

2023 Plumbers and PipeFitters Medical Fund

Dental Fee Schedule

Out of Network Dentists reimbursed 80% of the fee shown for service listed
 Members may be charged for the difference between the dentist's charge and the reimbursement amount.

ADA Code	ADA Description	Member Pays \$	ADA Code	ADA Description	Member Pays \$
CLINICAL ORAL EVALUATIONS			ORAL PATHOLOGY LABORATORY		
D0120	Periodic Oral Evaluation - Established Patient	52	D0480	Accession Of Exfoliative Cytologic Smears, Microscopic Examination, Preparation And Transmission Of Written Report	176
D0140	Limited Oral Evaluation - Problem Focused	79	DENTAL PROPHYLAXIS		
D0145	Oral Evaluation For A Patient Under 3 Years Of Age And Counseling With Primary Caregiver	81	D1110	Prophylaxis, Adult	94
D0150	Comprehensive Oral Evaluation - New Or Established Patient	91	D1120	Prophylaxis, Child	70
D0160	Detailed And Extensive Oral Evaluation - Problem Focused, By Report	161	TOPICAL FLUORIDE TREATMENT (office procedure)		
D0170	Re-Evaluation-Limited, Problem Focused (Established Patient; Not Post-Operative Visit)	72	D1206	Topical Application Of Fluoride Varnish	49
D0180	Comprehensive Periodontal Evaluation	97	D1208	Topical Application Of Flouride - Excluding Varnish	42
RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation)			OTHER PREVENTIVE SERVICES		
D0210	Intraoral - Comprehensive Series Of Radiographic Images	136	D1310	Nutritional Counseling For The Control Of Dental Disease	68
D0220	Intraoral- Periapical First Radiographic Image	30	D1351	Sealant - Per Tooth	58
D0230	Intraoral- Periapical Each Additional Radiographic Image	25	D1354	Application of Caries Arresting Medicament - Per Tooth	8
D0240	Intraoral - Occlusal Radiographic Image	42	SPACE MAINTENANCE (passive appliances)		
D0250	Extra-oral - 2D Projection Radiographic Image Created Using A Stationary Radiation Source, And Detector	64	D1510	Space maintainer - fixed, unilateral - per quadrant	331
D0270	Bitewing - Single Radiographic Image	29	D1516	Space Maintainer - Fixed - bilateral, maxillary	580
D0272	Bitewings - Two Radiographic Images	47	D1517	Space Maintainer - Fixed - bilateral, mandibular	580
D0273	Bitewings - Three Radiographic Images	58	D1520	Space maintainer - removable, unilateral - per quadrant	398
D0274	Bitewings - Four Radiographic Images	67	D1526	Space Maintainer - Removable - bilateral, maxillary	580
D0277	Vertical Bitewings - 7 To 8 Radiographic Images	102	D1527	Space Maintainer - Removable - bilateral, mandibular	580
D0310	Sialography	374	D1551	Re-cement or re-bond bilateral space maintainer - maxillary	84
D0321	Other Temporomandibular Joint Radiographic Images, By Report	223	D1552	Re-cement or re-bond bilateral space maintainer - mandibular	84
D0322	Tomographic Survey	456	D1553	Re-cement or re-bond bilateral space maintainer - per quadrant	84
D0330	Panoramic Radiographic Image	115	D1556	Removal of fixed unilateral space maintainer - per quadrant	91
D0340	2D Cephalometric Radiographic Image - Acquisition, Measurement And Analysis	128	D1557	Removal of fixed unilateral space maintainer - maxillary	91
D0372	intraoral tomosynthesis -comprehensive series of radiographic images	136	D1558	Removal of fixed unilateral space maintainer - mandibular	91
D0373	intraoral tomosynthesis – bitewing radiographic image	29	D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant	406
D0374	intraoral tomosynthesis – periapical radiographic image	30	AMALGAM RESTORATIONS (including polishing)		
TESTS AND EXAMINATIONS			D2140	Amalgam - One Surface, Primary Or Permanent	148
D0415	Collection Of Microorganisms For Culture And Sensitivity	177	D2150	Amalgam - Two Surfaces, Primary Or Permanent	187
D0425	Caries Susceptibility Tests	92	D2160	Amalgam - Three Surfaces, Primary Or Permanent	227
D0460	Pulp Vitality Tests	58	D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	267
D0470	Diagnostic Casts	115	RESIN-BASED COMPOSITE RESTORATIONS - DIRECT		
ORAL PATHOLOGY LABORATORY					
D0472	Accession Of Tissue, Gross Examination, Preparation And Transmission Of Written Report	128			

