$145.00 \$185.00 \$250.00										\$250.00
D2791 Crown - full cast predominantly base metal \$204.00 \$200.00 \$400.00 \$145.00 \$185.00 \$250.00 D2792 Crown - full cast noble metal \$204.00 \$200.00 \$90.00 \$400.00 \$145.00 \$185.00 \$250.00										NCB**
D2792 Crown - full cast noble metal \$204.00 \$200.00 \$400.00 \$105.00 \$145.00 \$185.00 \$250.0										\$250.00
					1					\$250.00
D2794 Crown-Titanium, Includes full titanium and porcelain fused to titanium, NCB**										\$250.00
	D2794	Crown-Titanium, Includes full titanium and porcelain fused to titanium,	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**

Code	Description	<u>100</u>	<u>300</u>	<u>303/395</u>	<u>340</u>	<u>404/495</u>	<u>411</u>	<u>430</u>	<u>460</u>
D2794M	Crown-Titanium, Includes full titanium and porcelain fused to titanium, for molars.	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2799	Provisional crown—further treatment or completion of diagnosis necessary prior to final impression.	\$0.00	\$0.00	\$0.00	\$20.00	\$0.00	\$0.00	\$0.00	\$20.00
	Recement or rebond inlay, onlay, veneer or partial coverage restorations. Except on Advantage Plans and	\$12.00	\$20.00	\$0.00	\$35.00	\$0.00	\$12.00	\$12.00	\$12.00
D2910	Cosmetic Benefits Rider, D2910 shall only be covered when recementing metallic substrate restorations.								
D2915	Recement or rebond cast indirectly fabricated or prefabricated post and core	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
D2920	Recement or rebond crown	\$12.00	\$20.00	\$0.00	\$35.00	\$0.00	\$12.00	\$12.00	\$12.00
D2929	Prefabricated porcelain/ceramic crown - primary tooth	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2930	Prefabricated stainless steel crown - primary tooth	\$45.00	\$50.00	\$0.00	\$65.00	\$5.00	\$30.00	\$45.00	\$50.00
D2931	Prefabricated stainless steel crown - permanent tooth	\$55.00	\$50.00	\$0.00	\$65.00	\$5.00	\$45.00	\$45.00	\$50.00
D2932	Prefabricated resin crown	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2933	Prefabricated stainless crown with resin window	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2934	Prefabricated esthetic coated stainless steel crownprimary tooth	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2940	Sedative filling	\$7.00	\$15.00	\$0.00	\$15.00	\$0.00	\$7.00	\$7.00	\$10.00
D2941	Interim therapeutic restoration-primary dentition	\$7.00	\$15.00	\$0.00	\$15.00	\$0.00	\$7.00	\$7.00	\$10.00
D2949	Restorative foundation for an indirect restoration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D2950	Core buildup, including any pins when required*	\$0.00	\$0.00	\$0.00	\$25.00	\$0.00	\$0.00	\$0.00	\$0.00
D2951	Pin retention - per tooth, in addition to restoration*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D2952	Indirectly fabricated post and core in addition to crown	\$75.00	\$75.00	\$50.00	\$125.00	\$50.00	\$65.00	\$75.00	\$75.00
D2953	Each additional indirectly fabricated post - same tooth	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D2954	Prefabricated post and core in addition to crown*	\$77.00	\$75.00	\$30.00	\$125.00	\$30.00	\$50.00	\$70.00	\$70.00
D2955	Post removal (not chargeable when in conjunction with endodontic therapy)*	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2957	Each additional prefabricated post - same tooth*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D2980	Crown repair, by report	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00
	Inlay repair due to restorative material failure- not allowed to be charged by same provider within 24 months of	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2981	the original restoration.								
	Onlay repair due to restorative material failure- not allowed to be charged by same provider within 24 months of	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2982	the original restoration.								
D2990	Resin infiltration of incipient smooth surface lesions.	\$25.00	\$5.00	\$5.00	\$25.00	\$5.00	\$25.00	\$20.00	\$20.00
LABIAL Vene	ers (replaced once every 5 years)								
D2961	Labial veneer (resin laminate) - laboratory	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2962	Labial veneer (porcelain laminate) - laboratory	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	Veneer repair due to restorative material failure not allowed to be charged by same provider within 24 months	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2983	of the original restoration								
Alternative Cr	owns								
	offices offer premium materials as alternatives to the standard porcelain/ceramic substrate and porcelain-fusur	California Dent	tal participatin	a provider for	the following	copayments. *	Crowns. bridae	s. inlavs. and	onlavs. fabri
	prcelain/ceramic substrate crown		• •	•••					•
	CEREC, Full-Z, Bruxzir, Lava, Prismatik	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	CEREC Blue Block, e.Max, Procera	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	Lava (layered), e.Max (layered), Procera (Layered)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
Po	prcelain fused to high noble crown								
	Captek, Bio-2000	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	Occlusal Gold, Design, Synspar	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
Endodontics	(excluding final restorations)								
Includes all in	cludes all irrigants, disinfectants, intracanal medicaments, adhesives, and filling materials, removal of exist								
	at GP office unless specific prior authorization given by Plan for specialist to perform								
D3110	Pulp cap - direct	\$17.00	\$0.00	\$0.00	\$25.00	\$5.00	\$10.00	\$15.00	\$15.00
D3120	Pulp cap - indirect	\$17.00	\$0.00	\$0.00	\$25.00	\$5.00	\$10.00	\$15.00	\$15.00
D3220	Therapeutic pulpotomy	\$28.00	\$25.00	\$0.00	\$25.00	\$5.00	\$20.00	\$25.00	\$25.00
	Pulpal debridement - primary and permanent when endodontic treatment not completed on same day	\$15.00	\$25.00	\$15.00	\$25.00	\$15.00	\$15.00	\$15.00	\$25.00
D3221									
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D3310	Root canal - anterior per tooth	\$138.00	\$100.00	\$35.00	\$200.00	\$45.00	\$100.00	\$125.00	\$125.00
D3320	Root canal - premolar, per tooth	\$165.00	\$135.00	\$70.00	\$275.00	\$90.00	\$130.00	\$150.00	\$150.00
D3330	Root canal - molar tooth, per tooth	\$204.00	\$185.00	\$105.00	\$350.00	\$130.00	\$175.00	\$185.00	\$185.00

Code	Description	<u>100</u>	<u>300</u>	<u>303/395</u>	<u>340</u>	<u>404/495</u>	<u>411</u>	<u>430</u>	<u>460</u>
	Treatment of root canal obstruction - subject to proper documentation of condition and procedure. See clinical	70% of UCR*	70% of UCR*	70% of UCR*	70% of UCR*	70% of UCR*	70% of UCR*	70% of UCR*	70% of UCR*
D3331	guidelines.								
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$25.00	\$25.00	\$25.00	\$50.00	\$25.00	\$35.00	\$35.00	\$45.00
D3346	Retreatment of previous root canal therapy - anterior		70% of UCR*	\$35.00	70% of UCR*	\$145.00	70% of UCR*	\$225.00	70% of UCR*
D3347	Retreatment of previous root canal therapy - premolar	70% of UCR*			70% of UCR*		70% of UCR*		70% of UCR*
D3348	Retreatment of previous root canal therapy - molar	70% of UCR*			70% of UCR*		70% of UCR*		70% of UCR*
D3351	Apexification/recalcification - initial visit	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D3352	Apexification/recalcification - interim medication replacement	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D3353	Apexification/recalcification - final visit (includes completed root canal)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D3355	Pulpal regeneration-initial visit	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D3356	Pulpal regeneration-interim medication replacement	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D3357	Pulpal regeneration-completion of treatment	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D3410	Apicoectomy - anterior	70% of UCR*	\$100.00	\$40.00	\$250.00	\$45.00	\$100.00	\$90.00	\$90.00
D3421	Apicoectomy- bicuspid (first root)	70% of UCR*	\$100.00	\$40.00	\$275.00	\$45.00	\$100.00	\$90.00	\$90.00
D3425	Apicoectomy- molar (first root)	70% of UCR*	\$125.00	\$40.00	\$295.00	\$45.00	\$100.00	\$90.00	\$90.00
D3426	Apicoectomy-(each additional root)	70% of UCR*	\$50.00	\$40.00	\$100.00	\$45.00	\$100.00	\$90.00	\$90.00
D3427	Periradicular surgery without apicoectomy	70% of UCR*	\$100.00	\$40.00	\$250.00	\$45.00	\$100.00	\$90.00	\$90.00
D3430	Retrograde filling - per root	70% of UCR*	\$65.00	\$17.50	\$100.00	\$20.00	\$100.00	\$65.00	\$65.00
D3450	Root amputation - per root	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D3920	Hemisection (including any root removal), not including root canal therapy	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D3950	Canal preparation & fitting of preformed dowel or post by provider other than provider placing post.*	\$77.00	\$0.00	\$0.00	\$75.00	\$0.00	\$75.00	\$70.00	\$70.00
	ıres limited to once every 6 months nsiders gingivectomy provided in association with any direct fill restoration to be included in the fee for the								
D4210	Gingivectomy or gingivoplasty - 4 or more contiguous teeth per quadrant	\$165.00	\$150.00	\$50.00	\$200.00	\$50.00	\$115.00	\$150.00	\$150.00
D4211	Gingivectomy or gingivoplasty - 1 to 3 contiguous teeth per quadrant	\$150.00	\$125.00	\$40.00	\$185.00	\$40.00	\$90.00	\$140.00	\$130.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth +	\$75.00	\$65.00	\$20.00	\$95.00	\$20.00	\$45.00	\$70.00	\$65.00
D4240	Gingival flap procedure - 4 or more contiguous teeth per quadrant	\$150.00	\$150.00	\$100.00	\$250.00	\$100.00	\$150.00	\$150.00	\$150.00
D4241	Gingival flap procedure - 1 to 3 contiguous teeth per quadrant	\$140.00	\$125.00	\$90.00	\$225.00	\$90.00	\$100.00	\$140.00	\$130.00
D4249	Clinical crown lengthening - hard tissue. D4249, when performed the same day as impression will be considered to be D4212.#	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D4260	Osseous surgery - 4 or more contiguous teeth per quadrant	70% of UCR*	70% of UCR*	\$250.00	70% of UCR*	\$250.00	70% of UCR*	70% of UCR*	70% of UCR*
D4261	Osseous surgery - 1 to 3 contiguous teeth per quadrant	70% of UCR*	70% of UCR*	\$225.00	70% of UCR*	\$225.00	70% of UCR*	70% of UCR*	70% of UCR*
D4263	Bone replacement graft - first site in guadrant, Not to be used for extraction site bone grafts	70% of UCR	70% of UCR	\$150.00	70% of UCR*	\$150.00	\$150.00	\$150.00	\$150.00
D4264	Bone replacement graft – each additional site in quadrant, Not to be used for extraction site bone grafts	70% of UCR	70% of UCR	\$100.00	70% of UCR	\$100.00	\$100.00	\$100.00	\$100.00
D4341	Periodontal scaling and root planing - four or more teeth per guadrant #	\$40.00	\$40.00	\$40.00	\$75.00	\$40.00	\$40.00	\$40.00	\$40.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant #	\$30.00	\$30.00	\$30.00	\$50.00	\$30.00	\$30.00	\$30.00	\$30.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation *,	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation,	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
24040	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit. Not to	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
D4355	be completed on same day as D0150, D0160, or D0180. Separate visit from therapeutic treatmentD0110, D4341, D4342, D4346, D4910, or D6081.								
D4381	Localized delivery of antimicrobial agents, per tooth	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D4910	Periodontal maintenance - once every 6 months	\$25.00	\$25.00	\$0.00	\$25.00	\$0.00	\$20.00	\$25.00	\$25.00
D4910	Periodontal maintenance - each additional	\$25.00	\$25.00	\$0.00	\$25.00	\$0.00	\$20.00	\$25.00	\$25.00

Code	Description	100	300	303/395	340	404/495	411	430	460
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D4920	Gingival Irrigation-per quadrant, (Per quadrant in conjunction with D4341/D4342. Per visit in conjunction with	\$0.00 NCB**							
D4921	D1110/D1120, 4355, D4346 or D4910. See Clinical Guidelines)	NOD							
Removable P	rosthodontics								
Except when	noted, includes all lab costs and post delivery adjustments for 6 months following delivery. Replaced once i	delines.							
* Reline, repa	ir, rebase, and replace of thermoplastic partials is covered only on Advantage Plans. On Advantage Plans ac								
D5110	Complete upper denture	\$308.00	\$200.00	\$70.00	\$500.00	\$90.00	\$250.00	\$280.00	\$350.00
D5120	Complete lower denture	\$308.00	\$200.00	\$70.00	\$500.00	\$90.00	\$250.00	\$280.00	\$350.00
D5130	Immediate upper denture	\$308.00	\$225.00	\$70.00	\$500.00	\$90.00	\$250.00	\$280.00	\$350.00
D5140	Immediate lower denture	\$308.00	\$225.00	\$70.00	\$500.00	\$90.00	\$250.00	\$280.00	\$350.00
D5211	Upper partial denture - resin base	\$275.00	\$200.00	\$50.00	\$450.00	\$70.00	\$225.00	\$250.00	\$300.00
D5212	Lower partial denture - resin base	\$275.00	\$200.00	\$50.00	\$450.00	\$70.00	\$225.00	\$250.00	\$300.00
D5213	Upper partial denture - cast metal framework with resin denture bases	\$308.00	\$200.00	\$70.00	\$500.00	\$90.00	\$255.00	\$280.00	\$350.00
D5214	Lower partial denture - cast metal framework with resin denture bases	\$308.00	\$200.00	\$70.00	\$500.00	\$90.00	\$255.00	\$280.00	\$350.00
D5221	Immediate maxillary partial denture - resin base	\$275.00	\$200.00	\$50.00	\$450.00	\$70.00	\$225.00	\$250.00	\$300.00
D5222	Immediate mandibular partial denture - resin base	\$275.00	\$200.00	\$50.00	\$450.00	\$70.00	\$225.00	\$250.00	\$300.00
D5223	Immediate maxillary partial denture - metal framework	\$308.00	\$200.00	\$70.00	\$500.00	\$90.00	\$255.00	\$280.00	\$350.00
D5224	Immediate maxillary partial denture - metal framework	\$308.00	\$200.00	\$70.00	\$500.00	\$90.00	\$255.00	\$280.00	\$350.00
D5225	Upper partial denture - flexible base	NCB**							
D5226	Lower partial denture - flexible base	NCB**							
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$308.00	NCB**						
D5410	Adjust complete denture - upper	\$22.00	\$0.00	\$0.00	\$30.00	\$0.00	\$12.00	\$20.00	\$25.00
D5411	Adjust complete denture - lower	\$22.00	\$0.00	\$0.00	\$30.00	\$0.00	\$12.00	\$20.00	\$25.00
D5421	Adjust partial denture - upper	\$22.00	\$0.00	\$0.00	\$30.00	\$0.00	\$12.00	\$20.00	\$20.00
D5422	Adjust partial denture - lower	\$22.00	\$0.00	\$0.00	\$30.00	\$0.00	\$12.00	\$20.00	\$20.00
D5511	Repair broken complete denture base, mandibular. *	\$41.00	\$40.00	\$0.00	\$50.00	\$5.00	\$28.00	\$37.00	\$50.00
D5512	Repair broken complete denture base, maxillary. *	\$41.00	\$40.00	\$0.00	\$50.00	\$5.00	\$28.00	\$37.00	\$50.00
D5520	Replace missing or broken teeth - complete denture (each tooth)*	\$28.00	\$20.00	\$0.00	\$25.00	\$5.00	\$22.50	\$25.00	\$25.00
D5611	Repair resin denture base, mandibular.*	\$41.00	\$40.00	\$0.00	\$50.00	\$5.00	\$28.00	\$37.00	\$50.00
D5612	Repair resin denture base, maxillary.*	\$41.00	\$40.00	\$0.00	\$50.00	\$5.00	\$28.00	\$37.00	\$50.00
D5621	Repair cast partial framework, mandibular.	\$41.00	\$40.00	\$0.00	\$75.00	\$5.00	\$31.00	\$40.00	\$50.00
D5622	Repair cast partial framework, maxillary.	\$41.00	\$40.00	\$0.00	\$75.00	\$5.00	\$31.00	\$40.00	\$50.00
D5630	Repair or replace broken clasp*	\$28.00	\$25.00	\$0.00	\$50.00	\$5.00	\$31.00	\$25.00	\$25.00
D5640	Replace partial denture broken teeth - per tooth	\$28.00	\$20.00	\$0.00	\$50.00	\$5.00	\$31.00	\$25.00	\$25.00
D5650	Add tooth to existing partial denture*	\$44.00	\$40.00	\$0.00	\$40.00	\$5.00	\$31.00	\$40.00	\$50.00
D5660	Add clasp to existing partial denture*	\$44.00	\$40.00	\$0.00	\$40.00	\$5.00	\$31.00	\$40.00	\$50.00
D5670	Replace all teeth and acrylic on cast metal framework (Upper)	\$185.00	\$125.00	\$45.00	\$250.00	\$45.00	\$90.00	\$125.00	\$125.00
D5671	Replace all teeth and acrylic on cast metal framework (Lower)	\$185.00	\$125.00	\$45.00	\$250.00	\$45.00	\$90.00	\$125.00	\$125.00
D5710	Rebase complete upper denture	NCB**							
D5711	Rebase complete lower denture	NCB**							
D5720	Rebase upper partial denture	NCB**							
D5721	Rebase lower partial denture	NCB**							
D5730	Reline complete upper denture (chairside)	\$50.00	\$0.00	\$0.00	\$75.00	\$0.00	\$35.00	\$45.00	\$65.00
D5731	Reline complete lower denture (chairside)	\$50.00	\$0.00	\$0.00	\$75.00	\$0.00	\$35.00	\$45.00	\$65.00
D5740	Reline upper partial denture (chairside)	\$50.00	\$0.00	\$0.00	\$75.00	\$0.00	\$35.00	\$45.00	\$65.00
D5741	Reline lower partial denture (chairside)	\$50.00	\$0.00	\$0.00	\$75.00	\$0.00	\$35.00	\$45.00	\$65.00
D5750	Reline complete upper denture (laboratory)*	\$87.00	\$85.00	\$25.00	\$150.00	\$25.00	\$65.00	\$87.00	\$100.00
D5751	Reline complete lower denture (laboratory)*	\$87.00	\$85.00	\$25.00	\$150.00	\$25.00	\$65.00	\$87.00	\$100.00
D5760	Reline upper partial denture (laboratory)*	\$87.00	\$85.00	\$25.00	\$150.00	\$25.00	\$65.00	\$87.00	\$100.00
D5761	Reline lower partial denture (laboratory)*	\$87.00	\$85.00	\$25.00	\$150.00	\$25.00	\$65.00	\$87.00	\$100.00
D5820	Interim partial denture (upper)	\$185.00	\$125.00	\$40.00	\$250.00	\$50.00	\$100.00	\$150.00	\$150.00
D5821	Interim partial denture (lower)	\$185.00	\$125.00	\$40.00	\$250.00	\$50.00	\$100.00	\$150.00	\$150.00
D5850	Tissue conditioning, upper	NCB**							
D5851	Tissue conditioning, lower	NCB**							
D5876	Add metal substrate to new acrylic full denture (per arch)	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00
20070		Ψ200.00	φ200.00	Ψ200.00	Ψ200.00	φ200.00	Ψ200.00	Ψ200.00	Ψ200.00

