

ADA MEMBER PAYS

DESCRIPTION

DIAGNOSTIC SERVICES

D0120	PERIODIC ORAL EVALUATION EST PT	\$0
D0140	LTD ORAL EVALUATION - PROBLEM FOCUS	\$0
D0145	ORAL EVAL PT<3 AND COUNSEL	\$0
D0150	COMP ORAL EVALUATION - NEW/EST PT	\$0
D0160	DTL&EXT ORAL EVAL - PROB FOCUS RPT	\$0
D0170	RE-EVALUATION - LTD PROBLEM FOCUSED	\$0
D0171	RE-EVALUATION – POST-OPERATIVE OFFICE VISIT	\$0
D0180	COMP PERIODONTAL EVAL - NEW/EST PT	\$0
D0190	SCREENING OF A PATIENT	\$5
D0191	ASSESSMENT OF A PATIENT	\$5
D0210	INTRAORAL-COMPLETE SERIES OF RADIOGRAPHIC IMAGES	\$0
D0220	INTRAORAL PERIAPICAL FIRST RADIOGRAPHIC IMAGE	\$0
D0230	INTRAORL PERIAPICAL EA ADD RADIOGRAPHIC IMAGE	\$0
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	\$0
D0250	EXTRA-ORAL - 2D PROJECTION RADIOGRAPHIC IMAGE	\$0
D0251	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE	\$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
D0290	POSTERIOR-ANTERIOR OR LATERAL SKULL AND FACIAL SURVEY RADIOGRAPHIC IMAGE	\$0
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$0
D0340	2D CEPHALOMETRIC RADIOGRAPHIC IMAGE - ACQUISITION, MEASUREMENT AND ANALYSIS	\$10
D0364	CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW-LESS THAN ONE WHOLE JAW	\$10
D0365	CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW OF ONE FULL DENTAL ARCH-MANDIBLE	\$10
D0366	CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW OF ONE FULL DENTAL ARCH-MAXILLA	\$15
D0367	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS	\$15
D0368	CONE BEAM CT CAPTURE AND INTERPRETATION FOR TMJ SERIES INCLUDING TWO OR MORE EXPOSURES	\$20
D0391	INTERPRETATION OF DIAGNOSTIC IMAGE	\$5
D0414	LABORATORY PROCESSING OF MICROBIAL SPECIMEN TO INCLUDE CULTURE AND SENSITIVITY STUDIES, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	\$0
D0415	COLLECT MICROORAGNISMS CULT & SENS	\$0
D0416	VIRAL CULTURE	\$0
D0417	COLLECTION & PREP OF SALIVA SAMPLE	\$0
D0418	ANALYSIS OF SALIVA SAMPLE	\$0
D0425	CARIES SUSCEPTIBILITY TESTS	\$0
D0431	ADJUNCT PREDX TST NO CYTOL/BX PROC	\$0
D0460	PULP VITALITY TESTS	\$0
D0470	DIAGNOSTIC CASTS	\$0
D0472	ACCESS TISS-GROSS EXAM-PREP & REPRT	\$0
D0473	ACCESS TISS-GROSS/MICRO-PREP/REPRT	\$0
D0474	ACSS TISS GR&MIC SURG MARG PREP/RPT	\$0
D0601	CARIES RISK ASSESSMENT AND DOCUMENTATION, LOW	\$0
D0602	CARIES RISK ASSESSMENT AND DOCUMENTATION, MODERATE	\$0
D0603	CARIES RISK ASSESSMENT AND DOCUMENTATION, HIGH	\$0

