

<b>Diagnostic</b>		<b>Member Pays</b>
D0120	Periodic Oral Evaluation - Established Patient (1 Per 6 Months)	No Charge
D0140	Limited Oral Evaluation - Problem Focused (As Necessary) (3 Per 6 Months)	No Charge
D0145	Oral Evaluation for a Patient Under Three Years of Age	No Charge
D0150	Comprehensive Oral Evaluation - New or Established Patient (1 Per 36 Months Per Location)	No Charge
D0170	Re-Evaluation - Limited, Problem Focused (Established Patient; Not Post-Operative Visit)	No Charge
D0171	Re-Evaluation - Post - Operative Office Visit	No Charge
D0180	Comprehensive Periodontal Evaluation - New or Established Patient	No Charge
D0210	Intraoral - Complete Series of Radiographic Images (1 Series Per 36 months)	\$40.00
D0220	Intraoral - Periapical First Radiographic Image (2 Per 3 Months)	\$5.00
D0230	Intraoral - Periapical Each Additional Radiographic Image (17 Per 12 Months)	\$5.00
D0240	Intraoral - Occlusal Radiographic Image	\$10.00
D0250	Extraoral - 2D Projection Radiographic Image Created Using a Stationary Radiation Source, and Detector	\$10.00
D0251	Extraoral - Posterior Dental Radiographic Image	\$10.00
D0270	Bitewing - Single Radiographic Image (1 Per 6 Months)	No Charge
D0272	Bitewings - Two Radiographic Images (1 Per 6 Months)	No Charge
D0273	Bitewings - Three Radiographic Images (1 Per 6 Months)	No Charge
D0274	Bitewings - Four Radiographic Images (1 Per 6 Months)	No Charge
D0277	Vertical Bitewings - 7 to 8 Radiographic Images (1 Per 6 Months)	No Charge
D0322	Tomographic Survey	\$155.00
D0330	Panoramic Radiographic Image (1 Image Per 36 Months)	\$20.00
D0340	2D Cephalometric Radiographic Image - Acquisition, Measurement and Analysis	\$50.00
D0350	Oral/Facial Photographic Image Obtained Intraorally or Extraorally	\$50.00
D0415	Collection of Microorganisms for Culture and Sensitivity	\$20.00
D0416	Viral Culture	\$20.00
D0425	Caries Susceptibility Test	\$20.00
D0460	Pulp Vitality Tests	\$5.00
D0470	Diagnostic Casts	\$30.00
D0486	Laboratory Accession of Transepithelial Cytologic Sample, Microscopic Examination, Preparation and Transmission of Written Report	\$45.00
D0999	Unspecified Diagnostic Procedures, by Report	\$30.00
<b>Preventive</b>		<b>Member Pays</b>
D1110	Prophylaxis - Adult (1 Per 6 Months)	No Charge
D1120	Prophylaxis - Child (1 Per 6 Months)	No Charge
D1206	Topical Application of Fluoride Varnish (1 Per 6 Months)	\$15.00
D1208	Topical Application of Fluoride – Excluding Varnish (1 Per 6 Months)	\$15.00
D1310	Nutritional Counseling for Control of Dental Disease	\$15.00
D1330	Oral Hygiene Instructions	\$15.00
D1351	Sealant - Per Tooth (1st and 2nd Molars Through Age 16)	\$20.00
D1510	Space Maintainer - Fixed - Unilateral (2 Units Per 12 months, 4 Units Per Lifetime)	\$120.00
D1516	Space Maintainer - Fixed - Bilateral, Maxillary (1 Per 60 Months)	\$120.00
D1517	Space Maintainer - Fixed - Bilateral, Mandibular (1 Per 60 Months)	\$120.00
D1520	Space Maintainer - Removable - Unilateral (2 Units Per 12 months, 4 Units Per Lifetime)	\$120.00

D1526	Space Maintainer - Removable - Bilateral, Maxillary (1 Per 60 Months)	\$120.00
D1527	Space Maintainer - Removable - Bilateral, Mandibular (1 Per 60 Months)	\$120.00
D1550	Re-Cement or Re-Bond Space Maintainer	\$20.00
D1555	Removal of Fixed Space Maintainer	\$20.00
D1575	Distal Shoe Space Maintainer - Fixed - Unilateral	\$120.00
<b>Restorative</b>		<b>Member Pays</b>
D2140	Amalgam - One Surface, Primary or Permanent (1 Per Tooth Every 36 Months)	\$40.00
D2150	Amalgam - Two Surfaces, Primary or Permanent (1 Per Tooth Every 36 Months)	\$50.00
D2160	Amalgam - Three Surfaces, Primary or Permanent (1 Per Tooth Every 36 Months)	\$70.00
D2161	Amalgam - Four or More Surfaces, Primary or Permanent (1 Per Tooth Every 36 Months)	\$70.00
D2330	Resin-Based Composite - One Surface, Anterior (1 Per Tooth Every 36 Months)	\$40.00
D2331	Resin-Based Composite - Two Surfaces, Anterior (1 Per Tooth Every 36 Months)	\$50.00
D2332	Resin-Based Composite - Three Surfaces, Anterior (1 Per Tooth Every 36 Months)	\$70.00
D2335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior (1 Per Tooth Every 36 Months)	\$70.00
D2390	Resin-Based Composite Crown, Anterior	\$125.00
D2391	Resin-Based Composite - One Surface, Posterior (1 Per Tooth Every 36 Months)	\$40.00
D2392	Resin-Based Composite - Two Surfaces, Posterior (1 Per Tooth Every 36 Months)	\$50.00
D2393	Resin-Based Composite - Three Surfaces, Posterior (1 Per Tooth Every 36 Months)	\$70.00
D2394	Resin-Based Composite - Four or More Surfaces, Posterior (1 Per Tooth Every 36 Months)	\$70.00
D2630	Inlay - Porcelain/Ceramic - Three or More Surfaces (1 Per Tooth Every 36 Months)	\$200.00
D2712	Crown - ¾ Resin-Based Composite, Indirect (1 Per 60 Months)	\$125.00
D2720	Crown - Resin with High Noble Metal (1 Per Tooth Per 36 Months)	\$300.00
D2740	Crown - Porcelain/Ceramic (1 Per 60 Months) (1 Per Tooth Per 36 Months)	\$350.00
D2750	Crown - Porcelain Fused to High Noble Metal (1 Per Tooth Per 36 Months)	\$350.00
D2751	Crown - Porcelain Fused to Predominantly Base Metal (1 Per Tooth Per 36 Months)	\$250.00
D2752	Crown - Porcelain Fused to Noble Metal (1 Per Tooth Per 36 Months)	\$300.00
D2781	Crown - 3/4 Cast Predominantly Base Metal	\$250.00
D2790	Crown - Full Cast High Noble Metal (1 Per Tooth Per 36 Months)	\$300.00
D2791	Crown - Full Cast Predominantly Base Metal (1 Per Tooth Per 36 Months)	\$250.00
D2792	Crown - Full Cast Noble Metal (1 Per Tooth Per 36 Months)	\$250.00
D2910	Re-Cement or Re-Bond Inlay, Onlay, Veneer or Partial Coverage Restoration	\$20.00
D2915	Re-Cement or Re-Bond Indirectly Fabricated or Prefabricated Post and Core	\$20.00
D2920	Re-Cement or Re-Bond Crown	\$20.00
D2930	Prefabricated Stainless Steel Crown - Primary Tooth (1 Per 36 Months)	\$75.00
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth (1 Per Tooth Per Lifetime)	\$50.00
D2932	Prefabricated Resin Crown (1 Per 36 Months)	\$50.00
D2933	Prefabricated Stainless Steel Crown with Resin Window (1 Per 36 Months)	\$60.00
D2940	Protective Restoration (2 Per 6 Months)	\$20.00
D2950	Core Buildup, Including Any Pins When Required (1 Per 36 Months)	\$50.00
D2951	Pin Retention - Per Tooth, in Addition to Restoration (2 Units Per 36 Months)	No Charge
D2952	Post and Core in Addition to Crown, Indirectly Fabricated (1 Per Tooth Per Lifetime)	\$90.00
D2953	Each Additional Indirectly Fabricated Post - Same Tooth	No Charge
D2954	Prefabricated Post and Core in Addition to Crown (1 Per Tooth Per Lifetime)	\$50.00

