UnitedHealthcare® Direct Compensation (DC) Contributory CA250/covered dental services

dental plan CA D1065

ADA DESCRIPTION MEMBER PAYS

	ADA	DESCRIPTION	MEMBER PAYS
_	DIAGN	OSTIC SERVICES	
	D0120	PERIODIC ORAL EVALUATION EST PT	\$0
	D0140	LTD ORAL EVALUATION - PROBLEM FOCUS	\$0
		ORAL EVAL PT<3 AND COUNSEL	\$0
	D0150	COMP ORAL EVALUATION - NEW/EST PT	\$0
		DTL&EXT ORAL EVAL - PROB FOCUS RPT	\$0
		RE-EVALUATION - LTD PROBLEM FOCUSED	\$0
	D0171	RE-EVALUATION – POST-OPERATIVE OFFICE VISIT	\$0
		COMP PERIODONTAL EVAL - NEW/EST PT	\$ 0
		SCREENING OF A PATIENT	\$0
	D0404		\$0
	D0210	INTRAORAL PERIAPICAL FIRST 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
		EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE	\$0
	D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	\$ 0
		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
		POSTERIOR-ANTERIOR OR LATERAL SKULL AND FACIAL SURVEY	\$0
		RADIOGRAPHIC IMAGE	**
	D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$0
	D0340	2D CEPHALOMETRIC RADIOGRAPHIC IMAGE - ACQUISITION, MEASUREMENT	\$0
	D0364	AND ANALYSIS	ФО.
	D0304	CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW-LESS THAN ONE WHOLE JAW	\$0
	D0365	CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF	\$0
		VIEW OF ONE FULL DENTAL ARCH-MANDIBLE	ΨΨ
	D0366	CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF	\$0
		VIEW OF ONE FULL DENTAL ARCH-MAXILLA	
	D0367	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF	\$0
	D0368	BOTH JAWS CONE BEAM CT CAPTURE AND INTERPRETATION FOR TMJ SERIES	ΦO
	D0300	INCLUDING TWO OR MORE EXPOSURES	\$0
	D0391		\$0
		SIMULATION USING 3D IMAGES	\$0
		DIGITAL SUBTRACTION OF IMAGES	\$0
		FUSION OF TWO OR MORE 3D IMAGES	\$0
		LABORATORY PROCESSING OF MICROBIAL SPECIMEN TO INCLUDE	\$0
		CULTURE AND SENSITIVITY STUDIES, PREPARATION AND TRANSMISSION OF	ΨΟ
		WRITTEN REPORT	
		COLLECT MICROORAGNISMS CULT & SENS	\$0
		VIRAL CULTURE	\$0
		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
		ACCESS TISS-GROSS EXAM-PREP & REPRT	\$0
		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
		CARIES RISK ASSESSMENT AND DOCUMENTATION, MODERATE	\$0
	_ 3002	5. WILE MONTHS ESSMENT AND DOCUMENTATION, MODERATE	ΨΟ

ADA	DESCRIPTION	MEMBER PAYS	
D0603	CARIES RISK ASSESSMENT AND DOCUMENTATION, HIGH	\$0	
	NTIVE SERVICES		
	PROPHYLAXIS - ADULT	\$0	
	PROPHYLAXIS - CHILD	\$0	
	TOP FLUORIDE VARNISH	\$0	
	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	\$0	
	NUTRIT CNSL CONTROL DENTAL DISEASE	\$0	
	TOBACCO CNSL CNTRL&PREVION ORL DZ	\$0	
	ORAL HYGIENE INSTRUCTIONS SEALANT - PER TOOTH	\$0 \$0	
	PREV RESIN RESTORATION IN MOD HIGH CARIES RISK PATIENT- PERM	\$0 \$0	
D 1332	TOOTH	ΦΟ	
D1353	SEALANT REPAIR – PER TOOTH	\$0	
D1510	SPACE MAINTAINER - FIXED-UNILATERAL	\$0	
D1516	SPACE MAINTAINER - FIXED-BILATERAL, MAXILLARY	\$0	
D1517	SPACE MAINTAINER - FIXED-BILATERAL, MANDIBULAR	\$0	
	SPACE MAINTAINER - REMOVABLE-UNI	\$0	
	SPACE MAINTAINER - REMOVABLE-BILATERAL, MAXILLARY	\$0	
D1527	SPACE MAINTAINER - REMOVABLE-BILATERAL, MANDIBULAR	\$0	
	RECEMENT OR RE-BOND SPACE MAINTAINER	\$0	
	REMOVAL OF FIXED SPACE MAINTAINER	\$0	
	DISTAL SHOE SPACE MAINTAINER – FIXED – UNILATERAL	\$0	
	PRATIVE SERVICES		
	AMALGAM-ONE SURFACE PRIMARY/PERM	\$0	
	AMALGAM-TWO SURFACES PRIMARY/PERM	\$0	
	AMALGAM-3 SURFACES PRIMARY/PERM	\$0	
	AMALGAM-FOUR/MORE SURF PRIM/PERM	\$0	
	RESIN COMPOS - ONE SURFACE ANTERIOR	\$0	
	RESIN COMPOS - 2 SURFACES ANTERIOR	\$0	
	RESIN COMPOS - 3 SURFACES ANTERIOR	\$0	
	RSN COMPOS-4/> SURF/W/INCISAL ANG	\$0	
	RESIN COMPOS CROWN ANTERIOR	\$0	
	RESIN COMPOS - 1 SURFACES POSTERIOR	\$0 *0	
	RESIN COMPOS - 2 SURFACES POSTERIOR RESIN COMPOS - 3 SURFACES POSTERIOR	\$0 ©0	
	RESIN COMPOS - 3 SURFACES POST ERIOR RESIN COMPOS - 4/MORE SURFACES POST	\$0 \$0	
	INLAY - METALLIC - ONE SURFACE	\$0 \$0	
	INLAY - METALLIC - ONE SURFACES	\$0 \$0	
	INLAY - METALLIC - 1/WO SORT ACES	\$0 \$0	
	ONLAY - METALLIC - TWO SURFACES	\$0	
	ONLAY METALLIC THREE SURFACES	\$0	
	ONLAY METALLIC FOUR OR MORE SURF	\$ 0	
	INLAY - PORCELN/CERAMIC - 1 SURFACE	\$0	
	INLAY - PORCELN/CERAMIC - 2 SURF	\$0	
	INLAY - PORCELN/CERAM - 3/MORE SURF	\$ 0	
	ONLAY - PORCELN/CERAMIC - 2 SURF	\$ 0	
D2643	ONLAY - PORCELN/CERAMIC - 3 SURF	\$0	
D2644	ONLAY - PORCELN/CERAM - 4/MORE SURF	\$0	
D2650	INLAY-RSN COMPOS COMPOS/RSN-1 SURF	\$0	
D2651	INLAY-RSN COMPOS COMPOS/RSN-2 SURF	\$0	
D2652	INLAY-RSN COMPOS COMPOS/RSN-3/>SURF	\$0	
D2662	ONLAY-RSN COMPOS COMPOS/RSN-2 SURF	\$0	
	ONLAY-RSN COMPOS COMPOS/RSN-3 SURF	\$0	
	ONLAY-RSN COMPOS COMPOS/RSN-4/>	\$0	
	CROWN RESINBASED COMPOSITE INDIRECT	\$0	
	CROWN 3/4 RESNBASED COMPOS INDIRECT	\$0	
	CROWN - RESIN WITH HIGH NOBLE METAL	\$0	
	CROWN - RESIN W/PREDOM BASE METAL	\$0	
D2722*	CROWN - RESIN WITH NOBLE METAL	\$0	

