

**2017 Covered California Dental Copay Plan
DRAFT Copay Schedule prepared by Milliman**

<u>ADA Code</u>	<u>Procedure Description</u>	<u>Pediatric Copay</u>	<u>Adult Copay</u>
0120	Periodic oral evaluation - established patient	\$0	\$0
0140	Limited oral evaluation - problem focused	\$0	\$0
0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$0	\$0
0150	Comprehensive oral evaluation - new or established patient	\$0	\$0
0160	Detailed and extensive oral evaluation - problem focused, by report	\$0	\$0
0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$0	\$0
0171	Re-evaluation - post-operative office visit	NA	NA
0180	Comprehensive periodontal evaluation - new or established patient	\$0	\$0
0190	Screening of a patient	NA	NA
0191	Assessment of a patient	NA	NA
0210	Intraoral - complete series of radiographic images	\$0	\$0
0220	Intraoral - periapical first radiographic image	\$0	\$0
0230	Intraoral - periapical each additional radiographic image	\$0	\$0
0240	Intraoral - occlusal radiographic image	\$0	\$0
0250	Extraoral - first radiographic image	\$0	\$0
0260	Extraoral - each additional radiographic image	\$0	\$0
0270	Bitewing - single radiographic image	\$0	\$0
0272	Bitewings - two radiographic images	\$0	\$0
0273	Bitewings - three radiographic images	\$0	\$0
0274	Bitewings - four radiographic images	\$0	\$0
0277	Vertical bitewings - 7 to 8 radiographic images	\$0	\$0
0290	Posterior-anterior or lateral skull and facial bone survey radiographic image	\$0	\$0
0310	Sialography	\$0	\$0
0320	Temporomandibular joint arthrogram, including injection	\$0	\$0
0321	Other temporomandibular joint radiographic images, by report	\$0	\$0
0322	Tomographic survey	\$0	\$0
0330	Panoramic radiographic image	\$0	\$0
0340	Cephalometric radiographic image	\$0	\$0
0350	2D oral/facial photographic image obtained intra-orally or extra-orally	\$0	\$0
0351	3D photographic image	NA	NA
0364	Cone beam CT capture and interpretation with limited field of view - less than one whole jaw	\$0	\$0
0365	Cone beam CT capture and interpretation with field of view of one full dental arch - mandible	\$0	\$0
0366	Cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	\$0	\$0
0367	Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	\$0	\$0
0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	\$0	\$0
0369	Maxillofacial MRI capture and interpretation	\$0	\$0
0370	Maxillofacial ultrasound capture and interpretation	\$0	\$0
0371	Sialoendoscopy capture and interpretation	\$0	\$0
0380	Cone beam CT image capture with limited field of view - less than one whole jaw	\$0	\$0
0381	Cone beam CT image capture with field of view of one full dental arch - mandible	\$0	\$0
0382	Cone beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium	\$0	\$0
0383	Cone beam CT image capture with field of view of both jaws, with or without cranium	\$0	\$0
0384	Cone beam CT image capture for TMJ series including two or more exposures	\$0	\$0
0385	Maxillofacial MRI image capture	\$0	\$0
0386	Maxillofacial ultrasound image capture	\$0	\$0
0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	\$0	\$0
0393	Treatment simulation using 3D image volume	\$0	\$0
0394	Digital subtraction of two or more images or image volumes of the same modality	\$0	\$0
0395	Fusion of two or more 3D image volumes of one or more modalities	\$0	\$0
0415	Collection of microorganisms for culture and sensitivity	\$0	\$0
0416	Viral culture	\$0	\$0
0417	Collection and preparation of saliva sample for laboratory diagnostic testing	\$0	\$0
0418	Analysis of saliva sample	\$0	\$0
0421	Genetic test for susceptibility to oral diseases	\$0	\$0
0425	Caries susceptibility tests	\$0	\$0
0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	\$0	\$0
0460	Pulp vitality tests	\$0	\$0
0470	Diagnostic casts	\$0	\$0
0601	Caries risk assessment and documentation, with a finding of low risk	NA	NA
0602	Caries risk assessment and documentation, with a finding of moderate risk	NA	NA
0603	Caries risk assessment and documentation, with a finding of high risk	NA	NA
0472	Accession of tissue, gross examination, preparation and transmission of written report	NA	NA
0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	NA	NA

