

**IMPORTANT INFORMATION ABOUT YOUR PLAN**

- ▶ The Member pays a \$5 office visit Copayment per visit for \$0 Copayments services listed on this Schedule of Benefits.
- ▶ This schedule of benefits provides a listing of procedures covered by your plan. For procedures that require a copayment, the amount to be paid is shown in the column titled "Member Pays \$." You pay these copayments to the dental office at the time of service.
- ▶ You must select a United Concordia Primary Dental Office (PDO) to receive covered services. Your PDO will perform the below procedures or refer you to a specialty care dentist for further care. Treatment by an Out-of-Network dentist is not covered, except as described in the Certificate of Coverage.
- ▶ Only procedures listed on this Schedule of Benefits are Covered Services. For services not listed (not covered), You are responsible for the full fee charged by the dentist. Procedure codes and member Copayments may be updated to meet American Dental Association (ADA) Current Dental Terminology (CDT) in accordance with national standards.
- ▶ For a complete description of your plan, please refer to the Certificate of Coverage and the Schedule of Exclusions and Limitations in addition to this Schedule of Benefits.
- ▶ If you have any questions about your United Concordia dental plan, please call our Customer Service Department toll-free at 1-866-357-3304 or access our website at www.UnitedConcordia.com.

ADA Code	ADA Description	Member Pays \$
<b>CLINICAL ORAL EVALUATIONS</b>		
D0120	Periodic Oral Evaluation - Established Patient	0
D0140	Limited Oral Evaluation - Problem Focused	0
D0145	Oral Evaluation For A Patient Under 3 Years Of Age And Counseling With Primary Caregiver	0
D0150	Comprehensive Oral Evaluation - New Or Established Patient	0
D0160	Detailed And Extensive Oral Evaluation - Problem Focused, By Report	0
D0170	Re-Evaluation-Limited, Problem Focused (Established Patient; Not Post-Operative Visit)	0
D0180	Comprehensive Periodontal Evaluation	0
<b>RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation)</b>		
D0210	Intraoral - Complete Series Of Radiographic Images	69
D0220	Intraoral- Periapical First Radiographic Image	10
D0230	Intraoral- Periapical Each Additional Radiographic Image	8
D0240	Intraoral - Occlusal Radiographic Image	19
D0250	Extra-oral - 2D Projection Radiographic Image Created Using A Stationary Radiation Source, And Detector	30
D0251	Extra-oral Posterior Dental Radiographic Image	30
D0270	Bitewing - Single Radiographic Image	13
D0272	Bitewings - Two Radiographic Images	22
D0273	Bitewings - Three Radiographic Images	22
D0274	Bitewings - Four Radiographic Images	30
D0277	Vertical Bitewings - 7 To 8 Radiographic Images	30
D0330	Panoramic Radiographic Image	56
D0340	2D Cephalometric Radiographic Image - Acquisition, Measurement And Analysis	60
D0350	2D Oral/Facial Photographic Image Obtained Intra-Orally Or Extra-Orally	0

ADA Code	ADA Description	Member Pays \$
<b>TESTS AND EXAMINATIONS</b>		
D0460	Pulp Vitality Tests	0
D0470	Diagnostic Casts	0
<b>ORAL PATHOLOGY LABORATORY</b>		
D0601	Caries Risk Assessment And Documentation, With A Finding Of Low Risk	0
D0602	Caries Risk Assessment And Documentation, With A Finding Of Moderate Risk	0
D0603	Caries Risk Assessment And Documentation, With A Finding Of High Risk	0
<b>DENTAL PROPHYLAXIS</b>		
D1110	Prophylaxis, Adult	0
D1120	Prophylaxis, Child	0
<b>TOPICAL FLUORIDE TREATMENT (office procedure)</b>		
D1206	Topical Application Of Fluoride Varnish	0
D1208	Topical Application Of Flouride - Excluding Varnish	0
<b>OTHER PREVENTIVE SERVICES</b>		
D1310	Nutritional Counseling For The Control Of Dental Disease	0
D1330	Oral Hygiene Instruction	0
D1351	Sealant - Per Tooth	27
D1354	Interim Caries Arresting Medicament Application - Per Tooth	15
<b>SPACE MAINTENANCE (passive appliances)</b>		
D1510	Space maintainer - fixed, unilateral - per quadrant	174
D1516	Space Maintainer - Fixed - bilateral, maxillary	330
D1517	Space Maintainer - Fixed - bilateral, mandibular	330
D1520	Space maintainer - removable, unilateral - per quadrant	212
D1526	Space Maintainer - Removable - bilateral, maxillary	467

