

**Pediatric Dental - BSC Proposed 2017 Full Standardized Copay Schedule**

ADA Code	Nomenclature	Member pays
<b>DIAGNOSTIC AND PREVENTIVE SERVICES</b>		
	OFFICE VISIT	\$0
D0120	periodic oral evaluation	\$0
D0140	limited oral evaluation	\$0
D0150	comprehensive oral evaluation	\$0
D0190	screening of a patient	\$0
D0191	assessment of a patient	\$0
D0210	intraoral - complete series (including bitewings) - limited to 1 series every 24 months	\$0
D0220	intraoral - periapical first film	\$0
D0230	intraoral - periapical each additional film	\$0
D0240	intraoral - occlusal film	\$0
D0270	bitewing - single film	\$0
D0272	bitewings - two films	\$0
D0274	bitewings - four films - limited to 1 series every 6 months	\$0
D0330	panoramic film	\$0
D0350	photograph 1st	\$0
D0350	photograph each additional (up to 7)	\$0
D0460	pulp vitality tests	\$0
D0473	histopathologic examinations	\$0
D0601	caries risk assessment and documentation, with a finding of low risk	\$0
D0602	caries risk assessment and documentation, with a finding of moderate risk	\$0
D0603	caries risk assessment and documentation, with a finding of high risk	\$0
D1110	prophylaxis - adult	\$0
D1120	prophylaxis - child	\$0
D1206	topical fluoride varnish	\$0
D1208	topical application of fluoride	\$0
D1330	oral hygiene instructions	\$0
D1351	sealant - per tooth	\$0
D1510	space maintainer - fixed - unilateral	\$0
D1515	space maintainer - fixed - bilateral	\$0
D1525	space maintainer - removable - bilateral	\$0
<b>RESTORATIVE DENTISTRY</b>		
D2140	amalgam - one surface permanent	\$25
D2150	amalgam - two surfaces permanent	\$30
D2160	amalgam - three surfaces permanent	\$40
D2161	amalgam - four or more surfaces permanent	\$45
D2330	resin-based composite - one surface, anterior	\$30
D2331	resin-based composite - two surfaces, anterior	\$45
D2332	resin-based composite - three surfaces, anterior	\$55
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$60
<b>CROWNS – the cost of precious metals used in any form of dental benefits is the responsibility of the member</b>		
D2510	inlay - metallic-two surfaces	\$185
D2520	inlay - metallic-three surfaces	\$200
D2530	inlay - metallic-four or more surfaces	\$215
D2542	onlay - metallic-two surfaces	\$185
D2543	onlay - metallic-three surfaces	\$200
D2544	onlay - metallic-four or more surfaces	\$215
D2710	crown - resin-based composite laboratory	\$140
D2740	crown - porcelain/ceramic substrate	\$300
D2750	crown - porcelain fused to high noble metal	\$300
D2751	crown - porcelain fused to predominantly base metal	\$300
D2752	crown - porcelain fused to noble metal	\$300
D2781	crown - 3/4 cast predominantly base metal	\$300
D2790	crown - full cast high noble metal	\$300
D2791	crown - full cast predominantly base metal	\$300
D2792	crown - full cast noble metal	\$300
D2920	reacement crown	\$25
D2930	prefabricated stainless steel crown - primary tooth	\$65
D2931	prefabricated stainless steel crown - permanent tooth	\$75
D2940	protective restoration	\$25
D2951	pin retention - per tooth, in addition to restoration	\$25
D2952	post and core in addition to crown, indirectly fabricated	\$100
D2954	prefabricated post and core in addition to crown	\$90
D2980	crown repair, by report	\$50
<b>ENDODONTICS</b>		
D3110	pulp cap - direct (excluding final restoration)	\$20
D3220	therapeutic pulpotomy (excluding final restoration)	\$40
D3310	root canal therapy, anterior tooth (excluding final restoration)	\$195
D3320	root canal therapy, bicuspid tooth (excluding final restoration)	\$235
D3330	root canal therapy, molar (excluding final restoration)	\$300
D3346	retreatment of previous root canal therapy - anterior	\$240
D3347	retreatment of previous root canal therapy - bicuspid	\$295
D3348	retreatment of previous root canal therapy - molar	\$365
D3351	apexification/recalcification - initial visit	\$85
