## United Concordia®

## Concordia Plus Schedule of Benefits Plan PA/NJ/OH 60

## IMPORTANT INFORMATION ABOUT YOUR PLAN

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

ADA Code	ADA Description	Member Pays \$	ADA Code	ADA Description	Member Pays \$	
CLINICAL ORAL EVALUATIONS			ORAL PATHOLOGY LABORATORY			
D0120	Periodic Oral Evaluation - Established Patient	0	D0602	Caries Risk Assessment And Documentation,	0	
D0140	Limited Oral Evaluation - Problem Focused	0	Dagge	With A Finding Of Moderate Risk	0	
D0145	Oral Evaluation For A Patient Under 3 Years Of Age And Counseling With Primary Caregiver	0	D0603	Caries Risk Assessment And Documentation, With A Finding Of High Risk	0	
				DENTAL PROPHYLAXIS		
D0150	Comprehensive Oral Evaluation - New Or Established Patient	0	D1110	Prophylaxis, Adult	0	
D0160	Detailed And Extensive Oral Evaluation -	0	D1120	Prophylaxis, Child	0	
D0100	Problem Focused, By Report			TOPICAL FLUORIDE TREATMENT (office proce	dure)	
D0170	Re-Evaluation-Limited, Problem Focused	0	D1206	Topical Application Of Fluoride Varnish	0	
D0171	(Established Patient; Not Post-Operative Visit) Re-Evaluation - Post-Operative Office Visit	0	D1208	Topical Application Of Flouride - Excluding Varnish	0	
D0180	Comprehensive Periodontal Evaluation	0		OTHER PREVENTIVE SERVICES		
RAD	IOGRAPHS/DIAGNOSTIC IMAGING (including into	erpretation)	D1330	Oral Hygiene Instruction	0	
D0210	Intraoral - Complete Series Of Radiographic	0	D1351	Sealant - Per Tooth	0	
	Images	_	D1353	Sealant Repair - Per Tooth	0	
D0220	Intraoral- Periapical First Radiographic Image	0	D1354	Interim Caries Arresting Medicament	15	
D0230	Intraoral- Periapical Each Additional Radiographic Image	0		Application - Per Tooth		
D0240	Intraoral - Occlusal Radiographic Image	0	D1355	Caries preventive medicament application - per tooth	15	
D0270	Bitewing - Single Radiographic Image	0		SPACE MAINTENANCE (passive appliances	;)	
D0272	Bitewings - Two Radiographic Images	0	D4540	Space maintainer - fixed, unilateral - per	0	
D0273	Bitewings - Three Radiographic Images	0	D1510	quadrant	O	
D0274	Bitewings - Four Radiographic Images	0	D1516	Space Maintainer - Fixed - bilateral, maxillary	0	
D0277	Vertical Bitewings - 7 To 8 Radiographic Images	0	D1517	Space Maintainer - Fixed - bilateral, mandibular	0	
D0330	Panoramic Radiographic Image	0	D1520	Space maintainer - removable, unilateral - per	0	
D0340	2D Cephalometric Radiographic Image -	0		quadrant	0	
	Acquisition, Measurement And Analysis TESTS AND EXAMINATIONS		D1526	Space Maintainer - Removable - bilateral, maxillary	0	
			D1527	Space Maintainer - Removable - bilateral,	0	
D0460	Pulp Vitality Tests	0		mandibular		
D0470	Diagnostic Casts	0	D1556	Removal of fixed unilateral space maintainer -	0	
	ORAL PATHOLOGY LABORATORY		D1557	per quadrant  Removal of fixed unilateral space maintainer -	0	
D0601	Caries Risk Assessment And Documentation, With A Finding Of Low Risk	0	ופטוע	maxillary	v	

ADA Code	ADA Description	Member Pays \$	ADA Code	ADA Description	Member Pays \$
	SPACE MAINTENANCE (passive appliances	s)		OTHER RESTORATIVE SERVICES	
D1558	Removal of fixed unilateral space maintainer - mandibular	0	D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	0
D1575	Distal shoe space maintainer - fixed,	0	D2940	Protective Restoration	0
	unilateral - per quadrant  AMALGAM RESTORATIONS (including polish	ina)	D2949	Restorative Foundation For An Indirect Restoration	0
D2140	Amalgam - One Surface, Primary Or	0	D2950	Core Buildup Including Any Pins When Required	0
D2150	Permanent Amalgam - Two Surfaces, Primary Or Permanent	0	D2951	Pin Retention - Per Tooth, In Addition To Restoration	0
D2160	Amalgam - Three Surfaces, Primary Or Permanent	0	D2952	Post And Core In Addition To Crown, Indirectly Fabricated	83
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	0	D2953	Each Additional Indirectly Fabricated Post - Same Tooth	45
	RESIN-BASED COMPOSITE RESTORATIONS - D	IRECT	D2954	Prefabricated Post And Core In Addition To Crown	0
D2330	Resin-Based Composite - One Surface, Anterior	0	D2957	Each Additional Prefabricated Post - Same Tooth	0
D2331	Resin-Based Composite - Two Surfaces, Anterior	0	D2971	Additional Procedures To Construct New Crown Under Existing Partial Denture	25
D2332	Resin-Based Composite - Three Surfaces,	0		Framework	
D2335	Anterior Resin-Based Composite - Four Or More	0		PULP CAPPING	
D2000	Surfaces Or Involving Incisal Angle (Anterior) INLAY/ONLAY RESTORATIONS		D3110	Pulp Cap - Direct (Excluding Final Restoration)	0
D0540	Inlay - Metallic - One Surface	215	D3120	Pulp Cap - Indirect (Excluding Final Restoration)	0
D2510 D2520	Inlay - Metallic - One Surfaces	231		PULPOTOMY	
D2520	Inlay - Metallic - Three Or More Surfaces	253 ♦	D3220	Therapeutic Pulpotomy (Excluding Final	0
D2542	Onlay - Metallic-Two Surfaces	293 ♦	D3220	Restoration)	· ·
D2543	Onlay - Metallic - Three Surfaces	310	D3221	Pulpal Debridement, Primary And Permanent Teeth	0
D2544	Onlay - Metallic - Four Or More Surfaces	326 ◆	D3222	Partial Pulpotomy For Apexogenesis-	0
	CROWNS - SINGLE RESTORATIONS ONLY	•	DOZZZ	Permanent Tooth With Incomplete Root	
D2710	Crown-Resin-Based Composite (Indirect)	107		Development  ENDODONTIC THERAPY ON PRIMARY TEE	TH
D2712	Crown - 3/4 Resin-Based Composite (Indirect)	118			
D2740	Crown, Porcelain/Ceramic	309	D3230	Pulpal Therapy (Resorbable Filling)-Anterior, Primary Tooth (Excluding Final Restoration)	0
D2750	Crown, Porcelain Fused To High Noble Metal	298	D3240	Pulpal Therapy (Resorbable Filling)-Posterior,	0
D2751	Crown-Porcelain Fused To Predominantly Base Metal	268	ENDOD	Primary Tooth (Excluding Final Restoration)  OONTIC THERAPY (including treatment plan, clini-	cal procedures
D2752	Crown, Porcelain Fused To Noble Metal	286 ◆	ENDOL	and follow-up care)	cai procedures
D2753	Crown - porcelain fused to titanium and titanium alloys	286	D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	0
D2780	Crown - 3/4 Cast High Noble Metal	305 ◆	D3320	Endodontic Therapy, Premolar Tooth	0
D2781	Crown - 3/4 Cast Predominantly Base Metal	305	D3330	(Excluding Final Restoration) Endodontic Therapy, Molar Tooth (Excluding	167
