

ADA	Description	Fee	Spec Fee	Aggregate Limits & Frequencies
0120	Periodic oral evaluation - established patient	\$25		In conjunction with 0150; two 0120's or one 0120 & one 0150.
0140	Limited oral evaluation - problem focused	\$30		1 per calendar year
0150	Comprehensive oral eval.-new or established patient	\$35		In conjunction with 0120; two 0120's or one 0120 & one 0150.
0160	Detailed & extensive oral evaluation-problem focused, by report	\$0	\$25	1 per calendar year
0180	Comprehensive periodontal evaluation new or established patient	\$25	\$35	1 per calendar year
0210	Intraoral - complete series of radiographic images	\$45		14 or more PA's & BW's combined. Either 0210 or 0330 every 36 months
0220	Intraoral - periapical first radiographic image	\$5		\$75 allowed w/i 12 month period
0230	Intraoral - periapical each add'l radiographic image	\$5		\$75 allowed w/i 12 month period
0240	Intraoral - occlusal radiographic image	\$10		
0270	Bitewing - single radiographic image	\$7		\$75 allowed w/i 12 month period
0272	Bitewings - two radiographic images	\$10		\$75 allowed w/i 12 month period
0273	Bitewings - three radiographic images	\$18		\$75 allowed w/i 12 month period
0274	Bitewings - four radiographic images	\$18		\$75 allowed w/i 12 month period
0277	Vertical bitewings - 7 to 8 radiographic images	\$35		\$75 allowed w/i 12 month period
0290	Posterior-anterior or lateral skull and facial bone survey radiographic image	\$20		
0330	Panoramic radiographic image (with or without additional radiographic images)	\$35		Either 0210 or 0330 every 36 months
0340	Cephalometric radiographic image	\$18		
0350	Oral/facial radiographic image obtained intraorally or extraorally	\$0	\$20	(orthodontists only)
0460	Pulp vitality tests	\$15		1/12 months
0470	Diagnostic casts	\$30		1/L for orthodontic claims can be combined under ortho work-up as code 8660
1110	Prophylaxis - adult	\$39		2 in a calendar year. 13 or older
1120	Prophylaxis - child	\$34		2 in a calendar year. 12 or under
1206	Topical application of fluoride varnish	\$14		2 in a calendar year. Must be at least 3 years of age through 12 years of age.
1208	Topical application of fluoride; w/o prophy	\$14		2 in a calendar year. Must be at least 3 years of age through 12 years of age.
1351	Sealant - per tooth	\$20		1/L per tooth; <b>must be virgin tooth; permanent molars only.</b> Up to 15 years of age and under.
1510	Space maintainer - fixed - unilateral	\$100		1/L
1516	Space maintainer - fixed - bilateral, maxillary	\$140		1/L <b>effective 1/1/19</b>
1517	Space maintainer - fixed - bilateral, mandibular	\$140		1/L <b>effective 1/1/19</b>
1550	Re-cementation or re-bond space maintainer	\$24		1 per 12 months
2140	Amalgam - 1 surface, permanent or primary	\$40		aggregate \$90 per tooth per 12 months
2150	Amalgam - 2 surfaces, permanent or primary	\$50		aggregate \$90 per tooth per 12 months
2160	Amalgam - 3 surfaces, permanent or primary	\$60		aggregate \$90 per tooth per 12 months
2161	Amalgam - 4 or more surfaces; primary or permanent	\$70		aggregate \$90 per tooth per 12 months
2330	Resin-based composite - 1 surface, anterior permanent or primary	\$50		aggregate \$90 per tooth per 12 months
2331	Resin-based composite - 2 surfaces, anterior permanent or primary	\$65		aggregate \$90 per tooth per 12 months
2332	Resin-based composite - 3 surfaces, anterior permanent or primary	\$80		aggregate \$90 per tooth per 12 months
2335	Resin-based composite - 4 or more surfaces or involving incisal angle (anterior) permanent/primary	\$90		aggregate \$90 per tooth per 12 months. <b>Must include surfaces DI or MI to receive full benefits.</b>
2391	Resin-based composite - 1 surface, posterior-permanent teeth only. Primary teeth will receive an alternate benefit of an amalgam.	\$50		aggregate \$90 per tooth per 12 months
2392	Resin-based composite - 2 surfaces, posterior-permanent teeth only. Primary teeth will receive an alternate benefit of an amalgam.	\$65		aggregate \$90 per tooth per 12 months

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2393	Resin-based composite - 3 surface, posterior-permanent teeth only. Primary teeth will receive an alternate benefit of an amalgam.	\$85		aggregate \$90 per tooth per 12 months
2394	Resin-based composite - 4 or more surfaces, posterior-permanent teeth only. Primary teeth will receive an alternate benefits of an amalgam.	\$90		aggregate \$90 per tooth per 12 months