ADA Code	ADA Description	Member Pays \$
RESIN-BASED COMPOSITE RESTORATIONS - DIRECT		
D2330	Resin-Based Composite - One Surface, Anterior	171
D2331	Resin-Based Composite - Two Surfaces, Anterior	212
D2332	Resin-Based Composite - Three Surfaces, Anterior	261
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle (Anterior)	327
D2390	Resin-Based Composite Crown, Anterior	470
D2391	Resin-Based Composite - One Surface, Posterior	188
D2392	Resin-Based Composite - Two Surfaces, Posterior	241
D2393	Resin-Based Composite - Three Surfaces, Posterior	299
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	362
GOLD FOIL RESTORATIONS		
D2410	Gold Foil - One Surface	642
D2420	Gold Foil - Two Surfaces	510
D2430	Gold Foil Three Surfaces	826
INLAY/ONLAY RESTORATIONS		
D2510	Inlay - Metallic - One Surface	793
D2520	Inlay - Metallic - Two Surfaces	936
D2530	Inlay - Metallic - Three Or More Surfaces	1000
D2542	Onlay - Metallic-Two Surfaces	1039
D2543	Onlay - Metallic - Three Surfaces	946
D2544	Onlay - Metallic - Four Or More Surfaces	1005
D2610	Inlay - Porcelain/Ceramic--One Surface	931
D2620	Inlay - Porcelain/Ceramic - Two Surfaces	782
D2630	Inlay - Porcelain/Ceramic - Three Or More Surfaces	1023
D2642	Onlay - Porcelain/Ceramic Two Surfaces	804
D2643	Onlay - Porcelain/Ceramic Three Surfaces	918
D2644	Onlay - Porcelain Ceramic Four Or More Surfaces	1060
D2650	Inlay - Resin-Based Composite -One Surface	815
D2651	Inlay-Resin-Based Composite - Two Surfaces	922
D2652	Inlay - Resin-Based Composite -Three Or More Surfaces	881
D2662	Onlay - Resin-Based Composite -Two Surfaces	645
D2663	Onlay - Resin-Based Composite -Three Surfaces	1001
D2664	Onlay - Resin-Based Composite - Four Or More Surfaces	904
CROWNS - SINGLE RESTORATIONS ONLY		
D2710	Crown-Resin-Based Composite (Indirect)	650
D2712	Crown - 3/4 Resin-Based Composite (Indirect)	824
D2720	Crown, Resin With High Noble Metal	1025
D2721	Crown, Resin With Predominantly Base Metal	812
D2722	Crown, Resin With Noble Metal	911
D2740	Crown, Porcelain/Ceramic	1121
D2750	Crown, Porcelain Fused To High Noble Metal	1080
D2751	Crown-Porcelain Fused To Predominantly Base Metal	1028
D2752	Crown, Porcelain Fused To Noble Metal	1045