D2782	Crown - 3/4 Cast Noble Metal Crown - 3/4 Porcelain/Ceramic	305 <b>♦</b> 305	D3330	Final Restoration)	
D2783 D2790	Crown, Full Cast High Noble Metal	291		ENDODONTIC RETREATMENT	
D2790 D2791	Crown - Full Cast Predominantly Base Metal	265	D3346	Retreatment Of Previous Root Canal	0
D2791 D2792	Crown, Full Cast Noble Metal	276 ♦		Therapy - Anterior	0
D2794	Crown - titanium and titanium alloys	268	D3347	Retreatment Or Previous Root Canal Therapy - Premolar	0
D2799	Provisional Crown - Further Treatment Or Completion Of Diagnosis Necessary Prior To	0	D3348	Retreatment Of Previous Root Canal Therapy - Molar	261
	Final Impression			APICOECTOMY/PERIRADICULAR SERVICE	ES
	OTHER RESTORATIVE SERVICES		D3410	Apicoectomy - Anterior	109
D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	0	D3421	Apicoectomy - Premolar (First Root)	171
D2915	Re-Cement Or Rebond Indirectly Fabricated	0	D3425	Apicoectomy - Molar (First Root)	182
	Or Prefabricated Post And Core		D3426	Apicoectomy (Each Additional Root)	68
D2920	Re-Cement Or Re-Bond Crown	0	D3450	Root Amputation - Per Root	96
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	0	D3471 D3472	Surgical repair of root resorption – anterior Surgical repair of root resorption – premolar	182 182

Surgical repair of root recorption — molar   182   1	ADA Code	ADA Description	Member Pays \$	ADA Code	ADA Description	Member Pays \$
Surjical exposure of root surface without application of the serption — anterior anterior anterior anterior anterior premiser.		APICOECTOMY/PERIRADICULAR SERVIC	ES	co	DMPLETE DENTURES (including routine post del	livery care)
apicoactomy or repair of not resorption— apicocolomy or repair of root resorption— premoter    PARTIAL DENTIRES (including roots-follow-y-care)   Surgical exposure of root surface without apico-extensive or repair of root resorption— premoter or premoter of root surface without apico-extensive or repair of root resorption—molar apico-extensive or root or repair of root resorption—molar apico-extensive or root or root or root or root place apico-extensive or root place apico-extensi	D3473	Surgical repair of root resorption – molar	182	D5120	Complete Denture - Mandibular	314
anterior surgical exposure of root surface without glocal glocaciomy or repair of root resorption – periodic pe	D3501		182	D5130	Immediate Denture - Maxillary	325
Surgical exposure of root surface without application of reception or prepared for otrescaption—premoter premoter prepared for otrescaption—premoter prepared for otrescaption—premoter prepared for otrescaption—premoter premoter premoter prepared for otrescaption—premoter premoter premo				D5140	Immediate Denture - Mandibular	325
Description   Surgical exposure of rost surface without approach of the properties	D3502		182	F	PARTIAL DENTURES (including routine post-deliv	very care)
Sargical exposure of root surface without   192   And Teeth)	D0002	apicoectomy or repair of root resorption –		D5211		259
OTHER ENDODONTO PROCEDURES   And Teeth)   S2   Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)   S2   Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)   S2   Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)   S2   Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)   S2   Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)   S2   Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)   S2   Maxillary partial denture - cast metal framework with resin denture - resin   29   Maxillary partial denture - resin   29   Maxillary par	D3503		182	D5212	And Teeth)	303
Mandbular partial denture bases (including retermive/clasping materials, rests and teeth)   Section of the property of the p		OTHER ENDODONTIC PROCEDURES			, , , , , , , , , , , , , , , , , , , ,	
Not Including Root Canal Therapy    Properties of All Proparation And Filling Of Preformed   0   0   0   0   0   0   0   0   0	D2020		82	D5213	Maxillary partial denture - cast metal	342
Dayson   Canal Preparation And Fitting Of Preformed   0	D3920	,	02			
SURGICAL SERVICES (including usual postoperative care)	D3950		0		retentive/clasping materials, rests and teeth)	
D4210 Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Production Tree Contiguous Teeth Or Tooth Bounded Spaces Production Proceedings				D5214		341
Configuous Teeth Or Tooth Bounded Spaces Per Quadrant  Access Per Quadrant  Access Per Quadrant  April Configuous Teeth Or Tooth Bounded Spaces Per Quadrant  Access Per Quadrant	S	SURGICAL SERVICES (including usual postopera	ative care)			
Per Quadrant    Per Quadrant	D4210		71		retentive/clasping materials, rests and teeth)	
D4211 Singly excloring Or Gingly optalsyry - One To The Contiguous Teach Or Tooth Bounded Spaces Per Quadrant   D5222 Immediate manifoliush partial denture - resin   303   D5224   D5224   D5225   D				D5221	Immediate maxillary partial denture - resin	259
Spaces Per Quadrant  D4212 Singivectomy Or Gingiouplasty To Allow Access For Restorative Procedure, Per Tooth  D4240 Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant  D4241 Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant  D4241 Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant  D4243 Apically Positioned Flap  D4244 Clinical Crown Lengthening-Hard Tissue  D4245 Apically Positioned Flap  D4246 Clinical Crown Lengthening-Hard Tissue  D4246 Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) - Four Or Tooth Octologous Teeth Or Tooth Bounded Spaces Per Quadrant  D4260 Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) - Four Or Tooth Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant  D4261 Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) - One To The Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant  D4261 Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) - One To The Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant  D4261 Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) - One To The Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant  D4261 Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) - One To The Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant  D4262 Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) - One To The Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant  D4264 Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) - One To The Teeth Per Quadrant  D4265 Osseous Surgery (Including Teeth Verleage) Spaces Per Quadrant  D4266 Osseous Surgery (Including Teeth Verleage) Spaces Per Quadrant  D4276 Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant  D4287 Osseous Surgery (In	D4211		30			
