

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 \$	ADA Code	ADA Description	Member Pays \$
CLINICAL ORAL EVALUATIONS			RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation)		
D0120	Periodic Oral Evaluation - Established Patient	0	D0340	2D Cephalometric Radiographic Image - Acquisition, Measurement And Analysis	0
D0140	Limited Oral Evaluation - Problem Focused	17	D0372	Intraoral Tomosynthesis - Comprehensive Series of Radiographic Images	0
D0145	Oral Evaluation For A Patient Under 3 Years Of Age And Counseling With Primary Caregiver	0	D0373	Intraoral Tomosynthesis – Bitewing Radiographic Image	0
D0150	Comprehensive Oral Evaluation - New Or Established Patient	0	D0374	Splint – Extra-Coronal; Natural Teeth or Prosthetic Crowns	0
D0160	Detailed And Extensive Oral Evaluation - Problem Focused, By Report	17	TESTS AND EXAMINATIONS		
D0170	Re-Evaluation-Limited, Problem Focused (Established Patient; Not Post-Operative Visit)	17	D0460	Pulp Vitality Tests	0
D0171	Re-Evaluation - Post-Operative Office Visit	0	D0470	Diagnostic Casts	0
D0180	Comprehensive Periodontal Evaluation	0	ORAL PATHOLOGY LABORATORY		
RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation)			D0601	Caries Risk Assessment And Documentation, With A Finding Of Low Risk	0
D0210	Intraoral - Comprehensive Series Of Radiographic Images	0	D0602	Caries Risk Assessment And Documentation, With A Finding Of Moderate Risk	0
D0220	Intraoral- Periapical First Radiographic Image	0	D0603	Caries Risk Assessment And Documentation, With A Finding Of High Risk	0
D0230	Intraoral- Periapical Each Additional Radiographic Image	0	DENTAL PROPHYLAXIS		
D0240	Intraoral - Occlusal Radiographic Image	0	D1110	Prophylaxis, Adult	11
D0270	Bitewing - Single Radiographic Image	0	D1120	Prophylaxis, Child	10
D0272	Bitewings - Two Radiographic Images	0	TOPICAL FLUORIDE TREATMENT (office procedure)		
D0273	Bitewings - Three Radiographic Images	0	D1206	Topical Application Of Fluoride Varnish	0
D0274	Bitewings - Four Radiographic Images	0	D1208	Topical Application Of Fluoride - Excluding Varnish	0
D0277	Vertical Bitewings - 7 To 8 Radiographic Images	0	OTHER PREVENTIVE SERVICES		
D0330	Panoramic Radiographic Image	0	D1330	Oral Hygiene Instruction	0
			D1351	Sealant - Per Tooth	6