2520	Inlay - metallic - 2 surfaces	\$195		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		frequency of 1/5 coincides with codes in 2700, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2542	Onlay - metallic - 2 surfaces	\$245		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		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		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		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		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		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		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		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		frequency of 1/5 coincides with codes in 2500, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2740	Crown - porcelain/ceramic	\$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		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		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		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		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		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		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		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		frequency of 1/5 coincides with codes in 2500, 6000, 6200, 6500, 6600, 6700 series and fixed partials

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2791	Crown - full cast predominately base metal	\$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		frequency of 1/5 coincides with codes in 2500, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2799	Provisional Crown	\$80		1/L
2910	Re-cement or re-bond inlay, onlay, or partial coverage restoration	\$25		
2920	Re-cement or re-bond Crown	\$30		
2930	Prefabricated stainless steel crown - primary tooth	\$120		1/L per tooth
2931	Prefabricated stainless steel crown - permanent tooth	\$120		
2940	Protective restoration	\$25		no frequency
2950	Core buildup, including any pins when required	\$90		either 2950 or 2952/2954 every 60 months
2951	Pin retention - per tooth, in addition to restoration	\$15		
2952	Post and core in addition to crown, indirectly fabricated	\$110		either 2952/2954 or 2950 every 60 months
2954	Prefabricated post and core in addition to crown	\$110		either 2952/2954 or 2950 every 60 months
2955	Post removal	\$140		once every 60 months
2970	Temporary crown (fractured tooth) Anterior Teeth Only	\$80		1/L
2980	Crown repair necessiated by restorative material failure	\$50		once every 60 months
3110	Pulp cap - direct (excluding final restoration)	\$18		1/12 months
3120	Pulp cap - indirect (excluding final restoration)	\$13		1/12 months
3220	Therapeutic pulpotomy (excluding final restoration) removal of pulp coronal to the dentinocemental junction and application of medicament (primary & permanent teeth)	\$43		1/L
3221	Pulpal debridement - primary and permanent teeth	\$43		1/L
3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$280	\$432	1/L
3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$327	\$504	1/L
3330	Endodontic therapy, molar tooth (excluding final resotation)	\$274	\$576	1/L
3331	Treatment of root canal obstruction; non-surgical access	\$0	\$300	1/L
3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$95	\$140	1/L
3346	Retreatment of previous root canal therapy - anterior	\$340	\$532	1/L
3347	Retreatment of previous root canal therapy - premolar	\$387	\$604	1/L
3348	Retreatment of previous root canal therapy - molar	\$434	\$676	1/L
3351	Apexification/recalcification - initial visit	\$75	\$110	1/L
3352	Apexification/recalcification - interim medication replacement	\$45	\$70	1/L
3353	Apexification/recalcification - final visit	\$45	\$70	1/L
3410	Apicoectomy - anterior	\$234	\$360	1/L
3421	Apicoectomy - premolar (first root)	\$304	\$468	1/L
3425	Apicoectomy - molar (first root)	\$351	\$540	1/L
3426	Apicoectomy (each additional root)	\$117	\$180	1/L
3430	Retrograde filling - per root	\$40	\$65	1/L
3450	Root amputation - per root	\$90	\$140	1/L
3920	Hemisection (including any root removal), not including root canal therapy	\$134	\$206	1/L; pre & post op x-rays required
4210	Gingivectomy or gingivoplasty - 4 or more contiguous teeth or tooth bounded spaces per quadrant	\$120	\$195	not within 48 months of 4260 for same quad
4211	Gingivectomy or gingivoplasty - 1-3 contiguous teeth or tooth bounded spaces per quadrant	\$90	\$155	not within 48 months of 4261 for same tooth (teeth)
4240	Gingival flap procedure; including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$300	\$450	not within 48 months of 4260 for same quad
4241	Gingival flap procedure, including root planing -1-3 contiguous teeth or tooth bounded spaces per quadrant	\$225	\$335	1/48 months
4249	Clinical Crown Lengthening - hard tissue	\$325	\$325	1/60 months per tooth
4260	Osseous surgery (including elevation of a full thickness flap & closure) - 4 or more contiguous teeth or tooth bounded spaces per quadrant	\$300	\$450	1/48 months per quad; not within 48 months of 4210 or 4240 for same quad