D2955	Post Removal	\$90.00
D2957	Each Additional Prefabricated Post - Same Tooth	\$50.00
D2960	Labial Veneer (Resin Laminate) - Chairside (1 Per 60 Months)	\$125.00
D2961	Labial Veneer (Resin Laminate) - Laboratory (1 Per 60 Months)	\$175.00
D2962	Labial Veneer (Porcelain Laminate) - Laboratory (1 Per Tooth Per Lifetime)	\$150.00
D2975	Coping	\$100.00
D2980	Crown Repair Necessitated by Restorative Material Failure	\$50.00
D2999	Unspecified Restorative Procedure, by Report	\$50.00

**Endodontics**

**Member Pays**

D3110	Pulp Cap - Direct (Excluding Final Restoration) (1 Per Tooth Per Lifetime)	\$20.00
D3120	Pulp Cap - Indirect (Excluding Final Restoration) (1 Per Tooth Per Lifetime)	\$10.00
D3220	Therapeutic Pulpotomy (Excluding Final Restoration) (1 Per Tooth Per Lifetime)	\$50.00
D3221	Pulpal Debridement, Primary and Permanent Teeth (1 Per Tooth Per Lifetime)	\$50.00
D3222	Partial Pulpotomy for Apexogenesis	\$50.00
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excl. Final Restoration) (1 Per Tooth Per Lifetime)	\$50.00
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excl. Final Restoration) (1 Per Tooth Per Lifetime)	\$50.00
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration) (1 Per Tooth Per Lifetime)	\$200.00
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration) (1 Per Tooth Per Lifetime)	\$250.00
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration) (1 Per Tooth Per Lifetime)	\$350.00
D3331	Treatment of Root Canal Obstruction; Non-Surgical Access	No Charge
D3332	Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured Tooth	\$50.00
D3346	Retreatment of Previous Root Canal Therapy - Anterior (1 Per Tooth Per Lifetime)	\$250.00
D3347	Retreatment of Previous Root Canal Therapy - Premolar (1 Per Tooth Per Lifetime)	\$300.00
D3348	Retreatment of Previous Root Canal Therapy - Molar (1 Per Tooth Per Lifetime)	\$350.00
D3351	Apexification/Recalcification – Initial Visit (Apical Closure/Calcific Repair of Perforations, Root Resorption, Etc.)	\$25.00
D3352	Apexification/Recalcification – Interim Medication Replacement	\$25.00
D3353	Apexification/Recalcification - Final Visit (Includes Completed Root Canal Therapy - Apical Closure/Calcific Repair of Perforations, Root Resorption, Etc.)	\$25.00
D3410	Apicoectomy - Anterior	\$150.00
D3421	Apicoectomy - Premolar (First Root) (1 Per Tooth Per Lifetime)	\$250.00
D3425	Apicoectomy - Molar (First Root) (1 Per Tooth Per Lifetime)	\$350.00
D3426	Apicoectomy (Each Additional Root) (1 Per Tooth Per Lifetime)	\$150.00
D3430	Retrograde Filling - Per Root (1 Per Tooth Per Lifetime)	\$150.00
D3450	Root Amputation - Per Root	\$150.00
D3910	Surgical Procedure for Isolation of Tooth with Rubber Dam	No Charge
D3950	Canal Preparation and Fitting of Preformed Dowel or Post	\$90.00
D3999	Unspecified Endodontic Procedure, by Report	\$50.00

**Periodontics**

**Member Pays**

D4210	Gingivectomy or Gingivoplasty - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant (1 Per Quadrant Per 60 Months)	\$100.00
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D4211	Gingivectomy or Gingivoplasty - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant (4 Units Per 60 Months)	\$75.00
D4230	Anatomical Crown Exposure - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$190.00
D4231	Anatomical Crown Exposure - One to Three Teeth or Tooth Bounded Spaces Per Quadrant	\$170.00
D4240	Gingival Flap Procedure, Including Root Planing - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$100.00
D4241	Gingival Flap Procedure, Including Root Planing - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$75.00
D4249	Clinical Crown Lengthening – Hard Tissue	\$100.00
D4260	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) Four or More Contiguous Teeth or Tooth Bound Spaces Per Quadrant (1 Per Quadrant Per Lifetime)	\$300.00
D4261	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) One to Three Contiguous Teeth (1 Per Quadrant Per Lifetime)	\$250.00
D4263	Bone Replacement Graft - First Site in Quadrant	\$200.00
D4264	Bone Replacement Graft - Each Additional Site in Quadrant	\$200.00
D4265	Biologic Materials to Aid in Soft and Osseous Tissue Regeneration	\$100.00
D4266	Guided Tissue Regeneration - Resorbable Barrier, Per Site	\$285.00
D4267	Guided Tissue Regeneration - Nonresorbable Barrier, Per Site	\$330.00
D4270	Pedicle Soft Tissue Graft Procedure	\$250.00
D4273	Autogenous Connective Tissue Graft Procedures	\$250.00
D4274	Distal or Proximal Wedge Procedure	\$210.00
D4277	Free Soft Tissue Graft Procedure (Including Recipient and Donor Surgical Sites) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$250.00
D4278	Free Soft Tissue Graft Procedure (Including Recipient and Donor Surgical Sites) Each Additional Contiguous Tooth, Implant, or Edentulous Tooth Position in Same Graft Site	No Charge
D4283	Autogenous Connective Tissue Graft Procedure (Including Recipient and Donor Surgicalsites),	No Charge
D4320	Provisional Splinting - Intracoronal	No Charge
D4341	Periodontal Scaling and Root Planing - Four or More Teeth Per Quadrant (Once Per Quadrant Every 24 Months)	\$65.00
D4342	Periodontal Scaling and Root Planing - One to Three Teeth Per Quadrant (Once Per Quadrant Every 24 Months)	\$50.00
D4346	Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation	\$20.00
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis on a Subsequent Visit (1 Per 36 Months)	\$65.00
D4381	Localized Delivery of Antimicrobial Agents	No Charge
D4910	Periodontal Maintenance (1 Per 3 Months)	\$50.00
D4999	Unspecified Periodontal Procedure, by Report	\$50.00