Sali Fla	andisco nealth Service System-Actives (Effective Date 01/01/2019)	
ADA	DESCRIPTION	MEMBER PAYS
D2740	CROWN - PORCELAIN/CERAMIC SUBSTRATE	\$0
	CROWN - PORCELN FUSED HI NOBLE METL	\$0
	CROWN-PORCELN FUSD PREDOM BASE METL	\$0
	CROWN - PORCELAIN FUSED NOBLE METAL	\$0
	CROWN - 3/4 CAST HIGH NOBLE METAL	\$0
	CROWN - 3/4 CAST PREDOM BASE METL	\$0
	CROWN - 3/4 CAST NOBLE METAL	\$0
	CROWN - 3/4 PORCELAIN/CERAMIC	\$0
	CROWN - FULL CAST HIGH NOBLE METAL	\$0
	CROWN - FULL CAST PREDOM BASE METL	\$0
	CROWN - FULL CAST NOBLE METAL	\$0
	CROWN TITANIUM	\$0
	RECEMENT OR RE-BOND INLAY ONLAY VENEER OR PART COV REST	·
		\$0 *0
	RECEMENT OR RE-BOND INDIRECTLY FABRICATED PREFAB POST & CORE	\$ 0
	RECEMENT OR RE-BOND CROWN	\$0
	REATTACHMENT OF TOOTH FRAGMENT	\$0
	PREFABRICATED PORCELAIN CROWN- PRIMARY	\$0
	PRFABR STAINLESS STEEL CROWN-PRIM	\$0
	PRFABR STAINLESS STEEL CROWN-PERM	\$0
D2932	PREFABRICATED RESIN CROWN	\$0
D2933	PRFABR STNLSS STEEL CROWN RSN WNDOW	\$0
D2934	PREFAB ESTHTC COATED STNLESS STEEL CROWN - PRIMARY	\$0
D2940	SEDATIVE FILLING	\$0
D2941	INTERIM THERAPEUTIC RESTORATION – PRIMARY DENTITION	\$0
	CORE BUILDUP INCLUDING ANY PINS	\$0
	PIN RETN - PER TOOTH ADDITION REST	\$0
	POST & CORE ADD CROWN INDIRECT FAB	\$0
	EA ADD INDIRECT FAB POST SAME TOOTH	\$0
	PREFABR POST&CORE ADDITION CROWN	\$0
	POST REMOVAL	\$0 \$0
	EA ADD PREFABR POST - SAME TOOTH	\$0 ***
	LABIAL VENEER (LAMINATE) - CHAIRSIDE	\$0
	LABIAL VENEER (RESIN LAMINATE) - LABORATORY	\$0
	LABIAL VENEER (PORCELAIN LAMINATE) - LABORATORY	\$0
	ADD PROC NEW CROWN XST PART DENTURE	\$0
	COPING	\$0
	CROWN REPAIR	\$0
D2990	RESIN INFILTRATION OF INCIPIENT SMOOTH SURFACE LESIONS	\$0
ENDOD	OONTIC SERVICES	
D3110	PULP CAP - DIRECT	\$0
D3120	PULP CAP - INDIRECT	\$0
D3220	TX PULPOT-CORONL DENTNOCEMENTL JUNC	\$0
	PULPAL DEBRID PRIMARY&PERM TEETH	\$0
	PARTIAL PULPOTOMY	\$0
	PULPAL THERAPY - ANT PRIMARY TOOTH	\$0
	PULPAL THERAPY - POST PRIMARY TOOTH	\$0
	ANTERIOR	\$0
	BICUSPID	\$0
	MOLAR	\$0
		·
	TX RC OBSTRUCTION; NON-SURG ACCESS	\$ 0
	INCMPL ENDO TX;INOP UNRSTR/FX TOOTH	\$ 0
	INTRL ROOT REPAIR PERFORATION DEFEC	\$0
	RETX PREVIOUS RC THERAPY - ANTERIOR	\$0
	RETX PREVIOUS RC THERAPY - BICUSPID	\$0
	RETX PREVIOUS RC THERAPY - MOLAR	\$0
	APEXIFICAT/RECALCIFICAT - INIT VST	\$0
	APEXIFICAT/RECALCIFICAT-INTERIM	\$0
	APEXIFICAT/RECALCIFICAT-FINAL VISIT	\$0
	PULPAL REGENERATION - INITIAL VISIT	\$0
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ADA	DESCRIPTION	MEMBER PAYS	
D3356	PULPAL REGENERATION -INTERIM MEDICAMENT REPLACEMENT	\$0	
D3357	PULPAL REGENERATION - COMPLETION OF TREATMENT	\$0	
D3410	APICOECTOMY SURG - ANT	\$0	
D3421	APICOECTOMY SURG-BICUSPID	\$0	
D3425	APICOECTOMY SURG - MOLAR	\$0	
D3426	APICOECTOMY SURGERY	\$0	
D3427	PERIRADICULAR SURGERY WITHOUT APICOECTOMY	\$0	
D3428	BONE GRAFT WITH PERIRADICULAR SURGERY D PER TOOTH	\$0	
D3429	BONE GRAFT WITH PERIRADICULAR SURGERY D EACH ADDITIONAL TOOTH	\$0	
D3430	RETROGRADE FILLING - PER ROOT	\$0	
D3431	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION	\$0	
D3432	GUIDED TISSUE REGENERATION, RESORBABLE BARRIER, PER SITE	\$0	
D3450	ROOT AMPUTATION - PER ROOT	\$0	
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	\$1,950	
D3910	SURG PROC ISOLAT TOOTH W/RUBBER DAM	\$0	
D3920	HEMISECTION NOT INCL RC THERAPY	\$0	
D3950	CANAL PREP&FIT PREFORMED DOWEL/POST	\$0	
PERIO	DONTIC SERVICES		
D4210	GINGIVECT/PLSTY 4/>CNTIG TEETH QUAD	\$0	
	GINGIVECT/PLSTY 1-3CNTIG TEETH QUAD	\$0	
	GINGIVECT/PLSTY WITH REST PROC/TOOTH	\$0	
	GINGL FLP 4/>CNTIG/BOUND TEETH QUAD	\$0	
	GINGL FLP 1-3 CNTIG/BND TEETH QUAD	\$0	
	APICALLY POSITIONED FLAP	\$0	
	CLIN CROWN LEN - HARD TISSUE	\$0	
	OSSEOUS SURG 4/> CNTIG TEETH QUAD	\$0	
	OSSEOUS SURG 1-3 CNTIG TEETH QUAD	\$0	
D4263	BONE REPLCMT GRAFT - 1 SITE QUAD	\$0	
	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$0	
	MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME	\$0	
D4277	ANATOMICAL AREA) FREE SOFT TISSUE GRAFT PROCEDURE -1ST TOOTH	\$0	
	FREE SOFT TISSUE GRAFT PROCEDURE - ADD TOOTH	\$0 \$0	
	PROVISIONAL SPLINTING - INTRACORONAL	\$0 \$0	
	PROVISIONAL SPLINTING - INTRACORONAL	\$0 \$0	
	PRDNTL SCAL&ROOT PLAN 4/>TEETH-QUAD	\$0 \$0	
	PRDONTAL SCAL&ROOT PLAN 1-3 TEETH	\$0 \$0	
	SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL	\$0 \$0	
	INFLAMMATION – FULL MOUTH, AFTER ORAL EVALUATION FULL MOUTH DEBRID COMP EVAL&DX	\$0	
	LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED	\$0	
	RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH	\$0	
	PERIODONTAL MAINTENANCE	\$0 \$0	
	UNSCHEDULED DRESSING CHANGE	\$0 \$0	
	GINGIVAL IRRIGATION - PER QUADRANT /ABLE PROSTHODONTIC SERVICES	ΨΟ	
_	COMPLETE DENTURE - MAXILLARY	\$ 0	
		\$0 \$0	
	COMPLETE DENTURE - MANDIBULAR IMMEDIATE DENTURE - MAXILLARY	\$0 \$0	
	IMMEDIATE DENTURE - MAXILLARY IMMEDIATE DENTURE - MANDIBULAR	\$0 \$0	
	MAX PARTIAL DENTURE - RESIN BASE	\$0 \$0	
	MAX PARTIAL DENTURE - RESIN BASE MAND PARTIAL DENTUR - RESIN BASE	\$0 \$0	
	MAX PART DENTUR - RESIN BASE MAX PART DENTUR-CAST METL W/RSN	\$0 \$0	
	MAND PART DENTUR- CAST METL W/RSN	\$0 \$0	
DJZ 14	INIMIND FAILT DEINTUR- CAST INIETE WINSIN	\$0	

ADA	DESCRIPTION	MEMBER PAYS	
D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE – RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$0	
D5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE – RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$0	
D5223	IMMEDIATE MAXILLARY PARTIAL DENTURE – CASE METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$0	
D5224	IMMEDIATE MANDIBULAR PARTIAL DENTURE – CASE METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$0	
D5225	MAXILLARY PARTIAL DENTURE FLEX BASE	\$0	
D5226	MANDIBULAR PART DENTURE FLEX BASE	\$0	
	REMV UNI PART DENTUR-1 PC CAST METL - MAXILLARY	\$0	
D5283	REMV UNI PART DENTUR-1 PC CAST METL - MANDIBULAR	\$0	
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$0	
D5411	ADJUST COMPLETE DENTUR - MANDIBULAR	\$0	
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$0	
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$0	
D5511	REPAIR BROKEN COMPLETE DENTURE BASE	\$0	
D5512	REPAIR BROKEN COMPLETE DENTURE BASE - MAXILLARY	\$0	
D5520	REPL MISS/BROKEN TEETH-CMPL DENTUR	\$0	
D5611	REPAIR RESIN PARTIAL DENTURE BASE - MANDIBULAR	\$0	
D5612	REPAIR RESIN PARTIAL DENTURE BASE - MAXILLARY	\$0	
D5621	REPAIR CAST PARTIAL FRAMEWORK - MANDIBULAR	\$0	
D5622	REPAIR CAST PARTIAL FRAMEWORK - MAXILLARY	\$0	
D5630	REPAIR OR REPLACE BROKEN CLASP - PER TOOTH	\$0	
D5640	REPLACE BROKEN TEETH - PER TOOTH	\$0	
D5650	ADD TOOTH EXISTING PARTIAL DENTURE	\$0	
D5660	ADD CLASP EXISTING PARTIAL DENTURE - PER TOOTH	\$0	
	REPL ALL TEETH&ACRYLC FRMEWRK MAX	\$0	
	REPL ALL TEETH&ACRYLC FRMEWRK MAND	\$0	
	REBASE COMPLETE MAXILLARY DENTURE	\$0	
	REBASE COMPLETE MANDIBULAR DENTURE	\$0	
	REBASE MAXILLARY PARTIAL DENTURE	\$0	
	REBASE MANDIBULAR PARTIAL DENTURE	\$0	
	RELINE CMPL MAXIL DENTURE CHAIRSIDE	\$0	
	RELINE CMPL MAND DENTURE CHAIRSIDE	\$0	
	RELINE MAXIL PART DENTURE CHAIRSIDE	\$0	
	RELINE MAND PART DENTURE CHAIRSIDE	\$0	
	RELINE CMPL MAXIL DENTURE LAB	\$0	
	RELINE CMPL MAND DENTRUE LABORATORY	\$0	
	RELINE MAXIL PART DENTURE LAB	\$0	
	RELINE MAND PART DENTURE LABORATORY	\$0	
	INTERIM COMPLETE DENTURE (MAXILLARY)	\$0	
	INTERIM COMPLETE DENTURE (MANDIBULAR)	\$0	
	INTERIM PARTIAL DENTURE MAXILLARY	\$0	
	INTERIM PARTIAL DENTURE MANDIBULAR	\$0	
	TISSUE CONDITIONING MAXILLARY	\$0	
	TISSUE CONDITIONING MANDIBULAR	\$0	
	OVERDENTURE - COMPLETE MAXILLARY	\$0	
	OVERDENTURE - COMPLETE MANDIBULAR	\$0	
	OVERDENTURE - PARTIAL MANDIRU AR	\$0 \$0	
	OVERDENTURE - PARTIAL MANDIBULAR	\$0 #0	
	ADD METAL SUBSTRUCTURE TO ACRYLIC FULL DENTURE, PER ARCH	\$0 #0	
	PERIODONTAL MEDICAMENT CARRIER WITH PERIPHERAL SEAL	\$0	
	NT SERVICES	04.050	
	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT	\$1,950 \$1,050	
	SECOND STAGE IMPLANT SURGERY	\$1,950	
13טטן	SURGICAL PLACEMENT OF A MINI-IMPLANT	\$1,950	