PREVENTIVE SERVICES

D1110 PROPHYLAXIS - ADULT

\$0

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D1120	PROPHYLAXIS - CHILD	\$0
D1206	TOP FLUORIDE VARNISH	\$0
D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	\$0
D1310	NUTRIT CNSL CONTROL DENTAL DISEASE	\$0
D1320	TOBACCO CNSL CNTRL&PREVION ORL DZ	\$0
D1330	ORAL HYGIENE INSTRUCTIONS	\$0
D1351	SEALANT - PER TOOTH	\$0
D1352	PREV RESIN RESTORATION IN MOD HIGH CARIES RISK PATIENT- PERM TOOTH	\$0
D1353	SEALANT REPAIR – PER TOOTH	\$0
D1510	SPACE MAINTAINER - FIXED-UNILATERAL	\$0
D1515	SPACE MAINTAINER - FIXED-BILATERAL	\$0
D1520	SPACE MAINTAINER - REMOVABLE-UNI	\$0
D1525	SPACE MAINTAINER - REMOVABLE-BIL	\$0
D1550	RECEMENT OR RE-BOND SPACE MAINTAINER	\$0
D1555	REMOVAL OF FIXED SPACE MAINTAINER	\$0
D1575	DISTAL SHOE SPACE MAINTAINER – FIXED – UNILATERAL	\$0
RESTORATIVE SERVICES		
D2140	AMALGAM-ONE SURFACE PRIMARY/PERM	\$5
D2150	AMALGAM-TWO SURFACES PRIMARY/PERM	\$5
D2160	AMALGAM-3 SURFACES PRIMARY/PERM	\$10
D2161	AMALGAM-FOUR/MORE SURF PRIM/PERM	\$10
D2330	RESIN COMPOS - ONE SURFACE ANTERIOR	\$5
D2331	RESIN COMPOS - 2 SURFACES ANTERIOR	\$5
D2332	RESIN COMPOS - 3 SURFACES ANTERIOR	\$10
D2335	RSN COMPOS-4/> SURF/W/INCISAL ANG	\$10
D2390	RESIN COMPOS CROWN ANTERIOR	\$20
D2391	RESIN COMPOS - 1 SURFACE POSTERIOR	\$5
D2392	RESIN COMPOS - 2 SURFACES POSTERIOR	\$10
D2393	RESIN COMPOS - 3 SURFACES POSTERIOR	\$10
D2394	RESIN COMPOS - 4/MORE SURFACES POST	\$10
D2510	INLAY - METALLIC - ONE SURFACE	\$95
D2520	INLAY - METALLIC - TWO SURFACES	\$95
D2530	INLAY - METALLIC - 3/MORE SURFACES	\$95
D2542	ONLAY - METALLIC - TWO SURFACES	\$95
D2543	ONLAY METALLIC THREE SURFACES	\$95
D2544	ONLAY METALLIC FOUR OR MORE SURF	\$95
D2610	INLAY - PORCELN/CERAMIC - 1 SURFACE	\$35
D2620	INLAY - PORCELN/CERAMIC - 2 SURF	\$40
D2630	INLAY - PORCELN/CERAM - 3/MORE SURF	\$45
D2642	ONLAY - PORCELN/CERAMIC - 2 SURF	\$95
D2643	ONLAY - PORCELN/CERAMIC - 3 SURF	\$95
D2644	ONLAY - PORCELN/CERAM - 4/MORE SURF	\$95
D2650	INLAY-RSN COMPOS COMPOS/RSN-1 SURF	\$30
D2651	INLAY-RSN COMPOS COMPOS/RSN-2 SURF	\$35
D2652	INLAY-RSN COMPOS COMPOS/RSN-3/>SURF	\$40
D2662	ONLAY-RSN COMPOS COMPOS/RSN-2 SURF	\$30
D2663	ONLAY-RSN COMPOS COMPOS/RSN-3 SURF	\$40
D2664	ONLAY-RSN COMPOS COMPOS/RSN-4/>	\$45
D2710	CROWN RESINBASED COMPOSITE INDIRECT	\$20
D2712	CROWN 3/4 RESNBASED COMPOS INDIRECT	\$20
D2720*	CROWN - RESIN WITH HIGH NOBLE METAL	\$40
D2721	CROWN - RESIN W/PREDOM BASE METAL	\$30
D2722*	CROWN - RESIN WITH NOBLE METAL	\$30
D2740	CROWN - PORCELAIN/CERAMIC SUBSTRATE	\$100
D2750*	CROWN - PORCELN FUSED HI NOBLE METL	\$100
D2751	CROWN-PORCELN FUSD PREDOM BASE METL	\$90
D2752*	CROWN - PORCELAIN FUSED NOBLE METAL	\$100