**Prosthodontics - Removable**

**Member Pays**

D5110	Complete Denture - Maxillary (1 Per 60 Months)	\$350.00
D5120	Complete Denture - Mandibular (1 Per 60 Months)	\$350.00
D5130	Immediate Denture - Maxillary (1 Per 60 Months)	\$350.00
D5140	Immediate Denture - Mandibular (1 Per 60 Months)	\$350.00
D5211	Maxillary Partial Denture - Resin Base, Including Retentive/Clasping Materials, Rests and Teeth (1 Per 60 Months)	\$300.00
D5212	Mandibular Partial Denture - Resin Base, Including Retentive/Clasping Materials, Rests and Teeth (1 Per 60 Months)	\$300.00

D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases, Including Any Conventional Clasps, Rests and Teeth (1 Per 60 Months)	\$350.00
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases, Including Any Conventional Clasps, Rests and Teeth (1 Per 60 Months)	\$350.00
D5221	Immediate Maxillary Partial Denture - Resin Base, Including Any Conventional Clasps, Rests and Teeth (1 Per 60 Months)	\$300.00
D5222	Immediate Mandibular Partial Denture - Resin Base, Including Any Conventional Clasps, Rests and Teeth (1 Per 60 Months)	\$300.00
D5223	Immediate Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases, Including Any Conventional Clasps, Rests and Teeth (1 Per 60 Months)	\$350.00
D5224	Immediate Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases, Including Any Conventional Clasps, Rests and Teeth (1 Per 60 Months)	\$350.00
D5225	Maxillary Partial Denture - Flexible Base (Including Any Clasps, Rests and Teeth) (1 Per 60 Months)	\$350.00
D5226	Mandibular Partial Denture - Flexible Base (Including Any Clasps, Rests and Teeth) (1 Per 60 Months)	\$350.00
D5282	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Clasps and Teeth), Maxillary (1 per 60 months)	\$350.00
D5283	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Clasps and Teeth), Mandibular (1 per 60 months)	\$350.00
D5410	Adjust Complete Denture - Maxillary (1 Unit Per Months)	\$20.00
D5411	Adjust Complete Denture - Mandibular (1 Unit Per Months)	\$20.00
D5421	Adjust Partial Denture - Maxillary (1 Unit Per Months)	\$20.00
D5422	Adjust Partial Denture - Mandibular (1 Unit Per Months)	\$20.00
D5511	Repair Broken Complete Denture Base, Mandibular (1 Per 60 Months)	\$50.00
D5512	Repair Broken Complete Denture Base, Maxillary (1 Per 60 Months)	\$50.00
D5520	Replace Missing or Broken Teeth - Complete Denture (Each Tooth) (1 Per 60 Months)	\$75.00
D5611	Repair Resin Partial Denture Base, Mandibular (Contraindicated Within 91 Days of Delivery, Any Provider)	\$50.00
D5612	Repair Resin Partial Denture Base, Maxillary (Contraindicated Within 91 Days of Delivery, Any Provider)	\$50.00
D5621	Repair Cast Partial Framework, Mandibular (Contraindicated Within 91 Days of Delivery, Any Provider)	\$100.00
D5622	Repair Cast Partial Framework, Maxillary (Contraindicated Within 91 Days of Delivery, Any Provider)	\$100.00
D5630	Repair or Replace Broken Retentive/Clasping Materials- Per Tooth (Contraindicated Within 91 Days of Delivery, Any Provider)	\$75.00
D5640	Replace Broken Teeth - Per Tooth (Contraindicated Within 91 Days of Delivery, Any Provider)	\$75.00
D5650	Add Tooth to Existing Partial Denture (Contraindicated Within 91 Days of Delivery, Any Provider)	\$75.00
D5660	Add Clasp to Existing Partial Denture - Per Tooth (Contraindicated Within 91 Days of Delivery, Any Provider)	\$75.00
D5670	Replace All Teeth and Acrylic on Cast Metal Framework (Maxillary) (1 Per 60 Months)	\$305.00
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (Mandibular) (1 Per 60 Months)	\$305.00
D5710	Rebase Complete Maxillary Denture (1 Per 60 Months)	\$150.00
D5711	Rebase Complete Mandibular Denture (1 Per 60 Months)	\$150.00
D5720	Rebase Maxillary Partial Denture (1 Per 60 Months)	\$150.00
D5721	Rebase Mandibular Partial Denture	\$150.00
D5730	Reline Complete Maxillary Denture, Chairside (1 Per 6 Months)	\$100.00
D5731	Reline Complete Mandibular Denture, Chairside (1 Per 6 Months)	\$100.00
D5740	Reline Maxillary Partial Denture, Chairside (1 Per 6 Months)	\$100.00
D5741	Reline Mandibular Partial Denture, Chairside (1 Per 6 Months)	\$100.00
D5750	Reline Complete Maxillary Denture, Laboratory (1 Per 6 Months)	\$125.00
D5751	Reline Complete Mandibular Denture, Laboratory (1 Per 6 Months)	\$125.00