ADA	DESCRIPTION	MEMBER PAYS	
	SEMI-PRECISION ATTACHMENT ABUTMENT DENTAL IMPLANT SUPPORTED CONNECTING BAR	\$368 \$540	
	PREFABRICATED ABUTMENT - INCLUDES MOD AND PLACEMENT	\$368	
	CUSTOM FAB ABUTMENT - INCLUDES PLACEMENT	\$610	
	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	\$1,050	
	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH	· ·	
D0039	NOBLE METAL)	\$915	
D6060	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINATELY BASE METAL)	\$1,050	
D6061*	ABUTMENT SUPPORTED PORCÉLAIN FUSED TO METAL CROWN (NOBLE METAL)	\$946	
D6062*	ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)	\$981	
	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	
	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 PROSTHESIES 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	\$0	
D6090	REPAIR IMPLANT SUPPORTED PROSTHESIS, BY REPORT	\$135	
		\$410	
D6092	RECEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED CROWN	\$79	
	RECEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL DENTURE	\$124	
D6094*	ABUTMENT SUPPORTED CROWN - TITANIUM	\$810	
D6095	REPAIR IMPLANT ABUTMENT, BY REPORT	\$55	
	REMOVE BROKEN IMPLANT RETAINING SCREW	\$0	
	IMPLANT REMOVAL, BY REPORT	\$600	
	DEBRIDEMENT PERI IMPLANT DEFECT OR DEFECTS SURROUNDING A SINGLE IMPLANT	\$0	
D6102	DEBRIDEMENT & OSSEOUS PERI IMPLANT DEFECT OR DEFECTS SURROUNDING A SINGLE IMPLANT	\$0	
D6103	BONE GRAFT FOR REPAIR OF PERI IMPLANT DEFECT	\$350	
	BONE GRAFT IMPLANT REPLACEMENT	\$0	
	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	\$1,840	

ADA	DESCRIPTION	MEMBER PAYS	
	EDENTULOUS ARCH – MANDIBULAR		_
D6118	IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR	\$0	
	EDENTULOUS ARCH - MANDIBULAR		
D6119	IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR	\$0	
D6190	EDENTULOUS ARCH - MAXILLARY RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT	\$265	
	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD-TITANIUM	\$835	
	PROSTHODONTIC SERVICES	4000	
	PONTIC- INDIRECT RESIN BASED COMPOSITE	\$0	
	PONTIC - CAST HIGH NOBLE METAL	\$0	
	PONTIC - CAST PREDOM BASE METAL	\$0	
D6212*	PONTIC - CAST NOBLE METAL	\$0	
	PONTIC TITANIUM	\$0	
	PONTIC-PORCELN FUSED HI NOBLE METL	\$0	
	PONTIC-PORCLN FUSD PREDOM BASE METL	\$0	
	PONTIC - PORCELN FUSED NOBLE METAL	\$0	
	PONTIC - PORCELAIN/CERAMIC	\$0	
	PONTIC - RESIN W/HIGH NOBLE METAL	\$0	
	PONTIC RESIN W/PREDOM BASE METAL	\$0	
	PONTIC RESIN W/NOBLE METAL	\$0 \$0	
	PROVISIONAL PONTIC - FURTHER TREATMENT OR COMPLETION OF	\$0	
	DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION	ΨΟ	
	RETAINER- CASE MTL FOR RESIN FXD PROS	\$0	
	RET-PORC/CER FOR RESIN BONDED FIXED PROS	\$0	
D6549	RESIN RETAINER – FOR RESIN BONDED FIXED PROSTHESIS	\$0	
D6600	RETAINER INLAY-PORCELAIN/CERAMIC 2 SURFACES	\$0	
	RETAINER INLAY - PORCELN/CERAMIC 3/MORE SURF	\$0	
	RETAINER INLAY - CAST HI NOBLE METAL 2 SURF	\$0	
	RETAINER INLAY-CAST HI NOBLE METL 3/> SURF	\$0	
	RETAINER INLAY-CAST PREDOM BASE METL 2 SURF	\$0	
	RETAINER INLAY-CAST PREDOM BASE METL 3/>SURF	\$0	
	RETAINER INLAY - CAST NOBLE METAL 2 SURFACES	\$0	
	RETAINER INLAY - CAST NOBLE METL 3/MORE SURF	\$0	
	RETAINER ONLAY - PORCELN/CERAMIC 2 SURFACES	\$0	
D6609	RETAINER ONLAY - PORCELN/CERAMIC 3/MORE SURF	\$0	
	RETAINER ONLAY - CAST HI NOBLE METAL 2 SURF	\$0	
	RETAINER ONLAY-CAST HI NOBLE METL 3/> SURF	\$0	
	RETAINER ONLAY-CAST PREDOM BASE METL 2 SURF	\$0	
D6613	RETAINER ONLAY-CAST PREDOM BASE METL 3/>SURF	\$0	
D6614*	RETAINER ONLAY - CAST NOBLE METAL 2 SURFACES	\$0	
	RETAINER ONLAY - CAST NOBLE METL 3/MORE SURF	\$0	
	RETAINER INLAY - TITANIUM	\$0	
D6634*	RETAINER ONLAY - TITANIUM	\$0	
D6710	RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE	\$0	
D6720*	RETAINER CROWN - RESIN WITH HIGH NOBLE METAL	\$0	
D6721	RETAINER CROWN - RESIN PREDOMINANTLY BASE METAL	\$0	
D6722*	RETAINER CROWN - RESIN WITH NOBLE METAL	\$0	
D6740	RETAINER CROWN - PORCELAIN/CERAMIC	\$0	
D6750*	RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	\$0	
D6751	RETAINER CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$0	
D6752*	RETAINER CROWN - PORCELAIN FUSED TO NOBLE METAL	\$0	
D6780*	RETAINER CROWN - 3/4 CAST HIGH NOBLE METAL	\$0	
D6781	RETAINER CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	\$0	
D6782*	RETAINER CROWN - 3/4 CAST NOBLE METAL	\$0	
D6783	RETAINER CROWN - 3/4 PORCELAIN/CERAMIC	\$0	
D6790*	RETAINER CROWN - FULL CAST HIGH NOBLE METAL	\$0	
D6791	RETAINER CROWN - FULL CAST PREDOMINANTLY BASE METAL	\$0	
D6792*	RETAINER CROWN - FULL CAST NOBLE METAL	\$0	
D6794*	RETAINER CROWN - TITANIUM	\$0	