Alternative Dentures, Full + Partial, & Relines

Control Priors Complex Lower Partial NGB*	Code	Description	<u>100</u>	<u>300</u>	<u>303/395</u>	<u>340</u>	<u>404/495</u>	<u>411</u>	<u>430</u>	<u>460</u>
Condicit Flaw Congress NCB ⁺ <t< td=""><td>dental offic</td><td></td><td>list is updated</td><td>regularly-con</td><td>tact the Plan fo</td><td>or a current lis</td><td>t of covered ma</td><td>aterials and ap</td><td>plicable copayr</td><td>nents.</td></t<>	dental offic		list is updated	regularly-con	tact the Plan fo	or a current lis	t of covered ma	aterials and ap	plicable copayr	nents.
Control Figure - Complet Lower Duratio NCB*			NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
General Completinger Denturie NGB** NGB** <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>NCB**</td><td>NCB**</td></t<>									NCB**	NCB**
General Compiles Lower Partial NGP*									NCB**	NCB**
Partial Claritor, Pasm Base NCB* NCB* <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>NCB**</td><td>NCB**</td></t<>									NCB**	NCB**
Singly NutualConfort Fac. Lower Partial NGP* NGP* <td></td> <td></td> <td>NOD</td> <td>NOD</td> <td>NCD</td> <td>NCD</td> <td>NCD</td> <td>NOD</td> <td>NOD</td> <td>NCD</td>			NOD	NOD	NCD	NCD	NCD	NOD	NOD	NCD
Single Number (Series - Loger Parial Research (Series - Research (Series			NCP**				NCP**	NCP**	NCB**	NCB**
General Looper Partial NGB**									NCB**	NCB**
General - Liver Partial NCB** NCB*										NCB*/
Entendiciong Upper Partial NCB+* NCB+* NCB** NCB** <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>NCB** NCB**</td><td></td></td<>									NCB** NCB**	
Entheliciospi - Liver Partial NGB** NGB** <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>NCB*</td></t<>										NCB*
CuS1 - Looper Partial NCB ¹¹ NCB ¹² </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>NCB**</td> <td>NCB*</td>									NCB**	NCB*
CaSI - Lower Partial NCB** NCB** </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>NCB**</td> <td>NCB**</td>									NCB**	NCB**
Valpate 1. Upper Partial VCB** NCB** NCB									NCB**	NCB**
Value Value Value NCB ^{**} NCB									NCB**	NCB**
Partial Derute - Cast Meel Base with Resin Sacidies NCB ⁺⁺ NCB									NCB**	NCB**
Control Files - Upper Partial NCB ⁺⁺ N			NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
Control Files - Lower Partial NGB** NGB** <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>										
Valpiast - Upper Parial NCB ⁺⁺		Comfort Flex - Upper Partial	NCB**		NCB**			NCB**	NCB**	NCB**
Valpase - Lower Parial NCB**		Comfort Flex - Lower Partial	NCB**	NCB**	NCB**	NCB**		NCB**	NCB**	NCB**
Denture Relines Denture Relines NCB** NC		Valplast - Upper Partial	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
PermaSch - Complete Upper Denture (Laboratory) NCB ⁺⁺ </td <td></td> <td>Valplast - Lower Partial</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td>		Valplast - Lower Partial	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
PermsSoft - Comjetet Lower Denture (Laboratory) NCB ¹⁺ <		Denture Relines								
Perma Partial Loboratory NCB** NCB** <td></td> <td>PermaSoft - Complete Upper Denture (Laboratory)</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td>		PermaSoft - Complete Upper Denture (Laboratory)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
Perma Partial Loboratory NCB** NCB** <td></td> <td>PermaSoft - Complete Lower Denture (Laboratory)</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td>		PermaSoft - Complete Lower Denture (Laboratory)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
PermaSoft - Partial Lower Denture (Laboratory) NCB** NCB*		PermaSoft - Partial Upper Denture (Laboratory)	NCB**	NCB**	NCB**		NCB**		NCB**	NCB**
D5900 - D5999 VII Maxillofacial Prosthetics - Not Covered D5000 - D5199 VII Impiant Services Many dental offices offer premium materials as alternatives to the standard porcelain/ceramic substrate and porcelain-fusar California Dental participating provider for the following copayments. "Crowns, bridges, inlays D6010 Surgical placement of impiant body, endosteal; includes cost of, and placement of, healing cap when indicated. NCB** NC			NCB**	NCB**					NCB**	NCB**
D6056 Prefabricated abutment, includes placement NCB** NCB** <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>NCB**</th> <th>NCB**</th>									NCB**	NCB**
D6658 Abutment supported porcelain/ceramic crown NCB** NCB** <td></td> <td></td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td> <td></td> <td>NCB**</td> <td></td> <td>NCB**</td> <td>NCB**</td>			NCB**	NCB**	NCB**		NCB**		NCB**	NCB**
D6059 Abutment supported porcelain/high noble crown NCB**									NCB**	NCB**
D6060 Abutment supported porcelain/base metal crown NCB**									NCB**	NCB**
D6661 Abutment supported porcelain/noble metal crown, high noble NCB**										
D6662 Abutment supported cast metal crown, high noble NCB** NCB									NCB**	NCB**
D6063Abutment supported cast metal crown, base metalNCB**									NCB**	NCB**
D6064Abutment supported cast metal crown, noble metalNCB** <th< td=""><td>D6062</td><td>Abutment supported cast metal crown, high noble</td><td></td><td></td><td></td><td></td><td></td><td></td><td>NCB**</td><td>NCB**</td></th<>	D6062	Abutment supported cast metal crown, high noble							NCB**	NCB**
D6065Implant supported porcelain/ceramic crownNCB**<	D6063	Abutment supported cast metal crown, base metal	NCB**	NCB**	NCB**	NCB**	NCB**		NCB**	NCB**
D6066Implant supported porcelain/metal crownNCB** <td>D6064</td> <td>Abutment supported cast metal crown, noble metal</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td>	D6064	Abutment supported cast metal crown, noble metal	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6066Implant supported porcelain/metal crownNCB** <td>D6065</td> <td>Implant supported porcelain/ceramic crown</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td>	D6065	Implant supported porcelain/ceramic crown	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6067Implant supported metal crownNCB**NCB*	D6066		NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6068Abutment supported retainer, porcelain/ceramic FPDNCBNCBNCB**N			NCB**	NCB**	NCB**		NCB**	NCB**	NCB**	NCB**
D6069 Abutment supported retainer, metal FPD, high noble NCB**									NCB**	NCB**
D6070 Abut. support. retainer, porc./metal FPD, base metal NCB**									NCB**	NCB**
D6071 Abut. support. retainer, porc./metal FPD, noble NCB** NCB** <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>NCB**</td><td>NCB**</td></td<>									NCB**	NCB**
D6072 Abut. support. retainer, cast metal FPD, high noble NCB**									NCB**	NCB**
D6073 Abut. support. retainer, cast metal FPD, base metal NCB**									NCB**	NCB
D6074 Abut. support. retainer, cast metal FPD, noble NCB**									NCB**	NCB
D6075 Implant supported retainer for ceramic FPD NCB** NCB*									NCB**	NCB
D6076 Implant supported retainer for porc./metal FPD NCB**									NCB**	NCB
D6077 Implant supported retainer for cast metal FPD NCB** N									NCB**	NCB**
Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of NCB**										NCB**
the implant surfaces, without flap entry and closure. This procedure is not to be performed on the same day as D1110, D4346, or D4910.									NCB** NCB**	NCB**
D6081 D1110, D4346, or D4910.			NCB	NCB.,	NCB	NCB.,	NCB	NCB.*	NCB	NCB**
	18081									
		Provisional implant crown	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	50000	r rovisionar imprant crown	NCD	NUD "	INCD	NCD "	NCD	INCD .	NCD	NUD

Code	Description	<u>100</u>	<u>300</u>	<u>303/395</u>	<u>340</u>	<u>404/495</u>	<u>411</u>	<u>430</u>	<u>460</u>
D6092	Recement implant/abutment supported crown	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6093	Recement implant/abutment supported FPD	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6094	Abutment supported crown, titanium	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6194	Abut. supported retainer crown, FPD, titanium	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
Fixed Prostho	dontics_								
	ses, liners, adhesives, bonding agents, desensitizing agents, removal of existing restorations, lab costs, an								
D6210	Pontic - cast high noble metal	\$175.00	\$175.00	\$90.00	\$350.00	\$105.00	\$145.00	\$177.00	\$200.00
D6211	Pontic - cast predominantly base metal	\$175.00	\$175.00	\$90.00	\$350.00	\$105.00	\$145.00	\$177.00	\$200.00
D6212	Pontic - cast noble metal	\$175.00	\$175.00	\$90.00	\$350.00	\$105.00	\$145.00	\$177.00	\$200.00
D6214 D6240	Pontic- titanium (includes porcelain fused to titanium) Pontic - porcelain fused to high noble metal	NCB** \$200.00	NCB** \$200.00	NCB** \$90.00	\$350.00 \$350.00	NCB** \$105.00	NCB** \$165.00	NCB** \$187.00	NCB** \$200.00
D6240	Pontic - porcelain fused to predominantly base metal	\$200.00 \$200.00	\$200.00 \$200.00	\$90.00 \$90.00	\$350.00 \$350.00	\$105.00 \$105.00	\$165.00 \$165.00	\$187.00 \$187.00	\$200.00 \$200.00
D6242	Pontic - porcelain fused to predominantly base metal	\$200.00	\$200.00	\$90.00	\$350.00	\$105.00	\$165.00	\$187.00	\$200.00 \$200.00
624MLR	Pontic- porcelain fused to hole instant Pontic- porcelain fused to any metal for molars	\$295.00	\$275.00	\$170.00	\$425.00	\$185.00	\$250.00	\$262.00	\$275.00
D6245	Pontic – porcelain/ceramic	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6250	Pontic - resin with high noble metal	\$155.00	\$200.00	\$90.00	\$350.00	\$105.00	\$145.00	\$155.00	\$175.00
D6251	Pontic - resin with predominantly base metal	\$155.00	\$200.00	\$90.00	\$350.00	\$105.00	\$145.00	\$155.00	\$175.00
D6252	Pontic - resin with noble metal	\$155.00	\$200.00	\$90.00	\$350.00	\$105.00	\$145.00	\$155.00	\$175.00
	Provisional Pontic- When final impression not taken and when replacing anterior tooth lost or anterior prosthesis	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
D6253	being replaced while covered by CDN								
D6600	Inlay - porcelain/ceramic, 2 surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6601	Inlay - porcelain/ceramic, 3 or more surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
Fixed Prostho									
	ses, liners, adhesives, bonding agents, desensitizing agents, removal of existing restorations, lab costs, an								
D6602	Inlay - cast high noble metal, 2 surfaces	70% of UCR*	\$100.00	\$35.00	\$250.00	\$75.00	\$70.00	\$115.00	\$175.00
D6603	Inlay - cast high noble metal, 3 or more surfaces	70% of UCR*	\$100.00	\$35.00	\$250.00	\$75.00	\$90.00	\$115.00	\$175.00
D6604 D6605	Inlay - cast predominantly base metal, 2 surfaces	70% of UCR*	\$100.00 \$100.00	\$35.00 \$35.00	\$250.00 \$250.00	\$75.00 \$75.00	\$70.00 \$90.00	\$115.00 \$115.00	\$175.00 \$175.00
D6606	Inlay - cast predominantly base metal, 3 or more surfaces Inlay - cast noble metal, 2 surfaces	70% of UCR* 70% of UCR*	\$100.00	\$35.00 \$35.00	\$250.00 \$250.00	\$75.00 \$75.00	\$90.00 \$70.00	\$115.00 \$115.00	\$175.00 \$175.00
D6607	Inlay - cast noble metal, 3 or more surface	70% of UCR*	\$100.00	\$35.00	\$250.00	\$75.00	\$90.00	\$115.00	\$175.00
D6608	Onlay -porcelain/ceramic, 2 surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6609	Onlay - porcelain/ceramic, 3 or more surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6610	Onlay - cast high noble metal, 2 surfaces	70% of UCR*	\$185.00	\$90.00	\$300.00	\$105.00	\$140.00	\$145.00	\$250.00
D6611	Onlay - cast high noble metal, 3 or more surfaces	70% of UCR*	\$185.00	\$90.00	\$300.00	\$105.00	\$140.00	\$145.00	\$250.00
D6612	Onlay - cast predominantly base metal, 2 surfaces	70% of UCR*	\$185.00	\$90.00	\$300.00	\$105.00	\$140.00	\$145.00	\$250.00
D6613	Onlay - cast predominantly base metal, 3 or more surfaces	70% of UCR*	\$185.00	\$90.00	\$300.00	\$105.00	\$140.00	\$145.00	\$250.00
D6614	Onlay - cast noble metal, 2 surfaces	70% of UCR*	\$185.00	\$90.00	\$300.00	\$105.00	\$140.00	\$145.00	\$250.00
D6615	Onlay - cast noble metal, 3 or more surfaces	70% of UCR*	\$185.00	\$90.00	\$300.00	\$105.00	\$140.00	\$145.00	\$250.00
D6624	Inlay - titanium	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6634 D6720	Onlay - titanium Crown - resin with high noble metal	NCB** \$154.00	NCB** \$200.00	NCB**	NCB** \$300.00	NCB**	NCB**	NCB**	NCB** \$175.00
D6721	Crown - resin with high hobe metal	\$154.00 \$154.00	\$200.00 \$200.00	\$90.00 \$90.00	\$300.00 \$300.00	\$105.00 \$105.00	\$145.00 \$145.00	\$185.00 \$185.00	\$175.00 \$175.00
D6722	Crown - resin with predominantly base metal	\$154.00	\$200.00	\$90.00	\$300.00	\$105.00	\$145.00	\$185.00	\$175.00
D6740	Crown-porcelain/ceramic	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6750	Crown - porcelain fused to high noble metal	\$220.00	\$200.00	\$90.00	\$400.00	\$105.00	\$165.00	\$200.00	\$275.00
D6751	Crown - porcelain fused to predominantly base metal	\$220.00	\$200.00	\$90.00	\$400.00	\$105.00	\$165.00	\$200.00	\$275.00
D6752	Crown - porcelain fused to noble metal	\$220.00	\$200.00	\$90.00	\$400.00	\$105.00	\$165.00	\$200.00	\$275.00
675MLR	Crown-porcelain fused to any metal for Molars	\$295.00	\$275.00	\$170.00	\$475.00	\$185.00	\$250.00	\$275.00	\$350.00
D6780	Crown - 3/4 cast high noble metal	\$204.00	\$200.00	\$90.00	\$400.00	\$105.00	\$145.00	\$185.00	\$200.00
D6781	Crown - 3/4 cast predominantly base metal	\$204.00	\$200.00	\$90.00	\$400.00	\$105.00	\$145.00	\$185.00	\$200.00
D6782	Crown - 3/4 cast noble metal	\$204.00	\$200.00	\$90.00	\$400.00	\$105.00	\$145.00	\$185.00	\$200.00
D6783	Crown - 3/4 porcelain/ceramic	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6790	Crown - full cast high noble metal	\$204.00	\$200.00	\$90.00	\$400.00	\$105.00	\$145.00	\$185.00	\$200.00
D6791 D6792	Crown - full cast predominantly base metal	\$204.00	\$200.00	\$90.00	\$400.00 \$400.00	\$105.00	\$145.00	\$185.00	\$200.00
D0/92	Crown - full cast noble metal	\$204.00	\$200.00	\$90.00	\$400.00	\$105.00	\$145.00	\$185.00	\$200.00