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D2780*	CROWN - 3/4 CAST HIGH NOBLE METAL	\$95
D2781	CROWN - 3/4 CAST PREDOM BASE METL	\$90
D2782*	CROWN - 3/4 CAST NOBLE METAL	\$95
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	\$95
D2790*	CROWN - FULL CAST HIGH NOBLE METAL	\$100
D2791	CROWN - FULL CAST PREDOM BASE METL	\$90
D2792*	CROWN - FULL CAST NOBLE METAL	\$100
D2794*	CROWN TITANIUM	\$100
D2910	RECEMENT OR RE-BOND INLAY ONLAY VENEER OR PART COV REST	\$5
D2915	RECEMENT OR RE-BOND INDIRECTLY FABRICATED PREFAB POST & CORE	\$5
D2920	RECEMENT OR RE-BOND CROWN	\$5
D2921	REATTACHMENT OF TOOTH FRAGMENT	\$5
D2929	PREFABRICATED PORCELAIN CROWN- PRIMARY	\$10
D2930	PRFABR STAINLESS STEEL CROWN-PRIM	\$10
D2931	PRFABR STAINLESS STEEL CROWN-PERM	\$10
D2932	PREFABRICATED RESIN CROWN	\$10
D2933	PRFABR STNLSS STEEL CROWN RSN WNDOW	\$10
D2934	PREFAB ESTHTC COATED STNLESS STEEL CROWN - PRIMARY	\$10
D2940	SEDATIVE FILLING	\$5
D2941	INTERIM THERAPEUTIC RESTORATION – PRIMARY DENTITION	\$5
D2950	CORE BUILDUP INCLUDING ANY PINS	\$5
D2951	PIN RETN - PER TOOTH ADDITION REST	\$5
D2952	POST & CORE ADD CROWN INDIRECT FAB	\$25
D2953	EA ADD INDIRECT FAB POST SAME TOOTH	\$5
D2954	PREFABR POST&CORE ADDITION CROWN	\$10
D2955	POST REMOVAL	\$20
D2957	EA ADD PREFABR POST - SAME TOOTH	\$5
D2960	LABIAL VENEER (LAMINATE) - CHAIRSIDE	\$20
D2961	LABIAL VENEER (RESIN LAMINATE) - LABORATORY	\$40
D2962	LABIAL VENEER (PORCELAIN LAMINATE) - LABORATORY	\$40
D2971	ADD PROC NEW CROWN XST PART DENTURE	\$10
D2975	COPING	\$70
D2980	CROWN REPAIR	\$15
D2990	RESIN INFILTRATION OF INCIPIENT SMOOTH SURFACE LESIONS	\$10
ENDODONTIC SERVICES		
D3110	PULP CAP - DIRECT	\$0
D3120	PULP CAP - INDIRECT	\$0
D3220	TX PULPOT-CORONL DENTNOCEMENTL JUNC	\$0
D3221	PULPAL DEBRID PRIMARY&PERM TEETH	\$5
D3222	PARTIAL PULPOTOMY	\$0
D3230	PULPAL THERAPY - ANT PRIMARY TOOTH	\$0
D3240	PULPAL THERAPY - POST PRIMARY TOOTH	\$0
D3310	ANTERIOR	\$15
D3320	BICUSPID	\$20
D3330	MOLAR	\$60
D3331	TX RC OBSTRUCTION; NON-SURG ACCESS	\$5
D3332	INCMPL ENDO TX;INOP UNRSTR/FX TOOTH	\$0
D3333	INTRL ROOT REPAIR PERFORATION DEFEC	\$5
D3346	RETX PREVIOUS RC THERAPY - ANTERIOR	\$15
D3347	RETX PREVIOUS RC THERAPY - BICUSPID	\$20
D3348	RETX PREVIOUS RC THERAPY - MOLAR	\$35
D3351	APEXIFICAT/RECALCIFICAT - INIT VST	\$5
D3352	APEXIFICAT/RECALCIFICAT-INTERIM	\$5
D3353	APEXIFICAT/RECALCIFICAT-FINAL VISIT	\$10
D3355	PULPAL REGENERATION - INITIAL VISIT	\$5
D3356	PULPAL REGENERATION -INTERIM MEDICAMENT REPLACEMENT	\$5
D3357	PULPAL REGENERATION - COMPLETION OF TREATMENT	\$10
D3410	APICOECTOMY SURG - ANT	\$15