D6820 CONNECTOR BAR S0 D6840 STRESS BREAKER S0 D6840 STRESS BREAKER S0 D6840 STRESS BREAKER S0 D6840 STRESS BREAKER S0 D6850 FIXED PARTIAL DENTURE PART S0 D6850 FIXED PARTIAL DENTURE PART S0 D7410 STRESS BREAKER S0 D7411 XTREC OGROUL RINNITS DECIDUOUS TOOTH S0 D7410 EXTRAC ERUPTED TOOTH EXUROSED ROOT S0 D7410 EXTRAC ERUPTED TOOTH EXUROSED ROOT S0 D7410 EXTRAC ERUPTED TOOTH FACIURING REMOVAL OF BONE ANDIOR S0 SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FINDICATED FINDICATED S0 D7230 REMOVAL IMPACT TOOTH - SOFT TISSUE S0 D7240 REMOVAL IMPACT TOOTH - PARTLY BONY S0 D7241 REMOVAL IMPACT TOOTH - PARTLY BONY S0 D7241 REMOVAL IMPACT TOOTH - PARTLY BONY S0 D7251 CORRODOR CONTACT S0 PRIMARY CLOSURE OF A SINUS PERFORATION S0 D7255 CORRODOR CONTACT S0 PRIMARY CLOSURE OF A SINUS PERFORATION S0 D7267 CORRODOR CONTACT S0 D7267 CORRODOR CONTACT S0 D7267 CORRODOR CONTACT S0 D7267 CORRODOR CONTACT S0 D7268 D726	ADA	DESCRIPTION	MEMBER PAYS	
D8980 STRESS BREAKER 90	D692	0 CONNECTOR BAR	\$0	
D8886 FIXED PARTIAL DENTURE REPAIR, BY REPORT SO	D693	0 RECEMENT OR RE-BOND FIXED PARTIAL DENTURE	\$0	
ORAL SURGERY SERVICES 50 07111 XTRC CORON. RMINITS DECIDIOUS TO TH 50 07120 EXTRAC ERUPTED TOOTH EXPOSED ROOT 50 07210 EXTRACTION. ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED 50 07220 REMOVAL IMPACT TOOTH - SOFT TISSUE 50 07230 REMOVAL IMPACT TOOTH - SOFT TISSUE 50 07240 REMOVAL IMPACT TOOTH - SOFT TISSUE 50 07241 PERM IMP TOOTH ALPH BIN WISING COMP 50 07241 PERM IMP TOOTH ALPH BIN WISING COMP 50 07241 PERM IMP TOOTH ALPH BIN WISING COMP 50 07241 PERM IMP TOOTH ALPH BIN WISING COMP 50 07241 PERM IMP TOOTH ALPH BIN WISING COMP 50 07241 PERM IMP TOOTH ALPH BIN WISING COMP 50 07241 PERM IMP TOOTH ALPH BIN WISING COMP 50 07241 PERM IMP TOOTH ALPH BIN WISING COMP 50 07281 PRIMARY CLOSURE OF A SINUS PERFORATION 50 07282 PERMICAL ACCESS AN UNERUPTED TOOTH 50 07283 PRIMARY CLOSURE OF A SINUS PERFORATION 50 07285 MOBILIZ ERUPTIMALPSTN TOOTH ALD ERUP 50 07286 MOSIGIONAL BIOPSY OF ORAL TISSUE SOFT 50 </td <td>D694</td> <td>0 STRESS BREAKER</td> <td>\$0</td> <td></td>	D694	0 STRESS BREAKER	\$0	
D7111 XTRCT CORONL RAMINTS DECIDIOUS TOOTH \$0	D698	FIXED PARTIAL DENTURE REPAIR, BY REPORT	\$0	
D7740 EXTRAC ERUPTED TOOTH EXPOSED ROOT S0	ORA	L SURGERY SERVICES		
P27210 EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	D711	1 XTRCT CORONL RMNNTS DECIDUOUS TOOTH	\$0	
SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL	D714	0 EXTRAC ERUPTED TOOTH/EXPOSED ROOT	\$0	
D7290 REMOVAL IMPACT TOOTH - PARTLY BONY 90 107240 REMOVAL IMPACT TOOTH - PARTLY BONY 90 107240 REMOVAL IOPACTED TOOTH - CMPL BONY 90 97241 REMV IMP TOOTH-CMPL BNY WISURG COMP 90 90 97251 REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE) 90 97251 CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL 90 97251 PRIMARY CLOSURE OF A SINUS PERFORATION 90 97270 TOOTH REIMPLASTEL ACC DISPLICED 90 90 97270 TOOTH REIMPLASTEL ACC DISPLICED 90 90 97282 MOBILE PRUPTHAL PSTA TOOTH ALD REUP 90 90 97282 MOBILE PRUPTHAL PSTA TOOTH ALD REUP 90 90 97285 INCISIONAL BIOPSY OF ORAL TISSUE HARD 90 97286 INCISIONAL BIOPSY OF ORAL TISSUE BOST 90 90 90 90 90 90 90 9	D721	SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL	\$0	
D7240 REMOVAL IMPACTED TOOTH - CMPL BONY \$0 D7241 REMV IMP TOOTH-CMPL BNY WISURG COMP \$0 D7250 REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE) \$0 D7261 CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL \$0 D7261 PORMANY CLOSURGE OF A SINUS PERFORATION \$0 D7270 TOOTH REIMPLAYSTEL ACC DISPLCD \$0 D7270 TOOTH REIMPLAYSTEL ACC DISPLCD \$0 D7280 SURGICAL ACCESS AN UNERUPTED TOOTH \$0 D7285 INCISIONAL BIOPSY OF ORAL TISSUE HARD \$0 D7286 INCISIONAL BIOPSY OF ORAL TISSUE SOFT \$0 D7287 EXTOLIATIVE CYTOLOGICAL SAMPLE COLLECTION \$0 D7288 BIRSUB BIOPSY \$0 D7290 SURGICAL REPOSITIONING OF TEETH \$0 D7310 ALVEOLOPLASTY WIEXT 4/> TEETHISPACE \$0 D7311 ALVEOLOPLASTY ON EXT 4/> TEETHISPACE \$0 D7321 ALVEOLOPLASTY ON EXT 4/> TEETHISPACE \$0 D7322 ALVEOLOPLASTY ON EXT 4/> TEETHISPACE \$0 D7332 VESTIBULOPLASTY - RIDGE EXTENSION (SE	D722	0 REMOVAL IMPACT TOOTH - SOFT TISSUE	\$0	
D7241 REMV IMP TOOTH-CMPL BINY WISURG COMP \$0 D7250 REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE) \$0 D7261 CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL \$0 D72761 PRIMARY CLOSURE OF A SINUS PERFORATION \$0 D72770 TOOTH REIMPLISTEL ACC DISPLED \$0 D7282 MOBILE ZERUPTIMALE STIN TOOTH AID ERUP \$0 D7283 INCISIONAL BIOPSY OF ORAL TISSUE SOFT \$0 D7285 INCISIONAL BIOPSY OF ORAL TISSUE SOFT \$0 D7286 INCISIONAL BIOPSY OF ORAL TISSUE SOFT \$0 D7287 EXTOLIATIVE CYTOLOGICAL SAMPLE COLLECTION \$0 D7288 BRUSH BIOPSY \$0 D7299 SURGICAL REPOSITIONING OF TEETH \$0 D7310 ALVEOLOPLASTY WIEXT 4/P TEETH/SPACE \$0 D7311 ALVEOLOPLASTY WIEXT 47-TEETH/SPAC \$0 D7320 ALVEOLOPLASTY NO EXT 4/P TEETH/SPAC \$0 D7331 ALVEOLOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION) \$0 D7332 VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION) \$0	D723	0 REMOVAL IMPACT TOOTH - PARTLY BONY	\$0	
D7250 REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE) \$0 D7251 CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL \$0 D7261 PRIMARY CLOSURE OF A SINUS PERFORATION \$0 D7270 TOOTH REIMPLASTEL ACC DISPLCD \$0 D7280 SURGICAL ACCESS AN UNERUPTED TOOTH \$0 D7281 MOBILZ ERUPTIMALPSTN TOOTH AID ERUP \$0 D7285 INCISIONAL BIOPSY OF ORAL TISSUE HARD \$0 D7286 INCISIONAL BIOPSY OF ORAL TISSUE SOFT \$0 D7287 EXTOLIATIVE CYTOLOGICAL SAMPLE COLLECTION \$0 D7288 BRUSH BIOPSY \$0 D7310 ALVEOLOPLASTY WIEXT 4½* TEETH/SPACE \$0 D7311 ALVEOLOPLASTY WIEXT 4½* TEETH/SPACE \$0 D7312 ALVEOLOPLASTY NOT WIXTRCT 1-3 TEETH \$0 D7320 ALVEOLOPLASTY NOT WIXTRCT 1-3 TEETH \$0 D7340 VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION) \$0 D7350 VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION) \$0 D7450 REMOVAL OF BERINGO DONTOGENIC CYST OR TUMOR - LESION DIAMETER \$0 <	D724	0 REMOVAL IMPACTED TOOTH - CMPL BONY	\$0	
