# Direct Compensation (DC) Contributory CA250/covered dental services

ADA	DESCRIPTION	MEMBER PAYS	ADA	DESCRIPTION	MEMBER PAYS
DIAGNO	STIC SERVICES		D0472	ACCESS TISSUE, GROSS EXAM - PREP & REPORT	\$0
D0120	PERIODIC ORAL EVALUATION EST PT	\$0	D0473	ACCESS TISSUE, GROSS & MICROSCOPIC -	\$0
D0140	LTD ORAL EVALUATION - PROBLEM FOCUS	\$0	D0474	PREP/REPORT	ΦO
D0145	ORAL EVAL PT<3 AND COUNSEL	\$0	D0474	ACCESS TISSUE, GROSS & MICROSCOPIC SURG MARG PREP/REPORT	\$0
D0150	COMP ORAL EVALUATION - NEW/EST PT	\$0	D0601	CARIES RISK ASSESSMENT AND DOCUMENTATION,	\$0
D0160	DTL & EXT ORAL EVAL - PROBLEM FOCUS REPORT	\$0	Dagge	LOW	40
D0170	RE-EVALUATION - LTD PROBLEM FOCUSED	\$0	D0602	CARIES RISK ASSESSMENT AND DOCUMENTATION, MODERATE	\$0
D0171	RE-EVALUATION - POST-OPERATIVE OFFICE VISIT	\$0	D0603	CARIES RISK ASSESSMENT AND DOCUMENTATION,	\$0
D0180	COMP PERIODONTAL EVAL - NEW/EST PT	\$0	D /	HIGH	
D0210	INTRAORAL - COMPLETE SERIES RADIOGRAPHIC IMAGES	\$0	D0701	PANORAMIC RADIOGRAPHIC IMAGE – IMAGE CAPTURE ONLY	\$0
D0220	INTRAORAL PERIAPICAL FIRST RADIOGRAPHIC IMAGE	\$0	D0702	2-D CEPHALOMETRIC RADIOGRAPHIC IMAGE – IMAGE CAPTURE ONLY	\$0
D0230	INTRAORL PERIAPICAL EACH ADD RADIOGRAPHIC IMAGE	\$0	D0705	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE-IMAGE CAPTURE ONLY	\$0
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	\$0	D0706	INTRAORAL-OCCLUSAL RADIOGRAPHIC IMAGE-IMAGE CAPTURE ONLY	\$0
D0250	EXTRA-ORAL - 2D PROJECTION RADIOGRAPHIC IMAGE	\$0	D0707	INTRAORAL-PERIAPICAL RADIOGRAPHIC	\$0
D0251	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE	\$0	D0708	IMAGE-IMAGE CAPTURE ONLY INTRAORAL-BITEWING RADIOGRAPHIC	\$0
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	\$0	D0709	IMAGE-IMAGE CAPTURE ONLY INTRAORAL-COMPLETE SERIES OF RADIOGRAPHIC	\$0
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	\$0	D0703	IMAGES-IMAGE CAPTURE ONLY	ΨΟ
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	\$0	PREVEN	NTIVE SERVICES	
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	\$0	D1110	PROPHYLAXIS - ADULT	\$0
D0277	VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC	\$0	D1120	PROPHYLAXIS - CHILD	\$0
D0000	IMAGES	ΦO	D1206	TOPICALFLUORIDE VARNISH	\$0
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$0	D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING	\$0
D0340	2D CEPHALOMETRIC RADIOGRAPHIC IMAGE - ACQUISITION, MEASUREMENT AND ANALYSIS	\$0	D1310	VARNISH NUTRIT CNSL CONTROL DENTAL DISEASE	\$0
D0364	CONE BEAM CT CAPTURE AND INTERPRETATION	\$0	D1310	TOBACCO CNSL CNTRL&PREVION ORL DZ	\$0 \$0
	WITH LIMITED FIELD OF VIEW-LESS THAN ONE		D1330	ORAL HYGIENE INSTRUCTIONS	\$0
D0365	WHOLE JAW CONE BEAM CT CAPTURE AND INTERPRETATION	\$0	D1351	SEALANT - PER TOOTH	\$0
	WITH LIMITED FIELD OF VIEW OF ONE FULL DENTAL ARCH-MANDIBLE	,,	D1352	PREV RESIN RESTORATION IN MOD HIGH CARIES RISK PATIENT- PERM TOOTH	\$0
D0366	CONE BEAM CT CAPTURE AND INTERPRETATION	\$0	D1353	SEALANT REPAIR – PER TOOTH	\$0
	WITH LIMITED FIELD OF VIEW OF ONE FULL DENTAL		D1355	CARIES PREVENTIVE MEDICAMENT APPLICATION –	\$0
D0367	ARCH-MAXILLA CONE BEAM CT CAPTURE AND INTERPRETATION	\$0	D 1000	PER TOOTH	ΨΟ
	WITH FIELD OF VIEW OF BOTH JAWS	**	D1516	SPACE MAINTAINER - FIXED - BILATERAL,	\$0
D0368	CONE BEAM CT CAPTURE AND INTERPRETATION FOR TMJ SERIES INCLUDING TWO OR MORE	\$0	D1517	MAXILLARY SPACE MAINTAINER - FIXED - BILATERAL,	\$0
D0004	EXPOSURES	Φ0	D1520	MANDIBULAR SPACE MAINTAINER -	\$0
D0391	INTERPRETATION OF DIAGNOSTIC IMAGE	\$0	D1020	REMOVABLE-UNILATERAL/QUAD	ΨΟ
D0393	SIMULATION USING 3D IMAGES	\$0 \$0	D1526	SPACE MAINTAINER - REMOVABLE - BILATERAL,	\$0
D0394 D0395	DIGITAL SUBTRACTION OF IMAGES FUSION OF TWO OR MORE 3D IMAGES	\$0 \$0	D1527	MAXILLARY SPACE MAINTAINER - REMOVABLE - BILATERAL,	\$0
D0393	LABORATORY PROCESSING OF MICROBIAL	\$0 \$0	D1021	MANDIBULAR	ΨΟ
D0414	SPECIMEN TO INCLUDE CULTURE AND SENSITIVITY STUDIES, PREPARATION AND TRANSMISSION OF	φυ	D1551	RECEM/REBOND BILATERAL SPACE MAINTAINER – MAXIL	\$0
D0445	WRITTEN REPORT	00	D1552	RECEM/REBOND BILATERAL SPACE MAINTAINER – MANDIB	\$0
D0415	COLLECT MICROORGANISMS CULT & SENS	\$0 \$0	D1553	RECEM/REBOND UNILATERAL SPACE	\$0
D0416	VIRAL CULTURE	\$0 \$0	B.15=2	MAINTAINER/QUAD	<b>.</b> -
D0417 D0418	COLLECTION & PREP OF SALIVA SAMPLE	\$0 \$0	D1556	REMOVAL OF FIXED UNILATERAL SPACE MAINTAINER/QUAD	\$0
D0418	ANALYSIS OF SALIVA SAMPLE CARIES SUSCEPTIBILITY TESTS	\$0 \$0	D1557	REMOVAL OF FIXED BILATERAL SPACE	\$0
D0423	ADJUNCT PREDX TST NO CYTOL/BX PROC	\$0 \$0	D4550	MAINTAINER-MAXIL	*-
D0451	PULP VITALITY TESTS	\$0 \$0	D1558	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER-MANDIB	\$0
D0470	DIAGNOSTIC CASTS	\$0	D1575	DISTAL SHOE SPACE MAINTAINER – FIXED, UNILATERAL/QUAD	\$0

