



Benefits provided by SafeGuard Health Plans, Inc., a MetLife company

# **Direct Referral Dental Plan**

SGX225-TX

This Schedule of Benefits lists the services available to you under your SafeGuard plan, as well as the co-payments associated with each procedure. There are other factors that impact how your plan works and those are included here in the Exclusions and Limitations.

During the course of treatment, your SafeGuard selected general dentist may recommend the services of a dental specialist. Your selected general dentist may refer you directly to a contracted SafeGuard specialty care provider; no referral or pre-authorization from SafeGuard is required.

Missed Appointments: If you need to cancel or reschedule an appointment, you should notify the dental office as far in advance as possible. This will allow the dental office to accommodate another person in need of attention.

Code	Service	Co-payment	
	Diagnostic Treatment	-	
D0120	Periodic oral evaluation - established patient	\$0	
D0140	Limited oral evaluation - problem focused	\$0	
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$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 (established patient; not post-operative visit)	\$0	
D0171	Re-evaluation – post-operative office visit	\$0	
D0180	Comprehensive periodontal evaluation - new or established patient	\$0	
•	Office visit - per visit (including all fees for sterilization and/or infection control)	\$5	
	Diagnostic Imaging (X-rays)		
D0210	Intraoral – complete series radiographic images	\$0	
D0220	Intraoral – periapical first radiographic image	\$0	
D0230	Intraoral – periapical each additional radiographic image	\$0	
D0240	Intraoral – occlusal radiographic image	\$0	
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	\$0	
D0270	Bitewing – single radiographic image	\$0	
D0272	Bitewings – two radiographic images	\$0	
D0273	Bitewings – three radiographic images	\$0	
D0274	Bitewings – four radiographic images	\$0	
D0277	Vertical bitewings – 7 to 8 radiographic images	\$0	
D0330	Panoramic radiographic image	\$0	
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	\$0	
Tests and Examinations			
D0415	Collection of microorganisms for culture and sensitivity	\$0	
D0425	Caries susceptibility tests	\$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	\$50	
D0460	Pulp vitality tests	\$0	

Code	Service	Co-payment
D0470	Diagnostic casts	\$0
D0472	Accession of tissue, gross examination, preparation and transmission of written report	\$0
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	\$0
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	\$0
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	\$0
	Preventive Services	
D1110	Prophylaxis – adult	\$0
•	Additional-adult prophylaxis (maximum of 2 additional per year)	\$35
D1120	Prophylaxis – child	\$0
•	Additional-child prophylaxis (maximum of 2 additional per year)	\$25
D1206	Topical application of fluoride varnish	\$0
D1208	Topical application of fluoride – excluding varnish	\$0
D1310	Nutritional counseling for control of dental disease	\$0
D1320	Tobacco counseling for the control and prevention of oral disease	\$0
D1330	Oral hygiene instructions	\$0
D1351	Sealant – per tooth	\$0
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	\$0
D1510	Space maintainer – fixed – unilateral	\$25
D1516	Space maintainer – fixed – bilateral, maxillary	\$25
D1517	Space maintainer – fixed – bilateral, mandibular	\$25
D1520	Space maintainer – removable – unilateral	\$35
D1526	Space maintainer – removable – bilateral, maxillary	\$35
D1527	Space maintainer – removable – bilateral, mandibular	\$35
D1550	Re-cement or re-bond space maintainer	\$15
D1555	Removal of fixed space maintainer	\$15
D1575	Distal shoe space maintainer – fixed – unilateral	\$25
	Restorative Treatment	
D2140	Amalgam – one surface, primary or permanent	\$0
D2150	Amalgam – two surfaces, primary or permanent	\$0
D2160	Amalgam – three surfaces, primary or permanent	\$0
D2161	Amalgam – four or more surfaces, primary or permanent	\$0
D2330	Resin-based composite – one surface, anterior	\$0
D2331	Resin-based composite – two surfaces, anterior	\$0
D2332	Resin-based composite – three surfaces, anterior	\$0
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	\$0
D2390	Resin-based composite crown, anterior	\$30
D2391	Resin-based composite – one surface, posterior	\$30
D2392	Resin-based composite – two surfaces, posterior	\$45

Code	Service	Co-payment
D2393	Resin-based composite – three surfaces, posterior	\$65
D2394	Resin-based composite – four or more surfaces, posterior	\$65

#### Crowns

- An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal. There is a \$75 co-payment per crown/bridge unit in addition to regular co-payments for porcelain on molars.
- Cases involving seven (7) or more crowns and/or fixed bridge units in the same treatment plan require an additional \$125 co-payment per unit in addition to co-payment for each crown/bridge unit.

D2520	Inlay – metallic – one surface Inlay – metallic – two surfaces	\$185
D2530	Inlay – metallic – three or more surfaces	\$185
D2542	Onlay – metallic – two surfaces	\$225
D2543	Onlay – metallic – three surfaces	\$225
D2544	Onlay – metallic – four or more surfaces	\$225
D2610	Inlay – porcelain/ceramic – one surface	\$225
D2620	Inlay – porcelain/ceramic – two surfaces	\$225
D2630	Inlay – porcelain/ceramic – three or more surfaces	\$225
D2642	Onlay – porcelain/ceramic – two surfaces	\$225
D2643	Onlay – porcelain/ceramic – three surfaces	\$225
D2644	Onlay – porcelain/ceramic – four or more surfaces	\$225
D2650	Inlay – resin-based composite – one surface	\$225
D2651	Inlay – resin-based composite – two surfaces	\$225
D2652	Inlay – resin-based composite – three or more surfaces	\$225
D2662	Onlay – resin-based composite – two surfaces	\$225
D2663	Onlay – resin-based composite – three surfaces	\$225
D2664	Onlay – resin-based composite – four or more surfaces	\$225
D2710	Crown – resin-based composite (indirect)	\$225
D2712	Crown – ¾ resin-based composite (indirect)	\$225
D2720	Crown – resin with high noble metal	\$225
D2721	Crown – resin with predominantly base metal	\$225
D2722	Crown – resin with noble metal	\$225
D2740	Crown – porcelain/ceramic	\$225
D2750	Crown – porcelain fused to high noble metal	\$225
D2751	Crown – porcelain fused to predominantly base metal	\$225
D2752	Crown – porcelain fused to noble metal	\$225
D2780	Crown − ¾ cast high noble metal	\$225
D2781	Crown − ¾ cast predominantly base metal	\$225
D2782	Crown − ¾ cast noble metal	\$225
D2783	Crown – ¾ porcelain/ceramic	\$225
D2790	Crown – full cast high noble metal	\$225
D2791	Crown – full cast predominantly base metal	\$225
D2792	Crown – full cast noble metal	\$225
D2794	Crown – titanium	\$225
D2799	Provisional crown – further treatment or completion of diagnosis necessary prior to final impression	\$0
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$0
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$0

Code	Service	Co-payment
D2920	Re-cement or re-bond crown	\$0
D2930	Prefabricated stainless steel crown – primary tooth	\$25
D2931	Prefabricated stainless steel crown – permanent tooth	\$25
D2932	Prefabricated resin crown	\$45
D2933	Prefabricated stainless steel crown with resin window	\$45
D2940	Protective restoration	\$0
D2941	Interim therapeutic restoration - primary dentition	\$0
D2950	Core buildup, including any pins when required	\$70
D2951	Pin retention – per tooth, in addition to restoration	\$10
D2952	Post and core in addition to crown, indirectly fabricated	\$50
D2953	Each additional indirectly fabricated post – same tooth	\$50
D2954	Prefabricated post and core in addition to crown	\$30
D2955	Post removal	\$10
D2957	Each additional prefabricated post – same tooth	\$30
D2960	Labial veneer (resin laminate) – chairside	\$250
D2961	Labial veneer (resin laminate) – laboratory	\$300
D2962	Labial veneer (porcelain laminate) – laboratory	\$350
D2971	Additional procedures to construct new crown under existing partial denture framework	\$50
D2980	Crown repair necessitated by restorative material failure	\$0
D2981	Inlay repair necessitated by restorative material failure	\$0
D2982	Onlay repair necessitated by restorative material failure	\$0
D2983	Veneer repair necessitated by restorative material failure	\$0
	Endodontics	<u> </u>
• All pr	ocedures exclude final restoration.	
D3110	Pulp cap – direct (excluding final restoration)	\$0
D3120	Pulp cap – indirect (excluding final restoration)	\$0
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	\$30
D3221	Pulpal debridement, primary and permanent teeth	\$55
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$30
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	\$40
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	\$40
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$80
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$125
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$210
D3331	Treatment of root canal obstruction; non-surgical access	\$85
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$70
D3333	Internal root repair of perforation defects	\$85
	·	
D3346	Retreatment of previous root canal therapy – anterior	\$135

Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)  Apexification/recalcification – interim medication replacement  Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)  Apicoectomy – anterior  340  Apicoectomy – anterior  341  Apicoectomy – premolar (first root)  342  Apicoectomy – molar (first root)  342  Apicoectomy – molar (first root)  343  Retrograde filling – per root  340  Retrograde filling – per root  340  Surgical procedure for isolation of tooth with rubber dam  340  340  Retrograde filling – per root  340  Surgical procedure for isolation of tooth with rubber dam  340  340  340  Canal preparation and fitting of preformed dowel or post  410  411  Apicoectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant  410  411  411  411  411  411  411  41	Code	Service	Co-payment
perforations, root resorption, etc.)  Apexification/recalcification – interim medication replacement  Apexification/recalcification – final visit (includes completed root canal therapy – grideal closure/calcific repair of perforations, root resorption, etc.)  3410 Apicoectomy – anterior  3411 Apicoectomy – melar (first root)  3422 Apicoectomy – premolar (first root)  3425 Apicoectomy – molar (first root)  3426 Apicoectomy (each additional root)  3427 Apicoectomy (each additional root)  3430 Retrograde filling – per root  3430 Retrograde filling – per root  34310 Surgical procedure for isolation of tooth with rubber dam  3430 Surgical procedure for isolation of tooth with rubber dam  3430 Surgical procedure for isolation of tooth with rubber dam  3430 Surgical procedure for isolation of tooth with rubber dam  3430 Surgical procedure for isolation of tooth with rubber dam  3430 Surgical procedure for isolation of tooth with rubber dam  3430 Surgical procedure for isolation of tooth with rubber dam  3440 Surgical procedure for isolation of performed dowel or post  3450 Periodontics  3460 Periodontics  3470 Surgical procedure, including of preformed dowel or post  3470 Periodontics  3480 Surgical procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant  3481 Surgical flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant  3492 Surgical flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant  3494 Clinical crown lengthening – hard tissue  3495 Surgical flap procedure, including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant  3496 Surgical sites of the surgical procedure in the surgical procedure in the surgical procedure in the surgical procedure in the surgical site of the surgical site of the surgical site of the surgical procedure in the surgical procedure in the surgical surgical site of the sur	D3348	Retreatment of previous root canal therapy – molar	\$275
Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)  Apicoectomy – anterior  395  3421 Apicoectomy – premolar (first root)  395  3422 Apicoectomy – premolar (first root)  395  3425 Apicoectomy (each additional root)  340  3410 Retrograde filling – per root  340  3430 Retrograde filling – per root  3410  3430 Retrograde filling – per root  3970  3981  3992 Hemisection (including any root removal), not including root canal therapy  390  3992 Hemisection (including any root removal), not including root canal therapy  390  3910  40  40  410  410  411  512  613  613  614  615  615  617  617  618  618  619  619  619  619  619  619	D3351		\$70
apical closure/calcific repair of perforations, root resorption, etc.)  370  371  Apicoectomy – anterior  395  33421  Apicoectomy – premolar (first root)  395  33425  Apicoectomy (each additional root)  396  397  398  Apicoectomy (each additional root)  399  391  3940  Apicoectomy (each additional root)  390  3910  Surgical procedure for isolation of tooth with rubber dam  319  3920  Hemisection (including any root removal), not including root canal therapy  390  3950  Canal preparation and fitting of preformed dowel or post  Periodontics  Clingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant  Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant  383  483  483  484  Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant  484  Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant  484  Clinical crown lengthening – hard tissue  485  486  487  Clinical crown lengthening – hard tissue  486  Clinical crown lengthening – hard tissue  487  Coseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant  486  487  Coseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant  487  488  Coseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant  489  480  481  482  484  485  486  487  486  487  487  488  489  480  480  480  480  480  480	D3352	Apexification/recalcification – interim medication replacement	\$70
D3421 Apicoectomy – premolar (first root) D3426 Apicoectomy – molar (first root) D3426 Apicoectomy – molar (first root) D3430 Retrograde filling – per root Surgical procedure for isolation of tooth with rubber dam S19 D3910 Surgical procedure for isolation of tooth with rubber dam S19 D3920 Hemisection (including any root removal), not including root canal therapy S90 D3950 Canal preparation and fitting of preformed dowel or post Periodontics  Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant  D4211 Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant  D4241 Gingivetomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant  D4240 Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant  D4241 Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant  D4243 Apically positioned flap D4244 Clinical crown lengthening – hard tissue  D4260 Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant  D4261 Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant  D4263 Bone replacement graft – retained natural tooth – each additional site in quadrant  D4264 Bone replacement graft – retained natural tooth – each additional site in quadrant  D4265 Giologic materials to aid in soft and osseous tissue regeneration  D4266 Guided tissue regeneration – nonresorbable barrier, per site  Guided tissue regeneration – resorbable barrier, per	D3353		\$70
D3425 Apicoectomy – molar (first root) \$95 D3426 Apicoectomy (each additional root) \$60 D3430 Retrograde filling – per root \$40 D3450 Root amputation – per root \$95 D3910 Surgical procedure for isolation of tooth with rubber dam \$19 D3920 Hemisection (including any root removal), not including root canal therapy \$90 D3950 Canal preparation and fitting of preformed dowel or post \$15  Periodontics  Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant \$83  D4210 Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant \$83  D4241 Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant \$150  D4241 Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant \$150  D4242 Clinical procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant \$113  D4243 Apically positioned flap \$165 D4249 Clinical crown lengthening – hard tissue \$120  D4260 Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant \$295  D4261 Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant \$295  D4263 Bone replacement graft – retained natural tooth – first site in quadrant \$95  D4264 Bone replacement graft – retained natural tooth – each additional site in quadrant \$95  D4265 Biologic materials to aid in soft and osseous tissue regeneration \$255  D4266 Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)  D4270 Pedicle soft tissue graft procedure  D4271 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft  D4274 Medical distal wedge procedure, single tooth (when not performed in conjunction with surg	D3410	Apicoectomy – anterior	\$95
D3426 Apicoectomy (each additional root)  Retrograde filling – per root  Surgical procedure for isolation of tooth with rubber dam  Surgical procedure for isolation of tooth with rubber dam  Surgical procedure for isolation of tooth with rubber dam  Surgical procedure for isolation of tooth with rubber dam  Surgical procedure for isolation of tooth with rubber dam  Surgical procedure for isolation of tooth with rubber dam  Surgical procedure for isolation of tooth with rubber dam  Surgical procedure for isolation of tooth with rubber dam  Periodontics  Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant  D4211 Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant  D4240 Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant  D4241 Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant  D4242 Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant  D4243 Clinical crown lengthening – hard tissue  D42440 Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant  D4260 Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant  D4261 Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant  D4263 Bone replacement graft – retained natural tooth – first site in quadrant  D4264 Bone replacement graft – retained natural tooth – first site in quadrant  D4265 Biologic materials to aid in soft and osseous tissue regeneration  D4266 Guided tissue regeneration – nonresorbable barrier, per site  Guided tissue regeneration – nonresorbable barrier, per site  Guided tissue regeneration – resorbable barr	D3421	Apicoectomy – premolar (first root)	\$95
D3430   Retrograde filling – per root   \$40   D3450   Root amputation – per root   \$95   Surgical procedure for isolation of tooth with rubber dam   \$19   D3920   Hemisection (including any root removal), not including root canal therapy   \$90   D3950   Canal preparation and fitting of preformed dowel or post   \$15	D3425	Apicoectomy – molar (first root)	\$95
System   S	D3426	Apicoectomy (each additional root)	\$60
Surgical procedure for isolation of tooth with rubber dam   \$19	D3430	Retrograde filling – per root	\$40
D3920 Hemisection (including any root removal), not including root canal therapy  Periodontics  Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant  D4211 Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant  D4240 Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant  D4240 Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant  D4241 Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant  D4242 Apically positioned flap  D4243 Apically positioned flap  D4244 Clinical crown lengthening – hard tissue  D4260 Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant  D4261 Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant  D4263 Bone replacement graft – retained natural tooth – first site in quadrant  D4264 Bone replacement graft – retained natural tooth – each additional site in quadrant  S480  D4265 Biologic materials to aid in soft and osseous tissue regeneration  S495  D4266 Guided tissue regeneration – resorbable barrier, per site (includes membrane removal)  S495  D4267 Pedicle soft tissue graft procedure  Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft  Mesial/distal wedge procedures in the same anatomical area)  Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft  Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	D3450	Root amputation – per root	\$95
D3950 Canal preparation and fitting of preformed dowel or post  Periodontics  Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant  D4211 Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant  D4240 Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant  D4241 Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant  D4241 Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant  D4243 Apically positioned flap  D4244 Qinical crown lengthening – hard tissue  D4260 Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant  D4261 Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant  D4263 Bone replacement graft – retained natural tooth – first site in quadrant  D4264 Bone replacement graft – retained natural tooth – each additional site in quadrant  D4265 Biologic materials to aid in soft and osseous tissue regeneration  D4266 Guided tissue regeneration – resorbable barrier, per site  Guided tissue regeneration – resorbable barrier, per site (includes membrane removal)  P4267 Pedicle soft tissue graft procedure  Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft  Mesial/distal wedge procedures in the same anatomical area)  Non-autogenous connective tissue graft fincluding recipient site and donor material) first tooth, implant, or edentulous tooth position in graft  Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	D3910	Surgical procedure for isolation of tooth with rubber dam	\$19
D4210   Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant   \$110	D3920	Hemisection (including any root removal), not including root canal therapy	\$90
Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant  Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant  Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant  Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant  Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant  D4241 Apically positioned flap  Clinical crown lengthening – hard tissue  D4260 Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant  D4261 Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant  D4263 Bone replacement graft – retained natural tooth – first site in quadrant  D4264 Bone replacement graft – retained natural tooth – each additional site in quadrant  D4265 Biologic materials to aid in soft and osseous tissue regeneration  D4266 Guided tissue regeneration – nonresorbable barrier, per site  D4267 Guided tissue graft procedure  P4270 Pedicle soft tissue graft procedure  Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft  Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft  Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	D3950	Canal preparation and fitting of preformed dowel or post	\$15
Spaces per quadrant  D4211 Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant  D4240 Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant  D4241 Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant  D4245 Apically positioned flap  D4246 Clinical crown lengthening – hard tissue  D4260 Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant  D4261 Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant  D4263 Bone replacement graft – retained natural tooth – first site in quadrant  D4264 Bone replacement graft – retained natural tooth – each additional site in quadrant  D4265 Biologic materials to aid in soft and osseous tissue regeneration  D4266 Guided tissue regeneration – resorbable barrier, per site  D4267 Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)  D4270 Pedicle soft tissue graft procedure  D4273 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft  Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)  Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft		Periodontics	
D4240 Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant  D4241 Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant  D4243 Apically positioned flap  D4249 Clinical crown lengthening – hard tissue  D4260 Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant  D4261 Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant  D4263 Bone replacement graft – retained natural tooth – first site in quadrant  D4264 Bone replacement graft – retained natural tooth – each additional site in quadrant  D4265 Biologic materials to aid in soft and osseous tissue regeneration  D4266 Guided tissue regeneration – resorbable barrier, per site  Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)  D4267 Pedicle soft tissue graft procedure  Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft  Mesial/distal wedge procedures, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)  D4275 Material) first tooth, implant, or edentulous tooth position in graft  Material) first tooth, implant, or edentulous tooth position in graft	D4210		\$110
tooth bounded spaces per quadrant    D4241   Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant   D4245   Apically positioned flap   \$165	D4211		\$83
D4245 Apically positioned flap  D4246 Clinical crown lengthening – hard tissue  D4260 Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant  D4261 Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant  D4261 Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant  D4263 Bone replacement graft – retained natural tooth – first site in quadrant  D4264 Bone replacement graft – retained natural tooth – each additional site in quadrant  D4265 Biologic materials to aid in soft and osseous tissue regeneration  D4266 Guided tissue regeneration – resorbable barrier, per site  D4267 Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)  D4270 Pedicle soft tissue graft procedure  D4273 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft  D4274 Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)  Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	D4240		\$150
D4249 Clinical crown lengthening – hard tissue \$120  D4260 Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant \$295  D4261 Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant \$210  D4263 Bone replacement graft – retained natural tooth – first site in quadrant \$180  D4264 Bone replacement graft – retained natural tooth – each additional site in quadrant \$95  D4265 Biologic materials to aid in soft and osseous tissue regeneration \$95  D4266 Guided tissue regeneration – resorbable barrier, per site \$215  D4267 Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal) \$255  D4270 Pedicle soft tissue graft procedure  D4273 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft \$75  D4274 Mesial/distal wedge procedures in the same anatomical area) \$70  D4275 Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	D4241		\$113
D4260 Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant  D4261 Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant  D4263 Bone replacement graft – retained natural tooth – first site in quadrant  D4264 Bone replacement graft – retained natural tooth – each additional site in quadrant  D4265 Biologic materials to aid in soft and osseous tissue regeneration  D4266 Guided tissue regeneration – resorbable barrier, per site  D4267 Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)  D4270 Pedicle soft tissue graft procedure  D4273 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft  D4274 Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)  Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft  \$380	D4245	Apically positioned flap	\$165
more contiguous teeth or tooth bounded spaces per quadrant  D4261 Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant  D4263 Bone replacement graft – retained natural tooth – first site in quadrant  D4264 Bone replacement graft – retained natural tooth – each additional site in quadrant  D4265 Biologic materials to aid in soft and osseous tissue regeneration  D4266 Guided tissue regeneration – resorbable barrier, per site  D4267 Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)  D4270 Pedicle soft tissue graft procedure  D4273 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft  D4274 Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)  Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft  \$380	D4249	Clinical crown lengthening – hard tissue	\$120
three contiguous teeth or tooth bounded spaces per quadrant  D4263 Bone replacement graft – retained natural tooth – first site in quadrant  D4264 Bone replacement graft – retained natural tooth – each additional site in quadrant  \$95  D4265 Biologic materials to aid in soft and osseous tissue regeneration  \$95  D4266 Guided tissue regeneration – resorbable barrier, per site  \$215  D4267 Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)  \$255  D4270 Pedicle soft tissue graft procedure  \$245  D4273 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft  D4274 Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)  Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft  \$380	D4260		\$295
D4264 Bone replacement graft – retained natural tooth – each additional site in quadrant D4265 Biologic materials to aid in soft and osseous tissue regeneration D4266 Guided tissue regeneration – resorbable barrier, per site  D4267 Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)  D4270 Pedicle soft tissue graft procedure  D4273 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft  D4274 Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)  D4275 Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft  \$380	D4261		\$210
D4265 Biologic materials to aid in soft and osseous tissue regeneration \$95  D4266 Guided tissue regeneration – resorbable barrier, per site \$215  D4267 Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal) \$255  D4270 Pedicle soft tissue graft procedure \$245  D4273 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft \$75  D4274 Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)  D4275 Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft \$380	D4263	Bone replacement graft – retained natural tooth – first site in quadrant	\$180
D4266 Guided tissue regeneration – resorbable barrier, per site \$215  D4267 Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal) \$255  D4270 Pedicle soft tissue graft procedure \$245  D4273 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft \$75  D4274 Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)  D4275 Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft \$380	D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	\$95
D4267 Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)  D4270 Pedicle soft tissue graft procedure  D4273 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft  D4274 Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)  D4275 Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft  \$380	D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$95
D4270 Pedicle soft tissue graft procedure \$245  D4273 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft  D4274 Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)  D4275 Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft  \$380	D4266	Guided tissue regeneration – resorbable barrier, per site	\$215
D4273 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft  D4274 Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)  Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft  \$75	D4267		\$255
D4273 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft  D4274 Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)  Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft  \$75	D4270	Pedicle soft tissue graft procedure	\$245
D4274 with surgical procedures in the same anatomical area)  Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft  \$380	D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	
material) first tooth, implant, or edentulous tooth position in graft	D4274	with surgical procedures in the same anatomical area)	\$70
	D4275		· 

