

ADA	Description	Fee	Spec Fee	Pre-D Req *	Limits & Frequencies
0120	Periodic oral evaluation - established patient	\$25	\$25		2 in a calendar year (in conjunction with code 0150)
0140	Limited oral evaluation - problem focused	\$30	\$30		1 in a calendar year
0150	Comprehensive oral eval.-new or established patient	\$35	\$35		1 in a calendar year (in conjunction with code 0120)
0160	Detailed & extensive oral evaluation-problem focused, by report	\$0	\$25		1 in a calendar year
0180	Comprehensive periodontal evaluation new or established patient	\$25	\$35		1 in a calendar year
0210	Intraoral - complete series of radiographic images	\$45	\$45		1 every 36 months (in conjunction with code 0330)
0220	Intraoral - periapical first radiographic image	\$5	\$5		4 per 12 months; \$75 allowed w/i 12 month period
0230	Intraoral - periapical each add'l radiographic image	\$5	\$5		unlimited; \$75 allowed w/i 12 month period
0240	Intraoral - occlusal radiographic image	\$10	\$10		2 times per 36 months
0270	Bitewing - single radiographic image	\$7	\$7		2 per 12 months; \$75 allowed w/i 12 month period
0272	Bitewings - two radiographic images	\$10	\$10		2 per 12 months; \$75 allowed w/i 12 month period
0273	Bitewings - three radiographic images	\$18	\$18		2 per 12 months; \$75 allowed w/i 12 month period
0274	Bitewings - four radiographic images	\$18	\$18		2 per 12 months; \$75 allowed w/i 12 month period
0277	Vertical bitewings - 7 to 8 radiographic images	\$35	\$35		2 per 12 months; \$75 allowed w/i 12 month period
0290	Posterior-anterior or lateral skull and facial bone survey radiographic image	\$20	\$20		1 per 12 months
0330	Panoramic radiographic image (with or without additional radiographic images)	\$35	\$35		1 every 36 months (in conjunction with code 0210)
0340	Cephalometric radiographic image	\$18	\$18		1 per 12 months
0350	2D Oral/facial radiographic image obtained intra-orally or extra-orally	\$0	\$20		1 per lifetime
0460	Pulp vitality tests	\$15	\$15		1 per 12 months
0470	Diagnostic casts	\$30	\$30		1 per lifetime; upper and/or lower
1110	Prophylaxis - adult	\$39	\$39		13 and older
1120	Prophylaxis - child	\$34	\$34		12 and under
1208	Topical application of fluoride; w/o prophylaxis; excluding varnish	\$14	\$14		ages 3-12
1351	Sealant - per tooth	\$20	\$20		once in a lifetime per tooth; must be virgin tooth. Age 15 and under
1510	Space maintainer - fixed - unilateral	\$100	\$100		1 per lifetime. (12 & under) If history of tooth extraction no further documents needed. Limited to initial appliance & includes all necessary adjustments.
1515	Space maintainer - fixed - bilateral	\$140	\$140		1 per lifetime. (12 & under) If history of tooth extraction no further documents needed. Limited to initial appliance & includes all necessary adjustments.
1550	Re-cementation or re-bond space maintainer	\$24	\$24		1 per lifetime. (12 & under) If history of tooth extraction no further documents needed. Limited to initial appliance & includes all necessary adjustments.
2140	Amalgam - 1 surface, permanent or primary	\$40	\$40		each surface once every 12 months. Maximum \$90 per tooth per 12 months
2150	Amalgam - 2 surfaces, permanent or primary	\$50	\$50		each surface once every 12 months. Maximum \$90 per tooth per 12 months
2160	Amalgam - 3 or more surfaces, permanent or primary	\$60	\$60		each surface once every 12 months. Maximum \$90 per tooth per 12 months
2330	Resin-based composite - 1 surface, anterior permanent or primary	\$50	\$50		each surface once every 12 months. Maximum \$90 per tooth per 12 months
2331	Resin-based composite - 2 surfaces, anterior permanent or primary	\$65	\$65		each surface once every 12 months. Maximum \$90 per tooth per 12 months
2332	Resin-based composite - 3 surfaces, anterior permanent or primary	\$80	\$80		each surface once every 12 months. Maximum \$90 per tooth per 12 months
2335	Resin-based composite - 4 or more surfaces or involving incisal angle (anterior) permanent/primary	\$90	\$90		each surface once every 12 months. Maximum \$90 per tooth per 12 months. Must include surfaces DI or MI to receive full benefits.