07251 CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL \$0 07261 PRIMARY CLOSURE OF A SINUS PERFORATION \$0 07270 TOOTH REIMPL&/STBL ACC DISPLCD \$0 07282 MORIDIZ ERUPTIMALPSTH TOOTH AID ERUP \$0 07283 INCISIONAL BIOPSY OF ORAL TISSUE HARD \$0 07286 INCISIONAL BIOPSY OF ORAL TISSUE SOFT \$0 07287 EXTOLIATIVE CYTOLOGICAL SAMPLE COLLECTION \$0 07289 SURGICAL REPOSITIONING OF TEETH \$0 07290 SURGICAL REPOSITIONING OF TEETH \$0 07310 ALVEOLOPLASTY WEXT 4/P TEETH/SPACE \$0 07311 ALVEOLOPLASTY OR CONINC XTRECT 1-3 TEETH \$0 07320 ALVEOLOPLASTY NO TWIXTRCT 1-3 TEETH \$0 07321 ALVEOLOPLASTY OF WITH AIP TEETH/SPACE \$0 07321 ALVEOLOPLASTY NO TWIXTRCT 1-3 TEETH \$0 07321 ALVEOLOPLASTY NO TWIXTRCT 1-3 TEETH \$0 07321 ALVEOLOPLASTY RIDGE EXTENSION (SECONDARY EPITHELIALIZATION) \$0 07330 VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION) \$0 <	D724	1 REMV IMP TOOTH-CMPL BNY W/SURG COMP	\$0	
D7261 PRIMARY CLOSURE OF A SINUS PERFORATION \$0			\$0	
D7270 TOOTH REIMPL&ISTIL ACC DISPLCD S0 D7280 SURGICAL ACCESS AN UNERUPTED TOOTH S0 D7282 MOBILZ ERUPTIMALPSTIN TOOTH AID ERUP S0 D7285 INCISIONAL BIOPSY OF ORAL TISSUE HARD S0 D7286 INCISIONAL BIOPSY OF ORAL TISSUE SOFT S0 D7286 INCISIONAL BIOPSY OF ORAL TISSUE SOFT S0 D7287 EXTOLIATIVE CYTOLOGICAL SAMPLE COLLECTION S0 D7280 RUSH BIOPSY S0 D7280 RUSH BIOPSY S0 D7290 SURGICAL REPOSITIONING OF TEETH S0 D7290 SURGICAL REPOSITIONING OF TEETH S0 D7311 ALVEOLOPLASTY WIEXT 4/> TEETH/SPACE S0 D7312 ALVEOLOPLASTY NO EXT 4/> TEETH/SPACE S0 D7312 ALVEOLOPLASTY NO EXT 4/> TEETH/SPACE S0 D7324 ALVEOLOPLASTY NO EXT 4/> TEETH/SPACE S0 D7324 ALVEOLOPLASTY NO TIVIXTRCT 1-3 TEETH S0 D7324 ALVEOLOPLASTY NOT WIXTRCT 1-3 TEETH S0 D7324 ALVEOLOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION) S0 S0 S0 S0 S0 S0 S0 S			\$0	
D7280 SURGICAL ACCESS AN UNERUPTED TOOTH \$0 D7285 MOBILZ ERUPT/MALPSTN TOOTH AID ERUP \$0 D7286 INCISIONAL BIOPSY OF ORAL TISSUE HARD \$0 D7287 EXTOLIATIVE CYTOLOGICAL SAMPLE COLLECTION \$0 D7288 BRUSH BIOPSY \$0 D7289 SURGICAL REPOSITIONING OF TEETH \$0 D7310 ALVEOLOPLASTY WIEXT 4/> TEETH/SPACE \$0 D7311 ALVEOLOPLASTY WIEXT 4/> TEETH/SPACE \$0 D7311 ALVEOLOPLASTY NO EXT 4/> TEETH/SPACE \$0 D7321 ALVEOLOPLASTY NO EXT 4/> TEETH/SPAC \$0 D7340 VESTIBULOPLASTY - RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE REATTACHMENT, REVISION OF SOFT TISSUE ATTACHMENT \$0 D7340 VESTIBULOPLASTY - RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE REATTACHMENT, REVISION OF SOFT TISSUE ATTACHMENT \$0 D7450 REMOVAL OF BERING NODONTOGENIC CYST OR TUMOR - LESION DIAMETER \$0 D7461			\$0	
D7282 MOBILZ ERUPTIMALPSTN TOOTH AID ERUP \$0 D7285 INCISIONAL BIOPSY OF ORAL TISSUE HARD \$0 D7286 INCISIONAL BIOPSY OF ORAL TISSUE SOFT \$0 D7287 EXTOLIATIVE CYTOLOGICAL SAMPLE COLLECTION \$0 D7288 BRUSH BIOPSY \$0 D7299 SURGICAL REPOSITIONING OF TEETH \$0 D7310 ALVEOLOPLASTY WIEXT 4/> TEETH/SPACE \$0 D7311 ALVEOLOPLASTY CONINC XTRCT 1-3 TEETH \$0 D7320 ALVEOLOPLASTY ON EXT 4/> TEETH/SPACE \$0 D7321 ALVEOLOPLASTY VINCET 1-3 TEETH \$0 D7320 ALVEOLOPLASTY VINCET 1-3 TEETH \$0 D7340 VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION) \$0 D7350 VESTIBULOPLASTY \$0				
D7285 INCISIONAL BIOPSY OF ORAL TISSUE SOFT \$0 D7286 INCISIONAL BIOPSY OF ORAL TISSUE SOFT \$0 D7287 EXTOLIATIVE CYTOLOGICAL SAMPLE COLLECTION \$0 D7288 BRUSH BIOPSY \$0 D7310 ALVEOLOPLASTY WIEXT 4/> TEETH/SPACE \$0 D7311 ALVEOLOPLASTY WIEXT 4/> TEETH/SPAC \$0 D7321 ALVEOLOPLASTY NO EXT 4/> TEETH/SPAC \$0 D7322 ALVEOLOPLASTY NO EXT 4/> TEETH/SPAC \$0 D7323 ALVEOLOPLASTY NO EXT 4/> TEETH/SPAC \$0 D7330 VESTIBULOPLASTY - RIDGE EXTENSION (ISCUODARY EPITHELIALIZATION) \$0 D7350 VESTIBULOPLASTY - RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE REATTACHMENT, REVISION OF SOFT TISSUE ATTACHMENT \$0 D7450 REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER \$0 D7451 REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER \$0 D7461 REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION \$0 D7471 REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION \$0 D7471 REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION \$0				
D7286 INCISIONAL BIOPSY OF ORAL TISSUE SOFT \$0 D7287 EXTOLIATIVE CYTOLOGICAL SAMPLE COLLECTION \$0 D7288 BISUBH BIOPSY \$0 D7290 SURGICAL REPOSITIONING OF TEETH \$0 D7310 ALVEOLOPLASTY WIEXT 4/> TEETH/SPACE \$0 D7311 ALVEOLOPLASTY CONJNC XTRCT 1-3 TEETH \$0 D7320 ALVEOLOPLASTY NO EXT 4/> TEETH/SPAC \$0 D7321 ALVEOLOPLASTY NO TWATCT 1-3 TEETH \$0 D7320 VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION) \$0 D7340 VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION) \$0 D7350 VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION) \$0 D7350 VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION) \$0 D7350 VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION) \$0 D7360 VESTIBULOPLASTY - ROTH TART EXCENDARY \$0 D7361 REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER \$0 D7461 REMOVAL OF BENIGN NONDONTOGENIC CYST OR TUMOR - LESION DIAMETER \$0 D7461				
D7287 EXTOLIATIVE CYTOLOGICAL SAMPLE COLLECTION \$0 D7288 BRUSH BIOPSY \$0 D7310 ALVEOLOPLASTY WEXT 4/> TEETH/SPACE \$0 D7311 ALVEOLOPLASTY WO EXT 4/> TEETH/SPACE \$0 D7321 ALVEOLOPLSTY CONJNC XTRCT 1-3 TEETH \$0 D7321 ALVEOLOPLSTY NOT WIXTRCT 1-3 TEETH \$0 D7321 ALVEOLOPLSTY NOT WIXTRCT 1-3 TEETH \$0 D7321 ALVEOLOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION) \$0 D7320 VESTIBULOPLASTY - RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, \$0 MUSCLE REATTACHMENT, REVISION OF SOFT TISSUE ATTACHMENT \$0 D7450 REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER \$0 D7451 REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER \$0 D7451 REMOVAL OF BENIGN NONDODNTOGENIC CYST OR TUMOR - LESION \$0 D7471 REMOVAL OF BENIGN NONDODNTOGENIC CYST OR TUMOR - LESION \$0 D7471 REMOVAL OF BENIGN NONDODNTOGENIC CYST OR TUMOR - LESION \$0 D7472 REMOVAL OF LATERAL EXOSTOSIS \$0 D7473 REMOVAL OF LATERAL EXOSTOSIS				