ADA Code	ADA Description	Member Pays \$
CROWNS - SINGLE RESTORATIONS ONLY		
D2753	Crown - porcelain fused to titanium and titanium alloys	1472
D2780	Crown - 3/4 Cast High Noble Metal	1125
D2781	Crown - 3/4 Cast Predominantly Base Metal	1072
D2782	Crown - 3/4 Cast Noble Metal	1100
D2783	Crown - 3/4 Porcelain/Ceramic	1143
D2790	Crown, Full Cast High Noble Metal	1075
D2791	Crown - Full Cast Predominantly Base Metal	1028
D2792	Crown, Full Cast Noble Metal	1025
D2794	Crown - titanium and titanium alloys	786
D2799	Interim Crown - Further Treatment Or Completion Of Diagnosis Necessary Prior To Final Impression	443
OTHER RESTORATIVE SERVICES		
D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	115
D2915	Re-Cement Or Rebond Indirectly Fabricated Or Prefabricated Post And Core	98
D2920	Re-Cement Or Re-Bond Crown	115
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	284
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	340
D2932	Prefabricated Resin Crown	368
D2933	Prefabricated Stainless Steel Crown With Resin Window	374
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	380
D2940	Protective Restoration	126
D2950	Core Buildup Including Any Pins When Required	285
D2951	Pin Retention - Per Tooth, In Addition To Restoration	75
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	437
D2953	Each Additional Indirectly Fabricated Post - Same Tooth	312
D2954	Prefabricated Post And Core In Addition To Crown	353
D2955	Post Removal	304
D2957	Each Additional Prefabricated Post - Same Tooth	210
D2960	Labial Veneer (Resin Laminate) - direct	657
D2961	Labial Veneer (Resin Laminate)- indirect	700
D2962	Labial Veneer (Porcelain Laminate)- indirect	837
D2971	Additional Procedures To Customize a Crown to Fit Under an Existing Partial Denture Framework	204
D2980	Crown Repair Necessitated By Restorative Material Failure	302
D2981	Inlay Repair Necessitated By Restorative Material Failure	292
D2982	Onlay Repair Necessitated By Restorative Material Failure	292
PULP CAPPING		
D3110	Pulp Cap - Direct (Excluding Final Restoration)	87
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	87
PULPOTOMY		

ADA Code	ADA Description	Member Pays \$
PULPOTOMY		
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	209
D3221	Pulpal Debridement, Primary And Permanent Teeth	239
D3222	Partial Pulpotomy For Apexogenesis-Permanent Tooth With Incomplete Root Development	168
ENDODONTIC THERAPY ON PRIMARY TEETH		
D3230	Pulpal Therapy (Resorbable Filling)-Anterior, Primary Tooth (Excluding Final Restoration)	287
D3240	Pulpal Therapy (Resorbable Filling)-Posterior, Primary Tooth (Excluding Final Restoration)	319
ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow-up care)		
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	786
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	895
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	1028
D3331	Treatment Of Root Canal Obstruction; Non-Surgical Access	602
D3332	Incomplete Endodontic Therapy; Inoperable Unrestorable Or Fractured Tooth	466
D3333	Internal Root Repair Of Perforation Defects	354
ENDODONTIC RETREATMENT		
D3346	Retreatment Of Previous Root Canal Therapy - Anterior	833
D3347	Retreatment Or Previous Root Canal Therapy - Premolar	925
D3348	Retreatment Of Previous Root Canal Therapy - Molar	1014
APEXIFICATION/RECALCIFICATION PROCEDURES		
D3351	Apexification/Recalcification - Initial Visit (Apical Closure / Calcific Repair Of Perforations, Root Resorption, Etc.)	580
D3352	Apexification/Recalcification - Interim Medication Replacement (Apical Closure/Calcific Repair Of Perforations, Root Resorption, Pulpal Space Disinfection, Etc.)	244
D3353	Apexification/Recalcification-Final Visit (Includes Completed Root Canal Therapy-Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.)	558
D3355	Pulpal Regeneration - Initial Visit	322
D3356	Pulpal Regeneration - Interim Medication Replacement	244
D3357	Pulpal Regeneration - Completion Of Treatment	183
APICTECTOMY/PERIRADICULAR SERVICES		
D3410	Apicoectomy - Anterior	718
D3421	Apicoectomy - Premolar (First Root)	793
D3425	Apicoectomy - Molar (First Root)	815
D3426	Apicoectomy (Each Additional Root)	421
D3430	Retrograde Filling - Per Root	293
D3450	Root Amputation - Per Root	507
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	474
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	619