D5760	Reline Maxillary Partial Denture, Laboratory (1 Per 6 Months)	\$125.00
D5761	Reline Mandibular Partial Denture, Laboratory (1 Per 6 Months)	\$125.00
D5820	Interim Partial Denture (Maxillary) (1 Per 60 Months)	\$200.00
D5821	Interim Partial Denture (Mandibular) (1 Per 60 Months)	\$200.00
D5850	Tissue Conditioning, Maxillary (1 Per 12 Months)	\$20.00
D5851	Tissue Conditioning, Mandibular (1 Per 12 Months)	\$20.00
D5862	Precision Attachment, by Report	\$90.00
D5863	Overdenture - Complete Maxillary (1 Per 60 Months)	\$350.00
D5864	Overdenture – Partial Maxillary (1 Per 60 Months)	\$350.00
D5865	Overdenture – Complete Mandibular (1 Per 60 Months)	\$350.00
D5866	Overdenture – Partial Mandibular (1 Per 60 Months)	\$350.00
D5876	Add Metal Substructure to Acrylic Full Denture (Per Arch)	\$60.00
D5899	Unspecified Removable Prosthodontics Procedure, by Report	\$50.00
D5999	Unspecified Maxillofacial Prosthodontic, by Report	\$50.00

**Prosthodontics - Fixed**

**Member Pays**

D6210	Pontic - Cast High Noble Metal (1 Per 60 Months)	\$300.00
D6211	Pontic - Cast Predominantly Base Metal (1 Per 60 Months)	\$300.00
D6212	Pontic - Cast Noble Metal (1 Per 60 Months)	\$300.00
D6240	Pontic - Porc. Fused to High Noble Metal (1 Per 60 Months)	\$300.00
D6241	Pontic - Porc. Fused to Predominantly Base Metal (1 Per 60 Months)	\$300.00
D6242	Pontic - Porc. Fused to Noble Metal (1 Per 60 Months)	\$300.00
D6250	Pontic - Resin with High Noble Metal	\$300.00
D6549	Resin Retainer – for Resin Bonded Fixed Prosthesis	\$170.00
D6720	Retainer Crown - Resin with High Noble Metal (1 Per 60 Months)	\$300.00
D6740	Retainer Crown - Porc./Ceramic (1 Per 60 Months)	\$250.00
D6750	Retainer Crown - Porc. Fused to High Noble Metal (1 Per 60 Months)	\$350.00
D6751	Retainer Crown - Porc. Fused to Predominantly Base Metal (1 Per 60 Months)	\$300.00
D6752	Retainer Crown - Porc. Fused to Noble Metal (1 Per 60 Months)	\$350.00
D6790	Retainer Crown - Full Cast High Noble Metal (1 Per 60 Months)	\$300.00
D6792	Retainer Crown - Full Cast Noble Metal (1 Per 60 Months)	\$300.00
D6930	Re-Cement or Re-Bond Fixed Partial Denture (Contraindicated Within 90 Days of Delivery, Any Provider)	\$50.00
D6950	Precision Attachment	\$90.00
D6980	Fixed Partial Denture Repair, by Report	\$75.00

**Oral Surgery**

**Member Pays**

D7111	Extraction, Coronal Remnants - Primary Tooth (1 Per Tooth Per Lifetime)	\$25.00
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal) (1 Per Tooth Per Lifetime)	\$75.00
D7210	Extraction, Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated	\$90.00
D7220	Removal of Impacted Tooth - Soft Tissue (1 Per Tooth Per Lifetime)	\$100.00
D7230	Removal of Impacted Tooth - Partially Bony (1 Per Tooth Per Lifetime)	\$140.00
D7240	Removal of Impacted Tooth - Completely Bony (1 Per Tooth Per Lifetime)	\$160.00
D7241	Removal of Impacted Tooth - Completely Bony, with Unusual Surgical Complications (1 Per Tooth Per Lifetime)	\$180.00

D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure) (1 Per Tooth Per Lifetime)	\$75.00
D7260	Oroantral Fistula Closure (Contraindicated Within 91 Days of Delivery, Any Provider)	\$350.00
D7261	Primary Closure of a Sinus Perforation (Contraindicated Within 91 Days of Delivery, Any Provider)	\$300.00
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth (Contraindicated Within 91 Days of Delivery, Any Provider) (1 Tooth Per Lifetime)	\$225.00
D7280	Exposure of an Unerupted Tooth	\$250.00
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	\$185.00
D7285	Incisional Biopsy of Oral Tissue-Hard (Bone, Tooth)	\$100.00
D7286	Incisional Biopsy of Oral Tissue-Soft	\$50.00
D7287	Exfoliative Cytological Sample Collection	\$50.00
D7288	Brush Biopsy - Transepithelial Sample Collection	\$250.00
D7290	Surgical Repositioning of Teeth	\$350.00
D7291	Transseptal Fiberotomy/Supra Crestal Fiberotomy, by Report	\$78.00
D7293	Placement: Temporary Ahorage Device Requiring Surgical Flap, Includes Device Removal	\$325.00
D7294	Placement: Temporary Ahorage Device Without Surgical Flap, Includes Device Removal	\$270.00
D7310	Alveoplasty in Conjun. with Extractions - Four or More Teeth or Tooth Spaces, Per Quad. (1 Per Quadrant Per Lifetime)	\$80.00
D7311	Alveoplasty in Conjun. with Extractions - One to Three Teeth or Tooth Spaces, Per Quad.	\$60.00
D7320	Alveoplasty Not in Conjun. with Extractions - Four or More Teeth or Tooth Spaces, Per Quad. (1 Per Quadrant Per Lifetime)	\$90.00
D7321	Alveoplasty Not in Conjun. with Extractions - One to Three Teeth or Tooth Spaces, Per Quad.	\$80.00
D7410	Excision of Benign Lesion Up to 1.25 Cm	\$60.00
D7411	Excision of Benign Lesion Greater Than 1.25 Cm	\$100.00
D7412	Excision of Benign Lesion, Complicated	\$250.00
D7440	Excision of Malignant Tumor - Lesion Diameter Up to 1.25 Cm	\$250.00
D7441	Excision of Malignant Tumor - Lesion Diameter Greater Than 1.25 Cm	\$250.00
D7450	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 Cm	\$250.00
D7451	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25 Cm	\$250.00
D7460	Removal of Benign Nonodontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 Cm	\$250.00
D7461	Removal of Benign Nonodontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25 Cm	\$250.00
D7465	Destruction of Lesion(S) Ny Physical or Chemical Method, by Report	\$108.00
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	\$60.00
D7472	Removal of Torus Palatinus (2 Per Lifetime)	\$250.00
D7473	Removal of Torus Mandibularis (2 Per Lifetime)	\$250.00
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue (Incidental, Already Part of Another Procedure)	\$60.00
D7511	Incision and Drainage of Abscess - Intraoral Soft Tissue - Complicated	\$60.00
D7520	Incision and Drainage of Abscess - Extraoral Soft Tissue (Incidental, Already Part of Another Procedure)	\$100.00
D7530	Removal of Foreign Body From Mucosa, Skin, or Subcutaneous Alveola Tissue	\$75.00
D7880	Occlusal Orthotic Device , by Report	\$75.00
D7881	Occlusal Orthotic Device Adjustment	\$20.00
D7910	Suture of Recent Small Wounds Up to 5 Cm	\$50.00
D7951	Sinus Augmentation with Bone or Bone Substitutes Via a Lateral Open Approach	\$350.00
D7953	Bone Replacement Graft for Ridge Preservation - Per Site	\$350.00
D7960	Frenulectomy - Also Known as Frenectomy or Frenotomy - Separate Procedure (3 Per Lifetime)	\$250.00
D7963	Frenuloplasty	\$60.00

