

ADA	DESCRIPTION	MEMBER PAYS ²
DIAGNOSTIC SERVICES		
D0120	PERIODIC ORAL EVALUATION EST PT	\$0
D0140	LTD ORAL EVALUATION - PROBLEM FOCUS	\$0
D0145	ORAL EVAL PT<3 AND COUNSEL	\$0
D0150	COMP ORAL EVALUATION - NEW/EST PT	\$0
D0160	DTL & EXT ORAL EVAL - PROBLEM FOCUS REPORT	\$0
D0170	RE-EVALUATION - LTD PROBLEM FOCUSED	\$0
D0171	RE-EVALUATION - POST-OPERATIVE OFFICE VISIT	\$0
D0180	COMP PERIODONTAL EVAL - NEW/EST PT	\$0
D0210	INTRAORAL - COMPLETE SERIES RADIOGRAPHIC IMAGES	\$0
D0220	INTRAORAL PERIAPICAL FIRST RADIOGRAPHIC IMAGE	\$4
D0230	INTRAORAL PERIAPICAL EACH ADD RADIOGRAPHIC IMAGE	\$2
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	\$0
D0250	EXTRA-ORAL - 2D PROJECTION RADIOGRAPHIC IMAGE	\$0
D0251	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE	\$0
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	\$0
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	\$0
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	\$0
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	\$0
D0277	VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES	\$29
D0310	RADIOGRAPHS -SIALOGRAPHY	\$150
D0320	TMJ - INCLUDING INJECTION	\$250
D0321	OTHER TEMPOROMANDIBULAR JOINT RADIOGRAPHIC IMAGES	\$150
D0322	TOMOGRAPHIC SURVEY	\$150
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$50
D0340	2D CEPHALOMETRIC RADIOGRAPHIC IMAGE - ACQUISITION, MEASUREMENT AND ANALYSIS	\$125
D0350	2D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY	\$20
D0364	CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW-LESS THAN ONE WHOLE JAW	\$169
D0365	CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW OF ONE FULL DENTAL ARCH-MANDIBLE	\$149
D0366	CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW OF ONE FULL DENTAL ARCH-MAXILLA	\$139
D0367	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS	\$139
D0368	CONE BEAM CT CAPTURE AND INTERPRETATION FOR TMJ SERIES INCLUDING TWO OR MORE EXPOSURES	\$184
D0369	MAXILLOFACIAL MRI CAPTURE AND INTERPRETATION	\$139
D0370	MAXILLOFACIAL ULTRASOUND CAPTURE AND INTERPRETATION	\$189
D0371	SIALOENDOSCOPY AND CAPTURE AND INTERPRETATION	\$169
D0380	CONE BEAM CT IMAGE CAPTURE WITH LIMITED FIELD OF VIEW-LESS THAN ONE WHOLE JAW	\$169
D0381	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH-MANDIBLE	\$149
D0382	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH-MAXILLA	\$139
D0383	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF BOTH JAWS	\$139
D0384	CONE BEAM CT IMAGE CAPTURE FOR TMJ SERIES INCLUDING TWO OR MORE EXPOSURES	\$184
D0385	MAXILLOFACIAL MRI IMAGE CAPTURE	\$139
D0386	MAXILLOFACIAL ULTRASOUND IMAGE CAPTURE	\$169
D0393	SIMULATION USING 3D IMAGES	\$9

ADA	DESCRIPTION	MEMBER PAYS ²
D0394	DIGITAL SUBTRACTION OF IMAGES	\$9
D0395	FUSION OF TWO OR MORE 3D IMAGES	\$9
D0415	COLLECT MICROORGANISMS CULT & SENS	\$0
D0425	CARIES SUSCEPTIBILITY TESTS	\$0
D0431	ADJUNCT PREDX TST NO CYTOL/BX PROC	\$65
D0460	PULP VITALITY TESTS	\$0
D0470	DIAGNOSTIC CASTS	\$0
D0472	ACCESS TISSUE, GROSS EXAM - PREP & REPORT	\$0
D0473	ACCESS TISSUE, GROSS & MICROSCOPIC - PREP/REPORT	\$0
D0474	ACCESS TISSUE, GROSS & MICROSCOPIC SURG MARG PREP/REPORT	\$0
D0480	PROCESSING AND INTERP OF EXFOLIATIVE CYTOLOGICAL SMEARS, INCL PREP AND TRANS OF WRITTEN REPORT	\$0
D0486	ACCESSION OF TRANSEPIHELIAL CYTOLOGIC SAMPLE, MICCROSCOPIS EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	\$0
D0502	OTHER ORAL PATHOLOGY PROCEDURES	\$0
D0600	NON-IONIZING DIAGNOSTIC PROCEDURE CAPABLE OF QUANTIFYING, MONITORING, AND RECORDING CHANGES IN STRUCTURE OF ENAMEL, DENTIN AND CEMENTUM	\$0
D0601	CARIES RISK ASSESSMENT AND DOCUMENTATION, LOW	\$0
D0602	CARIES RISK ASSESSMENT AND DOCUMENTATION, MODERATE	\$0
D0603	CARIES RISK ASSESSMENT AND DOCUMENTATION, HIGH	\$0
D0701	PANORAMIC RADIOGRAPHIC IMAGE – IMAGE CAPTURE ONLY	\$50
D0702	2-D CEPHALOMETRIC RADIOGRAPHIC IMAGE – IMAGE CAPTURE ONLY	\$125
D0703	2-D ORAL/FACIAL PHOTOGRAPHIC IMAGE INTRA-ORALLY OR EXTRA-ORALLY–IMAGE CAPTURE ONLY	\$20
D0705	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE–IMAGE CAPTURE ONLY	\$0
D0706	INTRAORAL–OCCLUSAL RADIOGRAPHIC IMAGE–IMAGE CAPTURE ONLY	\$0
D0707	INTRAORAL–PERIAPICAL RADIOGRAPHIC IMAGE-IMAGE CAPTURE ONLY	\$2
D0708	INTRAORAL–BITEWING RADIOGRAPHIC IMAGE–IMAGE CAPTURE ONLY	\$0
D0709	INTRAORAL–COMPLETE SERIES OF RADIOGRAPHIC IMAGES–IMAGE CAPTURE ONLY	\$0
PREVENTIVE SERVICES		
D1110 ¹	PROPHYLAXIS - ADULT	\$0
D1110 ¹	- PROPHYLAXIS - ADULT 1 ADD. PROPHY WITHIN 6 MONTHS	\$20
D1120 ¹	PROPHYLAXIS - CHILD	\$0
D1120 ¹	- PROPHYLAXIS - CHILD 1 ADD. PROPHY WITHIN 6 MONTHS	\$20
D1206	TOPICALFLUORIDE VARNISH	\$15
D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	\$0
D1310	NUTRIT CNSL CONTROL DENTAL DISEASE	\$0
D1320	TOBACCO CNSL CNTRL&PREVION ORL DZ	\$0
D1330	ORAL HYGIENE INSTRUCTIONS	\$0
D1351	SEALANT - PER TOOTH	\$0
D1352	PREV RESIN RESTORATION IN MOD HIGH CARIES RISK PATIENT- PERM TOOTH	\$0
D1353	SEALANT REPAIR – PER TOOTH	\$0
D1354	INTERIM CARIES ARRESTING MEDICAMENT APPLICATION	\$20
D1355	CARIES PREVENTIVE MEDICAMENT APPLICATION – PER TOOTH	\$20
D1510	SPACE MAINTAINER - FIXED, UNILATERAL/QUAD	\$0
D1516	SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY	\$0
D1517	SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR	\$0
D1520	SPACE MAINTAINER - REMOVABLE-UNILATERAL/QUAD	\$0
D1526	SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY	\$0
D1527	SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR	\$0
D1551	RECEM/REBOND BILATERAL SPACE MAINTAINER – MAXIL	\$15
D1552	RECEM/REBOND BILATERAL SPACE MAINTAINER – MANDIB	\$15