ADA Code	ADA Description	Member Pays \$
APICTECTOMY/PERIRADICULAR SERVICES		
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	764
OTHER ENDODONTIC PROCEDURES		
D3910	Surgical Procedure For Isolation Of Tooth With Rubber Dam	238
D3920	Hemisection (Including Any Root Removal) Not Including Root Canal Therapy	427
D3950	Canal Preparation And Fitting Of Preformed Dowel Or Post	267
SURGICAL SERVICES (including usual postoperative care)		
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	655
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	301
D4212	Gingivectomy Or Gingivoplasty To Allow Access For Restorative Procedure, Per Tooth	214
D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	777
D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	651
D4249	Clinical Crown Lengthening-Hard Tissue	954
D4260	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) – Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	1462
D4261	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) – One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	918
D4263	Bone Replacement Graft - Retained Natural Tooth - First Site In Quadrant	618
D4264	Bone Replacement Graft - Retained Natural Tooth - Each Additional Site In Quadrant	528
D4265	Biologic Materials To Aid In Soft And Osseous Tissue Regeneration, per site	570
D4266	Guided Tissue Regeneration, natural teeth - Resorbable Barrier, Per Site	760
D4267	Guided Tissue Regeneration, natural teeth - Nonresorbable Barrier, Per Site, (Includes Membrane Removal)	627
D4268	Surgical Revision Procedure, Per Tooth	839
D4270	Pedicle Soft Tissue Graft Procedure	893
D4273	Autogenous Connective Tissue Graft Procedure (Including Donor And Recipient Surgical Sites) First Tooth, Implant, Or Edentulous Tooth Position In Graft	834
D4274	Mesial/Distal Wedge Procedure, Single Tooth (When Not Performed In Conjunction With Surgical Procedures In The Same Anatomical Area)	707
D4275	Non-Autogenous Connective Tissue Graft Procedure (Including Recipient Surgical Site And Donor Material) First Tooth, Implant, Or Edentulous Tooth Position In Graft	1015
D4276	Combined Connective Tissue And Pedicle Graft, Per Tooth	1138
D4277	Free Soft Tissue Graft Procedure (Including Recipient And Donor Surgical Sites), First Tooth, Implant, Or Edentulous Tooth Position In A Graft	538