D3352	apexification/recalcification - interim	\$45
D3353	apexification/recalcification - final visit	\$110
D3410	apicoectomy/periradicular surgery - anterior	\$240
D3421	apicoectomy/periradicular surgery - bicuspid (first root)	\$250
D3425	apicoectomy/periradicular surgery - molar (second root)	\$275
D3430	retrograde filling - per root	\$90
D3450	root amputation - per root	\$110

	<b>PERIODONTICS</b>	
D4210	gingivectomy or gingivoplasty - per quadrant	\$150
D4211	gingivectomy or gingivoplasty - per tooth	\$50
D4260	Osseous - muco - gingival surgery per quadrant	\$265
D4341	periodontal scaling and root planing - four or more teeth per quadrant	\$55
D4342	periodontal scaling and root planing - one to three teeth per quadrant	\$30
	<b>PROSTHETICS</b>	
D5110	complete denture - upper	\$300
D5120	complete denture - lower	\$300
D5130	immediate denture - upper	\$300
D5140	immediate denture - lower	\$300
D5211	upper partial denture - resin based with conventional clasps, rests and teeth	\$300
D5212	lower partial denture - resin based with conventional clasps, rests and teeth	\$300
D5213	upper partial denture - cast metal resin based with conventional clasps, rests and teeth	\$335
D5214	lower partial denture - cast metal resin based with conventional clasps, rests and teeth	\$335
D5410	adjust complete denture - upper	\$20
D5411	adjust complete denture - lower	\$20
D5421	adjust partial denture - upper	\$20
D5422	adjust partial denture - lower	\$20
D5510	repair broken complete denture base	\$40
D5520	replace missing or broken teeth - complete denture (each tooth)	\$40
D5610	repair resin denture base	\$40
D5620	repair cast framework	\$40
D5630	repair or replace broken clasp	\$50
D5640	replace broken teeth - per tooth	\$35
D5650	add tooth to existing partial denture	\$35
D5660	add clasp to existing partial denture	\$60
D5730	reline complete upper denture (chairside)	\$60
D5731	reline complete lower denture (chairside)	\$60
D5740	reline upper partial denture (chairside)	\$60
D5741	reline lower partial denture (chairside)	\$60
D5750	reline complete upper denture (laboratory)	\$90
D5751	reline complete lower denture (laboratory)	\$90
D5760	reline upper partial denture (laboratory)	\$80
D5761	reline lower partial denture (laboratory)	\$80
D5820	interim partial denture (upper)	\$85
D5821	interim partial denture (lower)	\$85
D5850	tissue conditioning, upper	\$30
D5851	tissue conditioning, lower	\$30
	<b>BRIDGES - the cost of precious metals used in any form of dental benefits is the responsibility of the member</b>	
D6210	pontic - cast high noble metal	\$300
D6211	pontic - cast predominantly base metal	\$300
D6212	pontic - cast noble metal	\$300
D6240	pontic - porcelain fused to high noble metal	\$300
D6241	pontic - porcelain fused to predominantly base metal	\$300
D6242	pontic - porcelain fused to noble metal	\$300
D6251	pontic - resin with predominantly base metal	\$300
D6545	retainer - cast metal for resin bonded fixed prosthesis	\$130
D6740	crown - porcelain/ceramic	\$300
D6750	crown - porcelain fused to high noble metal	\$300
D6751	crown - porcelain fused to predominantly base metal	\$300
D6752	crown - porcelain fused to noble metal	\$300
D6780	crown - 3/4 cast high noble metal	\$300
D6790	crown - full cast high noble metal	\$300
D6791	crown - full cast predominantly base metal	\$300
D6792	crown - full cast noble metal	\$300
D6930	recement bridge	\$40
D6980	bridge repair, by report	\$95
	<b>ORAL SURGERY</b>	
D7111	coronal remnants - deciduous tooth	\$40
D7140	extraction, erupted tooth or exposed root	\$65
D7210	surgical removal of erupted tooth requiring elevation of flap and removal of bone and/or sectioning of tooth	\$120
D7220	removal of impacted tooth - soft tissue	\$95
D7230	removal of impacted tooth - partially bony	\$145
D7240	removal of impacted tooth - completely bony	\$160