Code	Description	<u>100</u>	<u>300</u>	<u>303/395</u>	<u>340</u>	404/495	<u>411</u>	<u>430</u>	<u>460</u>
D6793	Provisional retainer crown - When final impression not taken and when replacing anterior tooth lost or anterior prosthesis being replaced while covered by CDN	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
D6794	Crown - titanium (includes porcelain fused to titanium)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6930	Recement or rebond fixed partial denture	\$25.00	\$25.00	\$0.00	\$45.00	\$0.00	\$18.00	\$25.00	\$25.00
20000	Fixed partial denture repair, necessitated by restorative material failure. Not allowed to be charged by same	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00
D6980	provider within 24 months of the original restoration	φ00.00	φ00.00	φ00.00	φ00.00	400.00	φ00.00	\$00.00	φ00.00
D6985	Pediatric partial dentureFixed, temporary	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
Alternative Bri	dge Materials								
	fices offer premium materials as alternatives to the standard porcelain/ceramic substrate and porcelain-fu reclain/ceramic substrate crown	isur California De	ntal participati	ng provider fo	or the following	copayments.	*Crowns, brid	ges, inlays, and	d onlays, fabri
10	CEREC, Full-Z, Bruzzir, Lava, Prismatik	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	CEREC Blue Block, e.Max, Procera	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	Lava (layered), e.Max (layered), Procera (Layered)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
Por	celain fused to high noble crown								
1.01	Captek, Bio-2000	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	Occlusal Gold, Design, Synspar	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
Oral Surgery									
Includes sutur	es and clotting agents; extractions include minor smoothing of bone.								
D7111	Extraction, coronal remnants - primary tooth	\$21.00	\$10.00	\$0.00	\$50.00	\$5.00	\$19.00	\$19.00	\$25.00
D7140	Extraction, erupted tooth or exposed root	\$21.00	\$0.00	\$0.00	\$50.00	\$5.00	\$19.00	\$19.00	\$25.00
D7210	Surgical removal of erupted tooth	\$45.00	\$45.00	\$0.00	\$75.00	\$25.00	\$40.00	\$45.00	\$45.00
D7220	Removal of impacted tooth - soft tissue	\$65.00	\$60.00	\$0.00	\$100.00	\$30.00	\$50.00	\$60.00	\$60.00
D7230	Removal of impacted tooth - partially bony	70% of UCR*	\$75.00	\$0.00	\$145.00	\$40.00	\$65.00	\$75.00	\$75.00
D7240	Removal of impacted tooth - completely bony	70% of UCR*	70% of UCR*	\$0.00	70% of UCR*	\$50.00	70% of UCR*	70% of UCR*	70% of UCR*
D7241	Removal of impacted tooth - completely bony, with unusual complications	70% of UCR*	70% of UCR*	\$0.00	70% of UCR*	\$50.00	70% of UCR*	70% of UCR*	70% of UCR*
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$45.00	70% of UCR*	\$0.00	70% of UCR*	\$25.00	70% of UCR*	70% of UCR*	70% of UCR*
D7251	Coronectomy - intentional partial tooth removal	70% of UCR*			70% of UCR*		70% of UCR*		70% of UCR*
D7270	Tooth reimplantation and/or stabilization of accidentally displaced tooth	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D7310	Alveoplasty in conjunction with extractions - 4 or more contiguous teeth per quadrant	70% of UCR*	\$100.00		70% of UCR*	\$50.00		70% of UCR*	
D7311	Alveoplasty in conjunction with extractions - 1 to 3 teeth/spaces per quadrant	70% of UCR*	\$100.00		70% of UCR*	\$50.00		70% of UCR*	
D7320	Alveoplasty not in conjunction with extractions - 4 or more contiguous teeth per quadrant	70% of UCR*	\$100.00		70% of UCR*	\$50.00		70% of UCR*	
D7321	Alveoplasty not in conjunction with extractions - 1 to 3 teeth/spaces per quadrant	70% of UCR*	\$100.00		70% of UCR*	\$50.00	\$80.00	70% of UCR*	
D7510	Incision and drainage of abscess - intraoral soft tissue	\$40.00	\$25.00	\$0.00	\$75.00	\$0.00	\$30.00	\$40.00	\$40.00
	only when provided by participating orthodontist)								
- Covered fo D8020	or up to 24 months of active treatment Limited orthodontic treatment of the transitional dentition*	\$1,050.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
D8020	Limited of hodontic treatment of the adolescent dentition*	\$1,050.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
D8040	Limited orthodontic treatment of the adult dentition*	\$1,050.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
D8050	Interceptive orthodontic treatment of the primary dentition*	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D8060	Interceptive orthodontic treatment of the transitional dentition*	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D8070	Comprehensive orthodontic treatment of the transitional dentition*	\$2,095.00	\$1,695.00	\$1,695.00	\$1,775.00	\$1,695.00	\$1,695.00	\$1,775.00	\$1,775.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition*	\$2,095.00	\$1,695.00	\$1,695.00	\$1,775.00	\$1,695.00	\$1,695.00	\$1,775.00	\$1,775.00
D8090	Comprehensive orthodontic treatment of the adult dentition*	\$2,095.00	\$1,695.00	\$1,695.00	\$1,975.00	\$1,695.00	\$1,695.00	\$1,975.00	\$1,975.00
D8660	pre-orthodontic treatment visit examination to monitor growth and development	\$20.00	\$40.00	\$40.00	\$25.00	\$40.00	\$40.00	\$25.00	\$25.00
D8670	Periodic orthodontic treatment visit (as part of contract)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D8680	Orthodontic retention - Per Arch	\$150.00	\$150.00	\$150.00	UCR*	\$150.00	\$150.00	UCR*	UCR*
D8681	Removable orthodontic retainer adjustment	\$22.00	\$0.00	\$0.00	\$30.00	\$0.00	\$12.00	\$20.00	\$20.00
D8695	removal of fixed orthodontic appliances for reasons other than completion of treatment	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
D8999	Orthodontic Treatment Plan and Records(pre/post x-rays, photos, study models)	\$200.00	UCR*	UCR*	UCR*	UCR*	UCR*	UCR*	UCR*
	Active Orthodontic Treatment beyond 24 months - Per Visit. Except on Advantage Plans, Orthodontists may	See Code	See Code	See Code	See Code	See Code	UCR*	See Code	UCR*
	charge Members additional fees for costs of cases over 24 months, based on the differences in UCR fees for	Description.	Description.	Description.	Description.	Description.		Description.	
D8999	the needed treatment periods less the UCR fees for a 24 month period.								
	Appliances (head gear, maxillary expansion, etc.) may be required in addition to full banding.	UCR*	UCR*	UCR*	UCR*	UCR*	UCR*	UCR*	UCR*

Adjunctive General Services

Code	Description	<u>100</u>	<u>300</u>	<u>303/395</u>	<u>340</u>	<u>404/495</u>	<u>411</u>	<u>430</u>	<u>460</u>
* - Covered	only for the removal of impacted wisdom teeth (1,16,17 & 32)								
- Covered	only when performed by the Member's primary general dentist.								
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$20.00	\$20.00	\$5.00	\$25.00	\$5.00	\$10.00	\$20.00	\$20.00
D9120	Sectioning of fixed partial denture (bridge)	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.0
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
D9215	Local anesthesia	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
D9222	Deep sedation/general anesthesia – first 15 minutes*	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB ³
D9223	Deep sedation/general anesthesia - each subsequent 15 minutes*	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide*	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes*	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB ³
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minutes*	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB ³
	Consultation & Second Opinion, with prior authorization from Plan. Diagnostic service provided by dentist or	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.0
D9310	physician other than requesting dentist or physician, not chargeable on same day as therapeutic services.								
D9311	Consultation with a medical health care professional	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
D9430	Office visit for observation (during regularly scheduled hours)	\$8.00	\$20.00	\$0.00	\$20.00	\$0.00	\$0.00	\$8.00	\$8.0
D9440	Office visit - after regularly scheduled hours	\$25.00	\$25.00	\$10.00	\$50.00	\$10.00	\$20.00	\$25.00	\$25.0
D9450	Case presentation, detailed and extensive treatment planning	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
D9999	Office visit - during regular office hours in addition to other charges	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB
D9630	Other drugs and/or medicaments dispensed in the office for home use.	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB
D9910	Application of desensitizing medicament, per visit. (not to be used under restorations)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth (not to be used under restorations)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB
D9930	Treatment of complication (post-surgical), unusual circumstances, by report	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.0
D9932	In office cleaning and inspection of removable complete upper denture. Limited to once every 6 months.	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB
D9933	In office cleaning and inspection of removable complete lower denture. Limited to once every 6 months.	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB
D9934	In office cleaning and inspection of removable partial upper denture. Limited to once every 6 months.	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB
D9935	In office cleaning and inspection of removable partial lower denture. Limited to once every 6 months.	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB
D9942	Repair/reline occlusal guard	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB
D9943	Occlusal guard adjustment. Coverage is limited to only soft guards that are a Plan covered benefit.	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB
D9944	occlusal guard – hard appliance, full arch	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB
D9945	occlusal guard – soft appliance, full arch	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB
D9946	occlusal guard – hard appliance, partial arch	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB
D9951	Occlusal adjustment - limited	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
D9961	duplicate/copy patient's records	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.0
D9972	External bleaching - per arch, performed in office	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB
D9973	External bleaching - per tooth	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB
D9975	External bleaching for home application- per arch	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB
D9986	Missed appointment	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.0
D9987	Cancelled appointment	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.0
D9990	certified translation or sign-language services per visit. Contact the Plan to arrange services at no charge to merr	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
D9991	Dental case management - addressing appointment compliance barriers	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB
D9992	Dental case management -Care coordination across multiple providers	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB
D9993	Dental case management - motivational interviewing	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB
D9994	Dental case management - patient education to improve oral health literacy	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB
D9995	teledentistry – synchronous; real-time encounter#	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
D9996	teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review#	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
D9999	Broken Appointment - less than 24 notice	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.0
D9999	Broken Specialist Appointment - less than 24 notice	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.0
	Specialty Type) 30 E 30	300: Type A 0SW: Type B) 00LS: Type C # 300S: Type D 3	03LS: Type C	40	404: Type A 04SW: Type B 104LS: Type C 404S: Type D 495: Type E	411: Type A		Indiv: Type roup: Type

Code	Description	<u>465</u>	<u>501</u>	<u>505</u>	<u>595</u>	<u>530</u>	600	<u>665</u>
Diagnostic Se	ervices							
All radiograp	hs and all diagnostic images include reading and interpretation by any contracting provider. Contracted de	r						
	Office Visit (includes infection control)	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00	\$5.00	\$5.00
D0120	Periodic oral evaluation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0140	Limited oral evaluation - problem focused	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0145	Oral evaluation for a patient under 3 years of age and counseling with primary caregiver	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0150	Comprehensive oral evaluation - new or established patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0170	Re-evaluation - limited, problem focused	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0171	Re-evaluation - post operative visit	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0180	Comprehensive periodontal evaluation - new or established patient	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
D0210	Intraoral - complete series (including bitewings)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0220	Intraoral - periapical first image	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0230	Intraoral - periapical each additional image	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0240	Intraoral - occlusal image	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0250	Extra-oral – first 2D projection radiographic image created using a stationary radiation source, and detector.	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D0270	Bitewing - single image	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0272	Bitewings - two images	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0273	Bitewings, 3 images	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0274	Bitewings - four images	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0277	Vertical bitewings - 7 to 8 images	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D0330	Panoramic image	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0350	2D Oral/facial photographic images, non-orthodontic, obtained intraorally or extraorally	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0460	Pulp vitality tests	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0470	Diagnostic casts, non-orthodontic	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
D0601	Caries risk assessment and documentation, with a finding of low risk	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0602	Caries risk assessment and documentation, with a finding of moderate risk	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D0603	Caries risk assessment and documentation, with a finding of high risk	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Preventive Se # - Proced	<u>ervices</u> ures limited to once every 6 months, covered only at the General Dentist's Office.							
	one every 12 months on all Basic Plans, Advantage Plans-once every 6 months.							
D1110	Prophylaxis - adult [#]	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10.00	\$10.00
D1110	Prophylaxis - adult (each additional)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	Prophylaxis - child #	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10.00	\$10.00
D1120								
D1120	Prophylaxis - child (each additional)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	Topical Flouride Varnish -children to age 14 (except on Advantage Plans: no age limit). Chargeable on a per	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00
D1206	visit basis, not per tooth.*	* ****	* 2.22	* *		* *	* •••••	* ****
D1208	Topical application of fluoride - excluding varnish-children to age 14 (except on Advantage Plans: no age limit) st	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D1208	Nutritional counseling for control of dental disease	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D1320	Tobacco counseling for the control and prevention of oral disease	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D1320	Oral hygiene instructions	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D1350 D1351	Sealant - per tooth	\$20.00	\$25.00	\$5.00	\$0.00	\$25.00	\$25.00	\$0.00
D1351 D1352	Preventive resin restoration - permanent tooth - including placement of a sealant in non-carious pits and fissures	\$20.00	\$25.00 \$25.00	\$5.00 \$5.00	\$5.00 \$5.00	\$25.00	\$25.00 \$25.00	\$25.00
D1352	Sealant repair-per tooth. May not be charged by placing provider within 18mos of initial placement.	\$20.00	\$25.00	\$5.00	\$5.00	\$25.00	\$25.00	\$25.00
D1353		\$20.00	\$25.00 \$25.00	\$5.00 \$5.00	\$5.00 \$5.00	\$25.00	\$25.00 \$25.00	\$25.00 \$25.00
D1354	Interim Caries arresting medicament application-per tooth. Does not include dental fluoride varnish application.	ψ20.00	φ23.00	φ5.00	φ0.00	φ25.00	φ23.00	φ25.00
D1510	Space maintainer - fixed - unilateral	70% of UCR*	\$50.00	\$45.00	\$45.00	70% of UCR*	70% of UCR*	70% of UCR*
D1516	Space Maintainer, Fixed, mandibular.	70% of UCR*	\$50.00	\$45.00	\$45.00			70% of UCR*
D1517	Space Maintainer, Fixed, maxillary.	70% of UCR*	\$50.00	\$45.00	\$45.00		70% of UCR*	
D1520	Space maintainer - removable - unilateral	70% of UCR*	\$100.00	\$45.00	\$45.00		70% of UCR*	70% of UCR*
D1526	Space Maintainer, removable, maxillary.	70% of UCR*	\$100.00	\$45.00	\$45.00		70% of UCR*	
D1527	Space Maintainer, removable, madiliallar.	70% of UCR*	\$100.00	\$45.00	\$45.00		70% of UCR*	70% of UCR*
D1550	Recement or rebond space maintainer	70% of UCR*	\$30.00	\$10.00	\$10.00		\$10.00	\$15.00
D1555	Removal of fixed space maintainer	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
D1575	Distal shoe space maintainer - fixed - unilateral	70% of UCR*	\$50.00	\$45.00			70% of UCR*	
51010		10/00/0000	ψ00.00	ψ-0.00	φ+0.00	1370 01 001	10/00/0000	10/00/0000