ADA Code	ADA Description	Member Pays \$
<b>SPACE MAINTENANCE (passive appliances)</b>		
D1527	Space Maintainer - Removable - bilateral, mandibular	467
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	39
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	39
D1553	Re-cement or re-bond bilateral space maintainer - per quadrant	39
D1556	Removal of fixed unilateral space maintainer - per quadrant	62
D1557	Removal of fixed unilateral space maintainer - maxillary	62
D1558	Removal of fixed unilateral space maintainer - mandibular	62
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant	174

<b>AMALGAM RESTORATIONS (including polishing)</b>		
D2140	Amalgam - One Surface, Primary Or Permanent	65
D2150	Amalgam - Two Surfaces, Primary Or Permanent	80
D2160	Amalgam - Three Surfaces, Primary Or Permanent	97
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	116

<b>RESIN-BASED COMPOSITE RESTORATIONS - DIRECT</b>		
D2330	Resin-Based Composite - One Surface, Anterior	72
D2331	Resin-Based Composite - Two Surfaces, Anterior	90
D2332	Resin-Based Composite - Three Surfaces, Anterior	106
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle (Anterior)	124
D2390	Resin-Based Composite Crown, Anterior	121
D2391	Resin-Based Composite - One Surface, Posterior	98
D2392	Resin-Based Composite - Two Surfaces, Posterior	120
D2393	Resin-Based Composite - Three Surfaces, Posterior	145
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	172

<b>INLAY/ONLAY RESTORATIONS</b>			
D2510	Inlay - Metallic - One Surface	356	◆
D2520	Inlay - Metallic - Two Surfaces	407	◆
D2530	Inlay - Metallic - Three Or More Surfaces	436	◆
D2542	Onlay - Metallic-Two Surfaces	501	◆
D2543	Onlay - Metallic - Three Surfaces	573	◆
D2544	Onlay - Metallic - Four Or More Surfaces	591	◆
D2610	Inlay - Porcelain/Ceramic--One Surface	376	
D2620	Inlay - Porcelain/Ceramic - Two Surfaces	413	
D2630	Inlay - Porcelain/Ceramic - Three Or More Surfaces	493	
D2642	Onlay - Porcelain/Ceramic Two Surfaces	478	
D2643	Onlay - Porcelain/Ceramic Three Surfaces	549	
D2644	Onlay - Porcelain Ceramic Four Or More Surfaces	573	
D2650	Inlay - Resin-Based Composite -One Surface	511	
D2651	Inlay-Resin-Based Composite - Two Surfaces	376	

ADA Code	ADA Description	Member Pays \$
<b>INLAY/ONLAY RESTORATIONS</b>		
D2652	Inlay - Resin-Based Composite -Three Or More Surfaces	446
D2662	Onlay - Resin-Based Composite -Two Surfaces	405
D2663	Onlay - Resin-Based Composite -Three Surfaces	478
D2664	Onlay - Resin-Based Composite - Four Or More Surfaces	526

