

SSEU Local 371 Welfare Fund

1501 Broadway --4th floor

SUITE 450

New York, NY 10036

Schedule of Dental Allowances

Comprehensive Benefits for eligible members, spouses and dependent children.

Maximum Benefit of **\$2,000** per covered patient per calendar year

Pre-Authorization is required for the following:

All implants and related abutments including crowns and dentures, all bridgework, osseous surgery, full and partial bony extractions, full dentures and partial dentures.

Single Crowns NO LONGER require Pre-Authorization

Maximum Allowable Charge

This schedule puts a limit on the fees that participating providers are allowed to charge the patients for non-covered services. The procedures that are represented by (4) **** have the maximum fees that the provider is able to charge the patient for non-covered procedures.

Orthodontic Benefit: Includes Invisalign which is paid at the Orthodontic fee schedule for Members/Dependents 19 years of age or older

****These procedures are member responsibility

Fee Schedule Effective 04/01/2020

Calendar Year: January 1 – December 31

| | | | | | |
|------|---|------------|------|--|------------|
| 0120 | Periodic Oral Evaluation..... | 25.00 | 0370 | Maxillofacial Ultrasound Capture..... | ****0.00 |
| 0140 | Limited oral evaluation – problem focused..... | 25.00 | 0371 | Sialoendoscopy Capture..... | ****0.00 |
| 0145 | Oral Evaluation for a patient under 3 years old..... | ****25.00 | 0380 | Cone Beam Ct Image Limited view of Jaw..... | ****100.00 |
| 0150 | Comprehensive oral evaluation..... | 25.00 | 0381 | Cone Beam Ct Image Capture with View of full arch Mand..... | ****100.00 |
| 0160 | Detailed and Extensive Oral Evaluation Problem Focuses..... | ****25.00 | 0382 | Cone Beam Ct Image Capture with View of full arch Maxil..... | ****100.00 |
| 0170 | Re-Evaluation Limited Problem Focuses..... | ****25.00 | 0383 | Cone Beam Ct Image Capture with view both jaws..... | ****200.00 |
| 0171 | Re-Evaluation Post Operative office visits..... | ****25.00 | 0384 | Cone Beam Ct Image Including Two or More Exposures..... | ****200.00 |
| 0180 | Comprehensive Periodontal Evaluation New or Established..... | 20.00 | 0385 | Maxillofacial MRI Capture..... | ****0.00 |
| 0190 | Screening of a Patient..... | ****15.00 | 0386 | Maxillofacial Ultrasound Images..... | ****0.00 |
| 0191 | Assessment of a Patient..... | 25.00 | 0391 | Interpretation of Diagnostic Images..... | ****25.00 |
| | <i>Only 2 examination (0120, 0140 or 0150) per year combined</i> | | 0393 | Treatment Simulation using 3D..... | ****0.00 |
| 0210 | Intraoral – complete series including bitewings (once per 3 yrs)..... | 40.00 | 0394 | Digital Subtraction of Two or more Images..... | ****0.00 |
| 0220 | Intraoral, Periapical, first film..... | 2.00 | 0395 | Fusion of Two or more 3D images..... | ****0.00 |
| 0230 | Intraoral, Periapical, each additional film..... | 2.00 | 0411 | HBAIC in Office Testing..... | ****10.00 |
| 0240 | Intraoral, Occlusal film..... | 7.00 | 0412 | Blood Glucose Level test in Office..... | ****10.00 |
| 0250 | Extraoral – first film..... | 10.00 | 0414 | Laboratory Processing of Micobial Specimen..... | ****15.00 |
| 0251 | Extraoral – posterior Dental Radiographic image..... | 2.00 | 0415 | Collection of Microorganism..... | ****15.00 |
| 0270 | Bitewings, single film - max 4 per year..... | 2.50 | 0416 | Viral Culture..... | ****15.00 |
| 0272 | Bitewings, two films - max 2 per year..... | 5.00 | 0417 | Collection and Preparation of Saliva..... | ****15.00 |
| 0273 | Bitewings, three films..... | 7.50 | 0418 | Analysis of Saliva Sample..... | ****15.00 |
| 0274 | Bitewings, four films - max 1 per year..... | 10.00 | 0419 | Assessment of Salivary Flow by Measurements..... | ****25.00 |
| 0277 | Vertical Bitewings 7 to 8 Films..... | ****15.00 | 0422 | Collection and preparation of Genetic Sampling..... | ****25.00 |
| 0310 | Sialography..... | 5.00 | 0423 | Genetic Testing and Susceptibility to Disease..... | ****25.00 |
| 0320 | TMJ arthrogram, including injection..... | 21.00 | 0425 | Caries Susceptible Tests..... | ****10.00 |
| 0321 | X-Rays Temporomandibular Joint Film..... | ****25.00 | 0431 | Adjunctive Pre Diagnostic Test that aids in Detection..... | ****10.00 |
| 0322 | Tomographic..... | ****25.00 | 0460 | Pulp vitality tests..... | 5.00 |
| 0330 | Panoramic film (once every 3 years)..... | 40.00 | 0470 | Diagnostic casts..... | 10.00 |
| 0340 | Cephalometric film..... | 20.00 | 0472 | Accession of Tissue..... | ****0.00 |
| 0350 | Oral/Facial Photographic Image Obtained Intraorally..... | ****20.00 | 0473 | Accession of Tissue Gross and Microscopic..... | ****0.00 |
| 0351 | 3D Photographic Images..... | ****150.00 | 0474 | Accession of Tissue Gross and Microscopic..... | ****0.00 |
| 0364 | Cone Beam Ct Capture..... | ****150.00 | 0475 | Decalcification Procedure..... | ****0.00 |
| 0365 | Cone Beam Ct Capture Image..... | ****150.00 | 0476 | Special Stains for Microorganisms..... | ****0.00 |
| 0366 | Cone Beam Ct Capture Full Arch..... | ****150.00 | 0477 | Special Stains not for Microorganisms..... | ****0.00 |
| 0367 | Cone Beam CT Capture and Interpretation of Both Jaws..... | ****150.00 | 0478 | Immunohistochemical Stains..... | ****0.00 |
| 0368 | Cone Bram Ct Capture and Interpretation for TMJ..... | ****150.00 | 0479 | Tissue in Situ hybridization..... | ****0.00 |
| 0369 | Maxillofacial MRI Capture..... | ****0.00 | 0480 | Accession of Exfoliative Cytologic Smears..... | ****0.00 |
| | | | 0481 | Electron Microscopy..... | ****0.00 |
| | | | 0482 | Direct Immunofluorescence..... | ****0.00 |
| | | | 0483 | InDirect Immunofluorescence..... | ****0.00 |

*Crowns & Dentures Are Payable Once Per Five Years

**Dental Implants: Lifetime Maximum=\$3,000/ person - maximum allowance = \$1,000 per implant, not included in dental yearly maximum.