4261	Osseous surgery (including elevation of a full thickness flap and closure) - 1-3 contiguous teeth or tooth bounded spaces per quadrant	\$225	\$335	1/48 months per quad; not within 48 months of 4211 for same tooth (teeth)

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4263	Bone replacement graft - first site in quadrant	\$150		1/60 months for perio; once in a lifetime for implants.
4264	Bone replacement graft - each add'l site in quadrant	\$100		1/60 months for perio; once in a lifetime for implants.
4265	Emdogain; tissue regeneration	\$0	\$400	1/48 months
4270	Pedicle soft tissue graft procedure	\$150	\$190	1/48 months
4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	\$150	\$190	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	once in a lifetime per tooth
4341	Periodontal scaling & root planing - four or more teeth per quadrant	\$40	\$60	1/6 months
4342	Periodontal scaling & root planing - 1 to 3 teeth per quadrant	\$30	\$45	1/6 months
4910	Periodontal maintenance	\$50	\$65	ok to pay every 90 days if perio in history
5110	Complete denture - maxillary	\$650		1/60 months
5120	Complete denture - mandibular	\$650		1/60 months
5130	Immediate denture - maxillary	\$675		1/60 months
5140	Immediate denture - mandibular	\$675		1/60 months
5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$450		1/60 months
5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	\$450		1/60 months
5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$695		1/60 months
5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$695		1/60 months
5410	Adjust complete denture - maxillary	\$25		aggregate limit \$100 per arch per 12 months
5411	Adjust complete denture - mandibular	\$25		aggregate limit \$100 per arch per 12 months
5421	Adjust partial denture - maxillary	\$25		aggregate limit \$100 per arch per 12 months
5422	Adjust partial denture - mandibular	\$25		aggregate limit \$100 per arch per 12 months
5511	Repair broken complete denture base, mandibular	\$65		aggregate limit \$100 per arch per 12 months
5512	Repair broken complete denture base, maxillary	\$65		aggregate limit \$100 per arch per 12 months
5520	Replace missing or broken teeth - complete denture (each tooth)	\$55		aggregate limit \$100 per tooth per 12 months
5611	Repair resin partial denture base, mandibular	\$65		aggregate limit \$100 per arch per 12 months
5612	Repair resin partial denture base, maxillary	\$65		aggregate limit \$100 per arch per 12 months
5621	Repair cast partial framework, mandibular	\$100		aggregate limit \$100 per arch per 12 months
5622	Repair cast partial framework, maxillary	\$100		aggregate limit \$100 per arch per 12 months
5630	Repair or replace broken clasp - each clasp; per tooth	\$90		aggregate limit \$100 per tooth per 12 months
5640	Replace broken teeth - per tooth (or missing tooth)	\$55		aggregate limit \$100 per tooth per 12 months
5650	Add tooth to existing partial denture	\$60		aggregate limit \$100 per tooth per 12 months
5660	Add clasp to existing partial denture; per tooth	\$90		aggregate limit \$100 per tooth per 12 months
5730	Reline complete maxillary denture (chairside)	\$85		
5731	Reline complete mandibular denture (chairside)	\$85		
5740	Reline maxillary partial denture (chairside)	\$85		1/36 months
5741	Reline mandibular partial denture (chairside)	\$85		1/36 months
5750	Reline complete maxillary denture (laboratory)	\$130		
5751	Reline complete mandibular denture (laboratory)	\$130		
5760	Reline maxillary partial denture (laboratory)	\$130		
5761	Reline mandibular partial denture (laboratory)	\$130		
5820	Interim partial denture (maxillary)	\$150		
5821	Interim partial denture (mandibular)	\$150		
5850	Tissue conditioning - maxillary	\$45		
5851	Tissue conditioning - mandibular	\$45		
5863	Overdenture - complete maxillary	\$650		frequency of 1/5 coincides with codes in 5100 & 6000 series and fixed partials
5864	Overdenture - partial, maxillary	\$695		frequency of 1/5 coincides with codes in 5100 & 6000 series and fixed partials
5865	Overdenture - complete mandibular	\$650		frequency of 1/5 coincides with codes in 5100 & 6000 series and fixed partials
5866	Overdenture - partial, mandibular	\$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	



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6040	Surgical placement: eposteal implant	\$500	\$500	
6050	Surgical placement: transosteal implant	\$500	\$500	
6056	prefabricated abutment - includes modification and placement	\$500		
6057	custom fabricated abutment - includes placement	\$500		
6058	Abutment supported porcelain/ceramic crown	\$500		frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials