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D1553	RECEM/REBOND UNILATERAL SPACE MAINTAINER/QUAD	\$15
D1556	REMOVAL OF FIXED UNILATERAL SPACE MAINTAINER/QUAD	\$15
D1557	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER-MAXIL	\$15
D1558	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER-MANDIB	\$15
D1575	DISTAL SHOE SPACE MAINTAINER – FIXED, UNILATERAL/QUAD	\$0
RESTORATIVE SERVICES		
D2140	AMALGAM - ONE SURFACE PRIMARY/PERMANENT	\$0
D2150	AMALGAM - TWO SURFACES PRIMARY/PERMANENT	\$0
D2160	AMALGAM - 3 SURFACES PRIMARY/PERMAMENT	\$0
D2161	AMALGAM - FOUR/MORE SURFACES PRIMARY/PERMANENT	\$0
D2330	RESIN COMPOSITE - ONE SURFACE ANTERIOR	\$30
D2331	RESIN COMPOSITE - 2 SURFACES ANTERIOR	\$37
D2332	RESIN COMPOSITE - 3 SURFACES ANTERIOR	\$50
D2335	RESIN COMPOSITE - 4/> SURF/W/INCISAL ANG	\$80
D2390	RESIN COMPOSITE CROWN ANTERIOR	\$115
D2391	RESIN COMPOSITE - 1 SURFACE POSTERIOR	\$65
D2392	RESIN COMPOSITE - 2 SURFACES POSTERIOR	\$75
D2393	RESIN COMPOSITE - 3 SURFACES POSTERIOR	\$90
D2394	RESIN COMPOSITE - 4/MORE SURFACES POST	\$115
D2410	GOLD FOIL - ONE SURFACE	\$75
D2420	GOLD FOIL - TWO SURFACES	\$95
D2430	GOLD FOIL - THREE SURFACES	\$125
D2510	INLAY - METALLIC - ONE SURFACE	\$225
D2520	INLAY - METALLIC - TWO SURFACES	\$235
D2530	INLAY - METALLIC - 3/MORE SURFACES	\$245
D2542	ONLAY - METALLIC - TWO SURFACES	\$325
D2543	ONLAY - METALLIC THREE SURFACES	\$340
D2544	ONLAY - METALLIC FOUR OR MORE SURFACES	\$350
D2610	INLAY - PORCELAIN/CERAMIC - 1 SURFACE	\$275*
D2620	INLAY - PORCELAIN/CERAMIC - 2 SURFACES	\$300*
D2630	INLAY - PORCELAIN/CERAMIC - 3/MORE SURFACES	\$325*
D2642	ONLAY - PORCELAIN/CERAMIC - 2 SURFACES	\$360*
D2643	ONLAY - PORCELAIN/CERAMIC - 3 SURFACES	\$390*
D2644	ONLAY - PORCELAIN/CERAMIC - 4/MORE SURFACES	\$400*
D2650	INLAY - RESIN BASED COMPOSITE - 1 SURFACE	\$200
D2651	INLAY - RESIN BASED COMPOSITE - 2 SURFACES	\$220
D2652	INLAY - RESIN BASED COMPOSITE - 3 />SURFACES	\$260
D2662	ONLAY - RESIN - BASED COMPOSITE - 2 SURFACES	\$240
D2663	ONLAY - RESIN - BASED COMPOSITE - 3 SURFACES	\$260
D2664	ONLAY - RESIN - BASED COMPOSITE - 4/> SURFACES	\$283
D2710	CROWN - RESIN - BASED COMPOSITE INDIRECT	\$195
D2712	CROWN - 3/4 RESIN - BASED COMPOSITE INDIRECT	\$195
D2720*	CROWN - RESIN WITH HIGH NOBLE METAL	\$245*
D2721	CROWN - RESIN W/PREDOM BASE METAL	\$245*
D2722*	CROWN - RESIN WITH NOBLE METAL	\$245*
D2740	CROWN - PORCELAIN/CERAMIC SUBSTRATE	\$245*
D2750*	CROWN - PORCELAIN FUSED HI NOBLE METAL	\$245*
D2751	CROWN - PORCELAIN FUSED PREDOM BASE METAL	\$245*
D2752*	CROWN - PORCELAIN FUSED NOBLE METAL	\$245*
D2753	CROWN PORCELAIN FUSED TO TITANIUM/TITANIUM ALLOYS	\$245
D2780*	CROWN - 3/4 CAST HIGH NOBLE METAL	\$245*
D2781	CROWN - 3/4 CAST PREDOM BASE METAL	\$245*
D2782*	CROWN - 3/4 CAST NOBLE METAL	\$245*
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	\$245*
D2790*	CROWN - FULL CAST HIGH NOBLE METAL	\$245*