*** General Anesthesia and Intravenous Anesthesia only covered if used in conjunction with oral surgery.

| | | | | | |
|------|--|------------|------|---|------------|
| 0484 | Consultation on Slides Prepared Elsewhere | ****0.00 | 2751 | Crown - Porcelain fused to predominantly base metal* | 500.00 |
| 0485 | Consultation including Prep of Slides | ****0.00 | 2752 | Crown - Porcelain fused to noble metal* | 500.00 |
| 0486 | Laboratory Accession of Transepithelial | ****0.00 | 2753 | Crown - Porcelain fused to Titanium | ****150.00 |
| 0502 | Other Oral Pathology | ****0.00 | 2780 | Crown - Gold, full ¾ cast | 250.00 |
| 0999 | Unspecified Diagnostic Procedure, By Report | ****0.00 | 2781 | Crown ¾ Cast High Nobel | 250.00 |
| 0600 | Non Ionizing Diagnostic Procedure | ****0.00 | 2782 | Crown ¾ Cast Nobel | 250.00 |
| 0601 | Caries Risk Assessment and Documentation | ****0.00 | 2790 | Crown - Full Cast high noble metal* | 500.00 |
| 0602 | Carries Risk Assessment and Documentation | ****0.00 | 2791 | Crown - Full Cast predominantly base metal* | 500.00 |
| 0603 | Caries Risk Assessment and Documentation with a finding | ****0.00 | 2792 | Crown - Full Cast noble m etal* | 500.00 |
| 0869 | Repair of Orthodontic Appliance | ****0.00 | 2794 | Crown Titanium | ****150.00 |
| 1110 | Prophylaxis - Adult - 2 per calendar year | 10.00 | 2799 | Provisional Crown | ****50.00 |
| 1120 | Prophylaxis - Child (under 12) - 2 per calendar year | 10.00 | 2910 | Recement inlay | 15.00 |
| 1206 | Topical application of fluoride varnish (child) -2 per calendar year | 10.00 | 2915 | Recement or rebond fabricated or prefabricated post and Core | ****15.00 |
| 1208 | Topical application fluoride varnish (adult) -2 per calendar year | 10.00 | 2920 | Recement crown | 20.00 |
| 1310 | Preventive Service - Dietary Planning | ****0.00 | 2921 | Reattachment of Tooth Fragment, Incisal Edge or cusp | ****10.00 |
| 1320 | Vincent's Infection | ****0.00 | 2929 | Prefabricated Porcelain/Ceramic Crown | ****50.00 |
| 1330 | Oral Hygiene Instructions | ****0.00 | 2930 | Prefabricated Stainless Steel Crown Primary Tooth | ****75.00 |
| 1351 | Sealant | 25.00 | 2931 | Prefabricated Stainless Crown Permanent Tooth | ****125.00 |
| 1352 | Preventative Resin Restoration in a moderate to high caries | ****0.00 | 2932 | Prefabricated Resin Crown | ****35.00 |
| 1353 | Sealant Repair per Tooth | ****0.00 | 2933 | Prefabricated Stainless Steel Crown with Resin Window | ****35.00 |
| 1354 | Interim Carie Arresting Medi. Application | ****0.00 | 2934 | Prefabricated Esthetic Coated Stainless Steel Crown | 250.00 |
| 1510 | Space Maintainer - fixed - unilateral | 50.00 | 2940 | Protective Rest oration | 5.00 |
| 1516 | Space Maintainer Fixed - Bilateral | 50.00 | 2941 | Intrim Therapeutic Restoration Primary Dentition | ****0.00 |
| 1517 | Space Maintainer - Fixed Bilateral Mandibular | 50.00 | 2949 | Restoration Foundation of an Indirect Restoration | ****0.00 |
| 1520 | Space Maintainer - removable - unilateral | 40.00 | 2950 | Core buildup, including any pins* | 20.00 |
| 1526 | Space Maintainer - removable bilateral Maxillary | 50.00 | 2951 | Pin Retention per tooth | ****10.00 |
| 1527 | Space Maintainer - removable bilateral Mandibular | 50.00 | 2952 | Cast post and core in addition to crown* | 75.00 |
| 1551 | Re-Cement or Re-Bond Bilateral Space Maintainer Maxillary | ***15.00 | 2953 | Each additional Indirectly Fabricated post same tooth | 50.00 |
| 1552 | Re-Cement or Re-Bond Bilateral Space Maintainer Mandibular | ***15.00 | 2954 | Prefabricated post and core in addition to crown* | 75.00 |
| 1553 | Re-Cement or Re-Bond Unilateral Space Maintainer per Quadrant | ***15.00 | 2955 | Post Removal | ****25.00 |
| 1556 | Removal of Fixed Unilateral Space Maintainer Per quadrant | ****0.00 | 2957 | Each additional Pre fab Post same tooth | ****25.00 |
| 1557 | Distal Space Maintainer Fixed Unilateral | ****0.00 | 2960 | Labial Veneer Laminated | 100.00 |
| 1558 | Removal of Fixed Bilateral Space Maintainer Mandibular | ****0.00 | 2961 | Labial Veneer Resin Laminate Lab | 100.00 |
| 1575 | Distal Shoe Space Maintainer Fixed Unilateral | ****0.00 | 2962 | Labial Veneer Crown | 100.00 |
| 1999 | Unspecified Preventative procedure by Report | ****0.00 | 2971 | Additional Procedures to Construct new Crown | ****0.00 |
| 2140 | Amalgam - 1 surface, permanent | 50.00 | 2980 | Crown Repair Necessitated by Restorative Material Failure | ****25.00 |
| 2150 | Amalgam - 2 surfaces, permanent | 65.00 | 2981 | Inlay Repair Necessitated by Restorative Material Failure | ****25.00 |
| 2160 | Amalgam - 3 surfaces, permanent | 80.00 | 2982 | Onlay Repair Necessitated by Restorative Material Failure | ****25.00 |
| 2161 | Amalgam - 4 or more surfaces, permanent | 100.00 | 2983 | Veneer Repair Necessitated by Restorative Material Failure | ****25.00 |
| 2330 | Resin, 1 surface, anterior | 60.00 | 2990 | Resin Filtration of I incipient Smooth Surface lesions | ****25.00 |
| 2331 | Resin, 2 surfaces, anterior | 90.00 | 2999 | Unspecified Restoration procedure, by Report | ****25.00 |
| 2332 | Resin, 3 surfaces, anterior | 100.00 | 3110 | Pulp cap - direct (excluding final restoration) | 10.00 |
| 2335 | Resin, 4 or more surface or involving incisal angle (anterior) | 125.00 | 3120 | Pulp cap - indirect (excluding final restoration) | 10.00 |
| 2390 | Resin Based Composite Crown Anterior | ****50.00 | 3220 | Therapeutic Pulpotomy (excluding final restoration) | 25.00 |
| 2391 | Resin One Surface | 60.00 | 3221 | Pulpal Debridement Primary and Permanent Teeth | ****20.00 |
| 2392 | Resin Based Composite Two Surface | 90.00 | 3222 | Partial Pulpotomy for Apexogenesis Permanent Tooth | ****25.00 |
| 2393 | Resin Based Composite Three Surface | 100.00 | 3230 | Pulpal Therapy Anterior | ****25.00 |
| 2394 | Resin Based Composite Four or More Surfaces | 125.00 | 3240 | Pulpal Therapy Posterior | ****25.00 |
| 2410 | Gold foil - one surface | 20.00 | 3310 | Anterior Root Canal (excluding final restoration) | 250.00 |
| 2420 | Gold foil - two surfaces | 20.00 | 3320 | Bicuspid Root Canal (excluding final restoration) | 300.00 |
| 2430 | Gold foil - three surfaces | 20.00 | 3330 | Molar Root Canal (excluding final restoration) | 400.00 |
| 2510 | Inlay - Metallic - 1 Surface* | 70.00 | 3331 | Treatment of Root Canal Obstruction | 325.00 |
| 2520 | Inlay - Metallic - 2 Surfaces* | 110.00 | 3332 | Incomplete Endodontic Therapy unrestorable or fractured tooth | ****0.00 |
| 2530 | Inlay - Metallic - 3 Surfaces* | 140.00 | 3333 | Internal Root Repair of Perforation Defects | ****0.00 |
| 2542 | Onlay Metallic Two Surfaces | ****75.00 | 3346 | Retreatment of previous root canal therapy - anterior | 200.00 |
| 2543 | Onlay Metallic Three Surfaces | ****125.00 | 3347 | Retreatment of previous root canal therapy - bicuspid | 250.00 |
| 2544 | Onlay Metallic Four or More Surfaces | ****150.00 | 3348 | Retreatment of previous root canal therapy - molar | 300.00 |
| 2610 | Inlay - Porcelain/Ceramic - 1 Surface* | 70.00 | 3351 | Apexification/Recalcification Initial | ****0.00 |
| 2620 | Inlay - Porcelain/Ceramic Two Surfaces | ****75.00 | 3352 | Apexification Recalcification Intrim Medication | ****0.00 |
| 2630 | Inlay - Porcelain/Ceramic Three or More surfaces | ****100.00 | 3353 | Apexification Recalcification Final Visit | ****0.00 |
| 2642 | Onlay - Porcelain/Ceramic Two surfaces | ****75.00 | 3355 | Pulpal Regeneration Initial Visit | ****0.00 |
| 2643 | Onlay - Porcelain/Ceramic Three Surfaces | ****125.00 | 3356 | Pulpal Regeneration Interim Medication Replacement | ****0.00 |
| 2644 | Onlay - Porcelain/Ceramic Four or more | ****150.00 | 3357 | Pulpal Rgeneration Completion of Treatment | ****0.00 |
| 2650 | Inlay Resin Based Composite One Surface | ****75.00 | 3410 | Apicoectomy/Periradicular surgery - anterior | 350.00 |
| 2651 | Inlay Resin Based Composite Two Surface | ****100.00 | 3421 | Apicoectomy/periradicular surgery - bicuspid (first root) | 425.00 |
| 2652 | Inlay Resin Based Composite Three Surfaces or more | ****125.00 | 3425 | Apicoectomy/periradicular surgery - molar (first root) | 600.00 |
| 2662 | Onlay Resin Based Composite Two Surfaces | ****125.00 | 3426 | Apicoectomy/periradicular surgery - (each add'l root) | 150.00 |
| 2663 | Onlay Resin Based Composite Three Surfaces | ****150.00 | 3427 | Periradicular Surgery without Apicoectomy | ****0.00 |
| 2664 | Onlay Resin Based Composite Four or More | ****175.00 | 3428 | Bone Graft in Conjunction with Periradicular Surgery | ****50.00 |
| 2710 | Crown - Resin (laboratory)* | 110.00 | 3429 | Bone Graft in Conjunction with Periradicular Surgery | ****50.00 |
| 2712 | Crown ¾ Resin Based Composite | ****100.00 | | | |
| 2720 | Crown - Resin with high noble metal* | 170.00 | | | |
| 2721 | Crown - Resin with predominantly base metal* | 110.00 | | | |
| 2722 | Crown - Resin with noble metal* | 110.00 | | | |
| 2740 | Crown - Porcelain/ceramic substrate* | 160.00 | | | |
| 2750 | Crown - Porcelain fused to high noble metal* | 500.00 | | | |