D7250	surgical removal of residual tooth roots requiring cutting of soft tissue and bone and closure	\$80
D7270	tooth reimplantation / stabilization	\$185
D7285	biopsy of oral tissue - hard (bone, tooth)	\$180
D7286	biopsy of oral tissue - soft	\$110
D7310	alveoloplasty in conjunction with extractions - per quadrant	\$85
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$50
D7320	alveoloplasty not in conjunction with extractions - per quadrant	\$120
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$65
D7410	excision of benign lesion up to 1.25 cm	\$75
D7411	excision of benign lesion greater than 1.25 cm	\$115
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$180
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$330
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$155

D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$250
D7472	removal of palatal torus	\$145
D7473	removal of mandibular torus	\$140
D7510	incision and drainage of abscess - intraoral soft tissue	\$70
D7520	incision and drainage of abscess - extraoral soft tissue	\$70
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure	\$120
<b>ORTHODONTICS</b>		
Medically necessary orthodontia includes at least D0140 and D0470 (see descriptions below)		
Initial orthodontic examination called the Limited Oral Evaluation must be conducted. This examination includes completion of the HLD Score sheet. The HLD Score Sheet is the preliminary measurement tool used in determining if the patient qualifies for medically necessary orthodontic services. Those qualifying conditions are:		
1. Cleft palate deformities.		
2. Craniofacial anomaly (a description of the condition from a credentialed specialist must be attached).		
3. Deep impinging overbite, where the lower incisors are destroying the soft tissue of the palate and tissue laceration and/or clinical attachment loss are present. (Contact only does not constitute deep impinging overbite).		
4. Crossbite of individual anterior teeth when clinical attachment loss and recession of the gingival margin are present (e.g., stripping of the labial gingival tissue on the lower incisors). Treatment of bi-lateral posterior crossbite is not a benefit of the program.		
5. Severe traumatic deviation must be justified by attaching a description of the condition.		
6a. Overjet greater than 9mm with incompetent lips or mandibular protrusion (reverse overjet) greater than 3.5mm with reported masticatory and speech difficulties. Photographs for this exception must be submitted.		
D0140	6b. Individual score of at least 26 points.	\$350
D0470	Diagnostic casts may be provided only if one of the above conditions is present	
<b>OTHERS</b>		
D9110	palliative (emergency) treatment of dental pain - minor procedure	\$30
D9215	local anesthesia	\$15
D9220	deep sedation/general anesthesia - first 30 minutes	\$95
D9221	deep sedation/general anesthesia - each additional 15 minutes	\$40
D9230	analgesia nitrous oxide	\$15
D9248	non-intravenous conscious sedation	\$65
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$50
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	\$20
D9440	office visit - after regularly scheduled hours	\$45
D9630	other drugs and/or medications, by report	\$15
D9920	behavior management, by report	\$35
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	\$35
D9999	unspecified adjunctive procedure, by report	\$0
D777	broken appointment without 24 hour notification	\$0

### Adult Dental - BSC Proposed 2017 Full Standardized Copay Schedule

ADA Code	ADA Description	Member Pays
	<b>Office visit</b>	\$0
	<b>D0100 – D0999 I. Diagnostic Services</b>	
	<b>Clinical Oral Evaluations</b>	
D0120	Periodic oral evaluation - established patient	\$0
D0140	Limited oral evaluation - problem focused	\$0