<b>CROWNS - SINGLE RESTORATIONS ONLY</b>			
D2710	Crown-Resin-Based Composite (Indirect)	201	
D2712	Crown - 3/4 Resin-Based Composite (Indirect)	526	
D2720	Crown, Resin With High Noble Metal	493	◆
D2721	Crown, Resin With Predominantly Base Metal	470	
D2722	Crown, Resin With Noble Metal	479	◆
D2740	Crown, Porcelain/Ceramic	627	
D2750	Crown, Porcelain Fused To High Noble Metal	593	◆
D2751	Crown-Porcelain Fused To Predominantly Base Metal	569	
D2752	Crown, Porcelain Fused To Noble Metal	574	◆
D2753	Crown - porcelain fused to titanium and titanium alloys	574	
D2780	Crown - 3/4 Cast High Noble Metal	637	◆
D2781	Crown - 3/4 Cast Predominantly Base Metal	637	
D2782	Crown - 3/4 Cast Noble Metal	630	◆
D2783	Crown - 3/4 Porcelain/Ceramic	637	
D2790	Crown, Full Cast High Noble Metal	584	◆
D2791	Crown - Full Cast Predominantly Base Metal	534	
D2792	Crown, Full Cast Noble Metal	575	◆
D2794	Crown - titanium and titanium alloys	569	
D2799	Provisional Crown - Further Treatment Or Completion Of Diagnosis Necessary Prior To Final Impression	132	

<b>OTHER RESTORATIVE SERVICES</b>		
D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	50
D2915	Re-Cement Or Rebond Indirectly Fabricated Or Prefabricated Post And Core	50
D2920	Re-Cement Or Re-Bond Crown	50
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	165
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	189
D2932	Prefabricated Resin Crown	96
D2933	Prefabricated Stainless Steel Crown With Resin Window	191
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	115
D2940	Protective Restoration	45
D2949	Restorative Foundation For An Indirect Restoration	0
D2950	Core Buildup Including Any Pins When Required	147
D2951	Pin Retention - Per Tooth, In Addition To Restoration	29
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	207
D2953	Each Additional Indirectly Fabricated Post - Same Tooth	94
D2954	Prefabricated Post And Core In Addition To Crown	170

ADA Code	ADA Description	Member Pays \$
<b>OTHER RESTORATIVE SERVICES</b>		
D2955	Post Removal	0
D2957	Each Additional Prefabricated Post - Same Tooth	84
D2960	Labial Veneer (Resin Laminate) - Chairside	284
D2961	Labial Veneer (Resin Laminate)-Laboratory	351
D2962	Labial Veneer (Porcelain Laminate)-Laboratory	451
D2971	Additional Procedures To Construct New Crown Under Existing Partial Denture Framework	24

**PULP CAPPING**

D3110	Pulp Cap - Direct (Excluding Final Restoration)	0
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	0

**PULPOTOMY**

D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	89
D3221	Pulpal Debridement, Primary And Permanent Teeth	62
D3222	Partial Pulpotomy For Apexogenesis-Permanent Tooth With Incomplete Root Development	86

**ENDODONTIC THERAPY ON PRIMARY TEETH**

D3230	Pulpal Therapy (Resorbable Filling)-Anterior, Primary Tooth (Excluding Final Restoration)	169
D3240	Pulpal Therapy (Resorbable Filling)-Posterior, Primary Tooth (Excluding Final Restoration)	193

**ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow-up care)**

D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	363
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	426
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	568

**ENDODONTIC RETREATMENT**

D3346	Retreatment Of Previous Root Canal Therapy - Anterior	402
D3347	Retreatment Or Previous Root Canal Therapy - Premolar	518
D3348	Retreatment Of Previous Root Canal Therapy - Molar	668

**APEXIFICATION/RECALCIFICATION PROCEDURES**

D3351	Apexification/Recalcification - Initial Visit (Apical Closure / Calcific Repair Of Perforations, Root Resorption, Etc.)	117
D3352	Apexification/Recalcification - Interim Medication Replacement (Apical Closure/Calcific Repair Of Perforations, Root Resorption, Pulpal Space Disinfection, Etc.)	88
D3353	Apexification/Recalcification-Final Visit (Includes Completed Root Canal Therapy-Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.)	117
D3355	Pulpal Regeneration - Initial Visit	117
D3356	Pulpal Regeneration - Interim Medication Replacement	88
D3357	Pulpal Regeneration - Completion Of Treatment	88