2391	Resin-based composite - 1 surface, posterior-permanent teeth only. Primary teeth will receive an alternate benefit of an amalgam.	\$50	\$50		each surface once every 12 months. Maximum \$90 per tooth per 12 months. <u>Patient w/b responsible for difference.</u>
2392	Resin-based composite - 2 surfaces, posterior-permanent teeth only. Primary teeth will receive an alternate benefit of an amalgam.	\$65	\$65		each surface once every 12 months. Maximum \$90 per tooth per 12 months. <u>Patient w/b responsible for difference.</u>
2393	Resin-based composite - 3 or more surfaces, posterior-permanent teeth only. Primary teeth will receive an alternate benefit of an amalgam.	\$85	\$85		each surface once every 12 months. Maximum \$90 per tooth per 12 months. <u>Patient w/b responsible for difference.</u>
2520	Inlay - metallic - 2 surfaces	\$195	\$195	Y	frequency of 1/5 coincides with codes in 2700, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2530	Inlay - metallic - 3 or more surfaces	\$240	\$240	Y	frequency of 1/5 coincides with codes in 2700, 6000, 6200, 6500, 6600, 6700 series and fixed partials

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2542	Onlay - metallic - 2 surfaces	\$245	\$245	Y	frequency of 1/5 coincides with codes in 2700, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2543	Onlay - metallic - 3 or more surfaces	\$290	\$290	Y	frequency of 1/5 coincides with codes in 2700, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2620	Inlay - porcelain/ceramic - 2 surfaces	\$210	\$210	Y	frequency of 1/5 coincides with codes in 2700, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2630	Inlay - porcelain/ceramic - 3 or more surfaces	\$250	\$250	Y	frequency of 1/5 coincides with codes in 2700, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2642	Onlay - porcelain/ceramic - 2 surfaces	\$260	\$260	Y	frequency of 1/5 coincides with codes in 2700, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2643	Onlay - porcelain/ceramic - 3 or more surfaces	\$300	\$300	Y	frequency of 1/5 coincides with codes in 2700, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2720	Crown - resin with high noble metal	\$500	\$500		frequency of 1/5 coincides with codes in 2500, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2721	Crown - resin with predominately base metal	\$500	\$500		frequency of 1/5 coincides with codes in 2500, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2722	Crown - resin with noble metal	\$500	\$500		frequency of 1/5 coincides with codes in 2500, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2740	Crown - porcelain/ceramic substrate	\$500	\$500		frequency of 1/5 coincides with codes in 2500, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2750	Crown - porcelain fused to high noble metal	\$500	\$500		frequency of 1/5 coincides with codes in 2500, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2751	Crown - porcelain fused to predominately base metal	\$500	\$500		frequency of 1/5 coincides with codes in 2500, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2752	Crown - porcelain fused to noble metal	\$500	\$500		frequency of 1/5 coincides with codes in 2500, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2780	Crown - 3/4 cast high noble metal	\$500	\$500		frequency of 1/5 coincides with codes in 2500, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2781	Crown - 3/4 cast predominately base metal	\$500	\$500		frequency of 1/5 coincides with codes in 2500, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2782	Crown - 3/4 cast noble metal	\$500	\$500		frequency of 1/5 coincides with codes in 2500, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2783	Crown - 3/4 porcelain/ceramic	\$500	\$500		frequency of 1/5 coincides with codes in 2500, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2790	Crown - full cast high noble metal	\$500	\$500		frequency of 1/5 coincides with codes in 2500, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2791	Crown - full cast predominately base metal	\$500	\$500		frequency of 1/5 coincides with codes in 2500, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2792	Crown - full cast noble metal	\$500	\$500		frequency of 1/5 coincides with codes in 2500, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2799	Provisional Crown	\$80	\$80		anterior upper & lower only; tooth must be fractured. (effective 1/1/16) 1/L
2910	Re-cement or re-bond inlay, onlay, or partial coverage restoration	\$25	\$25		1 every 12 months
2920	Re-cement or re-bond crown	\$30	\$30		not covered within 12 months of insertion. Effective 12/22/15 also allowed for Implant crowns.