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D3421	APICOECTOMY SURG-BICUSPID	\$20
D3425	APICOECTOMY SURG - MOLAR	\$30
D3426	APICOECTOMY SURGERY	\$10
D3427	PERIRADICULAR SURGERY WITHOUT APICOECTOMY	\$13
D3430	RETROGRADE FILLING - PER ROOT	\$10
D3450	ROOT AMPUTATION - PER ROOT	\$12
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	\$1,950
D3910	SURG PROC ISOLAT TOOTH W/RUBBER DAM	\$5
D3920	HEMISECTION NOT INCL RC THERAPY	\$5
D3950	CANAL PREP&FIT PREFORMED DOWEL/POST	\$5
PERIODONTIC SERVICES		
D4210	GINGIVECT/PLSTY 4/>CNTIG TEETH QUAD	\$10
D4211	GINGIVECT/PLSTY 1-3CNTIG TEETH QUAD	\$5
D4212	GINGIVECT/PLSTY WITH REST PROC/TOOTH	\$0
D4240	INGL FLP 4/>CNTIG/BOUND TEETH QUAD	\$10
D4241	INGL FLP 1-3 CNTIG/BND TEETH QUAD	\$5
D4245	APICALLY POSITIONED FLAP	\$10
D4249	CLIN CROWN LEN - HARD TISSUE	\$10
D4260	OSSEOUS SURG 4/> CNTIG TEETH QUAD	\$30
D4261	OSSEOUS SURG 1-3 CNTIG TEETH QUAD	\$20
D4263	BONE REPLACEMENT GRAFT – RETAINED NATURAL TOOTH – FIRST SITE IN QUADRANT	\$15
D4263	BONE REPLCMT GRAFT - 1 SITE QUAD	\$15
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$10
D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE	\$10
D4274	MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA)	\$10
D4277	FREE SOFT TISSUE GRAFT PROCEDURE -1ST TOOTH	\$15
D4278	FREE SOFT TISSUE GRAFT PROCEDURE - ADD TOOTH	\$5
D4320	PROVISIONAL SPLINTING - INTRACORONAL	\$10
D4321	PROVISIONAL SPLINTING - EXTRACORONAL	\$5
D4341	PRDNTL SCAL&ROOT PLAN 4/>TEETH-QUAD	\$5
D4342	PRDONTAL SCAL&ROOT PLAN 1-3 TEETH	\$5
D4346	SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION – FULL MOUTH, AFTER ORAL EVALUATION	\$0
D4355	FULL MOUTH DEBRID COMP EVAL&DX	\$5
D4381	LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH	\$5
D4910	PERIODONTAL MAINTENANCE	\$0
D4920	UNSCHEDULED DRESSING CHANGE	\$0
D4921	GINGIVAL IRRIGATION - PER QUADRANT	\$0
REMOVABLE PROSTHODONTIC SERVICES		
D5110	COMPLETE DENTURE - MAXILLARY	\$140
D5120	COMPLETE DENTURE - MANDIBULAR	\$140
D5130	IMMEDIATE DENTURE - MAXILLARY	\$140
D5140	IMMEDIATE DENTURE - MANDIBULAR	\$140
D5211	MAX PARTIAL DENTURE - RESIN BASE	\$40
D5212	MAND PARTIAL DENTUR - RESIN BASE	\$40
D5213	MAX PART DENTUR-CAST METL W/RSN	\$140
D5214	MAND PART DENTUR- CAST METL W/RSN	\$140
D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE – RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$30
D5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE – RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$30
D5223	IMMEDIATE MAXILLARY PARTIAL DENTURE – CASE METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$30
D5224	IMMEDIATE MANDIBULAR PARTIAL DENTURE – CASE METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$30