Code	Description	<u>465</u>	<u>501</u>	<u>505</u>	<u>595</u>	<u>530</u>	<u>600</u>	<u>665</u>
Restorative Se	ervices							
Includes all ba	ases, liners, adhesives, bonding agents, desenstizing agents, removal of existing restorations.							
D2140	Amalgam - 1 surface, primary or permanent	\$10.00	\$25.00	\$4.00	\$4.00	\$22.00	\$10.00	\$10.00
D2150	Amalgam - 2 surfaces, primary or permanent	\$15.00	\$32.00	\$5.00	\$5.00	\$28.00	\$17.00	\$17.00
D2160	Amalgam - 3 surfaces, primary or permanent	\$20.00	\$42.00	\$6.00	\$6.00	\$31.00	\$22.00	\$22.00
D2161	Amalgam - 4 or more surfaces, primary or permanent	\$25.00	\$53.00	\$8.00	\$8.00	\$35.00	\$27.00	\$27.00
D2330	Resin-based composite - 1 surface, anterior	\$25.00	\$38.00	\$14.00	\$14.00	\$35.00	\$25.00	\$25.00
D2331	Resin-based composite - 2 surfaces, anterior	\$25.00	\$76.00	\$14.00	\$14.00	\$35.00	\$50.00	\$50.00
D2332	Resin-based composite - 3 surfaces, anterior	\$25.00	\$114.00	\$14.00	\$14.00	\$35.00	\$75.00	\$75.00
D2335	Resin-based composite - 4 or more surfaces or involving incisal angle (anterior)	\$40.00	\$164.00	\$16.00	\$16.00	\$37.00	\$100.00	\$100.00
D2390	Resin-based composite crown, anterior	\$50.00	\$175.00	\$18.00	\$18.00	\$45.00	\$100.00	\$100.00
	Resin-based composite - 1 surface, posterior. Except on Advantage Plans and Plan 309 (with coverage on all	\$50.00	\$125.00	\$18.00	\$18.00	\$45.00	\$35.00	\$35.00
D2391	surfaces), Covered for Facial surfaces of Bicuspids Only, when Caries or Failing Restoration Exists.	\$00.00	¢.20.00	¢10.00	¢10.00	\$10.00	\$66.66	<i>\\</i>
D2392	Resin-based composite - 2 surfaces, posterior	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2393	Resin-based composite - 3 surfaces, posterior	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2394	Resin-based composite - 4 or more surfaces, posterior	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
Inlays/Onlays								
	ases, liners, adhesives, bonding agents, desensitizing agents, removal of existing restorations, lab costs, an							
D2510	Inlay - metallic - 1 surface	\$175.00	\$150.00	\$70.00	\$70.00	\$115.00	\$175.00	\$225.00
D2520	Inlay - metallic - 2 surfaces	\$175.00	\$150.00	\$70.00	\$70.00	\$115.00	\$175.00	\$225.00
D2530	Inlay - metallic - 3 or more surfaces	\$175.00	\$150.00	\$90.00	\$90.00	\$115.00	\$175.00	\$225.00
D2542	Onlay - metallic - 2 surfaces	\$250.00	\$200.00	\$120.00	\$120.00	\$154.00	\$250.00	\$285.00
D2543	Onlay - metallic - 3 surfaces	\$250.00	\$200.00	\$120.00	\$120.00	\$154.00	\$250.00	\$285.00
D2544	Onlay - metallic - 4 or more surfaces	\$250.00	\$200.00	\$120.00	\$120.00	\$154.00	\$250.00	\$285.00
D2610	Inlay - porcelain/ceramic - 1 surface	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2620	Inlay - porcelain/ceramic - 2 surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2630	Inlay - porcelain/ceramic - 3 or more surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2642	Onlay - porcelain/ceramic - 2 surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2643	Onlay - porcelain/ceramic - 3 surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2644	Onlay - porcelain/ceramic - 4 or more surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2650	Inlay - resin-based composite - 1 surface	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2651	Inlay - resin-based composite - 2 surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2652	Inlay - resin-based composite - 3 or more surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2662	Onlay - resin-based composite - 2 surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2663	Onlay - resin-based composite - 3 surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2664	Onlay - resin-based composite - 4 or more surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
Crowns								
	ases, liners, adhesives, bonding agents, desensitizing agents, removal of existing restorations, lab costs, an							
	<i>i</i> at the General Dentist's office unless specific prior authorization given by Plan for specialist to perform.							
D2710	Crown - resin-based composite (indirect)	\$145.00	\$150.00	\$105.00	\$105.00	\$115.00	\$105.00	\$105.00
D2720	Crown - resin with high noble metal	\$175.00	\$280.00	\$156.00	\$156.00	\$154.00	\$285.00	\$285.00
D2721	Crown - resin with predominantly base metal	\$175.00	\$280.00	\$156.00	\$156.00	\$154.00	\$285.00	\$285.00
D2722	Crown - resin with noble metal	\$175.00	\$280.00	\$156.00	\$156.00	\$154.00	\$285.00	\$285.00
D2740	Crown - porcelain/ceramic	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2750	Crown - porcelain fused to high noble metal	\$275.00	\$280.00	\$156.00	\$156.00	\$220.00	\$285.00	\$285.00
D2751	Crown - porcelain fused to high hole metal	\$275.00	\$280.00	\$156.00	\$156.00	\$220.00	\$285.00	\$285.00
D2752	Crown - porcelain fused to noble metal	\$275.00	\$280.00	\$156.00	\$156.00	\$220.00	\$285.00	\$285.00
275MLR	Crown-porcelain fused to any metal for molars	\$350.00	\$390.00	\$236.00	\$236.00	\$275.00	\$285.00	\$285.00
D2780	Crown - 3/4 cast high noble metal	\$250.00	\$235.00	\$142.00	\$142.00	\$204.00	\$285.00	\$285.00
D2780	Crown - 3/4 cast high house metal	\$250.00	\$235.00	\$142.00	\$142.00	\$204.00 \$204.00	\$285.00	\$285.00
D2781	Crown - 3/4 cast predominantly base metal	\$250.00 \$250.00	\$235.00 \$235.00	\$142.00 \$142.00	\$142.00	\$204.00 \$204.00	\$285.00 \$285.00	\$285.00 \$285.00
D2782 D2783	Crown - 3/4 porcelain/ceramic	\$250.00 NCB**	\$235.00 NCB**	\$142.00 NCB**	\$142.00 NCB**	\$204.00 NCB**	\$265.00 NCB**	\$265.00 NCB**
D2783 D2790								
	Crown - full cast high noble metal	\$250.00	\$235.00	\$142.00	\$142.00	\$204.00	\$285.00	\$285.00 \$285.00
D2791	Crown - full cast predominantly base metal	\$250.00	\$235.00	\$142.00	\$142.00	\$204.00	\$285.00	\$285.00
D2792	Crown - full cast noble metal	\$250.00	\$235.00	\$142.00	\$142.00	\$204.00	\$285.00	\$285.00
D2794	Crown-Titanium, Includes full titanium and porcelain fused to titanium,	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**

Code	Description	<u>465</u>	<u>501</u>	<u>505</u>	<u>595</u>	<u>530</u>	<u>600</u>	<u>665</u>
D2794M	Occurs The sines hashed a full the sines and a secolar free of the theories. for an days	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2794W	Crown-Titanium, Includes full titanium and porcelain fused to titanium, for molars. Provisional crown—further treatment or completion of diagnosis necessary prior to final impression.	\$20.00	\$0.00	\$20.00	\$20.00	\$0.00	\$0.00	\$0.00
D2/99	Recement or rebond inlay, onlay, veneer or partial coverage restorations. Except on Advantage Plans and	\$20.00	\$0.00 \$18.00	\$20.00 \$10.00	\$20.00 \$10.00	\$0.00 \$12.00	\$0.00 \$10.00	\$0.00 \$15.00
D2910	Cosmetic Benefits Rider, D2910 shall only be covered when recementing metallic substrate restorations.	\$12.00	\$10.00	\$10.00	\$10.00	\$12.00	\$10.00	\$15.00
D2910 D2915	Recement or rebond cast indirectly fabricated or prefabricated post and core	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
D2910	Recement or rebond crown	\$12.00	\$18.00	\$10.00	\$10.00	\$12.00	\$10.00	\$15.00
D2920 D2929	Prefabricated porcelain/ceramic crown - primary tooth	NCB**	NCB**	NCB**	\$10.00 NCB**	NCB**	\$10.00 NCB**	\$15.00 NCB**
D2929 D2930	Prefabricated porcelan/ceranic crown - primary tooth	\$50.00	\$50.00	\$17.00	\$17.00	\$45.00	\$17.00	\$17.00
D2930 D2931	Prefabricated stainless steel crown - permanent tooth	\$50.00	\$50.00	\$17.00	\$17.00	\$45.00 \$45.00	\$45.00	\$45.00
D2931 D2932	Prefabricated resin crown	\$50.00 NCB**	\$50.00 NCB**	\$17.00 NCB**	NCB**	\$45.00 NCB**	\$45.00 NCB**	\$45.00 NCB**
D2932 D2933	Prefabricated stainless crown with resin window	NCB	NCB	NCB**	NCB NCB**	NCB	NCB**	NCB
D2933 D2934	Prefabricated stainless crown with resin window Prefabricated esthetic coated stainless steel crownprimary tooth	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2934 D2940		\$10.00			\$5.00	\$7.00	\$5.00	
	Sedative filling		\$7.00	\$5.00				\$5.00
D2941	Interim therapeutic restoration-primary dentition	\$10.00	\$7.00	\$5.00	\$5.00	\$7.00	\$5.00	\$5.00
D2949	Restorative foundation for an indirect restoration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D2950	Core buildup, including any pins when required*	\$0.00	\$20.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25.00
D2951	Pin retention - per tooth, in addition to restoration*	\$0.00	\$20.00	\$5.00	\$5.00	\$0.00	\$5.00	\$10.00
D2952	Indirectly fabricated post and core in addition to crown	\$75.00	\$99.00	\$65.00	\$65.00	\$77.00	\$25.00	\$45.00
D2953	Each additional indirectly fabricated post - same tooth	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D2954	Prefabricated post and core in addition to crown*	\$70.00	\$77.00	\$35.00	\$35.00	\$75.00	\$25.00	\$25.00
D2955	Post removal (not chargeable when in conjunction with endodontic therapy)*	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2957	Each additional prefabricated post - same tooth*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D2980	Crown repair, by report	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00
	Inlay repair due to restorative material failure- not allowed to be charged by same provider within 24 months of	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2981	the original restoration.							
	Onlay repair due to restorative material failure- not allowed to be charged by same provider within 24 months of	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2982	the original restoration.							
D2990	Resin infiltration of incipient smooth surface lesions.	\$20.00	\$25.00	\$5.00	\$5.00	\$25.00	\$25.00	\$25.00
	ers (replaced once every 5 years)							
D2961	Labial veneer (resin laminate) - laboratory	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2962	Labial veneer (porcelain laminate) - laboratory	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	Veneer repair due to restorative material failure not allowed to be charged by same provider within 24 months	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D2983	of the original restoration							
	<u>owns</u> iffices offer premium materials as alternatives to the standard porcelain/ceramic substrate and porcelain-fusat rcelain/ceramic substrate crown	ted in these pre	mium material	alternatives a	nd prepared an	d delivered on	the same day	are subject to
	CEREC, Full-Z, Bruxzir, Lava, Prismatik	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	CEREC Blue Block, e.Max, Procera	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	Lava (layered), e.Max (layered), Procera (Layered)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
Po	rcelain fused to high noble crown							
	Captek, Bio-2000	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	Occlusal Gold, Design, Synspar	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
	Social Sola, Solayi, Synopai				1100			NOD
udes all in	<u>excluding final restorations)</u> cludes all irrigants, disinfectants, intracanal medicaments, adhesives, and filling materials, removal of exist r at GP office unless specific prior authorization given by Plan for specialist to perform							
D3110	Pulp cap - direct	\$15.00	\$20.00	\$5.00	\$5.00	\$17.00	\$8.00	\$8.00
D3120	Pulp cap - indirect	\$15.00	\$20.00	\$12.00	\$12.00	\$17.00	\$8.00	\$8.00
D3220	Therapeutic pulpotomy	\$25.00	\$28.00	\$12.00	\$12.00	\$28.00	\$15.00	\$0.00
	Pulpal debridement - primary and permanent when endodontic treatment not completed on same day	\$25.00	\$25.00	\$15.00	\$15.00	\$25.00	\$25.00	\$25.00
D3221								
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D3310	Root canal - anterior per tooth	\$125.00	\$145.00	\$80.00	\$80.00	\$138.00	\$75.00	\$95.00
D3320	Root canal - premolar, per tooth	\$150.00	\$185.00	\$100.00	\$100.00	\$165.00	\$150.00	\$150.00
D3330	Root canal - molar tooth, per tooth	\$185.00	\$225.00	\$140.00	\$140.00	\$204.00	\$225.00	\$225.00

Code	Description	<u>465</u>	<u>501</u>	<u>505</u>	<u>595</u>	<u>530</u>	600	665
	Treatment of root canal obstruction - subject to proper documentation of condition and procedure. See clinical	70% of UCR*						
D3331	guidelines.							
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$45.00	\$35.00	\$25.00	\$25.00	\$35.00	\$25.00	\$50.00
D3346	Retreatment of previous root canal therapy - anterior		70% of UCR*	\$180.00	\$180.00		70% of UCR*	
D3347	Retreatment of previous root canal therapy - premolar	70% of UCR*	70% of UCR*	\$200.00	\$200.00	70% of UCR*	70% of UCR*	70% of UCR*
D3348	Retreatment of previous root canal therapy - molar		70% of UCR*	\$240.00			70% of UCR*	70% of UCR*
D3351	Apexification/recalcification - initial visit	NCB**						
D3352	Apexification/recalcification - interim medication replacement	NCB**						
D3353	Apexification/recalcification - final visit (includes completed root canal)	NCB**						
D3355	Pulpal regeneration-initial visit	NCB**						
D3356	Pulpal regeneration-interim medication replacement	NCB**						
D3357	Pulpal regeneration-completion of treatment	NCB**						
D3410	Apicoectomy - anterior	\$90.00	\$475.00	\$60.00	\$60.00	\$99.00	\$75.00	\$150.00
D3421	Apicoectomy- bicuspid (first root)	\$90.00	\$475.00	\$60.00	\$60.00	\$99.00	\$75.00	\$225.00
D3425	Apicoectomy- molar (first root)	\$90.00	\$475.00	\$60.00	\$60.00	\$99.00	\$75.00	\$275.00
D3426	Apicoectomy-(each additional root)	\$90.00	\$99.00	\$60.00	\$60.00	\$99.00	\$75.00	\$75.00
D3427	Periradicular surgery without apicoectomy	\$90.00	\$475.00	\$60.00	\$60.00	\$99.00	\$75.00	\$150.00
D3430	Retrograde filling - per root	\$65.00	\$69.00	\$40.00	\$40.00	\$69.00	\$37.50	\$10.00
D3450	Root amputation - per root	NCB**						
D3920	Hemisection (including any root removal), not including root canal therapy	NCB**						
D3950	Canal preparation & fitting of preformed dowel or post by provider other than provider placing post.*	\$70.00	\$77.00	\$0.00	\$0.00	\$77.00	\$50.00	\$50.00
* - Procedu	only when performed by the Member's primary general dentist. res limited to once every 6 months nsiders gingivectomy provided in association with any direct fill restoration to be included in the fee for the							
D4210	Gingivectomy or gingivoplasty - 4 or more contiguous teeth per quadrant	\$150.00	\$220.00	\$100.00	\$100.00	\$165.00	\$100.00	\$200.00
D4211	Gingivectomy or gingivoplasty - 1 to 3 contiguous teeth per quadrant	\$130.00	\$200.00	\$90.00	\$90.00	\$140.00	\$20.00	\$135.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth +	\$65.00	\$100.00	\$45.00	\$45.00	\$70.00	\$10.00	\$67.50
D4240	Gingival flap procedure - 4 or more contiguous teeth per quadrant	\$150.00	\$240.00	\$100.00	\$100.00	\$165.00	\$150.00	\$200.00
D4241	Gingival flap procedure - 1 to 3 contiguous teeth per quadrant	\$130.00	\$220.00	\$90.00	\$90.00	\$140.00	\$135.00	\$135.00
D4249	Clinical crown lengthening - hard tissue. D4249, when performed the same day as impression will be considered to be D4212.#	NCB**						
D4260	Osseous surgery - 4 or more contiguous teeth per quadrant	70% of UCR*						
D4261	Osseous surgery - 1 to 3 contiguous teeth per quadrant	70% of UCR*	70% of UCR*	70% of UCR*				
D4263	Bone replacement graft - first site in quadrant, Not to be used for extraction site bone grafts	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00
D4264	Bone replacement graft – each additional site in quadrant, Not to be used for extraction site bone grafts	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant #	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant #	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation *,	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation,	NCB**						
	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit. Not to be completed on same day as D0150, D0160, or D0180. Separate visit from therapeutic treatmentD0110,	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
D4355	D4341, D4342, D4346, D4910, or D6081.							
D4381	Localized delivery of antimicrobial agents, per tooth	NCB**						
D4910	Periodontal maintenance - once every 6 months	\$25.00	\$50.00	\$15.00	\$15.00	\$25.00	\$25.00	\$25.00
D4910	Periodontal maintenance - each additional	\$25.00	\$50.00	\$15.00	\$15.00	\$25.00	\$25.00	\$25.00