D4212 Gingivectomy Or Gingivoplasty To Allow Access For Restorative Procedure, Per Tooth Planing - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant  D4241 Gingival Flap Procedure, Including Root Beath or Planing - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant  D4242 Periode Spaces Per Quadrant  D4243 Apriling - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant  D4244 Cinical Crown Lengthening-Hard Tissue 147 Despite Periode Planing - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant  D4249 Clinical Crown Lengthening-Hard Tissue 147 Despite Periode Planing - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant  D4260 Desseous Surgery (Including Elevation Of A 120 Mandbular Parlial Denture - Flexible Base 391 (Including Retentive/Clasping materials, Rests And Teeth)  D4270 More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant  D4271 Mesial/Distal Wedge Procedure, Single Tooth 102 Mandbular Parlial Denture - One 112 Proceedures In The Same Anatomical Area)  D4272 Mesial/Distal Wedge Procedure, Single Tooth 102 Mandbular Parlial Denture - One 122 Proceedures In The Same Anatomical Area)  D4273 Periodental Scaling And Root Planing - Four Or More Teeth Per Quadrant  D4374 Periodental Scaling And Root Planing - Four Or More Teeth Per Quadrant  D4375 Prince Teeth Der Quadrant  D4375 Pull Mouth Debridement To Enable a Diagnosis on a Subsequent Visit Comprehensive Orl Antimicrobial Agents Via Comprehensive Orl Antimicrobial				D5222	•	303
Access For Restorative Procedure, Per Tooth  Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant  D4241 Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant  D4245 Apically Positioned Flap Clinical Crown Lengthening-Hard Tissue  D4246 Clinical Crown Lengthening-Hard Tissue  D4247 Controlled Spaces Per Quadrant  D4248 Clinical Crown Lengthening-Hard Tissue  D4249 Clinical Crown Lengthening-Hard Tissue  D4240 Clinical Crown Lengthening-Hard Tissue  D4240 Cosseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant  D4260 Cosseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) - Four Or Tooth Bounded Spaces Per Quadrant  D4261 Cosseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant  D4274 Medical Coseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant  D4274 Medical Coseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant  D4274 Medical Coseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) - One To Three Teeth Per Quadrant  D4274 Medical Coseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) - One To Three Teeth Per Quadrant  D4274 Medical Coseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) - One To Three Teeth Per Quadrant  D438 P610041 P6100418	D4040	•	0	DJZZZ	base (including retentive/clasping materials,	
D4240   Gingival Flap Procedure, Including Root   Planing - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant   Significant Planing - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant   Significant Planing - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant   Significant Planing - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant   Significant Planing - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant   Significant Planing - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant   Significant Planing - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant   Significant Planing - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant   Significant Planing - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant   Significant Planing - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant   Significant Planing - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant   Significant Planing - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant   Significant Planing - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant   Significant Planing - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant   Significant Planing - One To Tooth Bounded Spaces Per Quadrant   Significant Planing - One To Three Teeth Per Quadrant   Significant Planing - One To Three Teeth Per Quadrant   Significant Planing - One To Three Teeth Per Quadrant   Significant Planing - One To Three Teeth Per Quadrant   Significant Planing - One To Three Teeth Per Quadrant   Significant Per Quadrant   Significan	D4212		Ü		•	
Planing - Pour Or More Contiguous Teeth Or Tombor Teeth Per Quadrant	D4240		90	D5223		342
D4241   Gingival Flap Procedure, Including Root   38   Flaning - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant   121   1						
Planing - One To Three Contiguous Teeth Or Torthor Debug Spaces Per Quadrant  D4245 Apically Positioned Flap 121  D4246 Clinical Crown Lengthening-Hard Tissue 147  D4260 Descous Surgery (Including Elevation Of A 180  Full Thickness Flap And Closure) - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant  D4261 Osseous Surgery (Including Elevation Of A 74  Full Thickness Flap And Closure) - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant  D4261 Osseous Surgery (Including Elevation Of A 74  Full Thickness Flap And Closure) - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant  D4261 Osseous Surgery (Including Elevation Of A 74  Full Thickness Flap And Closure) - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant  D4262 Spaces Per Quadrant  D4263 Spaces Per Quadrant  D4264 Mesial/Distal Wedge Procedure, Single Tooth 102  D4274 Mesial/Distal Wedge Procedure, Single Tooth 102  D4274 Mesial/Distal Wedge Procedures in The