

IMPORTANT INFORMATION ABOUT YOUR PLAN

- ▶ This schedule of benefits provides a listing of procedures covered by your plan. For procedures that require a copayment, the amount to be paid is shown in the column titled "Member Pays \$." You pay these copayments to the dental office at the time of service.
- ▶ You must select a United Concordia Primary Dental Office (PDO) to receive covered services. Your PDO will perform the below procedures or refer you to a specialty care dentist for further care. Treatment by an Out-of-Network dentist is not covered, except as described in the Certificate of Coverage.
- ▶ Only procedures listed on this Schedule of Benefits are Covered Services. For services not listed (not covered), You are responsible for the full fee charged by the dentist. Procedure codes and member Copayments may be updated to meet American Dental Association (ADA) Current Dental Terminology (CDT) in accordance with national standards.
- ▶ 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 \$ |
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CLINICAL ORAL EVALUATIONS

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| D0120 | Periodic Oral Evaluation - Established Patient | 0 |
| D0140 | Limited Oral Evaluation - Problem Focused | 17 |
| 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 | 17 |
| D0170 | Re-Evaluation-Limited, Problem Focused (Established Patient; Not Post-Operative Visit) | 17 |
| D0171 | Re-Evaluation - Post-Operative Office Visit | 0 |
| D0180 | Comprehensive Periodontal Evaluation | 0 |

RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation)

| | | |
|-------|--|---|
| D0210 | Intraoral - Complete Series Of Radiographic Images | 0 |
| D0220 | Intraoral- Periapical First Radiographic Image | 0 |
| D0230 | Intraoral- Periapical Each Additional Radiographic Image | 0 |
| D0240 | Intraoral - Occlusal 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 | 0 |
| D0330 | Panoramic Radiographic Image | 0 |

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RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation)

| | | |
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| D0340 | 2D Cephalometric Radiographic Image - Acquisition, Measurement And Analysis | 0 |
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TESTS AND EXAMINATIONS

| | | |
|-------|---------------------|---|
| D0460 | Pulp Vitality Tests | 0 |
| D0470 | Diagnostic Casts | 0 |

ORAL PATHOLOGY LABORATORY

| | | |
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| 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 |

DENTAL PROPHYLAXIS

| | | |
|-------|--------------------|----|
| D1110 | Prophylaxis, Adult | 11 |
| D1120 | Prophylaxis, Child | 10 |

TOPICAL FLUORIDE TREATMENT (office procedure)

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| D1206 | Topical Application Of Fluoride Varnish | 0 |
| D1208 | Topical Application Of Fluoride - Excluding Varnish | 0 |

OTHER PREVENTIVE SERVICES

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| D1330 | Oral Hygiene Instruction | 0 |
| D1351 | Sealant - Per Tooth | 6 |
| D1353 | Sealant Repair - Per Tooth | 6 |
| D1354 | Application of Caries Arresting Medicament - Per Tooth | 15 |
| D1355 | Caries preventive medicament application - per tooth | 15 |

SPACE MAINTENANCE (passive appliances)