D7288 BRUSH BIOPSY \$0 D7290 SURGICAL REPOSITIONING OF TEETH \$0 D7311 ALVEOLOPLASTY WIEXT 4/> TEETH/ISPACE \$0 D7311 ALVEOLOPLASTY CONJNC XTRCT 1-3 TEETH \$0 D7321 ALVEOLOPLASTY NO EXT 4/> TEETH/SPAC \$0 D7321 ALVEOLOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION) \$0 D7340 VESTIBULOPLASTY - RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE REATTACHMENT, REVISION OF SOFT TISSUE ATTACHMENT \$0 D7450 VESTIBULOPLASTY - RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE REATTACHMENT \$0 D7451 REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM \$0 D7451 REMOVAL OF BENIGN ONODONTOGENIC CYST OR TUMOR - LESION \$0 D7461 REMOVAL OF DENIGN NONODONTOGENIC CYST OR TUMOR - LESION \$0 D7471 REMOVAL OF DENIGN NONODONTOGENIC CYST OR TUMOR - LESION \$0 D7471 REMOVAL OF LATERAL EXOSTOSIS \$0 D7471 REMOVAL OF TORUS PALATINUS \$0 D7472 REMOVAL OF TORUS MANDIBULARIS \$0 D7485 SURGICAL RDUC OSSEOUS TUBEROSITY \$0 <td></td> <td></td> <td>•</td> <td></td>			•	
D7290 SURGICAL REPOSITIONING OF TEETH \$0 D7310 ALVEOLOPLASTY WIEXT 4/> TEETH/SPACE \$0 D7320 ALVEOLOPLASTY CONJNC XTRCT 1-3 TEETH \$0 D7320 ALVEOLOPLSTY NOT WIXTRCT 1-3 TEETH \$0 D7321 ALVEOLOPLSTY NOT WIXTRCT 1-3 TEETH \$0 D7340 VESTIBULOPLASTY - RIDGE EXTENSION (ISCCONDARY EPITHELIALIZATION) \$0 D7350 VESTIBULOPLASTY - RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE RATTACHMENT) \$0 D7451 REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER \$0 D7451 REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER \$0 D7460 REMOVAL OF BENIGN NONDODNTOGENIC CYST OR TUMOR - LESION \$0 D1461 REMOVAL OF BENIGN NONDODNTOGENIC CYST OR TUMOR - LESION \$0 D7461 REMOVAL OF BENIGN NONDODNTOGENIC CYST OR TUMOR - LESION \$0 D7471 REMOVAL OF DENIGN NONDODNTOGENIC CYST OR TUMOR - LESION \$0 D7471 REMOVAL OF TORUS PALATINUS \$0 D7472 REMOVAL OF TORUS PALATINUS \$0 D7473 REMOVAL OF TORUS PALATINUS \$0 D747				
D7310 ALVEOLOPLASTY WEXT 4/> TEETH/SPACE \$0 D7311 ALVEOLOPLSTY CONNO XTRCT 1-3 TEETH \$0 D7321 ALVEOLOPLASTY NO EXT 4/> TEETH/SPAC \$0 D7321 ALVEOLOPLASTY NO EXT 4/> TEETH/SPAC \$0 D7340 VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION) \$0 D7350 VESTIBULOPLASTY - RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE REATTACHMENT, REVISION OF SOFT TISSUE ATTACHMENT \$0 D7450 REMOVAL OF BERIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER \$0 UP 751 REMOVAL OF BERIGN DONTOGENIC CYST OR TUMOR - LESION DIAMETER \$0 GRAFTER THAN 1.25 CM \$0 D7451 REMOVAL OF BERIGN NONODONTOGENIC CYST OR TUMOR - LESION \$0 D1461 REMOVAL OF BERIGN NONODONTOGENIC CYST OR TUMOR - LESION \$0 D7471 REMOVAL OF BERIGN NONODONTOGENIC CYST OR TUMOR - LESION \$0 D7471 REMOVAL OF TORUS PALATINUS \$0 D7472 REMOVAL OF TORUS MANDIBULARIS \$0 D7473 REMOVAL OF TORUS MANDIBULARIS \$0 D7510 I&D ABSCESS-INTRAORAL SOFT TISS COMP \$0 D7511				
D7311 ALVEOLOPLSTY CONJNC XTRCT 1-3 TEETH D7320 ALVEOLOPLASTY NO EXT 4/> TEETH/SPAC D7321 ALVEOLOPLSTY NOT W/XTRCT 1-3 TEETH D7340 VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION) D7350 VESTIBULOPLASTY - RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE REATTACHMENT, REVISION OF SOFT TISSUE ATTACHMENT D7450 REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM D7451 REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM D7460 REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION D7461 REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION D7461 REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION D7471 REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION D7471 REMOVAL OF TORUS PALATINUS D7472 REMOVAL OF TORUS PALATINUS D7473 REMOVAL OF TORUS PALATINUS D7473 REMOVAL OF TORUS MANDIBULARIS D7485 SURGICAL RDUC OSSEOUS TUBEROSITY D7510 I&D ABSCESS-INTRAORAL SOFT TISS D7511 I&D OF ABSCESS-INTRAORAL SOFT TISS D7521 I&D OF ABSCESS-EXTRAORAL SOFT TISSUE D7520 I&D OF ABSCESS EXTRAORAL SOFT TISSUE D7521 I&D OF ABSCESS EXTRAORAL COMPLICATED D7530 REMO OF FORREIGN BODY - SKIN SUBCUTANEOUS D7590 FRENULECTOMY SEPARATE PROCEDURE D7960 FRENULECTOMY SEPARATE PROCEDURE D7971 EXCISION OF PERICORONAL GINGIVA D7972 SURGICAL RDUC FISSUE FRENUL SUBCUTANEOUS D7973 SURGICAL RDUC PISSOUS TUBEROSITY SO D7974 EXCISION OF PERICORONAL GINGIVA D7975 SURGICAL RDUC FISSUE FRENUL FROM SUBCUTANEOUS D7970 EXC HYPERPLASTIC TISSUE-PER ARCH D7971 EXCISION OF PERICORONAL GINGIVA D7972 SURGICAL RDUC FISROUS TUBEROSITY ADJUNCTIVE GENERAL SERVICES D9110 PALLIATYE TX DENTAL PAIN-MINOR PROC D9120 FIXED PARTIAL DENTURE SECTIONING				
D7320 ALVEOLOPLASTY NO EXT 4/> TEETH/SPAC D7321 ALVEOLOPLSTY NOT WIXTRCT 1-3 TEETH D7340 VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION) D7350 VESTIBULOPLASTY - RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE REATTACHMENT, REVISION OF SOFT TIMOR - LESION DIAMETER UP TO 1.25 CM D7451 REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM D7461 REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM D7471 REMOVAL OF LATERAL EXOSTOSIS D7472 REMOVAL OF TORUS PALATINUS D7473 REMOVAL OF TORUS MANDIBULARIS D7473 REMOVAL OF TORUS MANDIBULARIS D7474 REMOVAL OF TORUS MANDIBULARIS D7510 I&D ABSCESS-INTRAORAL SOFT TISS D7511 I&D ABSCESS-INTRAORAL SOFT TISSUE D7520 I&D OF ABSCESS EXTRAORAL SOFT TISSUE D7521 I&D OF ABSCESS EXTRAORAL SOFT TISSUE D7521 I&D OF ABSCESS EXTRAORAL COMPLICATED D7530 REMO OF FORREIGN BODY - SKIN SUBCUTANEOUS D7531 EXCISION OF PERICORONAL GINGIVA D7532 SURGICAL RDUC FIBROUS TUBEROSITY ADJUNCTIVE GENERAL SERVICES D7531 PALLIATVE TX DENTAL PAIN-MINOR PROC D7541 PALLIATVE TX DENTAL PAIN-MINOR PROC D7542 SURGICAL RDUC FIBROUS TUBEROSITY ADJUNCTIVE GENERAL SERVICES D7545 FIXED PARTIAL DENTURE SECTIONING				