D0150	Comprehensive oral evaluation - new or established patient	\$0
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$0
D0170	Re-evaluation - limited, problem focused (not post-operative visit)	\$0
D0180	Comprehensive periodontal evaluation	\$0
	<b>Pre-Diagnostic Services</b>	
D0190	Screening of a patient	\$0
D0191	assessment of a patient	\$0
	<b>Diagnostic Imaging - Image Capture With Interpretation</b>	
D0210	Intraoral - complete series (including bitewings) - limited to 1 series every 24 months	\$0
D0220	Intraoral - periapical first film	\$0
D0230	Intraoral - periapical each additional film	\$0
D0240	Intraoral - occlusal film	\$0
D0250	Extraoral - first film	\$0
D0260	Extraoral - each additional film	\$0
D0270	Bitewing - single film	\$0
D0272	Bitewings - two films	\$0
D0273	Bitewings - three films	\$0
D0274	Bitewings - four films – limited to 1 series every 6 months	\$0
D0277	Vertical bitewings - 7 to 8 films	\$0
D0330	Panoramic film	\$0
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	\$0
D0460	Pulp vitality tests	\$0
D0470	Diagnostic casts	\$0
	<b>D1000 – D1999 II. Preventive Services</b>	
	<b>Dental Prophylaxis</b>	
D1110	Prophylaxis - adult	\$0
D1330	Oral hygiene instructions	\$0
	<b>D2000 – D2999 III. Restorative</b>	
	<b>Amalgam Restorations (Including Polishing)</b>	
D2140	Amalgam - one surface, primary or permanent	\$25
D2150	Amalgam - two surfaces, primary or permanent	\$30
D2160	Amalgam - three surfaces, primary or permanent	\$40

D2161	Amalgam - four or more surfaces, primary or permanent	\$45
D2330	Resin based composite - one surface, anterior	\$30
D2331	Resin based composite - two surfaces, anterior	\$45
D2332	Resin based composite - three surfaces, anterior	\$55
D2335	Resin based composite - four or more surfaces or involving incisal angle, anterior	\$60
D2390	Resin based composite crown, anterior	\$50
D2391	Resin based composite - one surface, posterior	\$30
D2392	Resin based composite - two surfaces, posterior	\$40
D2393	Resin based composite - three surfaces, posterior	\$50
D2394	Resin based composite - four or more surfaces, posterior	\$70
	<b>Inlay/Onlay Restorations</b>	
D2542	Onlay - metallic - two surfaces	\$185
D2543	Onlay - metallic - three surfaces	\$200
D2544	Onlay - metallic - four or more surfaces	\$215
	<b>Porcelain/ceramic inlays/onlays include all indirect ceramic and porcelain type inlays/onlays</b>	
D2642	Onlay - porcelain/ceramic - two surfaces	\$250
D2643	Onlay - porcelain/ceramic - three or more surfaces	\$275
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$300
	<b>Resin based composite inlays/onlays must utilize indirect technique</b>	
D2662	Onlay - resin-based composite - two surfaces	\$160
D2663	Onlay - resin-based composite - three surfaces	\$180
D2664	Onlay - resin-based composite - four or more surfaces	\$200
D2710	Crown - resin-based composite (indirect)	\$140
D2720	Crown - resin with high noble metal	\$300
D2721	Crown - resin with predominantly base metal	\$300
D2722	Crown - resin with noble metal	\$300
D2740	Crown - porcelain/ceramic substrate	\$300
D2750	Crown - porcelain fused to high noble metal	\$300
D2751	Crown - porcelain fused to predominantly base metal	\$300
D2752	Crown - porcelain fused to noble metal	\$300
D2780	Crown - 3/4 cast high noble metal	\$300
D2781	Crown - 3/4 cast predominantly base metal	\$300
D2782	Crown - 3/4 cast noble metal	\$300
D2790	Crown - full cast high noble metal	\$300
D2791	Crown - full cast predominantly base metal	\$300
D2792	Crown - full cast noble metal	\$300
	<b>Other Restorative Services</b>	
D2910	Recement inlay, onlay or partial coverage restoration	\$25
D2915	Recement cast or prefabricated post and core	\$25
D2920	Recement crown	\$15
D2930	Prefabricated stainless steel crown - primary tooth	\$65
D2931	Prefabricated stainless steel crown - permanent tooth	\$75