ADA Code	ADA Description	Member Pays \$	ADA Code	ADA Description	Member Pays \$
SURGICAL SERVICES (including usual postoperative care)			PARTIAL DENTURES (including routine post-delivery care)		
D4278	Free Soft Tissue Graft Procedure (Including Recipient And Donor Surgical Sites), Each Additional Contiguous Tooth, Implant, Or Edentulous Tooth Position In Same Graft Site	179	D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	2116
D4283	Autogenous Connective Tissue Graft Procedure (Including Donor And Recipient Surgical Sites) - Each Additional Contiguous Tooth, Implant, Or Edentulous Tooth Position In Same Graft Site	278	D5225	Maxillary Partial Denture - Flexible Base (Including retentive/clasping materials, Rests And Teeth)	1901
D4285	Non-Autogenous Connective Tissue Graft Procedure (Including Recipient Surgical Site And Donor Material) - Each Additional Contiguous Tooth, Implant, Or Edentulous Tooth Position In Same Graft Site	289	D5226	Mandibular Partial Denture - Flexible Base (Including retentive/clasping materials, Rests And Teeth)	1837
D7509	marsupialization of odontogenic cyst	711	D5227	Immediate Maxillary Partial Denture - Flexible Base (including any clasps, rests, and teeth)	1647
NON-SURGICAL PERIODONTAL SERVICES			D5228	Immediate Mandibular Partial Denture - Flexible Base (including any clasps, rests and teeth)	1647
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	266	D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary	997
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	193	D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular	997
D4346	Scaling In Presence Of Generalized Moderate Or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation	127	D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant	997
D4355	Full Mouth Debridement To Enable a Comprehensive Periodontal Evaluation And Diagnosis on a Subsequent Visit	191	D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant	997
D4381	Localized Delivery Of Antimicrobial Agents Via Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth	79	ADJUSTMENTS TO DENTURES		
OTHER PERIODONTAL SERVICES			D5410	Adjust Complete Denture - Maxillary	93
D4910	Periodontal Maintenance	145	D5411	Adjust Complete Denture - Mandibular	93
D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist Or Their Staff)	104	D5421	Adjust Partial Denture - Maxillary	93
COMPLETE DENTURES (including routine post delivery care)			D5422	Adjust Partial Denture - Mandibular	93
D5110	Complete Denture - Maxillary	1200	REPAIRS TO COMPLETE DENTURES		
D5120	Complete Denture - Mandibular	1190	D5511	Repair Broken Complete Denture Base, Mandibular	228
D5130	Immediate Denture - Maxillary	1190	D5512	Repair Broken Complete Denture Base, Maxillary	228
D5140	Immediate Denture - Mandibular	1225	D5520	Replace Missing Or Broken Teeth-Complete Denture (Each Tooth)	195
PARTIAL DENTURES (including routine post-delivery care)			REPAIRS TO PARTIAL DENTURES		
D5211	Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests And Teeth)	1187	D5611	Repair Resin Partial Denture Base, Mandibular	210
D5212	Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests And Teeth)	1087	D5612	Repair Resin Partial Denture Base, Maxillary	210
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1190	D5621	Repair Cast Partial Framework, Mandibular	240
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1225	D5622	Repair Cast Partial Framework, Maxillary	240
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	1608	D5630	Repair Or Replace Broken Retentive Clasping Materials - Per Tooth	278
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	1608	D5640	Replace Broken Teeth-Per Tooth	194
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	2116	D5650	Add Tooth To Existing Partial Denture	236
			D5660	Add Clasp To Existing Partial Denture - Per Tooth	284
			D5670	Replace All Teeth And Acrylic On Cast Metal Framework (Maxillary)	770
			D5671	Replace All Teeth And Acrylic On Cast Metal Framework (Mandibular)	780
			DENTURE REBASE PROCEDURES		
			D5710	Rebase Complete Maxillary Denture	604
			D5711	Rebase Complete Mandibular Denture	604
			D5720	Rebase Maxillary Partial Denture	587
			D5721	Rebase Mandibular Partial Denture	587
			D5725	Rebase Hybrid Prosthesis	634

ADA Code	ADA Description	Member Pays \$
DENTURE REBASE PROCEDURES		
D5765	Soft Liner for Complete or Partial Removable Denture - Indirect	562
DENTURE RELINE PROCEDURES		
D5730	Reline Complete Maxillary Denture (direct)	388
D5731	Reline Complete Mandibular Denture (direct)	388
D5740	Reline Maxillary Partial Denture (direct)	377
D5741	Reline Mandibular Partial Denture (direct)	383
D5750	Reline Complete Maxillary Denture (indirect)	496
D5751	Reline Complete Mandibular Denture (indirect)	495
D5760	Reline Maxillary Partial Denture (indirect)	486
D5761	Reline Mandibular Partial Denture (indirect)	488
D5810	Interim Complete Denture (Maxillary)	860
D5811	Interim Complete Denture (Mandibular)	501
D5820	Interim Partial Denture (including retentive/clasping materials, rests and teeth),	706
D5821	Interim Partial Denture (including retentive/clasping materials, rests and teeth), mandibular	720
OTHER REMOVABLE PROSTHETIC SERVICES		
D5850	Tissue Conditioning, Maxillary	211
D5851	Tissue Conditioning, Mandibular	212
D5863	Overdenture - Complete Maxillary	861
D5864	Overdenture - Partial Maxillary	852
D5865	Overdenture - Complete Mandibular	861
D5866	Overdenture - Partial Mandibular	852
IMPLANT SUPPORTED PROSTHETICS		
D6058	Implant Abutment Supported Porcelain/Ceramic Crown	1561
D6059	Implant Abutment Supported Procelain Fused To Metal Crown (High Noble Metal)	1531
D6060	Implant Abutment Supported Procelain Fused To Metal Crown (Predominantly Base Metal)	1306
D6061	Implant Abutment Supported Porcelain Fused To Metal Crown (Noble Metal)	1428
D6062	Implant Abutment Supported Cast Metal Crown (High Noble Metal)	1355
D6063	Implant Abutment Supported Cast Metal Crown (Predominantly Base Metal)	1117
D6064	Implant Abutment Supported Cast Metal Crown (Noble Metal)	1560
D6065	Implant Supported Procelain/Ceramic Crown	1580
D6066	Implant Supported Crown - Porcelain fused to high noble alloys	1658
D6067	Implant Supported Crown - high noble alloys	1365
D6082	Implant supported crown - porcelain fused to predominantly base alloys	1430
D6083	Implant supported crown - porcelain fused to noble alloys	1472
D6084	Implant supported crown - porcelain fused to titanium and titanium alloys	1472
D6086	Implant supported crown - predominantly base alloys	1329
D6087	Implant supported crown - noble alloys	1449
D6088	Implant supported crown - titanium and titanium alloys	1449
D6094	Abutment Supported Crown - titanium and titanium alloys	1178
D6097	Abutment supported crown - porcelain fused to titanium and titanium alloys	1472