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OTHER PREVENTIVE SERVICES			INLAY/ONLAY RESTORATIONS		
D1353	Sealant Repair - Per Tooth	6	D2510	Inlay - Metallic - One Surface	116 ◆
D1354	Application of Caries Arresting Medicament - Per Tooth	15	D2520	Inlay - Metallic - Two Surfaces	204 ◆
D1355	Caries preventive medicament application - per tooth	15	D2530	Inlay - Metallic - Three Or More Surfaces	275 ◆
SPACE MAINTENANCE (passive appliances)			D2542	Onlay - Metallic-Two Surfaces	264 ◆
D1510	Space maintainer - fixed, unilateral - per quadrant	66	D2543	Onlay - Metallic - Three Surfaces	264 ◆
D1516	Space Maintainer - Fixed - bilateral, maxillary	77	D2544	Onlay - Metallic - Four Or More Surfaces	264 ◆
D1517	Space Maintainer - Fixed - bilateral, mandibular	77	CROWNS - SINGLE RESTORATIONS ONLY		
D1520	Space maintainer - removable, unilateral - per quadrant	66	D2710	Crown-Resin-Based Composite (Indirect)	165
D1526	Space Maintainer - Removable - bilateral, maxillary	66	D2712	Crown - 3/4 Resin-Based Composite (Indirect)	165
D1527	Space Maintainer - Removable - bilateral, mandibular	66	D2740	Crown, Porcelain/Ceramic	281
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	17	D2750	Crown, Porcelain Fused To High Noble Metal	308 ◆
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	17	D2751	Crown-Porcelain Fused To Predominantly Base Metal	270
D1553	Re-cement or re-bond bilateral space maintainer - per quadrant	17	D2752	Crown, Porcelain Fused To Noble Metal	308 ◆
D1556	Removal of fixed unilateral space maintainer - per quadrant	17	D2753	Crown - porcelain fused to titanium and titanium alloys	308
D1557	Removal of fixed unilateral space maintainer - maxillary	17	D2780	Crown - 3/4 Cast High Noble Metal	308 ◆
D1558	Removal of fixed unilateral space maintainer - mandibular	17	D2781	Crown - 3/4 Cast Predominantly Base Metal	281
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant	66	D2782	Crown - 3/4 Cast Noble Metal	308 ◆
AMALGAM RESTORATIONS (including polishing)			D2783	Crown - 3/4 Porcelain/Ceramic	281
D2140	Amalgam - One Surface, Primary Or Permanent	22	D2790	Crown, Full Cast High Noble Metal	308 ◆
D2150	Amalgam - Two Surfaces, Primary Or Permanent	33	D2791	Crown - Full Cast Predominantly Base Metal	281
D2160	Amalgam - Three Surfaces, Primary Or Permanent	42	D2792	Crown, Full Cast Noble Metal	308 ◆
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	55	D2794	Crown - titanium and titanium alloys	270
RESIN-BASED COMPOSITE RESTORATIONS - DIRECT (including polishing) Primary & Permanent			D2799	Interim Crown - Further Treatment Or Completion Of Diagnosis Necessary Prior To Final Impression	50
D2330	Resin-Based Composite - One Surface, Anterior	33	OTHER RESTORATIVE SERVICES		
D2331	Resin-Based Composite - Two Surfaces, Anterior	44	D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	17
D2332	Resin-Based Composite - Three Surfaces, Anterior	55	D2915	Re-Cement Or Rebond Indirectly Fabricated Or Prefabricated Post And Core	17
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle (Anterior)	75	D2920	Re-Cement Or Re-Bond Crown	17
D2390	Resin-Based Composite Crown, Anterior	75	D2930	Prefabricated Stainless Steel Crown - Primary Tooth	88
D2391	Resin-Based Composite - One Surface, Posterior	44	D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	88
D2392	Resin-Based Composite - Two Surfaces, Posterior	55	D2940	Protective Restoration	0
D2393	Resin-Based Composite - Three Surfaces, Posterior	72	D2949	Restorative Foundation For An Indirect Restoration	0
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	88	D2950	Core Buildup Including Any Pins When Required	55
INLAY/ONLAY RESTORATIONS			D2951	Pin Retention - Per Tooth, In Addition To Restoration	9
			D2952	Post And Core In Addition To Crown, Indirectly Fabricated	99
			D2953	Each Additional Indirectly Fabricated Post - Same Tooth	50
			D2954	Prefabricated Post And Core In Addition To Crown	99
			D2955	Post Removal	0

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OTHER RESTORATIVE SERVICES		
D2957	Each Additional Prefabricated Post - Same Tooth	50
D2971	Additional Procedures To Customize a Crown to fit Under an Existing Partial Denture Framework	25
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)	11
D3221	Pulpal Debridement, Primary And Permanent Teeth	17
D3222	Partial Pulpotomy For Apexogenesis-Permanent Tooth With Incomplete Root Development	11
ENDODONTIC THERAPY ON PRIMARY TEETH		
D3230	Pulpal Therapy (Resorbable Filling)-Anterior, Primary Tooth (Excluding Final Restoration)	83
D3240	Pulpal Therapy (Resorbable Filling)-Posterior, Primary Tooth (Excluding Final Restoration)	88
ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow-up care)		
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	99
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	132
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	248
ENDODONTIC RETREATMENT		
D3346	Retreatment Of Previous Root Canal Therapy - Anterior	176
D3347	Retreatment Or Previous Root Canal Therapy - Premolar	231
D3348	Retreatment Of Previous Root Canal Therapy - Molar	286
APICOECTOMY/PERIRADICULAR SERVICES		
D3410	Apicoectomy - Anterior	138
D3421	Apicoectomy - Premolar (First Root)	193
D3425	Apicoectomy - Molar (First Root)	204
D3426	Apicoectomy (Each Additional Root)	99
D3430	Retrograde Filling - Per Root	83
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

ADA Code	ADA Description	Member Pays \$
APICOECTOMY/PERIRADICULAR SERVICES		
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
D3920	Hemisection (Including Any Root Removal) Not Including Root Canal Therapy	132
D3921	Decoronation or submergence of an erupted tooth	50
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	154
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	62
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	165
D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	66
D4245	Apically Positioned Flap	261
D4249	Clinical Crown Lengthening-Hard Tissue	307
D4260	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) – Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	330
D4261	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) – One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	132
D4274	Mesial/Distal Wedge Procedure, Single Tooth (When Not Performed In Conjunction With Surgical Procedures In The Same Anatomical Area)	155
D4286	Removal of Non-Resorbable Barrier	0
NON-SURGICAL PERIODONTAL SERVICES		
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	55
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	14
D4346	Scaling In Presence Of Generalized Moderate Or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation	33
D4355	Full Mouth Debridement To Enable a Comprehensive Periodontal Evaluation And Diagnosis on a Subsequent Visit	44

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NON-SURGICAL PERIODONTAL SERVICES