*Crowns & Dentures Are Payable Once Per Three Years

**Dental Implants: Lifetime Maximum = \$2,000/person-maximum allowance= \$1000 per implant, not included in dental yearly maximum.

** *General Anesthesia and Intravenous Anesthesia only covered if used in conjunction with oral surgery.

| | | | | | |
|------|--|------------|------|---|------------|
| 3430 | Retrograde filling – per root..... | 100.00 | 5611 | Repair resin saddle or base | 25.00 |
| 3431 | Biological Material to aid in Soft..... | ****0.00 | 5612 | Repair Resin Partial Denture | ****0.00 |
| 3432 | Guided Tissue Regeneration | ****0.00 | 5621 | Repair cast framework Mandibular | 14.00 |
| 3450 | Root amputation – per root | 35.00 | 5622 | Repair Cast framework Maxillary | 14.00 |
| 3460 | Endodontic Endosseous Implants | ****0.00 | 5630 | Repair or replace broken clasp | 15.00 |
| 3470 | Intentional re-implantation include Necessary Splinting | ****50.00 | 5640 | Replace broken teeth - per tooth..... | 20.00 |
| 3910 | Endo-Surg proc to isolate tooth | ****25.00 | 5650 | Add tooth to existing partial denture | 30.00 |
| 3920 | Endo hemsection | ****0.00 | 5660 | Add clasp to existing partial denture..... | 30.00 |
| 3950 | Endo Canal Prep and Fitting Dowel | ****25.00 | 5670 | Replace all Teeth and Acrylic on case metal Maxillary | ****50.00 |
| 3999 | Unspecified Endodontic Procedure, By Report..... | ****0.00 | 5671 | Replace All teeth and Acrylic on Case metal Mandibular..... | ****50.00 |
| 4210 | Gingivectomy or Gingivoplasty - per quadrant | 90.00 | 5710 | Rebase Complete Maxillary Denture | ****75.00 |
| 4211 | Gingivectomy or Gingivoplasty, per tooth | 80.00 | 5711 | Rebase Complete Mandibular Denture | ****75.00 |
| 4212 | Perio Gingivectomy 1 tooth..... | ****15.00 | 5720 | Rebase Maxillary Partial Denture | ****50.00 |
| 4220 | Sub Gingival Scaling/Curettage Mount..... | 75.00 | 5721 | Rebase Mandibular Partial Denture | ****50.00 |
| 4230 | Anatomical Crown Exposure 4 or more teeth | ****0.00 | 5730 | Reline complete upper denture (chairside)..... | 50.00 |
| 4231 | Anatomical Crown Exposure one to three teeth..... | ****25.00 | 5731 | Reline complete lower denture (chairside)..... | 50.00 |
| 4240 | Gingival flap procedure incl. root planning - per quadrant | 225.00 | 5740 | Reline upper partial denture (chairside)..... | 50.00 |
| 4241 | Gingival Flap Procedure including Root Planning..... | ****25.00 | 5741 | Reline lower partial denture (chairside)..... | 50.00 |
| 4245 | Apically Positioned Flap | ****0.00 | 5750 | Reline complete upper denture (laboratory)..... | 65.00 |
| 4249 | Clinical crown lengthening – hard tissue..... | 200.00 | 5751 | Reline complete lower denture (laboratory)..... | 65.00 |
| 4260 | Osseous Surgery (incl. flap entry & clos.) per quadrant | 300.00 | 5760 | Reline upper partial denture (laboratory)..... | 65.00 |
| 4261 | Perio Osseous Graft 1-3 teeth | 150.00 | 5761 | Reline lower partial denture (laboratory)..... | 65.00 |
| 4263 | Bone replacement graft – first site in quadrant..... | 225.00 | 5810 | Interim Complete Denture Maxillary..... | 100.00 |
| 4264 | Bone replacement graft – each additional site in quadrant..... | 175.00 | 5811 | Interim Complete Denture Mandibular | 100.00 |
| 4265 | Biological material to Aid in Soft and Osseous | ****10.00 | 5820 | Interim Partial Denture Maxillary | 100.00 |
| 4266 | Guided tissue regeneration – resorbable barrier – per site | 150.00 | 5821 | Interim Partial Denture Mandibular | 100.00 |
| 4267 | Guided tissue regeneration – nonresorbable barrier, per site | 150.00 | 5850 | Tissue Conditioning Maxillary..... | ****25.00 |
| 4268 | Surgical Revision Procedure Per tooth | ****10.00 | 5851 | Tissue Conditioning Mandibular..... | ****25.00 |
| 4270 | Pedicle soft tissue graft procedure | 125.00 | 5862 | Precision Attachments by Report..... | ****50.00 |
| 4273 | Subepithelial Connective Tissue Graft Procedure | ****50.00 | 5863 | Overdenture Complete Maxillary..... | ****400.00 |
| 4274 | Distal or Proximal Wedge Procedure..... | 15.00 | 5864 | Overdenture Partial Maxillary..... | ****400.00 |
| 4275 | Soft Tissue Allograft | ****50.00 | 5865 | Overdenture Complete Mandibular..... | ****400.00 |
| 4276 | Combined Connective Tissue and Double Pedicle Graft | ****75.00 | 5866 | Overdenture Partial Mandibular..... | ****400.00 |
| 4277 | Free Soft Tissue Graft Procedure | ****50.00 | 5867 | Replacement of Replaceable Part of Semi-Precious | ****400.00 |
| 4278 | Free Soft Tissue Graft Procedure including Donor site | ****50.00 | 5875 | Modification of Removable Prosthesis following implant | ****25.00 |
| 4283 | Non-autogenous Connective Tissue Graft | ****0.00 | 5876 | Add Metal Substructure to Acrylic Full Denture..... | ****0.00 |
| 4285 | Non-autogeneous Connective Tissue Graft incl surgical | ****0.00 | 5899 | Unspecified Removable Prosthodontic Procedure, by Report..... | ****0.00 |
| 4320 | Perio Provisional Splinting | ****60.00 | 5911 | Facial moulage Sectional..... | ****0.00 |
| 4321 | Provisional Splinting extra corona | ****60.00 | 5912 | Facial moulage Complete..... | ****0.00 |
| 4341 | Perio Scaling Root Planning Per Quad | ****25.00 | 5913 | Nasal Prosthesis..... | ****0.00 |
| 4342 | Perio Scaling Root Planning 1-3 Teeth | ****10.00 | 5914 | Auricular Prosthesis..... | ****0.00 |
| 4355 | Full Mouth Debrdement to Enable Comprehensive eval | ****25.00 | 5915 | Orbital Prosthesis..... | ****0.00 |
| 4381 | Chemothereutic Agents/per tooth | ****75.00 | 5916 | Ocular Prosthesis | ****0.00 |
| 4910 | Periodontal Maintenance..... | ****25.00 | 5919 | Facial Prosthesis | ****0.00 |
| 4920 | Perio Unshed Dressing Change..... | ****20.00 | 5922 | Nasas Septal Prosthesis | ****0.00 |
| 4921 | Gingival Irrigation per Quadrant | ****20.00 | 5923 | Ocular Septal Prosthesis..... | ****0.00 |
| 4999 | Unspecified Periodontal Procedure | ****0.00 | 5924 | Cranial Prosthesis | ****0.00 |
| 5110 | Complete upper dentures* | 700.00 | 5925 | Facial Augmentation Implant Prosthesis..... | ****0.00 |
| 5120 | Complete lower dentures* | 700.00 | 5926 | Nasal Prosthesis, Replacement | ****0.00 |
| 5130 | Immediate upper dentures* | 700.00 | 5927 | Auricular Prosthesis, Replacement..... | ****0.00 |
| 5140 | Immediate lower dentures* | 700.00 | 5928 | Orbital Prosthesis Replacement..... | ****0.00 |
| 5211 | Maxillary Partial Denture - Resin Base* | 700.00 | 5929 | Facial Prosthesis, Replacement..... | ****0.00 |
| 5212 | Mandibular Partial Denture - Resin Base* | 700.00 | 5931 | Obturator Prosthesis | ****0.00 |
| 5213 | Maxillary Partial Denture - Cast Metal Frame* | 700.00 | 5932 | Obturator Prosthesis Definitive | ****0.00 |
| 5214 | Mandibular Partial Denture - Cast Metal Frame* | 700.00 | 5934 | Mandibular Resection Prosthesis with guide Flange | ****0.00 |
| 5221 | Immediate Maxillary Partial Denture Resin | ****250.00 | 5935 | Mandibular Resection Prosthesis without Guide Flange | ****0.00 |
| 5222 | Immediate Mandibular Partial Denture Resin | ****250.00 | 5936 | Obturator Prosthesis, Interim | ****0.00 |
| 5223 | Immediate Maxillary Partial Denture Metal Base | ****250.00 | 5937 | Trismus appliance..... | ****0.00 |
| 5224 | Immediate Mandibular Partial Denture Metal Base | ****250.00 | 5951 | Feeding Aid | ****0.00 |
| 5225 | Maxillary Partial Denture Flexible Base | ****250.00 | 5952 | Speech Aid Prosthesis, Pediatric | ****0.00 |
| 5226 | Mandibular Partial Denture Flexible base | ****250.00 | 5953 | Speech Aid Prosthesis, Adult | ****0.00 |
| 5282 | Removable unilateral partial denture - one Maxillary..... | ****250.00 | 5955 | Palatal Lift Prosthesis, Definitive..... | ****0.00 |
| 5283 | Removable Unilateral Partial Denture One piece Mandibular..... | ****250.00 | 5958 | Palatal Lift Prosthesis, Interim | ****0.00 |
| 5284 | Removable Unilateral Partial Denture one Piece Flexible | ****250.00 | 5959 | Palatal Lift Prosthesis, Modification | ****0.00 |
| 5286 | Removable Unilateral Partial Denture One Piece | ****250.00 | 5960 | Speech Aid Prosthesis, Modification | ****0.00 |
| 5410 | Dentures Complete Adjustment..... | 10.00 | 5982 | Surgical Stent..... | ****0.00 |
| 5411 | Adjust Complete Denture Mandibular..... | 10.00 | 5983 | Radiation Carrier | ****0.00 |
| 5421 | Adjust partial denture - maxillary..... | 50.00 | 5984 | Radiation Shield | ****0.00 |
| 5422 | Adjust partial denture - mandibular..... | 50.00 | 5985 | Radiation Cone Locator..... | ****0.00 |
| 5511 | Repair Broken Complete Denture Base | ****50.00 | 5986 | Fluoride Gel Carrier..... | ****0.00 |
| 5520 | Replace Missing or Broken Teeth | ****25.00 | 5988 | Surgical Splint | ****0.00 |
| | | | 5991 | Vesiculobullous Disease Medicament carrier | ****0.00 |
| | | | 5992 | Adjust Maxillofacial Prosthetic Appliance | ****0.00 |
| | | | 5993 | Maintenance and Cleaning of Maxillofacial Prosthesis..... | ****0.00 |
| | | | 5994 | Periodontal Medicament carrier | ****0.00 |
| | | | 5999 | Unspecified Maxillofacial Prosthesis, by Report..... | ****0.00 |