| ADA Code | ADA Description | Member Pays \$ | | ADA Code | ADA Description | Member Pays \$ | |
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| SPACE MAINTENANCE (passive appliances) | | | | INLAY/ONLAY RESTORATIONS | | | |
| D1510 | Space maintainer - fixed, unilateral - per quadrant | 66 | | D2544 | Onlay - Metallic - Four Or More Surfaces | 264 | ◆ |
| D1516 | Space Maintainer - Fixed - bilateral, maxillary | 77 | | CROWNS - SINGLE RESTORATIONS ONLY | | | |
| D1517 | Space Maintainer - Fixed - bilateral, mandibular | 77 | | D2710 | Crown-Resin-Based Composite (Indirect) | 165 | |
| D1520 | Space maintainer - removable, unilateral - per quadrant | 66 | | D2712 | Crown - 3/4 Resin-Based Composite (Indirect) | 165 | |
| D1526 | Space Maintainer - Removable - bilateral, maxillary | 66 | | D2740 | Crown, Porcelain/Ceramic | 281 | |
| D1527 | Space Maintainer - Removable - bilateral, mandibular | 66 | | D2750 | Crown, Porcelain Fused To High Noble Metal | 308 | ◆ |
| D1551 | Re-cement or re-bond bilateral space maintainer - maxillary | 17 | | D2751 | Crown-Porcelain Fused To Predominantly Base Metal | 270 | |
| D1552 | Re-cement or re-bond bilateral space maintainer - mandibular | 17 | | D2752 | Crown, Porcelain Fused To Noble Metal | 308 | ◆ |
| D1553 | Re-cement or re-bond bilateral space maintainer - per quadrant | 17 | | D2753 | Crown - porcelain fused to titanium and titanium alloys | 308 | |
| D1556 | Removal of fixed unilateral space maintainer - per quadrant | 17 | | D2780 | Crown - 3/4 Cast High Noble Metal | 308 | ◆ |
| D1557 | Removal of fixed unilateral space maintainer - maxillary | 17 | | D2781 | Crown - 3/4 Cast Predominantly Base Metal | 281 | |
| D1558 | Removal of fixed unilateral space maintainer - mandibular | 17 | | D2782 | Crown - 3/4 Cast Noble Metal | 308 | ◆ |
| D1575 | Distal shoe space maintainer - fixed, unilateral - per quadrant | 66 | | D2783 | Crown - 3/4 Porcelain/Ceramic | 281 | |
| AMALGAM RESTORATIONS (including polishing) | | | | D2790 | Crown, Full Cast High Noble Metal | 308 | ◆ |
| D2140 | Amalgam - One Surface, Primary Or Permanent | 22 | | D2791 | Crown - Full Cast Predominantly Base Metal | 281 | |
| D2150 | Amalgam - Two Surfaces, Primary Or Permanent | 33 | | D2792 | Crown, Full Cast Noble Metal | 308 | ◆ |
| D2160 | Amalgam - Three Surfaces, Primary Or Permanent | 42 | | D2794 | Crown - titanium and titanium alloys | 270 | |
| D2161 | Amalgam - Four Or More Surfaces, Primary Or Permanent | 55 | | D2799 | Interim Crown - Further Treatment Or Completion Of Diagnosis Necessary Prior To Final Impression | 50 | |
| RESIN-BASED COMPOSITE RESTORATIONS - DIRECT | | | | OTHER RESTORATIVE SERVICES | | | |
| D2330 | Resin-Based Composite - One Surface, Anterior | 33 | | D2910 | Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration | 17 | |
| D2331 | Resin-Based Composite - Two Surfaces, Anterior | 44 | | D2915 | Re-Cement Or Rebond Indirectly Fabricated Or Prefabricated Post And Core | 17 | |
| D2332 | Resin-Based Composite - Three Surfaces, Anterior | 55 | | D2920 | Re-Cement Or Re-Bond Crown | 17 | |
| D2335 | Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle (Anterior) | 75 | | D2930 | Prefabricated Stainless Steel Crown - Primary Tooth | 88 | |
| D2390 | Resin-Based Composite Crown, Anterior | 75 | | D2931 | Prefabricated Stainless Steel Crown - Permanent Tooth | 88 | |
| D2391 | Resin-Based Composite - One Surface, Posterior | 44 | | D2940 | Protective Restoration | 0 | |
| D2392 | Resin-Based Composite - Two Surfaces, Posterior | 55 | | D2949 | Restorative Foundation For An Indirect Restoration | 0 | |
| D2393 | Resin-Based Composite - Three Surfaces, Posterior | 72 | | D2950 | Core Buildup Including Any Pins When Required | 55 | |
| D2394 | Resin-Based Composite - Four Or More Surfaces, Posterior | 88 | | D2951 | Pin Retention - Per Tooth, In Addition To Restoration | 9 | |
| INLAY/ONLAY RESTORATIONS | | | | D2952 | Post And Core In Addition To Crown, Indirectly Fabricated | 99 | |
| D2510 | Inlay - Metallic - One Surface | 116 | ◆ | D2953 | Each Additional Indirectly Fabricated Post - Same Tooth | 50 | |
| D2520 | Inlay - Metallic - Two Surfaces | 204 | ◆ | D2954 | Prefabricated Post And Core In Addition To Crown | 99 | |
| D2530 | Inlay - Metallic - Three Or More Surfaces | 275 | ◆ | D2955 | Post Removal | 0 | |
| D2542 | Onlay - Metallic-Two Surfaces | 264 | ◆ | D2957 | Each Additional Prefabricated Post - Same Tooth | 50 | |
| D2543 | Onlay - Metallic - Three Surfaces | 264 | ◆ | D2971 | Additional Procedures To Customize a Crown to fit Under an Existing Partial Denture Framework | 25 | |
| | | | | PULP CAPPING | | | |