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D2791	CROWN - FULL CAST PREDOM BASE METAL	\$245*
D2792*	CROWN - FULL CAST NOBLE METAL	\$245*
D2794*	CROWN - TITANIUM AND TITANIUM ALLOYS	\$245*
D2799	PROVISIONAL CROWN - FURTHER TREATMENT OR COMPLETION OF DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION	\$125
D2910	RECEMENT OR RE-BOND INLAY ONLAY VENEER OR PART COV REST	\$15
D2915	RECEMENT OR RE-BOND INDIRECTLY FABRICATED PREFABRICATED POST & CORE	\$20
D2920	RECEMENT OR RE-BOND CROWN	\$15
D2921	REATTACHMENT OF TOOTH FRAGMENT	\$15
D2928	PREFABRICATED PORCELAIN/CERAMIC CROWN - PERMANENT TOOTH	\$49
D2929	PREFABRICATED PORCELAIN CROWN- PRIMARY	\$49*
D2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY	\$45
D2931	PREFABRICATED STAINLESS STEEL CROWN - PERMANENT	\$55
D2932	PREFABRICATED RESIN CROWN	\$95
D2933	PREFABRICATED STAINLESS STEEL CROWN RESIN WINDOW	\$145
D2940	SEDATIVE FILLING	\$15
D2941	INTERIM THERAPEUTIC RESTORATION - PRIMARY DENTITION	\$15
D2949	RESTORATIVE FOUNDATION FOR AN INDIRECT RESTORATION	\$20
D2950	CORE BUILDUP INCLUDING ANY PINS	\$70
D2951	PIN RETENTION - PER TOOTH ADDITION REST	\$15
D2952	POST & CORE ADD CROWN INDIRECT FAB	\$88
D2953	EACH ADD INDIRECT FABRICATED POST SAME TOOTH	\$95
D2954	PREFABRICATED POST & CORE ADDITION CROWN	\$75
D2955	POST REMOVAL	\$30
D2957	EACH ADD PREFABR POST - SAME TOOTH	\$30
D2960	LABIAL VENEER (RESIN LAMINATE) - DIRECT	\$200
D2961	LABIAL VENEER (RESIN LAMINATE) - INDIRECT	\$255*
D2962	LABIAL VENEER (PORCELAIN LAMINATE) - INDIRECT	\$390*
D2971	ADD PROCEDURE NEW CROWN XST PART DENTURE	\$45
D2975	COPING	\$95
D2980	CROWN REPAIR	\$95
D2981	INLAY REPAIR	\$95
D2982	ONLAY REPAIR	\$95
D2983	VENEER REPAIR	\$95
D2990	RESIN INFILTRATION OF INCIPIENT SMOOTH SURFACE LESIONS	\$29
ENDODONTIC SERVICES		
D3110	PULP CAP - DIRECT	\$25
D3120	PULP CAP - INDIRECT	\$25
D3220	TX PULPOTOMY - CORONAL DENTNOCEMENTL JUNC	\$30
D3221	PULPAL DEBRIDEMENT PRIMARY & PERMAMENT TEETH	\$95
D3222	PARTIAL PULPOTOMY	\$75
D3230	PULPAL THERAPY - ANTERIOR PRIMARY TOOTH	\$50
D3240	PULPAL THERAPY - POSTERIOR PRIMARY TOOTH	\$50
D3310	ANTERIOR	\$110
D3320	BICUSPID	\$195
D3330	MOLAR	\$245
D3331	TX RC OBSTRUCTION; NON-SURG ACCESS	\$85
D3332	INCMPLE ENDO TX;INOP UNRSTR/FX TOOTH	\$75
D3333	INTRL ROOT REPAIR PERFORATION DEFEC	\$125
D3346	RETX PREVIOUS RC THERAPY - ANTERIOR	\$300
D3347	RETX PREVIOUS RC THERAPY - BICUSPID	\$350
D3348	RETX PREVIOUS RC THERAPY - MOLAR	\$440
D3351	APEXIFICATION/RECALCIFICATION - INITIAL VST	\$90
D3352	APEXIFICATION/RECALCIFICATION - INTERIM	\$90

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D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT	\$90
D3410	APICOECTOMY SURG - ANT	\$100
D3421	APICOECTOMY SURG-BICUSPID	\$315
D3425	APICOECTOMY SURG - MOLAR	\$340
D3426	APICOECTOMY SURGERY	\$95
D3428	BONE GRAFT WITH PERIRADICULAR SURGERY - PER TOOTH	\$47
D3429	BONE GRAFT WITH PERIRADICULAR SURGERY - EACH ADDITIONAL TOOTH	\$42
D3430	RETROGRADE FILLING - PER ROOT	\$75
D3431	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION	\$150
D3432	GUIDED TISSUE REGENERATION, RESORBABLE BARRIER, PER SITE	\$150
D3450	ROOT AMPUTATION - PER ROOT	\$110
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	\$545
D3470	INTENTIONAL REIMPLANTATION (INCLUDING NECESSARY SPLINTING)	\$175
D3471	SURGICAL REPAIR OF ROOT RESORPTION - ANTERIOR	\$100
D3472	SURGICAL REPAIR OF ROOT RESORPTION – PREMOLAR	\$315
D3473	SURGICAL REPAIR OF ROOT RESORPTION – MOLAR	\$340
D3501	SURGICAL EXPOSURE ROOT SURFACE W/OUT APICOECTOMY OR REPAIR ROOT RESORPT-ANTERIOR	\$100
D3502	SURGICAL EXPOSURE ROOT SURFACE W/OUT APICOECTOMY OR REPAIR OF ROOT RESORPT–PREMOLAR	\$100
D3503	SURGICAL EXPOSURE ROOT SURFACE W/OUT APICOECTOMY OR REPAIR OF ROOT RESORPT–MOLAR	\$100
D3910	SURG PROC ISOLAT TOOTH W/RUBBER DAM	\$95
D3920	HEMISECTION NOT INCL RC THERAPY	\$90
D3950	CANAL PREP & FIT PREFORMED DOWEL/POST	\$75
PERIODONTIC SERVICES		
D4210	GINGIVECTOMY/GINGIVOPLASTY 4/>CNTIG TEETH QUAD	\$175
D4211	GINGIVECTOMY/GINGIVOPLASTY 1-3 CNTIG TEETH QUAD	\$81
D4212	GINGIVECTOMY/GINGIVOPLASTY WITH REST PROC/TOOTH	\$49
D4240	INGL FLP 4/>CNTIG/BOUND TEETH QUAD	\$195
D4241	INGL FLP 1-3 CNTIG/BND TEETH QUAD	\$185
D4245	APICALLY POSITIONED FLAP	\$150
D4249	CLIN CROWN LEN - HARD TISSUE	\$230
D4260	OSSEOUS SURG 4/> CNTIG TEETH QUAD	\$375
D4261	OSSEOUS SURG 1-3 CNTIG TEETH QUAD	\$325
D4263	BONE REPLACEMENT GRAFT – RETAINED NATURAL TOOTH– FIRST SITE IN QUADRANT	\$450
D4264	BONE REPLACEMENT GRAFT – RETAINED NATURAL TOOTH– EACH ADDITIONAL SITE IN QUADRANT	\$325
D4265	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION	\$325
D4266	GUIDED TISSUE REGENERATION - RESORBABLE BARRIER, PER SITE	\$325
D4267	GUIDED TISSUE REGENERATION - NONRESORBABLE BARRIER, PER SITE (INCLUDES MEMBRANE REMOVAL)	\$325
D4268	SURGICAL REVISION PROCEDURE, PER TOOTH	\$0
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$250
D4273	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE, 1ST TOOTH	\$335
D4274	MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA)	\$125
D4275	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE, 1ST TOOTH	\$502
D4276	COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT, PER TOOTH	\$65
D4277	FREE SOFT TISSUE GRAFT PROCEDURE -1ST TOOTH	\$215
D4278	FREE SOFT TISSUE GRAFT PROCEDURE - ADD TOOTH	\$75