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| | | | | | |
|------|---|------------|------|---|------------|
| 6010 | Surgical placement of implant body: endosteal implant | **1000.00 | 6212 | Pontic - Cast noble metal*..... | 170.00 |
| 6011 | Second Stage Implant..... | 0.00 | 6214 | Pontic Titanium and Titanium Alloys..... | ****0.00 |
| 6012 | Surgical Placement of Interim Implant for transitional..... | ****0.00 | 6240 | Pontic - porcelain fused to high noble metal*..... | 500.00 |
| 6013 | Surgical Placement of Mimi Implant..... | ****0.00 | 6241 | Pontic - porcelain fused to predominantly base metal*..... | 500.00 |
| 6040 | Surgical placement: eposteal implant..... | **1000.00 | 6242 | Pontic - porcelain fused to noble metal*..... | 500.00 |
| 6050 | Surgical placement: transosteal implant..... | **1000.00 | 6243 | Pontiac – porcelain fused to Titanium..... | ****0.00 |
| 6051 | Interim Abutment..... | ****0.00 | 6250 | Pontic - Resin with high noble metal*..... | 160.00 |
| 6052 | Semi Precious Attachment Abutment..... | ****0.00 | 6251 | Pontic - Resin with predominantly base metal*..... | 160.00 |
| 6055 | Connecting Bar Implant Supported..... | ****0.00 | 6252 | Pontic - Resin with noble metal*..... | 160.00 |
| 6056 | Prefab abutment incl placement..... | 300.00 | 6253 | Provisional Pontic Further Treatment..... | ****0.00 |
| 6057 | Prefab abutment incl placement..... | 400.00 | 6520 | Inlay - metallic - two surfaces*..... | 110.00 |
| 6058 | Abutment Supported Porcelain/Ceramic Crown..... | 700.00 | 6530 | Inlay - metallic - three or more surfaces..... | 140.00 |
| 6059 | Abutment Supported Porcelain Fused to Metal Crown..... | 700.00 | 6545 | Retainer - cast metal for acid etched fixed prosthesis*..... | 140.00 |
| 6060 | Abutment Supported Porcelain Fused to Metal Crown..... | ****0.00 | 6548 | Retainer Porcelain Ceramic for Resin Bonded fixed..... | ****0.00 |
| 6061 | Abutment Supported Porcelain Fused to Metal Crown..... | ****0.00 | 6549 | Resin Retainer Bonded fixed Prosthesis..... | ****0.00 |
| 6062 | Abutment Supported Cast Metal Crown..... | ****0.00 | 6600 | Inlay Porcelain Ceramic Two Surfaces..... | ***75.00 |
| 6063 | Abutment Supported Cast Metal Crown Metal Base..... | ****0.00 | 6601 | Inlay Porcelain Ceramic Three Surface..... | ****100.00 |
| 6064 | Abutment Supported Cast Metal Crown, Noble Metal..... | ****0.00 | 6602 | Inlay Cat High Noble Metal three or more..... | ****100.00 |
| 6065 | Implant Supported Porcelain/Ceramic Crown..... | ****0.00 | 6603 | Onlay Cast High Noble Three or More surfaces..... | ****100.00 |
| 6066 | Implant Supported Crown Porcelain Fused to High Noble..... | 700.00 | 6604 | Inlay Cast Predominantly Base metal two surfaces..... | ***75.00 |
| 6067 | Implant Supported Crown High Noble Alloys..... | 700.00 | 6605 | Inlay Cast Predominately Base metal Three or more surfaces..... | ****100.00 |
| 6068 | Abutment Retainer Porcelain/Ceramic..... | ****0.00 | 6606 | Inlay Cast Noble Metal Two Surfaces..... | ***75.00 |
| 6069 | Abutment Supported Retainer for Porcelain To metal..... | ****0.00 | 6607 | Inlay Cast Noble Metal Three or More Surfaces..... | ****100.00 |
| 6070 | Abutment Supported Retainer for Porcelain Fused to Metal..... | ****0.00 | 6608 | Onlay Porcelain Ceramic two Surface..... | ***75.00 |
| 6071 | Abutment Supported retainer for Porcelain Fused to Nobel metal..... | ****0.00 | 6609 | Onlay Porcelain Ceramic Three surfaces..... | ****100.00 |
| 6072 | Abutment Supported Retainer for Cast Metal High Noble..... | ****0.00 | 6610 | Replace Broken Pin facing w/Slotted..... | ***10.00 |
| 6073 | Abutment supported retainer for Cast Metal Predominantly metal..... | ****0.00 | 6611 | Onlay Cast High Noble Metal Three Surfaces..... | ****100.00 |
| 6074 | Abutment Supported Retainer for Cast Noble Metal..... | ****0.00 | 6612 | Onlay Cast High Noble Metal Two Surfaces..... | ***75.00 |
| 6075 | Implant Supported Retainer For Ceramic..... | ****0.00 | 6613 | Onlay Cast Predominantly Base Metal Three or more..... | ****100.00 |
| 6076 | Implant Supported Retainer Porcelain Fused to High Noble..... | ****0.00 | 6614 | Onlay Cast Noble Metal two surfaces..... | ***75.00 |
| 6077 | Implant Supported Retainer for High Noble Alloys..... | ****0.00 | 6615 | Onlay Cast Noble Metal Three or More Surfaces..... | ****100.00 |
| 6080 | Implant Maintenance Proc/Rem/Cleans..... | ****0.00 | 6624 | Retainer Inlay Titanium..... | ****0.00 |
| 6081 | Scaling and Debridement in the Presence of inflammation..... | 700.00 | 6634 | Onlay Titanium..... | ***75.00 |
| 6082 | Implant Supported Crown – Porcelain Fused to Predom Base..... | 700.00 | 6710 | Retainer Crown Plastic..... | ***25.00 |
| 6083 | Implant Supported Crown Porcelain Fused to Noble..... | 700.00 | 6720 | Crown - Resin with high noble metal*..... | 125.00 |
| 6084 | Implant Supported Crown Porcelain Fused to Titanium..... | 700.00 | 6721 | Crown - Resin with predominantly base metal*..... | 110.00 |
| 6085 | Provisional Implant Crown..... | 700.00 | 6722 | Crown - Resin with noble metal*..... | 110.00 |