	ADA	DESCRIPTION	MEMBER PAYS	ADA	DESCRIPTION	MEMBER PAYS
MALCANA TWO SURFACES PRIMARY/PERMANENT   50   2020   PREFABRICATED STAILESS STEEL CROWN-   2020   PREFABRICATED STAILESS STEEL CROWN-   2020   PREFABRICATED STAILESS STEEL CROWN-   2020   2020   PREFABRICATED STAILESS STEEL CROWN-   2020   2020   PREFABRICATED STAILESS STEEL CROWN-   2020   20	RESTOR	ATIVE SERVICES		D2920	RECEMENT OR RE-BOND CROWN	\$0
MANICAMA - SURFICES PRIMAY PERMANENT   90   PRIMAY	D2140	AMALGAM - ONE SURFACE PRIMARY/PERMANENT	\$0	D2921	REATTACHMENT OF TOOTH FRAGMENT	\$0
	D2150	AMALGAM - TWO SURFACES PRIMARY/PERMANENT	\$0	D2930	PREFABRICATED STAINLESS STEEL CROWN -	\$0
PERMANENT	D2160	AMALGAM - 3 SURFACES PRIMARY/PERMAMENT	\$0			
PRIMARY PERAMBER   PRISH COUNTOSTE: - OR SURFACE ANTERIOR   90   2023   PREPABBICATE RESIN CONTOSTE SURFACES ANTERIOR   90   2023   PRESIN COUNTOSTE: - SURFACES ANTERIOR   90   2024   PREPABBICATE DESTINCE CATED STINLESS STEEL COWN RESIN   90   2024   2024   PREPABBICATE DESTINCE CATED STINLESS STEEL   90   2024	D2161	AMALGAM - FOUR/MORE SURFACES	\$0	D2931		\$0
RESIN COMPOSITE - 2 SURFACES ANTERIOR			•	D2932		\$0
RESHI COMPOSITE - 1-9 SURFACES ANTERIOR   SESIN COMPOSITE - 1-9 SURFACES ANTERIOR   SESIN COMPOSITE - 1-9 SURFACES ANTERIOR   SESIN COMPOSITE - 1-9 SURFACES POSTERIOR   SESIN COMPOSITE - 1-9 SURFACES POSTERIOR   SESIN COMPOSITE - 2 SURFACES POSTERIOR   SESIN COMPOSITE - 3 SURFACES POSTERIOR   SESIN COMPOSITE - 4 SURFACES POSTERIOR POSTERIOR POSTERIOR POSTERIOR   SESIN COMPOSITE - 4 SURFACES POSTERIOR			·	D2933	PREFABRICATED STAINLESS STEEL CROWN RESIN	\$0
RESIN COMPOSITE CAS QUERTACIES OF STERIOR   RESIN COMPOSITE CAS QUERTACE POSTERIOR   \$0			·			
RESIN COMPOSITE LANGEN WATERIOR   50   D2640   RESIN COMPOSITE 1 SURFACE POSTERIOR   50   D2640   D2				D2934		\$0
RESIN COMPOSITE -   SURPACE POSTEROR   50   Design   De				D2940		\$0
DENTIFICATION   SECURITION				D2941	INTERIM THERAPEUTIC RESTORATION – PRIMARY	\$0
RESIN COMPOSITE - 3 SURFACES POSTERIOR						
D2394   RESIN COMPOSITE - 4MORE SURFACES POST   50   D252   POST & CORE ADD CROWN NINDERCYFAB   50   D252   RILLY - METALLIC - ONE SURFACES   30   D253   D2644   DAD INDIRECT FABRICATED POST SAME   50   D252   RILLY - METALLIC - SMORE SURFACES   30   D2654   PREFABRICATED POST & CORE ADDITION CROWN   50   D2654   DADA - METALLIC - TWO SURFACES   30   D2654   PREFABRICATED POST & CORE ADDITION CROWN   50   D2654   DADA - METALLIC - TWO SURFACES   30   D2655   POST REMOVAL   50   D2654   DADA - METALLIC - TWO SURFACES   30   D2657   D2654   DADA - METALLIC - TWO SURFACES   30   D2657   D2654   DADA - METALLIC - FOUR OR MORE SURFACES   30   D2657   D2654   DADA - METALLIC - TWO SURFACES   30   D2657   D2654   DADA - METALLIC - TWO SURFACES   30   D2657   D2654   DADA - PORCELAINCERAMIC - SURFACES   30   D2658   D2655						·
D2510   NILAY - METALLIC - ONE SURFACES   30   D2951   PAGE-HADD INDIRECT PABRICATED POST SAME   73						
DESSIGN   INLAY - METALLIC - TWO SURFACES   S0   D2954   PREFABBICATED POST & CORE ADDITION CROWN   S0   D2954   ONLAY - METALLIC - TWO SURFACES   S0   D2955   POST REMOVAL   S0   D2954   ONLAY - METALLIC - TWO SURFACES   S0   D2957   EACH ADD PREFABR POST - SAME TOOTH   S0   D2954   ONLAY - METALLIC - THORE SURFACES   S0   D2956   CABIAL - VENERE (RESIN LAMINATE) - INDIRECT   S0   D2956						
D2552   ONLAY - METALLIC - 3MORE SURFACES   30   D2955   POST REMOVAL				D2953		\$0
NUAY - METALLIC T-WO SURFACES   30   D2955   POST REMOVAL   SO			·	D2954		\$0
MAY - METALLIC THING SUPFACES   S0   D2957   EACH ADD PREFABR POST - SAME TOOTH   S0						
MILAY - PROFICE LAINCERAMIC - SUBFACES   SO   D2861   LABIAL VENEER (RESIN LAMINATE) - DIRECT   SO   D2864   NILAY - PORCELAINCERAMIC - SUBFACES   SO   D2861   LABIAL VENEER (RESIN LAMINATE) - INDIRECT   SO   D2860   NILAY - PORCELAINCERAMIC - SUBFACES   SO   D2871   ADD PROCEDURE NEW CROWN XST PART   SO   D2860   NILAY - PORCELAINCERAMIC - SUBFACES   SO   D2875   COPING   SO   D2870						
MAN - PORCELAINCERAMIC - 1 SURFACES   SO   D2961   LABIAL VENEER (RESIN LAMINATE) - INDIRECT   SO   D2961   N.A.Y - PORCELAINCERAMIC - 3 SURFACES   SO   D2962   LABIAL VENEER (PORCELAIN LAMINATE) - INDIRECT   SO   D2962   N.A.Y - PORCELAINCERAMIC - 3 SURFACES   SO   D2963   D2964   D2964   D2964   D2964   D2964   D2964   D2966   D			,			·
MILAY - PORCELLAINCERAMIC - 2 SURFACES   \$0   D2982   LABIAL VENEER (PORCELAIN LAMINATE) - INDIRECT   \$0   D2620   MILAY - PORCELAINCERAMIC - 2 SURFACES   \$0   D2974   ADD PROCEDURE NEW CROWN XST PART   \$0   D2642   ONLAY - PORCELAINCERAMIC - 2 SURFACES   \$0   D2975   COPING   \$0   ONLAY - PORCELAINCERAMIC - 2 SURFACES   \$0   D2976   COPING   CROWN REPAIR   \$0   ONLAY - PORCELAINCERAMIC - 3 SURFACES   \$0   D2980   CROWN REPAIR   \$0   ONLAY - PORCELAINCERAMIC - 3 SURFACES   \$0   D2980   CROWN REPAIR   \$0   ONLAY - PORCELAINCERAMIC - 3 SURFACES   \$0   D3101   PULP CAP - INDIRECT   \$0   ONLAY - RESIN BASED COMPOSITE - 1 SURFACES   \$0   D3102   PULP CAP - INDIRECT   \$0   ONLAY - RESIN BASED COMPOSITE - 2 SURFACES   \$0   D3102   PULP CAP - INDIRECT   \$0   ONLAY - RESIN BASED COMPOSITE - 2 SURFACES   \$0   D3102   PULP CAP - INDIRECT   \$0   ONLAY - RESIN BASED COMPOSITE - 2 SURFACES   \$0   D3202   TYLP POTOMY - CORONAL DENTINOCEMENTL   \$0   ONLAY - RESIN BASED COMPOSITE - 2 SURFACES   \$0   D3202   TYLP POTOMY - CORONAL DENTINOCEMENTL   \$0   ONLAY - RESIN BASED COMPOSITE - 3 SURFACES   \$0   D3202   PULP ALTORIAY - CORONAL DENTINOCEMENTL   \$0   ONLAY - RESIN BASED COMPOSITE - 3 SURFACES   \$0   D3202   PULP ALTORIAY - CORONAL DENTINOCEMENTL   \$0   ONLAY - RESIN BASED COMPOSITE - 40   S0   D3202   PULP ALTORIAY - POSTERIOR PRIMARY TOOTH   \$0   ONLAY - RESIN BASED COMPOSITE INDIRECT   \$0   D3202   PULP ALTORIAY - POSTERIOR PRIMARY TOOTH   \$0   ONLAY - RESIN BASED COMPOSITE INDIRECT   \$0   D3202   PULP ALTORIAY - POSTERIOR PRIMARY TOOTH   \$0   ONLAY - RESIN WITH HIGH NOBLE METAL   \$0   D3301   ANTERIOR   S0   ONLAY - RESIN WITH HIGH NOBLE METAL   \$0   D3302   BICUSPID   S0   ONLAY - RESIN WITH HIGH NOBLE METAL   \$0   D3302   BICUSPID   S0   ONLAY - RESIN WITH HIGH NOBLE METAL   \$0   D3302   BICUSPID   S0   ONLAY - RESIN WITH HIGH NOBLE METAL   \$0   D3302   BICUSPID   S0   ONLAY - RESIN WITH HIGH NOBLE METAL   \$0   D3302   AREXINCATION NON-SURG ACCESS   \$0   ONLAY - RESIN WITH HIGH NOBLE METAL   \$0   D3302   AREXINCATION N					,	
MILAY - PORCELAIN/CERAMIC - 3 MORE SURFACES   \$0   D2971   DENTURE   DENTURE   DENTURE   \$0					,	
DENTURE   DENTURE   DENTURE   DENTURE   DENTURE   DENTURE   DESTREACES   SQ   D2975   COPING   SQ   D2976   D2976   COPING   SQ					,	
BOB434         ONLAY - PORCELAINICERAMIC - 3 SURFACES         \$0         D2894         CROWN REPAIR         \$0           D2644         ONLAY - PORCELAINICERAMIC - 4 MORE SURFACES         \$0         CROWN REPAIR         \$0           D2655         INLAY - RESIN BASED COMPOSITE - 1 SURFACES         \$0         D3110         PULP CAP - INDIRECT         \$0           D2652         INLAY - RESIN BASED COMPOSITE - 2 SURFACES         \$0         D3220         TX PULPOTOMY - CORONAL DENTROCEMENTL         \$0           D2662         ONLAY - RESIN - BASED COMPOSITE - 3 SURFACES         \$0         D3221         PULPA DEBRIDEMENT PRIMARY & PERMAMENT         \$0           D2663         ONLAY - RESIN - BASED COMPOSITE - 412-         \$0         D3222         PARTIAL PULPOTOMY         \$0           D2710         CROWN - RESIN - BASED COMPOSITE INDIRECT         \$0         D3230         PULPAL THERAPY - ANTERIOR PRIMARY TOOTH         \$0           D2710         CROWN - RESIN WITH HIGH NOBLE METAL         \$0         D3310         ANTERIOR         \$0           D27212         CROWN - RESIN WITH ROBLE METAL         \$0         D3331         MCAR         TX PURPATEDIA PERPARPERPORATION DEFE         \$0           D2750         CROWN - PORCELAIN FUSED HINDIBLE METAL         \$0         D3331         TX REPURPARP PERPORATION DEFE         \$0 <td></td> <td></td> <td></td> <td>220</td> <td></td> <td>Ψ*</td>				220		Ψ*
D2644   ONLAY - PORCELAINICERAMIC - 4MORE SURFACES   S0   D3110   PULP CAP - DIRECT   S0   S0   D3101   PULP CAP - DIRECT   S0   D3101   PULP CAP - DIRECT   S0   D3101   PULP CAP - DIRECT   S0   D3102   PULP CAP - D3102   PULP				D2975	COPING	\$0
NLAY - RESIN BASED COMPOSITE - 1 SURFACES   \$0   D310   PULP CAP - DIRECT   \$0   D365   INLAY - RESIN BASED COMPOSITE - 2 SURFACES   \$0   D3120   PULP CAP - INDIRECT   \$0   D3662   INLAY - RESIN BASED COMPOSITE - 3 SURFACES   \$0   D3220   TX PULPOTOMY - CORONAL DENTNOCEMENTL JUNC   JUNC   D3663   ONLAY - RESIN - BASED COMPOSITE - 2 SURFACES   \$0   D3221   PULPAL DEBRIDEMENT PRIMARY & PERMAMENT   \$0   D3664   D3666				D2980	CROWN REPAIR	\$0
D2661   INLAY - RESIN BASED COMPOSITE - 2 SURFACES   \$0   D320   D14 CAPT - UNIDERECT   \$0   D2682   INLAY - RESIN BASED COMPOSITE - 3 P-SURFACES   \$0   D320   D1820   D14 P-RESIN - BASED COMPOSITE - 2 SURFACES   \$0   D3220   D14 P-RESIN - BASED COMPOSITE - 2 SURFACES   \$0   D3221   PULPAL DEBRIDEMENT PRIMARY & PERMAMENT   \$0   D320   PULPAL THERAPY - ANTERIOR PRIMARY TOOTH   \$0   D320   PULPAL THERAPY - ANTERIOR PRIMARY TOOTH   \$0   D320   PULPAL THERAPY - POSTERIOR PRIMARY TOOTH   \$0   D320   PULPAL THERAPY -				ENDOD	ONTIC SERVICES	
D2652   INLAY - RESIN BASED COMPOSITE - 3 /> SURFACES   S0   D3220   TX PULPOTOMY - CORONAL DENTINOCEMENTL   S0   D3260   D327   PULPAL DEBRIDEMENT PRIMARY & PERMAMENT   S0   D3260   D3260   PULPAL THERAPY - ANTERIOR PRIMARY TOOTH   S0   D3270   PULPAL THERAPY - ANTERIOR PRIMARY TOOTH   S0   D3270   PULPAL THERAPY - ANTERIOR PRIMARY TOOTH   S0   D3270   PULPAL THERAPY - POSTERIOR PRIMARY TOOTH   S0   D				D3110	PULP CAP - DIRECT	\$0
D2662   ONLAY - RESIN - BASED COMPOSITE - 2 SURFACES   50   SURFACES   50   D3221   PULPAL DEBRIDEMENT PRIMARY & PERMAMENT   50   PULPAL DEBRIDEMENT PRIMARY & PERMAMENT   50   D3264   PULPAL DEBRIDEMENT PRIMARY & PERMAMENT   50   D3264   PULPAL THERAPY - ANTERIOR PRIMARY TOOTH   50   D32710   CROWN - RESIN - BASED COMPOSITE INDIRECT   50   D3220   PULPAL THERAPY - ANTERIOR PRIMARY TOOTH   50   D32710   CROWN - RESIN - BASED COMPOSITE INDIRECT   50   D3240   PULPAL THERAPY - POSTERIOR PRIMARY TOOTH   50   D3270   POSTERIOR PRIMARY TOOTH   50   D3270   POSTERIOR PRESIDENT				D3120	PULP CAP - INDIRECT	\$0
D2663         ONLAY - RESIN - BASED COMPOSITE - 3 SURFACES         \$0         D3221 PULPAL DEBRIDEMENT PRIMARY & PERMAMENT TEETH TEETH TEETH TEETH         \$0           D2764         ONLAY - RESIN - BASED COMPOSITE - 4/> SURFACES         \$0         D3222 PARTIAL PULPOTOMY         \$0           D2710         CROWN - RESIN - BASED COMPOSITE INDIRECT         \$0         D3230 PULPAL THERAPY - ANTERIOR PRIMARY TOOTH         \$0           D2720*         CROWN - RESIN WITH HIGH NOBLE METAL         \$0*         D3310 ANTERIOR         ANTERIOR         \$0           D2721*         CROWN - RESIN WITH HIGH NOBLE METAL         \$0*         D3320 BICUSPID         BICUSPID         \$0           D2722*         CROWN - RESIN WITH HOBLE METAL         \$0*         D3330 MOLAR         MOLAR         \$0           D27240         CROWN - PORCELAIN FUSED HEMTAL         \$0*         D3331 TX RC OBSTRUCTION; NON-SURG ACCESS         \$0           D2750*         CROWN - PORCELAIN FUSED PREDOM BASE METAL         \$0*         D3332 INCMPL ENDO TX; INOP UNRSTREX TOOTH         \$0           D2752*         CROWN - PORCELAIN FUSED PREDOM BASE METAL         \$0*         D3331 INTRL ROOT REPAIR PERFORATION DEFEC         \$0           D2752*         CROWN - PORCELAIN FUSED TO TITANIUM/TITANIUM         \$0*         D3346 RETX PREVIOUS RC THERAPY - MICLAR         \$0           D2752*         CROWN -				D3220		\$0
D2664   ONLAY - RESIN - BASED COMPOSITE - 4/> SURFACES   D3222   PARTIAL PULPOTOMY   SURFACES   SURFACES   SURFACES   SURFACES   D3220   PARTIAL PULPOTOMY   SURFACES   SURFACES   SURFACES   D3220   PULPAL THERAPY - ANTERIOR PRIMARY TOOTH   SURFACES   D3270   PULPAL THERAPY - POSTERIOR PRIMARY TOOTH   SURFACE   PULPAL THERAPY - POSTERIOR PRIMARY TOOTH   SURFACE   PULPAL THERAPY - POSTERIOR PRIMARY TOOTH   SURFACE   PULPAL THERAPY - POSTERIOR PRIMARY TOOTH   SUBJECT   PULPAL THERAPY - PULPAL THERAPY - POSTERIOR PRIMARY TOOTH   SUBJECT   PULPAL THERAPY - PUL				D3221		\$0
SURFACES   D3222   PART IAL PULPOTOMY   S0   D3222   PART IAL PULPOTOMY   S0   D3210   CROWN - RESIN - BASED COMPOSITE INDIRECT   S0   D3230   PULPAL THERAPY - ANTERIOR PRIMARY TOOTH   \$0   D3210   CROWN - SIX RESIN WITH HIGH NOBLE METAL   \$0   D3310   ANTERIOR   ANTERIOR PRIMARY TOOTH   \$0   D3210   ANTERIOR   CROWN - RESIN WITH HIGH NOBLE METAL   \$0   D3300   BICUSPID   S0   D3222   CROWN - RESIN WITH NOBLE METAL   \$0   D3300   BICUSPID   S0   D3222   CROWN - RESIN WITH NOBLE METAL   \$0   D3300   MOLAR   S0   D3220   BICUSPID   S0   D3220   BICUSPI			·	DUZZI		Ψ
D2710         CROWN - RESIN - BASED COMPOSITE INDIRECT         \$0         D3230         PULPAL THERAPY - ANTERIOR PRIMARY TOOTH         \$0           D2712         CROWN - 3/4 RESIN - BASED COMPOSITE INDIRECT         \$0         D3240         PULPAL THERAPY - POSTERIOR PRIMARY TOOTH         \$0           D2720*         CROWN - RESIN WITH HIGH NOBLE METAL         \$0*         D3310         ANTERIOR         \$0           D2721         CROWN - RESIN WITH HIGH NOBLE METAL         \$0*         D3320         BICUSPID         \$0           D2722*         CROWN - RESIN WITH HOBLE METAL         \$0*         D3330         MOLAR         \$0           D2740         CROWN - PORCELAIN/CERAMIC SUBSTRATE         \$0         D3331         TX RC OBSTRUCTION; NON-SURG ACCESS         \$0           D2750*         CROWN - PORCELAIN FUSED HI NOBLE METAL         \$0*         D3332         INCMPL ENDO TX;INOP UNRSTR/FX TOOTH         \$0           D2751*         CROWN - PORCELAIN FUSED PREDOM BASE METAL         \$0*         D3346         RETX PREVIOUS RC THERAPY - ANTERIOR         \$0           D2752*         CROWN - PORCELAIN FUSED TO TITANIUM/TITANIUM         \$0*         D3347         RETX PREVIOUS RC THERAPY - ANTERIOR         \$0           D2780*         CROWN - 3/4 CAST HIGH NOBLE METAL         \$0*         D3347         RETX PREVIOUS RC THERAPY - MOLAR	D2664		\$0	D3222	PARTIAL PULPOTOMY	\$0
D2720'         CROWN - RESIN WITH HIGH NOBLE METAL         \$0'         D3310         ANTERIOR         \$0           D2721'         CROWN - RESIN WIPREDOM BASE METAL         \$0'         D3320         BICUSPID         \$0           D2722'         CROWN - RESIN WITH NOBLE METAL         \$0'         D3330         MOLAR         \$0           D2750'         CROWN - PORCELAIN/CERAMIC SUBSTRATE         \$0'         D3331         TX RC OBSTRUCTION; NON-SURG ACCESS         \$0           D2750'         CROWN - PORCELAIN FUSED HI NOBLE METAL         \$0'         D3332         INCMPL ENDO TX;INOP UNRSTR/FX TOOTH         \$0           D2751'         CROWN - PORCELAIN FUSED PREDOM BASE METAL         \$0'         D3346         RETX PREVIOUS RC THERAPY - ANTERIOR         \$0           D2752'         CROWN - PORCELAIN FUSED TO TITANIUM/TITANIUM         \$0'         D3347         RETX PREVIOUS RC THERAPY - BICUSPID         \$0           D2780'         CROWN - PORCELAIN FUSED TO TITANIUM/TITANIUM         \$0'         D3348         RETX PREVIOUS RC THERAPY - BICUSPID         \$0           D2781'         CROWN - 3/4 CAST HIGH NOBLE METAL         \$0'         D3351         APEXIFICATION/RECALCIFICATION - INITIAL VST         \$0           D2782'         CROWN - 3/4 CAST NOBLE METAL         \$0'         D3352         APEXIFICATION/RECALCIFICATION - INTERIM	D2710		\$0	D3230	PULPAL THERAPY - ANTERIOR PRIMARY TOOTH	\$0
D2721         CROWN - RESIN W/PREDOM BASE METAL         \$0         D3320         BICUSPID         \$0           D2722         CROWN - RESIN WITH NOBLE METAL         \$0^{\circ}\$         D3330         MOLAR         \$0           D2740         CROWN - PORCELAIN/CERAMIC SUBSTRATE         \$0         D3331         TX RC OBSTRUCTION; NON-SURG ACCESS         \$0           D2750*         CROWN - PORCELAIN FUSED HI NOBLE METAL         \$0^{\circ}\$         D3332         INCMPL ENDO TX;INOP UNRSTR/FX TOOTH         \$0           D2751*         CROWN - PORCELAIN FUSED PREDOM BASE METAL         \$0         D3333         INTRL ROOT REPAIR PERFORATION DEFEC         \$0           D2752*         CROWN - PORCELAIN FUSED TO TITANIUM/TITANIUM         \$0         D3346         RETX PREVIOUS RC THERAPY - ANTERIOR         \$0           D2753         CROWN PORCELAIN FUSED TO TITANIUM/TITANIUM         \$0         D3347         RETX PREVIOUS RC THERAPY - BICUSPID         \$0           D2760*         CROWN - 3/4 CAST HIGH NOBLE METAL         \$0^{\circ}\$         D3348         RETX PREVIOUS RC THERAPY - MOLAR         \$0           D2781*         CROWN - 3/4 CAST PREDOM BASE METAL         \$0^{\circ}\$         D3352         APEXIFICATION/RECALCIFICATION - INITIAL VST         \$0           D2782*         CROWN - 3/4 CAST NOBLE METAL         \$0^{\circ}\$         D3355         PULPAL REGENERATION	D2712	CROWN - 3/4 RESIN - BASED COMPOSITE INDIRECT	\$0	D3240	PULPAL THERAPY - POSTERIOR PRIMARY TOOTH	\$0
D2722'         CROWN - RESIN WITH NOBLE METAL         \$0^{\circ}\$         D3330         MOLAR         \$0           D2740         CROWN - PORCELAIN/CERAMIC SUBSTRATE         \$0^{\circ}\$         D3331         TX RC OBSTRUCTION; NON-SURG ACCESS         \$0           D2750*         CROWN - PORCELAIN FUSED HI NOBLE METAL         \$0^{\circ}\$         D3332         INCMPL ENDO TX:INOP UNRSTR/FX TOOTH         \$0           D2751         CROWN - PORCELAIN FUSED PREDOM BASE METAL         \$0^{\circ}\$         D3333         INTRL ROOT REPAIR PERFORATION DEFEC         \$0           D2752*         CROWN - PORCELAIN FUSED NOBLE METAL         \$0^{\circ}\$         D3346         RETX PREVIOUS RC THERAPY - ANTERIOR         \$0           D2753         CROWN PORCELAIN FUSED TO TITANIUM/TITANIUM         \$0^{\circ}\$         D3347         RETX PREVIOUS RC THERAPY - ANTERIOR         \$0           D2780*         CROWN - 3/4 CAST HIGH NOBLE METAL         \$0^{\circ}\$         D3348         RETX PREVIOUS RC THERAPY - MOLAR         \$0           D2781*         CROWN - 3/4 CAST PREDOM BASE METAL         \$0^{\circ}\$         D3351         APEXIFICATION/RECALCIFICATION - INITIAL VST         \$0           D2782*         CROWN - 3/4 CAST NOBLE METAL         \$0^{\circ}\$         D3352         APEXIFICATION/RECALCIFICATION - INTERIM         \$0           D2783*         CROWN - 5/ULL CAST HIGH NOBLE METAL         \$0^{\circ}\$	D2720*	CROWN - RESIN WITH HIGH NOBLE METAL	\$0*	D3310	ANTERIOR	\$0
D2740         CROWN - PORCELAIN/CERAMIC SUBSTRATE         \$0         D3331         TX RC OBSTRUCTION; NON-SURG ACCESS         \$0           D2750*         CROWN - PORCELAIN FUSED HI NOBLE METAL         \$0*         D3332         INCMPL ENDO TX;INOP UNRSTR/FX TOOTH         \$0           D2751*         CROWN - PORCELAIN FUSED PREDOM BASE METAL         \$0         D3333         INTRL ROOT REPAIR PERFORATION DEFEC         \$0           D2752*         CROWN - PORCELAIN FUSED NOBLE METAL         \$0*         D3346         RETX PREVIOUS RC THERAPY - ANTERIOR         \$0           D2753         CROWN PORCELAIN FUSED TO TITANIUM/TITANIUM         \$0         D3347         RETX PREVIOUS RC THERAPY - BICUSPID         \$0           D2780*         CROWN - 3/4 CAST HIGH NOBLE METAL         \$0*         D3351         APEXIFICATION/RECALCIFICATION - INITIAL VST         \$0           D2781*         CROWN - 3/4 CAST NOBLE METAL         \$0*         D3352         APEXIFICATION/RECALCIFICATION - INTERIM         \$0           D2782*         CROWN - 3/4 CAST NOBLE METAL         \$0*         D3353         APEXIFICATION/RECALCIFICATION - FINAL VISIT         \$0           D2783*         CROWN - 3/4 CAST HIGH NOBLE METAL         \$0*         D3355         PULPAL REGENERATION - INITIAL VISIT         \$0           D2790*         CROWN - FULL CAST HIGH NOBLE METAL         \$0*         <	D2721	CROWN - RESIN W/PREDOM BASE METAL	\$0	D3320	BICUSPID	\$0
D2750* CROWN - PORCELAIN FUSED HI NOBLE METAL \$0° D3322 INCMPL ENDO TX;INOP UNRSTR/FX TOOTH \$0° D2751* CROWN - PORCELAIN FUSED PREDOM BASE METAL \$0° D3333 INTRL ROOT REPAIR PERFORATION DEFEC \$0° D2752* CROWN - PORCELAIN FUSED NOBLE METAL \$0° D3346 RETX PREVIOUS RC THERAPY - ANTERIOR \$0° D3347 RETX PREVIOUS RC THERAPY - BICUSPID \$0° D3448 RETX PREVIOUS RC THERAPY - MOLAR \$0° D3440 RETX PREVIOUS RC THERAPY - MOLAR \$0° D3440* RETX PREVIOUS RC THERAPY - ANTERIOR \$	D2722*	CROWN - RESIN WITH NOBLE METAL	\$0*	D3330	MOLAR	\$0
D2751 CROWN - PORCELAIN FUSED PREDOM BASE METAL  D2752* CROWN - PORCELAIN FUSED NOBLE METAL  D2753* CROWN - PORCELAIN FUSED NOBLE METAL  D2754* CROWN PORCELAIN FUSED TO TITANIUM/TITANIUM  ALLOYS  D2755* CROWN PORCELAIN FUSED TO TITANIUM/TITANIUM  ALLOYS  D2760* CROWN - 3/4 CAST HIGH NOBLE METAL  D2761* CROWN - 3/4 CAST PREDOM BASE METAL  D2762* CROWN - 3/4 CAST PREDOM BASE METAL  D2763* CROWN - 3/4 CAST NOBLE METAL  D2764* CROWN - 3/4 PORCELAIN/CERAMIC  D2765* CROWN - 3/4 PORCELAIN/CERAMIC  D2760* CROWN - 3/4 PORCELAIN/CERAMIC  D2760* CROWN - 5/4 PORCELAIN/CERAMIC  D2760* CROWN - FULL CAST HIGH NOBLE METAL  D2760* CROWN - FULL CAST HIGH NOBLE METAL  D2760* CROWN - FULL CAST PREDOM BASE METAL  D2760* CROWN - FULL CAST NOBLE MET	D2740	CROWN - PORCELAIN/CERAMIC SUBSTRATE	\$0	D3331	TX RC OBSTRUCTION; NON-SURG ACCESS	\$0
D2752* CROWN - PORCELAIN FUSED NOBLE METAL  D2753 CROWN PORCELAIN FUSED TO TITANIUM/TITANIUM ALLOYS  CROWN PORCELAIN FUSED TO TITANIUM/TITANIUM ALLOYS  D2780* CROWN - 3/4 CAST HIGH NOBLE METAL  D2781 CROWN - 3/4 CAST PREDOM BASE METAL  D2782* CROWN - 3/4 CAST PREDOM BASE METAL  D2782* CROWN - 3/4 CAST NOBLE METAL  D2783 CROWN - 3/4 CAST NOBLE METAL  D2784 CROWN - 3/4 CAST NOBLE METAL  D2785 CROWN - 3/4 CAST NOBLE METAL  D2786 CROWN - 3/4 CAST NOBLE METAL  D2787 CROWN - 3/4 CAST NOBLE METAL  D2788 CROWN - 3/4 CAST NOBLE METAL  D2789 CROWN - FULL CAST HIGH NOBLE METAL  D2790 CROWN - FULL CAST HIGH NOBLE METAL  D2791 CROWN - FULL CAST NOBLE METAL  D2792* CROWN - FULL CAST NOBLE METAL  D2794* CROWN - TITANIUM AND TITANIUM ALLOYS  D2794* CROWN - TITANIUM AND TITANIUM ALLOYS  D2794* RECEMENT OR RE-BOND INLAY ONLAY VENEER OR PART COV REST  D2915 RECEMENT OR RE-BOND INDIRECTLY FABRICATED  D3421 APICOECTOMY SURG - MOLAR  \$0  D3425 APICOECTOMY SURG - MOLAR  \$0  D3406 APICOECTOMY SURG - MOLAR  \$0  D3407 APICOECTOMY SURG - MOLAR  \$0  D3408 RETX PREVIOUS RC THERAPY - ANTERIOR  \$0  D3410 APICOECTOMY SURG - MOLAR  \$0  D3410 APICOECTOMY SURG - MOLAR  \$0  D3410 APICOECTOMY SURG - MOLAR	D2750*	CROWN - PORCELAIN FUSED HI NOBLE METAL	\$0*	D3332	INCMPL ENDO TX;INOP UNRSTR/FX TOOTH	\$0
D2753 CROWN PORCELAIN FUSED TO TITANIUM/TITANIUM ALLOYS D3347 RETX PREVIOUS RC THERAPY - BICUSPID \$0 ALLOYS D348 RETX PREVIOUS RC THERAPY - MOLAR \$0 D3780* CROWN - 3/4 CAST HIGH NOBLE METAL \$0* D3351 APEXIFICATION/RECALCIFICATION - INITIAL VST \$0 D2781 CROWN - 3/4 CAST PREDOM BASE METAL \$0* D3352 APEXIFICATION/RECALCIFICATION - INTERIM \$0 D2782* CROWN - 3/4 CAST NOBLE METAL \$0* D3353 APEXIFICATION/RECALCIFICATION - FINAL VISIT \$0 D2783 CROWN - 3/4 PORCELAIN/CERAMIC \$0* D3355 PULPAL REGENERATION - INITIAL VISIT \$0 D2790* CROWN - FULL CAST HIGH NOBLE METAL \$0* D3356 PULPAL REGENERATION - INTERIM MEDICAMENT REPLACEMENT D2791 CROWN - FULL CAST PREDOM BASE METAL \$0* D3357 PULPAL REGENERATION - COMPLETION OF REPLACEMENT D2792* CROWN - FULL CAST NOBLE METAL \$0* D3357 PULPAL REGENERATION - COMPLETION OF TREATMENT TREATMENT D2794* CROWN - TITANIUM AND TITANIUM ALLOYS \$0* D3410 APICOECTOMY SURG - ANT \$0 D2910 RECEMENT OR RE-BOND INLAY ONLAY VENEER OR PART COV REST D2915 RECEMENT OR RE-BOND INDIRECTLY FABRICATED \$0* D3425 APICOECTOMY SURG - MOLAR \$0*	D2751	CROWN - PORCELAIN FUSED PREDOM BASE METAL	\$0	D3333	INTRL ROOT REPAIR PERFORATION DEFEC	\$0
ALLOYS  D2780* CROWN - 3/4 CAST HIGH NOBLE METAL  D2781 CROWN - 3/4 CAST PREDOM BASE METAL  D2782* CROWN - 3/4 CAST NOBLE METAL  D2783 CROWN - 3/4 PORCELAIN/CERAMIC  D2790* CROWN - FULL CAST HIGH NOBLE METAL  D2791 CROWN - FULL CAST HIGH NOBLE METAL  D2792* CROWN - FULL CAST PREDOM BASE METAL  D2792* CROWN - FULL CAST NOBLE METAL  D2793* CROWN - FULL CAST NOBLE METAL  D2794* CROWN - FULL CAST NOBLE METAL  D2795* CROWN - FULL CAST NOBLE METAL  D2796* CROWN - FULL CAST NOBLE METAL  D2797 CROWN - FULL CAST NOBLE METAL  D2798* CROWN - FULL CAST NOBLE METAL  D2799* CROWN - FULL CAST NOBLE METAL  D2791 CROWN - FULL CAST NOBLE METAL  D2792* CROWN - FULL CAST NOBLE METAL  D2794* CROWN - FULL CAST NOBLE METAL  D2795* CROWN - FULL CAST NOBLE METAL  D2796* CROWN - FULL CAST NOBLE METAL  D2797 CROWN - FULL CAST NOBLE METAL  D2798* CROWN - FULL CAST NOBLE METAL  D2799* CROWN - FULL CAST NOBLE METAL  D2790* CROWN - FULL CAST NOBLE METAL  D2791 CROWN - FULL CAST NOBLE METAL  D2792* CROWN - FULL CAST NOBLE METAL  D2794* CROWN - FULL CAST NOBLE METAL  D2795* CROWN - FULL CAST NOBLE METAL  D2796* CROWN - FULL CAST NOBLE METAL  D2797 CROWN - FULL CAST NOBLE METAL  D2798* CROWN - FULL CAST NOBLE METAL  D2799* CROWN - FULL CAST NOBLE METAL  D2790* CROWN - FULL CAST NOBLE METAL  D2790* CROWN - FULL CAST NOBLE METAL  D2791 CROWN - FULL CAST NOBLE METAL  D2792* CROWN - FULL CAST NOBLE METAL  D2793* CROWN - FULL CAST NOBLE METAL  D2794* CROWN - FULL CAST NOBLE METAL  D2795* CROWN - FULL CAST NOBLE METAL  D2796* CROWN - FULL CAST NOBLE METAL  D2797 CROWN - FULL CAST NOBLE METAL  D2798* CROWN - FULL CAST NOBLE METAL  D2799 CROWN - FULL CAST NOBLE METAL  D2790* CROW	D2752*	CROWN - PORCELAIN FUSED NOBLE METAL	\$0*	D3346	RETX PREVIOUS RC THERAPY - ANTERIOR	\$0
D2780* CROWN - 3/4 CAST HIGH NOBLE METAL  D2781 CROWN - 3/4 CAST PREDOM BASE METAL  D2782* CROWN - 3/4 CAST NOBLE METAL  D2783 CROWN - 3/4 PORCELAIN/CERAMIC  D2790* CROWN - FULL CAST HIGH NOBLE METAL  D2791 CROWN - FULL CAST PREDOM BASE METAL  D2792* CROWN - FULL CAST NOBLE METAL  D2792* CROWN - FULL CAST NOBLE METAL  D2793* CROWN - FULL CAST NOBLE METAL  D2794* CROWN - FULL CAST NOBLE METAL  D2795* CROWN - FULL CAST NOBLE METAL  D2796* CROWN - FULL CAST NOBLE METAL  D2797 CROWN - FULL CAST NOBLE METAL  D2798* CROWN - FULL CAST NOBLE METAL  D2799* CROWN - FULL CAST NOBLE METAL  D2790* CROWN - FU	D2753	CROWN PORCELAIN FUSED TO TITANIUM/TITANIUM	\$0	D3347	RETX PREVIOUS RC THERAPY - BICUSPID	\$0
D2781 CROWN - 3/4 CAST PREDOM BASE METAL \$0 D3351 APEXIFICATION/RECALCIFICATION - INITIAL VS1 \$0 D2782* CROWN - 3/4 CAST NOBLE METAL \$0* D3352 APEXIFICATION/RECALCIFICATION - INTERIM \$0 D2783 CROWN - 3/4 PORCELAIN/CERAMIC \$0* D3355 PULPAL REGENERATION - INITIAL VISIT \$0 D2790* CROWN - FULL CAST HIGH NOBLE METAL \$0* D3355 PULPAL REGENERATION - INITIAL VISIT \$0 D2791 CROWN - FULL CAST PREDOM BASE METAL \$0* D3356 PULPAL REGENERATION - INTERIM MEDICAMENT REPLACEMENT \$0 PULPAL REGENERATION - INTERIM MEDICAMENT REPLACEMENT \$0* PULPAL REGENERATION - COMPLETION OF TREATMENT \$0* D3357 PULPAL REGENERATION - COMPLETION OF TREATMENT \$0* D3410 APICOECTOMY SURG - ANT \$0* D3421 APICOECTOMY SURG - ANT \$0* D3425 APICOECTOMY SURG - MOLAR \$0* D3425 APICOECTOMY			•	D3348	RETX PREVIOUS RC THERAPY - MOLAR	\$0
D2782* CROWN - 3/4 CAST NOBLE METAL \$0* D3352 APEXIFICATION/RECALCIFICATION - INTERIM \$0* D2783 CROWN - 3/4 PORCELAIN/CERAMIC \$0* D3355 PULPAL REGENERATION - INITIAL VISIT \$0* D2790* CROWN - FULL CAST HIGH NOBLE METAL \$0* D3356 PULPAL REGENERATION - INTERIM MEDICAMENT \$0* D2791 CROWN - FULL CAST PREDOM BASE METAL \$0* REPLACEMENT  D2792* CROWN - FULL CAST NOBLE METAL \$0* D3357 PULPAL REGENERATION - COMPLETION OF TREATMENT \$0* D2794* CROWN - TITANIUM AND TITANIUM ALLOYS \$0* D3410 APICOECTOMY SURG - ANT \$0* D3421 APICOECTOMY SURG-BICUSPID \$0* D3425 APICOECTOMY SURG-MOLAR \$0* D3425 APICOECTOMY SURG - MOLAR \$			·	D3351	APEXIFICATION/RECALCIFICATION - INITIAL VST	\$0
D2783 CROWN - 3/4 PORCELAIN/CERAMIC  D2790* CROWN - FULL CAST HIGH NOBLE METAL  D2791 CROWN - FULL CAST PREDOM BASE METAL  D2792* CROWN - FULL CAST NOBLE METAL  D2792* CROWN - FULL CAST NOBLE METAL  D2792* CROWN - FULL CAST NOBLE METAL  D2794* CROWN - TITANIUM AND TITANIUM ALLOYS  D2794* CROWN - TITANIUM AND TITANIUM ALLOYS  D2910 RECEMENT OR RE-BOND INLAY ONLAY VENEER OR PART COV REST  D2915 RECEMENT OR RE-BOND INDIRECTLY FABRICATED  D3355 PULPAL REGENERATION - INTERIM MEDICAMENT  \$0  PULPAL REGENERATION - COMPLETION OF REPLACEMENT  TREATMENT  TREATMENT  D3410 APICOECTOMY SURG - ANT  \$0  D3421 APICOECTOMY SURG-BICUSPID  \$0  D3425 APICOECTOMY SURG-MOLAR  \$0				D3352	APEXIFICATION/RECALCIFICATION - INTERIM	\$0
D2790* CROWN - FULL CAST HIGH NOBLE METAL  D2791 CROWN - FULL CAST PREDOM BASE METAL  D2792* CROWN - FULL CAST NOBLE METAL  D2792* CROWN - FULL CAST NOBLE METAL  D2794* CROWN - TITANIUM AND TITANIUM ALLOYS  D2794* CROWN - TITANIUM AND TITANIUM ALLOYS  D2794* RECEMENT OR RE-BOND INLAY ONLAY VENEER OR PART COV REST  D2915 RECEMENT OR RE-BOND INDIRECTLY FABRICATED  D3335 POLFAL REGENERATION - INITIAL VISIT  \$0  D3356 PULPAL REGENERATION - INTERIM MEDICAMENT  REPLACEMENT  PULPAL REGENERATION - COMPLETION OF TREATMENT  D3410 APICOECTOMY SURG - ANT  \$0  D3421 APICOECTOMY SURG-BICUSPID  \$0  D3425 APICOECTOMY SURG-MOLAR  \$0				D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT	\$0
D2791 CROWN - FULL CAST PREDOM BASE METAL \$0 REPLACEMENT  D2792* CROWN - FULL CAST NOBLE METAL \$0* POLIPAL REGENERATION - INTERIM MEDICAMENT  D2792* CROWN - FULL CAST NOBLE METAL \$0* PULPAL REGENERATION - COMPLETION OF TREATMENT  D2794* CROWN - TITANIUM AND TITANIUM ALLOYS \$0* D3410 APICOECTOMY SURG - ANT \$0  PART COV REST \$0 D3421 APICOECTOMY SURG-BICUSPID \$0  D2915 RECEMENT OR RE-BOND INDIRECTLY FABRICATED \$0 D3425 APICOECTOMY SURG - MOLAR \$0				D3355	PULPAL REGENERATION - INITIAL VISIT	\$0
D2792* CROWN - FULL CAST NOBLE METAL \$0* D3357 PULPAL REGENERATION - COMPLETION OF TREATMENT  D2794* CROWN - TITANIUM AND TITANIUM ALLOYS \$0* D3410 APICOECTOMY SURG - ANT \$0  D2910 RECEMENT OR RE-BOND INLAY ONLAY VENEER OR PART COV REST  D2915 RECEMENT OR RE-BOND INDIRECTLY FABRICATED \$0 D3425 APICOECTOMY SURG - MOLAR \$0				D3356		\$0
D2794* CROWN - TITANIUM AND TITANIUM ALLOYS  D2910 RECEMENT OR RE-BOND INLAY ONLAY VENEER OR PART COV REST  D2915 RECEMENT OR RE-BOND INDIRECTLY FABRICATED  \$0 D3410 APICOECTOMY SURG - ANT  \$0 D3421 APICOECTOMY SURG-BICUSPID  \$0 D3425 APICOECTOMY SURG-MOLAR  \$0 D3425 APICOECTOMY SURG - MOLAR				D2257		<b></b>
D2910 RECEMENT OR RE-BOND INLAY ONLAY VENEER OR PART COV REST D2915 RECEMENT OR RE-BOND INDIRECTLY FABRICATED  \$0 D3410 APICOECTOMY SURG - ANT \$0 D3421 APICOECTOMY SURG-BICUSPID \$0 D3425 APICOECTOMY SURG- MOLAR \$0 D3425 APICOECTOMY SURG - MOLAR \$0 D3425 APICOECTOMY SURG- MOLAR			, .	D335/		<b>\$</b> U
PART COV REST D2915 RECEMENT OR RE-BOND INDIRECTLY FABRICATED \$0 D3425 APICOECTOMY SURG-BICUSPID \$0 \$0				D3410		\$0
D2915 RECEMENT OR RE-BOND INDIRECTLY FABRICATED \$0 D3425 APICOECTOMY SURG - MOLAR \$0	שבים 2910		\$0	D3421	APICOECTOMY SURG-BICUSPID	\$0
	D2915		\$0	D3425	APICOECTOMY SURG - MOLAR	\$0
				D3426	APICOECTOMY SURGERY	\$0