Same Anatomical Area)  D4275 Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant  D4341 Periodontal Scaling And Root Planing - Four Or For To Three Contiguing And Root Planing - One To Three Teeth Per Quadrant  D4342 Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant  D4343 Periodontal Scaling And Root Planing - One Or To Three Teeth Per Quadrant  D4344 Periodontal Scaling And Root Planing - One Or To Three Teeth Per Quadrant  D4345 Full Mouth Debridement To Enable a O D5411 Adjust Complete Denture - One D5411 Adjust Complete Denture - Maxillary  D4346 Scaling In Presence Of Generalized Moderate Or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation And D5411 Adjust Complete Denture - Maxillary  D4347 Periodontal Scaling And Root Planing - One D5411 Adjust Complete Denture - Maxillary  D5411 Adjust Complete Denture - Maxillary  D5412 Adjust Partial Denture - Maxillary  D5413 Adjust Complete Denture - Maxillary  D5414 Adjust Complete Denture - Maxillary  D5415 Repair Broken Complete Dent	D4241	·	38		,	
Commonwest packers Per Quadrant   Comm	DTZTI	Planing - One To Three Contiguous Teeth Or		D5224		341
D4249 Clinical Crown Lengthening-Hard Tissue 147   D5226   Clinical Crown Lengthening-Hard Tissue 147   D5226   D328   Surgery (Including Elevation Of A 180   Fill Thickness Flap And Closure) – Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant   D5226   Clinical Denture - Flexible Base (Including Retentive/Clasping materials, Rests And Teeth)   D5226   Clinical Denture - Flexible Base (Including Retentive/Clasping materials, Rests And Teeth)   D5226   Clinical Denture - Flexible Base (Including Retentive/Clasping materials, Rests And Teeth)   D5226   Clinical Denture - Flexible Base (Including Retentive/Clasping materials, Rests And Teeth)   D5226   Clinical Denture - Flexible Base (Including Retentive/Clasping materials, Rests And Teeth)   D5226   Clinical Denture - Flexible Base (Including Retentive/Clasping materials, Rests And Teeth)   D5226   Clinical Denture - One		·				
D4260 Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) – Four Or Nore Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant  D4261 Osseous Surgery (Including Elevation Of A 74		' '			•	
Full Thickness Flap And Closure) – Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant  D4261 Osseous Surgery (Including Elevation Of A 74 Full Thickness Flap And Closure) – One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant  D4274 Mesial/Distal Wedge Procedure, Single Tooth Surgical Procedures In The Same Anatomical Area)  D4274 Mesial/Distal Wedge Procedure, Single Tooth (When Not Performed In Conjunction With Surgical Procedures In The Same Anatomical Area)  D4341 Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant  D4342 Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant  D4343 Scaling In Presence Of Generalized Moderate Or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation And Diagnosis on a Subsequent Visit of Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth  D4381 Localized Deliviery of Antimicrobial Agents Via Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth  D4910 Periodontal Maintenance 0  Gingival Irrigation - Per Quadrant 25  COWPLETE DENTURES (including routine post delivery care)  And Teeth)  And Teeth)  D5286 Removable unilateral partial denture - one 212 piece cast metal (including retentive/clasping materials, rests and teeth), maxillary  D5284 Removable unilateral partial denture - one 212 piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant  D5286 Removable unilateral partial denture - one 212 piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant  D5286 Removable unilateral partial denture - one 212 piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant  D5286 Removable unilateral partial denture - one 212 piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant  D5286 Removable unilateral partial denture - one 212 piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant  D5286 Remov		0 0		D5225		392
More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	D4260		180			
D4261 Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) – One To Full Thickness Flap And Closure) – One To Tooth Bounded Spaces Per Quadrant  D4274 Mesial/Distal Wedge Procedure, Single Tooth 102 (When Not Performed In Conjunction With Surgical Procedures In The Same Anatomical Area)  D4341 Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant  D4342 Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant  D4342 Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant  D4344 Scaling In Presence Of Generalized Moderate Or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation And Diagnosis on a Subsequent Visit Octobrother Surgices Periodontal And Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth  D4381 Localized Delivery Of Antimicrobial Agents Via Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth  D4381 Gingival Irrigation - Per Quadrant 25  D4910 Periodontal Maintenance 0 D5512 Repair Broken Complete Denture Base, Maxillary Maxillary  D4910 Periodontal Maintenance 0 D5512 Repair Broken Complete Denture Base, Maxillary  D5520 Removable unilateral partial denture - one 212 piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant  D5284 Removable unilateral partial denture - one 212 piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant  D5286 Removable unilateral partial denture - one 212 piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant  D5286 Removable unilateral partial denture - one 212 piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant  D5286 Removable unilateral partial denture - one 212 piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant  D5286 Removable unilateral partial denture - one 212 piece resin (including retentive/clasping materials, rests and teeth) - per quadrant  D5286 Removabl		More Contiguous Teeth Or Tooth Bounded		D5226		391