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D4283	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURIGCAL SITES – EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE	\$299
D4285	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURIGCAL SITES – EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE	\$392
D4320	PROVISIONAL SPLINTING - INTRACORONAL	\$115
D4321	PROVISIONAL SPLINTING - EXTRACORONAL	\$105
D4341	PERIODONTAL SCAL & ROOT PLAN 4/>TEETH-QUAD	\$50t
D4342	PERIODONTAL SCAL & ROOT PLAN 1-3 TEETH	\$43t
D4346	SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION – FULL MOUTH, AFTER ORAL EVALUATION	\$50
D4355	FULL MOUTH DEBRID COMP ORAL EVAL & DX ON A SUBSEQUENT VISIT	\$50t
D4381	LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH	\$60t
D4910	PERIODONTAL MAINTENANCE	\$50
D4920	UNSCHEDULED DRESSING CHANGE	\$25
D4921	GINGIVAL IRRIGATION - PER QUADRANT	\$15
D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	\$0
REMOVABLE PROSTHODONTIC SERVICES		
D5110	COMPLETE DENTURE - MAXILLARY	\$325*
D5120	COMPLETE DENTURE - MANDIBULAR	\$325*
D5130	IMMEDIATE DENTURE - MAXILLARY	\$350*
D5140	IMMEDIATE DENTURE - MANDIBULAR	\$350*
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE	\$400*
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE	\$400*
D5213	MAX PART DENTUR-CAST METL W/RSN	\$425*
D5214	MAND PART DENTUR- CAST METL W/RSN	\$425*
D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE – RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$420*
D5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE – RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$420*
D5223	IMMEDIATE MAXILLARY PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$445*
D5224	IMMEDIATE MANDIBULAR PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$445*
D5225	MAXILLARY PARTIAL DENTURE FLEX BASE	\$425*
D5226	MANDIBULAR PARTIAL DENTURE FLEX BASE	\$425*
D5282	REMOVABLE UNILATERAL PARTIAL DENTURE - MAXILLARY	\$245*
D5283	REMOVABLE UNILATERAL PARTIAL DENTURE - MANDIBULAR	\$245*
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$15
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	\$15
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$15
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$15
D5511	REPAIR BROKEN COMPLETE DENTURE BASE	\$35*
D5512	REPAIR BROKEN COMPLETE DENTURE BASE - MAXILLARY	\$35*
D5520	REPLACE MISSING/BROKEN TEETH - COMPLETE DENTURE	\$35*
D5611	REPAIR RESIN PARTIAL DENTURE BASE - MANDIBULAR	\$35*
D5612	REPAIR RESIN PARTIAL DENTURE BASE - MAXILLARY	\$35*
D5621	REPAIR CAST PARTIAL FRAMEWORK - MANDIBULAR	\$35*
D5622	REPAIR CAST PARTIAL FRAMEWORK - MAXILLARY	\$35*
D5630	REPAIR OR REPLACE BROKEN CLASP - PER TOOTH	\$35*
D5640	REPLACE BROKEN TEETH - PER TOOTH	\$35*

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D5650	ADD TOOTH EXISTING PARTIAL DENTURE	\$35*
D5660	ADD CLASP EXISTING PARTIAL DENTURE - PER TOOTH	\$35*
D5670	REPLACE ALL TEETH & ACRYLIC FRAMEWORK MAXILLARY	\$155*
D5671	REPLACE ALL TEETH & ACRYLIC FRAMEWORK MANDIBULAR	\$155*
D5710	REBASE COMPLETE MAXILLARY DENTURE	\$135*
D5711	REBASE COMPLETE MANDIBULAR DENTURE	\$135*
D5720	REBASE MAXILLARY PARTIAL DENTURE	\$155*
D5721	REBASE MANDIBULAR PARTIAL DENTURE	\$155*
D5730	RELINE COMPLETE MAXIL DENTURE (DIRECT)	\$65*
D5731	RELINE COMPLETE MAND DENTURE (DIRECT)	\$65*
D5740	RELINE MAXIL PART DENTURE (DIRECT)	\$65*
D5741	RELINE MAND PART DENTURE (DIRECT)	\$65*
D5750	RELINE COMPLETE MAXIL DENTURE (INDIRECT)	\$85*
D5751	RELINE COMPLETE MAND DENTURE (INDIRECT)	\$85*
D5760	RELINE MAXIL PART DENTURE (INDIRECT)	\$85*
D5761	RELINE MAND PART DENTURE (INDIRECT)	\$85*
D5810	INTERIM COMPLETE DENTURE (MAXILLARY)	\$250*
D5811	INTERIM COMPLETE DENTURE (MANDIBULAR)	\$250*
D5820	INTERIM PARTIAL DENTURE MAXILLARY	\$175*
D5821	INTERIM PARTIAL DENTURE MANDIBULAR	\$175*
D5850	TISSUE CONDITIONING MAXILLARY	\$20
D5851	TISSUE CONDITIONING MANDIBULAR	\$20
D5862	PRECISION ATTACHMENT, BY REPORT	\$150
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT	\$0
IMPLANT SERVICES		
D6010	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT	\$1,010
D6012	SURGICAL PLACEMENT OF INTERIM IMPLANT BODY FOR TRANSITIONAL PROsthESIS: ENDOSTEAL IMPLANT	\$1,010
D6056	PREFABRICATED ABUTMENT - INCLUDES MOD AND PLACEMENT	\$440
D6057	CUSTOM FAB ABUTMENT - INCLUDES PLACEMENT	\$550
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	\$750
D6059*	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL)	\$750
D6060	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINATELY BASE METAL)	\$750
D6061*	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL)	\$750
D6062*	ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)	\$750
D6063	ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINATELY BASE METAL)	\$750
D6064*	ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)	\$750
D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	\$750
D6066*	IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO HIGH NOBLE ALLOYS	\$750
D6067*	IMPLANT SUPPORTED CROWN - HIGH NOBLE ALLOYS	\$750
D6068	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC FPD	\$750
D6069	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (HIGH NOBLE METAL)	\$750
D6070	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (PREDOMINATELY BASE METAL)	\$750
D6071*	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (NOBLE METAL)	\$750
D6072*	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL)	\$750
D6073	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (PREDOMINATELY BASE METAL)	\$750
D6074*	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL)	\$750