Potential Prese soft lissue graft procedure (including recipient and donor surgical sites) first took, implant or edentulous both position in graft and donor surgical sites) each state of the potential position in same graft site alto position in some graft site alto position in some graft site alto position in some graft site alto position in same graft site alto position in same graft site business and position in same graft site position in same graft site business and position in same graft site site of the position in same graft site position in same graft site and donor material) – each additional contiguous tooth, implant or edentulous both position in same graft site store and some graft site site and donor material) – each additional contiguous tooth, implant or edentulous site and donor material) – each additional contiguous tooth, implant or edentulous site and donor material) – each additional contiguous tooth, implant or edentulous site and donor material) – each additional contiguous tooth, implant or edentulous site and donor material) – each additional contiguous tooth, implant or edentulous site and donor material position in same graft site site and donor material) – each additional contiguous tooth, implant or edentulous site and donor material position in same graft site site and donor material position in same graft site site and donor material position in same graft site site and donor material position in same graft site site and donor material position in same graft site site and donor material position in same graft site site and donor material position in same graft site site site and donor material position in same graft site site site and donor material position in same graft site site site site and donor material position in same graft site site site site site site site sit	Code	Service	Co-payment
Free soft tissue graft procedure (including recipient and donor surgical sites) each	D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first	\$245
D4283   strrgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site   D4285   stead donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site   D4320   Provisional splinting – intracoronal   \$95   D4321   Provisional splinting – intracoronal   \$85   D4341   Periodontal scaling and root planing – four or more teeth per quadrant   \$40   D4342   Periodontal scaling and root planing – one to three teeth per quadrant   \$30   D4343   Periodontal scaling and root planing – one to three teeth per quadrant   \$30   D4344   Periodontal scaling and root planing – one to three teeth per quadrant   \$30   D4345   Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation   \$30   D4346   Scaling in presence of generalized moderate or severe gingival inflammation – full mouth debridement to enable a comprehensive oral evaluation and diagnosis   \$40   D435   Full mouth debridement to enable a comprehensive oral evaluation and diagnosis   \$40   D436   Cacilized delivery of antimicrobial agents via controlled release vehicle into   \$60   D4910   Periodontal maintenance   \$30   D4910   Periodontal maintenance   \$30   P4910   Periodontal maintenance   \$30   P4910   Periodontal charting for planning treatment of periodontal disease   \$0   P4910   Periodontal hydiene instruction   \$00    Removable Prosthodontics   \$20   P4910   Periodontal hydiene instruction   \$20   P4910   Complete denture - maxillary   \$260   P4910   Complete denture - maxillary   \$260   D5110   Complete denture - maxillary   \$260   D5110   Complete denture - maxillary   \$260   D5111   Complete denture - maxillary   \$260   D5110   Complete denture - maxillary   \$260   D5111   Complete denture - maxillary   \$260   D5110   Complete denture - maxillary   \$260   D5111   Complete dentu	D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each	\$123
Non-autopenous connective tissue graft procedure (including recipient surgical steam danor material) - sech additional contiguous tooth, implant or edentulous tooth position in same graft site	D4283	surgical sites) – each additional contiguous tooth, implant or edentulous tooth	\$38
D4320 Provisional splinting – intracoronal D4321 Provisional splinting – extracoronal D4321 Periodontal scaling and root planing – four or more teeth per quadrant S40 D4342 Periodontal scaling and root planing – one to three teeth per quadrant S20 D4346 Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation D4346 Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit D4381 Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth D4910 Periodontal maintenance • Additional periodontal maintenance procedures (beyond 2 per 12 months) S55 • Periodontal charting for planning treatment of periodontal disease • Periodontal charting for planning treatment of periodontal disease • Periodontal hygiene instruction S0  **Removable Prosthodontics**  Includes up to 3 adjustments within 6 months of delivery.  **D5110 Complete denture - maxillary S260 D5120 Complete denture - maxillary S260 D5130 Immediate denture - maxillary S240 D5140 Immediate denture - maxillary S240 D5141 Maxillary partial denture - resin base (including, retentive/clasping materials, rests, and teeth) Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)  D5212 Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)  D5221 Immediate manibular partial denture - resin base (including any conventional clasps, rests and teeth)  D5221 Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)  D5222 Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)  D5223 Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)  D5224	D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous	\$190
D4341 Periodontal scaling and root planing – four or more teeth per quadrant D4342 Periodontal scaling and root planing – noe to three teeth per quadrant S30 D4346 Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation D4345 Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit on a subsequent visit Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth D4910 Periodontal maintenance • Additional periodontal maintenance procedures (beyond 2 per 12 months) S55 • Periodontal charting for planning treatment of periodontal disease • Periodontal hygiene instruction  Removable Prosthodontics • Includes up to 3 adjustments within 6 months of delivery.  D5110 Complete denture - maxillary S260 D5130 Immediate denture - maxillary S240 D5131 Immediate denture - maxillary S240 D5131 Maxillary partial denture - resin base (including, retentive/clasping materials, rests, and teeth) D5212 Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) D5221 Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) D5222 Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth) D5223 Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth) D5224 Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) D5225 Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) D5226 Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) D5227 Maxillary partial denture - cast metal framework with resin denture bases	D4320		\$95
D4341 Periodontal scaling and root planing – four or more teeth per quadrant D4342 Periodontal scaling and root planing – noe to three teeth per quadrant S30 D4346 Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation D4345 Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit on a subsequent visit Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth D4910 Periodontal maintenance • Additional periodontal maintenance procedures (beyond 2 per 12 months) S55 • Periodontal charting for planning treatment of periodontal disease • Periodontal hygiene instruction  Removable Prosthodontics • Includes up to 3 adjustments within 6 months of delivery.  D5110 Complete denture - maxillary S260 D5130 Immediate denture - maxillary S240 D5131 Immediate denture - maxillary S240 D5131 Maxillary partial denture - resin base (including, retentive/clasping materials, rests, and teeth) D5212 Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) D5221 Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) D5222 Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth) D5223 Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth) D5224 Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) D5225 Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) D5226 Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) D5227 Maxillary partial denture - cast metal framework with resin denture bases	D4321	Provisional splinting – extracoronal	\$85
D4346   Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation   \$0	D4341		\$40
D4346   Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation   \$0	D4342		\$30
D4381 Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth  D4910 Periodontal maintenance \$30  • Additional periodontal maintenance procedures (beyond 2 per 12 months) \$55  • Periodontal charting for planning treatment of periodontal disease \$0  • Periodontal hygiene instruction \$0  Removable Prosthodontics  • Includes up to 3 adjustments within 6 months of delivery.  D5110 Complete denture - maxillary \$260  D5130 Immediate denture - maxillary \$240  D5140 Immediate denture - mandibular \$240  D5140 Immediate denture - resin base (including, retentive/clasping materials, rests, and teeth)  Maxillary partial denture - resin base (including, retentive/clasping materials, rests, and teeth)  D5213 Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)  D5214 Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)  D5214 Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)  D5212 Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)  D5222 Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)  D5223 Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)  D5224 Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)  D5225 Maxillary partial denture - flexible base (including any clasps, rests and teeth)  D5226 Mandibular partial denture - flexible base (including any clasps, rests and teeth)  D5280 Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary  D5281 Removable unilateral partial denture - one piece cast metal (including clasps and tee	D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full	\$0
D4910   Periodontal maintenance   \$30	D4355		\$40
Additional periodontal maintenance procedures (beyond 2 per 12 months) Periodontal charting for planning treatment of periodontal disease Periodontal hygiene instruction Removable Prosthodontics  Includes up to 3 adjustments within 6 months of delivery.  D5110 Complete denture - maxillary D5120 Complete denture - maxillary D5130 Immediate denture - maxillary D5140 Immediate denture - mandibular D5140 Maxillary partial denture - maxillary D5211 Maxillary partial denture - resin base (including, retentive/clasping materials, rests, and teeth) D5212 Mandibular partial denture - resin base (including, retentive/clasping materials, rests, and teeth) D5213 Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) D5214 Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) D5214 Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth) D5221 Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth) D5222 Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) D5223 Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) D5224 Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) D5225 Maxillary partial denture - flexible base (including any clasps, rests and teeth) D5226 Maxillary partial denture - flexible base (including any clasps, rests and teeth) S260 D5280 Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary S260 D5210 Adjust complete denture - maxillary S260 D5211 Adjust complete denture - maxillary S260 D5212 Adjust complete denture - maxillary S260	D4381		\$60