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0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	NA	NA
0475	Decalcification procedure	NA	NA
0476	Special stains for microorganisms	NA	NA
0477	Special stains, not for microorganisms	NA	NA
0478	Immunohistochemical stains	NA	NA
0479	Tissue in-situ hybridization, including interpretation	NA	NA
0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	NA	NA
0481	Electron microscopy	NA	NA
0482	Direct immunofluorescence	NA	NA
0483	Indirect immunofluorescence	NA	NA
0484	Consultation on slides prepared elsewhere	NA	NA
0485	Consultation, including preparation of slides from biopsy material supplied by referring source	NA	NA
0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	NA	NA
0502	Other oral pathology procedures, by report	NA	NA
0999	Unspecified diagnostic procedure, by report	NA	NA
1110	Prophylaxis - adult	\$0	\$0
1120	Prophylaxis - child	\$0	\$0
1206	Topical application of fluoride varnish	\$0	\$0
1208	Topical application of fluoride - excluding varnish	\$0	\$0
1310	Nutritional counseling for control of dental disease	NA	NA
1320	Tobacco counseling for the control and prevention of oral disease	NA	NA
1330	Oral hygiene instructions	NA	NA
1351	Sealant - per tooth	\$0	\$0
1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	NA	NA
1353	Sealant repair - per tooth	NA	NA
1510	Space maintainer - fixed - unilateral	\$0	\$0
1515	Space maintainer - fixed - bilateral	\$0	\$0
1520	Space maintainer - removable - unilateral	\$0	\$0
1525	Space maintainer - removable - bilateral	\$0	\$0
1550	Re-cement or re-bond space maintainer	\$0	\$0
1555	Removal of fixed space maintainer	\$0	\$0
1999	Unspecified preventive procedure, by report	NA	NA
2140	Amalgam - one surface, primary or permanent	\$25	\$25
2150	Amalgam - two surfaces, primary or permanent	\$30	\$30
2160	Amalgam - three surfaces, primary or permanent	\$35	\$35
2161	Amalgam - four or more surfaces, primary or permanent	\$40	\$40
2330	Resin-based composite - one surface, anterior	\$30	\$30
2331	Resin-based composite - two surfaces, anterior	\$35	\$35
2332	Resin-based composite - three surfaces, anterior	\$45	\$45
2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$50	\$50
2390	Resin-based composite crown, anterior	\$60	\$60
2391	Resin-based composite - one surface, posterior	\$30	\$30
2392	Resin-based composite - two surfaces, posterior	\$40	\$40
2393	Resin-based composite - three surfaces, posterior	\$50	\$50
2394	Resin-based composite - four or more surfaces, posterior	\$60	\$60
2410	Gold foil - one surface	\$300	\$300
2420	Gold foil - two surfaces	\$300	\$300
2430	Gold foil - three surfaces	\$300	\$300
2510	Inlay - metallic - one surface	\$300	\$300
2520	Inlay - metallic - two surfaces	\$300	\$300
2530	Inlay - metallic - three or more surfaces	\$300	\$300
2542	Onlay - metallic - two surfaces	\$300	\$300
2543	Onlay - metallic - three surfaces	\$300	\$300
2544	Onlay - metallic - four or more surfaces	\$300	\$300
2610	Inlay - porcelain/ceramic - one surface	\$300	\$300
2620	Inlay - porcelain/ceramic - two surfaces	\$300	\$300
2630	Inlay - porcelain/ceramic - three or more surfaces	\$300	\$300
2642	Onlay - porcelain/ceramic - two surfaces	\$300	\$300
2643	Onlay - porcelain/ceramic - three surfaces	\$300	\$300
2644	Onlay - porcelain/ceramic - four or more surfaces	\$300	\$300
2650	Inlay - resin-based composite - one surface	\$300	\$300
2651	Inlay - resin-based composite - two surfaces	\$300	\$300
2652	Inlay - resin-based composite - three or more surfaces	\$300	\$300
2662	Onlay - resin-based composite - two surfaces	\$300	\$300

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2663	Onlay - resin-based composite - three surfaces	\$300	\$300
2664	Onlay - resin-based composite - four or more surfaces	\$300	\$300
2710	Crown - resin-based composite (indirect)	\$300	\$300
2712	Crown - 3/4 resin-based composite (indirect)	\$300	\$300
2720	Crown - resin with high noble metal	\$300	\$300
2721	Crown - resin with predominantly base metal	\$300	\$300
2722	Crown - resin with noble metal	\$300	\$300
2740	Crown - porcelain/ceramic substrate	\$300	\$300
2750	Crown - porcelain fused to high noble metal	\$300	\$300
2751	Crown - porcelain fused to predominantly base metal	\$300	\$300
2752	Crown - porcelain fused to noble metal	\$300	\$300