| 6086 | Implant Supported Crown predominantly base..... | 700.00 | 6740 | Crown – porcelain/ceramic*..... | 155.00 |
| 6087 | Implant Supported Crown Noble Alloys..... | 700.00 | 6750 | Crown - porcelain fused to high noble metal*..... | 500.00 |
| 6088 | Implant Supported Crown Titanium..... | 700.00 | 6751 | Crown - porcelain fused to predominantly base metal*..... | 500.00 |
| 6090 | Repair Implant Supported Prosthesis..... | ***50.00 | 6752 | Crown - porcelain fused to noble metal*..... | 500.00 |
| 6091 | Replacement of Semi Precision or Precision attachment..... | ***50.00 | 6753 | Retainer Crown Porcelain Fused to Titanium..... | 500.00 |
| 6092 | Recent Implant Abutment supported crowns..... | ***50.00 | 6780 | Crown - 3/4 cast high noble metal*..... | 175.00 |
| 6093 | Recent Implant Abutment Supported Fixed partial Dentures..... | ***25.00 | 6781 | Retainer Crown ¾ Cast Predominantly Base..... | ****175.00 |
| 6094 | Abutment Supported crown Titanium..... | ****0.00 | 6782 | Retainer Crown ¾ Cast Noble Metal..... | ****175.00 |
| 6095 | Repair Implant Abutment By Report..... | ****0.00 | 6783 | Retainer Crown ¾ Porcelain Ceramic..... | ****175.00 |
| 6096 | Removal Broken Implant Retaining Screw..... | ****0.00 | 6784 | Retainer Crown ¾ Titanium and Titanium Alloys..... | ****0.00 |
| 6097 | Abutment Supported Crown – Porcelain Fused to Titanium..... | 700.00 | 6790 | Crown - full cast high noble metal*..... | 500.00 |
| 6098 | Implant Supported Retainer Porcelain Fused to Predominantly Base..... | ****0.00 | 6791 | Crown - full cast predominantly base metal*..... | 500.00 |
| 6099 | Implant Supported Retainer for Porcelain Fused to Noble..... | ****0.00 | 6792 | Crown - full cast noble metal*..... | 500.00 |
| 6100 | Implant Removal by Report..... | ****0.00 | 6793 | Provisional Retainer Crown..... | ****0.00 |
| 6101 | Debridement of a Peri Implant Defect..... | ****0.00 | 6794 | Retainer Crown Titanium..... | ***175.00 |
| 6102 | Debridement and osseous Contouring of a Peri Implant..... | ****0.00 | 6920 | Connector Bar..... | ***75.00 |
| 6103 | Bone Graft for Repair of Peri Implant..... | ****0.00 | 6930 | Recent bridge..... | 50.00 |
| 6104 | Bone Graft at Time of Implant Placement..... | ****0.00 | 6940 | Stress breaker..... | 15.00 |
| 6110 | Implant Abutment Supported Removal Denture Maxillary..... | ****0.00 | 6950 | Precision Attachments..... | ***50.00 |
| 6111 | Implant Abutment Supported Removal Dental Mandibular..... | ****0.00 | 6960 | Dowel Pin Metal..... | ***25.00 |
| 6112 | Implant Abutment Supported Removal Denture Maxillary..... | ****0.00 | 6980 | Fixed Partial Denture Repair..... | ***50.00 |
| 6113 | Implant Abutment Supported Removal Denture Mandibular..... | ****0.00 | 6985 | Pediatric Partial Denture..... | ***50.00 |
| 6114 | Implant Abutment Supported Fixed Denture – Maxillary..... | ****0.00 | 6999 | Unspecified Fixed Pre orthodontic procedure by report..... | ****0.00 |
| 6115 | Implant Abutment Supported Fixed Denture Mandibular..... | ****0.00 | 7110 | Extraction - single tooth..... | 50.00 |
| 6116 | Implant Abutment Supported Fixed Denture Edentulous Arch Max..... | ****0.00 | 7111 | Extraction; Coronal Remnants Dedicious tooth..... | 50.00 |
| 6117 | Implant Abutment Supported Fixed Denture Edentulous arch Mand..... | ****0.00 | 7140 | Extraction Erupted Tooth or Exposed root..... | 80.00 |
| 6118 | Implant Abutment Supported Interim Fixed Denture Mandibular..... | ****0.00 | 7210 | Surgical removal of erupted tooth requiring elevation mucoperiosteal flap & removal of bone and/or section of tooth..... | 100.00 |
| 6119 | Implant Abutment Supported interim fixed Denture Maxillary..... | ****0.00 | 7220 | Removal of impacted tooth - soft tissue..... | 175.00 |
| 6120 | Implant Supported Retainer Porcelain Fused to Titanium..... | ****0.00 | 7230 | Removal of impacted tooth - partially bony..... | 225.00 |
| 6121 | Implant Supported Retainer Predominantly Base Alloys..... | ****0.00 | 7240 | Removal of impacted tooth - completely bony..... | 300.00 |
| 6122 | Implant Supported Retainer for Metal FPD..... | ****0.00 | 7241 | Removal of impacted tooth - completely bony with unusual Surgical com plications..... | 375.00 |
| 6123 | Implant Supported Retainer for Metal FPD Titanium..... | ****0.00 | 7250 | Surgical removal of residual roots (cutting procedure)..... | 50.00 |
| 6190 | Radiographic Surgical Implant..... | ****0.00 | 7251 | Coronectomy..... | ****0.00 |
| 6194 | Abutment Supported Retainer Crown Titanium..... | ****0.00 | 7260 | Oral Antral Fistula Closure..... | ****0.00 |
| 6195 | Abutment Supported Retainer Porcelain to Titanium..... | ****0.00 | 7261 | Primary Closure of a Sinus Preformation..... | ****0.00 |
| 6199 | Unspecified Implant Procedure by Report..... | ****0.00 | 7270 | Tooth Replantation..... | ****0.00 |
| 6205 | Pontiac Cast High Noble Metal..... | ****170.00 | 7272 | Tooth Transplantation..... | ****0.00 |
| 6210 | Pontic – Cast high noble metal*..... | 170.00 | | | |
| 6211 | Pontic - Cast predominantly base metal*..... | 170.00 | | | |