Periodontal charting for planning treatment of periodontal disease \$0 Periodontal hygiene instruction \$0  Removable Prosthodontics Includes up to 3 adjustments within 6 months of delivery.    Includes up to 3 adjustments within 6 months of delivery.	D4910	Periodontal maintenance	\$30
Periodontal hygiene instruction  Removable Prosthodontics  Includes up to 3 adjustments within 6 months of delivery.  D5110 Complete denture - maxillary \$260 D5120 Complete denture - maxillary \$240 D5130 Immediate denture - maxillary \$240 D5140 Immediate denture - maxillary \$240 D5140 Immediate denture - mandibular \$240 D5211 Maxillary partial denture - resin base (including, retentive/clasping materials, rests, and teeth) D5212 Mandibular partial denture - resin base (including, retentive/clasping materials, rests, and teeth) D5213 Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) D5214 Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) D5214 Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) D5214 Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth) D5222 Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth) D5223 Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) D5224 Immediate maxillary partial denture - cast metal framework with resin denture \$260 D5225 Maxillary partial denture - cast metal framework with resin denture \$260 D5226 Mandibular partial denture - flexible base (including any clasps, rests and teeth) D5226 Mandibular partial denture - flexible base (including any clasps, rests and teeth) D5228 Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary Adjust complete denture - maxillary	•	Additional periodontal maintenance procedures (beyond 2 per 12 months)	\$55
Includes up to 3 adjustments within 6 months of delivery.   S260	•	Periodontal charting for planning treatment of periodontal disease	\$0
Includes up to 3 adjustments within 6 months of delivery.   S260	•	Periodontal hygiene instruction	\$0
<ul> <li>Includes up to 3 adjustments within 6 months of delivery.</li> <li>D5110 Complete denture - maxillary</li> <li>\$260</li> <li>D5120 Complete denture - mandibular</li> <li>\$260</li> <li>D5130 Immediate denture - maxillary</li> <li>\$240</li> <li>D5140 Immediate denture - maxillary</li> <li>\$240</li> <li>D5140 Immediate denture - maxillary</li> <li>\$240</li> <li>D5211 Maxillary partial denture - resin base (including, retentive/clasping materials, rests, and teeth)</li> <li>D5212 Mandibular partial denture - resin base (including, retentive/clasping materials, rests, and teeth)</li> <li>D5213 Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)</li> <li>D5214 Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)</li> <li>D5214 Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)</li> <li>D5221 Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)</li> <li>D5222 Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)</li> <li>D5223 Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)</li> <li>D5224 Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)</li> <li>D5225 Maxillary partial denture - flexible base (including any clasps, rests and teeth)</li> <li>D5226 Mandibular partial denture - flexible base (including any clasps, rests and teeth)</li> <li>D5280 Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary</li> <li>D5280 Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxi</li></ul>			· .
D5110       Complete denture - maxillary       \$260         D5120       Complete denture - mandibular       \$260         D5130       Immediate denture - maxillary       \$240         D5140       Immediate denture - maxillary       \$240         D5141       Maxillary partial denture - resin base (including, retentive/clasping materials, rests, and teeth)       \$240         D5211       Maxillary partial denture - resin base (including, retentive/clasping materials, rests, and teeth)       \$240         D5212       Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)       \$260         D5213       Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)       \$260         D5214       Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)       \$240         D5221       Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)       \$240         D5222       Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)       \$260         D5223       Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)       \$260         D5224       Maxillary partial denture - flexible base (i	• Indu		
D5120Complete denture - mandibular\$260D5130Immediate denture - mandibular\$240D5140Immediate denture - mandibular\$240D5211Maxillary partial denture - resin base (including, retentive/clasping materials, rests, and teeth)\$240D5212Mandibular partial denture - resin base (including, retentive/clasping materials, rests, and teeth)\$240D5213Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)\$260D5214Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)\$260D5221Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)\$240D5222Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)\$240D5223Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)\$260D5223Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)\$260D5224Immediate mandibular partial denture - cast metal framework with resin denture bases (including any clasps, rests and teeth)\$365D5225Maxillary partial denture - flexible base (including any clasps, rests and teeth)\$365D5226Mandibular partial denture - flexible base (including any clasps, rests and teeth)\$365D5280Removable unilateral partial denture - one piece cast metal (including clasps and		• •	\$260
D5130   Immediate denture - maxillary   S240     D5140   Immediate denture - mandibular   S240     D5211   Maxillary partial denture - resin base (including, retentive/clasping materials, rests, and teeth)   Mandibular partial denture - resin base (including, retentive/clasping materials, rests, and teeth)   S240     D5212   Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)   S260     D5213   Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)   S260     D5214   Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)   S240     D5221   Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)   S240     D5222   Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)   S260     D5223   Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)   S260     D5224   Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)   S365     D5226   Maxillary partial denture - flexible base (including any clasps, rests and teeth)   S365     D5226   Mandibular partial denture - flexible base (including any clasps, rests and teeth)   S365     D5282   Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary   S250     D5410   Adjust complete denture - maxillary   S10			
D5140   Immediate denture – mandibular   S240			
D5211 Maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)  D5212 Mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)  D5213 Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)  D5214 Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)  D5215 Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)  D5222 Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)  D5223 Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)  D5224 Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)  D5225 Maxillary partial denture – flexible base (including any clasps, rests and teeth)  D5226 Mandibular partial denture – flexible base (including any clasps, rests and teeth)  D5227 Removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary  D5283 Removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary  D5410 Adjust complete denture – maxillary			
D5212 Mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)  D5213 Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)  D5214 Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)  D5214 Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)  D5221 Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)  D5222 Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)  D5223 Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)  D5224 Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)  D5225 Maxillary partial denture – flexible base (including any clasps, rests and teeth)  D5226 Mandibular partial denture – flexible base (including any clasps, rests and teeth)  D5280 Mandibular partial denture – one piece cast metal (including clasps and teeth), maxillary  D5281 Removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary  D5282 Removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular  D5410 Adjust complete denture – maxillary  \$10		Maxillary partial denture – resin base (including, retentive/clasping materials, rests,	
D5213   (including any conventional clasps, rests and teeth)   D5214   Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)   S260	D5212	Mandibular partial denture – resin base (including, retentive/clasping materials, rests,	\$240
D5221   Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)   \$240	D5213		\$260
D5222   Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)   S240	D5214		\$260
D5222   Clasps, rests and teeth   D5223   Immediate maxillary partial denture – cast metal framework with resin denture   \$260	D5221	Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	\$240
bases (including any conventional clasps, rests and teeth)  D5224 Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)  D5225 Maxillary partial denture – flexible base (including any clasps, rests and teeth)  D5226 Mandibular partial denture – flexible base (including any clasps, rests and teeth)  D5227 Removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary  D5283 Removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular  D5410 Adjust complete denture – maxillary  \$10	D5222	Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	\$240
bases (including any conventional clasps, rests and teeth)  D5225 Maxillary partial denture – flexible base (including any clasps, rests and teeth)  D5226 Mandibular partial denture – flexible base (including any clasps, rests and teeth)  Removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary  D5283 Removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular  D5410 Adjust complete denture – maxillary  \$250	D5223		\$260
D5226 Mandibular partial denture – flexible base (including any clasps, rests and teeth) \$365  D5282 Removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary \$250  D5283 Removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular \$250  D5410 Adjust complete denture – maxillary \$10	D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$260
D5226 Mandibular partial denture – flexible base (including any clasps, rests and teeth)  S365  D5282 Removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary  D5283 Removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular  D5410 Adjust complete denture – maxillary  \$365  \$250  \$250	D5225	Maxillary partial denture – flexible base (including any clasps, rests and teeth)	\$365
D5282 Removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary  D5283 Removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular  D5410 Adjust complete denture – maxillary  \$250	D5226	Mandibular partial denture – flexible base (including any clasps, rests and teeth)	\$365
b5283   teeth), mandibular	D5282	Removable unilateral partial denture – one piece cast metal (including clasps and	\$250
	D5283	· · · · · · · · · · · · · · · · · · ·	\$250
	D5411		\$10