ADA	DESCRIPTION	MEMBER PAYS ²
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	\$750
D6076*	IMPLANT SUPPORTED RETAINER FOR FPD - PORCELAIN FUSED TO HIGH NOBLE ALLOYS	\$750
D6077*	IMPLANT SUPPORTED RETAINER FOR METAL FPD - HIGH NOBLE ALLOYS	\$750
D6080	IMPLANT MAINTENANCE PROCEDURES WHEN PROSTHESIS ARE REMOVED AND REINSERTED, INCLUDING CLEANSING OF PROSTHESIES AND ABUTMENTS	\$180
D6081	SCALING AND DEBRIDEMENT IN THE PRESENCE OF INFLAMMATION OR MUCOSITIS OF A SINGLE IMPLANT, INCLUDING CLEANING OF THE IMPLANT SURFACES, WITHOUT FLAP ENTRY AND CLOSURE	\$50t
D6082	IMPLANT SUPPT CROWN-PORCELAIN FUSED TO PREDOM. BASE ALLOYS	\$750
D6083	IMPLANT SUPPT CROWN-PORCELAIN FUSED TO NOBLE ALLOYS	\$750
D6084	IMPLANT SUPPT CROWN-PORCELAIN FUSED TO TITANIUM/TITANIUM ALLOYS	\$750
D6085	PROVISIONAL IMPLANT CROWN	\$125
D6086	IMPLANT SUPPT CROWN-PREDOM. BASE ALLOYS	\$750
D6087	IMPLANT SUPPT CROWN-NOBLE ALLOYS	\$750
D6088	IMPLANT SUPPT CROWN-TITANIUM/TITANIUM ALLOYS	\$750
D6090	REPAIR IMPLANT SUPPORTED PROSTHESIS, BY REPORT	\$400
D6092	RECEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED CROWN	\$45
D6093	RECEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL DENTURE	\$65
D6094*	ABUTMENT SUPPORTED CROWN - TITANIUM AND TITANIUM ALLOYS	\$750
D6095	REPAIR IMPLANT ABUTMENT, BY REPORT	\$220
D6096	REMOVE BROKEN IMPLANT RETAINING SCREW	\$500
D6097	ABUTMENT SUPPT CROWN-PORCELAIN FUSED TO TITANIUM/TITANIUM ALLOYS	\$750
D6098	IMPLANT SUPPT RETAINER-PORCELAIN FUSED TO PREDOM. BASE ALLOYS	\$750
D6099	IMPLANT SUPPT RETAINER FOR FPD-PORCELAIN FUSED TO NOBLE ALLOYS	\$750
D6100	IMPLANT REMOVAL, BY REPORT	\$700
D6110	IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH – MAXILLARY	\$1,255
D6111	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH – MANDIBULAR	\$1,255
D6112	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH – MAXILLARY	\$995
D6113	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH – MANDIBULAR	\$995
D6114	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS ARCH – MAXILLARY	\$3,855
D6115	IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS ARCH – MANDIBULAR	\$3,855
D6115	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS ARCH – MANDIBULAR	\$3,855
D6116	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH – MAXILLARY	\$2,255
D6117	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH – MANDIBULAR	\$2,255
D6118	IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR EDENTULOUS ARCH - MANDIBULAR	\$1,804
D6119	IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR EDENTULOUS ARCH - MAXILLARY	\$1,804
D6120	IMPLANT SUPPT RETAINER-PORCELAIN FUSED TO TITANIUM/TITANIUM ALLOYS	\$750
D6121	IMPLANT SUPPT RETAINER FOR METAL FPD-PREDOM. BASE ALLOYS	\$750
D6122	IMPLANT SUPPT RETAINER FOR METAL FPD-NOBLE ALLOYS	\$750
D6123	IMPLANT SUPPT RETAINER FOR METAL FPD-TITANIUM/TITANIUM ALLOYS	\$750
D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT	\$235

FIXED PROSTHODONTIC SERVICES

ADA	DESCRIPTION	MEMBER PAYS ²
D6205	PONTIC- INDIRECT RESIN BASED COMPOSITE	\$750
D6210*	PONTIC - CAST HIGH NOBLE METAL	\$245*
D6211	PONTIC - CAST PREDOM BASE METAL	\$245*
D6212*	PONTIC - CAST NOBLE METAL	\$245*
D6214*	PONTIC - TITANIUM AND TITANIUM ALLOYS	\$245*
D6240*	PONTIC - PORCELAIN FUSED HI NOBLE METAL	\$245*
D6241	PONTIC - PORCELAIN FUSED PREDOM BASE METAL	\$245*
D6242*	PONTIC - PORCELAIN FUSED NOBLE METAL	\$245*
D6243	PONTIC-PORCELAIN FUSED TO TITANIUM/TITANIUM ALLOYS	\$245*
D6245	PONTIC - PORCELAIN/CERAMIC	\$245*
D6250*	PONTIC - RESIN W/HIGH NOBLE METAL	\$245*
D6251	PONTIC RESIN W/PREDOM BASE METAL	\$245*
D6252*	PONTIC RESIN W/NOBLE METAL	\$245*
D6253	PROVISIONAL PONTIC - FURTHER TREATMENT OR COMPLETION OF DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION	\$0
D6545	RETAINER - CASE METAL FOR RESIN FIXED PROSTHESIS	\$390
D6548	RETAINER - PORCELAIN CERAMIC FOR RESIN BONDED FIXED PROSTHESIS	\$225*
D6600	RETAINER INLAY - PORCELAIN/CERAMIC 2 SURFACES	\$245*
D6601	RETAINER INLAY - PORCELAIN/CERAMIC 3/MORE SURFACES	\$245*
D6602*	RETAINER INLAY - CAST HI NOBLE METAL 2 SURFACES	\$245*
D6603*	RETAINER INLAY - CAST HI NOBLE METAL 3/> SURFACES	\$245*
D6604	RETAINER INLAY - CAST PREDOM BASE METAL 2 SURFACES	\$245*
D6605	RETAINER INLAY - CAST PREDOM BASE METAL 3/>SURFACES	\$245*
D6606*	RETAINER INLAY - CAST NOBLE METAL 2 SURFACES	\$245*
D6607*	RETAINER INLAY - CAST NOBLE METAL 3/MORE SURFACES	\$245*
D6608	RETAINER ONLAY - PORCELAIN/CERAMIC 2 SURFACES	\$245*
D6609	RETAINER ONLAY - PORCELAIN/CERAMIC 3/MORE SURFACES	\$245*
D6610*	RETAINER ONLAY - CAST HI NOBLE METAL 2 SURFACES	\$245*
D6611*	RETAINER ONLAY - CAST HI NOBLE METAL 3/> SURFACES	\$245*
D6612	RETAINER ONLAY - CAST PREDOM BASE METAL 2 SURFACES	\$245*
D6613	RETAINER ONLAY - CAST PREDOM BASE METAL 3/>SURFACES	\$245*
D6614*	RETAINER ONLAY - CAST NOBLE METAL 2 SURFACES	\$245*
D6615*	RETAINER ONLAY - CAST NOBLE METAL 3/MORE SURFACES	\$245*
D6624*	RETAINER INLAY - TITANIUM	\$245*
D6634*	RETAINER ONLAY - TITANIUM	\$245*
D6710	RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE	\$245*
D6720*	RETAINER CROWN - RESIN WITH HIGH NOBLE METAL	\$245*
D6721	RETAINER CROWN - RESIN PREDOMINANTLY BASE METAL	\$245*
D6722*	RETAINER CROWN - RESIN WITH NOBLE METAL	\$245*
D6740	RETAINER CROWN - PORCELAIN/CERAMIC	\$245*
D6750*	RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	\$245*
D6751	RETAINER CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$245*
D6752*	RETAINER CROWN - PORCELAIN FUSED TO NOBLE METAL	\$245*
D6753	RETAINER CROWN-PORCELAIN FUSED TO TITANIUM/TITANIUM ALLOYS	\$245*
D6780*	RETAINER CROWN - 3/4 CAST HIGH NOBLE METAL	\$245*
D6781	RETAINER CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	\$245*
D6782*	RETAINER CROWN - 3/4 CAST NOBLE METAL	\$245*
D6783	RETAINER CROWN - 3/4 PORCELAIN/CERAMIC	\$245*
D6784	RETAINER CROWN - 3/4 TITANIUM/TITANIUM ALLOYS	\$245*
D6790*	RETAINER CROWN - FULL CAST HIGH NOBLE METAL	\$245*
D6791	RETAINER CROWN - FULL CAST PREDOMINANTLY BASE METAL	\$245*
D6792*	RETAINER CROWN - FULL CAST NOBLE METAL	\$245*
D6793	PROVISIONAL RETAINER CROWN - FURTHER TREATMENT OR COMPLETION OF DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION	\$125
D6794*	RETAINER CROWN - TITANIUM AND TITANIUM ALLOYS	\$245*