2780	Crown - 3/4 cast high noble metal	\$300	\$300
2781	Crown - 3/4 cast predominantly base metal	\$300	\$300
2782	Crown - 3/4 cast noble metal	\$300	\$300
2783	Crown - 3/4 porcelain/ceramic	\$300	\$300
2790	Crown - full cast high noble metal	\$300	\$300
2791	Crown - full cast predominantly base metal	\$300	\$300
2792	Crown - full cast noble metal	\$300	\$300
2794	Crown - titanium	\$300	\$300
2799	Provisional crown - further treatment of completion of diagnosis necessary prior to final impression	\$0	\$0
2990	Resin infiltration of incipient smooth surface lesions	\$20	\$20
2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$25	\$25
2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$25	\$25
2920	Re-cement or re-bond crown	\$25	\$25
2921	Reattachment of tooth fragment, incisal edge or cusp	NA	NA
2929	Prefabricated porcelain/ceramic crown - primary tooth	\$75	\$75
2930	Prefabricated stainless steel crown - primary tooth	\$75	\$75
2931	Prefabricated stainless steel crown - permanent tooth	\$75	\$75
2932	Prefabricated resin crown	\$75	\$75
2933	Prefabricated stainless steel crown with resin window	\$75	\$75
2934	Prefabricated esthetic coated stainless steel crown - primary tooth	\$75	\$75
2940	Protective restoration	NA	NA
2941	Interim therapeutic resotration - primary dentition	NA	NA
2949	Restorative foundation for an indirect restoration	NA	NA
2950	Core buildup, including any pins when required	NA	NA
2951	Pin retention - per tooth, in addition to restoration	NA	NA
2952	Post and core in addition to crown, indirectly fabricated	NA	NA
2953	Each additional indirectly fabricated post - same tooth	NA	NA
2954	Prefabricated post and core in addition to crown	NA	NA
2955	Post removal	NA	NA
2957	Each additional prefabricated post - same tooth	NA	NA
2960	Labial veneer (resin laminate) - chairside	NA	NA
2961	Labial veneer (resin laminate) - laboratory	NA	NA
2962	Labial veneer (porcelain laminate) - laboratory	NA	NA
2970	Temporary crown (fractured tooth)	\$75	\$75
2971	Additional procedures to construct new crown under existing partial denture framework	\$40	\$40
2975	Coping	\$75	\$75
2980	Crown repair necessitated by restorative material failure	\$40	\$40
2981	Inlay repair necessitated by restorative material failure	\$40	\$40
2982	Onlay repair necessitated by restorative material failure	\$75	\$75
2983	Veneer repair necessitated by restorative material failure	\$40	\$40
2999	Unspecified restorative procedure, by report	NA	NA
3110	Pulp cap - direct (excluding final restoration)	\$20	\$20
3120	Pulp cap - indirect (excluding final restoration)	\$20	\$20
3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$50	\$50
3221	Pulpal debridement, primary and permanent teeth	\$50	\$50
3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$75	\$75
3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$75	\$75
3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$75	\$75
3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$200	\$200
3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	\$250	\$250
3330	Endodontic therapy, molar (excluding final restoration)	\$300	\$300
3331	Treatment of root canal obstruction; non-surgical access	\$75	\$75
3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$100	\$100
3333	Internal root repair of perforation defects	\$75	\$75
3346	Retreatment of previous root canal therapy - anterior	\$250	\$250

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3347	Retreatment of previous root canal therapy - bicuspid	\$300	\$300
3348	Retreatment of previous root canal therapy - molar	\$350	\$350
3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$75	\$75
3352	Apexification/recalcification - interim medication replacement	\$50	\$50
3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$125	\$125
3355	Pulpal regeneration - initial visit	NA	NA
3356	Pulpal regeneration - interim medication replacement	NA	NA
3357	Pulpal regeneration - completion of treatment	\$125	\$125
3410	Apicoectomy - anterior	\$200	\$200
3421	Apicoectomy - bicuspid (first root)	\$250	\$250
3425	Apicoectomy - molar (first root)	\$250	\$250
3426	Apicoectomy (each additional root)	\$75	\$75
3427	Periradicular surgery without apicoectomy	NA	NA