Code	Service	Co-payment
D5421	Adjust partial denture – maxillary	\$10
D5422	Adjust partial denture – mandibular	\$10
D5511 D5512	Repair broken complete denture base, mandibular Repair broken complete denture base, maxillary	\$30 \$30
D5512 D5520	Replace missing or broken teeth – complete denture (each tooth)	\$30
D5611	Repair resin partial denture base, mandibular	\$30
D5612	Repair resin partial denture base, maxillary	\$30
D5621	Repair cast partial framework, mandibular	\$30
D5622	Repair cast partial framework, maxillary	\$30
D5630	Repair or replace broken retentive clasping materials – per tooth	\$35
D5640	Replace broken teeth – per tooth	\$30
D5650	Add tooth to existing partial denture	\$30
D5660	Add clasp to existing partial denture - per tooth	\$35
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$165
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$165
D5710	Rebase complete maxillary denture	\$60
D5711	Rebase complete mandibular denture	\$60
D5720	Rebase maxillary partial denture	\$60
D5721	Rebase mandibular partial denture	\$60
D5730	Reline complete maxillary denture (chairside)	\$35
D5731	Reline complete mandibular denture (chairside)	\$35
D5740	Reline maxillary partial denture (chairside)	\$35
D5741	Reline mandibular partial denture (chairside)	\$35
D5750	Reline complete maxillary denture (laboratory)	\$60
D5751	Reline complete mandibular denture (laboratory)	\$60
D5760	Reline maxillary partial denture (laboratory)	\$60
D5761	Reline mandibular partial denture (laboratory)	\$60
D5810	Interim complete denture (maxillary)	\$230
D5811	Interim complete denture (mandibular)	\$230
D5820	Interim partial denture (maxillary)	\$60
D5821	Interim partial denture (mandibular)	\$60
D5850	Tissue conditioning, maxillary	\$20
D5851	Tissue conditioning, mandibular	\$20
D5862	Precision attachment, by report	\$160
D5876	Add metal substructure to acrylic full denture (per arch)	\$65