ADA	DESCRIPTION	MEMBER PAYS	ADA	DESCRIPTION	MEMBER PAYS
ENDODO	ONTIC SERVICES		D5214	MAND PART DENTUR- CAST METL W/RSN	\$0
D3430	RETROGRADE FILLING - PER ROOT	\$0	D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE – RESIN	\$0
D3450	ROOT AMPUTATION - PER ROOT	\$0		BASE (INCLUDING RETENTIVE/CLASPING	
D3471	SURGICAL REPAIR OF ROOT RESORPTION - ANTERIOR	\$0	D5222	MATERIALS, RESTS AND TEETH) IMMEDIATE MANDIBULAR PARTIAL DENTURE – RESIN BASE (INCLUDING RETENTIVE/CLASPING	\$0
D3472	SURGICAL REPAIR OF ROOT RESORPTION -	\$0		MATERIALS, RESTS AND TEETH)	
D3473	PREMOLAR SURGICAL REPAIR OF ROOT RESORPTION – MOLAR	\$0	D5223	IMMEDIATE MAXILLARY PARTIAL DENTURE – CAST	\$0
D3501	SURGICAL EXPOSURE ROOT SURFACE W/OUT	\$0		METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS,	
	APICOECTOMY OR REPAIR ROOT	**		RESTS AND TEETH)	
D3502	RESORPT-ANTERIOR SURGICAL EXPOSURE ROOT SURFACE W/OUT APICOECTOMY OR REPAIR OF ROOT RESORPT-PREMOLAR	\$0	D5224	IMMEDIATE MANDIBULAR PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$0
D3503	SURGICAL EXPOSURE ROOT SURFACE W/OUT	\$0	D5225	MAXILLARY PARTIAL DENTURE FLEX BASE	\$0
	APICOECTOMY OR REPAIR OF ROOT		D5226	MANDIBULAR PARTIAL DENTURE FLEX BASE	\$0
D3910	RESORPT-MOLAR SURG PROC ISOLAT TOOTH W/RUBBER DAM	\$0	D5282	REMOVABLE UNILATERAL PARTIAL DENTURE -	\$0
D3920	HEMISECTION NOT INCL RC THERAPY	\$0 \$0	DECCO	MAXILLARY	<b>#</b> 0
D3950	CANAL PREP & FIT PREFORMED DOWEL/POST	\$0	D5283	REMOVABLE UNILATERAL PARTIAL DENTURE - MANDIBULAR	\$0
	ONTIC SERVICES	ΨΟ	D5284	REMOVABLE UNILATERAL PARTIAL DENTURE –	\$0
D4210	GINGIVECTOMY/GINGIVOPLASTY 4/>CNTIG TEETH QUAD	\$0	D5286	FLEX BASE/QUAD REMOVABLE UNILATERAL PARTIAL	\$0
D4211	GINGIVECTOMY/GINGIVOPLASTY 1-3 CNTIG TEETH	\$0	D5410	DENTURE-RESIN/QUAD ADJUST COMPLETE DENTURE - MAXILLARY	\$0
	QUAD		D5410	ADJUST COMPLETE DENTURE - MANDIBULAR	\$0 \$0
D4240	GINGL FLP 4/>CNTIG/BOUND TEETH QUAD	\$0	D5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$0
D4241	GINGL FLP 1-3 CNTIG/BND TEETH QUAD	\$0	D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$0
D4245	APICALLY POSITIONED FLAP	\$0	D5511	REPAIR BROKEN COMPLETE DENTURE BASE	\$0
D4249	CLIN CROWN LEN - HARD TISSUE	\$0 *0	D5512	REPAIR BROKEN COMPLETE DENTURE BASE -	\$0
D4260	OSSEOUS SURG 4/> CNTIG TEETH QUAD	\$0 *0		MAXILLARY	·
D4261	OSSEOUS SURG 1-3 CNTIG TEETH QUAD	\$0 \$0	D5520	REPLACE MISSING/BROKEN TEETH - COMPLETE	\$0
D4263 D4270	BONE REPLACEMENT GRAFT – RETAINED NATURAL TOOTH – FIRST SITE IN QUADRANT PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$0 \$0	D5611	DENTURE REPAIR RESIN PARTIAL DENTURE BASE - MANDIBULAR	\$0
D4274	MESIAL/DISTAL WEDGE PROCEDURE, SINGLE	\$0 \$0	D5612	REPAIR RESIN PARTIAL DENTURE BASE -	\$0
	TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME		D5621	MAXILLARY REPAIR CAST PARTIAL FRAMEWORK - MANDIBULAR	\$0
D4277	ANATOMICAL AREA) FREE SOFT TISSUE GRAFT PROCEDURE -1ST	\$0	D5622	REPAIR CAST PARTIAL FRAMEWORK - MAXILLARY	\$0
D4211	TOOTH	ΨΟ	D5630	REPAIR OR REPLACE BROKEN CLASP - PER TOOTH	\$0
D4320	PROVISIONAL SPLINTING - INTRACORONAL	\$0	D5640	REPLACE BROKEN TEETH - PER TOOTH	\$0
D4321	PROVISIONAL SPLINTING - EXTRACORONAL	\$0	D5650	ADD TOOTH EXISTING PARTIAL DENTURE	\$0
D4341	PERIODONTAL SCAL & ROOT PLAN 4/>TEETH-QUAD	\$0	D5660	ADD CLASP EXISTING PARTIAL DENTURE - PER TOOTH	\$0
D4342	PERIODONTAL SCAL & ROOT PLAN 1-3 TEETH	\$0	D5670	REPLACE ALL TEETH & ACRYLC FRMEWRK	\$0
D4346	SCALING IN PRESENCE OF GENERALIZED  MODERATE OR SEVERE GINGIVAL INFLAMMATION –	\$0	D5671	MAXILLARY REPLACE ALL TEETH & ACRYLC FRMEWRK	\$0
D4355	FULL MOUTH, AFTER ORAL EVALUATION FULL MOUTH DEBRID COMP ORAL EVAL & DX ON A	\$0	DE710	MANDIBULAR	<b>#</b> 0
D4000	SUBSEQUENT VISIT	ΨΟ	D5710	REBASE COMPLETE MAXILLARY DENTURE	\$0 \$0
D4381	LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO	\$0	D5711 D5720	REBASE COMPLETE MANDIBULAR DENTURE REBASE MAXILLARY PARTIAL DENTURE	\$0 \$0
D4040	DISEASED CREVICULAR TISSUE, PER TOOTH	<b>#</b> 0	D5721	REBASE MANDIBULAR PARTIAL DENTURE	\$0
D4910 D4920	PERIODONTAL MAINTENANCE UNSCHEDULED DRESSING CHANGE	\$0 \$0	D5730	RELINE CMPL MAXIL DENTURE (DIRECT)	\$0
D4920 D4921	GINGIVAL IRRIGATION   PER QUADRANT	\$0 \$0	D5731	RELINE CMPL MAND DENTURE (DIRECT)	\$0
	ABLE PROSTHODONTIC SERVICES	φυ	D5740	RELINE MAXIL PART DENTURE (DIRECT)	\$0
D5110	COMPLETE DENTURE - MAXILLARY	\$0	D5741	RELINE MAND PART DENTURE (DIRECT)	\$0
D5110	COMPLETE DENTURE - MANDIBULAR	\$0	D5750	RELINE CMPL MAND DENTURE (INDIRECT)	\$0 \$0
D5120	IMMEDIATE DENTURE - MAXILLARY	\$0	D5751	RELINE CMPL MAND DENTURE (INDIRECT)	\$0 \$0
D5140	IMMEDIATE DENTURE - MANDIBULAR	\$0	D5760	RELINE MAXIL PART DENTURE (INDIRECT)	\$0 \$0
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE	\$0	D5761	RELINE MAND PART DENTURE (INDIRECT)	\$0 \$0
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE	\$0	D5810 D5811	INTERIM COMPLETE DENTURE (MAXILLARY) INTERIM COMPLETE DENTURE (MANDIBULAR)	\$0 \$0
D5213	MAX PART DENTUR-CAST METL W/RSN	\$0	ווסטח	INTERNIT CONFERTE DENTURE (MANDIBULAR)	ФО