6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$500		frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials
6060	Abutment supported porcelain fused to metal crown (predominately base metal)	\$500		frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials
6061	Abutment supported porcelain fused to metal crown (noble metal)	\$500		frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials
6062	Abutment supported cast metal crown (high noble metal)	\$500		frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials
6063	Abutment supported cast metal crown (predominately base metal)	\$500		frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials
6064	Abutment supported cast metal crown (noble metal)	\$500		frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials
6065	Implant supported porcelain/ceramic crown	\$500		frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials
6066	Implant supported porcelain fused to metal crown (high noble metal)	\$500		frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials
6067	Implant supported metal crown (high noble metal)	\$500		frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials
6068	Abutment supported retainer for porcelain/ceramic FPD (fixed partial denture)	\$500		frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials
6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$500		frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials
6070	Abutment supported retainer for porcelain fused to metal FPD (predominately base metal)	\$500		frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials
6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$500		frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials
6072	Abutment supported retainer for cast metal FPD (high noble metal)	\$500		frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials
6073	Abutment supported retainer for cast metal FPD (predominately base metal)	\$500		frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials
6074	Abutment supported retainer for cast metal FPD (noble metal)	\$500		frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials
6075	Implant supported retainer for ceramic FPD	\$500		frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials
6076	Implant supported retainer for porcelain fused to metal	\$500		frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials
6077	Implant supported retainer for cast metal FPD	\$500		frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials
6080	Implant maintenance procedure		\$75 per quadrant	once every six months per quadrant (1-8 teeth). Individual implants included. <b>Effective 6/1/15. This benefit will come out of the perio max which active &amp; Retiree Upgrade members have; from General max with Retiree Basic members.</b>
6090	Repair Implant supported prosthesis		\$150	once every 3 years. <b>Effective 6/1/15. This benefit will come out of the General maximum.</b>
6104	Bone graft at time of implant placement	\$225	\$225	<b>This benefit will come out of the perio max which active &amp; Retiree Upgrade members have; from general max with Retiree Basic members. 1/Lifetime per tooth</b>
6110	Implant/abutment supported removable denture for edentulous arch - maxillary	\$650	\$650	frequency 1/5 years. Effective as of 1/1/15
6111	Implant/abutment supported removable denture for edentulous arch - mandibular	\$650	\$650	frequency 1/5 years. Effective as of 1/1/15
6112	Implant/abutment supported removable denture for partially edentulous arch - maxillary	\$695	\$695	frequency 1/5 years. Effective as of 1/1/15

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6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular	\$695	\$695	frequency 1/5 years. Effective as of 1/1/15
6210	Pontic - cast high noble metal	\$500		frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6500, 6600, 6700 series and fixed partials
6211	Pontic - cast predominately base metal	\$500		frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6500, 6600, 6700 series and fixed partials
6212	Pontic - cast noble metal	\$500		frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6500, 6600, 6700 series and fixed partials
6214	Pontic - titanium	\$500		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		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		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		frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6500, 6600, 6700 series and fixed partials
6245	Pontic-porcelain/ceramic	\$500		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		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		frequency of 1/5 coincides with codes in 2500, 2700, 6500, 6600, 6700 series and fixed partials