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D5225	MAXILLARY PARTIAL DENTURE FLEX BASE	\$40
D5226	MANDIBULAR PART DENTURE FLEX BASE	\$40
D5281	REMOV UNI PART DENTUR-1 PC CAST METL	\$20
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$5
D5411	ADJUST COMPLETE DENTUR - MANDIBULAR	\$5
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$5
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$5
D5511	REPAIR BROKEN COMPLETE DENTURE BASE	\$10
D5512	REPAIR BROKEN COMPLETE DENTURE BASE - MAXILLARY	\$10
D5520	REPL MISS/BROKEN TEETH-CMPL DENTUR	\$5
D5611	REPAIR RESIN PARTIAL DENTURE BASE - MANDIBULAR	\$10
D5612	REPAIR RESIN PARTIAL DENTURE BASE - MAXILLARY	\$10
D5621	REPAIR CAST PARTIAL FRAMEWORK - MANDIBULAR	\$25
D5622	REPAIR CAST PARTIAL FRAMEWORK - MAXILLARY	\$25
D5630	REPAIR OR REPLACE BROKEN CLASP - PER TOOTH	\$25
D5640	REPLACE BROKEN TEETH - PER TOOTH	\$10
D5650	ADD TOOTH EXISTING PARTIAL DENTURE	\$10
D5660	ADD CLASP EXISTING PARTIAL DENTURE - PER TOOTH	\$20
D5670	REPL ALL TEETH&ACRYLC FRMEWRK MAX	\$45
D5671	REPL ALL TEETH&ACRYLC FRMEWRK MAND	\$45
D5710	REBASE COMPLETE MAXILLARY DENTURE	\$40
D5711	REBASE COMPLETE MANDIBULAR DENTURE	\$40
D5720	REBASE MAXILLARY PARTIAL DENTURE	\$30
D5721	REBASE MANDIBULAR PARTIAL DENTURE	\$30
D5730	RELIN CMPL MAXIL DENTURE CHAIRSIDE	\$25
D5731	RELIN CMPL MAND DENTURE CHAIRSIDE	\$25
D5740	RELIN MAXIL PART DENTURE CHAIRSIDE	\$20
D5741	RELIN MAND PART DENTURE CHAIRSIDE	\$20
D5750	RELIN CMPL MAXIL DENTURE LAB	\$30
D5751	RELIN CMPL MAND DENTRUE LABORATORY	\$30
D5760	RELIN MAXIL PART DENTURE LAB	\$30
D5761	RELIN MAND PART DENTURE LABORATORY	\$30
D5810	INTERIM COMPLETE DENTURE (MAXILLARY)	\$40
D5811	INTERIM COMPLETE DENTURE (MANDIBULAR)	\$40
D5820	INTERIM PARTIAL DENTURE MAXILLARY	\$30
D5821	INTERIM PARTIAL DENTURE MANDIBULAR	\$30
D5850	TISSUE CONDITIONING MAXILLARY	\$5
D5851	TISSUE CONDITIONING MANDIBULAR	\$5
D5863	OVERDENTURE - COMPLETE MAXILLARY	\$140
D5864	OVERDENTURE - COMPLETE MANDIBULAR	\$140
D5865	OVERDENTURE - PARTIAL MAXILLARY	\$140
D5866	OVERDENTURE - PARTIAL MANDIBULAR	\$140
IMPLANT SERVICES		
D6010	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT	\$1,950
D6011	SECOND STAGE IMPLANT SURGERY	\$1,950
D6013	SURGICAL PLACEMENT OF A MINI-IMPLANT	\$1,950
D6052	SEMI-PRECISION ATTACHMENT ABUTMENT	\$368
D6055	DENTAL IMPLANT SUPPORTED CONNECTING BAR	\$540
D6056	PREFABRICATED ABUTMENT - INCLUDES MOD AND PLACEMENT	\$368
D6057	CUSTOM FAB ABUTMENT - INCLUDES PLACEMENT	\$610
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	\$1,050
D6059*	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL)	\$915
D6060	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINATELY BASE METAL)	\$1,050
D6061*	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL)	\$946
D6062*	ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)	\$981