Code	Description	<u>465</u>	<u>501</u>	<u>505</u>	<u>595</u>	<u>530</u>	600	<u>665</u>
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff) Gingival Irrigation-per quadrant, (Per quadrant in conjunction with D4341/D4342. Per visit in conjunction with	\$0.00 NCB**						
D4921	D1110/D1120, 4355, D4346 or D4910. See Clinical Guidelines)							
Removable P	rosthodontics							
	noted, includes all lab costs and post delivery adjustments for 6 months following delivery. Replaced once							
	ir, rebase, and replace of thermoplastic partials is covered only on Advantage Plans. On Advantage Plans a							
D5110	Complete upper denture	\$350.00	\$385.00	\$160.00	\$160.00	\$308.00	\$370.00	\$370.00
D5120 D5130	Complete lower denture Immediate upper denture	\$350.00 \$350.00	\$385.00 \$385.00	\$160.00 \$160.00	\$160.00 \$160.00	\$308.00 \$308.00	\$370.00 \$370.00	\$370.00 \$370.00
D5130	Immediate lower denture	\$350.00	\$385.00	\$160.00	\$160.00	\$308.00	\$370.00	\$370.00 \$370.00
D5211	Upper partial denture - resin base	\$300.00	\$275.00	\$150.00	\$150.00	\$275.00	\$340.00	\$295.00
D5212	Lower partial denture - resin base	\$300.00	\$275.00	\$150.00	\$150.00	\$275.00	\$340.00	\$295.00
D5213	Upper partial denture - cast metal framework with resin denture bases	\$350.00	\$385.00	\$175.00	\$175.00	\$308.00	\$395.00	\$350.00
D5214	Lower partial denture - cast metal framework with resin denture bases	\$350.00	\$385.00	\$175.00	\$175.00	\$308.00	\$395.00	\$350.00
D5221	Immediate maxillary partial denture - resin base	\$300.00	\$275.00	\$150.00	\$150.00	\$275.00	\$340.00	\$295.00
D5222	Immediate mandibular partial denture - resin base	\$300.00	\$275.00	\$150.00	\$150.00	\$275.00	\$340.00	\$295.00
D5223	Immediate maxillary partial denture - metal framework	\$350.00	\$385.00	\$175.00	\$175.00	\$308.00	\$395.00	\$350.00
D5224	Immediate maxillary partial denture - metal framework	\$350.00	\$385.00	\$175.00	\$175.00	\$308.00	\$395.00	\$350.00
D5225	Upper partial denture - flexible base	NCB**						
D5226 D5281	Lower partial denture - flexible base	NCB** NCB**						
D5281 D5410	Removable unilateral partial denture - one piece cast metal (including clasps and teeth) Adjust complete denture - upper	\$25.00	\$22.00	\$0.00	\$0.00	\$22.00	\$10.00	\$10.00
D5410 D5411	Adjust complete denture - upper Adjust complete denture - lower	\$25.00 \$25.00	\$22.00 \$22.00	\$0.00	\$0.00 \$0.00	\$22.00	\$10.00	\$10.00
D5421	Adjust partial denture - lower Adjust partial denture - upper	\$20.00	\$22.00	\$0.00	\$0.00	\$22.00	\$10.00	\$10.00
D5422	Adjust partial denture - lower	\$20.00	\$22.00	\$0.00	\$0.00	\$22.00	\$10.00	\$10.00
D5511	Repair broken complete denture base, mandibular. *	\$50.00	\$41.00	\$15.00	\$15.00	\$41.00	\$15.00	\$15.00
D5512	Repair broken complete denture base, maxillary. *	\$50.00	\$41.00	\$15.00	\$15.00	\$41.00	\$15.00	\$15.00
D5520	Replace missing or broken teeth - complete denture (each tooth)*	\$25.00	\$28.00	\$17.00	\$17.00	\$44.00	\$15.00	\$15.00
D5611	Repair resin denture base, mandibular.*	\$50.00	\$30.00	\$15.00	\$15.00	\$41.00	\$15.00	\$15.00
D5612	Repair resin denture base, maxillary.*	\$50.00	\$30.00	\$15.00	\$15.00	\$41.00	\$15.00	\$15.00
D5621	Repair cast partial framework, mandibular.	\$50.00	\$35.00	\$17.50	\$17.50	\$41.00	\$15.00	\$15.00
D5622	Repair cast partial framework, maxillary.	\$50.00	\$35.00	\$17.50	\$17.50	\$41.00	\$15.00	\$15.00
D5630	Repair or replace broken clasp*	\$25.00	\$25.00	\$17.50	\$17.50	\$28.00	\$25.00	\$25.00
D5640 D5650	Replace partial denture broken teeth - per tooth	\$25.00 \$50.00	\$25.00	\$17.50	\$17.50	\$28.00 \$44.00	\$17.00 \$17.50	\$17.00 \$17.50
D5660	Add tooth to existing partial denture* Add clasp to existing partial denture*	\$50.00 \$50.00	\$30.00 \$30.00	\$17.50 \$17.50	\$17.50 \$17.50	\$44.00 \$44.00	\$17.50 \$17.50	\$17.50 \$17.50
D5670	Replace all teeth and acrylic on cast metal framework (Upper)	\$125.00	\$150.00	\$60.00	\$60.00	\$150.00	\$150.00	\$17.50
D5671	Replace all teeth and acrylic on cast metal framework (Lower)	\$125.00	\$150.00	\$60.00	\$60.00	\$150.00	\$150.00	\$150.00
D5710	Rebase complete upper denture	NCB**						
D5711	Rebase complete lower denture	NCB**						
D5720	Rebase upper partial denture	NCB**						
D5721	Rebase lower partial denture	NCB**						
D5730	Reline complete upper denture (chairside)	\$65.00	\$60.00	\$20.00	\$20.00	\$50.00	\$30.00	\$30.00
D5731	Reline complete lower denture (chairside)	\$65.00	\$60.00	\$20.00	\$20.00	\$50.00	\$30.00	\$30.00
D5740	Reline upper partial denture (chairside)	\$65.00	\$60.00	\$20.00	\$20.00	\$50.00	\$30.00	\$30.00
D5741	Reline lower partial denture (chairside)	\$65.00	\$60.00	\$20.00	\$20.00	\$50.00	\$30.00	\$30.00
D5750	Reline complete upper denture (laboratory)*	\$100.00	\$90.00	\$42.00	\$42.00	\$87.00	\$65.00	\$65.00
D5751 D5760	Reline complete lower denture (laboratory)*	\$100.00 \$100.00	\$90.00 \$90.00	\$42.00 \$42.00	\$42.00 \$42.00	\$87.00 \$87.00	\$65.00 \$65.00	\$65.00 \$65.00
D5761	Reline upper partial denture (laboratory)* Reline lower partial denture (laboratory)*	\$100.00 \$100.00	\$90.00 \$90.00	\$42.00 \$42.00	\$42.00 \$42.00	\$87.00 \$87.00	\$65.00 \$65.00	\$65.00 \$65.00
D5820	Interim partial denture (upper)	\$150.00	\$90.00 \$175.00	\$42.00 \$90.00	\$42.00 \$90.00	\$175.00	\$05.00 \$175.00	\$175.00
D5821	Interim partial denture (lower)	\$150.00	\$175.00	\$90.00	\$90.00	\$175.00	\$175.00	\$175.00
D5850	Tissue conditioning, upper	NCB**						
D5851	Tissue conditioning, lower	NCB**						
D5876	Add metal substrate to new acrylic full denture (per arch)	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00