# **Crowns/Fixed Bridges - Per Unit**

- An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble
  or titanium metal. There is a \$75 co-payment per crown/bridge unit in addition to regular co-payments for
  porcelain on molars.
- Cases involving seven (7) or more crowns and/or fixed bridge units in the same treatment plan require an additional \$125 co-payment per unit in addition to co-payment for each crown/bridge unit.

D6210	Pontic – cast high noble metal	\$225
D6211	Pontic – cast predominantly base metal	\$225
D6212	Pontic – cast noble metal	\$225
D6214	Pontic – titanium	\$225
D6240	Pontic – porcelain fused to high noble metal	\$225
D6241	Pontic – porcelain fused to predominantly base metal	\$225
D6242	Pontic – porcelain fused to noble metal	\$225

Code	Service	Co-payment
D6245	Pontic – porcelain/ceramic	\$225
D6250	Pontic – resin with high noble metal	\$225
D6251	Pontic – resin with predominantly base metal	\$225
D6252	Pontic – resin with noble metal	\$225
D6253	Provisional pontic – further treatment or completion of diagnosis necessary prior to final impression	\$0
D6545	Retainer – cast metal for resin bonded fixed prosthesis	\$150
D6600	Retainer inlay – porcelain/ceramic, two surfaces	\$225
D6601	Retainer inlay – porcelain/ceramic, three or more surfaces	\$225
D6602	Retainer inlay – cast high noble metal, two surfaces	\$225
D6603	Retainer inlay – cast high noble metal, three or more surfaces	\$225
D6604	Retainer inlay – cast predominantly base metal, two surfaces	\$225
D6605	Retainer inlay – cast predominantly base metal, three or more surfaces	\$225
D6606	Retainer inlay – cast noble metal, two surfaces	\$225
D6607	Retainer inlay – cast noble metal, three or more surfaces	\$225
D6608	Retainer onlay – porcelain/ceramic, two surfaces	\$225
D6609	Retainer onlay – porcelain/ceramic, three or more surfaces	\$225
D6610	Retainer onlay – cast high noble metal, two surfaces	\$225
D6611	Retainer onlay – cast high noble metal, three or more surfaces	\$225
D6612	Retainer onlay – cast predominantly base metal, two surfaces	\$225
D6613	Retainer onlay – cast predominantly base metal, three or more surfaces	\$225
D6614	Retainer onlay – cast noble metal, two surfaces	\$225
D6615	Retainer onlay - cast noble metal, three or more surfaces	\$225
D6710	Retainer crown – indirect resin based composite	\$225
D6720	Retainer crown – resin with high noble metal	\$225
D6721	Retainer crown – resin with predominantly base metal	\$225
D6722	Retainer crown – resin with noble metal	\$225
D6740	Retainer crown – porcelain/ceramic	\$225
D6750	Retainer crown – porcelain fused to high noble metal	\$225
D6751	Retainer crown – porcelain fused to predominantly base metal	\$225
D6752	Retainer crown – porcelain fused to noble metal	\$225
D6780	Retainer crown – ¾ cast high noble metal	\$225
D6781	Retainer crown – ¾ cast predominantly base metal	\$225
D6782	Retainer crown – ¾ cast noble metal	\$225
D6783	Retainer crown – ¾ porcelain/ceramic	\$225
D6790	Retainer crown – full cast high noble metal	\$225
D6791	Retainer crown – full cast predominantly base metal	\$225
D6792	Retainer crown – full cast noble metal	\$225
D6794	Retainer crown – titanium	\$225
D6930	Re-cement or re-bond fixed partial denture	\$0
D6940	Stress breaker	\$110
D6950	Precision attachment	\$195
D6980	Fixed partial denture repair necessitated by restorative material failure	\$45
	Oral Surgery	

# Oral Surgery

- Includes routine post operative visits/treatment.
- The removal of asymptomatic third molars is not a covered benefit unless pathology (disease) exists.