ADA Code	ADA Description	Member Pays \$
OTHER IMPLANT SERVICES		
D6092	Re-Cement Or Re-Bond Implant/Abutment Supported Crown	166
D6093	Re-Cement Or Re-Bond Implant/Abutment Supported Fixed Partial Denture	171
FIXED PARTIAL DENTURE PONTICS		
D6205	Pontic - Indirect Resin Based Composite	790
D6210	Pontic-Cast High Noble Metal	1046
D6211	Pontic-Cast Predominantly Base Metal	975
D6212	Pontic-Cast Noble Metal	1000
D6214	Pontic - titanium and titanium alloys	694
D6240	Pontic-Porcelain Fused To High Noble Metal	1075
D6241	Pontic-Porcelain Fused To Predominantly Base Metal	1025
D6242	Pontic-Porcelain Fused To Noble Metal	1040
D6243	Pontic - porcelain fused to titanium and titanium alloys	1299
D6245	Pontic - Procelain/Ceramic	1150
D6250	Pontic, Resin With High Noble Metal	1050
D6251	Pontic, Resin With Predominantly Base Metal	778
D6252	Pontic, Resin With Noble Metal	989
D6253	Interim Pontic - Further Treatment Or Completion Of Diagnosis Necessary Prior To Final Impression	722
FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS		
D6545	Retainer-Cast Metal For Resin Bonded Fixed Prosthesis	200
D6548	Retainer - Porcelain/Ceramic For Resin Bonded Fixed Prosthesis	990
D6549	Resin Retainer - For Resin Bonded Fixed Prosthesis	542
D6600	Retainer Inlay - Porcelain/Ceramic, Two Surfaces	1066
D6601	Retainer Inlay - Porcelain/Ceramic, Three Or More Surfaces	1080
D6602	Retainer Inlay - Cast High Noble Metal, Two Surfaces	1056
D6603	Retainer Inlay - Cast High Noble Metal, Three Or More Surfaces	1085
D6604	Retainer Inlay - Cast Predominantly Base Metal, Two Surfaces	1023
D6605	Retainer Inlay - Cast Predominantly Base Metal, Three Or More Surfaces	1087
D6606	Retainer Inlay - Cast Noble Metal, Two Surfaces	1032
D6607	Retainer Inlay - Cast Noble Metal, Three Or More Surfaces	1080
D6608	Retainer Onlay - Porcelain/Ceramic, Two Surfaces	1096
D6609	Retainer Onlay - Porcelain/Ceramic, Three Or More Surfaces	1172
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces	1103
D6611	Retainer Onlay - Cast High Noble Metal, Three Or More Surfaces	1201
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	1073
D6613	Retainer Onlay - Cast Predominantly Base Metal, Three Or More Surfaces	1146
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	1084
D6615	Retainer Onlay - Cast Noble Metal, Three Or More Surfaces	1157