Alternative Dentures, Full + Partial, & Relines

Absit dental offices offer alternatives to standard complete and partial dentures and relines which are marketed under diff NCB**		<u>595</u>	<u>530</u>	<u>600</u>	665
Complete Denture Comfort Fiex - Complete Loper Denture Comfort Fiex - Complete Loper Denture Comfort Fiex - Complete Lower Denture Geneva - Complete Lower Denture Partial Denture - Resin Base Farital Denture - Cast Metal Base with Resin Saddles Farital Denture - Cast Metal Base with Resin Saddles Farital Denture - Cast Metal Base with Resin Saddles Farital Denture - Cast Metal Base with Resin Saddles Farital Denture - Cast Metal Base with Resin Saddles Farital Denture - Cast Metal Base with Resin Saddles Farital Denture - Cast Metal Base with Resin Saddles Farital Denture - Cast Metal Base with Resin Saddles Farital Denture - Ratial Comfort Fiex - Lower Partial KCB** Valpiast - Upper Partial KCB** KCB** Valpiast - Upper Partial KCB** KCB** Valpiast - Lower Partial KCB** KCB** Valpiast - Lower Partial KCB** K					
Confort Fies - Complete Luper Denture NCB** NCB*					
Conflort Fiers - Complete Lower Denture NCB** NCB** Geneva - Complete Lower Denture NCB** NCB** Simply NaturalComfort Fiex - Upper Partial NCB** NCB** Simply NaturalComfort Fiex - Lower Partial NCB** NCB** Geneva - Lower Partial NCB** NCB** CuSi - Upper Partial NCB** NCB** EstheticClasp - Lower Partial NCB** NCB** CuSi - Upper Partial NCB** NCB** Valpiast - Lower Partial NCB** NCB** Valpiast - Lower Partial NCB** NCB** Valpiast - Upper Partial NCB** <td>NCB**</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td>	NCB**	NCB**	NCB**	NCB**	NCB**
Ceneva - Completa Upper Denture NCB** NCB** Geneva - Completa Cover Partial NCB** NCB** Simply Natural/Comfort Fiex - Upper Partial NCB** NCB** Geneva - Upper Partial NCB** NCB** EstineticClasp - Upper Partial NCB** NCB** CuSil - Lower Partial NCB** NCB** Valpast - Upper Partial NCB** NCB** Comfort Fiex - Upper Partial NCB** NCB** Valpast - Lower Partial NCB** NCB** Denture Reimas NCB** NCB** Valpast - Lower Partial NCB** NCB** Denture Reimas NCB** NCB** <t< td=""><td></td><td>NCB**</td><td>NCB**</td><td>NCB**</td><td>NCB**</td></t<>		NCB**	NCB**	NCB**	NCB**
Geneva - Complet Lower Denture NCB** NCB** Partial Denture - Resin Base NCB** NCB** NCB** Simply Natural/Comfort Fiex - Lower Partial NCB ** NCB** NCB** Geneva - Lower Partial NCB ** NCB** NCB** Geneva - Lower Partial NCB ** NCB** NCB** EstheticCLasp - Upper Partial NCB ** NCB** NCB** CuSi - Lower Partial NCB ** NCB** NCB** CuSi - Lower Partial NCB ** NCB** NCB** Valplast - Upper Partial NCB ** NCB** NCB** Dentre Reines NCB ** NCB**<	NCB**	NCB**	NCB**	NCB**	NCB**
Partial Denture - Resin Base NCB** NCB** NCB** Simply Natural/Comfor Fiex - Lower Partial NCB** NCB*		NCB**	NCB**	NCB**	NCB**
Simply NaturalComfort Fiex - Upper PartialNCB**NCB**Geneva - Upper PartialNCB**NCB**Geneva - Lower PartialNCB**NCB**Geneva - Lower PartialNCB**NCB**EstheticClasp - Upper PartialNCB**NCB**EstheticClasp - Upper PartialNCB**NCB**CuSil - Lower PartialNCB**NCB**CuSil - Lower PartialNCB**NCB**Valpiast - Complete Upper Denture (Laboratory)NCB**NCB**PermaSoft - Complete Upper Denture (Laboratory)NCB**NCB**PermaSoft - Partial Upper Partials as alternatives to the standard porcelain/cated and porcelain-fusated in NCB**NCB**DefineSurgical placement of implant body, endosteal; includes cost of, and placement of, healing cap when indicated.NCB**NCB**NCB**NCB**NCB**DefineAbutment supported porcelain/caterials as alternatives to the standard porcelain/caterial and when supported porcelain/caterial crown, high nobleNCB**Define <td>NOD</td> <td>NCD</td> <td>NCD</td> <td>NOD</td> <td>NCD</td>	NOD	NCD	NCD	NOD	NCD
SimpNatural/Comfort Fiex - Lower PartialNCB**NCB**Geneva - Lower PartialNCB**NCB**Geneva - Lower PartialNCB**NCB**EstheticCiasp - Lower PartialNCB**NCB**EstheticCiasp - Lower PartialNCB**NCB**CuSi - Uoper PartialNCB**NCB**CuSi - Lower PartialNCB**NCB**CuSi - Lower PartialNCB**NCB**Valpiat - Lower PartialNCB**NCB**Valpiat - Lower PartialNCB**NCB**Valpiat - Lower PartialNCB**NCB**Valpiat - Lower PartialNCB**NCB**Comfort Fiex - Lower PartialNCB**NCB**Comfort Fiex - Lower PartialNCB**NCB**Valpiat - Lower PartialNCB**NCB**Valpiat - Lower PartialNCB**NCB**Valpiat - Lower PartialNCB**NCB**Valpiat - Lower PartialNCB**NCB**PermaSoft - Complete Uoper Denture (Laboratory)NCB**NCB**PermaSoft - Partial Uper Denture (Laboratory)NCB**NCB**PermaSoft - Partial Lower Denture (Laboratory)NCB**NCB**PermaSoft - Partial Lower Denture (Laboratory)NCB**NCB**PermaSoft - Partial Lower Denture (Laboratory)NCB**NCB**PermaSoft - Partial Uper PartialNCB**NCB**PermaSoft - Partial Lower Denture (Laboratory)NCB**NCB**PermaSoft - Partial Uper Partial Lower Denture (Laboratory)NCB**NCB**PermaSoft - Part	NCB**	NCB**	NCB**	NCB**	NCB**
Genva - Lyper PartialNCB**NCB**Geneva - Lower PartialNCB**NCB**EstheticClasp - Uper PartialNCB**NCB**EstheticClasp - Lower PartialNCB**NCB**CuSi - Upper PartialNCB**NCB**CuSi - Upper PartialNCB**NCB**Valplast - Upper PartialNCB**NCB**Valplast - Upper PartialNCB**NCB**CuSi - Upper PartialNCB**NCB**Valplast - Upper PartialNCB**NCB**Comfort Flex - Upper PartialNCB**NCB**Comfort Flex - Upper PartialNCB**NCB**Comfort Flex - Upper PartialNCB**NCB**Valplast - Upper PartialNCB**NCB**Valplast - Upper PartialNCB**NCB**Valplast - Upper PartialNCB**NCB**Perture RetinesNCB**NCB**Perture Soft - Partial Upper Denture (Laboratory)NCB**NCB**PermaSoft - Pa	NCB**	NCB**	NCB**	NCB**	NCB**
Geneva - Lower Partial NCB** NCB** EstheticClasp - Upper Partial NCB** NCB** CuSi - Upper Partial NCB** NCB** CuSi - Uower Partial NCB** NCB** Valpats - Uower Partial NCB** NCB** Valpats - Uower Partial NCB** NCB** Valpats - Lower Partial NCB** NCB** Valpats - Lower Partial NCB** NCB** Comfort Flex - Lower Partial NCB** NCB** Comfort Flex - Lower Partial NCB** NCB** Valpats - Lower Partial NCB** NCB** Denture Relines NCB** NCB** PermaSoft - Complete Upper Denture (Laboratory) NCB** NCB** PermaSoft - Partial Lower Denture (Laboratory) NCB** NCB** Defoit Surgical placement of implant body, endosteal; includes cost of, and placement of, healing cap when indicated. NCB** <t< td=""><td>NCB</td><td>NCB NCB**</td><td>NCB</td><td>NCB</td><td>NCB</td></t<>	NCB	NCB NCB**	NCB	NCB	NCB
bis NCB** NCB** NCB** CLSi-Upper Partial NCB** NCB** NCB** CLSi-Upper Partial NCB** NCB** NCB** Valplast-Lower Partial NCB** NCB** NCB** Valplast-Lower Partial NCB** NCB** NCB** Valplast-Lower Partial NCB** NCB** NCB** Comfort Flex -Upper Partial NCB** NCB** NCB** Comfort Flex - Upper Partial NCB** NCB** NCB** Comfort Flex - Upper Partial NCB** NCB** NCB** Valplast - Lower Partial NCB** NCB** NCB** Valplast - Lower Partial NCB** NCB** NCB** Valplast - Lower Partial NCB** NCB** NCB** PermaSoft - Complete Upper Denture (Laboratory) NCB** NCB** NCB** PermaSoft - Partial Upper Denture (Laboratory) NCB** NCB** NCB** PermaSoft - Partial Upper Denture (Laboratory) NCB** NCB** NCB** Poblot DE199 VII Maxillofacial Prosthetics - Not Covered NCB** NCB** NCB** D6000 - DE199 VII Maxillofacial Prosthetics - Not Covered NCB** NCB** NCB** D6000 - DE199 VI	NCB**	NCB**	NCB**	NCB**	NCB**
EstheticClasp - Lower Partial NCB** NCB** CuSi - Upper Partial NCB** NCB** CuSi - Upper Partial NCB** NCB** Valplast - Upper Partial NCB** NCB** Valplast - Lower Partial NCB** NCB** Valplast - Lower Partial NCB** NCB** Comfort Flex - Lower Partial NCB** NCB** Comfort Flex - Lower Partial NCB** NCB** Valplast - Lower Partial NCB** NCB** PermaSoft - Complete Upper Denture (Laboratory) NCB** NCB** PermaSoft - Partial Upper Denture (Laboratory) NCB** NCB** D6010 Surgical Partial Cerveree NCB** NCB** D6010 Surgical Partial Upper Denture (Laboratory) NCB** NCB** D6010 Surgical Partial Cerveree NCB** NCB** D6010					
CuSii - Upper Partial NCB** NCB** NCB** CuSii - Lower Partial NCB** NCB** NCB** Valplast - Lower Partial NCB** NCB** NCB** Valplast - Lower Partial NCB** NCB** NCB** Partial Denture - Cast Metal Base with Resin Saddles NCB** NCB** NCB** Comfort Flex - Upper Partial NCB** NCB** NCB** Valplast - Lower Partial NCB** NCB** NCB** PermaSoft - Complete Upper Denture (Laboratory) NCB** NCB** NCB** PermaSoft - Partial Lower Denture (Laboratory) NCB** NCB** NCB** PermaSoft - Partial Lower Denture (Laboratory) NCB** NCB** NCB** Poetone Sectore NCB** NCB** NCB** Poetone Sectore NCB** NCB** NCB** Poetone Sectore NCB** NCB**		NCB**	NCB**	NCB**	NCB**
CuSI - Lower Partial NCB**		NCB**	NCB**	NCB**	NCB**
Valpiast - Upper Partial NCB** NCB** Valpiast - Lower Partial NCB** NCB** Partial Denture - Cast Metal Base with Resin Saddles NCB** NCB** Comfort Flex - Upper Partial NCB** NCB** Comfort Flex - Upper Partial NCB** NCB** Valplast - Upper Partial NCB** NCB** Valplast - Lower Partial NCB** NCB** Valplast - Lower Partial NCB** NCB** Valplast - Lower Partial NCB** NCB** Valplast - Complete Upper Denture (Laboratory) NCB** NCB** PermaSoft - Complete Upper Denture (Laboratory) NCB** NCB** PermaSoft - Partial Upper Denture (Laboratory) NCB** NCB** PermaSoft - Partial Upper Denture (Laboratory) NCB** NCB** Poolo - D5199 VII Maxillofacial Prosthetics - Not Covered NCB** NCB** D6000 - D5199 VII Implant Supported porcelain/ceramic crown NCB** NCB** D6005 Prefabricated abutment, includes placement NCB** NCB** D6056 Prefabricated abutment, includes placement	NCB**	NCB**	NCB**	NCB**	NCB**
Valplast - Lower Partial NCB** NCB** Partial Denture - Cast Metal Base with Resin Saddles NCB** NCB** Comfort Flex - Lower Partial NCB** NCB** Comfort Flex - Lower Partial NCB** NCB** Valplast - Lower Partial NCB** NCB** Valplast - Lower Partial NCB** NCB** Denture Relines NCB** NCB** PermaSoft - Complete Upper Denture (Laboratory) NCB** NCB** PermaSoft - Complete Lower Denture (Laboratory) NCB** NCB** PermaSoft - Partial Lower Denture (Laboratory) NCB** NCB** Potool D5999 VIII Maxillofacial Prosthetics - Not Covered NCB** NCB** D6000 D6199 Surgical placement of implant body, endosteal; includes cost of, and placement of, healing cap when indicated NCB** NCB** D6058 Abutment supported porcelain/ceramic crown NCB** NCB** NCB** D60	NCB**	NCB**	NCB**	NCB**	NCB**
Partial Denture - Cast Metal Base with Resin Saddles NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
Comfort Flex - Upper PartialNCB**NCB**Comfort Flex - Lower PartialNCB**NCB**Valplast - Upper PartialNCB**NCB**Valplast - Uower PartialNCB**NCB**Denture RelinesNCB**NCB**PermaSoft - Complete Upper Denture (Laboratory)NCB**NCB**PermaSoft - Partial Upper Denture (Laboratory)NCB**NCB**PermaSoft - Partial Upper Denture (Laboratory)NCB**NCB**PermaSoft - Partial Lower Denture (Laboratory)NCB**NCB**PermaSoft - Partial Lower Denture (Laboratory)NCB**NCB**DeforePermaSoft - Partial Lower Denture (Laboratory)NCB**NCB**DeforePermaSoft - Partial Lower Denture (Laboratory)NCB**NCB**DeforePermaSoft - Partial Lower Denture (Laboratory)NCB**NCB**DeforePerfabricated abutment includes sot for and placement of healing cap when indicated in these premium material as a letrnatives to the standard porcelain/ceramic substrate and porcelain-fusated in these premium material as a letrnatives to the standard porcelain/ceramic gap when indicated.NCB**NCB**DeforePerfabricated abutment, includes placementNCB**NCB**NCB**NCB**DeforeAbutment supported porcelain/ceramic crownNCB**NCB**NCB**DeforeAbutment supported porcelain/base metal crownNCB**NCB**NCB**DeforeAbutment supported porcelain/noble metal crownNCB**NCB**NCB**DeforeAbutment supported porcelain/noble metal crow	NCB**	NCB**	NCB**	NCB**	NCB**
Comfort Flex - Lower PartialNCB**NCB**Valplast - Lower PartialNCB **NCB**Valplast - Lower PartialNCB **NCB**Denture RelinesNCB **NCB**PermaSoft - Complete Upper Denture (Laboratory)NCB **NCB**PermaSoft - Partial Upper Denture (Laboratory)NCB **NCB**PermaSoft - Partial Lower Denture (Laboratory)NCB **NCB**PermaSoft - Partial Lower Denture (Laboratory)NCB **NCB**PermaSoft - Partial Lower Denture (Laboratory)NCB **NCB **PermaSoft - Partial Lower Denture (Laboratory)NCB **NCB **PoiloSurgical placement of implant body, endosteal; includes cost of, and placement of, healing cap when indicated in these premium material aNCB **De010Surgical placement of implant body, endosteal; includes cost of, and placement of, healing cap when indicated.NCB **NCB **De056Prefabricated abutment, includes placementNCB **NCB **NCB **De056Abutment supported porcelain/habe metal crownNCB **NCB **NCB **De056Abutment supported porcelain/nable metal crownNCB **NCB **NCB **De056Abutment supported cast metal crown, high nobleNCB **NCB **NCB **De056Abutment supported cast metal crown, noble metal <td></td> <td></td> <td></td> <td></td> <td></td>					
Valplast - Upper Partial NCB** NCB** NCB** Valplast - Lower Partial NCB** NCB** NCB** Denture Relines PermaSoft - Complete Upper Denture (Laboratory) NCB** NCB** NCB** PermaSoft - Complete Upper Denture (Laboratory) NCB** NCB** NCB** NCB** PermaSoft - Partial Upper Denture (Laboratory) NCB** NCB** NCB** NCB** D5000 - D5999 VII Maxillofacial Prosthetics - Not Covered NCB** NCB** NCB** D5000 - D6199 VIII Implant Services NCB** NCB** NCB** D5000 - D6199 VIII Implant Services NCB** NCB** NCB** D5000 - D6199 VIII Implant Services NCB** NCB** NCB** D5000 - D6199 VIII mplant Services NCB** NCB** NCB** D5000 - D6199 VIII mplant Services NCB** NCB** NCB** D5000 - D6199 Surgical placement of inplant body, endosteal; includes cost of, and placement of, healing cap when indicated. NCB** NCB** D6056 Prefabricated abutment, includes placement of, healing cap when indicated. NCB** NCB** <td>NCB**</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td>	NCB**	NCB**	NCB**	NCB**	NCB**
Valpast - Lower Partial Denture Relines NCB** NCB** Denture Relines NCB** NCB** PermaSoft - Complete Upper Denture (Laboratory) PermaSoft - Partial Upper Denture (Laboratory) PermaSoft - Partial Upper Denture (Laboratory) PermaSoft - Partial Lower Denture (Laboratory) NCB** NCB** D5900 - D5999 VII Maxillofacial Prosthetics - Not Covered D6000 - D6199 NCB** NCB** NCB** D5000 - D5999 VII Maxillofacial Prosthetics - Not Covered D6000 - D6199 NCB** NCB** NCB** D5000 - D5999 VII Maxillofacial Prosthetics - Not Covered D6000 - D6199 NCB** NCB** NCB** D5000 - D5999 Surgical placement of implant body, endosteal; includes cost of, and placement of, healing cap when indicated. NCB** NCB** D6010 Surgical placement of implant body, endosteal; includes cost of, and placement of, healing cap when indicated. NCB** NCB** D6056 Prefabricated abutment, includes placement NCB** NCB** NCB** D6056 Abutment supported porcelain/high noble crown NCB** NCB** NCB** D6061 Abutment supported porcelain/high noble NCB** NCB** NCB** <		NCB**	NCB**	NCB**	NCB**
Denture Relines NCB** NCB** PermaSoft - Complete Uoper Denture (Laboratory) NCB** NCB** NCB** PermaSoft - Complete Lower Denture (Laboratory) NCB** NCB** NCB** PermaSoft - Partial Upper Denture (Laboratory) NCB** NCB** NCB** PermaSoft - Partial Lower Denture (Laboratory) NCB** NCB** NCB** D5900 - D5999 VII Maxillofacial Prosthetics - Not Covered NCB** NCB** NCB** D6010 Surgical placement of implant body, endosteal; includes cost of, and placement of, healing cap when indicated. NCB** NCB** D6010 Surgical placement of implant body, endosteal; includes cost of, and placement of, healing cap when indicated. NCB** NCB** D6010 Surgical placement of implant body, endosteal; includes cost of, and placement of, healing cap when indicated. NCB** NCB** D6058 Abutment supported porcelain/high noble crown NCB** NCB** NCB** D6060 Abutment supported porcelain/hobe metal crown NCB** NCB** NCB** D6061 Abutment supported cast metal crown, hase metal NCB** NCB** NCB**		NCB**	NCB**	NCB**	NCB**
PermaSoft - Complete Upper Denture (Laboratory)NCB**NCB**NCB**PermaSoft - Complete Lower Denture (Laboratory)NCB**NCB**NCB**NCB**PermaSoft - Partial Upper Denture (Laboratory)NCB**NCB**NCB**NCB**PermaSoft - Partial Lower Denture (Laboratory)NCB**NCB**NCB**NCB**D6000 - D5999 VII Maxillofacial Prosthetics - Not CoveredD6000 - D6199 VIII Implant ServicesMany dental offices offer premium materials as alternatives to the standard porcelain/ceramic substrate and porcelain-fusated in these premium materialsD6010 Surgical placement of implant body, endosteal; includes cost of, and placement of, healing cap when indicated.NCB**NCB**D6056 Prefabricated abutment, includes placementNCB**NCB**NCB**NCB**D6059 Abutment supported porcelain/ceramic crownNCB**NCB**NCB**NCB**D6061 Abutment supported porcelain/high noble crownNCB**NCB**NCB**NCB**D6063 Abutment supported porcelain/high noble crownNCB**NCB**NCB**NCB**D6064 Abutment supported cast metal crown, nble metalNCB**NCB**NCB**NCB**D6065 Implant supported porcelain/ceramic crownNCB**NCB**NCB**NCB**D6066 Implant supported porcelain/ceramic crownNCB**NCB**NCB**NCB**D6066 Implant supported porcelain/ceramic crownNCB**NCB**NCB**NCB**D6066 Implant supported porcelain/ceramic FPDNCB**NCB**NCB**NCB** <td< td=""><td>NCB**</td><td>NCB**</td><td>NCB**</td><td>NCB**</td><td>NCB**</td></td<>	NCB**	NCB**	NCB**	NCB**	NCB**
PermaSoft - Complete Lower Denture (Laboratory) NCB** NCB** NCB** PermaSoft - Partial Upper Denture (Laboratory) NCB** NCB** NCB** PermaSoft - Partial Lower Denture (Laboratory) NCB** NCB** NCB** D5000 - D5999 VII Maxillofacial Prosthetics - Not Covered NCB** NCB** NCB** D5000 - D6199 VIII Implant Services NCB** NCB** NCB** NCB** Many dental offices offer premium materials as alternatives to the standard porcelain/ceramic substrate and porcelain-fuscated in these premium material a D6010 Surgical placement of implant body, endosteal; includes cost of, and placement of, healing cap when indicated. NCB** NCB** D6056 Prefabricated abutment, includes placement NCB** NCB** NCB** D6058 Abutment supported porcelain/ceramic crown NCB** NCB** NCB** D6060 Abutment supported porcelain/hoble metal crown NCB** NCB** NCB** D6061 Abutment supported cast metal crown, base metal NCB** NCB** NCB** D6063 Abutment supported cast metal crown, noble metal NCB** NCB**					
PermaSoft - Complete Lower Denture (Laboratory) PermaSoft - Partial Upper Denture (Laboratory) PermaSoft - Partial Lower Denture (Laboratory) PermaSoft - Partial Lower Denture (Laboratory)NCB**NCB**D5900 - D5999VII Maxillofacial Prosthetics - Not CoveredD6000 - D6199VIII Implant ServicesMany dental offices offer prenum materials as alternatives to the standard porcelain/ceramic substrate and porcelain-fusated in these prenum material a D6056D6056Prefabricated abutment, includes placementNCB**NCB**D6058Abutment supported porcelain/ceramic crownNCB**NCB**D6059Abutment supported porcelain/base metal crownNCB**NCB**D6061Abutment supported porcelain/hoble crownNCB**NCB**D6062Abutment supported porcelain/hoble metal crownNCB**NCB**D6063Abutment supported porcelain/noble metal crownNCB**NCB**D6064Abutment supported porcelain/noble metal crownNCB**NCB**D6065Abutment supported cast metal crown, high nobleNCB**NCB**D6064Abutment supported cast metal crown, base metalNCB**NCB**D6065Implant supported porcelain/metal crownNCB**NCB**D6066Implant supported porcelain/metal crownNCB**NCB**D6066Implant supported porcelain/metal crownNCB**NCB**D6065Implant supported porcelain/metal crownNCB**NCB**D6066Implant supported porcelain/metal crownNCB**NCB**D6066Implant sup	NCB**	NCB**	NCB**	NCB**	NCB**
PermaSoft - Partial Upper Denture (Laboratory)NCB**NCB**NCB**PermaSoft - Partial Lower Denture (Laboratory)NCB**NCB**NCB**D5900 - D5999VII Maxillofacial Prosthetics - Not CoveredNCB**NCB**D6000 - D6199VIII Implant ServicesNCB**NCB**Many dental offices offer premium materials as alternatives to the standard porcelain/ceramic substrate and porcelain-fuscated in these premium material at D6010Surgical placement of implant body, endosteal; includes cost of, and placement of, healing cap when indicated.NCB**NCB**D6056Prefabricated abutment, includes placementNCB**NCB**NCB**NCB**D6058Abutment supported porcelain/ceramic crownNCB**NCB**NCB**D6060Abutment supported porcelain/high noble crownNCB**NCB**NCB**D6061Abutment supported porcelain/noble metal crownNCB**NCB**NCB**D6062Abutment supported cast metal crown, high nobleNCB**NCB**NCB**D6063Abutment supported cast metal crown, noble metalNCB**NCB**NCB**D6064Abutment supported porcelain/ceramic crownNCB**NCB**NCB**D6065Implant supported porcelain/metal crownNCB**NCB**NCB**D6066Implant supported porcelain/metal crownNCB**NCB**NCB**D6065Implant supported porcelain/metal crownNCB**NCB**NCB**D6066Implant supported porcelain/metal crownNCB**NCB**NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
PermaSoft - Partial Lower Denture (Laboratory) NCB** NCB** D05909 VII Maxillofacial Prosthetics - Not Covered	NCB**	NCB**	NCB**	NCB**	NCB**
D5900 - D5999 VII Maxillofacial Prosthetics - Not Covered D6000 - D6199 VIII Implant Services Many dental offices offer premium materials as alternatives to the standard porcelain/ceramic substrate and porcelain-fuscated in these premium material a D6010 Surgical placement of implant body, endosteal; includes cost of, and placement of, healing cap when indicated. NCB** NCB** D6056 Prefabricated abutment, includes placement NCB** NCB** NCB** D6058 Abutment supported porcelain/caramic crown NCB** NCB** NCB** D6059 Abutment supported porcelain/base metal crown NCB** NCB** NCB** D6060 Abutment supported porcelain/noble metal crown NCB** NCB** NCB** D6061 Abutment supported cast metal crown, high noble NCB** NCB** NCB** D6062 Abutment supported cast metal crown, noble metal NCB** NCB** NCB** D6064 Abutment supported porcelain/ceramic crown NCB** NCB** NCB** D6065 Implant supported porcelain/ceramic crown NCB** NCB** NCB** D6066 Implant supported porcelain/ceramic FPD NCB** NCB** NCB** NCB**		NCB**	NCB**	NCB**	NCB**
D6056Prefabricated abutment, includes placementNCB**NCB**NCB**D6058Abutment supported porcelain/ceramic crownNCB**NCB**NCB**D6059Abutment supported porcelain/high noble crownNCB**NCB**NCB**D6060Abutment supported porcelain/base metal crownNCB**NCB**NCB**D6061Abutment supported porcelain/noble metal crownNCB**NCB**NCB**D6062Abutment supported cast metal crown, high nobleNCB**NCB**NCB**D6063Abutment supported cast metal crown, base metalNCB**NCB**NCB**D6064Abutment supported cast metal crown, noble metalNCB**NCB**NCB**D6065Implant supported porcelain/ceramic crownNCB**NCB**NCB**D6066Implant supported porcelain/ceramic FPDNCB**NCB**NCB**D6067Implant supported retainer, porcelain/ceramic FPDNCB**NCB**NCB**D6068Abutment supported retainer, metal FPD, high nobleNCB**NCB**NCB**D6070Abut. support. retainer, porc./metal FPD, base metalNCB**NCB**NCB**	NCB**	\$1,500	NCB**	NCB**	NCB**
D6058Abutment supported porcelain/ceramic crownNCB**NCB**D6059Abutment supported porcelain/high noble crownNCB**NCB**D6060Abutment supported porcelain/hogh endtal crownNCB**NCB**D6061Abutment supported porcelain/hogh endtal crownNCB**NCB**D6062Abutment supported cast metal crown, high nobleNCB**NCB**D6063Abutment supported cast metal crown, base metalNCB**NCB**D6064Abutment supported cast metal crown, noble metalNCB**NCB**D6065Implant supported cast metal crown, noble metalNCB**NCB**D6066Implant supported porcelain/ceramic crownNCB**NCB**D6066Implant supported porcelain/metal crownNCB**NCB**D6066Implant supported metal crownNCB**NCB**D6067Implant supported retainer, porcelain/ceramic FPDNCB**NCB**D6068Abutment supported retainer, metal FPD, high nobleNCB**NCB**D6070Abut. support. retainer, porc./metal FPD, base metalNCB**NCB**	NCB**	\$450	NCB**	NCB**	NCB**
D6059Abutment supported porcelain/high noble crownNCB**NCB**D6060Abutment supported porcelain/base metal crownNCB**NCB**D6061Abutment supported porcelain/noble metal crownNCB**NCB**D6062Abutment supported cast metal crown, high nobleNCB**NCB**D6063Abutment supported cast metal crown, base metalNCB**NCB**D6064Abutment supported cast metal crown, noble metalNCB**NCB**D6065Implant supported cast metal crown, noble metalNCB**NCB**D6066Implant supported porcelain/ceramic crownNCB**NCB**D6066Implant supported porcelain/metal crownNCB**NCB**D6066Implant supported retainer, porcelain/ceramic FPDNCB**NCB**D6068Abutment supported retainer, metal FPD, high nobleNCB**NCB**D6070Abut. support. retainer, porc./metal FPD, base metalNCB**NCB**	NCB**		NCB**	NCB**	NCB**
D6060Abutment supported porcelain/base metal crownNCB**NCB**D6061Abutment supported porcelain/noble metal crownNCB**NCB**D6062Abutment supported cast metal crown, high nobleNCB**NCB**D6063Abutment supported cast metal crown, base metalNCB**NCB**D6064Abutment supported cast metal crown, noble metalNCB**NCB**D6065Implant supported cast metal crownNCB**NCB**D6066Implant supported porcelain/ceramic crownNCB**NCB**D6066Implant supported porcelain/metal crownNCB**NCB**D6066Implant supported retainer, porcelain/ceramic FPDNCB**NCB**D6068Abutment supported retainer, metal FPD, high nobleNCB**NCB**D6069Abutment support. retainer, porc./metal FPD, base metalNCB**NCB**D6070Abut. support. retainer, porc./metal FPD, base metalNCB**NCB**		\$1,055			
D6061Abutment supported porcelain/noble metal crownNCB**NCB**D6062Abutment supported cast metal crown, high nobleNCB**NCB**D6063Abutment supported cast metal crown, base metalNCB**NCB**D6064Abutment supported cast metal crown, noble metalNCB**NCB**D6065Implant supported porcelain/ceramic crownNCB**NCB**D6066Implant supported porcelain/metal crownNCB**NCB**D6066Implant supported porcelain/metal crownNCB**NCB**D6066Implant supported retainer, porcelain/ceramic FPDNCB**NCB**D6068Abutment supported retainer, metal FPD, high nobleNCB**NCB**D6070Abutment support. retainer, porc./metal FPD, base metalNCB**NCB**		\$1,050	NCB**	NCB**	NCB**
D6062Abutment supported cast metal crown, high nobleNCB**NCB**D6063Abutment supported cast metal crown, base metalNCB **NCB**D6064Abutment supported cast metal crown, noble metalNCB **NCB**D6065Implant supported porcelain/ceramic crownNCB **NCB**D6066Implant supported porcelain/metal crownNCB **NCB**D6066Implant supported porcelain/metal crownNCB **NCB **D6067Implant supported metal crownNCB **NCB **D6068Abutment supported retainer, porcelain/ceramic FPDNCB **NCB **D6069Abutment supported retainer, metal FPD, high nobleNCB **NCB **D6070Abut. support. retainer, porc./metal FPD, base metalNCB **NCB **		\$1,000	NCB**	NCB**	NCB**
D6063Abutment supported cast metal crown, base metalNCB**NCB**D6064Abutment supported cast metal crown, noble metalNCB**NCB**D6065Implant supported porcelain/ceramic crownNCB**NCB**D6066Implant supported porcelain/metal crownNCB**NCB**D6066Implant supported porcelain/metal crownNCB**NCB**D6067Implant supported procelain/ceramic FPDNCB**NCB**D6068Abutment supported retainer, porcelain/ceramic FPDNCB**NCB**D6069Abutment supported retainer, metal FPD, high nobleNCB**NCB**D6070Abut. support. retainer, porc./metal FPD, base metalNCB**NCB**	NCB**	\$1,050	NCB**	NCB**	NCB**
D6064 Abutment supported cast metal crown, noble metal NCB** NCB** D6065 Implant supported porcelain/ceramic crown NCB** NCB** D6066 Implant supported porcelain/metal crown NCB** NCB** D6067 Implant supported metal crown NCB** NCB** D6068 Abutment supported metal crown NCB** NCB** D6069 Abutment supported retainer, porcelain/ceramic FPD NCB** NCB** D6069 Abutment supported retainer, metal FPD, high noble NCB** NCB** D6070 Abut. support. retainer, porc./metal FPD, base metal NCB** NCB**	NCB**	\$1,050	NCB**	NCB**	NCB**
D6064Abutment supported cast metal crown, noble metalNCB**NCB**D6065Implant supported porcelain/ceramic crownNCB**NCB**D6066Implant supported porcelain/metal crownNCB**NCB**D6067Implant supported metal crownNCB**NCB**D6068Abutment supported retainer, porcelain/ceramic FPDNCB**NCB**D6069Abutment supported retainer, metal FPD, high nobleNCB**NCB**D6070Abut. support. retainer, porc./metal FPD, base metalNCB**NCB**	NCB**	\$900	NCB**	NCB**	NCB**
D6065Implant supported porcelain/ceramic crownNCB**NCB**D6066Implant supported porcelain/metal crownNCB**NCB**D6067Implant supported metal crownNCB**NCB**D6068Abutment supported retainer, porcelain/ceramic FPDNCB**NCB**D6069Abutment supported retainer, metal FPD, high nobleNCB**NCB**D6070Abut. support. retainer, porc./metal FPD, base metalNCB**NCB**	NCB**	\$950	NCB**	NCB**	NCB**
D6066Implant supported porcelain/metal crownNCB**NCB**D6067Implant supported metal crownNCB**NCB**D6068Abutment supported retainer, porcelain/ceramic FPDNCB**NCB**D6069Abutment supported retainer, metal FPD, high nobleNCB**NCB**D6070Abut. support. retainer, porc./metal FPD, base metalNCB**NCB**		\$990	NCB**	NCB**	NCB**
D6067Implant supported metal crownNCB**NCB**D6068Abutment supported retainer, porcelain/ceramic FPDNCB**NCB**D6069Abutment supported retainer, metal FPD, high nobleNCB**NCB**D6070Abut. support. retainer, porc./metal FPD, base metalNCB**NCB**		\$970	NCB**	NCB**	NCB**
D6068Abutment supported retainer, porcelain/ceramic FPDNCB**NCB**D6069Abutment supported retainer, metal FPD, high nobleNCB**NCB**D6070Abut. support. retainer, porc./metal FPD, base metalNCB**NCB**		\$970	NCB**	NCB**	NCB**
D6069 Abutment supported retainer, metal FPD, high noble NCB** NCB** D6070 Abut. support. retainer, porc./metal FPD, base metal NCB** NCB**					
D6070 Abut. support. retainer, porc./metal FPD, base metal NCB** NCB**		NCB**	NCB**	NCB**	NCB**
	NCB**	NCB**	NCB**	NCB**	NCB**
UBU/I ADUI SUDDORT RETAINER DORC (METAL FPL) DODIE	NCB** NCB**	NCB**	NCB**	NCB**	NCB**
	NCB** NCB** NCB**	NCB**	NCB**	NCB**	NCB**
D6072 Abut. support. retainer, cast metal FPD, high noble NCB** NCB**	NCB** NCB** NCB** NCB**	NCB**	NCB**	NCB**	NCB**
D6073 Abut. support. retainer, cast metal FPD, base metal NCB** NCB** NCB**	NCB** NCB** NCB** NCB** NCB**	NCB**	NCB**	NCB**	NCB**
D6074 Abut. support. retainer, cast metal FPD, noble NCB** NCB**	NCB** NCB** NCB** NCB** NCB**		NCB**	NCB**	NCB**
D6075 Implant supported retainer for ceramic FPD NCB** NCB**	NCB** NCB** NCB** NCB** NCB** NCB**	NCB**	NCB**	NCB**	NCB**
D6076 Implant supported retainer for porc./metal FPD NCB** NCB**	NCB** NCB** NCB** NCB** NCB** NCB** NCB**	NCB**		NCB**	
D6077 Implant supported retainer for cast metal FPD NCB** NCB**	NCB** NCB** NCB** NCB** NCB** NCB** NCB**	NCB** NCB**	NCB**		NCB**
Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of NCB** NCB**	NCB** NCB** NCB** NCB** NCB** NCB** NCB** NCB** NCB**	NCB** NCB** NCB**	NCB** NCB**	NCB**	NCB** NCB**
the implant surfaces, without flap entry and closure. This procedure is not to be performed on the same day as	NCB** NCB** NCB** NCB** NCB** NCB** NCB** NCB** NCB**	NCB** NCB**	NCB**		NCB**
D6081 D1110, D4346, or D4910.	NCB** NCB** NCB** NCB** NCB** NCB** NCB** NCB** NCB**	NCB** NCB** NCB**	NCB** NCB**	NCB**	NCB** NCB**
D6085 Provisional implant crown NCB** NCB**	NCB** NCB** NCB** NCB** NCB** NCB** NCB** NCB** NCB**	NCB** NCB** NCB**	NCB** NCB**	NCB**	NCB** NCB**