2930	Prefabricated stainless steel crown - primary tooth	\$120	\$120		once in a lifetime per tooth
2931	Prefabricated stainless steel crown - permanent tooth	\$120	\$120		frequency 1/60 months
2950	Core buildup, including any pins when required	\$90	\$90		either 2950 or 2952/2954 every 60 months; not in conjunction with a post & core
2951	Pin retention - per tooth, in addition to restoration	\$15	\$15		1 per 12 months
2952	Post and core in addition to crown, indirectly fabricated	\$110	\$110		either 2952/2954 or 2950 every 60 months; not in conjunction with a crown build-up.
2954	Prefabricated post and core in addition to crown	\$110	\$110		either 2952/2954 or 2950 every 60 months; not in conjunction with a crown build-up.
2955	Post removal	\$140	\$140		once every 60 months
2970	Temporary crown (fractured tooth) Anterior Teeth Only	\$80	\$80		anterior upper & lower only; tooth must be fractured. (through 12/31/15) 1/L
2980	Crown repair necessiated by restorative material failure	\$50	\$50		once every 60 months
3110	Pulp cap - direct (excluding final restoration)	\$18	\$18		1 every 12 months
3120	Pulp cap - indirect (excluding final restoration)	\$13	\$13		1 every 12 months
3220	Therapeutic pulpotomy (excluding final restoration) removal of pulp coronal to the dentinocemental junction and application of medicament (primary & permanent teeth)	\$43	\$43		once in a lifetime; per tooth. <u>Fee will be deducted from RCT if completed within 1 month by same provider</u>
3221	Pulpal debridement - primary and permanent teeth	\$43	\$43		once in a lifetime; per tooth. <u>Fee will be deducted from RCT if completed within 1 month by same provider</u>

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3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$280	\$432		frequency 1/L; pre & post op x-rays required
3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	\$327	\$504		frequency 1/L; pre & post op x-rays required
3330	Endodontic therapy, molar (excluding final resotration)	\$374	\$576		frequency 1/L; pre & post op x-rays required
3331	Treatment of root canal obstruction; non-surgical access	\$0	\$300		Not payable on same date of service as RCT. Frequency 1/L; pre & post op x-rays required
3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$95	\$140		frequency 1/L; pre & post op x-rays required
3346	Retreatment of previous root canal therapy - anterior	\$340	\$532		frequency 1/L; pre & post op x-rays required
3347	Retreatment of previous root canal therapy - bicuspid	\$387	\$604		frequency 1/L; pre & post op x-rays required
3348	Retreatment of previous root canal therapy - molar	\$434	\$676		frequency 1/L; pre & post op x-rays required
3351	Apexification/recalcification - intial visit	\$75	\$110		frequency 1/L; pre & post op x-rays required
3352	Apexification/recalcification - interim medication replacement	\$45	\$70		frequency 1/L; pre & post op x-rays required
3353	Apexification/recalcification - final visit	\$45	\$70		frequency 1/L; pre & post op x-rays required
3410	Apicoectomy - anterior	\$234	\$360		frequency 1/L; post op x-rays required
3421	Apicoectomy - bicuspid (first root)	\$304	\$468		frequency 1/L; post op x-rays required
3425	Apicoectomy - molar (first root)	\$351	\$540		frequency 1/L; post op x-rays required
3426	Apicoectomy (each additional root)	\$117	\$180		frequency 1/L; post op x-rays required
3430	Retrograde filling - per root	\$40	\$65		frequency 1/L; post op x-rays required
3450	Root amputation - per root	\$90	\$140		frequency 1/L; post op x-rays required
3920	Hemisection (including any root removal), not including root canal therapy	\$134	\$206		frequency 1/L; post op x-rays required
4210	Gingivectomy or gingivoplasty - 4 or more contiguous teeth or tooth bounded spaces per quadrant	\$120	\$195	Y	not within 48 months of 4260 for same quad. Once every 4 years
4211	Gingivectomy or gingivoplasty - 1-3 contiguous teeth or tooth bounded spaces per quadrant	\$90	\$155	Y	not within 48 months of 4261 for same tooth (teeth). Once every 4 years
4240	Gingival flap procedure; including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$300	\$450	Y	not within 48 months of 4260 for same quad. Once every 4 years
4241	Gingival flap procedure, including root planing -1-3 contiguous teeth or tooth bounded spaces per quadrant	\$225	\$335	Y	Once every 4 years per quad.
4249	Clinical crown lengthening - hard tissue	\$325	\$325	Y	1/60 months per tooth. Par-provider must accept Fund fees as payment in full.
4260	Osseous surgery (including flap entry & closure) - 4 or more contiguous teeth or tooth bounded spaces per quadrant	\$300	\$450	Y	not within 48 months of 4210 or 4240 for same quad. Once every 4 years.
