

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 covered as described in the Certificate of Coverage and Point of Service (POS) Rider, subject to a maximum of \$1,000 per Member per Contract year.
- ▶ 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	In Network Member Pays \$	Out of Network Plan Pays Up to \$
CLINICAL ORAL EVALUATIONS			
D0120	Periodic Oral Evaluation - Established Patient	5	12
D0140	Limited Oral Evaluation - Problem Focused	5	19
D0145	Oral Evaluation For A Patient Under 3 Years Of Age And Counseling With Primary Caregiver	5	19
D0150	Comprehensive Oral Evaluation - New Or Established Patient	5	17
D0170	Re-Evaluation-Limited, Problem Focused (Established Patient; Not Post-Operative Visit)	5	19
D0171	Re-Evaluation - Post-Operative Office Visit	0	0
D0180	Comprehensive Periodontal Evaluation	5	12
RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation)			
D0210	Intraoral - Complete Series Of Radiographic Images	0	36
D0220	Intraoral- Periapical First Radiographic Image	0	6
D0230	Intraoral- Periapical Each Additional Radiographic Image	0	4
D0240	Intraoral - Occlusal Radiographic Image	0	9
D0270	Bitewing - Single Radiographic Image	0	6
D0272	Bitewings - Two Radiographic Images	0	11
D0273	Bitewings - Three Radiographic Images	0	11
D0274	Bitewings - Four Radiographic Images	0	17
D0277	Vertical Bitewings - 7 To 8 Radiographic Images	0	17
D0330	Panoramic Radiographic Image	0	31
D0340	2D Cephalometric Radiographic Image - Acquisition, Measurement And Analysis	0	35
TESTS AND EXAMINATIONS			

ADA Code	ADA Description	In Network Member Pays \$	Out of Network Plan Pays Up to \$
TESTS AND EXAMINATIONS			
D0460	Pulp Vitality Tests	0	13
D0470	Diagnostic Casts	0	28
ORAL PATHOLOGY LABORATORY			
D0601	Caries Risk Assessment And Documentation, With A Finding Of Low Risk	0	0
D0602	Caries Risk Assessment And Documentation, With A Finding Of Moderate Risk	0	0
D0603	Caries Risk Assessment And Documentation, With A Finding Of High Risk	0	0
DENTAL PROPHYLAXIS			
D1110	Prophylaxis, Adult	0	25
D1120	Prophylaxis, Child	0	18
TOPICAL FLUORIDE TREATMENT (office procedure)			
D1206	Topical Application Of Fluoride Varnish	0	11
D1208	Topical Application Of Fluoride - Excluding Varnish	0	11
OTHER PREVENTIVE SERVICES			
D1330	Oral Hygiene Instruction	0	0
D1351	Sealant - Per Tooth	0	14
D1353	Sealant Repair - Per Tooth	0	14
D1354	Interim Caries Arresting Medicament Application - Per Tooth	15	15
D1355	Caries preventive medicament application - per tooth	15	15
SPACE MAINTENANCE (passive appliances)			
D1510	Space maintainer - fixed, unilateral - per quadrant	35	64
D1516	Space Maintainer - Fixed - bilateral, maxillary	54	100
D1517	Space Maintainer - Fixed - bilateral, mandibular	54	100

ADA Code	ADA Description	In Network Member Pays \$	Out of Network Plan Pays Up to \$
SPACE MAINTENANCE (passive appliances)			
D1520	Space maintainer - removable, unilateral - per quadrant	43	80
D1526	Space Maintainer - Removable - bilateral, maxillary	86	100
D1527	Space Maintainer - Removable - bilateral, mandibular	86	100
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	6	11
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	6	11
D1553	Re-cement or re-bond bilateral space maintainer - per quadrant	6	11
D1556	Removal of fixed unilateral space maintainer - per quadrant	26	11
D1557	Removal of fixed unilateral space maintainer - maxillary	26	11
D1558	Removal of fixed unilateral space maintainer - mandibular	26	11
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant	35	64

AMALGAM RESTORATIONS (including polishing)			
D2140	Amalgam - One Surface, Primary Or Permanent	0	22
D2150	Amalgam - Two Surfaces, Primary Or Permanent	0	28
D2160	Amalgam - Three Surfaces, Primary Or Permanent	0	34
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	0	41