D7111         Extraction, coronal remnants – primary tooth         \$5           D7140         Extraction, erupted tooth or exposed root (elevation and/or foreeps removal)         \$0           D7210         Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated         \$30           D7220         Removal of impacted tooth – soft tissue         \$45           D7240         Removal of impacted tooth – partially bony         \$80           D7241         Removal of impacted tooth – completely bony, with unusual surgical complications         \$100           D7250         Removal of impacted tooth recompletely bony, with unusual surgical complications         \$100           D7251         Coronectomy – intentional partial tooth removal         \$80           D7270         Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth         \$50           D7280         Exposure of an unerupted tooth         \$85           D7281         Coronectomy – intentional partial tooth removal         \$80           D7282         Mobilization of erupted or malpositioned tooth to ald eruption         \$90           D7283         Exposure of an attachment on an unerupted tooth, after its exposure, to aid in its eruption. Report the surgical exposure separately using D7280.         \$90           D7285         Incisional biopsy of oral tissue	Code	Service	Co-payment
D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated  P7220 Removal of impacted tooth – soft tissue  Removal of impacted tooth – soft tissue  Removal of impacted tooth – sort tissue  Removal of impacted tooth – completely bony  Removal of impacted tooth – completely bony  Removal of impacted tooth – completely bony, with unusual surgical complications  \$100  P7240 Removal of impacted tooth – completely bony, with unusual surgical complications  \$100  P7251 Removal of residual tooth roots (crutting procedure)  \$100  P7252 Coronectomy – intentional partial tooth removal  \$100  P7251 Coronectomy – intentional partial tooth removal  \$100  P7252 Coronectomy – intentional partial tooth removal  \$100  P7253 Exposure of an unerupted tooth  \$100  P7264 Exposure of an unerupted tooth  \$100  P7265 Exposure of an unerupted tooth  \$100  P7266 Exposure of an attachment on an unerupted tooth, after its exposure, to aid in its exposure under the surgical exposure separately using D7280.  P7267 Exposure of an attachment on an unerupted tooth, after its exposure, to aid in its exposure under the surgical exposure separately using D7280.  P7268 Incisional biopsy of oral tissue – hard (bone, tooth)  P7278 Exposure of an attachment on an unerupted tooth, after its exposure, to aid in its exposure under the surgical exposure separately using D7280.  P7278 Exposure of an attachment on an unerupted tooth, after its exposure, to aid in its exposure separately using D7280.  P7278 Exposure of an attachment on an unerupted tooth, after its exposure, to aid in its exposure	D7111	Extraction, coronal remnants – primary tooth	\$5
Including elevation of mucoperiositeal flap if indicated   S30	D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$0
D7230         Removal of impacted tooth – partially bony         \$65           D7240         Removal of impacted tooth – completely bony, with unusual surgical complications         \$80           D7250         Removal of impacted tooth – completely bony, with unusual surgical complications         \$100           D7251         Removal of residual tooth roots (cutting procedure)         \$40           D7251         Coronectomy – intentional partial tooth removal         \$80           D7270         Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth         \$50           D7280         Exposure of an unerupted tooth         \$85           D7281         Mobilization of erupted or malpositioned tooth to aid eruption         \$90           D7282         Mobilization of erupted or malpositioned tooth to aid eruption         \$90           D7283         Problement of an attachment on an unerupted tooth, after its exposure, to aid in its eruption. Report the surgical exposure separately using D7280.         \$90           D7285         Incisional biopsy of oral tissue – soft         \$0           D7286         Incisional biopsy of oral tissue – soft         \$0           D7287         Exciduative cytological sample collection         \$50           D7288         Brush biopsy – transepithelial sample collection         \$50           D7310         Alveoloplasty i	D7210		\$30
D7240         Removal of impacted tooth – completely bony         \$80           D7241         Removal of impacted tooth – completely bony, with unusual surgical complications         \$100           D7250         Removal of residual tooth roots (cutting procedure)         \$40           D7251         Coronectomy – intentional partial tooth removal         \$80           D7270         Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth         \$50           D7280         Exposure of an unerupted tooth         \$85           D7281         Drobbilization of erupted or malpositioned tooth to aid eruption         \$90           D7283         Placement of an attachment on an unerupted tooth, after its exposure, to aid in its eruption. Report the surgical exposure separately using D7280.         \$90           D7285         Incisional biopsy of oral tissue – soft         \$0           D7286         Incisional biopsy of oral tissue – soft         \$0           D7287         Exfoliative cytological sample collection         \$50           D7288         Brush biopsy – transepithelial sample collection         \$50           D7310         Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant         \$15           D7321         Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant         \$60	D7220	Removal of impacted tooth – soft tissue	\$45
D7241         Removal of impacted tooth – completely bony, with unusual surgical complications         \$100           D7250         Removal of residual tooth roots (cutting procedure)         \$40           D7251         Coronectomy – intentional partial tooth removal         \$80           D7270         Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth         \$50           D7280         Exposure of an unerupted tooth         \$85           D7281         Mobilization of erupted or malpositioned tooth to aid eruption         \$90           D7282         Mobilization of erupted or malpositioned tooth, after its exposure, to aid in its eruption. Report the surgical exposure separately using D7280.         \$90           D7283         Incisional biopsy of oral tissue – hard (bone, tooth)         \$0           D7286         Incisional biopsy of oral tissue – soft         \$0           D7287         Exfoliative cytological sample collection         \$50           D7288         Brush biopsy – transepithelial sample collection         \$50           D7310         Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant         \$15           D7311         Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant         \$60           D7321         Alveoloplasty not in conjunction with extractions – one to three teeth or	D7230	Removal of impacted tooth – partially bony	\$65
D7250         Removal of residual tooth roots (cutting procedure)         \$40           D7251         Coronectomy – intentional partial tooth removal         \$80           D7270         Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth         \$50           D7280         Exposure of an unerupted tooth         \$85           D7282         Mobilization of erupted or malpositioned tooth to aid eruption         \$90           D7283         Placement of an attachment on an unerupted tooth, after its exposure, to aid in its eruption. Report the surgical exposure separately using D7280.         \$90           D7285         Incisional biopsy of oral tissue – soft         \$0           D7286         Incisional biopsy of oral tissue – soft         \$0           D7287         Exfoliative cytological sample collection         \$50           D7288         Brush biopsy – transepithelial sample collection         \$50           D7310         Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant         \$40           D7321         Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant         \$60           D7321         Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant         \$25           D7421         Removal of lateral exostosis (maxilla or mandible) <t< td=""><td>D7240</td><td>Removal of impacted tooth – completely bony</td><td>\$80</td></t<>	D7240	Removal of impacted tooth – completely bony	\$80
D7251         Coronectomy – intentional partial tooth removal         \$80           D7270         Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth         \$50           D7280         Exposure of an unerupted tooth         \$55           D7282         Mobilization of erupted or malpositioned tooth to aid eruption         \$90           D7283         Placement of an attachment on an unerupted tooth, after its exposure, to aid in its eruption. Report the surgical exposure separately using D7280.         \$90           D7285         Incisional biopsy of oral tissue – soft         \$0           D7286         Incisional biopsy of oral tissue – soft         \$0           D7287         Exfoliative cytological sample collection         \$50           D7388         Brush biopsy – transepithelial sample collection         \$50           D7310         Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant         \$40           D7311         Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant         \$60           D7320         Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant         \$25           D7471         Removal of lateral exostosis (maxilla or mandible)         \$80           D7472         Removal of torus palatinus         \$60	D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	\$100
D7270         Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth         \$50           D7280         Exposure of an unerupted tooth         \$85           D7282         Mobilization of erupted or malpositioned tooth to aid eruption         \$90           D7283         Placement of an attachment on an unerupted tooth, after its exposure, to aid in its eruption. Report the surgical exposure separately using D7280.         \$90           D7285         Incisional biopsy of oral tissue – hard (bone, tooth)         \$0           D7286         Incisional biopsy of oral tissue – hard (bone, tooth)         \$0           D7287         Exfoliative cytological sample collection         \$50           D7288         Brush biopsy – transepithelial sample collection         \$50           D7310         Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant         \$40           D7311         Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant         \$60           D7321         Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant         \$25           D7471         Removal of lateral exostosis (maxilla or mandible)         \$80           D7472         Removal of seven palatinus         \$60           D7473         Removal of torus mandibularis         \$60 <td>D7250</td> <td>Removal of residual tooth roots (cutting procedure)</td> <td>\$40</td>	D7250	Removal of residual tooth roots (cutting procedure)	\$40
D7280         Exposure of an unerupted tooth         \$85           D7282         Mobilization of erupted or malpositioned tooth to aid eruption         \$90           D7283         Placement of an attachment on an unerupted tooth, after its exposure, to aid in its eruption. Report the surgical exposure separately using D7280.         \$90           D7285         Incisional biopsy of oral tissue – soft         \$0           D7286         Incisional biopsy of oral tissue – soft         \$0           D7287         Exfoliative cytological sample collection         \$50           D7288         Brush biopsy – transepithelial sample collection         \$50           D7310         Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant         \$40           D7311         Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant         \$15           D7320         Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant         \$25           D7321         Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant         \$25           D7471         Removal of lateral exostosis (maxilla or mandible)         \$80           D7472         Removal of torus palatinus         \$60           D7473         Removal of torus mandibularis         \$60	D7251	Coronectomy – intentional partial tooth removal	\$80
D7282         Mobilization of erupted or malpositioned tooth to aid eruption         \$90           D7283         Placement of an attachment on an unerupted tooth, after its exposure, to aid in its eruption. Report the surgical exposure separately using D7280.         \$90           D7285         Incisional biopsy of oral tissue – hard (bone, tooth)         \$0           D7286         Incisional biopsy of oral tissue – soft         \$0           D7287         Exfoliative cytological sample collection         \$50           D7388         Brush biopsy – transepithelial sample collection         \$50           D7310         Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant         \$40           D7311         Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant         \$15           D7320         Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant         \$60           D7321         Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant         \$80           D7471         Removal of lateral exostosis (maxilla or mandible)         \$80           D7472         Removal of torus palatinus         \$60           D7485         Reduction of osseous tuberosity         \$60           D7510         Incision and drainage of abscess – intraoral soft tissue – co	D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$50
D7283   Placement of an attachment on an unerupted tooth, after its exposure, to aid in its eruption. Report the surgical exposure separately using D7280.   S0	D7280	Exposure of an unerupted tooth	\$85
D7285 Incisional biopsy of oral tissue – hard (bone, tooth)  D7286 Incisional biopsy of oral tissue – soft  D7287 Exfoliative cytological sample collection  D7310 Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant  D7311 Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant  D7320 Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant  D7321 Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant  D7321 Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant  D7321 Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant  D7471 Removal of lateral exostosis (maxilla or mandible)  D7472 Removal of torus palatinus  D7473 Removal of torus palatinus  D7473 Removal of torus mandibularis  D7485 Reduction of osseous tuberosity  D7510 Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)  D7521 Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)  D7521 Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)  D7521 Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)  D7521 Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)  D7521 Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)  D7521 Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)  D7521 Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)  D7521 Incision and drainage of abscess – extrao	D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$90
D7286       Incisional biopsy of oral tissue – soft       \$0         D7287       Exfoliative cytological sample collection       \$50         D7288       Brush biopsy – transepithelial sample collection       \$50         D7310       Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant       \$40         D7311       Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant       \$15         D7320       Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant       \$60         D7321       Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant       \$25         D7471       Removal of lateral exostosis (maxilla or mandible)       \$80         D7472       Removal of torus palatinus       \$60         D7473       Removal of torus mandibularis       \$60         D7510       Incision and drainage of abscess – intraoral soft tissue       \$35         D7511       Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fuscial spaces)       \$35         D7520       Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fuscial spaces)       \$35         D7910       Suture of recent small wounds up to 5 cm       \$25         D7960	D7283		\$90
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D7311 Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant  D7320 Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant  D7321 Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant  D7321 Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant  D7471 Removal of lateral exostosis (maxilla or mandible)  D7472 Removal of torus palatinus  D7473 Removal of torus mandibularis  S60  D7474 Reduction of osseous tuberosity  D7510 Incision and drainage of abscess – intraoral soft tissue  D7511 Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)  D7520 Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)  D7521 Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)  D7521 Suture of recent small wounds up to 5 cm  S25  D7960 Frenulectomy – aka frenectomy or frenotomy – separate procedure not incidental to another procedure  D7963 Frenuloplasty	D7288	Brush biopsy – transepithelial sample collection	\$50
D7320 Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant  D7321 Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant  D7321 Removal of lateral exostosis (maxilla or mandible)  D7472 Removal of torus palatinus  D7473 Removal of torus mandibularis  D7485 Reduction of osseous tuberosity  D7510 Incision and drainage of abscess – intraoral soft tissue  D7511 Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)  D7520 Incision and drainage of abscess – extraoral soft tissue  D7521 Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)  D7521 Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)  D7520 Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)  D7520 Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)  D7520 Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)  D7520 Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)  D7520 Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)  D7520 Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)  D7520 Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)  D7520 Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)  D7520 Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	D7310		\$40
Spaces, per quadrant  Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant  Proposed part of the proposed pa	D7311		\$15
proper spaces, per quadrant  D7471 Removal of lateral exostosis (maxilla or mandible)  D7472 Removal of torus palatinus  D7473 Removal of torus mandibularis  D7485 Reduction of osseous tuberosity  D7510 Incision and drainage of abscess – intraoral soft tissue  D7511 Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)  D7520 Incision and drainage of abscess – extraoral soft tissue  D7521 Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)  D7521 Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)  D7521 Suture of recent small wounds up to 5 cm  S25  D7960 Frenulectomy – aka frenectomy or frenotomy – separate procedure not incidental to another procedure  S40	D7320		\$60
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D7511 Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)  D7520 Incision and drainage of abscess – extraoral soft tissue  D7521 Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)  D7910 Suture of recent small wounds up to 5 cm  \$25  D7960 Frenulectomy – aka frenectomy or frenotomy – separate procedure not incidental to another procedure  \$40	D7485	Reduction of osseous tuberosity	\$60
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D7960 Frenulectomy – aka frenectomy or frenotomy – separate procedure not incidental to another procedure  D7963 Frenuloplasty \$40	D7910	Suture of recent small wounds up to 5 cm	\$25
	D7960	Frenulectomy – aka frenectomy or frenotomy – separate procedure not incidental to	\$40
	D7963	Frenuloplasty	\$40
D7970  Excision of hyperplastic tissue – per arch \$55	D7970	Excision of hyperplastic tissue – per arch	\$55