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| PULP CAPPING | | | OTHER ENDODONTIC PROCEDURES | | |
| D3110 | Pulp Cap - Direct (Excluding Final Restoration) | 0 | D3920 | Hemisection (Including Any Root Removal) Not Including Root Canal Therapy | 132 |
| D3120 | Pulp Cap - Indirect (Excluding Final Restoration) | 0 | D3921 | Decoronation or submergence of an erupted tooth | 50 |
| PULPOTOMY | | | D3950 | Canal Preparation And Fitting Of Preformed Dowel Or Post | 0 |
| D3220 | Therapeutic Pulpotomy (Excluding Final Restoration) | 11 | SURGICAL SERVICES (including usual postoperative care) | | |
| D3221 | Pulpal Debridement, Primary And Permanent Teeth | 17 | D4210 | Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant | 154 |
| D3222 | Partial Pulpotomy For Apexogenesis-Permanent Tooth With Incomplete Root Development | 11 | D4211 | Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant | 62 |
| ENDODONTIC THERAPY ON PRIMARY TEETH | | | D4212 | Gingivectomy Or Gingivoplasty To Allow Access For Restorative Procedure, Per Tooth | 0 |
| D3230 | Pulpal Therapy (Resorbable Filling)-Anterior, Primary Tooth (Excluding Final Restoration) | 83 | D4240 | Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant | 165 |
| D3240 | Pulpal Therapy (Resorbable Filling)-Posterior, Primary Tooth (Excluding Final Restoration) | 88 | D4241 | Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant | 66 |
| ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow-up care) | | | D4245 | Apically Positioned Flap | 261 |
| D3310 | Endodontic Therapy, Anterior Tooth (Excluding Final Restoration) | 99 | D4249 | Clinical Crown Lengthening-Hard Tissue | 307 |
| D3320 | Endodontic Therapy, Premolar Tooth (Excluding Final Restoration) | 132 | D4260 | Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) – Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant | 330 |
| D3330 | Endodontic Therapy, Molar Tooth (Excluding Final Restoration) | 248 | D4261 | Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) – One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant | 132 |
| ENDODONTIC RETREATMENT | | | D4274 | Mesial/Distal Wedge Procedure, Single Tooth (When Not Performed In Conjunction With Surgical Procedures In The Same Anatomical Area) | 155 |
| D3346 | Retreatment Of Previous Root Canal Therapy - Anterior | 176 | NON-SURGICAL PERIODONTAL SERVICES | | |
| D3347 | Retreatment Or Previous Root Canal Therapy - Premolar | 231 | D4341 | Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant | 55 |
| D3348 | Retreatment Of Previous Root Canal Therapy - Molar | 286 | D4342 | Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant | 14 |
| APICOECTOMY/PERIRADICULAR SERVICES | | | D4346 | Scaling In Presence Of Generalized Moderate Or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation | 33 |
| D3410 | Apicoectomy - Anterior | 138 | D4355 | Full Mouth Debridement To Enable a Comprehensive Oral Evaluation And Diagnosis on a Subsequent Visit | 44 |
| D3421 | Apicoectomy - Premolar (First Root) | 193 | D4381 | Localized Delivery Of Antimicrobial Agents Via Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth | 100 |
| D3425 | Apicoectomy - Molar (First Root) | 204 | OTHER PERIODONTAL SERVICES | | |
| D3426 | Apicoectomy (Each Additional Root) | 99 | D4910 | Periodontal Maintenance | 33 |
| D3427 | Periradicular surgery without apicoectomy | 204 | D4921 | Gingival Irrigation - Per Quadrant | 25 |
| D3430 | Retrograde Filling - Per Root | 83 | COMPLETE DENTURES (including routine post delivery care) | | |
| D3450 | Root Amputation - Per Root | 110 | | | |
| D3471 | Surgical repair of root resorption – anterior | 204 | | | |
| D3472 | Surgical repair of root resorption – premolar | 204 | | | |
| D3473 | Surgical repair of root resorption – molar | 204 | | | |
| D3501 | Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior | 204 | | | |
| D3502 | Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar | 204 | | | |
| D3503 | Surgical exposure of root surface without apicoectomy or repair of root resorption – molar | 204 | | | |
| OTHER ENDODONTIC PROCEDURES | | | | | |
| D3910 | Surgical Procedure For Isolation Of Tooth With Rubber Dam | 22 | | | |