ADA	DESCRIPTION	MEMBER PAYS	ADA	DESCRIPTION	MEMBER PAYS
REMOVA	BLE PROSTHODONTIC SERVICES		D6081	SCALING AND DEBRIDEMENT IN THE PRESENCE OF	\$0
D5820	INTERIM PARTIAL DENTURE MAXILLARY	\$0		INFLAMMATION OR MUCOSITIS OF A SINGLE IMPLANT, INCLUDING CLEANING OF THE IMPLANT	
D5821	INTERIM PARTIAL DENTURE MANDIBULAR	\$0		SURFACES, WITHOUT FLAP ENTRY AND CLOSURE	
D5850	TISSUE CONDITIONING MAXILLARY	\$0	D6082	IMPLANT SUPPT CROWN-PORCELAIN FUSED TO	\$1,083
D5851	TISSUE CONDITIONING MANDIBULAR	\$0	D6083	PREDOM. BASE ALLOYS IMPLANT SUPPT CROWN-PORCELAIN FUSED TO	\$1,083
D5863	OVERDENTURE - COMPLETE MAXILLARY	\$0	D0003	NOBLE ALLOYS	φ1,003
D5864	OVERDENTURE - COMPLETE MANDIBULAR	\$0	D6084	IMPLANT SUPPT CROWN-PORCELAIN FUSED TO	\$1,083
D5865	OVERDENTURE - PARTIAL MAXILLARY	\$0	Dense	TITANIUM/TITANIUM ALLOYS	<b>4062</b>
D5866	OVERDENTURE - PARTIAL MANDIBULAR	\$0	D6086 D6087	IMPLANT SUPPT CROWN-PREDOM. BASE ALLOYS IMPLANT SUPPT CROWN-NOBLE ALLOYS	\$962 \$962
D5876	ADD METAL SUBSTRUCTURE TO ACRYLIC FULL	\$0	D6087	IMPLANT SUPPT CROWN-NOBLE ALLOTS  IMPLANT SUPPT CROWN-TITANIUM/TITANIUM	\$962 \$962
IMPLANT	DENTURE (PER ARCH)  SERVICES		D0000	ALLOYS	φ902
D6010	SURGICAL PLACEMENT OF IMPLANT BODY:	\$1,950	D6090	REPAIR IMPLANT SUPPORTED PROSTHESIS, BY	\$135
20010	ENDOSTEAL IMPLANT	Ψ1,000	D6001	REPORT	\$410
D6013	SURGICAL PLACEMENT OF A MINI-IMPLANT	\$1,950	D6091	REPLACEMT OF REPLACEABLE PT OF SEMI-PRECISION/PRECISION ATTACHMT OF	<b>Φ410</b>
D6055	DENTAL IMPLANT SUPPORTED CONNECTING BAR	\$540		IMPLANT/ABUTMENT SUPPORT PROSTHESIS	
D6056	PREFABRICATED ABUTMENT - INCLUDES MOD AND PLACEMENT	\$368	D6092	RECEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED CROWN	\$79
D6057	CUSTOM FAB ABUTMENT - INCLUDES PLACEMENT	\$610	D6093	RECEMENT OR RE-BOND IMPLANT/ABUTMENT	\$124
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC	\$1,050	D6094*	SUPPORTED FIXED PARTIAL DENTURE ABUTMENT SUPPORTED CROWN - TITANIUM AND	\$810*
D6059*	CROWN ABUTMENT SUPPORTED PORCELAIN FUSED TO	\$915*	D0034	TITANIUM ALLOYS	φοιο
D0039	METAL CROWN (HIGH NOBLE METAL)	ψθΙΟ	D6095	REPAIR IMPLANT ABUTMENT, BY REPORT	\$55
D6060	ABUTMENT SUPPORTED PORCELAIN FUSED TO	\$1,050	D6096	REMOVE BROKEN IMPLANT RETAINING SCREW	\$0
D6061*	METAL CROWN (PREDOMINATELY BASE METAL) ABUTMENT SUPPORTED PORCELAIN FUSED TO	\$946*	D6097	ABUTMENT SUPPT CROWN-PORCELAIN FUSED TO TITANIUM/TITANIUM ALLOYS	\$915
20001	METAL CROWN (NOBLE METAL)	4010	D6098	IMPLANT SUPPT RETAINER-PORCELAIN FUSED TO	\$992
D6062*	ABUTMENT SUPPORTED CAST METAL CROWN	\$981*		PREDOM. BASE ALLOYS	
D6063	(HIGH NOBLE METAL) ABUTMENT SUPPORTED CAST METAL CROWN	\$854	D6099	IMPLANT SUPPT RETAINER FOR FPD-PORCELAIN FUSED TO NOBLE ALLOYS	\$992
	(PREDOMINATELY BASE METAL)		D6100	IMPLANT REMOVAL, BY REPORT	\$600
D6064*	ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)	\$1,168*	D6101	DEBRIDEMENT PERI IMPLANT DEFECT OR	\$0
D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC	\$1,144	D0400	DEFECTS SURROUNDING A SINGLE IMPLANT	Φ0
	CROWN		D6102	DEBRIDEMENT & OSSEOUS PERI IMPLANT DEFECT OR DEFECTS SURROUNDING A SINGLE IMPLANT	\$0
D6066*	IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO HIGH NOBLE ALLOYS	\$1,083*	D6103	BONE GRAFT FOR REPAIR OF PERI IMPLANT	\$350
D6067*	IMPLANT SUPPORTED CROWN - HIGH NOBLE	\$962*	D6104	DEFECT BONE GRAFT IMPLANT REPLACEMENT	\$0
Dooon	ALLOYS	<b>#4.000</b>	D6110	IMPLANT /ABUTMENT SUPPORTED REMOVABLE	\$1,840
D6068	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC FPD	\$1,026	D0110	DENTURE FOR EDENTULOUS ARCH – MAXILLARY	ψ1,040
D6069	ABUTMENT SUPPORTED RETAINER FOR	\$1,050	D6111	IMPLANT/ABUTMENT SUPPORTED REMOVABLE	\$1,840
	PORCELAIN FUSED TO METAL FPD (HIGH NOBLE		D6112	DENTURE FOR EDENTULOUS ARCH – MANDIBULAR IMPLANT/ABUTMENT SUPPORTED REMOVABLE	\$1,840
D6070	METAL) ABUTMENT SUPPORTED RETAINER FOR	\$965	D0112	DENTURE FOR PARTIALLY EDENTULOUS ARCH –	ψ1,040
B0070	PORCELAIN FUSED TO METAL FPD	φσσσ		MAXILLARY	
D0074*	(PREDOMINATELY BASE METAL)	000.4*	D6113	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH –	\$1,840
D6071*	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (NOBLE METAL)	\$984*		MANDIBULAR	
D6072*	ABUTMENT SUPPORTED RETAINER FOR CAST	\$997*	D6118	IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED	\$0
B.0070	METAL FPD (HIGH NOBLE METAL)	00.40	D6119	DENTURE FOR EDENTULOUS ARCH - MANDIBULAR IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED	\$0
D6073	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (PREDOMINATELY BASE METAL)	\$910	D0113	DENTURE FOR EDENTULOUS ARCH - MAXILLARY	ΨΟ
D6074*	ABUTMENT SUPPORTED RETAINER FOR CAST	\$967*	D6120	IMPLANT SUPPT RETAINER-PORCELAIN FUSED TO	\$992
D6075	METAL FPD (NOBLE METAL) IMPLANT SUPPORTED RETAINER FOR CERAMIC	\$1,018	D6121	TITANIUM/TITANIUM ALLOYS IMPLANT SUPPT RETAINER FOR METAL	\$962
D6075	FPD	\$1,010		FPD-PREDOM. BASE ALLOYS	****
D6076*	IMPLANT SUPPORTED RETAINER FOR FPD -	\$992*	D6122	IMPLANT SUPPT RETAINER FOR METAL FPD-NOBLE ALLOYS	\$962
D6077*	PORCELAIN FUSED TO HIGH NOBLE ALLOYS IMPLANT SUPPORTED RETAINER FOR METAL FPD -	\$962*	D6123	IMPLANT SUPPT RETAINER FOR METAL	\$962
	HIGH NOBLE ALLOYS		D6400	FPD-TITANIUM/TITANIUM ALLOYS	<b>ሳ</b> ባራር
D6080	IMPLANT MAINTENANCE PROCEDURES WHEN PROSTHESIS ARE REMOVED AND REINSERTED.	\$55	D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT	\$265
	INCLUDING CLEANSING OF PROSTHESIES AND		D6191	SEMI-PRECISION ABUTMENT – PLACEMENT	\$368
	ABUTMENTS		D6192	SEMI-PRECISION ATTACHMENT – PLACEMENT	\$368
			D6194	ABUTMENT SUPPORTED RETAINER CROWN FOR	\$835
				FPD - TITANIUM AND TITANIUM ALLOYS	