3428	Bone graft in conjunction with periradicular surgery - per tooth, single site	NA	NA
3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site	NA	NA
3430	Retrograde filling - per root	\$50	\$50
3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	NA	NA
3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	NA	NA
3450	Root amputation - per root	\$150	\$150
3460	Endodontic endosseous implant	\$450	\$450
3470	Intentional re-implantation (including necessary splinting)	\$150	\$150
3910	Surgical procedure for isolation of tooth with rubber dam	\$40	\$40
3920	Hemisection (including any root removal), not including root canal therapy	\$100	\$100
3950	Canal preparation and fitting of preformed dowel or post	\$40	\$40
3999	Unspecified endodontic procedure, by report	NA	NA
4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$125	\$125
4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$50	\$50
4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$50	\$50
4230	Anatomical crown exposure - four or more contiguous teeth per quadrant	\$150	\$150
4231	Anatomical crown exposure - one to three teeth per quadrant	\$100	\$100
4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$150	\$150
4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$150	\$150
4245	Apically positioned flap	\$150	\$150
4249	Clinical crown lengthening - hard tissue	\$150	\$150
4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$300	\$300
4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$200	\$200
4263	Bone replacement graft - first site in quadrant	\$100	\$100
4264	Bone replacement graft - each additional site in quadrant	\$75	\$75
4265	Biologic materials to aid in soft and osseous tissue regeneration	\$75	\$75
4266	Guided tissue regeneration - resorbable barrier, per site	\$100	\$100
4267	Guided tissue regeneration - non-resorbable barrier, per site (includes membrane removal)	\$100	\$100
4268	Surgical revision procedure, per tooth	\$100	\$100
4270	Pedicle soft tissue graft procedure	\$200	\$200
4273	Subepithelial connective tissue graft procedures, per tooth	\$200	\$200
4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$100	\$100
4275	Soft tissue allograft	\$200	\$200
4276	Combined connective tissue and double pedicle graft, per tooth	\$250	\$250
4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	\$250	\$250
4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	\$150	\$150
4320	Provisional splinting - intracoronal	\$75	\$75
4321	Provisional splinting - extracoronal	\$75	\$75
4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$60	\$60
4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$40	\$40
4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$40	\$40
4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$15	\$15
4910	Periodontal maintenance	\$35	\$35
4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	\$0	\$0
4921	Gingival irrigation - per quadrant	NA	NA

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4999	Unspecified periodontal procedure, by report	NA	NA
5110	Complete denture - maxillary	\$400	\$400
5120	Complete denture - mandibular	\$400	\$400
5130	Immediate denture - maxillary	\$400	\$400
5140	Immediate denture - mandibular	\$400	\$400
5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$400	\$400
5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$400	\$400
5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$400	\$400
5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$400	\$400
5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$400	\$400
5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$400	\$400
5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$200	\$200
5410	Adjust complete denture - maxillary	\$0	\$0
5411	Adjust complete denture - mandibular	\$0	\$0
5421	Adjust partial denture - maxillary	\$0	\$0
5422	Adjust partial denture - mandibular	\$0	\$0
5510	Repair broken complete denture base	\$40	\$40
5520	Replace missing or broken teeth - complete denture (each tooth)	\$40	\$40
5610	Repair resin denture base	\$40	\$40
5620	Repair cast framework	\$40	\$40
5630	Repair or replace broken clasp	\$40	\$40
5640	Replace broken teeth - per tooth	\$40	\$40
5650	Add tooth to existing partial denture	\$40	\$40
5660	Add clasp to existing partial denture	\$40	\$40