D2932	Prefabricated resin crown	\$70
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	\$35
D2940	Protective restoration	\$20
D2950	Core buildup, including any pins	\$20
D2951	Pin retention - per tooth- in addition to restoration	\$20
D2952	Post and core in addition to crown, indirectly fabricated	\$60
D2953	Each additional indirectly fabricated post, same tooth	\$30
D2954	Prefabricated post and core in addition to crown	\$60
D2957	Each additional prefabricated post - same tooth	\$35
D2980	Crown repair, necessitated by restorative material failure	\$50
	<b>D3000 – D3999 IV. Endodontics</b>	
D3110	Pulp cap (direct) excluding final restoration	\$20
D3120	Pulp cap (indirect) excluding final restoration	\$25
	<b>Pulpotomy</b>	
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction	\$35
	<b>Endodontic Therapy on Primary Teeth</b>	
D3310	Endodontic therapy - anterior tooth (excluding final restoration)	\$200
D3320	Endodontic therapy - bicuspid tooth (excluding final restoration)	\$235
D3330	Endodontic therapy - molar tooth (excluding final restoration)	\$300
D3331	Treatment of root canal obstruction; non-surgical access	\$50
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$85
	<b>Endodontic Treatment</b>	
D3346	Retreatment of previous root canal - anterior	\$245
D3347	Retreatment of previous root canal - bicuspid	\$295
D3348	Retreatment of previous root canal - molar	\$365
	<b>Apicoectomy/Periradicular Services</b>	
D3410	Apicoectomy / periradicular surgery - anterior	\$240
D3421	Apicoectomy / periradicular surgery - bicuspid, first root	\$250
D3425	Apicoectomy / periradicular surgery - molar, first root	\$275
D3426	Apicoectomy / periradicular surgery - molar, each additional root	\$110
D3430	Retrograde filling - per root	\$90
D3450	Root amputation - per root	\$110
D3920	Hemisection (including any root removal; not including root canal therapy)	\$120
D3950	Canal preparation and fitting of preformed dowel or post	\$60
	<b>D4000 – D4999 V. Periodontics</b>	
	<b>Surgical Services (including usual postoperative care)</b>	
D4210	Gingivectomy/gingivoplasty four or more contiguous teeth or tooth bounded spaces per quadrant	\$150
D4211	Gingivectomy/gingivoplasty one to three contiguous teeth or tooth bounded spaces per quadrant	\$50
D4240	Gingival flap procedure including root planing four or more teeth per quadrant	\$135
D4241	Gingival flap procedure including root planing one to three teeth per quadrant	\$70
D4260	Osseous surgery (including flap entry and closures) - four or more contiguous teeth or tooth bounded spaces - per	\$265
D4261	Osseous surgery (including flap entry and closures) - one to three contiguous teeth or tooth bounded spaces - per	\$140

D4263	Bone replacement graft - first site in quadrant	\$105
D4264	Bone replacement graft - each additional site in quadrant	\$75
D4266	Guided tissue regeneration - resorbable barrier - per site	\$145
D4267	Guided tissue regeneration - non-resorbable barrier - per site (includes membrane removal)	\$175
D4270	Pedicle soft tissue graft procedure	\$155
D4273	Subepithelial connective tissue graft procedure - per tooth	\$220
	<b>Non-Surgical Periodontal Service</b>	
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$55
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$25
D4355	full mouth debridement to enable comprehensive evaluation and diagnosis	\$40
D4910	Periodontal maintenance	\$30
	<b>D5000 – D5899 VI. Prosthodontics (removable)</b>	
	<b>Complete Dentures (including routine post-delivery care)</b>	
D5110	Complete denture - maxillary	\$400
D5120	Complete denture - mandibular	\$400
D5130	Immediate denture - maxillary	\$400
D5140	Immediate denture - mandibular	\$400
	<b>Partial Dentures (including routine post-delivery care)</b>	
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$325