ADA	DESCRIPTION	MEMBER PAYS	ADA	DESCRIPTION	MEMBER PAYS
IMPLANT	SERVICES		D6721	RETAINER CROWN - RESIN PREDOMINANTLY BASE	\$0
D6195	ABUTMENT SUPPT RETAINER-PORCELAIN FUSED	\$1,050	D. 2004	METAL	0.00
FIVED D	TO TITANIUM/TITANIUM ALLOYS		D6722*	RETAINER CROWN - RESIN WITH NOBLE METAL	\$0*
	ROSTHODONTIC SERVICES		D6740	RETAINER CROWN - PORCELAIN/CERAMIC	\$0
D6205	PONTIC- INDIRECT RESIN BASED COMPOSITE	\$0	D6750*	RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	\$0*
D6210*	PONTIC - CAST HIGH NOBLE METAL	\$0*	D6751	RETAINER CROWN - PORCELAIN FUSED TO	\$0
D6211	PONTIC - CAST PREDOM BASE METAL	\$0		PREDOMINANTLY BASE METAL	001
D6212*	PONTIC - CAST NOBLE METAL	\$0*	D6752*	RETAINER CROWN - PORCELAIN FUSED TO NOBLE METAL	\$0*
D6214*	PONTIC - TITANIUM AND TITANIUM ALLOYS	\$0*	D6753	RETAINER CROWN-PORCELAIN FUSED TO	\$0
D6240*	PONTIC - PORCELAIN FUSED HI NOBLE METAL	\$0*		TITANIUM/TITANIUM ALLOYS	
D6241	PONTIC - PORCELAIN FUSED PREDOM BASE METAL	\$0 ***	D6780*	RETAINER CROWN - 3/4 CAST HIGH NOBLE METAL	\$0*
D6242* D6243	PONTIC - PORCELAIN FUSED NOBLE METAL	\$0* \$0	D6781	RETAINER CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	\$0
D0243	PONTIC-PORCELAIN FUSED TO TITANIUM/TITANIUM ALLOYS	ФО	D6782*	RETAINER CROWN - 3/4 CAST NOBLE METAL	\$0*
D6245	PONTIC - PORCELAIN/CERAMIC	\$0	D6783	RETAINER CROWN - 3/4 PORCELAIN/CERAMIC	\$0
D6250*	PONTIC - RESIN W/HIGH NOBLE METAL	\$0*	D6784	RETAINER CROWN - 3/4 TITANIUM/TITANIUM	\$0
D6251	PONTIC RESIN W/PREDOM BASE METAL	\$0		ALLOYS	•••
D6252*	PONTIC RESIN W/NOBLE METAL	\$0*	D6790*	RETAINER CROWN - FULL CAST HIGH NOBLE METAL	\$0*
D6253	PROVISIONAL PONTIC - FURTHER TREATMENT OR	\$0	D6791	RETAINER CROWN - FULL CAST PREDOMINANTLY BASE METAL	\$0
	COMPLETION OF DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION		D6792*	RETAINER CROWN - FULL CAST NOBLE METAL	\$0*
D6545	RETAINER - CASE METAL FOR RESIN FIXED	\$0	D6794*	RETAINER CROWN - TITANIUM AND TITANIUM	\$0*
	PROSTHESIS			ALLOYS	
D6548	RETAINER - PORCELAIN CERAMIC FOR RESIN BONDED FIXED PROSTHESIS	\$0	D6930	RECEMENT OR RE-BOND FIXED PARTIAL DENTURE	\$0
D6549	RESIN RETAINER – FOR RESIN BONDED FIXED	\$0	D6940	STRESS BREAKER	\$0
	PROSTHESIS	"	D6980	FIXED PARTIAL DENTURE REPAIR, BY REPORT	\$0
D6600	RETAINER INLAY - PORCELAIN/CERAMIC 2	\$0		URGERY SERVICES	••
D6601	SURFACES RETAINER INLAY - PORCELAIN/CERAMIC 3/MORE	\$0	D7111	XTRCT CORONAL REMNANTS PRIMARY TOOTH	\$0
2000.	SURFACES	· ·	D7140	EXTRAC ERUPTED TOOTH/EXPOSED ROOT	\$0
D6602*	RETAINER INLAY - CAST HI NOBLE METAL 2	\$0*	D7210	EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF	\$0
D6603*	SURFACES RETAINER INLAY - CAST HI NOBLE METAL 3/>	\$0*		TOOTH, AND INCLUDING ELEVATION OF	
D0000	SURFACES	ΨΟ	D7000	MUCOPERIOSTEAL FLAP IF INDICATED	Φ0
D6604	RETAINER INLAY - CAST PREDOM BASE METAL 2	\$0	D7220	REMOVAL IMPACT TOOTH - SOFT TISSUE	\$0 \$0
D6605	SURFACES RETAINER INLAY - CAST PREDOM BASE METAL	\$0	D7230	REMOVAL IMPACTED TOOTH - PARTLY BONY	\$0 \$0
D0000	3/>SURFACES	ΨΟ	D7240	REMOVAL IMPACTED TOOTH - COMPLETELY BONY	\$0 \$0
D6606*	RETAINER INLAY - CAST NOBLE METAL 2	\$0*	D7241	REMOVAL IMPACTED TOOTH - COMPLETELY BONY W/SURG COMP	\$0
D6607*	SURFACES RETAINER INLAY - CAST NOBLE METAL 3/MORE	\$0*	D7250	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING	\$0
D0001	SURFACES	ΨΟ	D7004	PROCEDURE)	ΦO
D6608	RETAINER ONLAY - PORCELAIN/CERAMIC 2	\$0	D7261 D7270	PRIMARY CLOSURE OF A SINUS PERFORATION	\$0 \$0
D6609	SURFACES RETAINER ONLAY - PORCELAIN/CERAMIC 3/MORE	\$0	D1210	TOOTH REIMPLANTATION AND/OR STABILIZATION ACCIDENTLY DISPLACED	\$0
D0003	SURFACES	ΨΟ	D7280	EXPOSURE OF AN UNERUPTED TOOTH	\$0
D6610*	RETAINER ONLAY - CAST HI NOBLE METAL 2	\$0*	D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED	\$0
D6611*	SURFACES RETAINER ONLAY - CAST HI NOBLE METAL 3/>	\$0*	D7285	TOOTH TO AID ERUPTION	<b>\$</b> 0
DOOTT	SURFACES	ΨΟ	D7286	INCISIONAL BIOPSY OF ORAL TISSUE HARD INCISIONAL BIOPSY OF ORAL TISSUE SOFT	\$0 \$0
D6612	RETAINER ONLAY - CAST PREDOM BASE METAL 2	\$0	D7287	EXTOLIATIVE CYTOLOGICAL SAMPLE COLLECTION	\$0 \$0
D6613	SURFACES  PETAINER ONLAY CAST PREDOM BASE METAI	\$0	D7288	BRUSH BIOPSY	\$0 \$0
D0013	RETAINER ONLAY - CAST PREDOM BASE METAL 3/>SURFACES	φυ	D7290	SURGICAL REPOSITIONING OF TEETH	\$0 \$0
D6614*	RETAINER ONLAY - CAST NOBLE METAL 2	\$0*	D7310	ALVEOLOPLASTY W/EXT 4/> TEETH/SPACE	\$0
D001E*	SURFACES	<b>¢</b> ∩*	D7311	ALVEOLOPLASTY CONJNC XTRCT 1-3 TEETH	\$0
D6615*	RETAINER ONLAY - CAST NOBLE METAL 3/MORE SURFACES	\$0*	D7311	ALVEOLOPLASTY NO EXT 4/> TEETH/SPAC	\$0 \$0
D6624*	RETAINER INLAY - TITANIUM	\$0*	D7321	ALVEOLOPLASTY NOT W/XTRCT 1-3 TEETH	\$0
D6634*	RETAINER ONLAY - TITANIUM	\$0*	D7340	VESTIBULOPLASTY - RIDGE EXTENSION	\$0
D6710	RETAINER CROWN - INDIRECT RESIN BASED	\$0		(SECONDARY EPITHELIALIZATION)	·
D6720*	COMPOSITE RETAINER CROWN - RESIN WITH HIGH NOBLE	\$0*	D7350	VESTIBULOPLASTY - RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE	\$0
D0120	METAL	ΦΟ		REATTACHMENT, REVISION OF SOFT TISSUE	
				ATTACHMENT	