5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$40	\$40
5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$40	\$40
5710	Rebase complete maxillary denture	\$40	\$40
5711	Rebase complete mandibular denture	\$40	\$40
5720	Rebase maxillary partial denture	\$40	\$40
5721	Rebase mandibular partial denture	\$40	\$40
5730	Reline complete maxillary denture (chairside)	\$40	\$40
5731	Reline complete mandibular denture (chairside)	\$40	\$40
5740	Reline maxillary partial denture (chairside)	\$40	\$40
5741	Reline mandibular partial denture (chairside)	\$40	\$40
5750	Reline complete maxillary denture (laboratory)	\$40	\$40
5751	Reline complete mandibular denture (laboratory)	\$40	\$40
5760	Reline maxillary partial denture (laboratory)	\$40	\$40
5761	Reline mandibular partial denture (laboratory)	\$40	\$40
5810	Interim complete denture (maxillary)	\$100	\$100
5811	Interim complete denture (mandibular)	\$100	\$100
5820	Interim partial denture (maxillary)	\$75	\$75
5821	Interim partial denture (mandibular)	\$75	\$75
5850	Tissue conditioning, maxillary	\$0	\$0
5851	Tissue conditioning, mandibular	\$0	\$0
5862	Precision attachment, by report	\$0	\$0
5863	Overdenture - complete maxillary	\$250	\$250
5864	Overdenture - partial maxillary	\$250	\$250
5865	Overdenture - complete mandibular	\$250	\$250
5866	Overdenture - partial mandibular	\$250	\$250
5867	Replacement of replaceable part of semi-precision or precision attachment (male or female component)	\$0	\$0
5875	Modification of removable prosthesis following implant surgery	NA	NA
6205	Pontic - indirect resin based composite	\$200	\$200
6210	Pontic - cast high noble metal	\$300	\$300
6211	Pontic - cast predominantly base metal	\$300	\$300
6212	Pontic - cast noble metal	\$300	\$300
6214	Pontic - titanium	\$300	\$300
6240	Pontic - porcelain fused to high noble metal	\$300	\$300
6241	Pontic - porcelain fused to predominantly base metal	\$300	\$300
6242	Pontic - porcelain fused to noble metal	\$300	\$300
6245	Pontic - porcelain/ceramic	\$300	\$300
6250	Pontic - resin with high noble metal	\$300	\$300
6251	Pontic - resin with predominantly base metal	\$300	\$300
6252	Pontic - resin with noble metal	\$300	\$300
6253	Provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	\$75	\$75
6545	Retainer - cast metal for resin bonded fixed prosthesis	NA	NA

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6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	NA	NA
6549	Resin retainer - for resin bonded fixed prosthesis	NA	NA
6600	Inlay - porcelain/ceramic, two surfaces	NA	NA
6601	Inlay - porcelain/ceramic, three or more surfaces	\$300	\$300
6602	Inlay - cast high noble metal, two surfaces	NA	NA
6603	Inlay - cast high noble metal, three or more surfaces	\$300	\$300
6604	Inlay - cast predominantly base metal, two surfaces	\$200	\$200
6605	Inlay - cast predominantly base metal, three or more surfaces	\$300	\$300
6606	Inlay - cast noble metal, two surfaces	\$250	\$250
6607	Inlay - cast noble metal, three or more surfaces	\$250	\$250
6608	Onlay - porcelain/ceramic, two surfaces	\$300	\$300
6609	Onlay - porcelain/ceramic, three or more surfaces	\$300	\$300
6610	Onlay - cast high noble metal, two surfaces	\$250	\$250
6611	Onlay - cast high noble metal, three or more surfaces	\$300	\$300
6612	Onlay - cast predominantly base metal, two surfaces	\$300	\$300
6613	Onlay - cast predominantly base metal, three or more surfaces	\$300	\$300
6614	Onlay - cast noble metal, two surfaces	\$300	\$300
6615	Onlay - cast noble metal, three or more surfaces	\$300	\$300
6624	Inlay - titanium	NA	NA
6634	Onlay - titanium	\$1,000	\$1,000
6710	Crown - indirect resin based composite	\$200	\$200
6720	Crown - resin with high noble metal	\$300	\$300
6721	Crown - resin with predominantly base metal	\$300	\$300
6722	Crown - resin with noble metal	\$300	\$300
6740	Crown - porcelain/ceramic	\$300	\$300
6750	Crown - porcelain fused to high noble metal	\$300	\$300
6751	Crown - porcelain fused to predominantly base metal	\$300	\$300
6752	Crown - porcelain fused to noble metal	\$300	\$300
6780	Crown - 3/4 cast high noble metal	\$300	\$300
6781	Crown - 3/4 cast predominantly base metal	\$300	\$300
6782	Crown - 3/4 cast noble metal	\$300	\$300