RESIN-BASED COMPOSITE RESTORATIONS - DIRECT			
D2330	Resin-Based Composite - One Surface, Anterior	0	24
D2331	Resin-Based Composite - Two Surfaces, Anterior	0	30
D2332	Resin-Based Composite - Three Surfaces, Anterior	0	40
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle (Anterior)	0	48
D2391	Resin-Based Composite - One Surface, Posterior	40	28
D2392	Resin-Based Composite - Two Surfaces, Posterior	65	40
D2393	Resin-Based Composite - Three Surfaces, Posterior	80	48
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	85	56

INLAY/ONLAY RESTORATIONS			
D2510	Inlay - Metallic - One Surface	186	◆ 138
D2520	Inlay - Metallic - Two Surfaces	207	◆ 154
D2530	Inlay - Metallic - Three Or More Surfaces	256	◆ 189
D2542	Onlay - Metallic-Two Surfaces	235	◆ 174
D2543	Onlay - Metallic - Three Surfaces	275	◆ 204
D2544	Onlay - Metallic - Four Or More Surfaces	302	◆ 224

CROWNS - SINGLE RESTORATIONS ONLY			
D2710	Crown-Resin-Based Composite (Indirect)	80	80

ADA Code	ADA Description	In Network Member Pays \$	Out of Network Plan Pays Up to \$
CROWNS - SINGLE RESTORATIONS ONLY			
D2712	Crown - 3/4 Resin-Based Composite (Indirect)	80	80
D2740	Crown, Porcelain/Ceramic	400	173
D2750	Crown, Porcelain Fused To High Noble Metal	350	◆ 180
D2751	Crown-Porcelain Fused To Predominantly Base Metal	320	162
D2752	Crown, Porcelain Fused To Noble Metal	330	◆ 173
D2753	Crown - porcelain fused to titanium and titanium alloys	330	173
D2790	Crown, Full Cast High Noble Metal	350	◆ 171
D2791	Crown - Full Cast Predominantly Base Metal	320	159
D2792	Crown, Full Cast Noble Metal	330	◆ 165
D2794	Crown - titanium and titanium alloys	320	162
D2799	Provisional Crown - Further Treatment Or Completion Of Diagnosis Necessary Prior To Final Impression	66	51

OTHER RESTORATIVE SERVICES			
D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	12	17
D2915	Re-Cement Or Rebond Indirectly Fabricated Or Prefabricated Post And Core	13	18
D2920	Re-Cement Or Re-Bond Crown	13	18
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	52	50
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	60	52
D2949	Restorative Foundation For An Indirect Restoration	0	0
D2950	Core Buildup Including Any Pins When Required	58	48
D2951	Pin Retention - Per Tooth, In Addition To Restoration	10	8
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	81	75
D2953	Each Additional Indirectly Fabricated Post - Same Tooth	41	37
D2954	Prefabricated Post And Core In Addition To Crown	79	62
D2957	Each Additional Prefabricated Post - Same Tooth	40	31
D2971	Additional Procedures To Construct New Crown Under Existing Partial Denture Framework	25	25

PULP CAPPING			
D3110	Pulp Cap - Direct (Excluding Final Restoration)	0	18
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	0	15

PULPOTOMY			
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	35	32
D3221	Pulpal Debridement, Primary And Permanent Teeth	26	16
D3222	Partial Pulpotomy For Apexogenesis-Permanent Tooth With Incomplete Root Development	35	32

ADA Code	ADA Description	In Network Member Pays \$	Out of Network Plan Pays Up to \$
ENDODONTIC THERAPY ON PRIMARY TEETH			