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$325
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests	\$375
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps,	\$375
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$375
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$375
D5281	Removalble unilateral partial denture - one piece cast metal (including clasps and teeth)	\$250
	<b>Adjustments To Dentures</b>	
D5410	Adjust complete denture - maxillary	\$20
D5411	Adjust complete denture - mandibular	\$20
D5421	Adjust partial denture - maxillary	\$20
D5422	Adjust partial denture - mandibular	\$20
	<b>Repairs to Complete Dentures</b>	
D5510	repair broken complete denture base	\$30
D5520	replace missing or broken teeth - complete denture (each tooth)	\$30
	<b>Repairs to Partial Dentures</b>	
D5610	Repair resin denture base	\$30
D5620	Repair cast framework	\$35
D5630	Repair or replace broken clasp	\$30
D5640	Replace broken teeth - per tooth	\$30
D5650	Add tooth to existing partial denture	\$35
D5660	Add clasp to existing partial denture	\$45
D5670	Replace all teeth and acrylic on cast framework - maxillary	\$195
D5671	Replace all teeth and acrylic on cast framework - mandibular	\$195

	<b>Denture Rebase Procedures</b>	
D5710	Rebase complete maxillary denture	\$155
D5711	Rebase complete mandibular denture	\$155
D5720	Rebase maxillary partial denture	\$150
D5721	Rebase mandibular partial denture	\$150
	<b>Denture Reline Procedures</b>	
D5730	Reline complete maxillary denture - (chairside)	\$80
D5731	Reline complete mandibular denture - (chairside)	\$80
D5740	Reline maxillary partial denture - (chairside)	\$75
D5741	Reline mandibular partial denture - (chairside)	\$75
D5750	Reline complete maxillary denture - (laboratory)	\$120
D5751	Reline complete mandibular denture - (laboratory)	\$120
D5760	Reline maxillary partial denture - (laboratory)	\$110
D5761	Reline mandibular partial denture - (laboratory)	\$110
	<b>Other Removable Prosthetic Services</b>	
D5850	Tissue conditioning - maxillary	\$35
D5851	Tissue conditioning - mandibular	\$35
	<b>D5900 – D5999 VII. Maxillofacial Prosthetics – not covered</b>	
	<b>D6000 – D6199 VIII. Implant Services - not covered</b>	
	<b>D6200 – D6999 IX. Prosthodontics, fixed</b>	
	<b>Fixed Partial Denture Pontics</b>	
D6205	Pontic - indirect resin based composite	\$165
D6210	Pontic - cast high noble metal	\$300
D6211	Pontic - cast predominantly base metal	\$300
D6212	Pontic - cast noble metal	\$300
D6214	Pontic - cast titanium metal	\$300
D6240	Pontic - porcelain fused to high noble metal	\$300
D6241	Pontic - porcelain fused to predominantly base metal	\$300
D6242	Pontic - porcelain fused to noble metal	\$300
D6245	Pontic - porcelain/ceramic	\$300
D6250	Pontic - resin with high noble metal	\$300
D6251	Pontic - resin with predominantly base metal	\$300
D6252	Pontic - resin with noble metal	\$300
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$130
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$145
D6608	Onlay - porcelain/ceramic - two surfaces	\$200
D6609	Onlay - porcelain/ceramic - three or more surfaces	\$200
D6610	Onlay - cast high noble metal - two surfaces	\$200
D6611	Onlay - cast high noble metal - three or more surfaces	\$200
D6612	Onlay - cast predominantly base metal - two surfaces	\$200
D6613	Onlay - cast predominantly base metal - three or more surfaces	\$200
D6614	Onlay - cast noble metal- two surfaces	\$200



D6615	Onlay - cast noble metal - three or more surfaces	\$200
D6634	Onlay - titanium	\$200
D6710	Crown - indirect resin based composite	\$200
D6720	crown - resin with high noble metal	\$300
D6721	crown - resin with predominantly base metal	\$300
D6722	crown - resin with noble metal	\$300
D6740	crown - porcelain/ceramic	\$300
D6750	crown - porcelain fused to high noble metal	\$300