6783	Crown - 3/4 porcelain/ceramic	\$300	\$300
6790	Crown - full cast high noble metal	\$300	\$300
6791	Crown - full cast predominantly base metal	\$300	\$300
6792	Crown - full cast noble metal	\$300	\$300
6793	Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	\$75	\$75
6794	Crown - titanium	\$300	\$300
6920	Connector bar	\$60	\$60
6930	Re-cement or re-bond fixed partial denture	\$40	\$40
6940	Stress breaker	\$40	\$40
6950	Precision attachment	\$40	\$40
6980	Fixed partial denture repair, necessitated by restorative material failure	\$60	\$60
6985	Pediatric partial denture, fixed	\$150	\$150
6999	Unspecified fixed prosthodontic procedure, by report	NA	NA
7111	Extraction, coronal remnants - deciduous tooth	\$50	\$50
7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$65	\$65
7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$100	\$100
7220	Removal of impacted tooth - soft tissue	NA	NA
7230	Removal of impacted tooth - partially bony	\$140	\$140
7240	Removal of impacted tooth - completely bony	\$160	\$160
7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$190	\$190
7250	Surgical removal of residual tooth roots (cutting procedure)	\$100	\$100
7251	Coronectomy - intentional partial tooth removal	\$150	\$150
7260	Oroantral fistula closure	\$250	\$250
7261	Primary closure of a sinus perforation	\$150	\$150
7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	\$100	\$100
7272	Tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization)	\$100	\$100
7280	Surgical access of an unerupted tooth	\$100	\$100
7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$75	\$75
7283	Placement of device to facilitate eruption of impacted tooth	\$50	\$50
7285	Incisional biopsy of oral tissue - hard (bone, tooth)	\$100	\$100
7286	Incisional biopsy of oral tissue - soft	\$100	\$100
7287	Exfoliative cytological sample collection	\$40	\$40
7288	Brush biopsy - transepithelial sample collection	\$40	\$40

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7290	Surgical repositioning of teeth	\$100	\$100
7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$50	\$50
7292	Surgical placement of temporary anchorage device [screw retained plate] requiring flap; includes device removal	\$150	\$150
7293	Surgical placement of temporary anchorage device requiring flap; includes device removal	\$100	\$100
7294	Surgical placement of temporary anchorage device without flap; includes device removal	\$100	\$100
7295	Harvest of bone for use in autogenous grafting procedure	\$150	\$150
7310	Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$75	\$75
7311	Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$50	\$50
7320	Alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$75	\$75
7321	Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$75	\$75
7340	Vestibuloplasty - ridge extension (secondary epithelialization)	\$250	\$250
7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	\$400	\$400
7410	Excision of benign lesion up to 1.25 cm	\$100	\$100
7411	Excision of benign lesion greater than 1.25 cm	\$100	\$100
7412	Excision of benign lesion, complicated	\$200	\$200
7413	Excision of malignant lesion up to 1.25 cm	\$150	\$150
7414	Excision of malignant lesion greater than 1.25 cm	\$150	\$150
7415	Excision of malignant lesion, complicated	\$300	\$300
7465	Destruction of lesion(s) by physical or chemical method, by report	\$50	\$50
7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	\$100	\$100
7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	\$200	\$200
7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$150	\$150
7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$200	\$200
7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$150	\$150
7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$500	\$500
7471	Removal of lateral exostosis (maxilla or mandible)	\$150	\$150
7472	Removal of torus palatinus	\$150	\$150
7473	Removal of torus mandibularis	\$150	\$150
7485	Surgical reduction of osseous tuberosity	\$150	\$150
7490	Radical resection of maxilla or mandible	\$500	\$500
7510	Incision and drainage of abscess - intraoral soft tissue	\$50	\$50
7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$75	\$75
7520	Incision and drainage of abscess - extraoral soft tissue	\$100	\$100