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D6063	ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINATELY BASE METAL)	\$854
D6064*	ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)	\$1,168
D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	\$1,144
D6066*	IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN	\$1,083
D6067*	IMPLANT SUPPORTED METAL CROWN	\$962
D6068	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC FPD	\$1,026
D6069	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (HIGH NOBLE METAL)	\$1,050
D6070	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (PREDOMINATELY BASE METAL)	\$965
D6071*	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (NOBLE METAL)	\$984
D6072*	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL)	\$997
D6073	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (PREDOMINATELY BASE METAL)	\$910
D6074*	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL)	\$967
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	\$1,018
D6076*	IMPLANT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD	\$992
D6077*	IMPLANT SUPPORTED RETAINER FOR CASE METAL FPD	\$962
D6080	IMPLANT MAINTENANCE PROCEDURES WHEN PROSTHESIS ARE REMOVED AND REINSERTED, INCLUDING CLEANSING OF PROSTHESES AND ABUTMENTS	\$55
D6081	SCALING AND DEBRIDEMENT IN THE PRESENCE OF INFLAMMATION OR MUCOSITIS OF A SINGLE IMPLANT, INCLUDING CLEANING OF THE IMPLANT SURFACES, WITHOUT FLAP ENTRY AND CLOSURE	\$15
D6090	REPAIR IMPLANT SUPPORTED PROSTHESIS, BY REPORT	\$135
D6091	REPLACEMENT OF SEMI-PRECISION OR PRECISION ATTACHMENT(MALE OR FEMALE COMPONENT) OF IMPLANT/ABUTMENT SUPPORTED PROSTHESIS	\$410
D6092	RECEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED CROWN	\$79
D6093	RECEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL DENTURE	\$124
D6094*	ABUTMENT SUPPORTED CROWN - TITANIUM	\$810
D6095	REPAIR IMPLANT ABUTMENT, BY REPORT	\$55
D6096	REMOVE BROKEN IMPLANT RETAINING SCREW	\$20
D6100	IMPLANT REMOVAL, BY REPORT	\$600
D6101	DEBRIDEMENT PERI IMPLANT DEFECT OR DEFECTS SURROUNDING A SINGLE IMPLANT	\$15
D6102	DEBRIDEMENT & OSSEOUS PERI IMPLANT DEFECT OR DEFECTS SURROUNDING A SINGLE IMPLANT	\$50
D6103	BONE GRAFT FOR REPAIR OF PERI IMPLANT DEFECT	\$350
D6110	IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH – MAXILLARY	\$1,840
D6111	IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH – MANDIBULAR	\$1,840
D6112	IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH – MAXILLARY	\$1,840
D6113	IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH – MANDIBULAR	\$1,840
D6118	IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR EDENTULOUS ARCH - MANDIBULAR	\$40
D6119	IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR EDENTULOUS ARCH - MAXILLARY	\$40
D6190		\$265
D6194	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD - TITANIUM	\$835
FIXED PROSTHODONTIC SERVICES		
D6205	PONTIC- INDIRECT RESIN BASED COMPOSITE	\$20
D6210*	PONTIC - CAST HIGH NOBLE METAL	\$80
D6211	PONTIC - CAST PREDOM BASE METAL	\$75
D6212*	PONTIC - CAST NOBLE METAL	\$80
D6214*	PONTIC TITANIUM	\$80