D3230	Pulpal Therapy (Resorbable Filling)-Anterior, Primary Tooth (Excluding Final Restoration)	60	64
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D3240	Pulpal Therapy (Resorbable Filling)-Posterior, Primary Tooth (Excluding Final Restoration)	72	76
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ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow-up care)			
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D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	165	102
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D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	200	123
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D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	273	165
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ENDODONTIC RETREATMENT			
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D3346	Retreatment Of Previous Root Canal Therapy - Anterior	200	126
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D3347	Retreatment Or Previous Root Canal Therapy - Premolar	241	146
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D3348	Retreatment Of Previous Root Canal Therapy - Molar	313	198
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APICOECTOMY/PERIRADICULAR SERVICES			
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D3410	Apicoectomy - Anterior	147	102
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D3421	Apicoectomy - Premolar (First Root)	144	114
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D3425	Apicoectomy - Molar (First Root)	144	114
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D3426	Apicoectomy (Each Additional Root)	65	45
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D3430	Retrograde Filling - Per Root	0	31
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D3450	Root Amputation - Per Root	81	66
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D3471	Surgical repair of root resorption – anterior	144	114
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D3472	Surgical repair of root resorption – premolar	144	114
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D3473	Surgical repair of root resorption – molar	144	114
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D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	144	114
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D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	144	114
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D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	144	114
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OTHER ENDODONTIC PROCEDURES			
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D3920	Hemisection (Including Any Root Removal) Not Including Root Canal Therapy	76	60
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D3950	Canal Preparation And Fitting Of Prefomed Dowel Or Post	0	0
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SURGICAL SERVICES (including usual postoperative care)			
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D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	173	96
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D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	54	30
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D4212	Gingivectomy Or Gingivoplasty To Allow Access For Restorative Procedure, Per Tooth	0	0
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ADA Code	ADA Description	In Network Member Pays \$	Out of Network Plan Pays Up to \$
SURGICAL SERVICES (including usual postoperative care)			

D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	162	90
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D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	65	36
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D4249	Clinical Crown Lengthening-Hard Tissue	216	120
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D4260	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) – Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	260	168
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D4261	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) – One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	104	67
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D4263	Bone Replacement Graft - Retained Natural Tooth - First Site In Quadrant	86	60
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D4264	Bone Replacement Graft - Retained Natural Tooth - Each Additional Site In Quadrant	82	57
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D4274	Mesial/Distal Wedge Procedure, Single Tooth (When Not Performed In Conjunction With Surgical Procedures In The Same Anatomical Area)	156	108
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NON-SURGICAL PERIODONTAL SERVICES			
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D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	65	44
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D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	16	11
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D4346	Scaling In Presence Of Generalized Moderate Or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation	40	15
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D4355	Full Mouth Debridement To Enable a Comprehensive Oral Evaluation And Diagnosis on a Subsequent Visit	35	26
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D4381	Localized Delivery Of Antimicrobial Agents Via Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth	100	0
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OTHER PERIODONTAL SERVICES			
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D4910	Periodontal Maintenance	40	15
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D4921	Gingival Irrigation - Per Quadrant	25	25
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COMPLETE DENTURES (including routine post delivery care)			
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D5110	Complete Denture - Maxillary	325	195
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D5120	Complete Denture - Mandibular	325	195
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D5130	Immediate Denture - Maxillary	350	213
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D5140	Immediate Denture - Mandibular	350	213
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PARTIAL DENTURES (including routine post-delivery care)			
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D5211	Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests And Teeth)	245	200
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D5212	Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests And Teeth)	245	200
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ADA Code	ADA Description	In Network Member Pays \$	Out of Network Plan Pays Up to \$
PARTIAL DENTURES (including routine post-delivery care)			
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	350	218
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	350	218
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	245	200
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	245	200
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	350	218
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	350	218
D5225	Maxillary Partial Denture - Flexible Base (Including Retentive/Clasping materials, Rests And Teeth)	403	251
D5226	Mandibular Partial Denture - Flexible Base (Including Retentive/Clasping materials, Rests And Teeth)	403	251
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary	145	120
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular	145	120
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant	145	120
D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant	145	120

ADJUSTMENTS TO DENTURES

D5410	Adjust Complete Denture - Maxillary	16	14
D5411	Adjust Complete Denture - Mandibular	16	14
D5421	Adjust Partial Denture - Maxillary	16	14
D5422	Adjust Partial Denture - Mandibular	16	14

REPAIRS TO COMPLETE DENTURES

D5511	Repair Broken Complete Denture Base, Mandibular	50	32
D5512	Repair Broken Complete Denture Base, Maxillary	50	32
D5520	Replace Missing Or Broken Teeth-Complete Denture (Each Tooth)	45	26