7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$100	\$100
7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$50	\$50
7540	Removal of reaction producing foreign bodies, musculoskeletal system	\$100	\$100
7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	\$75	\$75
7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$350	\$350
7610	Maxilla - open reduction (teeth immobilized, if present)	\$200	\$200
7620	Maxilla - closed reduction (teeth immobilized, if present)	\$375	\$375
7630	Mandible - open reduction (teeth immobilized, if present)	\$750	\$750
7640	Mandible - closed reduction (teeth immobilized, if present)	\$650	\$650
7650	Malar and/or zygomatic arch - open reduction	\$1,000	\$1,000
7660	Malar and/or zygomatic arch - closed reduction	\$850	\$850
7670	Alveolus - closed reduction, may include stabilization of teeth	\$250	\$250
7671	Alveolus - open reduction, may include stabilization of teeth	\$350	\$350
7680	Facial bones - complicated reduction with fixation and multiple surgical approaches	\$1,000	\$1,000
7710	Maxilla - open reduction	\$150	\$150
7720	Maxilla - closed reduction	\$250	\$250
7730	Mandible - open reduction	\$650	\$650
7740	Mandible - closed reduction	\$400	\$400
7750	Malar and/or zygomatic arch - open reduction	\$325	\$325
7760	Malar and/or zygomatic arch - closed reduction	\$1,500	\$1,500
7770	Alveolus - open reduction stabilization of teeth	\$200	\$200
7771	Alveolus - closed reduction stabilization of teeth	\$200	\$200
7780	Facial bones - complicated reduction with fixation and multiple surgical approaches	\$2,100	\$2,100
7810	Open reduction of dislocation	\$1,100	\$1,100
7820	Closed reduction of dislocation	\$100	\$100
7830	Manipulation under anesthesia	\$100	\$100
7840	Condylectomy	\$1,400	\$1,400
7850	Surgical discectomy, with/without implant	\$1,400	\$1,400
7852	Disc repair	\$1,400	\$1,400
7854	Synovectomy	NA	NA
7856	Myotomy	NA	NA

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7858	Joint reconstruction	NA	NA
7860	Arthrotomy	\$0	\$0
7865	Arthroplasty	\$0	\$0
7870	Arthrocentesis	\$125	\$125
7871	Non-arthroscopic lysis and lavage	\$225	\$225
7872	Arthroscopy - diagnosis, with or without biopsy	NA	NA
7873	Arthroscopy - surgical: lavage and lysis of adhesions	\$0	\$0
7874	Arthroscopy - surgical: disc repositioning and stabilization	\$0	\$0
7875	Arthroscopy - surgical: synovectomy	NA	NA
7876	Arthroscopy - surgical: discectomy	NA	NA
7877	Arthroscopy - surgical: debridement	\$0	\$0
7880	Occlusal orthotic device, by report	\$175	\$175
7899	Unspecified TMD therapy, by report	NA	NA
7910	Suture of recent small wounds up to 5 cm	\$50	\$50
7911	Complicated suture - up to 5 cm	\$75	\$75
7912	Complicated suture - greater than 5 cm	\$200	\$200
7920	Skin graft (identify defect covered, location and type of graft)	\$175	\$175
7921	Collection and application of autologous blood concentrate product	\$75	\$75
7940	Osteoplasty - for orthognathic deformities	\$225	\$225
7941	Osteotomy - mandibular rami	\$1,200	\$1,200
7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft	\$650	\$650
7944	Osteotomy - segmented or subapical	\$400	\$400
7945	Osteotomy - body of mandible	\$1,000	\$1,000
7946	LeFort I (maxilla - total)	\$1,600	\$1,600
7947	LeFort I (maxilla - segmented)	\$1,300	\$1,300
7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft	\$2,500	\$2,500
7949	LeFort II or LeFort III - with bone graft	\$675	\$675
7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	\$275	\$275
7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	\$425	\$425
7952	Sinus augmentation via a vertical approach	\$250	\$250
7953	Bone replacement graft for ridge preservation - per site	\$100	\$100
7955	Repair of maxillofacial soft and/or hard tissue defect	\$300	\$300
7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	\$100	\$100
7963	Frenuloplasty	\$125	\$125
7970	Excision of hyperplastic tissue - per arch	\$75	\$75
7971	Excision of pericoronal gingiva	\$50	\$50
7972	Surgical reduction of fibrous tuberosity	\$100	\$100
7980	Sialolithotomy	\$125	\$125
7981	Excision of salivary gland, by report	\$100	\$100
7982	Sialodochoplasty	\$200	\$200
7983	Closure of salivary fistula	\$125	\$125
7990	Emergency tracheotomy	\$375	\$375
7991	Coronoidectomy	\$300	\$300