D6751	crown - porcelain fused to predominantly base metal	\$300
D6752	crown - porcelain fused to noble metal	\$300
D6780	crown - 3/4 cast high noble metal	\$300
D6781	crown - 3/4 cast predominantly base metal	\$300
D6782	crown - 3/4 cast noble metal	\$300
D6783	crown - 3/4 porcelain/ceramic	\$300
D6790	crown - full cast high noble metal	\$300
D6791	crown - full cast predominantly base metal	\$300
D6792	crown - full cast noble metal	\$300
	<b>Other Fixed Partial Denture Services</b>	
D6930	Recement fixed partial denture	\$40
D6980	Fixed partial denture repair as necessitated by restorative material failure	\$95
	<b>D7000 – D7999 X. Oral and Maxillofacial Surgery</b>	
	<b>Extractions (Includes local anesthesia, suturing, if needed, and routine postoperative care)</b>	
D7111	Extraction of coronal remnants - deciduous tooth	\$40
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$65
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation	\$115
D7220	Removal of impacted tooth - soft tissue	\$85
D7230	Removal of impacted tooth - partial bony	\$145
D7240	Removal of impacted tooth - complete bony	\$160
D7241	Removal of impacted tooth - complete bony with unusual surgical complications	\$175
D7250	Surgical removal of residual tooth roots	\$75
D7260	Oroantral fistula closure	\$280
D7286	Biopsy of oral tissue - soft	\$110
D7287	Exfoliative cytological sample collection	\$35
D7288	Brush biopsy transepithelial sample collection	\$35
	<b>Alveoloplasty - Surgical Preparation of Ridge</b>	
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$85
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$50
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$120
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$65
	<b>Vestibuloplasty</b>	
D7471	Removal of lateral exostosis (maxilla or mandible)	\$140
D7472	Removal of torus palatinus	\$140

D7473	Removal of torus mandibularis	\$140
	<b>Surgical incision</b>	
D7510	Incision & drainage of abscess - intraoral soft tissue	\$55
D7511	Incision & drainage of abscess - intraoral soft tissue - complicated	\$69
D7550	Partial ostectomy /sequestrectomy for removal of non-vital bone	\$125
D7960	Frenulectomy – also known as frenectomy or frenotomy - separate procedure not incidental to another	\$120
D7963	Frenuloplasty	\$120
D7970	Excision of hyperplastic tissue - per arch	\$176
D7971	Excision of pericoronal gingival	\$80
	<b>D8000 – D8999 XI. Orthodontics - not covered</b>	
	<b>Waiting Period</b>	<b>NA</b>
	<b>Pre-Orthodontic Treatment Records &amp; Diagnostic Services Include:</b>	
	<b>Adjunctive General Services</b>	
	<b>Unclassified Treatment</b>	
D9110	Palliative (emergency) treatment of dental pain - minor procedure <sup>5</sup>	\$28
D9120	Fixed partial denture sectioning	\$95
	<b>Anesthesia</b>	
D9210	Local anesthesia not in conjunction with outpatient surgical procedures	\$10
D9211	Regional block anesthesia	\$20
D9212	Trigeminal division block anesthesia	\$60
D9215	Local anesthesia in conjunction with outpatient surgical procedures	\$15
D9220	Deep sedation/general anesthesia - first 30 minutes	\$90
D9221	Deep sedation/general anesthesia - each additional 15 minutes	\$35
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	\$130
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	\$48
	<b>Professional Visits</b>	
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$45
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$12
D9440	Office visit - after regularly scheduled hours	\$40
D9450	Case presentation	\$0
D9910	Application of desensitizing medicament	\$22
D9940	Occlusal guards, by report	\$115
D9942	Repair and/or reline of occlusal guard	\$35
D9951	Occlusal adjustment - limited	\$45
D9952	Occlusal adjustment - complete	\$210
	<b>Other</b>	
	Failed apointment (without 24-hour notice)	\$15
	Sterilization surcharge	\$5