REPAIRS TO PARTIAL DENTURES

D5611	Repair Resin Partial Denture Base, Mandibular	50	32
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ADA Code	ADA Description	In Network Member Pays \$	Out of Network Plan Pays Up to \$
REPAIRS TO PARTIAL DENTURES			
D5612	Repair Resin Partial Denture Base, Maxillary	50	32
D5621	Repair Cast Partial Framework, Mandibular	65	33
D5622	Repair Cast Partial Framework, Maxillary	65	33
D5630	Repair Or Replace Broken Retentive Clasping Materials - Per Tooth	65	38
D5640	Replace Broken Teeth-Per Tooth	50	32
D5650	Add Tooth To Existing Partial Denture	60	38
D5660	Add Clasp To Existing Partial Denture - Per Tooth	60	42
D5670	Replace All Teeth And Acrylic On Cast Metal Framework (Maxillary)	228	142
D5671	Replace All Teeth And Acrylic On Cast Metal Framework (Mandibular)	228	142

DENTURE REBASE PROCEDURES

D5710	Rebase Complete Maxillary Denture	130	96
D5711	Rebase Complete Mandibular Denture	130	96
D5720	Rebase Maxillary Partial Denture	115	86
D5721	Rebase Mandibular Partial Denture	115	86

DENTURE RELINE PROCEDURES

D5730	Reline Complete Maxillary Denture (direct)	60	56
D5731	Reline Complete Mandibular Denture (direct)	60	56
D5740	Reline Maxillary Partial Denture (direct)	60	50
D5741	Reline Mandibular Partial Denture (direct)	60	50
D5750	Reline Complete Maxillary Denture (indirect)	85	80
D5751	Reline Complete Mandibular Denture (indirect)	85	80
D5760	Reline Maxillary Partial Denture (indirect)	85	80
D5761	Reline Mandibular Partial Denture (indirect)	85	80

OTHER REMOVABLE PROSTHETIC SERVICES

D5850	Tissue Conditioning, Maxillary	40	51
D5851	Tissue Conditioning, Mandibular	40	51
D5863	Overdenture - Complete Maxillary	325	195
D5864	Overdenture - Partial Maxillary	350	218
D5865	Overdenture - Complete Mandibular	325	195
D5866	Overdenture - Partial Mandibular	350	218

FIXED PARTIAL DENTURE PONTICS

D6205	Pontic - Indirect Resin Based Composite	400	173
D6210	Pontic-Cast High Noble Metal	350	◆ 171
D6211	Pontic-Cast Predominantly Base Metal	320	159
D6212	Pontic-Cast Noble Metal	330	◆ 165
D6214	Pontic - titanium and titanium alloys	320	159
D6240	Pontic-Porcelain Fused To High Noble Metal	350	◆ 180
D6241	Pontic-Porcelain Fused To Predominantly Base Metal	320	162
D6242	Pontic-Porcelain Fused To Noble Metal	330	◆ 173

ADA Code	ADA Description	In Network Member Pays \$	Out of Network Plan Pays Up to \$
FIXED PARTIAL DENTURE PONTICS			
D6243	Pontic - porcelain fused to titanium and titanium alloys	330	173
D6245	Pontic - Procelain/Ceramic	400	173
FIXED PARTIAL DENTURE RETAINERS - CROWNS			
D6710	Retainer Crown - Indirect Resin Based Composite	400	173
D6740	Retainer Crown - Porcelain/Ceramic	400	173
D6750	Retainer Crown, Porcelain Fused To High Noble Metal	350 ♦	180
D6751	Retainer Crown - Porcelain Fused To Predominantly Base Metal	320	162
D6752	Retainer Crown, Porcelain Fused To Noble Metal	330 ♦	173
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	330	173
D6790	Retainer Crown, Full Cast High Noble Metal	350 ♦	171
D6791	Retainer Crown, Full Cast Predominantly Base Metal	320	159
D6792	Retainer Crown, Full Cast Noble Metal	330 ♦	165
D6794	Retainer crown - titanium and titanium alloys	320	159
OTHER FIXED PARTIAL DENTURE SERVICES			
D6930	Re-Cement Or Re-Bond Fixed Partial Denture	31	26
EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)			
D7111	Extraction, Coronal Remnants - Primary Tooth	11	10
D7140	Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)	28	24
SURGICAL EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)			
D7210	Extraction, Erupted Tooth Requiring Removal Of Bone And/Or Sectioning Of Tooth, And Including Elevation Of Mucoperiosteal Flap If Indicated	52	35
D7220	Removal Of Impacted Tooth - Soft Tissue	64	43
D7230	Removal Of Impacted Tooth - Partially Bony	86	60
D7240	Removal Of Impacted Tooth - Completely Bony	106	72
D7241	Removal Of Impacted Tooth - Completely Bony, With Unusual Surgical Complications	121	84
D7250	Removal Of Residual Tooth Roots (Cutting Procedure)	50	35
D7251	Coronectomy-Intentional Partial Tooth Removal	106	72
OTHER SURGICAL PROCEDURES			
D7280	Exposure Of An Unerupted Tooth	102	67
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	25	17
D7288	Brush Biopsy - Transepithelial Sample Collection	45	0
ALVEOLOPLASTY (surgical preparation of ridge for dentures)			