D7970	Excision of Hyperplastic Tissue - Per Arch	\$250.00
D7971	Excision of Pericoronal Gingiva	\$60.00
D7999	Unspecified Oral Surgery Procedure, by Report	No Charge
<b>Adjunctive General Services</b>		<b>Member Pays</b>
D9110	Palliative (Emergency) Treatment of Dental Pain - Minor Procedure (2 Per 6 Months)	\$25.00
D9120	Fixed Partial Denture Sectioning	\$25.00
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	\$45.00
D9223	Deep Sedation/General Anesthesia - Each Subsequent 15 Minute Increment (3 Per Day)	\$45.00
D9230	Inhalation of Nitrous Oxide/Analgesia, Anxiolysis (Pedo Only)	\$15.00
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes (Pedo Only)	\$40.00
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute Increment	\$40.00
D9248	Non-Intravenous Moderate (Conscious) Sedation	\$60.00
D9310	Consultation - Diagnostic Service Provided by Dentist/Physician Other Than Requesting Dentist/Physician	\$50.00
D9311	Consultation with a Medical Health Care Professional	\$30.00
D9410	House/Extended Care Facility Call	\$60.00
D9420	Hospital or Ambulatory Surgical Center Call (Pedo Only)	\$60.00
D9430	Office Visit for Observation (During Regularly Scheduled Hours) - No Other Services Performed	\$15.00
D9440	Office Visit - After Regularly Scheduled Hours (2 Per 12 Hours)	\$75.00
D9610	Therapeutic Parenteral Drug, Single Administration	\$25.00
D9612	Therapeutic Parenteral Drugs, Two or More Administrations, Different Medications	\$25.00
D9630	Drug or Medicaments Dispensed in the Office for Home Use	\$12.00
D9930	Treatment of Complications (Post-Surgical) - Unusual Circumstances, by Report	\$50.00
D9942	Repair and/or Reline of Occlusal Guard	\$35.00
D9943	Occlusal Guard Adjustment	\$20.00
D9944	Occlusal Guard - Hard Appliance, Full Arch	\$175.00
D9945	Occlusal Guard - Soft Appliance, Full Arch	\$75.00
D9951	Occlusal Adjustment - Limited	\$30.00
D9952	Occlusal Adjustment - Complete	\$100.00
D9999	Unspecified Adjunctive Procedure, by Report	No Charge



<b>Diagnostic</b>		<b>Member Pays</b>
D0120	Periodic Oral Evaluation - Established Patient (1 Per 6 Months)	No Charge
D0140	Limited Oral Evaluation - Problem Focused (As Necessary) (3 Per 6 Months)	No Charge
D0145	Oral Evaluation for a Patient Under Three Years of Age	No Charge
D0150	Comprehensive Oral Evaluation - New or Established Patient (1 Per 36 Months Per Location)	No Charge
D0170	Re-Evaluation - Limited, Problem Focused (Established Patient; Not Post-Operative Visit)	No Charge
D0171	Re-Evaluation - Post - Operative Office Visit	No Charge
D0180	Comprehensive Periodontal Evaluation - New or Established Patient	No Charge
D0210	Intraoral - Complete Series of Radiographic Images (1 Series Per 36 months)	\$40.00
D0220	Intraoral - Periapical First Radiographic Image (2 Per 3 Months)	\$5.00
D0230	Intraoral - Periapical Each Additional Radiographic Image (17 Per 12 Months)	\$5.00
D0240	Intraoral - Occlusal Radiographic Image	\$10.00
D0250	Extraoral - 2D Projection Radiographic Image Created Using a Stationary Radiation Source, and Detector	\$10.00
D0251	Extraoral - Posterior Dental Radiographic Image	\$10.00
D0270	Bitewing - Single Radiographic Image (1 Per 6 Months)	\$5.00
D0272	Bitewings - Two Radiographic Images (1 Per 6 Months)	\$20.00
D0273	Bitewings - Three Radiographic Images (1 Per 6 Months)	\$20.00
D0274	Bitewings - Four Radiographic Images (1 Per 6 Months)	\$20.00
D0330	Panoramic Radiographic Image (1 Image Per 36 Months)	\$20.00
D0340	2D Cephalometric Radiographic Image - Acquisition, Measurement and Analysis	\$50.00
D0425	Caries Susceptibility Test	\$20.00
D0460	Pulp Vitality Tests	\$5.00
D0470	Diagnostic Casts	\$30.00
D0999	Unspecified Diagnostic Procedures, by Report	\$30.00
<b>Preventive</b>		<b>Member Pays</b>
D1110	Prophylaxis - Adult (1 Per 6 Months)	\$35.00
D1206	Topical Application of Fluoride Varnish (1 Per 6 Months)	\$15.00
D1208	Topical Application of Fluoride – Excluding Varnish (1 Per 6 Months)	\$15.00
D1310	Nutritional Counseling for Control of Dental Disease	\$15.00
D1330	Oral Hygiene Instructions	\$15.00
D1351	Sealant - Per Tooth (1st and 2nd Molars Through Age 16)	\$20.00
D1510	Space Maintainer - Fixed - Unilateral (2 Units Per 12 months, 4 Units Per Lifetime)	\$120.00
D1516	Space Maintainer - Fixed - Bilateral, Maxillary (1 Per 60 Months)	\$120.00
D1517	Space Maintainer - Fixed - Bilateral, Mandibular (1 Per 60 Months)	\$120.00
D1520	Space Maintainer - Removable - Unilateral (2 Units Per 12 months, 4 Units Per Lifetime)	\$120.00
D1526	Space Maintainer - Removable - Bilateral, Maxillary (1 Per 60 Months)	\$120.00
D1527	Space Maintainer - Removable - Bilateral, Mandibular (1 Per 60 Months)	\$120.00
D1550	Re-Cement or Re-Bond Space Maintainer	\$20.00
D1555	Removal of Fixed Space Maintainer	\$20.00
D1575	Distal Shoe Space Maintainer - Fixed - Unilateral	\$20.00
<b>Restorative</b>		<b>Member Pays</b>
D2140	Amalgam - One Surface, Primary or Permanent (1 Per Tooth Every 36 Months)	\$40.00