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| COMPLETE DENTURES (including routine post delivery care) | | | ADJUSTMENTS TO DENTURES | | |
| D5110 | Complete Denture - Maxillary | 385 | D5410 | Adjust Complete Denture - Maxillary | 11 |
| D5120 | Complete Denture - Mandibular | 385 | D5411 | Adjust Complete Denture - Mandibular | 11 |
| D5130 | Immediate Denture - Maxillary | 413 | D5421 | Adjust Partial Denture - Maxillary | 11 |
| D5140 | Immediate Denture - Mandibular | 413 | D5422 | Adjust Partial Denture - Mandibular | 11 |
| PARTIAL DENTURES (including routine post-delivery care) | | | REPAIRS TO COMPLETE DENTURES | | |
| D5211 | Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests And Teeth) | 413 | D5511 | Repair Broken Complete Denture Base, Mandibular | 28 |
| D5212 | Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests And Teeth) | 413 | D5512 | Repair Broken Complete Denture Base, Maxillary | 28 |
| D5213 | Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | 413 | D5520 | Replace Missing Or Broken Teeth- Complete Denture (Each Tooth) | 52 |
| D5214 | Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | 468 | REPAIRS TO PARTIAL DENTURES | | |
| D5221 | Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth) | 413 | D5611 | Repair Resin Partial Denture Base, Mandibular | 39 |
| D5222 | Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth) | 413 | D5612 | Repair Resin Partial Denture Base, Maxillary | 39 |
| D5223 | Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | 413 | D5621 | Repair Cast Partial Framework, Mandibular | 39 |
| D5224 | Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | 468 | D5622 | Repair Cast Partial Framework, Maxillary | 39 |
| D5225 | Maxillary Partial Denture - Flexible Base (Including Retentive/Clasping materials, Rests And Teeth) | 475 | D5630 | Repair Or Replace Broken Retentive Clasping Materials - Per Tooth | 39 |
| D5226 | Mandibular Partial Denture - Flexible Base (Including Retentive/Clasping materials, Rests And Teeth) | 538 | D5640 | Replace Broken Teeth-Per Tooth | 39 |
| D5227 | Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth) | 413 | D5650 | Add Tooth To Existing Partial Denture | 39 |
| D5228 | Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth) | 413 | D5660 | Add Clasp To Existing Partial Denture - Per Tooth | 77 |
| D5282 | Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary | 413 | D5670 | Replace All Teeth And Acrylic On Cast Metal Framework (Maxillary) | 269 |
| D5283 | Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular | 413 | D5671 | Replace All Teeth And Acrylic On Cast Metal Framework (Mandibular) | 304 |
| D5284 | Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant | 413 | DENTURE REBASE PROCEDURES | | |
| D5286 | Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant | 413 | D5710 | Rebase Complete Maxillary Denture | 167 |
| ADJUSTMENTS TO DENTURES | | | D5711 | Rebase Complete Mandibular Denture | 167 |
| | | | D5720 | Rebase Maxillary Partial Denture | 198 |
| | | | D5721 | Rebase Mandibular Partial Denture | 198 |
| | | | D5725 | Rebase hybrid prosthesis | 198 |
| | | | DENTURE RELINE PROCEDURES | | |
| | | | D5730 | Reline Complete Maxillary Denture (direct) | 66 |
| | | | D5731 | Reline Complete Mandibular Denture (direct) | 66 |
| | | | D5740 | Reline Maxillary Partial Denture (direct) | 66 |
| | | | D5741 | Reline Mandibular Partial Denture (direct) | 66 |
| | | | D5750 | Reline Complete Maxillary Denture (indirect) | 105 |
| | | | D5751 | Reline Complete Mandibular Denture (indirect) | 105 |
| | | | D5760 | Reline Maxillary Partial Denture (indirect) | 105 |
| | | | D5761 | Reline Mandibular Partial Denture (indirect) | 105 |
| | | | D5765 | Soft liner for complete or partial removable denture – indirect | 66 |
| | | | OTHER REMOVABLE PROSTHETIC SERVICES | | |
| | | | D5850 | Tissue Conditioning, Maxillary | 22 |
| | | | D5851 | Tissue Conditioning, Mandibular | 22 |
| | | | D5863 | Overdenture - Complete Maxillary | 385 |
| | | | D5864 | Overdenture - Partial Maxillary | 413 |

| ADA Code | ADA Description | Member Pays \$ |
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| OTHER REMOVABLE PROSTHETIC SERVICES | | |