ADA Code	ADA Description	Member Pays \$
FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS		
D6624	Retainer Inlay - Titanium	794
D6634	Retainer Onlay - Titanium	1026
FIXED PARTIAL DENTURE RETAINERS - CROWNS		
D6710	Retainer Crown - Indirect Resin Based Composite	914
D6720	Retainer Crown, Resin With High Noble Metal	1097
D6721	Retainer Crown, Resin With Predominantly Base Metal	990
D6722	Retainer Crown, Resin With Noble Metal	955
D6740	Retainer Crown - Porcelain/Ceramic	1151
D6750	Retainer Crown, Porcelain Fused To High Noble Metal	1085
D6751	Retainer Crown - Porcelain Fused To Predominantly Base Metal	1025
D6752	Retainer Crown, Porcelain Fused To Noble Metal	1042
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	1472
D6780	Retainer Crown, 3/4 Cast High Noble Metal	826
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	1079
D6782	Retainer Crown - 3/4 Cast Noble Metal	1097
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	1143
D6784	Retainer crown 3/4 - titanium and titanium alloys	1275
D6790	Retainer Crown, Full Cast High Noble Metal	1053
D6791	Retainer Crown, Full Cast Predominantly Base Metal	1000
D6792	Retainer Crown, Full Cast Noble Metal	925
D6794	Retainer crown - titanium and titanium alloys	1117
OTHER FIXED PARTIAL DENTURE SERVICES		
D6920	Connector Bar	1034
D6930	Re-Cement Or Re-Bond Fixed Partial Denture	178
D6940	Stress Breaker	445
D6950	Precision Attachment	676
D6980	Fixed Partial Denture Repair Necessitated By Restorative Material Failure	406
D6985	Pediatric Partial Denture, Fixed	956
EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)		
D7111	Extraction, Coronal Remnants - Primary Tooth	142
D7140	Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)	183
SURGICAL EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)		
D3921	Decoronation or Submergence of an Erupted Tooth	270
D7210	Extraction, Erupted Tooth Requiring Removal Of Bone And/Or Sectioning Of Tooth, And Including Elevation Of Mucoperiosteal Flap If Indicated	293
D7220	Removal Of Impacted Tooth - Soft Tissue	368
D7230	Removal Of Impacted Tooth - Partially Bony	414
D7240	Removal Of Impacted Tooth - Completely Bony	497
D7241	Removal Of Impacted Tooth - Completely Bony, With Unusual Surgical Complications	696
D7250	Removal Of Residual Tooth Roots (Cutting Procedure)	341

ADA Code	ADA Description	Member Pays \$
SURGICAL EXTRACTIONS (includes local anesthesia, suturing, if needed and routine postoperative care)		
D7251	Coronectomy-Intentional Partial Tooth Removal, impacted teeth only	615
D7260	Oroantral Fistula Closure	585
D7261	Primary Closure Of A Sinus Perforation	791
OTHER SURGICAL PROCEDURES		
D3471	Surgical repair of root resorption – anterior	474
D3472	Surgical repair of root resorption – premolar	619
D3473	Surgical repair of root resorption – molar	764
D7270	Tooth Reimplantation And/Or Stabilization Of Accidentally Evulsed Or Displaced Tooth	577
D7272	Tooth Transplantation (Includes Reimplantation From One Site To Another And Splinting And/Or Stabilization)	776
D7280	Exposure Of An Unerupted Tooth	491
D7282	Mobilization Of Erupted Or Malpositioned Tooth To Aid Eruption	520
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	254
D7285	Incisional Biopsy Of Oral Tissue-Hard (Bone, Tooth)	438
D7286	Incisional Biopsy Of Oral Tissue-Soft	403
D7291	Transseptal Fiberotomy/Supra Crestal Fiberotomy, By Report	126
ALVEOLOPLASTY (surgical preparation of ridge for dentures)		
D7310	Alveoplasty In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	341
D7320	Alveoplasty Not In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	390
D7321	Alveoplasty Not In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant	366
VESTIBULOPLASTY		
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)	829
D7350	Vestibuloplasty - Ridge Extension (Including Soft Tissue Grafts, Muscle Reattachment, Revision Of Soft Tissue Attachment, And Management Of Hypertrophied And Hyperplastic Tissue)	901
EXCISION OF SOFT TISSUE LESIONS		
D7415	Excision Of Malignant Lesion, Complicated	1062
D7440	Excision Of Malignant Tumor - Lesion Diameter Up To 1.25 Cm	632
SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS		
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Lesion Diameter Up To 1.25 Cm	341
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Lesion Diameter Greater Than 1.25 Cm	531
EXCISION OF BONE TISSUE		
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	695
D7472	Removal Of Torus Palatinus	821
D7473	Removal Of Torus Mandibularis	804
D7485	Reduction Of Osseous Tuberosity	758
SURGICAL INCISION		