**APICOECTOMY/PERIRADICULAR SERVICES**

ADA Code	ADA Description	Member Pays \$
<b>APICOECTOMY/PERIRADICULAR SERVICES</b>		
D3410	Apicoectomy - Anterior	378
D3421	Apicoectomy - Premolar (First Root)	424
D3425	Apicoectomy - Molar (First Root)	448
D3426	Apicoectomy (Each Additional Root)	160
D3427	Periradicular Surgery Without Apicoectomy	448
D3430	Retrograde Filling - Per Root	0
D3450	Root Amputation - Per Root	236

**OTHER ENDODONTIC PROCEDURES**

D3910	Surgical Procedure For Isolation Of Tooth With Rubber Dam	0
D3920	Hemisection (Including Any Root Removal) Not Including Root Canal Therapy	205
D3950	Canal Preparation And Fitting Of Preformed Dowel Or Post	0

**SURGICAL SERVICES (including usual postoperative care)**

D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	367
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	159
D4212	Gingivectomy Or Gingivoplasty To Allow Access For Restorative Procedure, Per Tooth	0
D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	290
D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	116
D4245	Apically Positioned Flap	381
D4249	Clinical Crown Lengthening-Hard Tissue	387
D4260	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	602
D4261	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	241
D4263	Bone Replacement Graft - Retained Natural Tooth - First Site In Quadrant	361
D4264	Bone Replacement Graft - Retained Natural Tooth - Each Additional Site In Quadrant	361
D4266	Guided Tissue Regeneration - Resorbable Barrier, Per Site	331
D4267	Guided Tissue Regeneration - Nonresorbable Barrier, Per Site, (Includes Membrane Removal)	331
D4270	Pedicle Soft Tissue Graft Procedure	406
D4273	Autogenous Connective Tissue Graft Procedure (Including Donor And Recipient Surgical Sites) First Tooth, Implant, Or Edentulous Tooth Position In Graft	406
D4274	Mesial/Distal Wedge Procedure, Single Tooth (When Not Performed In Conjunction With Surgical Procedures In The Same Anatomical Area)	118
D4275	Non-Autogenous Connective Tissue Graft Procedure (Including Recipient Surgical Site And Donor Material) First Tooth, Implant, Or Edentulous Tooth Position In Graft	406
D4276	Combined Connective Tissue And Double Pedicle Graft, Per Tooth	406

ADA Code	ADA Description	Member Pays \$
<b>SURGICAL SERVICES (including usual postoperative care)</b>		
D4277	Free Soft Tissue Graft Procedure (Including Recipient And Donor Surgical Sites), First Tooth, Implant, Or Edentulous Tooth Position In A Graft	406
D4278	Free Soft Tissue Graft Procedure (Including Recipient And Donor Surgical Sites), Each Additional Contiguous Tooth, Implant, Or Edentulous Tooth Position In Same Graft Site	406
<b>NON-SURGICAL PERIODONTAL SERVICES</b>		
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	125
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	40
D4346	Scaling In Presence Of Generalized Moderate Or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation	53
D4355	Full Mouth Debridement To Enable a Comprehensive Oral Evaluation And Diagnosis on a Subsequent Visit	70
<b>OTHER PERIODONTAL SERVICES</b>		
D4910	Periodontal Maintenance	53
D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist Or Their Staff)	46
D4921	Gingival Irrigation - Per Quadrant	25
<b>COMPLETE DENTURES (including routine post delivery care)</b>		
D5110	Complete Denture - Maxillary	750
D5120	Complete Denture - Mandibular	750
D5130	Immediate Denture - Maxillary	762
D5140	Immediate Denture - Mandibular	762
<b>PARTIAL DENTURES (including routine post-delivery care)</b>		
D5211	Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests And Teeth)	707
D5212	Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests And Teeth)	707
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	802
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	804
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	707
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	707
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	802
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	804
D5225	Maxillary Partial Denture - Flexible Base (Including Any Clasps, Rests And Teeth)	922
D5226	Mandibular Partial Denture - Flexible Base (Including Any Clasps, Rests And Teeth)	925