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| D5865 | Overdenture - Complete Mandibular | 385 |
| D5866 | Overdenture - Partial Mandibular | 468 |

| FIXED PARTIAL DENTURE PONTICS | | |
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| D6205 | Pontic - Indirect Resin Based Composite | 281 | |
| D6210 | Pontic-Cast High Noble Metal | 297 | ◆ |
| D6211 | Pontic-Cast Predominantly Base Metal | 270 | |
| D6212 | Pontic-Cast Noble Metal | 297 | ◆ |
| D6214 | Pontic - titanium and titanium alloys | 270 | |
| D6240 | Pontic-Porcelain Fused To High Noble Metal | 297 | ◆ |
| D6241 | Pontic-Porcelain Fused To Predominantly Base Metal | 270 | |
| D6242 | Pontic-Porcelain Fused To Noble Metal | 297 | ◆ |
| D6243 | Pontic - porcelain fused to titanium and titanium alloys | 297 | |
| D6245 | Pontic - Porcelain/Ceramic | 281 | |

| FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS | | |
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| D6610 | Retainer Onlay - Cast High Noble Metal, Two Surfaces | 264 | ◆ |
| D6612 | Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces | 264 | |
| D6614 | Retainer Onlay - Cast Noble Metal, Two Surfaces | 264 | ◆ |

| FIXED PARTIAL DENTURE RETAINERS - CROWNS | | |
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| D6710 | Retainer Crown - Indirect Resin Based Composite | 308 | |
| D6740 | Retainer Crown - Porcelain/Ceramic | 308 | |
| D6750 | Retainer Crown, Porcelain Fused To High Noble Metal | 308 | ◆ |
| D6751 | Retainer Crown - Porcelain Fused To Predominantly Base Metal | 270 | |
| D6752 | Retainer Crown, Porcelain Fused To Noble Metal | 308 | ◆ |
| D6753 | Retainer crown - porcelain fused to titanium and titanium alloys | 308 | |
| D6780 | Retainer Crown, 3/4 Cast High Noble Metal | 297 | ◆ |
| D6781 | Retainer Crown - 3/4 Cast Predominantly Base Metal | 281 | |
| D6782 | Retainer Crown - 3/4 Cast Noble Metal | 308 | ◆ |
| D6783 | Retainer Crown - 3/4 Porcelain/Ceramic | 281 | |
| D6784 | Retainer crown 3/4 - titanium and titanium alloys | 308 | |
| D6790 | Retainer Crown, Full Cast High Noble Metal | 308 | ◆ |
| D6791 | Retainer Crown, Full Cast Predominantly Base Metal | 270 | |
| D6792 | Retainer Crown, Full Cast Noble Metal | 308 | ◆ |
| D6794 | Retainer crown - titanium and titanium alloys | 270 | |

| OTHER FIXED PARTIAL DENTURE SERVICES | | |
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| D6930 | Re-Cement Or Re-Bond Fixed Partial Denture | 17 |
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| EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care) | | |
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| D7111 | Extraction, Coronal Remnants - Primary Tooth | 7 |
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| EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care) | | |

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| D7140 | Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal) | 17 |
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| SURGICAL EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care) | | |
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| D7210 | Extraction, Erupted Tooth Requiring Removal Of Bone And/Or Sectioning Of Tooth, And Including Elevation Of Mucoperiosteal Flap If Indicated | 50 |
| D7220 | Removal Of Impacted Tooth - Soft Tissue | 61 |
| D7230 | Removal Of Impacted Tooth - Partially Bony | 83 |
| D7240 | Removal Of Impacted Tooth - Completely Bony | 110 |
| D7241 | Removal Of Impacted Tooth - Completely Bony, With Unusual Surgical Complications | 110 |
| D7250 | Removal Of Residual Tooth Roots (Cutting Procedure) | 55 |
| D7251 | Coronectomy-Intentional Partial Tooth Removal | 110 |

| OTHER SURGICAL PROCEDURES | | |
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| D7280 | Exposure Of An Unerupted Tooth | 123 |
| D7283 | Placement Of Device To Facilitate Eruption Of Impacted Tooth | 31 |
| D7288 | Brush Biopsy - Transepithelial Sample Collection | 45 |