ADA	DESCRIPTION	MEMBER PAYS	ADA	DESCRIPTION	MEMBER PAYS
ORAL SI	JRGERY SERVICES		D9972	EXTERNAL BLEACHING - PER ARCH PERFORMED IN	\$125
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM	\$0	D9995	OFFICE TELEDENTISTRY - SYNCHRONOUS; REAL TIME	\$0
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM	\$0	D9996	ENCOUNTER TELEDENTISTRY - ASYNCHRONOUS; INFORMATION STORED AND FORWARDED TO DENTIST FOR	\$0
D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM	\$0	ORTHO	SUBSEQUENT REVIEW  DONTIC SERVICES	
D7461	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25	\$0	D8070	COMPREHENSIVE ORTHODONTIC TREATMENT TRANSITIONAL DENTITION)	\$750
D7471	CM REMOVAL OF LATERAL EXOSTOSIS	\$0	D8080	COMPREHENSIVE ORTHODONTIC TREATMENT ADOLESCENT DENTITION	\$750
D7472	REMOVAL OF TORUS PALATINUS	\$0	D8090	COMPREHENSIVE ORTHODONTIC TREATMENT	\$750
D7473	REMOVAL OF TORUS MANDIBULARIS	\$0	D8670	ADULT DENTITION PERIODIC ORTHODONTIC TREATMENT VISIT	\$0
D7485	REDUCTION OF OSSEOUS TUBEROSITY	\$0	D8680	ORTHODONTIC RETENTION (REMOVAL OF	\$150
D7510	I & D ABSCESS - INTRAORAL SOFT TISSUE	\$0	20000	APPLIANCES, CONSTRUCTION AND PLACEMENT OF	Ψ100
D7511	I & D ABSCESS - INTRAORAL SOFT TISS COMPLICATED	\$0	D8695	RETAINERS) REMOVAL OF FIXED ORTHODONTIC APPLIANCES	\$75
D7520	I & D OF ABSCESS EXTRAORAL SOFT TISSUE	\$0		FOR REASONS OTHER THAN COMPLETION OF TREATMENT	
D7521	I & D OF ABSCESS EXTRAORAL COMPLICATED	\$0	D8999	a START-UP FEE (INCLUDING EXAM, BEGINNING	\$350
D7530	REMOVAL OF FOREIGN BODY - SKIN SUBCUTANEOUS	\$0		RECORDS, X-RAYS,TRACING, PHOTOS, AND MODELS)	,,,,,
D7961	BUCCAL / LABIAL FRENECTOMY (FRENULECTOMY)	\$0		,	
D7962	LINGUAL FRENECTOMY (FRENULECTOMY)	\$0			
D7963	FRENULOPLASTY	\$0			
D7970	EXC HYPERPLASTIC TISSUE-PER ARCH	\$0			
D7971	EXCISION OF PERICORONAL GINGIVA	\$0			
D7972	SURGICAL RDUC FIBROUS TUBEROSITY	\$0			
	TIVE GENERAL SERVICES				
D9110	PALLIATVE TX DENTAL PAIN-MINOR PROC	\$0			
D9120	FIXED PARTIAL DENTURE SECTIONING	\$0			
D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	\$0			
D9211	REGIONAL BLOCK ANESTHESIA	\$0			
D9212	TRIGEMINAL DIVISION BLOCK ANES	\$0			
D9215	LOCAL ANESTHESIA	\$0			
D9219	EVALUATION FOR DEEP SEDATION OR GENERAL ANESTHESIA	\$0			
D9222	DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTES	\$0			
D9223	DEEP SEDATION/GENERAL ANESTHESIA - EACH 15 MINUTE INCREMENT	\$0			
D9230	ANALGESIA ANXIOLYSIS, INHALATION OF NITROUS OXIDE	\$0			
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANESTHESIA - FIRST 15 MINUTES	\$0			
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH 15 MINUTE INCREMENT	\$0			
D9248	NON-INTRAVENOUS (CONSCIOUS) SEDATION, THIS INCLUDES NON-IV MINIMAL AND MODERATE SEDATION	\$0			
D9310	CNSLT DX DENT/PHY NOT REQ DENT/PHY	\$0			
D9430	OV OBS - NO OTH SERVICES PERFORMED	\$0			
D9440	OV-AFTER REGULARLY SCHEDULED HRS	\$0			
D9930	TREATMENT OF COMPLICATIONS - POST SURG.	\$0			
D9943	OCCLUSAL GUARD ADJUSTMENT	\$0			
D9944	OCCLUSAL GUARD - HARD APPLIANCE, FULL ARCH	\$0			
D9945	OCCLUSAL GUARD - SOFT APPLIANCE, FULL ARCH	\$0			
D9946	OCCLUSAL GUARD - HARD APPLIANCE, PARTIAL ARCH	\$0			
D9951	OCCLUSAL ADJUSTMENT - LIMITED	\$0			
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	\$0			