ADA Code	ADA Description	Member Pays \$
<b>PARTIAL DENTURES (including routine post-delivery care)</b>		
D5282	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary	419
D5283	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular	419
D5284	Removable unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant	419
D5286	Removable unilateral partial denture - one piece resin (including clasps and teeth) - per quadrant	419
<b>ADJUSTMENTS TO DENTURES</b>		
D5410	Adjust Complete Denture - Maxillary	35
D5411	Adjust Complete Denture - Mandibular	34
D5421	Adjust Partial Denture - Maxillary	49
D5422	Adjust Partial Denture - Mandibular	49
<b>REPAIRS TO COMPLETE DENTURES</b>		
D5511	Repair Broken Complete Denture Base, Mandibular	105
D5512	Repair Broken Complete Denture Base, Maxillary	105
D5520	Replace Missing Or Broken Teeth-Complete Denture (Each Tooth)	86
<b>REPAIRS TO PARTIAL DENTURES</b>		
D5611	Repair Resin Partial Denture Base, Mandibular	89
D5612	Repair Resin Partial Denture Base, Maxillary	89
D5621	Repair Cast Partial Framework, Mandibular	104
D5622	Repair Cast Partial Framework, Maxillary	104
D5630	Repair Or Replace Broken Retentive Clasping Materials - Per Tooth	118
D5640	Replace Broken Teeth-Per Tooth	82
D5650	Add Tooth To Existing Partial Denture	86
D5660	Add Clasp To Existing Partial Denture - Per Tooth	118
D5670	Replace All Teeth And Acrylic On Cast Metal Framework (Maxillary)	529
D5671	Replace All Teeth And Acrylic On Cast Metal Framework (Mandibular)	531
<b>DENTURE REBASE PROCEDURES</b>		
D5710	Rebase Complete Maxillary Denture	246
D5711	Rebase Complete Mandibular Denture	246
D5720	Rebase Maxillary Partial Denture	236
D5721	Rebase Mandibular Partial Denture	236
<b>DENTURE RELINE PROCEDURES</b>		
D5730	Reline Complete Maxillary Denture (Chairside)	165
D5731	Reline Complete Mandibular Denture (Chairside)	165
D5740	Reline Maxillary Partial Denture (Chairside)	141
D5741	Reline Mandibular Partial Denture (Chairside)	141
D5750	Reline Complete Maxillary Denture (Laboratory)	222
D5751	Reline Complete Mandibular Denture (Laboratory)	222
D5760	Reline Maxillary Partial Denture (Laboratory)	255
D5761	Reline Mandibular Partial Denture (Laboratory)	208
D5810	Interim Complete Denture (Maxillary)	307