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D6240*	PONTIC-PORCELN FUSED HI NOBLE METL	\$80
D6241	PONTIC-PORCLN FUSD PREDOM BASE METL	\$75
D6242*	PONTIC - PORCELN FUSED NOBLE METAL	\$80
D6245	PONTIC - PORCELAIN/CERAMIC	\$95
D6250*	PONTIC - RESIN W/HIGH NOBLE METAL	\$25
D6251	PONTIC RESIN W/PREDOM BASE METAL	\$15
D6252*	PONTIC RESIN W/NOBLE METAL	\$15
D6253	PROVISIONAL PONTIC - FURTHER TREATMENT OR COMPLETION OF DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION	\$25
D6545	RETAINER- CASE MTL FOR RESIN FXD PROS	\$10
D6548	RET-PORC/CER FOR RESIN BONDED FIXED PROS	\$10
D6549	RESIN RETAINER – FOR RESIN BONDED FIXED PROSTHESIS	\$10
D6600	RETAINER INLAY-PORCELAIN/CERAMIC 2 SURFACES	\$40
D6601	RETAINER INLAY - PORCELN/CERAMIC 3/MORE SURF	\$45
D6602*	RETAINER INLAY - CAST HI NOBLE METAL 2 SURF	\$40
D6603*	RETAINER INLAY-CAST HI NOBLE METL 3/> SURF	\$45
D6604	RETAINER INLAY-CAST PREDOM BASE METL 2 SURF	\$40
D6605	RETAINER INLAY-CAST PREDOM BASE METL 3/>SURF	\$45
D6606*	RETAINER INLAY - CAST NOBLE METAL 2 SURFACES	\$40
D6607*	RETAINER INLAY - CAST NOBLE METL 3/MORE SURF	\$45
D6608	RETAINER ONLAY - PORCELN/CERAMIC 2 SURFACES	\$45
D6609	RETAINER ONLAY - PORCELN/CERAMIC 3/MORE SURF	\$50
D6610*	RETAINER ONLAY - CAST HI NOBLE METAL 2 SURF	\$55
D6611*	RETAINER ONLAY-CAST HI NOBLE METL 3/> SURF	\$60
D6612	RETAINER ONLAY-CAST PREDOM BASE METL 2 SURF	\$50
D6613	RETAINER ONLAY-CAST PREDOM BASE METL 3/>SURF	\$55
D6614*	RETAINER ONLAY - CAST NOBLE METAL 2 SURFACES	\$50
D6615*	RETAINER ONLAY - CAST NOBLE METL 3/MORE SURF	\$50
D6624*	RETAINER INLAY - TITANIUM	\$45
D6634*	RETAINER ONLAY - TITANIUM	\$75
D6710	RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE	\$20
D6720*	RETAINER CROWN - RESIN WITH HIGH NOBLE METAL	\$40
D6721	RETAINER CROWN - RESIN PREDOMINANTLY BASE METAL	\$30
D6722*	RETAINER CROWN - RESIN WITH NOBLE METAL	\$30
D6740	RETAINER CROWN - PORCELAIN/CERAMIC	\$100
D6750*	RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	\$100
D6751	RETAINER CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$90
D6752*	RETAINER CROWN - PORCELAIN FUSED TO NOBLE METAL	\$100
D6780*	RETAINER CROWN - 3/4 CAST HIGH NOBLE METAL	\$95
D6781	RETAINER CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	\$90
D6782*	RETAINER CROWN - 3/4 CAST NOBLE METAL	\$95
D6783	RETAINER CROWN - 3/4 PORCELAIN/CERAMIC	\$95
D6790*	RETAINER CROWN - FULL CAST HIGH NOBLE METAL	\$100
D6791	RETAINER CROWN - FULL CAST PREDOMINANTLY BASE METAL	\$90
D6792*	RETAINER CROWN - FULL CAST NOBLE METAL	\$100
D6794*	RETAINER CROWN - TITANIUM	\$100
D6920	CONNECTOR BAR	\$70
D6930	RECEMENT OR RE-BOND FIXED PARTIAL DENTURE	\$5
D6940	STRESS BREAKER	\$5
D6980	FIXED PARTIAL DENTURE REPAIR, BY REPORT	\$20
ORAL SURGERY SERVICES		
D7111	XTRCT CORONL RMNNTS DECIDUOUS TOOTH	\$5
D7140	EXTRAC ERUPTED TOOTH/EXPOSED ROOT	\$5
D7210	EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	\$5
D7220	REMOVAL IMPACT TOOTH - SOFT TISSUE	\$10
D7230	REMOVAL IMPACT TOOTH - PARTLY BONY	\$20
D7240	REMOVAL IMPACTED TOOTH - CMPL BONY	\$15