7995	Synthetic graft - mandible or facial bones, by report	\$125	\$125
7996	Implant - mandible for augmentation purposes (excluding alveolar ridge), by report	\$350	\$350
7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	\$50	\$50
7998	Intraoral placement of a fixation device not in conjunction with a fracture	\$200	\$200
7999	Unspecified oral surgery procedure, by report	NA	NA
8010	Limited orthodontic treatment of the primary dentition		
8020	Limited orthodontic treatment of the transitional dentition		
8030	Limited orthodontic treatment of the adolescent dentition		
8040	Limited orthodontic treatment of the adult dentition		
8050	Interceptive orthodontic treatment of the primary dentition		
8060	Interceptive orthodontic treatment of the transitional dentition		
8070	Comprehensive orthodontic treatment of the transitional dentition		
8080	Comprehensive orthodontic treatment of the adolescent dentition		
8090	Comprehensive orthodontic treatment of the adult dentition		
8210	Removable appliance therapy	\$350 per orthodontic course of treatment	not covered
8220	Fixed appliance therapy		
8660	Pre-orthodontic treatment examination to monitor growth and development		
8670	Periodic orthodontic treatment visit		
8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))		
8690	Orthodontic treatment (alternative billing to a contract fee)		
8691	Repair of orthodontic appliance		

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8692	Replacement of lost or broken retainer		
8693	Re-cement or re-bond fixed retainer		
8694	Repair of fixed retainers, includes reattachment		
8999	Unspecified orthodontic procedure, by report		
9110	Palliative (emergency) treatment of dental pain - minor procedure	\$0	\$0
9120	Fixed partial denture sectioning	NA	NA
9210	Local anesthesia not in conjunction with operative or surgical procedures	NA	NA
9211	Regional block anesthesia	NA	NA
9212	Trigeminal division block anesthesia	NA	NA
9215	Local anesthesia in conjunction with operative or surgical procedures	NA	NA
9219	Evaluation for deep sedation or general anesthesia	NA	NA
9220	Deep sedation/general anesthesia - first 30 minutes	\$100	\$100
9221	Deep sedation/general anesthesia - each additional 15 minutes	\$40	\$40
9230	Inhalation of nitrous oxide/analgesia, anxiolysis	NA	NA
9241	Intravenous moderate (conscious) sedation/analgesia - first 30 minutes	NA	NA
9242	Intravenous moderate (conscious) sedation/analgesia - each additional 15 minutes	NA	NA
9248	Non-intravenous moderate (conscious) sedation	NA	NA
9310	Consultation - diagnostic service by dentist or physician other than requesting dentist or physician	NA	NA
9410	House/extended care facility call	NA	NA
9420	Hospital or ambulatory surgical center call	NA	NA
9430	Office visit for observation (during regularly scheduled hours) - no other services performed	NA	NA
9440	Office visit - after regularly scheduled hours	NA	NA
9450	Case presentation, detailed and extensive treatment planning	NA	NA
9610	Therapeutic parenteral drug, single administration	NA	NA
9612	Therapeutic parenteral drugs, two or more administrations, different medications	NA	NA
9630	Other drugs and/or medicaments, by report	NA	NA
9910	Application of desensitizing medicament	NA	NA
9911	Application of desensitizing resin for cervical and/or root surface, per tooth	NA	NA
9920	Behavior management, by report	NA	NA
9930	Treatment of complications (post-surgical) - unusual circumstances, by report	NA	NA
9931	Cleaning and inspection of a removable appliance	NA	NA
9940	Occlusal guard, by report	NA	NA
9941	Fabrication of athletic mouthguard	NA	NA
9942	Repair and/or reline of occlusal guard	NA	NA
9950	Occlusion analysis - mounted case	NA	NA
9951	Occlusal adjustment - limited	NA	NA
9952	Occlusal adjustment - complete	NA	NA
9970	Enamel microabrasion	NA	NA
9971	Odontoplasty 1 - 2 teeth; includes removal of enamel projections	NA	NA
9972	External bleaching - per arch - performed in an office	NA	NA
9973	External bleaching - per tooth	NA	NA
9974	Internal bleaching - per tooth	NA	NA
9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	NA	NA
9985	Sales tax	NA	NA
9986	Missed appointment	NA	NA
9987	Cancelled appointment	NA	NA
9999	Unspecified adjunctive procedure, by report	NA	NA