ADA	DESCRIPTION	MEMBER PAYS ²
D6930	RECEMENT OR RE-BOND FIXED PARTIAL DENTURE	\$15
D6940	STRESS BREAKER	\$125
D6950	PRECISION ATTACHMENT	\$195
D6980	FIXED PARTIAL DENTURE REPAIR, BY REPORT	\$80
ORAL SURGERY SERVICES		
D7111	XTRCT CORONAL REMNANTS PRIMARY TOOTH	\$50
D7140	EXTRAC ERUPTED TOOTH/EXPOSED ROOT	\$20
D7210	EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	\$30
D7220	REMOVAL IMPACT TOOTH - SOFT TISSUE	\$50
D7230	REMOVAL IMPACT TOOTH - PARTLY BONY	\$65
D7240	REMOVAL IMPACTED TOOTH - COMPLETELY BONY	\$80
D7241	REMOVAL IMPACTED TOOTH - COMPLETELY BONY W/SURG COMP	\$135
D7250	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	\$40
D7251	CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL	\$270
D7260	OROANTRAL FISTULA CLOSURE	\$160
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	\$275
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION ACCIDENTLY DISPLACED	\$50
D7272	TOOTH TRANSPLANTATION (INCLUDES REIMPLANTATION FROM ONE SITE TO ANOTHER AND SPLINTING AND/OR STABILIZATION)	\$100
D7280	EXPOSURE OF AN UNERUPTED TOOTH	\$125
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	\$125
D7283	PLACEMENT DEVICE FACILITATE ERUPT IMPACTED TOOTH	\$80
D7285	INCISIONAL BIOPSY OF ORAL TISSUE HARD	\$125
D7286	INCISIONAL BIOPSY OF ORAL TISSUE SOFT	\$85
D7287	EXTOLIATIVE CYTOLOGICAL SAMPLE COLLECTION	\$75
D7288	BRUSH BIOPSY	\$25
D7291	TRANSSEPTAL FIBEROTOMY/SUPRA CRESTAL FIBEROTOMY, BY REPORT	\$40
D7310	ALVEOLOPLASTY W/EXT 4/> TEETH/SPACE	\$40
D7311	ALVEOLOPLASTY CONJNC XTRCT 1-3 TEETH	\$40
D7320	ALVEOLOPLASTY NO EXT 4/> TEETH/SPAC	\$60
D7321	ALVEOLOPLASTY NOT W/XTRCT 1-3 TEETH	\$60
D7340	VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION)	\$370
D7350	VESTIBULOPLASTY - RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE REATTACHMENT, REVISION OF SOFT TISSUE ATTACHMENT	\$990
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	\$25
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	\$50
D7412	EXCISION OF BENIGN LESION, COMPLICATED	\$55
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM	\$65
D7471	REMOVAL OF LATERAL EXOSTOSIS	\$95
D7472	REMOVAL OF TORUS PALATINUS	\$95
D7473	REMOVAL OF TORUS MANDIBULARIS	\$95
D7485	REDUCTION OF OSSEOUS TUBEROSITY	\$95
D7510	I & D ABSCESS - INTRAORAL SOFT TISSUE	\$20
D7511	I & D ABSCESS - INTRAORAL SOFT TISS COMPLICATED	\$20
D7520	I & D OF ABSCESS EXTRAORAL SOFT TISSUE	\$20
D7521	I & D OF ABSCESS EXTRAORAL COMPLICATED	\$20
D7910	SUTURE RECENT SMALL WOUNDS UP 5 CM	\$35
D7921	COLLECTION AND APPLICATION OF AUTOLOGOUS BLOOD CONCENTRATE PRODUCT	\$125
D7950	OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF THE MANDIBLE OR FACIAL BONES - AUTOGENOUS OR NONAUTOGENOUS, BY REPORT	\$350
D7951	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES VIA A LATERAL OPEN APPROACH	\$800