4261	Osseous surgery (including flap entry and closure) - 1-3 contiguous teeth or tooth bounded spaces per quadrant	\$225	\$335	Y	not within 48 months of 4211 for same tooth (teeth). Once every 4 years.
4263	Bone replacement graft - first site in quadrant	\$150		Y	1/60 months for perio; once in a lifetime for implants. Par-provider may charge UCR
4264	Bone replacement graft - each add'l site in quadrant	\$100		Y	1/60 months for perio; once in a lifetime for implants. Par-provider may charge UCR
4265	Emdogain; tissue regeneration	\$0	\$400	Y	once every 48 months. Par-provider may charge UCR
4270	Pedicle soft tissue graft procedure	\$150	\$190	Y	Once every 4 years.
4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	\$150	\$190	Y	Once in a lifetime per tooth
4278	Free soft tissue graft procedure (including donor site surgery),each additional contiguous tooth or edentulous tooth position in same graft site	\$100	\$140	Y	Once in a lifetime per tooth
4341	Periodontal scaling & root planing - four or more teeth per quadrant	\$40	\$60		once every 6 months; maximum 2 quads on same date.
4342	Periodontal scaling & root planing - 1 to 3 teeth per quadrant	\$30	\$45		once every 6 months; maximum 2 quads on same date.
4910	Periodontal maintenance	\$50	\$65		once every 90 days. No benefit within 3 months of any other periodontal therapy.
5110	Complete denture - maxillary	\$650	\$650		once every 60 months; reline is included within 12 months of insertion.
5120	Complete denture - mandibular	\$650	\$650		once every 60 months; reline is included within 12 months of insertion.
5130	Immediate denture - maxillary	\$675	\$675		once every 60 months; reline is included within 12 months of insertion.

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5140	Immediate denture - mandibular	\$675	\$675		once every 60 months; reline is included within 12 months of insertion.
5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$450	\$450		once every 60 months
5212	Mandibular partial denture - resin base (including any clasps, rests and teeth)	\$450	\$450		once every 60 months
5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$695	\$695		once every 60 months
5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$695	\$695		once every 60 months
5410	Adjust complete denture - maxillary	\$25	\$25		limit \$100 per tooth or arch per 12 months
5411	Adjust complete denture - mandibular	\$25	\$25		limit \$100 per tooth or arch per 12 months
5421	Adjust partial denture - maxillary	\$25	\$25		limit \$100 per tooth or arch per 12 months
5422	Adjust partial denture - mandibular	\$25	\$25		limit \$100 per tooth or arch per 12 months
5510	Repair broken complete denture base	\$65	\$65		limit \$100 per tooth or arch per 12 months
5520	Replace missing or broken teeth - complete denture (each tooth)	\$55	\$55		limit \$100 per tooth per 12 months
5610	Repair resin denture base	\$65	\$65		limit \$100 per arch per 12 months
5620	Repair cast framework	\$100	\$100		limit \$100 per arch per 12 months
5630	Repair or replace broken clasp - each clasp - per tooth	\$90	\$90		limit \$100 per tooth per 12 months
5640	Replace broken teeth - per tooth (or missing tooth)	\$55	\$55		limit \$100 per tooth per 12 months
5650	Add tooth to existing partial denture	\$60	\$60		limit \$100 per tooth per 12 months
5660	Add clasp to existing partial denture per tooth	\$90	\$90		limit \$100 per tooth per 12 months
5730	Reline complete maxillary denture (chairside)	\$85	\$85		not within 12 months of insertion; frequency once every 36 months
5731	Reline complete mandibular denture (chairside)	\$85	\$85		not within 12 months of insertion; frequency once every 36 months
5740	Reline maxillary partial denture (chairside)	\$85	\$85		frequency once every 36 months
5741	Reline mandibular partial denture (chairside)	\$85	\$85		frequency once every 36 months
5750	Reline complete maxillary denture (laboratory)	\$130	\$130		not within 12 months of insertion; frequency once every 36 months
5751	Reline complete mandibular denture (laboratory)	\$130	\$130		not within 12 months of insertion; frequency once every 36 months
5760	Reline maxillary partial denture (laboratory)	\$130	\$130		frequency once every 36 months
5761	Reline mandibular partial denture (laboratory)	\$130	\$130		frequency once every 36 months
5820	Interim partial denture (maxillary)	\$150	\$150		frequency once every 60 months
5821	Interim partial denture (mandibular)	\$150	\$150		once every 60 months
5850	Tissue conditioning - maxillary	\$45	\$45		once every 36 months
5851	Tissue conditioning - mandibular	\$45	\$45		once every 36 months
5863	Overdenture - complete maxillary	\$650	\$650		frequency of 1/5 coincides with codes in 5100 & 6000 series and fixed partials