ADA Code	ADA Description	Member Pays \$
SURGICAL INCISION		
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	278
D7511	Incision And Drainage Of Abscess - Intraoral Soft Tissue - Complicated (Includes Drainage Of Multiple Fascial Spaces)	534
TREATMENT OF CLOSED FRACTURES		
D7670	Alveolus - Closed Reduction, May Include Stabilization Of Teeth (Simple)	562
D7671	Alveolus - Open Reduction, May Include Stabilization Of Teeth	653
TREATMENT OF OPEN FRACTURES		
D7770	Alveolus - Open Reduction Stabilization Of Teeth (Compound)	1436
D7771	Alveolus - Closed Reduction Stabilization Of Teeth	880
REDUCTION OF DISLOCATION AND MANAGEMENT OF OTHER TEMPOROMANDIBULAR JOINT DYSFUNCTIONS		
D7880	Occlusal Orthotic Device, By Report	1101
REPAIR OF TRAUMATIC WOUNDS		
D7911	Complicated Suture - Up To 5 Cm	517
OTHER REPAIR PROCEDURES		
D7961	Buccal / labial frenectomy (frenulectomy)	404
D7962	Lingual frenectomy (frenulectomy)	404
D7963	Frenuloplasty	188
D7971	Excision Pericoronal Gingival	309
D7972	Surgical Reduction Of Fibrous Tuberosity	767
UNCLASSIFIED TREATMENT		
D9110	Palliative Treatment Of Dental Pain-per visit	132
ANESTHESIA		
D9210	Local Anesthesia (Not In Conjunction With Operative Or Surgical Procedures)	75
D9211	Regional Block Anesthesia	96
D9212	Trigeminal Division Block Anesthesia	262
D9215	Local Anesthesia In Conjunction With Operative Or Surgical Procedures	65
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	348
D9223	Deep Sedation/General Anesthesia - Each Subsequent 15 Minute Increment	320
D9230	Inhalation Of Nitrous Oxide/Anxiolysis, Analgesia	77
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes	290
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute Increment	267
D9248	Non-Intravenous Conscious Sedation	321
PROFESSIONAL CONSULTATION		
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician Other Than Requesting Dentist Or Physician	131
DRUGS		
D9610	Therapeutic Parenteral Drug, Single Administration	108
D9630	Drugs Or Medicaments Dispensed In The Office For Home Use	35
MISCELLANEOUS SERVICES		
D9910	Application Of Desensitizing Medicament	63

ADA Code	ADA Description	Member Pays \$
MISCELLANEOUS SERVICES		
D9911	Application Of Desensitizing Resin For Cervical And/Or Root Surface, Per Tooth	79
D9930	Treatment Of Complications (Post-Surgical) Unusual Circumstances, By Report	134
D9944	Occlusal Guard - hard appliance, full arch	683
D9945	Occlusal Guard - Soft Appliance, Full Arch	240
D9946	Occlusal Guard - hard appliance, partial arch	435
D9950	Occlusion Analysis (Mounted Case)	367
D9951	Occlusal Adjustment (Limited)	186
D9952	Occlusal Adjustment (Complete)	951

***Please refer to the Summary Plan Description for a detailed description of benefits.**

***Non-network dentists may bill the member for any difference between their charge and the reimbursement amount (also known as balance billing).**