Code	Description	<u>465</u>	<u>501</u>	<u>505</u>	<u>595</u>	<u>530</u>	<u>600</u>	<u>665</u>
D6092	Recement implant/abutment supported crown	NCB**	NCB**	NCB**	\$45.00	NCB**	NCB**	NCB**
D6093	Recement implant/abutment supported FPD	NCB**	NCB**	NCB**	\$45.00 NCB**	NCB**	NCB**	NCB**
D6094	Abutment supported crown, titanium	NCB**	NCB**	NCB**	\$640.00	NCB**	NCB**	NCB**
D6194	Abut. supported retainer crown, FPD, titanium	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
Fixed Prostho	odontics							
Includes all b	ases, liners, adhesives, bonding agents, desensitizing agents, removal of existing restorations, lab costs, an							
D6210	Pontic - cast high noble metal	\$200.00	\$235.00	\$142.00	\$142.00	\$177.00	\$105.00	\$250.00
D6211	Pontic - cast predominantly base metal	\$200.00	\$235.00	\$142.00	\$142.00	\$177.00	\$105.00	\$200.00
D6212	Pontic - cast noble metal	\$200.00	\$235.00	\$142.00	\$142.00	\$177.00	\$105.00	\$200.00
D6214	Pontic- titanium (includes porcelain fused to titanium)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6240	Pontic - porcelain fused to high noble metal	\$200.00	\$280.00	\$156.00	\$156.00	\$200.00	\$200.00	\$275.00
D6241	Pontic - porcelain fused to predominantly base metal	\$200.00	\$280.00	\$156.00	\$156.00	\$200.00	\$200.00	\$225.00
D6242	Pontic - porcelain fused to noble metal	\$200.00	\$280.00	\$156.00	\$156.00	\$200.00	\$200.00	\$250.00
624MLR	Pontic- porcelain fused to any metal for molars	\$275.00	\$390.00	\$236.00	\$236.00	\$275.00	\$375.00	\$375.00
D6245	Pontic – porcelain/ceramic	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6250	Pontic - resin with high noble metal	\$175.00	\$280.00	\$156.00	\$156.00	\$154.00	\$150.00	\$150.00
D6251	Pontic - resin with predominantly base metal	\$175.00	\$280.00	\$156.00	\$156.00	\$154.00	\$150.00	\$150.00
D6252	Pontic - resin with noble metal	\$175.00	\$280.00	\$156.00	\$156.00	\$154.00	\$150.00	\$150.00
	Provisional Pontic- When final impression not taken and when replacing anterior tooth lost or anterior prosthesis	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
D6253	being replaced while covered by CDN							
D6600	Inlay - porcelain/ceramic, 2 surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6601	Inlay - porcelain/ceramic, 3 or more surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
Fixed Prostho								
	ases, liners, adhesives, bonding agents, desensitizing agents, removal of existing restorations, lab costs, an							
D6602	Inlay - cast high noble metal, 2 surfaces	\$175.00	\$150.00	\$70.00	\$70.00	\$115.00	\$175.00	\$225.00
D6603	Inlay - cast high noble metal, 3 or more surfaces	\$175.00	\$150.00	\$90.00	\$90.00	\$115.00	\$175.00	\$225.00
D6604	Inlay - cast predominantly base metal, 2 surfaces	\$175.00	\$150.00	\$70.00	\$70.00	\$115.00	\$175.00	\$225.00
D6605	Inlay - cast predominantly base metal, 3 or more surfaces	\$175.00	\$150.00	\$90.00	\$90.00	\$115.00	\$175.00	\$225.00
D6606 D6607	Inlay - cast noble metal, 2 surfaces	\$175.00	\$150.00	\$70.00	\$70.00	\$115.00	\$175.00	\$225.00
D6608	Inlay - cast noble metal, 3 or more surface Onlay -porcelain/ceramic, 2 surfaces	\$175.00 NCB**	\$150.00 NCB**	\$90.00 NCB**	\$90.00 NCB**	\$115.00 NCB**	\$175.00 NCB**	\$225.00 NCB**
D6609	Onlay - porcelain/ceramic, 2 surfaces	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6610	Onlay - cast high noble metal, 2 surfaces	\$250.00	\$200.00	\$120.00	\$120.00	\$154.00	\$250.00	\$285.00
D6611	Onlay - cast high noble metal, 2 surfaces	\$250.00	\$200.00	\$120.00	\$120.00	\$154.00	\$250.00	\$285.00
D6612	Onlay - cast predominantly base metal, 2 surfaces	\$250.00	\$200.00	\$120.00	\$120.00	\$154.00	\$250.00	\$285.00
D6613	Onlay - cast predominantly base metal, 2 surfaces	\$250.00	\$200.00	\$120.00	\$120.00	\$154.00	\$250.00	\$285.00
D6614	Onlay - cast noble metal, 2 surfaces	\$250.00	\$200.00	\$120.00	\$120.00	\$154.00	\$250.00	\$285.00
D6615	Onlay - cast noble metal, 3 or more surfaces	\$250.00	\$200.00	\$120.00	\$120.00	\$154.00	\$250.00	\$285.00
D6624	Inlay - titanium	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6634	Onlay - titanium	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6720	Crown - resin with high noble metal	\$175.00	\$280.00	\$156.00	\$156.00	\$154.00	\$285.00	\$285.00
D6721	Crown - resin with predominantly base metal	\$175.00	\$280.00	\$156.00	\$156.00	\$154.00	\$285.00	\$285.00
D6722	Crown - resin with noble metal	\$175.00	\$280.00	\$156.00	\$156.00	\$154.00	\$285.00	\$285.00
D6740	Crown-porcelain/ceramic	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6750	Crown - porcelain fused to high noble metal	\$275.00	\$280.00	\$156.00	\$156.00	\$220.00	\$285.00	\$285.00
D6751	Crown - porcelain fused to predominantly base metal	\$275.00	\$280.00	\$156.00	\$156.00	\$220.00	\$285.00	\$285.00
D6752	Crown - porcelain fused to noble metal	\$275.00	\$280.00	\$156.00	\$156.00	\$220.00	\$285.00	\$285.00
675MLR	Crown-porcelain fused to any metal for Molars	\$350.00	\$390.00	\$236.00	\$236.00	\$275.00	\$375.00	\$375.00
D6780	Crown - 3/4 cast high noble metal	\$200.00	\$235.00	\$142.00	\$142.00	\$204.00	\$285.00	\$285.00
D6781	Crown - 3/4 cast predominantly base metal	\$200.00	\$235.00	\$142.00	\$142.00	\$204.00	\$285.00	\$285.00
D6782	Crown - 3/4 cast noble metal	\$200.00	\$235.00	\$142.00	\$142.00	\$204.00	\$285.00	\$285.00
D6783	Crown - 3/4 porcelain/ceramic	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
D6790	Crown - full cast high noble metal	\$200.00	\$235.00	\$142.00	\$142.00	\$204.00	\$285.00	\$285.00
D6791	Crown - full cast predominantly base metal	\$200.00	\$235.00	\$142.00	\$142.00	\$204.00	\$285.00	\$285.00
D6792	Crown - full cast noble metal	\$200.00	\$235.00	\$142.00	\$142.00	\$204.00	\$285.00	\$285.00