D2150	Amalgam - Two Surfaces, Primary or Permanent (1 Per Tooth Every 36 Months)	\$50.00
D2160	Amalgam - Three Surfaces, Primary or Permanent (1 Per Tooth Every 36 Months)	\$70.00
D2161	Amalgam - Four or More Surfaces, Primary or Permanent (1 Per Tooth Every 36 Months)	\$70.00
D2330	Resin-Based Composite - One Surface, Anterior (1 Per Tooth Every 36 Months)	\$40.00
D2331	Resin-Based Composite - Two Surfaces, Anterior (1 Per Tooth Every 36 Months)	\$50.00
D2332	Resin-Based Composite - Three Surfaces, Anterior (1 Per Tooth Every 36 Months)	\$70.00
D2335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior (1 Per Tooth Every 36 Months)	\$70.00
D2630	Inlay - Porcelain/Ceramic - Three or More Surfaces (1 Per Tooth Every 36 Months)	\$200.00
D2720	Crown - Resin with High Noble Metal (1 Per Tooth Per 36 Months)	\$300.00
D2740	Crown - Porcelain/Ceramic (1 Per 60 Months) (1 Per Tooth Per 36 Months)	\$350.00
D2750	Crown - Porcelain Fused to High Noble Metal (1 Per Tooth Per 36 Months)	\$400.00
D2751	Crown - Porcelain Fused to Predominantly Base Metal (1 Per Tooth Per 36 Months)	\$250.00
D2752	Crown - Porcelain Fused to Noble Metal (1 Per Tooth Per 36 Months)	\$300.00
D2790	Crown - Full Cast High Noble Metal (1 Per Tooth Per 36 Months)	\$300.00
D2791	Crown - Full Cast Predominantly Base Metal (1 Per Tooth Per 36 Months)	\$250.00
D2792	Crown - Full Cast Noble Metal (1 Per Tooth Per 36 Months)	\$250.00
D2910	Re-Cement or Re-Bond Inlay, Onlay, Veneer or Partial Coverage Restoration	\$20.00
D2915	Re-Cement or Re-Bond Indirectly Fabricated or Prefabricated Post and Core	\$20.00
D2920	Re-Cement or Re-Bond Crown	\$20.00
D2930	Prefabricated Stainless Steel Crown - Primary Tooth (1 Per 36 Months)	\$75.00
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth (1 Per Tooth Per Lifetime)	\$50.00
D2932	Prefabricated Resin Crown (1 Per 36 Months)	\$50.00
D2933	Prefabricated Stainless Steel Crown with Resin Window (1 Per 36 Months)	\$60.00
D2940	Protective Restoration (2 Per 6 Months)	\$20.00
D2950	Core Buildup, Including Any Pins When Required (1 Per 36 Months)	\$50.00
D2951	Pin Retention - Per Tooth, in Addition to Restoration (2 Units Per 36 Months)	No Charge
D2952	Post and Core in Addition to Crown, Indirectly Fabricated (1 Per Tooth Per Lifetime)	\$90.00
D2953	Each Additional Indirectly Fabricated Post - Same Tooth	No Charge
D2954	Prefabricated Post and Core in Addition to Crown (1 Per Tooth Per Lifetime)	\$50.00
D2955	Post Removal	\$90.00
D2960	Labial Veneer (Resin Laminate) - Chairside (1 Per 60 Months)	\$125.00
D2961	Labial Veneer (Resin Laminate) - Laboratory (1 Per 60 Months)	\$175.00
D2962	Labial Veneer (Porcelain Laminate) - Laboratory (1 Per Tooth Per Lifetime)	\$150.00
D2975	Coping	\$100.00
D2980	Crown Repair Necessitated by Restorative Material Failure	\$50.00
D2999	Unspecified Restorative Procedure, by Report	\$50.00

**Endodontics**

**Member Pays**

D3110	Pulp Cap - Direct (Excluding Final Restoration) (1 Per Tooth Per Lifetime)	\$20.00
D3120	Pulp Cap - Indirect (Excluding Final Restoration) (1 Per Tooth Per Lifetime)	\$10.00
D3220	Therapeutic Pulpotomy (Excluding Final Restoration) (1 Per Tooth Per Lifetime)	\$50.00
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration) (1 Per Tooth Per Lifetime)	\$200.00
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration) (1 Per Tooth Per Lifetime)	\$250.00
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration) (1 Per Tooth Per Lifetime)	\$400.00

D3331	Treatment of Root Canal Obstruction; Non-Surgical Access	No Charge
D3332	Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured Tooth	\$50.00
D3346	Retreatment of Previous Root Canal Therapy - Anterior (1 Per Tooth Per Lifetime)	\$250.00
D3347	Retreatment of Previous Root Canal Therapy - Premolar (1 Per Tooth Per Lifetime)	\$300.00
D3348	Retreatment of Previous Root Canal Therapy - Molar (1 Per Tooth Per Lifetime)	\$450.00
D3351	Apexification/Recalcification – Initial Visit (Apical Closure/Calcific Repair of Perforations, Root Resorption, Etc.)	\$25.00
D3352	Apexification/Recalcification – Interim Medication Replacement	\$25.00
D3353	Apexification/Recalcification - Final Visit (Includes Completed Root Canal Therapy - Apical Closure/Calcific Repair of Perforations, Root Resorption, Etc.)	\$25.00
D3410	Apicoectomy - Anterior	\$150.00
D3421	Apicoectomy - Premolar (First Root) (1 Per Tooth Per Lifetime)	\$250.00
D3425	Apicoectomy - Molar (First Root) (1 Per Tooth Per Lifetime)	\$400.00
D3426	Apicoectomy (Each Additional Root) (1 Per Tooth Per Lifetime)	\$150.00
D3430	Retrograde Filling - Per Root (1 Per Tooth Per Lifetime)	\$150.00
D3450	Root Amputation - Per Root	\$150.00
D3910	Surgical Procedure for Isolation of Tooth with Rubber Dam	No Charge
D3999	Unspecified Endodontic Procedure, by Report	\$50.00