Full Thickness Flap And Closure) – One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant  D4274 Mesial/Distal Wedge Procedure, Single Tooth (When Not Performed In Conjunction With Surgical Procedures In The Same Anatomical Area)  NON-SURGICAL PERIODONTAL SERVICES  To Three Teeth Per Quadrant  D4341 Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant  D4342 Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant  D4344 Scaling Inflammation - Full Mouth, After Oral Evaluation And Diagnosis on a Subsequent Visit  D4355 Full Mouth Debridement To Enable a Ocomprehensive Oral Evaluation And Diagnosis on a Subsequent Visit  D4381 Localized Delivery Of Antimicrobial Agents Via Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth  D4360 Feriodontal Maintenance O D5512 Repair Broken Complete Denture Base, O Maxillary  D5520 Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular  D5284 Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant  D5286 Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant  D5286 Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant  D5286 Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant  D5286 Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant  D5286 Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant  D5286 Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant  D5286 Removable unilater		•	7.4		, , ,	
Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant  Mesial/Distal Wedge Procedure, Single Tooth 102 (When Not Performed In Conjunction With Surgical Procedures In The Same Anatomical Area)  **Non-Surgical Procedures In The Same Anatomical Area)  **Non-Surgical Procedures In The Same Anatomical Area)  **Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant  **Periodontal Scaling And Root Planing - One Or To Three Teeth Per Quadrant  **Periodontal Scaling And Root Planing - One Or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation  **Pull Mouth Debridement To Enable a Orompenensive Oral Evaluation And Diagnosis on a Subsequent Visit  **D4381** Localized Delivery Of Antimicrobial Agents Via Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth  **Periodontal Maintenance Oral Diagnosi Irrigation - Per Quadrant 25  **Periodontal Maintenance Oral Diagnosi Irrigation - Per Quadrant 25  **Periodontal Maintenance Oral Diagnosi Irrigation - Per Quadrant 25  **Possible Denture Repair Broken Complete Denture Base, Oral Maintenance Oral Diagnosi Irrigation - Per Quadrant 25  **Possible Denture Repair Broken Complete Denture Base, Oral Maintenance Oral Diagnosi Irrigation - Per Quadrant 25  **Possible Denture Repair Broken Complete Denture Base, Oral Denture (Each Tooth)  **Possible Maintenance Oral Diagnosi Irrigation - Per Quadrant 25  **Possible Denture Maintenance Oral Diagnosi Irrigation - Per Quadrant 25  **Possible Denture Denture Base, Oral Maintenance Oral Diagnosi Irrigation - Per Quadrant 25  **Possible Maintenance Oral Diagnosi Irrigation - Per Quadrant 25  **Possible Maintenance Oral Diagnosi Irrigation - Per Quadrant 25  **Possible Maintenance Oral Diagnosi Irrigation - Per Quadrant 25  **Possible Maintenance Oral Diagnosi Irrigation - Per Quadrant 25  **Possible Maintenance Oral Diagnosi Irrigation - Per Quadrant 25  **Possible Maintenance Oral Diagnosi Irrigation - Per Quadrant 25  **Possible Maintenance Oral Diagnosi Irrigation - Per Quadrant 25  **Poss	D4261		74	D5282	•	212
D4274   Mesial/Distal Wedge Procedure, Single Tooth (When Not Performed In Conjunction With Surgical Procedures In The Same Anatomical Area)  D5283   Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular and teeth). The Same Anatomical Area    D4341   Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant   Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant   Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant   D5286   Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant   D5286   Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant   D5286   Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant   D5286   Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant   D5286   Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant   D5286   Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant   D5286   Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant   D5286   Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant   D5286   Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant   D5286   Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant   D5286   Removable unilateral partial denture - daving t		Three Contiguous Teeth Or Tooth Bounded		D0202	piece cast metal (including retentive/clasping	
(When Not Performed In Conjunction With Surgical Procedures In The Same Anatomical Area)  NON-SURGICAL PERIODONTAL SERVICES  D4341 Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant  D4342 Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant  D4346 Scaling In Presence Of Generalized Moderate Or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation And Diagnosis on a Subsequent Visit Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth  D4381 Localized Delivery Of Antimicrobial Agents Via Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth  D4910 Periodontal Maintenance 0 Mandibular Post delivery care)    Veriodontal Maintenance 0 Mandibular Post delivery care)		•	400		, , , , , , , , , , , , , , , , , , ,	0.4.0
Surgical Procedures In The Same Anatomical Area)  NON-SURGICAL PERIODONTAL SERVICES  D4341 Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant  D4342 Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant  D4346 Scaling In Presence Of Generalized Moderate Or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation  D4345 Full Mouth Debridement To Enable a Oromprehensive Oral Evaluation And Diagnosis on a Subsequent Visit  D4346 Localized Delivery Of Antimicrobial Agents Via Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth  D4381 OTHER PERIODONTAL SERVICES  D4381 OFHICA REPAIRS TO COMPLETE DENTURES  D5481 Repair Broken Complete Denture Base, Mandibular  D5511 Repair Broken Complete Denture Base, Maxillary  D5510 Repaire Broken Complete Denture Base, Maxillary  D5520 Replace Missing Or Broken Teeth-Complete  D6520 Denture (Each Tooth)	D4274		102	D5283		212