5864	Overdenture - partial, maxillary	\$695	\$695		frequency of 1/5 coincides with codes in 5100 & 6000 series and fixed partials
5865	Overdenture - complete mandibular	\$650	\$650		frequency of 1/5 coincides with codes in 5100 & 6000 series and fixed partials
5866	Overdenture - partial, mandibular	\$695	\$695		frequency of 1/5 coincides with codes in 5100 & 6000 series and fixed partials
6010	Surgical placement of implant body; endosteal implant	\$500	\$500	Y	1/L Par-provider may charge UCR
6040	Surgical placement: eposteal implant	\$500	\$500	Y	1/L Par-provider may charge UCR
6050	Surgical placement: transosteal implant	\$500	\$500	Y	1/L Par-provider may charge UCR
6056	prefabricated abutment - includes modification and placement	\$500	\$500	Y	1/L Par-provider may charge UCR
6057	custom fabricated abutment - includes placement	\$500	\$500	Y	1/L Par-provider may charge UCR
6058	Abutment supported porcelain/ceramic crown	\$500	\$500	Y	frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials. Par-Provider may charge UCR
6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$500	\$500	Y	frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials. Par-Provider may charge UCR
6060	Abutment supported porcelain fused to metal crown (predominately base metal)	\$500	\$500	Y	frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials. Par-Provider may charge UCR
6061	Abutment supported porcelain fused to metal crown (noble metal)	\$500	\$500	Y	frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials. Par-Provider may charge UCR

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6062	Abutment supported cast metal crown (high noble metal)	\$500	\$500	Y	frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials. Par-Provider may charge UCR
6063	Abutment supported cast metal crown (predominately base metal)	\$500	\$500	Y	frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials. Par-Provider may charge UCR
6064	Abutment supported cast metal crown (noble metal)	\$500	\$500	Y	frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials. Par-Provider may charge UCR
6065	Implant supported porcelain/ceramic crown	\$500	\$500	Y	frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials. Par-Provider may charge UCR
6066	Implant supported porcelain fused to metal crown (high noble metal)	\$500	\$500	Y	frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials. Par-Provider may charge UCR
6067	Implant supported metal crown (high noble metal)	\$500	\$500	Y	frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials. Par-Provider may charge UCR
6068	Abutment supported retainer for porcelain/ceramic FPD (fixed partial denture)	\$500	\$500	Y	frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials. Par-Provider may charge UCR
6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$500	\$500	Y	frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials. Par-Provider may charge UCR
6070	Abutment supported retainer for porcelain fused to metal FPD (predominately base metal)	\$500	\$500	Y	frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials. Par-provider may charge UCR
6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$500	\$500	Y	frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials. Par-provider may charge UCR
6072	Abutment supported retainer for cast metal FPD (high noble metal)	\$500	\$500	Y	frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials. Par-provider may charge UCR
6073	Abutment supported retainer for cast metal FPD (predominately base metal)	\$500	\$500	Y	frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials. Par-provider may charge UCR
6074	Abutment supported retainer for cast metal FPD (noble metal)	\$500	\$500	Y	frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials. Par-provider may charge UCR
6075	Implant supported retainer for ceramic FPD	\$500	\$500	Y	frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials. Par-provider may charge UCR
6076	Implant supported retainer for porcelain fused to metal	\$500	\$500	Y	frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials. Par-provider may charge UCR
6077	Implant supported retainer for cast metal FPD	\$500	\$500	Y	frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials. Par-provider may charge UCR
6080	Implant maintenance procedure		\$75 per quadrant	Y	once every six months per quadrant (1-8 teeth). Individual implants included. Effective 6/1/15. This benefit will come out of the perio max which active & Retiree Upgrade members have; from General max with Retiree Basic members. Par-provider may charge UCR.
6090	Repair Implant Supported prosthesis		\$150		once every 3 years. Effective 6/1/15. This benefit will come out of the General maximum. Par-provider may charge UCR.