ADA Code	ADA Description	Member Pays \$
<b>DENTURE RELINE PROCEDURES</b>		
D5811	Interim Complete Denture (Mandibular)	307
D5820	Interim Partial Denture (Maxillary)	278
D5821	Interim Partial Denture (Mandibular)	284
<b>OTHER REMOVABLE PROSTHETIC SERVICES</b>		
D5850	Tissue Conditioning, Maxillary	65
D5851	Tissue Conditioning, Mandibular	65
D5863	Overdenture - Complete Maxillary	750
D5864	Overdenture - Partial Maxillary	802
D5865	Overdenture - Complete Mandibular	750
D5866	Overdenture - Partial Mandibular	804
<b>MAXILLOFACIAL PROSTHETICS</b>		
D5982	Surgical Stent	58
D5986	Fluoride Gel Carrier	47
<b>FIXED PARTIAL DENTURE PONTICS</b>		
D6205	Pontic - Indirect Resin Based Composite	600
D6210	Pontic-Cast High Noble Metal	613 ◆
D6211	Pontic-Cast Predominantly Base Metal	497
D6212	Pontic-Cast Noble Metal	539 ◆
D6214	Pontic - titanium and titanium alloys	539
D6240	Pontic-Porcelain Fused To High Noble Metal	612 ◆
D6241	Pontic-Porcelain Fused To Predominantly Base Metal	576
D6242	Pontic-Porcelain Fused To Noble Metal	591 ◆
D6243	Pontic - porcelain fused to titanium and titanium alloys	591
D6245	Pontic - Procelain/Ceramic	600
D6250	Pontic, Resin With High Noble Metal	516 ◆
D6251	Pontic, Resin With Predominantly Base Metal	446
D6252	Pontic, Resin With Noble Metal	493 ◆
<b>FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS</b>		
D6545	Retainer-Cast Metal For Resin Bonded Fixed Prosthesis	234
D6600	Retainer Inlay - Porcelain/Ceramic, Two Surfaces	415
D6601	Retainer Inlay - Porcelain/Ceramic, Three Or More Surfaces	497
D6602	Retainer Inlay - Cast High Noble Metal, Two Surfaces	385 ◆
D6603	Retainer Inlay - Cast High Noble Metal, Three Or More Surfaces	437 ◆
D6604	Retainer Inlay - Cast Predominantly Base Metal, Two Surfaces	376
D6605	Retainer Inlay - Cast Predominantly Base Metal, Three Or More Surfaces	432
D6606	Retainer Inlay - Cast Noble Metal, Two Surfaces	380 ◆
D6607	Retainer Inlay - Cast Noble Metal, Three Or More Surfaces	433 ◆
D6608	Retainer Onlay - Porcelain/Ceramic, Two Surfaces	479
D6609	Retainer Onlay - Porcelain/Ceramic, Three Or More Surfaces	544
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces	507 ◆
D6611	Retainer Onlay - Cast High Noble Metal, Three Or More Surfaces	511 ◆
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	498

ADA Code	ADA Description	Member Pays \$
<b>FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS</b>		
D6613	Retainer Onlay - Cast Predominantly Base Metal, Three Or More Surfaces	502
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	502 ◆
D6615	Retainer Onlay - Cast Noble Metal, Three Or More Surfaces	507 ◆
D6624	Retainer Inlay - Titanium	376
D6634	Retainer Onlay - Titanium	502
<b>FIXED PARTIAL DENTURE RETAINERS - CROWNS</b>		
D6710	Retainer Crown - Indirect Resin Based Composite	608
D6720	Retainer Crown, Resin With High Noble Metal	563 ◆
D6721	Retainer Crown, Resin With Predominantly Base Metal	470
D6722	Retainer Crown, Resin With Noble Metal	493 ◆
D6740	Retainer Crown - Porcelain/Ceramic	608
D6750	Retainer Crown, Porcelain Fused To High Noble Metal	597 ◆
D6751	Retainer Crown - Porcelain Fused To Predominantly Base Metal	558
D6752	Retainer Crown, Porcelain Fused To Noble Metal	569 ◆
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	569
D6780	Retainer Crown, 3/4 Cast High Noble Metal	527 ◆
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	527
D6782	Retainer Crown - 3/4 Cast Noble Metal	527 ◆
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	527
D6784	Retainer crown 3/4 - titanium and titanium alloys	527
D6790	Retainer Crown, Full Cast High Noble Metal	599 ◆
D6791	Retainer Crown, Full Cast Predominantly Base Metal	527
D6792	Retainer Crown, Full Cast Noble Metal	532 ◆
D6794	Retainer crown - titanium and titanium alloys	527
<b>OTHER FIXED PARTIAL DENTURE SERVICES</b>		
D6920	Connector Bar	61
D6930	Re-Cement Or Re-Bond Fixed Partial Denture	75
D6940	Stress Breaker	182
D6950	Precision Attachment	214
D6975	Coping	362
<b>EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)</b>		
D7111	Extraction, Coronal Remnants - Primary Tooth	26
D7140	Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)	67
<b>SURGICAL EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)</b>		
D7210	Extraction, Erupted Tooth Requiring Removal Of Bone And/Or Sectioning Of Tooth, And Including Elevation Of Mucoperiosteal Flap If Indicated	105
D7220	Removal Of Impacted Tooth - Soft Tissue	148
D7250	Removal Of Residual Tooth Roots (Cutting Procedure)	145
<b>OTHER SURGICAL PROCEDURES</b>		
D7270	Tooth Reimplantation And/Or Stabilization Of Accidentally Evulsed Or Displaced Tooth	176
D7280	Exposure Of An Unerrupted Tooth	263