D7321 ALVEOLOPLSTY NOT W/XTRCT 1-3 TEETH D7340 VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION) D7350 VESTIBULOPLASTY - RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, WINCLE REATTACHMENT, REVISION OF SOFT TISSUE ATTACHMENT D7450 REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER D7450 REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM D7451 REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM D7460 REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION D1AMETER UP TO 1.25 CM D7461 REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION D1AMETER GREATER THAN 1.25 CM D7472 REMOVAL OF LATERAL EXOSTOSIS D7472 REMOVAL OF LATERAL EXOSTOSIS D7473 REMOVAL OF TORUS PALATINUS D7473 REMOVAL OF TORUS PALATINUS D7485 SURGICAL RDUC OSSEOUS TUBEROSITY S0 D7510 I&D ABSC INTRAORAL SOFT TISS D7511 I&D DASS CINTRAORAL SOFT TISS COMP D7520 I&D D6 ABSCESS EXTRAORAL SOFT TISSUE D7521 I& D OF ABSCESS EXTRAORAL SOFT TISSUE D7521 I& D OF ABSCESS EXTRAORAL COMPLICATED D7530 REMO OF FORREIGN BODY - SKIN SUBCUTANEOUS D7561 JUTURE RECENT SMALL WOUNDS UP 5 CM D7563 FRENULECTOMY SEPARATE PROCEDURE D7564 FRENULECTOMY SEPARATE PROCEDURE D7575 EXCHYPERPLASTIC TISSUE-PER ARCH D7576 EXCHYPERPLASTIC TISSUE-PER ARCH D7577 EXCHYPERPLASTIC TISSUE-PER ARCH D7578 SURGICAL RDUC FIBROUS TUBEROSITY ADJUNCTIVE GENERAL SERVICES D9110 PALLIATVET X DENTAL PAIN-MINOR PROC D9120 FIXED PARTIAL DENTURE SECTIONING				
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MUSCLE REATTACHMENT, REVISION OF SOFT TISSUE ATTACHMENT P150 REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM D7451 REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM D7460 REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM D7461 REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM D7471 REMOVAL OF LATERAL EXOSTOSIS D7472 REMOVAL OF TORUS PALATINUS D7473 REMOVAL OF TORUS PALATINUS D7474 REMOVAL OF TORUS PALATINUS D7475 SURGICAL RDUC OSSEOUS TUBEROSITY D85 SURGICAL RDUC OSSEOUS TUBEROSITY D7510 I&D ABSC ESS INTRAORAL SOFT TISS D7511 I & D OF ABSCESS EXTRAORAL SOFT TISSUE D7521 I & D OF ABSCESS EXTRAORAL SOFT TISSUE D7530 REMO OF FORREIGN BODY - SKIN SUBCUTANEOUS D7910 SUTURE RECENT SMALL WOUNDS UP 5 CM D7960 FRENULCPLASTY D7970 EXC HYPERPLASTIC TISSUE-PER ARCH D7971 EXCISION OF PERICORONAL GINGIVA D7972 SURGICAL RDUC FIBROUS TUBEROSITY ADJUNCTIVE GENERAL SERVICES D9110 PALLIATVE TX DENTAL PAIN-MINOR PROC D9120 FIXED PARTIAL DENTURE SECTIONING D80 PIXED PARTIAL DENTURE SECTIONING		· · · · · · · · · · · · · · · · · · ·		
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GREATER THAN 1.25 CM D7460 REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM D7461 REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM D7471 REMOVAL OF LATERAL EXOSTOSIS \$0 D7472 REMOVAL OF TORUS PALATINUS \$0 D7473 REMOVAL OF TORUS PALATINUS \$0 D7474 REMOVAL OF TORUS MANDIBULARIS \$0 D7475 REMOVAL OF TORUS MANDIBULARIS \$0 D7476 SURGICAL RDUC OSSEOUS TUBEROSITY \$0 D7510 I& D ABSCESS-INTRAORAL SOFT TISS \$0 D7511 I& D ABSC INTRAORAL SOFT TISS \$0 D7512 I& D OF ABSCESS EXTRAORAL SOFT TISSUE \$0 D7521 I& D OF ABSCESS EXTRAORAL COMPLICATED \$0 D7520 REMO OF FORREIGN BODY - SKIN SUBCUTANEOUS \$0 D7910 SUTURE RECENT SMALL WOUNDS UP 5 CM \$0 D7963 FRENULOPLASTY \$0 D7970 EXC HYPERPLASTIC TISSUE-PER ARCH \$0 D7971 EXCISION OF PERICORONAL GINGIVA \$0 D7972 SURGICAL RDUC FIBROUS TUBEROSITY \$0 D7971 PALLIATVE TX DENTAL PAIN-MINOR PROC \$0 D9120 FIXED PARTIAL DENTURE SECTIONING \$0		UP TO 1.25 CM		
DIAMETER UP TO 1.25 CM REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM D7471 REMOVAL OF LATERAL EXOSTOSIS D7472 REMOVAL OF TORUS PALATINUS D7473 REMOVAL OF TORUS MANDIBULARIS D7485 SURGICAL RDUC OSSEOUS TUBEROSITY D7510 I&D ABSCESS-INTRAORAL SOFT TISS D7521 I & D OF ABSCESS EXTRAORAL SOFT TISSUE D7521 I & D OF ABSCESS EXTRAORAL SOFT TISSUE D7521 I & D OF ABSCESS EXTRAORAL COMPLICATED D7530 REMO OF FORREIGN BODY - SKIN SUBCUTANEOUS D7910 SUTURE RECENT SMALL WOUNDS UP 5 CM D7960 FRENULECTOMY SEPARATE PROCEDURE D7971 EXC HYPERPLASTIC TISSUE-PER ARCH D7972 SURGICAL RDUC FIBROUS TUBEROSITY ADJUNCTIVE GENERAL SERVICES D9110 PALLIATVE TX DENTAL PAIN-MINOR PROC S0 D9120 FIXED PARTIAL DENTURE SECTIONING S0 D7912 FIXED PARTIAL DENTURE SECTIONING		GREATER THAN 1.25 CM		
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D7960 FRENULECTOMY SEPARATE PROCEDURE D7963 FRENULOPLASTY S0 D7970 EXC HYPERPLASTIC TISSUE-PER ARCH D7971 EXCISION OF PERICORONAL GINGIVA D7972 SURGICAL RDUC FIBROUS TUBEROSITY ADJUNCTIVE GENERAL SERVICES D9110 PALLIATVE TX DENTAL PAIN-MINOR PROC D9120 FIXED PARTIAL DENTURE SECTIONING \$0			* -	
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ADJUNCTIVE GENERAL SERVICES D9110 PALLIATVE TX DENTAL PAIN-MINOR PROC \$0 D9120 FIXED PARTIAL DENTURE SECTIONING \$0				
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D9120 FIXED PARTIAL DENTURE SECTIONING \$0			\$ 0	
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ADA	DESCRIPTION	MEMBER PAYS	
	PROCEDURES		
	REGIONAL BLOCK ANESTHESIA	\$0	
	TRIGEMINAL DIVISION BLOCK ANES	\$0	
	LOCAL ANESTHESIA	\$0	
	EVALUATION FOR DEEP SEDATION OR GENERAL ANESTHESIA	\$0	
	DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTES	\$0	
	DEEP SEDATION/GENERAL ANESTHESIA - EACH 15 MINUTE INCREMENT	\$0	
	ANALGESIA ANXIOLYSIS, INHALATION OF NITROUS OXIDE	\$0	
	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANESTHESIA - FIRST 15 MINUTES	\$0	
	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH 15 MINUTE INCREMENT	\$0	
D9248	NON-INTRAVENOUS (CONSCIOUS) SEDATION, THIS INCLUDES NON-IV MINIMAL AND MODERATE SEDATION	\$0	
D9310	CNSLT DX DENT/PHY NOT REQ DENT/PHY	\$0	
	OV OBS - NO OTH SERVICES PERFORMED	\$0	
	OV-AFTER REGULARLY SCHEDULED HRS	\$0	
	TREATMENT OF COMPLICATIONS - POST SURG.	\$0	
	OCCLUSAL GUARD ADJUSTMENT	\$0	
	OCCLUSAL GUARD – HARD APPLIANCE, FULL ARCH	\$0	
	OCCLUSAL GUARD – SOFT APPLIANCE, FULL ARCH	\$0	
	OCCLUSAL GUARD – HARD APPLIANCE, PARTIAL ARCH	\$0	
	OCCLUSAL ADJUSTMENT - LIMITED	\$0	
	OCCLUSAL ADJUSTMENT - COMPLETE	\$0	
	ODONTOPLASTY	\$0	
	EXTERNAL BLEACHING - PER ARCH PERFORMED IN OFFICE	\$125	
	SALES TAX	\$0	
D9995	TELEDENTISTRY - ASYNCHRONOUS; INFORMATION STORED AND FORWARDED TO DENTIST FOR SUBSEQUENT REVIEW	\$0	
	BROKEN APPOINTMENT	\$0	
	DDONTIC SERVICES		
	COMPREHENSIVE ORTHODONTIC TREATMENT TRANSITIONAL DENTITION)	\$750	
	COMPREHENSIVE ORTHODONTIC TREATMENT ADOLESCENT DENTITION	\$750	
	COMPREHENSIVE ORTHODONTIC TREATMENT ADULT DENTITION	\$750	
	PERIODIC ORTHODONTIC TREATMENT VISIT	\$0	
	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF RETAINERS)	\$150	
	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	
Fixed F	Prosthedontics		
D5992	ADJUST MAXILLOFACIAL PROSTHETIC APPLIANCE, BY REPORT	\$0	