**Periodontics**

**Member Pays**

D4210	Gingivectomy or Gingivoplasty - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant (1 Per Quadrant Per 60 Months)	\$100.00
D4211	Gingivectomy or Gingivoplasty - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant (4 Units Per 60 Months)	\$75.00
D4240	Gingival Flap Procedure, Including Root Planing - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$100.00
D4241	Gingival Flap Procedure, Including Root Planing - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$75.00
D4249	Clinical Crown Lengthening – Hard Tissue	\$100.00
D4260	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) Four or More Contiguous Teeth or Tooth Bound Spaces Per Quadrant (1 Per Quadrant Per Lifetime)	\$300.00
D4261	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) One to Three Contiguous Teeth (1 Per Quadrant Per Lifetime)	\$250.00
D4320	Provisional Splinting - Intracoronal	No Charge
D4341	Periodontal Scaling and Root Planing - Four or More Teeth Per Quadrant (Once Per Quadrant Every 24 Months)	\$75.00
D4342	Periodontal Scaling and Root Planing - One to Three Teeth Per Quadrant (Once Per Quadrant Every 24 Months)	\$50.00
D4346	Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation	\$55.00
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis on a Subsequent Visit (1 Per 36 Months)	\$65.00
D4910	Periodontal Maintenance (1 Per 3 Months)	\$50.00
D4999	Unspecified Periodontal Procedure, by Report	\$50.00

**Prosthodontics - Removable**

**Member Pays**

D5110	Complete Denture - Maxillary (1 Per 60 Months)	\$550.00
D5120	Complete Denture - Mandibular (1 Per 60 Months)	\$550.00

D5130	Immediate Denture - Maxillary (1 Per 60 Months)	\$600.00
D5140	Immediate Denture - Mandibular (1 Per 60 Months)	\$600.00
D5211	Maxillary Partial Denture - Resin Base, Including Retentive/Clasping Materials, Rests and Teeth (1 Per 60 Months)	\$300.00
D5212	Mandibular Partial Denture - Resin Base, Including Retentive/Clasping Materials, Rests and Teeth (1 Per 60 Months)	\$300.00
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases, Including Any Conventional Clasps, Rests and Teeth (1 Per 60 Months)	\$500.00
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases, Including Any Conventional Clasps, Rests and Teeth (1 Per 60 Months)	\$500.00
D5221	Immediate Maxillary Partial Denture - Resin Base, Including Any Conventional Clasps, Rests and Teeth (1 Per 60 Months)	\$300.00
D5222	Immediate Mandibular Partial Denture - Resin Base, Including Any Conventional Clasps, Rests and Teeth (1 Per 60 Months)	\$300.00
D5223	Immediate Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases, Including Any Conventional Clasps, Rests and Teeth (1 Per 60 Months)	\$500.00
D5224	Immediate Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases, Including Any Conventional Clasps, Rests and Teeth (1 Per 60 Months)	\$500.00
D5225	Maxillary Partial Denture - Flexible Base (Including Any Clasps, Rests and Teeth) (1 Per 60 Months)	\$600.00
D5226	Mandibular Partial Denture - Flexible Base (Including Any Clasps, Rests and Teeth) (1 Per 60 Months)	\$600.00
D5410	Adjust Complete Denture - Maxillary (1 Unit Per Months)	\$20.00
D5411	Adjust Complete Denture - Mandibular (1 Unit Per Months)	\$20.00
D5421	Adjust Partial Denture - Maxillary (1 Unit Per Months)	\$20.00
D5422	Adjust Partial Denture - Mandibular (1 Unit Per Months)	\$20.00
D5511	Repair Broken Complete Denture Base, Mandibular (1 Per 60 Months)	\$50.00
D5512	Repair Broken Complete Denture Base, Maxillary (1 Per 60 Months)	\$50.00
D5520	Replace Missing or Broken Teeth - Complete Denture (Each Tooth) (1 Per 60 Months)	\$50.00
D5611	Repair Resin Partial Denture Base, Mandibular (Contraindicated Within 91 Days of Delivery, Any Provider)	\$50.00
D5612	Repair Resin Partial Denture Base, Maxillary (Contraindicated Within 91 Days of Delivery, Any Provider)	\$50.00
D5621	Repair Cast Partial Framework, Mandibular (Contraindicated Within 91 Days of Delivery, Any Provider)	\$100.00
D5622	Repair Cast Partial Framework, Maxillary (Contraindicated Within 91 Days of Delivery, Any Provider)	\$100.00
D5630	Repair or Replace Broken Retentive/Clasping Materials- Per Tooth (Contraindicated Within 91 Days of Delivery, Any Provider)	\$75.00
D5640	Replace Broken Teeth - Per Tooth (Contraindicated Within 91 Days of Delivery, Any Provider)	\$75.00
D5650	Add Tooth to Existing Partial Denture (Contraindicated Within 91 Days of Delivery, Any Provider)	\$75.00
D5660	Add Clasp to Existing Partial Denture - Per Tooth (Contraindicated Within 91 Days of Delivery, Any Provider)	\$75.00
D5710	Rebase Complete Maxillary Denture (1 Per 60 Months)	\$150.00
D5711	Rebase Complete Mandibular Denture (1 Per 60 Months)	\$150.00
D5720	Rebase Maxillary Partial Denture (1 Per 60 Months)	\$150.00
D5721	Rebase Mandibular Partial Denture	\$150.00
D5730	Reline Complete Maxillary Denture, Chairside (1 Per 6 Months)	\$100.00
D5731	Reline Complete Mandibular Denture, Chairside (1 Per 6 Months)	\$100.00
D5740	Reline Maxillary Partial Denture, Chairside (1 Per 6 Months)	\$100.00
D5741	Reline Mandibular Partial Denture, Chairside (1 Per 6 Months)	\$100.00
D5750	Reline Complete Maxillary Denture, Laboratory (1 Per 6 Months)	\$125.00
D5751	Reline Complete Mandibular Denture, Laboratory (1 Per 6 Months)	\$125.00

D5760	Reline Maxillary Partial Denture, Laboratory (1 Per 6 Months)	\$125.00
D5761	Reline Mandibular Partial Denture, Laboratory (1 Per 6 Months)	\$125.00
D5820	Interim Partial Denture (Maxillary) (1 Per 60 Months)	\$200.00
D5821	Interim Partial Denture (Mandibular) (1 Per 60 Months)	\$200.00
D5850	Tissue Conditioning, Maxillary (1 Per 12 Months)	\$20.00
D5851	Tissue Conditioning, Mandibular (1 Per 12 Months)	\$20.00
D5862	Precision Attachment, by Report	\$90.00
D5863	Overdenture - Complete Maxillary (1 Per 60 Months)	\$600.00
D5864	Overdenture – Partial Maxillary (1 Per 60 Months)	\$500.00
D5865	Overdenture – Complete Mandibular (1 Per 60 Months)	\$600.00
D5866	Overdenture – Partial Mandibular (1 Per 60 Months)	\$500.00
D5876	Add Metal Substructure to Acrylic Full Denture (Per Arch)	\$60.00
D5899	Unspecified Removable Prosthodontics Procedure, by Report	\$50.00