Code	Service	Co-payment
D7971	Excision of pericoronal gingiva	\$40
	Orthodontics	
	fits cover 24 months of usual & customary orthodontic treatment and 24 months of ret	
	prehensive orthodontic benefits include all phases of treatment and fixed/removable a	·
D8010	Limited orthodontic treatment of the primary dentition	\$725
D8020	Limited orthodontic treatment of the transitional dentition	\$725
D8030	Limited orthodontic treatment of the adolescent dentition	\$725
D8040	Limited orthodontic treatment of the adult dentition	\$725
D8050	Interceptive orthodontic treatment of the primary dentition	25% Discount
D8060	Interceptive orthodontic treatment of the transitional dentition	25% Discount
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$1,695
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$1,695
D8090	Comprehensive orthodontic treatment of the adult dentition	\$1,695
D8210	Removable appliance therapy	25% Discount
D8220	Fixed appliance therapy	25% Discount
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$0
D8670	Periodic orthodontic treatment visit	\$0
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$250
D8693	Re-cement or re-bond fixed retainers	\$0
•	Orthodontic treatment plan and records (pre/post x-rays (cephalometric, panoramic, etc.), photos, study models)	\$250
•	Ortho visits beyond 24 months of active treatment or retention	\$25 per visit
	Adjunctive General Services	· · · · · · · · · · · · · · · · · · ·
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$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 anesthesia	\$0
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$0
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	\$0
D9222	Deep sedation/general anesthesia – first 15 minutes	\$60
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	\$60
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$15
D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes	\$60
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	\$60
D9248	Non-intravenous conscious sedation	\$15
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	\$0
D9311	Drugs or medicaments dispensed in the office for home use	\$0
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	\$0
D9440	Office visit – after regularly scheduled hours	\$30
D9450	Case presentation, detailed and extensive treatment planning	\$0
D9610	Therapeutic parenteral drug, single administration	\$15
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	\$25

Code	Service	Co-payment
D9613	Infiltration of sustained release therapeutic drug – single or multiple sites	\$15
D9630	Drugs or medicaments dispensed in the office for home use	\$15
D9910	Application of desensitizing medicament	\$15
D9942	Repair and/or reline of occlusal guard	\$40
D9944	Occlusal guard – hard appliance, full arch	\$85
D9945	Occlusal guard – soft appliance, full arch	\$85
D9946	Occlusal guard – hard appliance, partial arch	\$64
D9951	Occlusal adjustment – limited	\$30
D9952	Occlusal adjustment – complete	\$60
D9972	External bleaching – per arch – performed in office	\$125
D9986	Missed appointment (less than 24-hr notice)	Not to exceed \$25
D9987	Cancelled appointment (if less than 24-hr notice, see D9986)	\$0
Current Dental Terminology © American Dental Association		

# Dental benefits: Limitations and additional charges

#### General

1. General anesthesia is a covered benefit only when administered by the treating dentist, in conjunction with oral and periodontal surgical procedures.

#### Preventive

- 1. Routine Cleanings (*prophylaxis*), periodontal maintenance services, and fluoride treatments are limited to twice a year. Two (2) additional cleanings (*routine and periodontal*) are available at the co-payment listed on this Plan's Schedule of Benefits. Additional prophylaxis are available, if medically necessary.
- 2. Sealants and/or preventive resin restorations: Plan benefit applies to primary and permanent molar teeth, within four (4) years of eruption, unless medically necessary.

### **Diagnostic**

1. Panoramic or full-mouth X-rays: Once every three (3) years, unless medically necessary.

#### Restorative

- 1. An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal.
- 2. Replacement of any crowns or fixed bridges (per unit) are limited to once every five (5) years.
- 3. Cases involving seven (7) or more crowns and/or fixed bridge units in the same treatment plan require an additional \$125 co-payment per unit in addition to the specified co-payment for each crown/bridge unit.
- 4. There is a \$75 co-payment per crown/bridge unit in addition to the specified co-payment for porcelain on molars.
- 5. Provisional Crowns/restorations are to be used for an interim of at least six (6) months duration. Interim Crowns/restorations are to be used for a period of at least two (2) months duration. These procedures are to be utilized during restorative treatment to allow adequate time for healing or completion of other procedures. They are not to be used as temporary restorations.

### **Prosthodontics**

- 1. Relines are limited to one (1) every twelve (12) months.
- 2. Dentures (full or partial): Replacement only after five (5) years have elapsed following any prior provision of such dentures under a SafeGuard Plan, unless due to the loss of a natural functioning tooth. Replacements will be a benefit under this Plan only if the existing denture is unsatisfactory and cannot be made satisfactory as determined by the treating SafeGuard selected general dentist.
- 3. Delivery of removable prosthodontics includes up to three (3) adjustments within six (6) months of delivery date of service.
- 4. Provisional prostheses are to be used for an interim of at least six (6) months duration. Interim prostheses are to be used for a period of at least two (2) months duration. These procedures are to be utilized during restorative treatment to allow adequate time for healing or completion of other procedures. They are not to be used as temporary restorations.

#### **Endodontics**

1. The co-payments listed for endodontic procedures do not include the cost of the final restoration.

## **Oral Surgery**

1. The removal of asymptomatic third molars is not a covered benefit unless pathology (disease) exists.

### **Dental benefits: Exclusions**

- 1. Any procedures not specifically listed as a covered benefit in this Plan's Schedule of Benefits are not covered.
- 2. Services performed by any dentist not contracted with SafeGuard, without prior approval by SafeGuard (except for out-of-area emergency services). This includes services performed by a general dentist or specialty care dentist.
- 3. Dental procedures started prior to the member's eligibility under this Plan or started after the member's termination from the Plan. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken.
- 4. Any dental services, or appliances, which are determined to be not reasonable and/or necessary for maintaining or improving the member's dental health, as determined by the SafeGuard selected general dentist.
- 5. Orthognathic surgery.
- 6. Inpatient/outpatient hospital charges of any kind including dentist and/or physician charges, prescriptions or medications, except for emergency, palliative care.
- 7. Replacement of dentures, crowns, appliances or bridgework that have been lost, stolen or damaged due to abuse, misuse or neglect.
- 8. Treatment of malignancies, cysts, or neoplasms, unless specifically listed as a covered benefit on this Plan's Schedule of Benefits. Any services related to pathology laboratory fees.
- 9. Procedures, appliances, or restorations whose primary main purpose is to change the vertical dimension of occlusion, correct congenital, developmental, or medically induced dental disorders including, but not limited to treatment of myofunctional, myoskeletal, or temporomandibular joint disorders unless otherwise specifically listed as a covered benefit on this Plan's Schedule of Benefits.
- 10. Dental implants and services associated with the placement of implants, prosthodontic restoration of dental implants, and specialized implant maintenance services.
- 11. Dental services provided for or paid by a federal or state government agency or authority, political subdivision, or other public program other than Medicaid or Medicare.
- 12. Dental services required while serving in the Armed Forces of any country or international authority.
- 13. Dental services considered Experimental or Investigational in nature. If We make a determination that a Dental service is Experimental or Investigational in nature, this Adverse Determination may be appealed as described in the section titled APPEAL OF ADVERSE DETERMINATION in Your Evidence of Coverage.
- 14. Any dental procedure or treatment unable to be performed in the dental office due to the general health or physical limitations of the member.

### **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 member will be responsible for all costs associated with any orthodontic treatment.

If you terminate coverage from the SafeGuard Plan after the start of orthodontic treatment, you will be responsible for any additional charges incurred for the remaining orthodontic treatment.

- 1. Orthodontic treatment must be provided by a SafeGuard selected general dentist or SafeGuard contracted orthodontist in order for the co-payments listed in this Plan's Schedule of Benefits to apply.
- 2. Plan benefits shall cover twenty-four (24) months of usual and customary orthodontic treatment and an additional twenty-four (24) months of retention. Treatment extending beyond such time periods will be subject to a charge of \$25 per visit.
- 3. The following are not included as orthodontic benefits:
  - A. Repair or replacement of lost or broken appliances;
  - B. Retreatment of orthodontic cases;
  - C. Treatment involving:
    - i. Maxillo-facial surgery, myofunctional therapy, cleft palate, micrognathia, macroglossia;
    - ii. Hormonal imbalances or other factors affecting growth or developmental abnormalities;
    - iii. Treatment related to temporomandibular joint disorders;
    - iv. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
- 4. The retention phase of treatment shall include the construction, placement, and adjustment of retainers.
- 5. Active orthodontic treatment in progress on your effective date of coverage is not covered. Active orthodontic treatment means tooth movement has begun.