ADA Code	ADA Description	Member Pays \$
<b>OTHER SURGICAL PROCEDURES</b>		
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	66
D7288	Brush Biopsy - Transepithelial Sample Collection	81
D7291	Transseptal Fiberotomy/Supra Crestal Fiberotomy, By Report	18
<b>ALVEOLOPLASTY (surgical preparation of ridge for dentures)</b>		
D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	127
D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	144
D7321	Alveoloplasty Not In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant	58
<b>VESTIBULOPLASTY</b>		
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)	674
<b>REDUCTION OF DISLOCATION AND MANAGEMENT OF OTHER TEMPOROMANDIBULAR JOINT DYSFUNCTIONS</b>		
D7880	Occlusal Orthotic Device, By Report	203
<b>OTHER REPAIR PROCEDURES</b>		
D7960	Frenulectomy - Also Known As Frenectomy Or Frenotomy - Separate Procedure Not Incidental To Another Procedure	185
D7963	Frenuloplasty	47
D7971	Excision Pericoronal Gingival	80
<b>COMPREHENSIVE ORTHODONTIC TREATMENT</b>		
D8080	Comprehensive Orthodontic Treatment Of Adolescent Dentition	4563
D8090	Comprehensive Orthodontic Treatment Of Adult Dentition	4676
<b>UNCLASSIFIED TREATMENT</b>		
D9110	Palliative (Emergency) Treatment Of Dental Pain, Minor Procedures	61
<b>PROFESSIONAL CONSULTATION</b>		
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician Other Than Requesting Dentist Or Physician	49
D9311	Consultation With A Medical Health Care Professional	0
<b>PROFESSIONAL VISITS</b>		
D9440	Office Visit After Regularly Scheduled Hours	0
<b>MISCELLANEOUS SERVICES</b>		
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
D9943	Occlusal Guard Adjustment	71
D9944	Occlusal Guard - hard appliance, full arch	282
D9946	Occlusal Guard - hard appliance, partial arch	282
D9950	Occlusion Analysis (Mounted Case)	59
D9951	Occlusal Adjustment (Limited)	47
D9952	Occlusal Adjustment (Complete)	257

ADA Code	ADA Description	Member Pays \$
<b>MISCELLANEOUS SERVICES</b>		
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
D9996	Teledentistry - Asynchronous; Information Stored and Forwarded to Dentist for Subsequent Review	0
D9997	Dental care management - patients with special health care needs	0
<b>FOOTNOTES</b>		

◆ Charges for the use of precious (high noble) or semi precious (noble) metal are not included in the copayment for crowns, bridges, pontics, inlays and onlays. The decision to use these materials is a cooperative effort between the provider and the patient, based on the professional advice of the provider. Providers are expected to charge no more than an additional \$125 for these materials.