ADA Code	ADA Description	In Network Member Pays \$	Out of Network Plan Pays Up to \$
ALVEOLOPLASTY (surgical preparation of ridge for dentures)			
D7310	Alveoplasty In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	49	34
D7320	Alveoplasty Not In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	60	42
D7321	Alveoplasty Not In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant	24	17
SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS			
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Lesion Diameter Up To 1.25 Cm	76	50
OTHER REPAIR PROCEDURES			
D7961	Buccal / labial frenectomy (frenulectomy)	100	67
D7962	Lingual frenectomy (frenulectomy)	100	67
D7963	Frenuloplasty	50	34
LIMITED ORTHODONTIC TREATMENT			
D8010	Limited Orthodontic Treatment Of Primary Dentition	750	0
D8020	Limited Orthodontic Treatment Of Transitional Dentition	750	0
D8030	Limited Orthodontic Treatment Of Adolescent Dentition	750	0
D8040	Limited Orthodontic Treatment Of The Adult Dentition	750	0
INTERCEPTIVE ORTHODONTIC TREATMENT			
D8050	Interceptive Orthodontic Treatment Of Primary Dentition	900	0
D8060	Interceptive Orthodontic Treatment Of Transitional Dentition	900	0
COMPREHENSIVE ORTHODONTIC TREATMENT			
D8070	Comprehensive Orthodontic Treatment Of Transitional Dentition	2900	0
D8080	Comprehensive Orthodontic Treatment Of Adolescent Dentition	2900	0
D8090	Comprehensive Orthodontic Treatment Of Adult Dentition	2900	0
MINOR TREATMENT TO CONTROL HARMFUL HABITS			
D8210	Removable Appliance Therapy For Control Of Harmful Habits	375	0
D8220	Fixed Appliance Therapy For Control Of Harmful Habits	375	0
OTHER ORTHODONTIC SERVICES			
D8680	Orthodontic Retention (Removal Of Appliances, Construction And Placement Of Retainer(S))	275	0
†	Orthodontic Records Fee	250	0
UNCLASSIFIED TREATMENT			
D9110	Palliative (Emergency) Treatment Of Dental Pain, Minor Procedures	26	16
PROFESSIONAL CONSULTATION			
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician Other Than Requesting Dentist Or Physician	28	18

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PROFESSIONAL CONSULTATION

D9311	Consultation With A Medical Health Care Professional	0	0
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PROFESSIONAL VISITS

D9430	Office Visit For Observation (During Regularly Scheduled Hours) - No Other Services Performed	0	0
D9440	Office Visit After Regularly Scheduled Hours	54	20

MISCELLANEOUS SERVICES

D9932	Cleaning And Inspection Of Removable Complete Denture, Maxillary	0	0
D9933	Cleaning And Inspection Of Removable Complete Denture, Mandibular	0	0
D9934	Cleaning And Inspection Of Removable Partial Denture, Maxillary	0	0
D9935	Cleaning And Inspection Of Removable Partial Denture, Mandibular	0	0
D9986	Missed Appointment	11	0
D9987	Cancelled appointment	11	0
D9990	Certified translation or sign-language services - per visit	0	0
D9991	Dental Case Management - Addressing Appointment Compliance Barriers	0	0
D9992	Dental Case Management - Care Coordination	0	0
D9993	Dental Case Management - Motivational Interviewing	0	0
D9994	Dental Case Management - Patient Education To Improve Oral Health Literacy	0	0
D9995	Teledentistry - Synchronous; Real-Time Encounter	0	0
D9996	Teledentistry - Asynchronous; Information Stored and Forwarded to Dentist for Subsequent Review	0	0
D9997	Dental care management - patients with special health care needs	0	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.
- ⊕ Please Report Under Code D8999 "Unspecified Orthodontic Procedure, By Report." Records Include All Diagnostic Procedures, Such As Cephalometric Films, Full Mouth X-Rays, Models, And Treatment Plans.