6104	Bone graft at time of implant placement	\$225	\$225	Y	This benefit will come out of the perio max which active & Retiree Upgrade members have; from general max with Retiree Basic members. 1/Lifetime per tooth. Par-provider may charge UCR.
6110	Implant/abutment supported removable denture for edentulous arch - maxillary	\$650	\$650	Y	This code is effective 1/1/15. Frequency 1/60 months. Par provider may charge UCR.
6111	Implant/abutment supported removable denture for edentulous arch - mandibular	\$650	\$650	Y	This code is effective 1/1/15. Frequency 1/60 months. Provider may charge UCR.
6112	Implant/abutment supported removable denture for partially edentulous arch - maxillary	\$695	\$695	Y	This code is effective 1/1/15. Frequency 1/60 months. Par-Provider may charge UCR.
6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular	\$695	\$695	Y	This code is effective 1/1/15. Frequency 1/60 months. Par-provider may charge UCR.
6210	Pontic - cast high noble metal	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6500, 6600, 6700 series and fixed partials

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6211	Pontic - cast predominately base metal	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6500, 6600, 6700 series and fixed partials
6212	Pontic - cast noble metal	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6500, 6600, 6700 series and fixed partials
6214	Pontic - titanium	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6500, 6600, 6700 series and fixed partials
6240	Pontic - porcelain fused to high noble metal	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6500, 6600, 6700 series and fixed partials
6241	Pontic - porcelain fused to predominately base metal	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6500, 6600, 6700 series and fixed partials
6242	Pontic - porcelain fused to noble metal	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6500, 6600, 6700 series and fixed partials
6245	Pontic-porcelain/ceramic	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6500, 6600, 6700 series and fixed partials
6250	Pontic - resin with high noble metal	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6500, 6600, 6700 series and fixed partials
6251	Pontic - resin with predominately base metal	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6500, 6600, 6700 series and fixed partials
6252	Pontic - resin with noble metal	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6500, 6600, 6700 series and fixed partials
6545	Retainer - cast metal for resin bonded fixed prosthesis	\$165	\$165	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6600, 6200, 6600 & 6700 series and fixed partials
6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$165	\$165	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6600, 6200, 6600 & 6700 series and fixed partials
6600	Retainer Inlay - porcelain/ceramic, 2 surfaces	\$252	\$252	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200, 6500 & 6700 series and fixed partials
6601	Retainer Inlay - porcelain/ceramic, 3 or more surfaces	\$350	\$350	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200, 6500 & 6700 series and fixed partials
6602	Retainer Inlay - cast high noble metal, 2 surface	\$160	\$160	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200, 6500 & 6700 series and fixed partials
6603	Retainer Inlay - cast high noble metal, 3 or more surfaces	\$388	\$388	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200, 6500 & 6700 series and fixed partials
6604	Retainer Inlay - cast predominately base metal, 2 surfaces	\$150	\$150	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200, 6500 & 6700 series and fixed partials
6605	Retainer Inlay - cast predominately base metal, 3 + surfaces	\$313	\$313	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200, 6500 & 6700 series and fixed partials
6606	Retainer Inlay cast noble metal, 2 surfaces	\$155	\$155	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200, 6500 & 6700 series and fixed partials
6607	Retainer Inlay cast noble metal, 3 or more surfaces	\$360	\$360	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200, 6500 & 6700 series and fixed partials
6608	Retainer Onlay - porcelain/ceramic, 2 surfaces	\$250	\$250	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200, 6500 & 6700 series and fixed partials
6609	Retainer Onlay - porcelain/ceramic, 3 or more surfaces	\$344	\$344	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200, 6500 & 6700 series and fixed partials
6610	Retainer Onlay - cast high noble metal, two surfaces	\$380	\$380	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200, 6500 & 6700 series and fixed partials
6611	Retainer Onlay - cast high noble metal, 3 or more surfaces	\$410	\$410	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200, 6500 & 6700 series and fixed partials