NON-SURGICAL PERIODONTAL SERVICES   Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant   Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant   Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant   Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant   Periodontal Scaling In Presence Of Generalized Moderate Or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation   After Oral Evaluation   Possible Provided						
D4341 Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant  D4342 Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant  D4346 Scaling In Presence Of Generalized Moderate Or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation  D4355 Full Mouth Debridement To Enable a Comprehensive Oral Evaluation And Diagnosis on a Subsequent Visit  D4361 Localized Delivery Of Antimicrobial Agents Via Correvicular Tissue, Per Tooth  D4910 Periodontal Maintenance  D4921 Gingival Irrigation - Per Quadrant  D5286 Removable unilateral partial denture - one 212 piece resin (including retentive/clasping materials, rests and teeth) - per quadrant  D5286 Removable unilateral partial denture - one 212 piece resin (including retentive/clasping materials, rests and teeth) - per quadrant  D5286 Removable unilateral partial denture - one 212 piece resin (including retentive/clasping materials, rests and teeth) - per quadrant  D5286 Removable unilateral partial denture - one 212 piece resin (including retentive/clasping materials, rests and teeth) - per quadrant  D5286 Removable unilateral partial denture - one 212 piece resin (including retentive/clasping materials, rests and teeth) - per quadrant  D5286 Public Unilateral partial denture - one 212 piece resin (including retentive/clasping materials, rests and teeth) - per quadrant  D5404 Removable unilateral partial denture - one 212 piece resin (including retentive/clasping materials, rests and teeth) - per quadrant  D5410 Adjust Complete Denture - Maxillary  D5411 Adjust Complete Denture - Maxillary  D5421 Adjust Partial Denture - Maxillary  D5422 Adjust Partial Denture - Mandibular  D5511 Repair Broken Complete Denture Base, Maxillary  D5511 Repair Broken Complete Denture Base, Maxillary  D5512 Repair Broken Complete Denture Base, Maxillary  D5520 Replace Missing Or Broken Teeth-Complete Denture (Each Tooth)		,		D5284		212
D4341 Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant  D4342 Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant  D4346 Scaling In Presence Of Generalized Moderate Or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation  D4355 Full Mouth Debridement To Enable a Comprehensive Oral Evaluation And Diagnosis on a Subsequent Visit  D4381 Localized Delivery Of Antimicrobial Agents Via Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth  D4910 Periodontal Scaling And Root Planing - Four Oral Evaluation Per Quadrant  D5286 Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant  D5286 Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant  D5286 Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant  D5286 Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant  D54310 Adjust Complete Denture - Mandibular  D5411 Adjust Complete Denture - Maxillary  D5421 Adjust Partial Denture - Mandibular  D5422 Adjust Partial Denture - Mandibular  D5511 Repair Broken Complete Denture Base, Mandibular  D5511 Repair Broken Complete Denture Base, Mandibular  D5511 Repair Broken Complete Denture Base, Mandibular  D5512 Repair Broken Complete Denture Base, Mandilary  D5520 Replace Missing Or Broken Teeth-Complete Denture (Each Tooth)		NON-SURGICAL PERIODONTAL SERVICE	ES			
D4342 Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant  D4346 Scaling In Presence Of Generalized Moderate Or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation  D4355 Full Mouth Debridement To Enable a Comprehensive Oral Evaluation And Diagnosis on a Subsequent Visit  D4381 Localized Delivery Of Antimicrobial Agents Via Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth  D4910 Periodontal Maintenance  D4921 Gingival Irrigation - Per Quadrant  D5286 Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant  ADJUSTMENTS TO DENTURES  D5410 Adjust Complete Denture - Maxillary 0 D5411 Adjust Complete Denture - Mandibular 0 D5421 Adjust Partial Denture - Mandibular 0 D5422 Adjust Partial Denture - Mandibular 0 D5422 Adjust Partial Denture - Mandibular 0 D5422 Adjust Partial Denture - Mandibular 0 D5520 Repair Broken Complete Denture Base, Maxillary  D5511 Repair Broken Complete Denture Base, Maxillary  D5520 Replace Missing Or Broken Teeth-Complete Denture (Each Tooth)	D4341		0			
D4346 Scaling In Presence Of Generalized Moderate Or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation  D4355 Full Mouth Debridement To Enable a O D5410 Adjust Complete Denture - Maxillary O D5421 Adjust Partial Denture - Maxillary O D5422 Adjust Partial Denture - Maxillary O D5511 Repair Broken Complete Denture Base, Maxillary D5511 Repair Broken Complete Denture Base, Maxillary D5520 Replace Missing Or Broken Teeth-Complete Denture (Each Tooth)	D4342	Periodontal Scaling And Root Planing - One	0	D5286	piece resin (including retentive/clasping	212
Or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation  D5410 Adjust Complete Denture - Maxillary  D5410 Adjust Complete Denture - Maxillary  D5411 Adjust Complete Denture - Mandibular  Comprehensive Oral Evaluation And Diagnosis on a Subsequent Visit  D4381 Localized Delivery Of Antimicrobial Agents Via Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth  D4910 Periodontal Maintenance  D4921 Gingival Irrigation - Per Quadrant  COMPLETE DENTURES (including routine post delivery care)  D5410 Adjust Complete Denture - Maxillary  D5421 Adjust Partial Denture - Maxillary  D5422 Adjust Partial Denture - Mandibular  D5422 Adjust Partial Denture - Mandibular  D5423 Adjust Partial Denture - Mandibular  D5542 Repair Broken Complete Denture Base, Mandibular  D5511 Repair Broken Complete Denture Base, Maxillary  D5520 Replace Missing Or Broken Teeth-Complete Denture (Each Tooth)	D4346		0			