Productant endows: Str.D.0	Code	Description	465	<u>501</u>	<u>505</u>	<u>595</u>	<u>530</u>	600	<u>665</u>
DP3P Constraints being replaced while overall by CD1 Constraints being replaced while overall by CD1 Constraints being replaced while overall by CD1 Constraints Constrai									
DDP30 Courter - Haman (includes provide inclusion (includes provide inclusion) NCB ⁺⁺ <td>D.C702</td> <td></td> <td>\$15.00</td> <td>\$15.00</td> <td>\$15.00</td> <td>\$15.00</td> <td>\$15.00</td> <td>\$15.00</td> <td>\$15.00</td>	D.C702		\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
DB39 Paccement or release their paral density """"""""""""""""""""""""""""""""""""			NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
Find parallal denture repair, necessituating by restance many many set of the original estance many set of th									
DBBS provider within 24 months of the signal relationship NCB*	D0330								
DBBS Pediatric partial identationation-Fixed, temporary NCB** N	D6980		ψ30.00	ψ00.00	φ50.00	\$30.00	φ30.00	φ00.00	φ30.00
Jeroy dentification State and process			NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
Jenu detail Status NCB ⁺⁺	Alternative Bri	idge Materials							
CEREC, Fuizz, Bruzzi, Lava, Priorani Lava, Priorani Lava, Priorani Lava, Riverdi M, Procera (Layared) NCB ⁺ </td <td></td> <td></td> <td>usated in these (</td> <td>premium materi</td> <td>al alternatives</td> <td>and prepared</td> <td>and delivered o</td> <td>on the same da</td> <td>y are subject to</td>			usated in these (premium materi	al alternatives	and prepared	and delivered o	on the same da	y are subject to
CEREC Elus Block, a Max, Procesia (luyered), Max (lyered), Max (lyered), Max (lyered), Fixocar (lyered), Fixocar (lyered), MCB ⁺⁺ NCB ⁺⁺	Po	orcelain/ceramic substrate crown							
Live (layerd), Place (layerd), Place (layerd) NCB ⁺⁺ </td <td></td> <td>CEREC, Full-Z, Bruxzir, Lava, Prismatik</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td> <td>NCB**</td>		CEREC, Full-Z, Bruxzir, Lava, Prismatik	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
Parcelain fused to tigh noble ciroum NCB**		CEREC Blue Block, e.Max, Procera	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
Captek, Bio-2000 DCLBas Gold, Design, Sympar NCB** NCB**		Lava (layered), e.Max (layered), Procera (Layered)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
Dcclusal Gold, Design, Sympar NCB** NCB** <t< td=""><td>Po</td><td>prcelain fused to high noble crown</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Po	prcelain fused to high noble crown							
Part Surgery Includes surgers and cloting agents; extractions include minor smoothing of bone. Straction, coronal impacts of the impact of the i		Captek, Bio-2000	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
Dirtle Stratchic, coronal remnata - primary tooh S22.00 S28.00 S10.00 S10.00 S21.00 S10.00 S21.00 S20.00 D7141 Extraction, coronal remnata - primary tooh S25.00 S28.00 S10.00 S10.00 S21.00 S21.00 S20.00 S45.00 S20.00 S45.00 S28.00 S40.00		Occlusal Gold, Design, Synspar	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**
DT111 Extraction, croored remnants - primary tooln \$22.00 \$22.00 \$10.00 \$21.00 \$10.00 \$22.00 DT140 Extraction, croored remnants - primary tooln \$25.00 \$28.00 \$10.00 \$21.00 \$20.00 <td>Oral Surgery</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Oral Surgery								
D740 Extraction, arupted tooth orespoed root \$25.00 \$25.00 \$20.00 \$30.00 \$21.00 \$20.00									
DT210 Surgical removal of enumed tools S45.00 S30.00 S45.00 S55.00 S55.00 S55.00 S56.00 S50.00									
DP220 Removal of impacted tooth - soft issue \$80,00 \$84,00 \$84,00 \$84,00 \$84,00 \$84,00 \$84,00 \$84,00 \$84,00 \$80,00									
DP230 P7240 Removal of impacted tooth - partially bony \$50.00 \$70% of UCR 70% of UCR \$70% of UCR 70% of UCR \$70% of UC									
D7240 D7241 Removal of impacted tooth - completely bory, with urusual complications 70% of UCR*									
D7241 Removal of impacted tooh - completely bony, with unusual complications 70% of UCR* 70% of UCR* <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>									
D7250 Surgical removal of residual tooth records (cutting procedure) 70% of UCR* 70% of UCR* 70% of UCR* 530.00 530.00 70% of UCR* 545.00 545.00 545.00 545.00 545.00 545.00 70% of UCR*									
D251 D7270 Connectomy - intentional partial tooth removal 70% of UCR* 70% of UCR* 775.00 7									
D7270 Tooth reimplantation and/or stabilization of accidentally displaced tooth NCB**									
D7310 Alveoplasty in conjunction with extractions - 1 to 3 teeth/spaces per quadrant 70% of UCR* 70% of UCR* 570.00 570.00 570.00 70% of UCR* 70% o									
D7311 D7320 Neceplasty in conjunction with extractions - 1 to 3 teert/spaces per quadrant 70% of UCR* 70% of UCR* \$700, of UCR* 70% of UCR*									
D7320 D7321 Alveoplasty not in conjunction with extractions - 4 or more contiguous teeth per quadrant 70% of UCR* 70									
D7321 D7510 Alveoplasity not in conjunction with extractions - 1 to 3 teeth/spaces per quadrant 70% of UCR* \$40.00 70% of UCR* \$100.00 70% of									
D7510 Incision and drainage of abscess - intraoral soft tissue S40.00 \$20.00 \$14.00 \$40.00 \$40.00 \$35.00 Drthodontics (only when provided by participating orthodontist) *- Covered for up to 24 months of active treatment \$1,000.00									
Drthodontics (only when provided by participating orthodontist) * Coverad for up to 24 months of active treatment D8020 Limited orthodontic treatment of the transitional dentition* \$1,000.00 \$1,050.00 \$1,000.00 \$1,225.00 \$1,000.00 UCR* D8030 Limited orthodontic treatment of the adult dentition* \$1,000.00 \$1,050.00 \$1,000.00 \$1,225.00 \$1,000.00 UCR* D8040 Limited orthodontic treatment of the adult dentition* \$1,000.00 \$1,050.00 \$1,000.00 \$1,225.00 \$1,000.00 UCR* D8040 Limited orthodontic treatment of the adult dentition* \$1,000.00 \$1,050.00 \$1,000.00 \$1,225.00 \$1,000.00 UCR* D8050 Interceptive orthodontic treatment of the transitional dentition* \$1,775.00 \$2,095.00 \$1,695.00 \$1,845.00 \$1,695.0									
* - Covered for up to 24 months of active treatment D8020 Limited orthodontic treatment of the transitional dentition* \$1,000.00 \$1,050.00 \$1,000.00 \$1,225.00 \$1,000.00 UCR* D8030 Limited orthodontic treatment of the adolescent dentition* \$1,000.00 \$1,050.00 \$1,000.00 \$1,225.00 \$1,000.00 \$1,000.00 \$1,000.00 \$1,000.00 \$1,000.00 \$1,000.00 \$1,000.00 \$1,000.00 \$1,000.00 <t< td=""><td>D7510</td><td>Incision and drainage of abscess - intraoral soft tissue</td><td>\$40.00</td><td>\$20.00</td><td>\$14.00</td><td>\$14.00</td><td>\$40.00</td><td>\$40.00</td><td>\$35.00</td></t<>	D7510	Incision and drainage of abscess - intraoral soft tissue	\$40.00	\$20.00	\$14.00	\$14.00	\$40.00	\$40.00	\$35.00
D8020 Limited orthodontic treatment of the transitional dentition* \$1,000.00 \$1,000.00 \$1,000.00 \$1,000.00 \$1,000.00 \$1,000.00 \$1,000.00 \$1,225.00 \$1,000.00 \$1,225.00 \$1,000.00 \$1,225.00 \$1,000.00 \$1,225.00 \$1,000.00 \$1,225.00 \$1,000.00 \$1,225.00 \$1,000.00 \$1,225.00 \$1,000.00 \$1,225.00 \$1,000.00 \$1,225.00 \$1,000.00 \$1,225.00 \$1,000.00 \$1,225.00 \$1,000.00 \$1,00									
D8030 Limited orthodontic treatment of the adolescent dentition* \$1,000.00 \$1,000.			\$1 000 00	\$1.050.00	\$1,000,00	\$1 000 00	\$1 225 00	\$1 000 00	
D8040 Limited orthodontic treatment of the adult dentition* \$1,000.00 \$1,050.00 \$1,000.00 \$1,025.00 \$1,000.00 \$1,225.00 \$1,000.00 \$1,225.00 \$1,000.00 \$1,225.00 \$1,000.00 \$1,225.00 \$1,000.00 \$1,225.00 \$1,000.00 \$1,225.00 \$1,000.00 \$1,225.00 \$1,000.00 \$1,225.00 \$1,000.00 \$1,225.00 \$1,000.00 \$1,225.00 \$1,000.00 \$1,225.00 \$1,000.00 \$1,225.00 \$1,000.00 \$1,225.00 \$1,000.00 \$1,225.00 \$1,000.00 \$1,225.00 \$1,000.00 \$1,225.00 \$1,000.00 \$1,000.00 \$1,225.00 \$1,000.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
D8050Interceptive orthodontic treatment of the primary dentition*NCB**N									
D8060Interceptive orthodontic treatment of the transitional dentition*NCB**									
D8070Comprehensive orthodontic treatment of the transitional dentition*\$1,775.00\$2,095.00\$1,695.00<									
D8080Comprehensive orthodontic treatment of the adolescent dentition*\$1,775.00\$2,095.00\$1,695.00 <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>									
D8090Comprehensive orthodontic treatment of the adult dentition*\$1,975.00\$2,095.00\$1,695.00\$1,695.00\$2,045.00\$1,695.00UCR*D8660pre-orthodontic treatment visit examination to monitor growth and development\$25.00\$20.00\$40.00\$40.00\$20.00\$40.00\$20.00\$40.00\$20.00\$40.00\$20.00\$00.00 </td <td></td> <td>•</td> <td></td> <td></td> <td></td> <td>. ,</td> <td></td> <td></td> <td></td>		•				. ,			
D8660 pre-orthodontic treatment visit examination to monitor growth and development \$25.00 \$40.00 \$25.00 \$40.00 \$25.00 \$40.00 \$25.00 \$40.00 \$0.00 D8670 Periodic orthodontic treatment visit (as part of contract) \$0.00		•							
D8670 Periodic orthodontic treatment visit (as part of contract) \$0.00 <td></td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		•							
D8680 Orthodontic retention - Per Arch UCR* \$150.00 \$10.00 D8695 removal of fixed orthodontic appliances for reasons other than completion of treatment \$25.00 \$26.00 \$26.00 \$26.00 \$26.00 \$26.00 \$26									
D8681 Removable orthodontic retainer adjustment \$20.00 \$22.00 \$0.00 \$22.00 \$10.00 \$10.00 D8695 removal of fixed orthodontic appliances for reasons other than completion of treatment \$20.00 \$25.00 \$26.00 \$26.00 \$26.00									
D8695 removal of fixed orthodontic appliances for reasons other than completion of treatment \$25.00									
D8999 Orthodontic Treatment Plan and Records(pre/post x-rays, photos, study models) UCR* \$200.00 UCR* UCR* \$350.00 UCR* UCR* Active Orthodontic Treatment beyond 24 months - Per Visit. Except on Advantage Plans, Orthodontists may charge Members additional fees for costs of cases over 24 months, based on the differences in UCR fees for UCR* \$200.00 UCR* UCR* \$350.00 UCR* UCR* UCR* D8999 the needed treatment periods less the UCR fees for a 24 month period. Description. Description. <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
Active Orthodontic Treatment beyond 24 months - Per Visit. Except on Advantage Plans, Orthodontists may See Code See Cod									
charge Members additional fees for costs of cases over 24 months, based on the differences in UCR fees for Description. De	20333								
D8999 the needed treatment periods less the UCR fees for a 24 month period.									
Appliances (head gear, maxillary expansion, etc.) may be required in addition to full banding. UCR* UCR* UCR* UCR* UCR* UCR* UCR* UCR*	D8999	the needed treatment periods less the UCR fees for a 24 month period.			·				
		Appliances (head gear, maxillary expansion, etc.) may be required in addition to full banding.	UCR*	UCR*	UCR*	UCR*	UCR*	UCR*	UCR*

Adjunctive General Services

Code	Description	<u>465</u>	<u>501</u>	<u>505</u>	<u>595</u>	<u>530</u>	600	<u>665</u>	
* - Covered only for the removal of impacted wisdom teeth (1,16,17 & 32)									
# - Covered of	only when performed by the Member's primary general dentist.								
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$20.00	\$15.00	\$5.00	\$5.00	\$20.00	\$20.00	\$20.00	
D9120	Sectioning of fixed partial denture (bridge)	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
D9215	Local anesthesia	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
D9222	Deep sedation/general anesthesia – first 15 minutes*	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	
D9223	Deep sedation/general anesthesia - each subsequent 15 minutes*	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide*	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes*	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minutes*	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	
	Consultation & Second Opinion, with prior authorization from Plan. Diagnostic service provided by dentist or	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	
D9310	physician other than requesting dentist or physician, not chargeable on same day as therapeutic services.								
D9311	Consultation with a medical health care professional	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
D9430	Office visit for observation (during regularly scheduled hours)	\$8.00	\$0.00	\$0.00	\$0.00	\$8.00	\$8.00	\$5.00	
D9440	Office visit - after regularly scheduled hours	\$25.00	\$20.00	\$10.00	\$10.00	\$25.00	\$25.00	\$25.00	
D9450	Case presentation, detailed and extensive treatment planning	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
D9999	Office visit - during regular office hours in addition to other charges	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	
D9630	Other drugs and/or medicaments dispensed in the office for home use.	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	
D9910	Application of desensitizing medicament, per visit. (not to be used under restorations)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth (not to be used under restorations)	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	
D9930	Treatment of complication (post-surgical), unusual circumstances, by report	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	
D9932	In office cleaning and inspection of removable complete upper denture. Limited to once every 6 months.	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	
D9933	In office cleaning and inspection of removable complete lower denture. Limited to once every 6 months.	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	
D9934	In office cleaning and inspection of removable partial upper denture. Limited to once every 6 months.	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	
D9935	In office cleaning and inspection of removable partial lower denture. Limited to once every 6 months.	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	
D9942	Repair/reline occlusal guard	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	
D9943	Occlusal guard adjustment. Coverage is limited to only soft guards that are a Plan covered benefit.	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	
D9944	occlusal guard – hard appliance, full arch	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	
D9945	occlusal guard – soft appliance, full arch	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	
D9946	occlusal guard – hard appliance, partial arch	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	
D9951	Occlusal adjustment - limited	\$0.00	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
D9961	duplicate/copy patient's records	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	
D9972	External bleaching - per arch, performed in office	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	
D9973	External bleaching - per tooth	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	
D9975	External bleaching for home application- per arch	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	
D9986	Missed appointment	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	
D9987	Cancelled appointment	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	
D9990	certified translation or sign-language services per visit. Contact the Plan to arrange services at no charge to me		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
D9991	Dental case management - addressing appointment compliance barriers	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	
D9992	Dental case management -Care coordination across multiple providers	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	
D9993	Dental case management - motivational interviewing	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	
D9994	Dental case management - patient education to improve oral health literacy	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	NCB**	
D9995	teledentistry – synchronous; real-time encounter#	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
D9996	teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review#	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
D9999	Broken Appointment - less than 24 notice	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	
D9999	Broken Specialist Appointment - less than 24 notice	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	
	<u>Specialty Type</u>	5 Indiv: Type A 501: Type A 505: Type A 595: Type E None Group: Type A 505SW: Type B 505LS: Type C 505S: Type D					600: Type A	665: Type E	