6612	Retainer Onlay - cast predominately base metal, 2 surfaces	\$150	\$150	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200, 6500 & 6700 series and fixed partials
6613	Retainer Onlay - cast predominately base metal, 3 + surfaces	\$315	\$315	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200, 6500 & 6700 series and fixed partials
6614	Retainer Onlay - cast noble metal, 2 surfaces	\$155	\$155	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200, 6500 & 6700 series and fixed partials
6615	Retainer Onlay - cast noble metal, 3 or more surfaces	\$360	\$360	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200, 6500 & 6700 series and fixed partials
6710	Retainer Crown - indirect resin based composite	\$150	\$150	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200, 6500 & 6700 series and fixed partials
6720	Retainer Crown - resin with high noble metal	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200 & 6600 series and fixed partials
6721	Retainer Crown - resin with predominately base metal	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200 & 6600 series and fixed partials
6722	Retainer Crown - resin with noble metal	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200 & 6600 series and fixed partials
6740	Retainer Crown - porcelain/ceramic	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200 & 6600 series and fixed partials
6750	Retainer Crown - porcelain fused to high noble metal	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200 & 6600 series and fixed partials
6751	Retainer Crown - porcelain fused to predominately base metal	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200 & 6600 series and fixed partials
6752	Retainer Crown - porcelain fused to noble metal	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200 & 6600 series and fixed partials

ADA	Description	Fee	Spec Fee	Pre-D Req *	Limits & Frequencies
6780	Retainer Crown - 3/4 cast high noble metal	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200 & 6600 series and fixed partials
6790	Retainer Crown - full cast high noble metal	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200 & 6600 series and fixed partials
6791	Retainer Crown - full cast predominately base metal	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200 & 6600 series and fixed partials
6792	Retainer Crown - full cast noble metal	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200 & 6600 series and fixed partials
6930	Re-cement or re-bond fixed partial denture	\$62	\$62		once every 12 months
6940	stress breaker	\$110	\$110		once every 60 months
6950	Precision attachment (by report)	\$125	\$125		once every 60 months
6980	Fixed partial denture repair necessitated by restorative material failure	\$75	\$75		once every 60 months
7111	Extraction, coronal remnants - deciduous tooth	\$57	\$87		once in a lifetime per tooth
7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$76	\$117		once in a lifetime per tooth
7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$90	\$140		once in a lifetime per tooth
7220	Removal of impacted tooth - soft tissue	\$102	\$157		once in a lifetime per tooth
7230	Removal of impacted tooth - partially bony	\$132	\$203		once in a lifetime per tooth
7240	Removal of impacted tooth - complete bony	\$152	\$234		once in a lifetime per tooth
7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$163	\$280		once in a lifetime per tooth
7250	Surgical removal of residual tooth roots (cutting procedure)	\$105	\$162		once in a lifetime per tooth
7260	Oroantral fistula closure	\$395	\$395	Y	once in a lifetime. Par-provider may charge UCR
7261	Primary closure of a sinus perforation (Admin decision if clinically approved)	up to \$375	up to \$375	Y	once in a lifetime per tooth. Par-provider may charge UCR. This will be decided on a case by case basis.
7280	Surgical access of an unerupted tooth	\$152	\$252		1/L
7283	Placement of (ortho) device to facilitate eruption of impacted tooth	\$11	\$28		1/L
7285	Incisional biopsy of oral tissue - hard (bone, tooth)	\$138	\$212		once per 12 months
7286	Incisional biopsy of oral tissue - soft	\$105	\$162		once per 12 months
7310	Alveoplasty in conjunction w/extractions - 4 or more teeth or tooth spaces, per quadrant	\$104	\$160		once in a lifetime
7311	Alveoplasty in conjunction w/extractions - 1-3 teeth or tooth spaces per quad	\$78	\$120		once in a lifetime
7320	Alveoplasty not in conj. w/extractions - 4 or more teeth or tooth spaces, per quad.	\$234	\$360		once every 60 months
7321	Alveoplasty not in conj. w/extractions - 1-3 teeth or tooth spaces, per quad.	\$176	\$270		once every 60 months
7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm	\$97	\$150		Biopsy report required; frequency once in a lifetime
7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25cm	\$150	\$250		Biopsy report required; frequency once in a lifetime
7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25cm	\$97	\$150		Biopsy report required; frequency once in a lifetime