D4355 Full Mouth Debridement To Enable a Comprehensive Oral Evaluation And Diagnosis on a Subsequent Visit  D4381 Localized Delivery Of Antimicrobial Agents Via 100 Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth  D4910 Periodontal Maintenance 0 D4921 Gingival Irrigation - Per Quadrant 25  COMPLETE DENTURES (including routine post delivery care)  D5411 Adjust Complete Denture - Mandibular 0 D5421 Adjust Partial Denture - Mandibular 0 D5422 Adjust Partial Denture - Mandibular 0 D5511 Repair Broken Complete Denture Base, Mandibular 0 D5511 Repair Broken Complete Denture Base, Maxillary D5520 Replace Missing Or Broken Teeth-Complete Denture (Each Tooth)	D-10-10	Or Severe Gingival Inflammation - Full Mouth,				
Comprehensive Oral Evaluation And Diagnosis on a Subsequent Visit  D4381 Localized Delivery Of Antimicrobial Agents Via 100 Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth  OTHER PERIODONTAL SERVICES  D4910 Periodontal Maintenance 0 D4921 Gingival Irrigation - Per Quadrant 25  COMPLETE DENTURES (including routine post delivery care)  D5421 Adjust Partial Denture - Maxillary 0 D5422 Adjust Partial Denture - Mandibular  D5511 Repair Broken Complete Denture Base, Mandibular  D5512 Repair Broken Complete Denture Base, Maxillary  D5520 Replace Missing Or Broken Teeth-Complete Denture Cach Tooth)			0			
Diagnosis on a Subsequent Visit  D4381 Localized Delivery Of Antimicrobial Agents Via 100  Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth  OTHER PERIODONTAL SERVICES  D4910 Periodontal Maintenance 0 D4921 Gingival Irrigation - Per Quadrant 25  COMPLETE DENTURES (including routine post delivery care)  D5421 Adjust Partial Denture - Mandibular 0  D5422 Adjust Partial Denture - Mandibular 0  D5512 Repair Broken Complete Denture Base, Mandibular  D5512 Repair Broken Complete Denture Base, Maxillary  D5520 Replace Missing Or Broken Teeth-Complete Denture (Each Tooth)	D4355		U		•	
Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth  OTHER PERIODONTAL SERVICES  D4910 Periodontal Maintenance  Other Gingival Irrigation - Per Quadrant  COMPLETE DENTURES (including routine post delivery care)  D5511 Repair Broken Complete Denture Base, Mandibular  D5512 Repair Broken Complete Denture Base, Maxillary  D5520 Replace Missing Or Broken Teeth-Complete Denture (Each Tooth)					•	
Crevicular Tissue, Per Tooth  OTHER PERIODONTAL SERVICES  D4910 Periodontal Maintenance 0 D5511 Repair Broken Complete Denture Base, Mandibular  D4921 Gingival Irrigation - Per Quadrant 25  COMPLETE DENTURES (including routine post delivery care)  D5512 Repair Broken Complete Denture Base, Maxillary  D5520 Replace Missing Or Broken Teeth-Complete Denture (Each Tooth)	D4381		100	D5422	•	0
D4910 Periodontal Maintenance 0 D5511 Repair Broken Complete Denture Base, Mandibular 0 D4921 Gingival Irrigation - Per Quadrant 25 COMPLETE DENTURES (including routine post delivery care) D5520 Replace Missing Or Broken Teeth-Complete Denture (Each Tooth)						
D4910 Periodontal Maintenance 0 D5512 Repair Broken Complete Denture Base, Maxillary  D4921 Gingival Irrigation - Per Quadrant 25  COMPLETE DENTURES (including routine post delivery care)  D5520 Replace Missing Or Broken Teeth-Complete Denture (Each Tooth)		,		D5511		0
D4921 Gingival Irrigation - Per Quadrant 25  COMPLETE DENTURES (including routine post delivery care)  D5520 Maxillary  Replace Missing Or Broken Teeth-Complete Denture (Each Tooth)	D4010		0	DEE 10		0
COMPLETE DENTURES (including routine post delivery care)  D5520 Replace Missing Or Broken Teeth-Complete Denture (Each Tooth)				שנים ו		Č
Defiture (Each 100th)				D5520		0
D5110 Complete Denture - Iviaxiliary 314 REPAIRS TO PARTIAL DENTURES						
	D5110	Complete Denture - Maxillary	314		REPAIRS TO PARTIAL DENTURES	

ADA Code	ADA Description	Member Pays \$	ADA Code	ADA Description	Member Pays \$
	REPAIRS TO PARTIAL DENTURES		FI	XED PARTIAL DENTURE RETAINTERS - INLAYS	ONLAYS
D5611	Repair Resin Partial Denture Base, Mandibular	0	D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	292 •
D5612	Repair Resin Partial Denture Base, Maxillary	0		FIXED PARTIAL DENTURE RETAINERS - CRO	WNS
D5621	Repair Cast Partial Framework, Mandibular	0	D6710	Retainer Crown - Indirect Resin Based	266
D5622	Repair Cast Partial Framework, Maxillary	0		Composite	000
D5630	Repair Or Replace Broken Retentive Clasping Materials - Per Tooth	0	D6740	Retainer Crown - Porcelain/Ceramic	266 297 ◆
D5640	Replace Broken Teeth-Per Tooth	0	D6750	Retainer Crown, Porcelain Fused To High Noble Metal	297 ▼
D5650	Add Tooth To Existing Partial Denture	0	D6751	Retainer Crown - Porcelain Fused To	265
D5660	Add Clasp To Existing Partial Denture - Per Tooth	0	D6752	Predominantly Base Metal Retainer Crown, Porcelain Fused To Noble	285
D5670	Replace All Teeth And Acrylic On Cast Metal	224	D0750	Metal	285
D5671	Framework (Maxillary) Replace All Teeth And Acrylic On Cast Metal	223	D6753	Retainer crown - porcelain fused to titanium and titanium alloys	289
	Framework (Mandibular)  DENTURE REBASE PROCEDURES		D6780	Retainer Crown, 3/4 Cast High Noble Metal Retainer Crown - 3/4 Cast Predominantly Base	289
			D6781	Metal	203
D5710	Rebase Complete Maxillary Denture	0	D6782	Retainer Crown - 3/4 Cast Noble Metal	289 ◆
D5711	Rebase Complete Mandibular Denture	0	D6783	Retainer Crown - 3/4 Porcelain/Ceramic	289
D5720 D5721	Rebase Maxillary Partial Denture Rebase Mandibular Partial Denture	0	D6784	Retainer crown 3/4 - titanium and titanium alloys	289
D5721	DENTURE RELINE PROCEDURES		D6790	Retainer Crown, Full Cast High Noble Metal	295
D.5700		0	D6791	Retainer Crown, Full Cast Predominantly Base	263
D5730	Reline Complete Maxillary Denture (direct) Reline Complete Mandibular Denture (direct)	0	20.0.	Metal	
D5731 D5740	Reline Maxillary Partial Denture (direct)	0	D6792	Retainer Crown, Full Cast Noble Metal	287 ♦
D5740 D5741	Reline Mandibular Partial Denture (direct)	0	D6794	Retainer crown - titanium and titanium alloys	263