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|------|---|-----------|------|---|------------|
| 7280 | Surgical exposure of impacted or unerupted tooth for Orthodontic reasons (including orthodontic attachments)..... | 100.00 | 7860 | Dislocation of T-M joint Arthrotoomy..... | ****0.00 |
| 7282 | Mobilization of Erupted or malpositioned tooth | ****0.00 | 7865 | Arthroplasty | ****0.00 |
| 7283 | Placement of device to facilitate eruption of impacted tooth..... | 100.00 | 7870 | Dislocation of T-M Joint Arthrocent..... | ****0.00 |
| 7285 | Biopsy of oral tissue - hard | 100.00 | 7871 | Non Arthroscopic Lysis and Lavage | ****0.00 |
| 7286 | Biopsy of oral tissue - soft | 125.00 | 7872 | Arthroscopy Diagnosis with or without Biopsy..... | ****0.00 |
| 7287 | Exfoliative Cytological Sample | ****50.00 | 7873 | Arthroscopy Surgical Lavage..... | ****0.00 |
| 7288 | Brush Biopsy | ****50.00 | 7874 | Arthroscopy Surgical Disc Repositioning..... | ****0.00 |
| 7290 | Surgical repositioning of teeth..... | 50.00 | 7875 | Arthroscopy Surgical Synovectomy..... | ****0.00 |
| 7291 | Transseptal fiberotomy/supra crestal | ****0.00 | 7876 | Arthroscopy Surgical Discectomy..... | ****0.00 |
| 7292 | Surgical Placement Temp anchorage devise | ****50.00 | 7877 | Arthroscopy Surgical Debridement..... | ****0.00 |
| 7293 | Surgical Placement Temporary Anchorage Devise requiring sur..... | ****0.00 | 7880 | Occlusal Orthotic Device | ****0.00 |
| 7294 | Placement of Temporary Anchorage Devise..... | ****0.00 | 7881 | Occlusal Orthotic Device Adjustment..... | ****0.00 |
| 7295 | Harvest of Bone for Use in Autogenous Grafting | ****0.00 | 7899 | Unspecified TMD Therapy, By Report..... | ****0.00 |
| 7296 | Corticotomy one to three tooth space, per quad | ****0.00 | 7910 | Suture of Recent Small Wounds up to cm | ****0.00 |
| 7297 | Corticotomy Four or more tooth spaces per quad | ****0.00 | 7911 | Complicated Suture up to 5cm | ****0.00 |
| 7310 | Alveoplasty in conjunction with extractions – per quadrant..... | 100.00 | 7912 | Complicated Suture Greater than 5cm | ****0.00 |
| 7311 | Alveoplasty in Conjunction with Extractions..... | 150.00 | 7920 | Skin Graft..... | ****0.00 |
| 7320 | Alveoplasty not in conjunction with extractions - per quadrant | 150.00 | 7921 | Collection and Application of Autologous Blood..... | ****0.00 |
| 7321 | Alveoplasty Not in Conjunction with Extraction | 250.00 | 7922 | Placement of Intra Socket Biological Dressing | ****0.00 |
| 7340 | Vestibuloplasty – ridge extension (secondary epithelialization)..... | 70.00 | 7940 | Osteoplasty for Orthographic Deformities | ****0.00 |
| 7350 | Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue) | 100.00 | 7941 | Osteotomy Segmented or Subapical..... | ****0.00 |
| 7410 | Radical excision - lesion diameter up to 1.25 cm..... | 60.00 | 7943 | Osteotomy Segmented or Subapical..... | ****0.00 |
| 7411 | Excision of Benign Lesion up to 1.25..... | ****60.00 | 7944 | Osteotomy Segmented or Subapical..... | ****0.00 |
| 7412 | Excision of Benign Lesion Complicated | ****60.00 | 7945 | Osteotomy Boy or Mandible | ****0.00 |
| 7413 | Excision of Malignant Lesion up to 1.25..... | ****60.00 | 7946 | Lefort Maxilla Total | ****0.00 |
| 7414 | Excision of Malignant Lesion Greater than 1.25 | ****60.00 | 7947 | Lefort Maxilla Segmented..... | ****0.00 |
| 7415 | Excision of Malignant Lesion Complicated | ****60.00 | 7948 | Lefort II or Lefort III | ****0.00 |
| 7440 | Excision of malignant tumor – lesion diameter up to 1.25 cm..... | 60.00 | 7949 | Lefort II or Lefort III with Bone Graft..... | ****0.00 |
| 7441 | Excision of malignant tumor – lesion diameter over 1.25 cm..... | 60.00 | 7950 | Osseous, Osteoperiosteal or cartilage graft | ****0.00 |
| 7450 | Remove odontogenic cyst/tumor-lesion diameter up to 1.25 cm..... | 60.00 | 7951 | Sinus Augmentation with bone or bone substitutes | ****0.00 |
| 7451 | Remove odontogenic cyst/tumor-lesion diameter over 1.25 cm | 60.00 | 7952 | Sinus augmentation via vertical approach | ****0.00 |
| 7460 | Remove nonodontogenic cyst/tumor-lesion diameter up to 1.25 cm | 60.00 | 7953 | Bone replacement graft for ridge preservation..... | ****0.00 |
| 7461 | Remove nonodontogenic cyst/tumor-lesion diameter over 1.25 cm | 60.00 | 7955 | Repaired or Maxillofacial soft/and or hard tissue | ****0.00 |
| 7461 | Removal Nonodontogenic Cyst/Tumor 1 | 60.00 | 7960 | Frenulectomy separate procedure..... | ****0.00 |
| 7465 | Destruction of Lesion by Physical or chemical method..... | ****0.00 | 7963 | Frenuloplasty | ****0.00 |
| 7471 | Removal of exostosis – per site | 75.00 | 7970 | Excision of hyperplastic tissue – per arch..... | 50.00 |
| 7472 | Removal of Torus Palatinus..... | ****0.00 | 7971 | Excision of pericoronal gingiva | ****0.00 |