7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25cm	\$150	\$250		Biopsy report required; frequency once in a lifetime
7510	Incision & drainage of abscess - intraoral soft tissue	\$50	\$77		no frequency limitations
7520	Incision & drainage of abscess - extraoral soft tissue	\$163	\$252		no frequency limitations
7950	Osseous,osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	\$225	\$225	Y	frequency is 1/5 years general; 1/L implant related. Par-Provider may charge UCR
7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	\$450	\$450	Y	frequency is 1/5 years general; 1/L implant related. Par-Provider may charge UCR
7953	Bone replacement graft for ridge preservation-per site	\$225	\$225	Y	frequency is 1/5 years general; 1/L implant related. Par-Provider may charge UCR
7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	\$125	\$220		no frequency limitations
8010	Limited orthodontic treatment of the primary dentition	\$120	\$120	Y	frequency 1/L
8020	Limited ortho treatment of the transitional dentition	\$120	\$120	Y	frequency 1/L
8030	Limited ortho treatment of the adolescent dentition	\$120	\$120	Y	frequency 1/L

ADA	Description	Fee	Spec Fee	Pre-D Req *	Limits & Frequencies
8040	Limited ortho treatment of the adult dentition	\$120	\$120	Y	frequency 1/L
8050	Interceptive ortho treatment of the primary dentition	\$120	\$120	Y	frequency 1/L
8060	Interceptive ortho treatment of transitional dentition	\$120	\$120	Y	frequency 1/L
8070	Comprehensive ortho treatment of transitional dentition. Invisalign became effect 10/20/12. Lifetime benefit \$1995		\$495	Y	Frequency 1/L. If work is being done by a Board Certified Orthodontist, Invisalign will be allowed at the same fees as comprehensive ortho. If a Board Certified orthodontist is not doing the treatment Invisalign will not be allowed. Par provider may charge UCR; Fund will allow \$1995
8080	Comprehensive ortho treatment of adolescent dentition. Invisalign became effect 10/20/12. Lifetime benefit \$1995		\$495	Y	Frequency 1/L. If work is being done by a Board Certified Orthodontist, Invisalign will be allowed at the same fees as comprehensive ortho. If a Board Certified orthodontist is not doing the treatment Invisalign will not be allowed. Par provider may charge UCR; Fund will allow \$1995
8090	Comprehensive ortho treatment of adult dentition. Invisalign became effect 10/20/12. Lifetime benefit \$1995		\$495	Y	Frequency 1/L. If work is being done by a Board Certified Orthodontist, Invisalign will be allowed at the same fees as comprehensive ortho. If a Board Certified orthodontist is not doing the treatment Invisalign will not be allowed. Par-provider may charge UCR; Fund will allow \$1995
8210	Removable appliance therapy		\$210	Y	frequency 1/L
8220	Fixed appliance therapy		\$250	Y	frequency 1/L
8660	Pre-orthodontic treatment visit		\$100		frequency 1/L
8670	Periodic Orthodontic treatment visit (as part of contract) (ACTIVE)		\$100		Adolescent & Adult: 14 active treatments. Patient is responsible for \$50 per month starting with 1st month through the 20th month. 21st-24th months no charge; 25th month & higher \$100 per month by patient.
8680	Orthodontic - retention (removal of appliances, construction and placement of retainer(s)) [PASSIVE]		n/c		Patient can only be charged \$25 per retention visit.
9110	Palliative (emergency) treatment of dental pain - minor procedure	\$25	\$25		no frequency limitations; tooth/area needed. Not to be abused
9220	Deep sedation/general anesthesia - first 30 minutes	\$120	\$120		1 per session through 12/31/15
9221	Deep sedation/general anesthesia-each additional 15 minutes	\$40	\$40		2 per session through 12/31/15
9223	Deep sedation/general anesthesia-each 15 minute increment	\$60 for 1st & 2nd 15 minute sessions. \$40 for 3rd & 4th 15 minute sessions.	\$60 for 1st & 2nd 15 minute sessions. \$40 for 3rd & 4th 15 minute sessions.		Effective 1/1/16. limit 4 per session; for a total of 1 hour. total benefits allowed per session is \$200
9241	Intravenous conscious sedation/analgesia - first 30 minutes	\$120	\$120		1 per session through 12/31/15
9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	\$40	\$40		2 per session through 12/31/15
9243	Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment	\$60 for 1st & 2nd 15 minute sessions. \$40 for 3rd & 4th 15 minute sessions.	\$60 for 1st & 2nd 15 minute sessions. \$40 for 3rd & 4th 15 minute sessions.		Effective 1/1/16. limit 4 per session; for a total of 1 hour. total benefits allowed per session is \$200
9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician (Per Session)	\$35	\$35		Provider can not be doing the work; second opinion only.
9940	Occlusal guard by report.	\$225	\$225		Frequency 1/60 months. Narrative needed. To minimize effects of bruxism (grinding) & other occlusal factors. Not including TMJ.

* NOTE: Pre-d required regardless of fee charged