For additional coverage details and to locate a dentist please visit myuhc.com® or contact Customer Service.

\*If a noble, high noble or titanium metal is used, there will be an additional charge not to exceed \$150 per unit. If a base metal is used, there are no additional charges from the provider.

## UnitedHealthcare/Select Managed Care dental exclusions and limitations

### **LIMITATIONS OF BENEFITS**

The following are the limitation of benefits, unless otherwise specifically listed as a covered benefit on this Plan's Schedule of Benefits:

2. FLUORIDE TREATMENTS  Initiated to 1 time per 6 months  Restorations - Limited to 1 time per tooth per 5 years. Covered only when a filing cannot restore the tooth.  Restorations - Limited to 1 time per tooth per 5 years. Covered only when a filing cannot restore the tooth.  Restorations - Limited to 1 time per tooth per 5 years. Covered only when a filing cannot restore the tooth.  Restorations - Limited to 1 time per tooth per 5 years. Covered only when a filing cannot restore the tooth.  Restorations - Limited to 4 quadrants per cateridar year.  Replacement of complete dentures, fixed or removable partial dentures, crowns, inlays, onlays, and maintain to 2 per 1 to 2 per 1 to 2 per 1 to 2 per 1 to 2 per 2	1.	DENTAL PROPHYLAXIS	Limited to 1 time per 6 months
<ul> <li>4. CROWNS</li> <li>Resburations - Limited to 1 time per tooth per 5 years. Covered only when a filing cannot restore the tooth.</li> <li>5. POST AND CORES</li> <li>6. SCALING AND ROOT PLANING</li> <li>Ilmited to 4 quadrants per calendar year.</li> <li>7. REPLACEMENT OF COMPLETE DENTURES, CROWNS, INJANIAN CONTROL SITE OF THE PROPERTY OF THE PROPERY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY</li></ul>	2.	FLUORIDE TREATMENTS	Limited to 1 time per 6 months
5. POST AND CORES  Covered only for teeth that have had root canal therapy.  Limited to 4 quadrants per calendar year.  REPLACEMENT OF COMPLETE DENTURES, RIXED OR REMOVABLE PARTIAL DENTURES, COWNS, INLAYS OR ONLAYS AND IMPLANTS, IMPLANT ROONNS, IMPLANTS, IMPLANT ROONNS, IMPLANTS, IMPLANT ROONNS, IMPLANT PROTHESIS  8. INTRACRAL BITEWING RADIOGRAPHS  STAINLESS STEEL CROWNS  Limited to 1 series of 4 films in any 6 month period  10. ADJUSTMENTS TO FULL DENTURES, COWNS  Limited to 1 series of 4 films in any 6 month period  11. INTRAVENOUS SEDATION OR GENERAL  Administration of IV. sedation or general anesthesia is limited to covered Person who elects specialist care without prior referral by his or her Participating Dentist. Any covered Person who elects specialist care without prior referral by his or her Participating Dentist and approval by  SEDATION OR GENERAL  ALL SPECIALTY REFERRAL SERVICES  MUST BE  11. INTRAVENOUS SEDATION OR GENERAL  Administration of IV. sedation or general anesthesia is limited to covered or adjustments performed more than in final insention.  Covered Person Person Participating Dentist and approval by  us in representative and the process of the covered Person's Participating Dentist and approval by  us responsible for all charges incurred.  1. In order for specialty services to be Covered by this plan, the following referral process must be followed:  1. Covered Person who receives authorized specialty services must pay all applicable Copayments associated with the services provided when we authorized specialist care without prior referral by his or her Participating Dentist and the Covered Person Participating Dentist and the Covered Person Participating Dentist and the Covered Person Participating Dentist and services.  13. PERIODONITAL MINITENANCE  PROCEDURES  14. PROCEDURES  15. CROWNS, FIXED PRIOSES, AND  IMPLANTS  16. ADJUNCTIVE  17. INTRAORAL  18. DENTITEMENT OF THE PARTICISE Proposed Person Participating Dentist ine Covered Person Dy a specialist Dentist for the participating De	3.	INLAYS, ONLAYS, AND VENEERS	Restorations - Limited to 1 time per tooth per 5 years. Covered only when a filing cannot restore the tooth.
<ol> <li>SCALING AND ROOT PLANING</li> <li>REPLACEMENT OF COMPLETE DENTURES, FIXED OR REMOVABLE PARTIAL DENTURES, CROWNS, INLAYS OR ONLAYS AND IMPLANTS IMPLANT CROWNS, IMPLANT PROTHESIS</li> <li>MITTAGARAL BITEWING RADIOGRAPHS</li> <li>MITTAGARAL BITEWING RADIOGRAPHS</li></ol>	4.	CROWNS	Restorations - Limited to 1 time per tooth per 5 years. Covered only when a filing cannot restore the tooth.
7. REPLACEMENT OF COMPLETE DENTURES, FIXED OR REMOVABLE DENTURES, FIXED OR REMOVABLE PARTIAL DENTURES, CONTROL (NAME) OR ONLAYS AND IMPLANTS, IMPLANT CROWNS, IMPLANT ROWNS, IMPLANT PROTHESIS  9. INTRAORAL BITEWING RADIOGRAPHS STAINLESS STEEL CROWNS Limited to 1 series of 4 films in any 6 month period  10. ADJUSTMENTS TO FULL DENTURES, PARTIAL DENTURES, BRIDGES OR ARETIAL SERVICES  MILITER OR ARETIAL SERVICES  MILITER OR ARETIAL SERVICES  MILITER OR ARETIAL SERVICES  MILITER OR ARETIAL SERVICES  ARETIAL DENTURES, BRIDGES OR ARETIAL DENTURES, BRIDGES OR ARETIAL SERVICES  MILITER OR ARETIAL SERVICES  MILITER OR ARETIAL SERVICES  MILITER OR ARETIAL SERVICES  ARETIAL DENTURES, BRIDGES OR ARETIAL DENTURES, BRIDGES OR ARETIAL DENTURES, BRIDGES OR ARETIAL SERVICES  MILITER OR ARETIAL SERVICES  ARETIAL DENTURES, BRIDGES OR ARETIAL SERVICES  MILITER OR ARETIAL SERVICES  ARE ARETIAL SERVICES  MILITER OR ARETIAL SERVICES  ARE ARETIAL SERVICES  ARE ARETIAL SERVICES  MILITER OR ARETIAL SERVICES  MILITER OR ARETIAL SERVICES  MILITER OR ARETIAL SERVICES  MILITER OR ARETIAL SERVICES  ARETIAL SERVICES  ARETIAL SERVICES  ARETIAL SERVICES  MILITER OR ARETIAL SERVICES  ARETIAL S	5.	POST AND CORES	Covered only for teeth that have had root canal therapy.
DENTURES, FIXED OR REMOVABLE PARTIAL DENTURES, CROWNS, INLAYS OR ONLAYS AND IMPLANTS, IMPLANT CROWNS, IMPLANT PROTHESIS  OR ONLAYS AND IMPLANTS, IMPLANT CROWNS, IMPLANT PROTHESIS  INTRAORAL BITEWING RADIOGRAPHS  IMPLANTS TO FULL DENTURES, PARTIAL D	6.	SCALING AND ROOT PLANING	Limited to 4 quadrants per calendar year.
S. INTRAORAL BITEWING RADIOGRAPHS   Limited to 1 series of 4 films in any 6 month period	7.	DENTURES, FIXED OR REMOVABLE PARTIAL DENTURES, CROWNS, INLAYS OR ONLAYS AND IMPLANTS, IMPLANT	implants, implant crowns, implant prosthesis previously submitted for payment under the plan is limited to 1 time per tooth per consecutive 60 months from initial or supplemental placement. This includes retainers, habit appliances, and any fixed or removable interceptive orthodontic appliances. If damage or breakage was directly related to provider error, this type of replacement is the responsibility of the Dentist. If replacement is Necessary because of patient non-compliance, the patient is liable for the cost of
Prefabricated esthetic coated stainless steel crown - primary tooth, are limited to primary anterior teeth.  10. ADJUSTMENTS TO FULL DENTURES, BRIDGES OR CROWNS  11. INTRAVENOUS SEDATION OR GENERAL Administration of I.V. sedation or general anesthesia is limited to covered oral surgical procedures involving 1 AMESTHESIA MARESTHESIA (A) Pre-Authorized by us, and (8) Coordinated by a Covered Person's Participating Dentist. Any Covered Person who elects specialist care without prior referral by his or her Participating Dentist and approval by us is responsible for all charges incurred.  12. ALL SPECIALTY REFERRAL SERVICES (A) Pre-Authorized by us, and (8) Coordinated by a Covered Person's Participating Dentist. Any Covered Person who elects specialist care without prior referral by his or her Participating Dentist. Any Covered Person who elects specialist care without prior referral by his or her Participating Dentist. Any Covered Person who elects specialist services to be Covered by this plan, the following referral process must be followed:  1. In order for speciality services to be Covered by this plan, the following referral process must be followed:  1. In order for speciality services to be Covered by this plan, the following referral process must be followed:  1. In order for speciality services to be Covered by this plan, the following referral process must be followed:  1. In order for speciality services to be Covered by this plan, the following referral process must be followed:  1. In order for speciality services to be Covered by this plan, the following referral process must be followed:  1. If the Participating Dentist must coordinate all Dentist favored Person's Services and no limitations or exclusions apply, the Participating Dentist must coordinate all Dentist surgery (c) person with exclusions apply, the Participating Dentist must coordinate all Dentist services must pay all applicable Copayments associated with the services provided. When we authorize specially dentided to person by a seconda	8.	INTRAORAL BITEWING RADIOGRAPHS	
PARTIAL DENTURES, BRIDGES OR CROWNS  17. INTRAVENOUS SEDATION OR GENERAL AMESTHESIA. A Administration of I.V. sedation or general anesthesia is limited to covered oral surgical procedures involving AMESTHESIA. A MESTHESIA. SERVICES MUST BE  18. ALL SPECIALTY REFERRAL SERVICES MUST BE  19. ALL SPECIALTY REFERRAL SERVICES MUST BE  10. ALL SPECIALTY REFERRAL SERVICES MUST BE  10. ALL SPECIALTY REFERRAL SERVICES MUST BE  10. ALL SPECIALTY REFERRAL SERVICES MUST BE  11. ALL SPECIALTY REFERRAL SERVICES MUST BE  12. ALL SPECIALTY REFERRAL SERVICES MUST BE  13. PERIODONTAL MAINTENANCE PROCEDURES AND INTERCEPTION AND A COVERED PROSONS PARTICIPATION AND A SPECIAL SERVICES PROCEDURES.  14. REMOVABLE PROSTHETICS/FIXED PROSTHETICS/FIXE	9.	STAINLESS STEEL CROWNS	Prefabricated esthetic coated stainless steel crown - primary tooth, are limited to primary anterior teeth.
ANESTHESIA  ALSPECIALTY REFERRAL SERVICES  ALSPECIALTY REFERRAL SERVICES  ANESTHESIA  ANES	10.	PARTIAL DENTURES, BRIDGES OR	Limited to repairs or adjustments performed more than 6 months after the initial insertion.
MUST BE		ANESTHESIA	1 or more impacted teeth (soft tissue, partial bony or complete bony impactions).
PROCEDURES  14. REMOVABLE PROSTHETICS/FIXED PROSTHETICS/FIXED PROSTHETICS/CROWNS, INLAYS AND ONLAYS (MINOR RESTORATIVE SERVICES)  15. CROWNS, FIXED BRIDGES, AND IMPLANTS  16. ADJUNCTIVE  17. INTRAORAL  18. TEMPORARY CROWNS  18. Replacement of complete dentures, fixed or removable partial dentures, crowns, inlays or onlays previously submitted for payment under the plan is limited to 1 time per 5 years from initial or supplemental placement on submitted for payment under the plan is limited to 1 time per 5 years from initial or supplemental placement on submitted for payment under the plan is limited to 1 time per 5 years from initial or supplemental placement on submitted for payment under the plan is limited to 1 time per 5 years from initial or supplemental placement on submitted for payment under the plan is limited to 1 time per 5 years from initial or supplemental placement on submitted for payment under the plan is limited to 1 time per 5 years from initial or supplemental placement on submitted for payment under the plan is limited to 1 time per 5 years from initial or supplemental placement on supplemental placement on submitted for payment under the plan is limited to 1 time per 5 years from initial or supplemental placement on plantal dentures, fixed or removable partial dentures, fixed or removable per 5 years from initial or supplemental placement on supplemental placement on plantal dentures, fixed or nember within a 12-month per 5 years from initial or supplemental placement on plantal dentures, fixed or nember within a 12-month per 5 years from initial or supplemental placement on plantal dentures, fixed or nember within a 12-month per 5 years from initial or supplemental placement on plantal dentures, fixed or nemb	12.	MUST BE	Person who elects specialist care without prior referral by his or her Participating Dentist and approval by us is responsible for all charges incurred.  • In order for specialty services to be Covered by this plan, the following referral process must be followed:  • A Covered Person's Participating Dentist must coordinate all Dental Services.  • When the care of a Network Specialist Dentist is required, the Covered Person's Participating Dentist must contact us and request authorization.  • If the Participating Dentist request for specialist referral is denied, the Participating Dentist and the Covered Person will be notified of the reason for the denial. If the service in question is a Covered service, and no limitations or exclusions apply, the Participating Dentist may be asked to perform the service.  • Covered Person who receives authorized specialty services must pay all applicable Copayments associated with the services provided. When we authorize specialty dental care, a Covered Person will be referred to a Network Specialist Dentist for treatment. The Network includes Network Specialist Dentists in: (a) endodontics; (b) oral surgery; (c) pediatric dentistry; and (d) orthodontics; and (e) periodontics, located in the Covered Person's Service Area. If there is no Network Specialist Dentist in the Covered Person's Service Area, we will refer the Covered Person to a Non-Participating Specialist of our choice. Except for Emergency Dental Services, in no event will we cover dental care provided to a Covered Person by a specialist not preauthorized by us to provide such services.  • Covered Person's Schedule of Covered Dental Services.
PROSTHETICS/CROWNS, INLAYS AND ONLAYS (MINOR RESTORATIVE SERVICES)  15. CROWNS, FIXED BRIDGES, AND IMPLANTS  The maximum benefit within a 12-month period is any combination of 7 crowns or pontics (artificial teeth that are part of a fixed bridge). If more than 7 crowns and/or pontics are done for a Member within a 12-month period, the dentist's fee for any additional crowns within that period would not be limited to the listed Copayment, but instead can reflect the Dentist's Billed Changes.  Pre-Diagnostic Test that aids in detection of mucosal abnormalities including premalignant and malignant lesion, not to include cytology or biopsy procedures - Limited to 1 time per year, to Covered Persons over the age of 30.  17. INTRAORAL  Complete Series (including bitewings) - Limited to 1 time in any 2-year period  Restorations - Limited to 1 time per tooth per 5 years. Covered only when a filing cannot restore the tooth.	13.		Limited to once every 6 months, following active therapy, exclusive of gross debridement
IMPLANTS  that are part of a fixed bridge). If more than 7 crowns and/or pontics are done for a Member within a 12-month period, the dentist's fee for any additional crowns within that period would not be limited to the listed Copayment, but instead can reflect the Dentist's Billed Changes.  Pre-Diagnostic Test that aids in detection of mucosal abnormalities including premalignant and malignant lesion, not to include cytology or biopsy procedures - Limited to 1 time per year, to Covered Persons over the age of 30.  INTRAORAL  Complete Series (including bitewings) - Limited to 1 time in any 2-year period  Restorations - Limited to 1 time per tooth per 5 years. Covered only when a filing cannot restore the tooth.	14.	PROSTHETICS/CROWNS, INLAYS AND ONLAYS (MINOR RESTORATIVE	
16. ADJUNCTIVE Pre-Diagnostic Test that aids in detection of mucosal abnormalities including premalignant and malignant lesion, not to include cytology or biopsy procedures - Limited to 1 time per year, to Covered Persons over the age of 30.  17. INTRAORAL Complete Series (including bitewings) - Limited to 1 time in any 2-year period  18. TEMPORARY CROWNS Restorations - Limited to 1 time per tooth per 5 years. Covered only when a filing cannot restore the tooth.	15.		that are part of a fixed bridge). If more than 7 crowns and/or pontics are done for a Member within a 12-month period, the dentist's fee for any additional crowns within that period would not be limited to the
17.INTRAORALComplete Series (including bitewings) - Limited to 1 time in any 2-year period18.TEMPORARY CROWNSRestorations - Limited to 1 time per tooth per 5 years. Covered only when a filing cannot restore the tooth.	16.	ADJUNCTIVE	Pre-Diagnostic Test that aids in detection of mucosal abnormalities including premalignant and malignant lesion, not to include cytology or biopsy procedures - Limited to 1 time per year, to Covered Persons over
	17.	INTRAORAL	
19. CONE BEAM Limited to 1 time per consecutive 60 months.	18.	TEMPORARY CROWNS	Restorations - Limited to 1 time per tooth per 5 years. Covered only when a filing cannot restore the tooth.
	19.	CONE BEAM	Limited to 1 time per consecutive 60 months.