ADA	DESCRIPTION	MEMBER PAYS ²
D7952	SINUS AUGMENTATION VIA A VERTICAL APPROACH	\$350
D7961	BUCCAL / LABIAL FRENECTOMY (FRENULECTOMY)	\$105
D7962	LINGUAL FRENECTOMY (FRENULECTOMY)	\$105
D7963	FRENULOPLASTY	\$105
D7970	EXC HYPERPLASTIC TISSUE-PER ARCH	\$140
D7971	EXCISION OF PERICORONAL GINGIVA	\$102
D7972	SURGICAL RDUC FIBROUS TUBEROSITY	\$125
ADJUNCTIVE GENERAL SERVICES		
D9110	PALLIATIVE TX DENTAL PAIN-MINOR PROC	\$0
D9120	FIXED PARTIAL DENTURE SECTIONING	\$0
D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	\$0
D9211	REGIONAL BLOCK ANESTHESIA	\$0
D9212	TRIGEMINAL DIVISION BLOCK ANES	\$0
D9215	LOCAL ANESTHESIA	\$0
D9222	DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTES	\$50
D9223	DEEP SEDATION/GENERAL ANESTHESIA - EACH 15 MINUTE INCREMENT	\$50
D9230	ANALGESIA ANXIOLYSIS, INHALATION OF NITROUS OXIDE	\$20
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANESTHESIA - FIRST 15 MINUTES	\$65
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH 15 MINUTE INCREMENT	\$65
D9248	NON-INTRAVENOUS (CONSCIOUS) SEDATION, THIS INCLUDES NON-IV MINIMAL AND MODERATE SEDATION	\$15
D9310	CNSLT DX DENT/PHY NOT REQ DENT/PHY	\$25
D9430	OV OBS - NO OTH SERVICES PERFORMED	\$0
D9440	OV-AFTER REGULARLY SCHEDULED HRS	\$35
D9450	CASE PRSATION DTL & EXT TX PLANNING	\$0
D9610	THERAPEUTIC DRUG INJECTION, BY REPORT	\$15
D9630	DRUGS OR MEDICAMENTS DISPENSED IN THE OFFICE FOR HOME USE	\$15
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	\$20
D9930	TREATMENT OF COMPLICATIONS - POST SURG.	\$0
D9932	CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, MAXILLARY	\$0
D9933	CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, MANDIBULAR	\$0
D9934	CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, MAXILLARY	\$0
D9935	CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, MANDIBULAR	\$0
D9942	REPAIR AND/OR RELINE OCCCLUSAL GUARDS	\$40
D9943	OCCLUSAL GUARD ADJUSTMENT	\$25
D9944	OCCLUSAL GUARD - HARD APPLIANCE, FULL ARCH	\$250
D9945	OCCLUSAL GUARD - SOFT APPLIANCE, FULL ARCH	\$250
D9946	OCCLUSAL GUARD - HARD APPLIANCE, PARTIAL ARCH	\$250
D9950	OCCLUSAL ANALYSIS - MOUNTED CASE	\$75
D9951	OCCLUSAL ADJUSTMENT - LIMITED	\$30
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	\$100
D9973	EXTERNAL BLEACHING - PER TOOTH	\$30
D9975	EXTERNAL BLEACHING FOR HOME APPLICATION, PER ARCH	\$240
D9986	MISSED APPOINTMENT	\$25
D9991	DENTAL CASE MANAGEMENT - ADDRESSING APPOINTMENT COMPLIANCE BARRIERS	\$0
D9992	DENTAL CASE MANAGEMENT - CARE COORDINATION	\$0
D9993	DENTAL CASE MANAGEMENT - MOTIVATIONAL INTERVIEWING	\$0
D9994	DENTAL CASE MANAGEMENT - PATIENT EDUCATION TO IMPROVE ORAL HEALTH LITERACY	\$0
D9995	TELEDENTISTRY - SYNCHRONOUS; REAL TIME ENCOUNTER	\$0

ADA	DESCRIPTION	MEMBER PAYS ²
D9996	TELEDENTISTRY - ASYNCHRONOUS; INFORMATION STORED AND FORWARDED TO DENTIST FOR SUBSEQUENT REVIEW	\$0
D9997	DENTAL CASE MGMT-PATIENTS W/ SPECIAL NEEDS	\$0
ORTHODONTIC SERVICES		
D8010	LTD ORTHO TREAT OF THE PRIMARY DENTITION	\$1,000
D8020	LTD ORTHO TREAT OF THE TRANS DENTITION	\$1,000
D8030	LTD ORTHO TREAT OF THE ADOLESC DENTITION	\$1,000
D8040	LTD ORTHO TREAT OF THE ADULT DENTITION	\$1,350
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT TRANSITIONAL DENTITION)	\$2,200
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT ADOLESCENT DENTITION	\$2,250
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT ADULT DENTITION	\$2,350
D8210	REMOVABLE APPLIANCE THERAPY	\$103
D8220	FIXED APPLIANCE THERAPY	\$103
D8660	PRE-ORTHODONTIC TREATMENT EXAM TO MONITOR GROWTH AND DEVELOPMENT	\$35
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT	\$0
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF RETAINERS)	\$300
D8681	REMOVABLE ORTHODONTIC RETAINER ADJUSTMENT	\$0
D8698	RECEM/REBOND FIXED RETAINER-MAXIL	\$0
D8699	RECEM/REBOND FIXED RETAINER-MANDIB	\$0
D8999c	c UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	\$250
FixedProsthodontics		
D5982	SURGICAL STENT	\$150*
D5987	COMMISSURE SPLINT	\$150
D5988	SURGICAL SPLINT	\$150

¹Additional Prophy within 6 months will be based upon the necessity recommended by the provider.

²Copays listed are also applicable in the specialist office.

For additional coverage details and to locate a dentist please visit myuhc.com or contact Customer Service.

*If a noble, high noble or titanium metal is used, there will be an additional charge not to exceed \$150 per unit. If a base metal is used, there are no additional charges from the provider.

UnitedHealthcare/Select Managed Care dental exclusions and limitations

LIMITATIONS OF BENEFITS

The following are the limitation of benefits, unless otherwise specifically listed as a covered benefit on this Plan's Schedule of Benefit