| 7473 | Removal of Torus Mandibularis | ****0.00 | 7972 | Surgical reduction of fibrous tuberosity | ****50.00 |
| 7485 | Surgical reduction of Osseous Tuberosity | ****50.00 | 7979 | Non-surgical sialolithotomy | ****0.00 |
| 7490 | Radical resection of mandible with bone graft | 500.00 | 7980 | Sialolithotomy | 35.00 |
| 7510 | Incision & drainage of abscess - intraoral soft tissue..... | 75.00 | 7981 | Excision of salivary gland, by report | ****0.00 |
| 7511 | Incision and Drainage of Abscess Intraoral Soft Tissue..... | ****50.00 | 7982 | Sialodochoplasty..... | ****0.00 |
| 7520 | Surgical Incision & Drainage Extraoral..... | ****50.00 | 7983 | Closure of salivary fistula..... | ****0.00 |
| 7521 | Incision and Drainage of Abscess..... | ****50.00 | 7990 | Emergency tracheotomy..... | ****0.00 |
| 7530 | Surgical Incision Removal of Foreign | ****50.00 | 7991 | Coronolodectomy | ****0.00 |
| 7540 | Surgical Incision Removal of Foreign | ****50.00 | 7995 | Synthetic graft – mandible or facial bones..... | ****0.00 |
| 7550 | Sequestrectomy for osteomyelitis..... | 40.00 | 7996 | Implant mandible for augmentation purposes | ****0.00 |
| 7610 | Fracture Simple Maxilla Open Reduction | ****0.00 | 7997 | Appliance removal (not by dentist who placed) | ****0.00 |
| 7620 | Fracture Simple Maxilla Closed Reduction..... | ****0.00 | 7998 | Intraoral placement of a fixation device not with fracture | ****0.00 |
| 7630 | Fracture Simple Mandible Open Reduction..... | ****0.00 | 7999 | Unspecified oral surgery procedure by report..... | ****0.00 |
| 7640 | Fracture Simple Mandible Closed Reduction..... | ****0.00 | 8010 | Limited orthodontic treatment of the primary dentition | ****0.00 |
| 7650 | Fracture Simple Malar Tor ZYG arch | ****0.00 | 8020 | Limited orthodontic treatment of the transitional dentition | ****0.00 |
| 7660 | Fracture Simple Malar Tor ZYG arch | ****0.00 | 8030 | Limited orthodontic treatment of the adolescent dentition | ****0.00 |
| 7671 | Alveolus Open Reduction | ****0.00 | 8040 | Limited orthodontic treatment of the adult dentition | ****0.00 |
| 7680 | Fracture Simple Facial Bones | ****0.00 | 8050 | Interceptive orthodontic treatment of the primary dentition..... | ****0.00 |
| 7710 | Maxilla – open reduction | ****0.00 | 8060 | Interceptive orthodontic treatment of the transitional dentition | ****0.00 |
| 7720 | Fracture Compound Maxilla closed..... | ****0.00 | 8070 | Comprehensive orthodontic treatment of the transitional dentition | 750.00 |
| 7730 | Fracture Compound Mandible Open Red..... | ****0.00 | 8080 | Comprehensive orthodontic treatment of the adolescent dentition..... | 750.00 |
| 7740 | Fracture Compound Mandible Closed Red | ****0.00 | 8090 | Comprehensive orthodontic treatment of the adult dentition | 750.00 |
| 7750 | Fracture Compound Malar Tor Zyg..... | ****0.00 | 8210 | Removal appliance therapy | ****200.00 |
| 7760 | Fracture Compound Malar Tor Zyg..... | ****0.00 | 8220 | Fixed appliance therapy..... | ****200.00 |
| 7770 | Fracture Compound Alveolus Stabilization..... | ****0.00 | 8660 | Pre-orthodontic treatment examination | ****0.00 |
| 7771 | Alveolus Open Reduction Stabilization of teeth | ****0.00 | 8670 | Periodic orthodontic treatment visit | 70.00 |
| 7780 | Fracture Compound Facial Bones Comp..... | ****0.00 | 8680 | Orthodontic retention Placement of retainer | ****200.00 |
| 7810 | Dislocation of T-M joint open reduction | ****0.00 | 8681 | Removal orthodontic retainer adjustment | ****0.00 |
| 7820 | Dislocation of T-M joint Closed Red | ****0.00 | 8690 | Orthodontic treatment (alternative billing to contract) | 750.00 |
| 7830 | Dislocation of T-M joint Manipulati | ****0.00 | 8695 | Removal of fixed orthodontic appliances | ****0.00 |
| 7840 | Dislocation of T-M joint Condylecto..... | ****0.00 | 8696 | Repair of orthodontic appliance – maxillary..... | ****0.00 |
| 7850 | Surgical Discectomy With/Without Implant | ****0.00 | 8697 | Repair of orthodontic appliance – mandibular..... | ****0.00 |
| 7852 | Disc Repair..... | ****0.00 | 8698 | Re-cement or re-bond fixed retainer-maxillary..... | ****0.00 |
| 7854 | Synovectomy..... | ****0.00 | 8699 | Re-cement or re-bond fixed retainer – mandibular | ****0.00 |
| 7856 | Myotomy | ****0.00 | 8701 | Repair of fixed retainer, includes reattachment maxillary | ****0.00 |
| 7858 | Joint Reconstruction..... | ****0.00 | 8702 | Repair of fixed retainer, includes reattachment mandibular | ****0.00 |
| | | | 8703 | Replacement of lost or broken retainer, maxillary | ****200.00 |
| | | | 8704 | Replacement of lost or broken retainer – mandibular | ****200.00 |
| | | | 8999 | Unspecified orthodontic procedure by report | ****0.00 |