D4381	Localized Delivery Of Antimicrobial Agents Via Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth	100
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OTHER PERIODONTAL SERVICES

D4910	Periodontal Maintenance	33
D4921	Gingival Irrigation with a medicinal agent - Per Quadrant	25

COMPLETE DENTURES (including routine post delivery care)

D5110	Complete Denture - Maxillary	385
D5120	Complete Denture - Mandibular	385
D5130	Immediate Denture - Maxillary	413
D5140	Immediate Denture - Mandibular	413

PARTIAL DENTURES (including routine post-delivery care)

D5211	Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests And Teeth)	413
D5212	Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests And Teeth)	413
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	413
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	468
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	413
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	413
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	413
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	468
D5225	Maxillary Partial Denture - Flexible Base (Including Retentive/Clasping materials, Rests And Teeth)	475
D5226	Mandibular Partial Denture - Flexible Base (Including Retentive/Clasping materials, Rests And Teeth)	538
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	413
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	413
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary	413

ADA Code	ADA Description	Member Pays \$
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PARTIAL DENTURES (including routine post-delivery care)

D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular	413
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant	413
D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant	413

ADJUSTMENTS TO DENTURES

D5410	Adjust Complete Denture - Maxillary	11
D5411	Adjust Complete Denture - Mandibular	11
D5421	Adjust Partial Denture - Maxillary	11
D5422	Adjust Partial Denture - Mandibular	11

REPAIRS TO COMPLETE DENTURES

D5511	Repair Broken Complete Denture Base, Mandibular	28
D5512	Repair Broken Complete Denture Base, Maxillary	28
D5520	Replace Missing Or Broken Teeth-Complete Denture (Each Tooth)	52

REPAIRS TO PARTIAL DENTURES

D5611	Repair Resin Partial Denture Base, Mandibular	39
D5612	Repair Resin Partial Denture Base, Maxillary	39
D5621	Repair Cast Partial Framework, Mandibular	39
D5622	Repair Cast Partial Framework, Maxillary	39
D5630	Repair Or Replace Broken Retentive Clasping Materials - Per Tooth	39
D5640	Replace Broken Teeth-Per Tooth	39
D5650	Add Tooth To Existing Partial Denture	39
D5660	Add Clasp To Existing Partial Denture - Per Tooth	77
D5670	Replace All Teeth And Acrylic On Cast Metal Framework (Maxillary)	269
D5671	Replace All Teeth And Acrylic On Cast Metal Framework (Mandibular)	304

DENTURE REBASE PROCEDURES

D5710	Rebase Complete Maxillary Denture	167
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

ADA Code	ADA Description	Member Pays \$	
DENTURE RELINE PROCEDURES			
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	
D5865	Overdenture - Complete Mandibular	385	
D5866	Overdenture - Partial Mandibular	468	
FIXED PARTIAL DENTURE PONTICS			
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 - Procelain/Ceramic	281	
FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS			
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			
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	

ADA Code	ADA Description	Member Pays \$	
FIXED PARTIAL DENTURE RETAINERS - CROWNS			
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			
D6930	Re-Cement Or Re-Bond Fixed Partial Denture	17	
EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)			
D7111	Extraction, Coronal Remnants - Primary Tooth	7	
D7140	Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)	17	
SURGICAL EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)			
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, impacted teeth only	110	
OTHER SURGICAL PROCEDURES			
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)			
D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	55	
D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	110	
D7321	Alveoloplasty Not In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant	44	
SURGICAL INCISION			
D7509	Marsupialization of Odontogenic Cyst	245	
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	33	
OTHER REPAIR PROCEDURES			
D7961	Buccal / labial frenectomy (frenulectomy)	83	
D7962	Lingual frenectomy (frenulectomy)	83	
D7963	Frenuloplasty	42	

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LIMITED ORTHODONTIC TREATMENT			MISCELLANEOUS SERVICES		
D8010	Limited Orthodontic Treatment Of Primary Dentition	1870	D9932	Cleaning And Inspection Of Removable Complete Denture, Maxillary	0
D8020	Limited Orthodontic Treatment Of Transitional Dentition	1980	D9933	Cleaning And Inspection Of Removable Complete Denture, Mandibular	0
D8030	Limited Orthodontic Treatment Of Adolescent Dentition	2090	D9934	Cleaning And Inspection Of Removable Partial Denture, Maxillary	0
D8040	Limited Orthodontic Treatment Of The Adult Dentition	2200	D9935	Cleaning And Inspection Of Removable Partial Denture, Mandibular	0
COMPREHENSIVE ORTHODONTIC TREATMENT			D9990	Certified translation or sign-language services - per visit	0
D8070	Comprehensive Orthodontic Treatment Of Transitional Dentition	2640	D9991	Dental Case Management - Addressing Appointment Compliance Barriers	0
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 Treatment Of Dental Pain - per visit	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					