^{*}If a noble, high noble or titanium metal is used, there will be an additional charge not to exceed \$150 per unit. If a base metal is used, there are no additional charges from the provider.

San Francisco Health Service System-Actives (Effective Date 01/01/2019)

UnitedHealthcare/Select Managed Care dental exclusions and limitations

LIMITATIONS OF BENEFITS

The following are the limitation of benefits, unless otherwise specifically listed as a covered benefit on this Plan's Schedule of Benefits:

1.	DENTAL PROPHYLAXIS	Limited to 1 time per 6 months
2.	FLUORIDE TREATMENTS	Limited to 1 time per 6 months
3.	INLAYS, ONLAYS, AND VENEERS	Restorations - Limited to 1 time per tooth per 5 years. Covered only when a filing cannot restore the tooth.
4.	CROWNS	Restorations - Limited to 1 time per tooth per 5 years. Covered only when a filing cannot restore the tooth.
5.	POST AND CORES	Covered only for teeth that have had root canal therapy.
6.	SCALING AND ROOT PLANING	Limited to 4 quadrants per calendar year.
7.	REPLACEMENT OF COMPLETE DENTURES, FIXED OR REMOVABLE PARTIAL DENTURES, CROWNS, INLAYS OR ONLAYS AND IMPLANTS, IMPLANT CROWNS, IMPLANT PROTHESIS	Replacement of complete dentures, fixed or removable partial dentures, crowns, inlays, onlays, and implants, implant crowns, implant prosthesis previously submitted for payment under the plan is limited to 1 time per tooth per consecutive 60 months from initial or supplemental placement. This includes retainers, habit appliances, and any fixed or removable interceptive orthodontic appliances. If damage or breakage was directly related to provider error, this type of replacement is the responsibility of the Dentist. If replacement is Necessary because of patient non-compliance, the patient is liable for the cost of replacement.
8.	INTRAORAL BITEWING RADIOGRAPHS	Limited to 1 series of 4 films in any 6 month period
9.	ADJUSTMENTS TO FULL DENTURES, PARTIAL DENTURES, BRIDGES OR	Limited to 1 time per tooth per 60 Months. Covered only when a filing cannot restore the tooth. Prefabricated esthetic coated stainless steel crown - primary tooth, are limited to primary anterior teeth. Limited to repairs or adjustments performed more than 6 months after the initial insertion.
	CROWNS	
11.	INTRAVENOUS SEDATION OR GENERAL ANESTHESIA	Administration of I.V. sedation or general anesthesia is limited to covered oral surgical procedures involving 1 or more impacted teeth (soft tissue, partial bony or complete bony impactions).
12.	ALL SPECIALTY REFERRAL SERVICES MUST BE	(A) Pre-Authorized by us; and (B) Coordinated by a Covered Person's Participating Dentist. Any Covered Person who elects specialist care without prior referral by his or her Participating Dentist and approval by us is responsible for all charges incurred. • In order for specialty services to be Covered by this plan, the following referral process must be followed: • A Covered Person's Participating Dentist must coordinate all DentalServices. • When the care of a Network Specialist Dentist is required, the Covered Person's Participating Dentist must contact us and request authorization. • If the Participating Dentist request for specialist referral is denied, the Participating Dentist and the Covered Person will be notified of the reason for the denial. If the service in question is a Covered service, and no limitations or exclusions apply, the Participating Dentist may be asked to perform the service. • Covered Person who receives authorized specialty services must pay all applicable Copayments associated with the services provided. When we authorize specialty dental care, a Covered Person will be referred to a Network Specialist Dentist for treatment. The Network includes Network Specialist Dentists in: (a) endodontics; (b) oral surgery; (c) pediatric dentistry; and (d) orthodontics; and (e) periodontics, located in the Covered Person's Service Area. If there is no Network Specialist Dentist in the Covered Person's Service Area, we will refer the Covered Person to a Non-Participating Specialist of our choice. Except for Emergency Dental Services, in no event will we cover dental care provided to a Covered Person by a specialist not preauthorized by us to provide such services. • Covered Person's fi nancial responsibility is limited to applicable Copayments. Copayments are listed in the Covered Person's Schedule of Covered Dental Services.
13.	PERIODONTAL MAINTENANCE	Limited to once every 6 months, following active therapy, exclusive of gross debridement
14.	REMOVABLE PROSTHETICS/FIXED PROSTHETICS/CROWNS, INLAYS AND ONLAYS (MINOR RESTORATIVE SERVICES)	Replacement of complete dentures, fixed or removable partial dentures, crowns, inlays or onlays previously submitted for payment under the plan is limited to 1 time per 5 years from initial or supplemental placement
15.	CROWNS, FIXED BRIDGES, AND IMPLANTS	The maximum benefit within a 12-month period is any combination of 7 crowns or pontics (artificial teeth that are part of a fixed bridge). If more than 7 crowns and/or pontics are done for a Member within a 12-month period, the dentist's fee for any additional crowns within that period would not be limited to the listed Copayment, but instead can reflect the Dentist's Billed Changes.
	ADJUNCTIVE	Pre-Diagnostic Test that aids in detection of mucosal abnormalities including premalignant and malignant lesion, not to include cytology or biopsy procedures - Limited to 1 time per year, to Covered Persons over the age of 30.
17.	INTRAORAL	Complete Series (including bitewings) - Limited to 1 time in any 2-year period
18.	TEMPORARY CROWNS	Restorations - Limited to 1 time per tooth per 5 years. Covered only when a filing cannot restore the tooth.
19.	CONE BEAM	Limited to 1 time per consecutive 60 months.

EXCLUSIONS OF BENEFITS

The following procedures and services are excluded and not Covered Services, unless otherwise specifically listed as a covered benefit on this Plan's Schedule of Benefits:

- Dental Services that are not Necessary.
- 2. Any service done for cosmetic purposes that is not listed as a Covered cosmetic service in the Schedule of Covered Dental Services.
- 3. Any Dental Procedure not directly associated with dental disease.

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EXCLUSIONS OF BENEFITS

The following procedures and services are excluded and not Covered Services, unless otherwise specifically listed as a covered benefit on this Plan's Schedule of Benefits:

- Any implant procedures performed which are not listed as Covered implant procedures in the Schedule of Covered Dental Services.
- Drugs/medications, obtainable with or without a prescription, unless they are dispensed and utilized in the dental office during the patient visit. 5.
- Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue. 6.
- Treatment of benign neoplasms, cysts, or other pathology involving benign lesions, except excisional removal. Treatment of malignant neoplasms or 7. Congenital Anomalies of hard or soft tissue, including excision.
- 8 Services related to the temporomandibular joint (TMJ), either bilateral or unilateral. Upper and lower jaw bone surgery (including that related to the temporomandibular joint). No Coverage is provided for orthognathic surgery, jaw alignment, or treatment for the temporomandibular joint.
- Procedures related to the reconstruction of a patient's correct vertical dimension of occlusion (VDO). 9.
- Placement of fixed partial dentures solely for the purpose of achieving periodontal stability. 10
- Dental Services otherwise Covered under the Policy, but rendered after the date individual Coverage under the Policy terminates, including Dental Services for dental conditions arising prior to the date individual Coverage under the Policy terminates.
- 12 Dental Services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any country.
- Any Dental Services or Procedures not listed in the Schedule of Covered Dental Services. 13.
- Costs for non-dental services related to the provision of dental services in hospitals, extended care facilities, or Member's home are not covered. When deemed necessary by the Primary Care Dentist, the Member's physician, and authorized by the Plan, covered dental services that are delivered in an inpatient or outpatient hospital setting are covered as indicated in the Schedule of Benefits.
- Any endodontic, periodontal, crown or bridge abutment procedure or appliance requested, recommended or performed for a tooth or teeth with a guarded, questionable or poor prognosis.
- Replacement of a lost, missing or stolen appliance or prosthesis or the fabrication of a spare appliance or prosthesis.
- Any Covered Person request for: (a) specialist services or treatment which can be routinely provided by a Participating Dentist; or (b) treatment by a specialist without referral from a Participating Dentist and our approval.
- Any Dental Procedure not performed in a dental setting. This will not apply to Covered Emergency Dental Services.
- Fixed or removable prosthodontic restoration procedures or implant services for complete oral rehabilitation or reconstruction. 19.
- Services for injuries or conditions covered by Worker's Compensation or employer liability laws, and services that are provided without cost to the Covered Person by any municipality, county, or other political subdivision. This exclusion does not apply to any services covered by Medicaid or
- 21 Treatment which requires the services of a pediatric specialist, after the Covered Person's 6th birthday.
- 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 Covered Person will be responsible for all costs associated with any orthodontic treatment. Orthodontic services Copayments are valid for authorized services rendered. If you terminate Coverage after the start of orthodontic treatment, you will be responsible for any additional charges incurred for the remaining orthodontic treatment.

Orthodontic Exclusions:

- a) Replacement or repair of lost, stolen or broken appliances or appliances damaged due to the neglect of the Covered Person
- b) Treatment in progress prior to the effective date of this coverage
- c) Extractions required for orthodontic purposes
- d) Surgical orthodontics or jaw repositioning
- e) Myofunctional therapy
- f) Cleft palate
- g) Micrognathia
- h) Macroglossia
- i) Hormonal imbalances
- j) Orthodontic retreatment when initial treatment was rendered under this plan or for changes in orthodontic treatment necessitated by any kind of treatment of accident
- k) Palatal expansion appliances
- I) Services performed by outside laboratories

Orthodontic Limitations:

- 1. If a treatment plan is for less than 24 months, then a prorated portion of the full copayment shall apply.
- 2. If Covered Person's dental eligibility ends, for whatever reason, and the Covered Person is receiving orthodontic treatment under the plan, the remaining cost for that treatment will be prorated at the orthodontist's usual fees over the number of months of treatment remaining. The Covered Person will be responsible for the payment of this balance under the terms and conditions pre-arranged with the orthodontist.
- 3. If the Covered Person has the orthodontist perform a "diagnostic work-up" (a consultation and diagnosis) and then decides to forgo the treatment program, the Covered Person will be charged a \$50 consultation fee, plus any lab costs incurred by the orthodontist.
- 4. One orthodontic benefit under this plan is available per lifetime, per Covered Person. A Covered Person may access this Comprehensive Orthodontic Treatment. If comprehensive treatment is necessary, and is completed within a 24 month period, the Copayments listed will apply. If necessary and active treatment extends beyond 24 months, the provider is obligated to accept the plan Copayment only for the first 24 months of active therapy. The provider may charge usual and customary fees for active treatment extending beyond the 24 month benefit period.