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**Dental Implants: Lifetime Maximum = \$2,000/person-maximum allowance= \$1000 per implant, not included in dental yearly maximum.

** *General Anesthesia and Intravenous Anesthesia only covered if used in conjunction with oral surgery.

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|------|--|-----------|
| 9110 | Palliative (emergency) treatment of dental pain | 20.00 |
| 9120 | Fixed partial denture sectioning..... | ****85.00 |
| 9130 | Temporomandibular joint dysfunction | ****0.00 |
| 9210 | Local anesthesia not in conjunction with operative/surgical..... | ****0.00 |
| 9211 | Regional block anesthesia..... | ****0.00 |
| 9212 | Trigeminal division block anesthesia | ****0.00 |
| 9215 | Local anesthesia in conjunction with operative or surgical..... | ****0.00 |
| 9219 | Evaluation for moderate sedation/deep sedation/general | ****0.00 |
| 9222 | Deep sedation/general anesthesia first 15 min..... | ****0.00 |
| 9223 | Deep sedation/general anesthesia each15 add'l..... | ****0.00 |
| 9230 | Inhalation of nitrous oxide/analgesia | ****0.00 |
| 9239 | Intravenous moderate (conscious) sedation first 15 min | ****0.00 |
| 9243 | Intravenous moderate (conscious) sedation ea. Add'l 15 minutes... | ****0.00 |
| 9248 | Non-intravenous conscious sedation | ****0.00 |
| 9310 | Specialist Consultation..... | 20.00 |
| 9311 | Consultation with a medical care provider | ****20.00 |
| 9313 | Infiltration of Sustained Release therapeutic drug..... | ****0.00 |
| 9410 | House/extended care facility..... | ****0.00 |
| 9420 | Hospital or ambulatory surgical center | ****0.00 |
| 9430 | Office visit for observation (regular hours) no services performed | ****0.00 |
| 9440 | Office visit – after regularly scheduled hours..... | ****0.00 |
| 9450 | Case presentation, detailed treatment planning | ****0.00 |
| 9610 | Therapeutic parenteral drug Single admin..... | ****0.00 |
| 9612 | Therapeutic parenteral drugs, two or more | ****0.00 |
| 9630 | Drugs or medicaments dispensed in office | ****5.00 |
| 9910 | Application of desensitizing medicament - once per year..... | 5.00 |
| 9911 | Application of desensitizing resin for cervical or root | ****5.00 |
| 9220 | Behavior management, by report | ****0.00 |
| 9930 | Treatment of complications (post-surgical)..... | ****0.00 |
| 9932 | Cleaning and inspection of removable complete denture max..... | ****0.00 |
| 9933 | Cleaning and inspection of removable complete denture mand..... | ****0.00 |
| 9934 | Cleaning and inspection of removable partial maxillary | ****0.00 |
| 9935 | Cleaning and inspection of removable partial mand | ****0.00 |
| 9941 | Fabrication of athletic mouth guard..... | ****0.00 |
| 9942 | Repair and/or reline of occlusal guard..... | ****0.00 |
| 9943 | Occlusal guard adjustment | ****0.00 |
| 9944 | Occlusal guard - hard appliance full arch | ****0.00 |
| 9945 | Occlusal guard - soft appliance full arch | ****0.00 |
| 9946 | Occlusal guard - hard appliance partial arch | ****0.00 |
| 9950 | Occlusion analysis – mounted case..... | ****5.00 |
| 9951 | Occlusal adjustment, limited - twice per year | 15.00 |
| 9952 | Occlusal adjustment – complete | ****5.00 |
| 9961 | Duplicate Copy Patient Records | ****20.00 |
| 9970 | Enamel microabrasion..... | ****5.00 |
| 9971 | Odontoplasty 1-2 teeth | ****5.00 |
| 9972 | External bleaching per arch in office | ****0.00 |
| 9973 | External bleaching per tooth | ****0.00 |
| 9974 | Internal bleaching – per tooth | ****5.00 |
| 9975 | External bleaching for home | ****0.00 |
| 9980 | Completion of Claim form..... | ****5.00 |
| 9985 | Sales tax..... | ****0.00 |
| 9986 | Missed appointment | ****0.00 |
| 9987 | Cancelled appointment..... | ****0.00 |
| 9990 | Certified translation or sign language..... | ****0.00 |
| 9991 | Dental case management addressing appointment | ****0.00 |
| 9992 | Dental case management care coordinator | ****0.00 |
| 9993 | Dental Case management motivational int | ****0.00 |
| 9994 | Dental Case Management Patient education to improve oral | ****0.00 |
| 9995 | Teledentistry Synchronous Real Time..... | ****0.00 |
| 9996 | Teledentistry Asynchronous Information Forwarded to Dentist..... | ****0.00 |
| 9997 | Dental Case Management Patient W/Special Needs | ****0.00 |
| 9999 | Unspecified Need Statement of Service | ****0.00 |

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