**Prosthodontics - Fixed**

**Member Pays**

D6210	Pontic - Cast High Noble Metal (1 Per 60 Months)	\$300.00
D6211	Pontic - Cast Predominantly Base Metal (1 Per 60 Months)	\$300.00
D6212	Pontic - Cast Noble Metal (1 Per 60 Months)	\$300.00
D6240	Pontic - Porc. Fused to High Noble Metal (1 Per 60 Months)	\$300.00
D6241	Pontic - Porc. Fused to Predominantly Base Metal (1 Per 60 Months)	\$300.00
D6242	Pontic - Porc. Fused to Noble Metal (1 Per 60 Months)	\$300.00
D6250	Pontic - Resin with High Noble Metal	\$300.00
D6549	Resin Retainer – for Resin Bonded Fixed Prosthesis	\$170.00
D6720	Retainer Crown - Resin with High Noble Metal (1 Per 60 Months)	\$300.00
D6740	Retainer Crown - Porc./Ceramic (1 Per 60 Months)	\$250.00
D6750	Retainer Crown - Porc. Fused to High Noble Metal (1 Per 60 Months)	\$400.00
D6751	Retainer Crown - Porc. Fused to Predominantly Base Metal (1 Per 60 Months)	\$300.00
D6752	Retainer Crown - Porc. Fused to Noble Metal (1 Per 60 Months)	\$400.00
D6790	Retainer Crown - Full Cast High Noble Metal (1 Per 60 Months)	\$300.00
D6792	Retainer Crown - Full Cast Noble Metal (1 Per 60 Months)	\$300.00
D6930	Re-Cement or Re-Bond Fixed Partial Denture (Contraindicated Within 90 Days of Delivery, Any Provider)	\$50.00
D6950	Precision Attachment	\$90.00
D6980	Fixed Partial Denture Repair, by Report	\$75.00

**Oral Surgery**

**Member Pays**

D7111	Extraction, Coronal Remnants - Primary Tooth (1 Per Tooth Per Lifetime)	\$25.00
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal) (1 Per Tooth Per Lifetime)	\$75.00
D7210	Extraction, Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated	\$90.00
D7220	Removal of Impacted Tooth - Soft Tissue (1 Per Tooth Per Lifetime)	\$100.00
D7230	Removal of Impacted Tooth - Partially Bony (1 Per Tooth Per Lifetime)	\$140.00
D7240	Removal of Impacted Tooth - Completely Bony (1 Per Tooth Per Lifetime)	\$160.00
D7241	Removal of Impacted Tooth - Completely Bony, with Unusual Surgical Complications (1 Per Tooth Per Lifetime)	\$180.00
D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure) (1 Per Tooth Per Lifetime)	\$75.00



D7260	Oroantral Fistula Closure (Contraindicated Within 91 Days of Delivery, Any Provider)	\$400.00
D7261	Primary Closure of a Sinus Perforation (Contraindicated Within 91 Days of Delivery, Any Provider)	\$300.00
D7280	Exposure of an Unerupted Tooth	\$250.00
D7285	Incisional Biopsy of Oral Tissue-Hard (Bone, Tooth)	\$100.00
D7286	Incisional Biopsy of Oral Tissue-Soft	\$50.00
D7287	Exfoliative Cytological Sample Collection	\$50.00
D7288	Brush Biopsy - Transepithelial Sample Collection	\$250.00
D7310	Alveoplasty in Conjun. with Extractions - Four or More Teeth or Tooth Spaces, Per Quad. (1 Per Quadrant Per Lifetime)	\$80.00
D7311	Alveoplasty in Conjun. with Extractions - One to Three Teeth or Tooth Spaces, Per Quad.	\$60.00
D7320	Alveoplasty Not in Conjun. with Extractions - Four or More Teeth or Tooth Spaces, Per Quad. (1 Per Quadrant Per Lifetime)	\$80.00
D7321	Alveoplasty Not in Conjun. with Extractions - One to Three Teeth or Tooth Spaces, Per Quad.	\$90.00
D7410	Excision of Benign Lesion Up to 1.25 Cm	\$60.00
D7450	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 Cm	\$250.00
D7451	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25 Cm	\$250.00
D7460	Removal of Benign Nonodontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 Cm	\$250.00
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	\$60.00
D7472	Removal of Torus Palatinus (2 Per Lifetime)	\$250.00
D7473	Removal of Torus Mandibularis (2 Per Lifetime)	\$250.00
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue (Incidental, Already Part of Another Procedure)	\$60.00
D7511	Incision and Drainage of Abscess - Intraoral Soft Tissue - Complicated	\$60.00
D7520	Incision and Drainage of Abscess - Extraoral Soft Tissue (Incidental, Already Part of Another Procedure)	\$100.00
D7530	Removal of Foreign Body From Mucosa, Skin, or Subcutaneous Alveola Tissue	\$75.00
D7910	Suture of Recent Small Wounds Up to 5 Cm	\$50.00
D7960	Frenulectomy - Also Known as Frenectomy or Frenotomy - Separate Procedure (3 Per Lifetime)	\$250.00
D7963	Frenuloplasty	\$60.00
D7970	Excision of Hyperplastic Tissue - Per Arch	\$250.00
D7971	Excision of Pericoronal Gingiva	\$60.00
D7999	Unspecified Oral Surgery Procedure, by Report	No Charge

**Adjunctive General Services**

**Member Pays**

D9110	Palliative (Emergency) Treatment of Dental Pain - Minor Procedure (2 Per 6 Months)	\$25.00
D9120	Fixed Partial Denture Sectioning	\$25.00
D9311	Consultation with a Medical Health Care Professional	\$30.00
D9430	Office Visit for Observation (During Regularly Scheduled Hours) - No Other Services Performed	\$30.00
D9930	Treatment of Complications (Post-Surgical) - Unusual Circumstances, by Report	\$50.00
D9942	Repair and/or Reline of Occlusal Guard	\$35.00
D9943	Occlusal Guard Adjustment	\$20.00
D9944	Occlusal Guard - Hard Appliance, Full Arch	\$175.00
D9945	Occlusal Guard - Soft Appliance, Full Arch	\$75.00
D9951	Occlusal Adjustment - Limited	\$30.00
D9952	Occlusal Adjustment - Complete	\$100.00
D9999	Unspecified Adjunctive Procedure, by Report	No Charge