1. BITEWING RADIOGRAPHS	D0274, D0277 or D0210 are payable only when other inclusive image have not been taken (paid) within the last six (6) months. All Bitewing X-rays are limited to one set in any twelve (12) consecutive month period.
2. SPACE MAINTAINERS	Space maintainers and all adjustments are limited to children under the age of 16.
3. SEALANTS	Sealants (D1351 or D1352) are limited to one (1) time per tooth in any three (3) consecutive year period. This is only allowed for unrestored permanent molar teeth for children under the age of 16.
4. FLUORIDE TREATMENT	Fluoride treatment is limited to one (1) in any twelve (12) consecutive month period for children under the age of 16
5. OCCLUSAL GUARDS	Occlusal Guard(s) is limited to one (1) time in any consecutive thirty-six (36) months for the purposes of habitual grinding/Bruxism.
6. GENERAL ANESTHESIA	General anesthesia or IV sedation is available when listed on the Schedule of Benefits, medically necessary, and previously approved.
7. ADJUSTMENTS TO FULL DENTURES, PARTIAL DENTURES, BRIDGES OR CROWNS	All denture adjustment fees are for dentures which were not fabricated at the present office; All denture adjustment for new dentures made within 12 months are included as part of the initial insertion.
8. ORAL EVALUATION	Any oral evaluation (excluding problem) is limited to One (1) time per consecutive six (6) months; Comprehensive exams can only be covered one (1) time per 36 months, if and only if patient is considered to be new or an established patient. All subsequent oral evaluations will be at a 25% reduction off the dentist's usual and customary fee without a frequency limitation.
9. CROWNS, FIXED BRIDGES, AND IMPLANTS	When crown, implant and/or bridgework exceed six (6) consecutive units, there will be an additional charge of \$30.00 per unit.
10. THIRD-MOLAR ("WISDOM TEETH") EXTRACTIONS	Surgical removal of wisdom tooth covered when pathology (disease) exists. Surgical removal of wisdom teeth/3rd molar when pathology does not exist will be covered at 25% off of the general dentists or specialists usual and customary fees. Orthodontic related surgeries (except D7280) needed to relieve crowding or to facilitate eruption are available at a 25% reduction off of the doctor's usual and customary fees.
11. PROPHYLAXIS AND PERIODONTAL MAINTENANCE	The dental prophylaxis or periodontal maintenance procedure is limited to one (1) time in any consecutive six (6) month period. Any additional procedures will follow D1110 and D4910 Member copayments as listed in the Schedule of Benefits.
12. HARMFUL HABIT APPLIANCES	Harmful habit appliances are limited to one (1) time per person under the age of 16.
13. DENTURES	New dentures include one (1) reline within the first six (6) months.
14. REPLACEMENT OF CROWNS, IMPLANT AND FIXED BRIDGES OR DENTURES	Replacement of crowns, implants, and fixed bridges or dentures is limited to one (1) time every consecutive five (5) years.
15. COST OF MATERIAL AND LAB FEES	Copayments marked by "*" do not include the cost of material and laboratory fees. Additional cost to patient is as follows: - High noble metal (precious) up to \$145.00- Titanium metal up to \$120 (covered with proof of allergy to other metals)- Noble metal (semi-precious) up to \$120.00- Predominantly base metal (non-precious) up to \$55.00- Crown laboratory fees up to \$155.00- Laboratory fees on dentures up to \$225.00- Porcelain laboratory fees for D2610-D2644, D2929, D2961, D2962, D6600, D6601, D6608, and D6609 up to \$65.00- Denture repair laboratory fees up to \$50.00- All ceramic and/or porcelain crown material fees up to \$155.00.
16. X-RAYS	Copies of X-rays can be obtained for \$2 per periapical image up to a maximum of \$30. Panoramic X-ray can be obtained for a \$15 fee.
17. EMERGENCY TREATMENT	Emergency treatment is available for palliative treatment for the abatement of pain up to \$100.00 per occurrence.
18. ORTHO	Member may choose Invisalign in place of traditional Orthodontic treatment, and would pay the sum of the listed member Ortho co-pay plus the difference in cost for the enhanced treatment.
19. RADIOGRAPHS	D0364-D0365 is limited to 1 time per 60 months, covered only in a dental setting and not in a radiographic imaging center.

EXCLUSIONS OF BENEFITS

The following procedures and services are excluded and not Covered Services, unless otherwise specifically listed as a covered benefit on this Plan's Schedule of Benefits:

1. Dental Services that are not Necessary.
2. Hospitalization or other facility charges.
3. Any Dental Procedure performed solely for cosmetic/aesthetic reasons. (Cosmetic procedures are those procedures that improve physical appearance.)
4. Reconstructive surgery, regardless of whether or not the surgery is incidental to a dental disease, injury, or Congenital Anomaly, when the primary purpose is to improve physiological functioning of the involved part of the body.
5. Any Dental Procedure not directly associated with dental disease.
6. Any Dental Procedure not performed in a dental setting.

EXCLUSIONS OF BENEFITS

The following procedures and services are excluded and not Covered Services, unless otherwise specifically listed as a covered benefit on this Plan's Schedule of Benefits:

7.	Procedures that are considered to be Experimental, Investigational or Unproven. This includes pharmacological regimens not accepted by the American Dental Association (ADA) Council on Dental Therapeutics. The fact that an Experimental, Investigational or Unproven Service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in Coverage if the procedure is considered to be Experimental, Investigational or Unproven in the treatment of that particular condition.
8.	Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue.
9.	Replacement of complete dentures, fixed and removable partial dentures or crowns if damage or breakage was directly related to provider error. This type of replacement is the responsibility of the Dentist. If replacement is Necessary because of patient non-compliance, the patient is liable for the cost of replacement.
10.	Services related to the temporomandibular joint (TMJ), either bilateral or unilateral. Upper and lower jaw bone surgery (including that related to the temporomandibular joint). No Coverage is provided for orthognathic surgery, jaw alignment, or treatment for the temporomandibular joint.
11.	Charges for failure to keep a scheduled appointment without giving the dental office 24 hours notice.
12.	Expenses for Dental Procedures begun prior to the Covered Person becoming enrolled under the Policy.
13.	Fixed or removable prosthodontic restoration procedures for complete oral rehabilitation or reconstruction.
14.	Attachments to conventional removable prostheses or fixed bridgework. This includes semi-precision or precision attachments associated with partial dentures, crown or bridge abutments, full or partial overdentures, any internal attachment associated with an implant prosthesis, and any elective endodontic procedure related to a tooth or root involved in the construction of a prosthesis of this nature.
15.	Occlusal guards used as safety items or to affect performance primarily in sports-related activities.
16.	Placement of fixed partial dentures solely for the purpose of achieving periodontal stability.
17.	Dental Services otherwise Covered under the Policy, but rendered after the date individual Coverage under the Policy terminates, including Dental Services for dental conditions arising prior to the date individual Coverage under the Policy terminates.
18.	Orthodontic service Coverage does not include the installation of a space maintainer, any treatment related to treatment of the temporomandibular joint, or a surgical procedure to correct a malocclusion, replacement of retainers, habit appliances, and any fixed or removable interceptive orthodontic appliances previously submitted for payment under the plan.
19.	Foreign Services are not Covered unless required as an Emergency.
20.	Dental Services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any country.
21.	Drugs/medications, obtainable with or without a prescription, unless they are dispensed and utilized in the dental office during the patient visit.
22.	Services for injuries or conditions covered by Worker's Compensation or employer liability laws, and services that are provided without cost to the Covered Person by any municipality, county, or other political subdivision. Covered Person by any municipality, county, or other political subdivision. This exclusion does not apply to any services covered by Medicaid or Medicare.