D5750	Reline Complete Maxillary Denture (indirect)	0		OTHER FIXED PARTIAL DENTURE SERVICE	ES
D5751	Reline Complete Mandibular Denture (indirect)	0	D6930	Re-Cement Or Re-Bond Fixed Partial Denture	34
		0	EXTRACT	IONS (includes local anesthesia, suturing, if need postoperative care)	ded, and routine
D5760	Reline Maxillary Partial Denture (indirect)	0	D7111	Extraction, Coronal Remnants - Primary Tooth	0
D5761	Reline Mandibular Partial Denture (indirect)  OTHER REMOVABLE PROSTHETIC SERVICE  OTHER PROSTHETIC		D7140	Extraction, Erupted Tooth Or Exposed Root	0
			aupaia.	(Elevation And/Or Forceps Removal)	
D5850	Tissue Conditioning, Maxillary	33 33	SURGICA	LEXTRACTIONS (includes local anesthesia, suto and routine postoperative care)	uring, if needed
D5851	Tissue Conditioning, Mandibular  Overdenture - Complete Maxillary	314	D7210	Extraction, Erupted Tooth Requiring Removal	47
D5863 D5864	Overdenture - Partial Maxillary	342		Of Bone And/Or Sectioning Of Tooth, And	
D5865	Overdenture - Complete Mandibular	314		Including Elevation Of Mucoperiosteal Flap If Indicated	
D5866	Overdenture - Partial Mandibular	341	D7220	Removal Of Impacted Tooth - Soft Tissue	65
	FIXED PARTIAL DENTURE PONTICS		D7230	Removal Of Impacted Tooth - Partially Bony	89
D6205	Pontic - Indirect Resin Based Composite	263	D7240	Removal Of Impacted Tooth - Completely Bony	103
D6210	Pontic-Cast High Noble Metal	294 🔷	D7044	Removal Of Impacted Tooth - Completely	110
D6211	Pontic-Cast Predominatly Base Metal	269	D7241	Bony, With Unusual Surgical Complications	
D6212	Pontic-Cast Noble Metal	282	D7250	Removal Of Residual Tooth Roots (Cutting	49
D6214	Pontic - titanium and titanium alloys	270	D7054	Procedure) Coronectomy-Intentional Partial Tooth Removal	103
D6240	Pontic-Porcelain Fused To High Noble Metal	295 🔷	D7251	Colonectorny-intentional Fartial Tooth Kemoval	100
D6241	Pontic-Porcelain Fused To Predominantly Base Metal	262		OTHER SURGICAL PROCEDURES	
D6242	Pontic-Porcelain Fused To Noble Metal	284 🔷	D7280	Exposure Of An Unerupted Tooth	89
D6243	Pontic - porcelain fused to titanium and titanium alloys	284	D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	24
D6245	Pontic - Procelain/Ceramic	263	D7288	Brush Biopsy - Transepithelial Sample	45
F	IXED PARTIAL DENTURE RETAINTERS - INLAYS	ONLAYS	ALX	Collection VEOLOPLASTY (surgical preparation of ridge for	dentures)
D6610	Retainer Onlay - Cast High Noble Metal, Two	292 🔷			
D6612	Surfaces Retainer Onlay - Cast Predominantly Base	292	D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	45
	Metal, Two Surfaces				

ADA Code	ADA Description	Member Pays \$				
ALVEOLOPLASTY (surgical preparation of ridge for dentures)						
D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	55				
D7321	Alveoloplasty Not In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant	24				
	OTHER REPAIR PROCEDURES					
D7961	Buccal / labial frenectomy (frenulectomy)	81				
D7962	Lingual frenectomy (frenulectomy)	81				
D7963	Frenuloplasty	40				
	LIMITED ORTHODONTIC TREATMENT					
D8010	Limited Orthodontic Treatment Of Primary Dentition	599				
D8020	Limited Orthodontic Treatment Of Transitional Dentition	759				
D8030	Limited Orthodontic Treatment Of Adolescent Dentition	1071				
D8040	Limited Orthodontic Treatment Of The Adult Dentition	927				
	INTERCEPTIVE ORTHODONTIC TREATME	NT				
D8050	Interceptive Orthodontic Treatment Of Primary Dentition	885				
D8060	Interceptive Orthodontic Treatment Of Transitional Dentition	1309				
	COMPREHENSIVE ORTHODONTIC TREATM	IENT				
D8070	Comprehensive Orthodontic Treatment Of Transitional Dentition	3190				
D8080	Comprehensive Orthodontic Treatment Of Adolescent Dentition	3454				
D8090	Comprehensive Orthodontic Treatment Of Adult Dentition	3540				
	MINOR TREATMENT TO CONTROL HARMFUL	HABITS				
D8210	Removable Appliance Therapy For Control Of Harmful Habits	433				
D8220	Fixed Appliance Therapy For Control Of Harmful Habits	537				
	OTHER ORTHODONTIC SERVICES					
D8680	Orthodontic Retention (Removal Of Appliances, Construction And Placement Of	343				
	Retainer(S)  UNCLASSIFIED TREATMENT					
D9110	Palliative (Emergency) Treatment Of Dental Pain, Minor Procedures	0				
	PROFESSIONAL CONSULTATION					
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician Other Than Requesting	0				
D9311	Dentist Or Physician  Consultation With A Medical Health Care Professional	0				
	PROFESSIONAL VISITS					
D9430	Office Visit For Observation (During Regularly Scheduled Hours) - No Other Services Performed	0				
	MISCELLANEOUS SERVICES					
D9932	Cleaning And Inspection Of Removable Complete Denture, Maxillary	0				
D9933	Cleaning And Inspection Of Removable Complete Denture, Mandibular	0				
D9934	Cleaning And Inspection Of Removable Partial Denture, Maxillary	0				

ADA Code	ADA Description	Member Pays \$				
MISCELLANEOUS SERVICES						
D9935	Cleaning And Inspection Of Removable Partial Denture, Mandibular	0				
D9986	Missed Appointment	15				
D9987	Cancelled appointment	15				
D9990	Certified translation or sign-language services - per visit	0				
D9991	Dental Case Management - Addressing Appointment Compliance Barriers	0				
D9992	Dental Case Management - Care Coordination	0				
D9993	Dental Case Management - Motivational Interviewing	0				
D9994	Dental Case Management - Patient Education To Improve Oral Health Literacy	0				
D9995	Teledentistry - Synchronous; Real-Time Encounter	0				
D9996	Teledentistry - Asynchronous; Information Stored and Forwarded to Dentist for Subsequent Review	0				
D9997	Dental care management - patients with special health care needs	0				
	FOOTNOTES					

Charges for the use of precious (high noble) or semi precious (noble) metal are not included in the copayment for crowns, bridges, pontics, inlays and onlays. The decision to use these materials is a cooperative effort between the provider and the patient, based on the professional advice of the provider. Providers

are expected to charge no more than an additional \$125 for these materials.