### **EXCLUSIONS OF BENEFITS**

The following procedures and services are excluded and not Covered Services, unless otherwise specifically listed as a covered benefit on this Plan's Schedule of Benefits:

- 1. Dental Services that are not Necessary.
- 2. Any service done for cosmetic purposes that is not listed as a Covered cosmetic service in the Schedule of Covered Dental Services.
- 3. Any Dental Procedure not directly associated with dental disease.

#### **EXCLUSIONS OF BENEFITS**

The following procedures and services are excluded and not Covered Services, unless otherwise specifically listed as a covered benefit on this Plan's Schedule of Benefits:

- 4. Any implant procedures performed which are not listed as Covered implant procedures in the Schedule of Covered Dental Services.
- 5. Drugs/medications, obtainable with or without a prescription, unless they are dispensed and utilized in the dental office during the patient visit.
- 6. Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue.
- 7. Treatment of benign neoplasms, cysts, or other pathology involving benign lesions, except excisional removal. Treatment of malignant neoplasms or Congenital Anomalies of hard or soft tissue, including excision.
- 8. Services related to the temporomandibular joint (TMJ), either bilateral or unilateral. Upper and lower jaw bone surgery (including that related to the temporomandibular joint). No Coverage is provided for orthognathic surgery, jaw alignment, or treatment for the temporomandibular joint.
- 9. Procedures related to the reconstruction of a patient's correct vertical dimension of occlusion (VDO).
- 10. Placement of fixed partial dentures solely for the purpose of achieving periodontal stability.
- 11. Dental Services otherwise Covered under the Policy, but rendered after the date individual Coverage under the Policy terminates, including Dental Services for dental conditions arising prior to the date individual Coverage under the Policy terminates.
- 12. Dental Services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any country.
- 13. Any Dental Services or Procedures not listed in the Schedule of Covered Dental Services.
- 14. Costs for non-dental services related to the provision of dental services in hospitals, extended care facilities, or Member's home are not covered. When deemed necessary by the Primary Care Dentist, the Member's physician, and authorized by the Plan, covered dental services that are delivered in an inpatient or outpatient hospital setting are covered as indicated in the Schedule of Benefits.
- 15. Any endodontic, periodontal, crown or bridge abutment procedure or appliance requested, recommended or performed for a tooth or teeth with a guarded, questionable or poor prognosis.
- 16. Replacement of a lost, missing or stolen appliance or prosthesis or the fabrication of a spare appliance or prosthesis.
- 17. Any Covered Person request for: (a) specialist services or treatment which can be routinely provided by a Participating Dentist; or (b) treatment by a specialist without referral from a Participating Dentist and our approval.
- 18. Any Dental Procedure not performed in a dental setting. This will not apply to Covered Emergency Dental Services.
- 19. Fixed or removable prosthodontic restoration procedures or implant services for complete oral rehabilitation or reconstruction.
- 20. Services for injuries or conditions covered by Worker's Compensation or employer liability laws, and services that are provided without cost to the Covered Person by any municipality, county, or other political subdivision. This exclusion does not apply to any services covered by Medicaid or Medicare
- 21. Treatment which requires the services of a pediatric specialist, after the Covered Person's 6th birthday.
- 22. Orthodontic Exclusions & Limitations

If you require the services of an orthodontist, a referral must first be obtained. If a referral is not obtained prior to the commencement of orthodontic treatment, the Covered Person will be responsible for all costs associated with any orthodontic treatment. Orthodontic services Copayments are valid for authorized services rendered. If you terminate Coverage after the start of orthodontic treatment, you will be responsible for any additional charges incurred for the remaining orthodontic treatment.

Orthodontic Exclusions:

- a) Replacement or repair of lost, stolen or broken appliances or appliances damaged due to the neglect of the Covered Person
- b) Treatment in progress prior to the effective date of this coverage
- c) Extractions required for orthodontic purposes
- d) Surgical orthodontics or jaw repositioning
- e) Myofunctional therapy
- f) Cleft palate
- g) Micrognathia
- h) Macroglossia
- i) Hormonal imbalances
- j) Orthodontic retreatment when initial treatment was rendered under this plan or for changes in orthodontic treatment necessitated by any kind of treatment of accident
- k) Palatal expansion appliances
- I) Services performed by outside laboratories

Orthodontic Limitations:

- 1. If a treatment plan is for less than 24 months, then a prorated portion of the full copayment shall apply.
- 2. If Covered Person's dental eligibility ends, for whatever reason, and the Covered Person is receiving orthodontic treatment under the plan, the remaining cost for that treatment will be prorated at the orthodontist's usual fees over the number of months of treatment remaining. The Covered Person will be responsible for the payment of this balance under the terms and conditions pre-arranged with the orthodontist.
- 3. If the Covered Person has the orthodontist perform a "diagnostic work-up" (a consultation and diagnosis) and then decides to forgo the treatment program, the Covered Person will be charged a \$50 consultation fee, plus any lab costs incurred by the orthodontist.
- 4. One orthodontic benefit under this plan is available per lifetime, per Covered Person. A Covered Person may access this Comprehensive Orthodontic Treatment. If comprehensive treatment is necessary, and is completed within a 24 month period, the Copayments listed will apply. If necessary and active treatment extends beyond 24 months, the provider is obligated to accept the plan Copayment only for the first 24 months of active therapy. The provider may charge usual and customary fees for active treatment extending beyond the 24 month benefit period.