ADA	DESCRIPTION	MEMBER PAYS
D7241	REMOV IMP TOOTH-CMPL BNY W/SURG COMP	\$25
D7250	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	\$5
D7251	CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL	\$5
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	\$10
D7270	TOOTH REIMPL&/STBL ACC DISPLCD	\$10
D7280	EXPOSURE OF AN UNERUPTED TOOTH	\$10
D7280	SURGICAL ACCESS AN UNERUPTED TOOTH	\$10
D7282	MOBILZ ERUPT/MALPSTN TOOTH AID ERUP	\$5
D7285	INCISIONAL BIOPSY OF ORAL TISSUE HARD	\$5
D7286	INCISIONAL BIOPSY OF ORAL TISSUE SOFT	\$5
D7287	EXTOLIATIVE CYTOLOGICAL SAMPLE COLLECTION	\$5
D7288	BRUSH BIOPSY	\$5
D7290	SURGICAL REPOSITIONING OF TEETH	\$10
D7310	ALVEOLOPLASTY W/EXT 4/> TEETH/SPACE	\$5
D7311	ALVEOLOPLSTY CONJNC XTRCT 1-3 TEETH	\$5
D7320	ALVEOLOPLASTY NO EXT 4/> TEETH/SPAC	\$10
D7321	ALVEOLOPLSTY NOT W/XTRCT 1-3 TEETH	\$5
D7340	VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION)	\$20
D7350	VESTIBULOPLASTY - RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE REATTACHMENT, REVISION OF SOFT TISSUE ATTACHMENT	\$30
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM	\$20
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM	\$30
D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM	\$20
D7461	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM	\$30
D7471	REMOVAL OF LATERAL EXOSTOSIS	\$15
D7472	REMOVAL OF TORUS PALATINUS	\$30
D7473	REMOVAL OF TORUS MANDIBULARIS	\$15
D7485	REDUCTION OF OSSEOUS TUBEROSITY	\$25
D7485	SURGICAL RDUC OSSEOUS TUBEROSITY	\$25
D7510	I&D ABSCESS-INTRAORAL SOFT TISS	\$5
D7511	I & D ABSC INTRAORAL SOFT TISS COMP	\$5
D7520	I & D OF ABSCESS EXTRAORAL SOFT TISSUE	\$10
D7521	I & D OF ABSCESS EXTRAORAL COMPLICATED	\$10
D7530	REMO OF FORREIGN BODY - SKIN SUBCUTANEOUS	\$5
D7910	SUTURE RECENT SMALL WOUNDS UP 5 CM	\$0
D7960	FRENULECTOMY SEPARATE PROCEDURE	\$5
D7963	FRENULOPLASTY	\$5
D7970	EXC HYPERPLASTIC TISSUE-PER ARCH	\$10
D7971	EXCISION OF PERICORONAL GINGIVA	\$10
D7972	SURGICAL RDUC FIBROUS TUBEROSITY	\$20
ADJUNCTIVE GENERAL SERVICES		
D9110	PALLIATIVE TX DENTAL PAIN-MINOR PROC	\$5
D9120	FIXED PARTIAL DENTURE SECTIONING	\$15
D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	\$0
D9211	REGIONAL BLOCK ANESTHESIA	\$0
D9212	TRIGEMINAL DIVISION BLOCK ANES	\$0
D9215	LOCAL ANESTHESIA	\$0
D9219	EVALUATION FOR DEEP SEDATION OR GENERAL ANESTHESIA	\$0
D9222	DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTES	\$10
D9223	DEEP SEDATION/GENERAL ANESTHESIA - EACH 15 MINUTE INCREMENT	\$5
D9230	ANALGESIA ANXIOLYSIS, INHALATION OF NITROUS OXIDE	\$5
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANESTHESIA - FIRST 15 MINUTES	\$10
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH 15 MINUTE INCREMENT	\$5

ADA	DESCRIPTION	MEMBER PAYS
D9248	NON-INTRAVENOUS (CONSCIOUS) SEDATION, THIS INCLUDES NON-IV MINIMAL AND MODERATE SEDATION	\$5
D9310	CNSLT DX DENT/PHY NOT REQ DENT/PHY	\$0
D9430	OV OBS - NO OTH SERVICES PERFORMED	\$0
D9440	OV-AFTER REGULARLY SCHEDULED HRS	\$5
D9930	TREATMENT OF COMPLICATIONS - POST SURG.	\$0
D9940	OCCLUSAL GUARD BY REPORT	\$15
D9943	OCCLUSAL GUARD ADJUSTMENT	\$5
D9951	OCCLUSAL ADJUSTMENT - LIMITED	\$5
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	\$5
D9971	ODONTOPLASTY	\$0
D9972	EXTERNAL BLEACHING - PER ARCH PERFORMED IN OFFICE	\$125
D9995	TELEDENTISTRY - ASYNCHRONOUS; INFORMATION STORED AND FORWARDED TO DENTIST FOR SUBSEQUENT REVIEW	\$0
D9996	BROKEN APPOINTMENT	\$0
ORTHODONTIC SERVICES		
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT TRANSITIONAL DENTITION)	\$1,500
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT ADOLESCENT DENTITION	\$1,500
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT ADULT DENTITION	\$1,500
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT	\$0
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF RETAINERS)	\$150
D8695	REMOVAL OF FIXED ORTHODONTIC APPLIANCES FOR REASONS OTHER THAN COMPLETION OF TREATMENT	\$75
D8999	a START-UP FEE (INCLUDING EXAM, BEGINNING RECORDS, X-RAYS, TRACING, PHOTOS, AND MODELS)	\$350
FixedProsthesodontics		
D5992	ADJUST MAXILLOFACIAL PROSTHETIC APPLIANCE, BY REPORT	\$5