| ALVEOLOPLASTY (surgical preparation of ridge for dentures) | | |
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| D7310 | Alveoplasty In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant | 55 |
| D7320 | Alveoplasty Not In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant | 110 |
| D7321 | Alveoplasty Not In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant | 44 |

| SURGICAL INCISION | | |
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| D7510 | Incision And Drainage Of Abscess - Intraoral Soft Tissue | 33 |
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| OTHER REPAIR PROCEDURES | | |
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| D7960 | Frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure | 83 |
| D7961 | Buccal / labial frenulectomy (frenulectomy) | 83 |
| D7962 | Lingual frenulectomy (frenulectomy) | 83 |
| D7963 | Frenuloplasty | 42 |

| LIMITED ORTHODONTIC TREATMENT | | |
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| D8010 | Limited Orthodontic Treatment Of Primary Dentition | 1870 |
| D8020 | Limited Orthodontic Treatment Of Transitional Dentition | 1980 |
| D8030 | Limited Orthodontic Treatment Of Adolescent Dentition | 2090 |
| D8040 | Limited Orthodontic Treatment Of The Adult Dentition | 2200 |

| COMPREHENSIVE ORTHODONTIC TREATMENT | | |
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| D8070 | Comprehensive Orthodontic Treatment Of Transitional Dentition | 2640 |
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| COMPREHENSIVE ORTHODONTIC TREATMENT | | | MISCELLANEOUS SERVICES | | |
| D8080 | Comprehensive Orthodontic Treatment Of Adolescent Dentition | 2860 | D9992 | Dental Case Management - Care Coordination | 0 |
| D8090 | Comprehensive Orthodontic Treatment Of Adult Dentition | 3080 | D9993 | Dental Case Management - Motivational Interviewing | 0 |
| MINOR TREATMENT TO CONTROL HARMFUL HABITS | | | D9994 | Dental Case Management - Patient Education To Improve Oral Health Literacy | 0 |
| D8210 | Removable Appliance Therapy For Control Of Harmful Habits | 550 | D9995 | Teledentistry - Synchronous; Real-Time Encounter | 0 |
| D8220 | Fixed Appliance Therapy For Control Of Harmful Habits | 770 | D9996 | Teledentistry - Asynchronous; Information Stored and Forwarded to Dentist for Subsequent Review | 0 |
| OTHER ORTHODONTIC SERVICES | | | D9997 | Dental care management - patients with special health care needs | 0 |
| D8660 | Pre-Orthodontic Treatment Examination To Monitor Growth And Development | 39 | FOOTNOTES | | |
| D8680 | Orthodontic Retention (Removal Of Appliances, Construction And Placement Of Retainer(S)) | 275 | ◆ | 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. | |
| ⊕ | Orthodontic Records Fee | 248 | ⊕ | Please Report Under Code D8999 "Unspecified Orthodontic Procedure, By Report." Records Include All Diagnostic Procedures, Such As Cephalometric Films, Full Mouth X-Rays, Models, And Treatment Plans. | |
| UNCLASSIFIED TREATMENT | | | | | |
| D9110 | Palliative (Emergency) Treatment Of Dental Pain, Minor Procedures | 17 | | | |
| ANESTHESIA | | | | | |
| D9219 | Evaluation For Moderate Sedation, Deep Sedation Or General Anesthesia | 0 | | | |
| D9222 | Deep Sedation/General Anesthesia - First 15 Minutes | 110 | | | |
| D9223 | Deep Sedation/General Anesthesia - Each Subsequent 15 Minute Increment | 110 | | | |
| D9239 | Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes | 110 | | | |
| D9243 | Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute Increment | 110 | | | |
| PROFESSIONAL CONSULTATION | | | | | |
| D9310 | Consultation - Diagnostic Service Provided By Dentist Or Physician Other Than Requesting Dentist Or Physician | 17 | | | |
| D9311 | Consultation With A Medical Health Care Professional | 0 | | | |
| PROFESSIONAL VISITS | | | | | |
| D9430 | Office Visit For Observation (During Regularly Scheduled Hours) - No Other Services Performed | 0 | | | |
| D9440 | Office Visit After Regularly Scheduled Hours | 43 | | | |
| MISCELLANEOUS SERVICES | | | | | |
| 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 | | | |
| D9990 | Certified translation or sign-language services - per visit | 0 | | | |
| D9991 | Dental Case Management - Addressing Appointment Compliance Barriers | 0 | | | |