6252	Pontic - resin with noble metal	\$500		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		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		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		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		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		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		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		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		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		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		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		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		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		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		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		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		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		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		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		
6720	Retainer Crown - resin with high noble metal	\$500		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		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		frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200 & 6600 series and fixed partials

ADA	Description	Fee	Spec Fee	Aggregate Limits & Frequencies
6740	Retainer Crown - porcelain/ceramic	\$500		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		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		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		frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200 & 6600 series and fixed partials
6780	Retainer Crown - 3/4 cast high noble metal	\$500		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		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		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		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		1 in 12 months
6940	stress breaker	\$110		once in 60 months
6950	Precision attachment (by report)	\$125		once in 60 months
6980	Fixed partial denture repair necessitated by restorative material failure	\$75		once in 60 months
7111	Extraction, coronal remnants - primary tooth	\$57	\$87	1/L
7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$76	\$117	1/L
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	1/L
7220	Removal of impacted tooth - soft tissue	\$102	\$157	1/L
7230	Removal of impacted tooth - partially bony	\$132	\$203	1/L
7240	Removal of impacted tooth - complete bony	\$152	\$234	1/L
7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$163	\$280	1/L
7250	Surgical removal of residual tooth roots (cutting procedure)	\$105	\$162	1/L
7260	Oroantral fistula closure	\$395	\$395	1/L
7261	Primary closure of a sinus perforation ( <b>Admin decision if clinically approved</b> )	up to \$375	up to \$375	1/L
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	1 in 12 months
7286	Incisional biopsy of oral tissue - soft	\$105	\$162	1 in 12 months
7310	Alveoloplasty in conjunction w/extractions - 4 or more teeth or tooth spaces, per quadrant	\$104	\$160	1/L
7311	Alveoloplasty in conjunction w/extractions - 1-3 teeth or tooth spaces per quad	\$78	\$120	1/L
7320	Alveoloplasty not in conj. w/extractions - 4 or more teeth or tooth spaces, per quad.	\$234	\$360	once every 60 months
7321	Alveoloplasty 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	1/L
7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25cm	\$150	\$250	1/L
7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25cm	\$97	\$150	1/L
7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25cm	\$150	\$250	1/L
7510	Incision & drainage of abscess - intraoral soft tissue	\$50	\$77	
7520	Incision & drainage of abscess - extraoral soft tissue	\$163	\$252	
7950	Osseous,osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	\$225	\$225	frequency is 1/5 years general; 1/L implant related
7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	\$450	\$450	
7952	Sinus augmentation via a vertical approach	\$450	\$450	
7953	Bone replacement graft for ridge preservation-per site	\$225	\$225	frequency is 1/5 years general; 1/L implant related
7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	\$125	\$220	

ADA	Description	Fee	Spec Fee	Aggregate Limits & Frequencies
8010	Limited orthodontic treatment of the primary dentition		\$120	1/L
8020	Limited ortho treatment of the transitional dentition		\$120	1/L
8030	Limited ortho treatment of the adolescent dentition		\$120	1/L
8040	Limited ortho treatment of the adult dentition		\$120	1/L
8050	Interceptive ortho treatment of the primary dentition		\$120	1/L
8060	Interceptive ortho treatment of transitional dentition		\$120	1/L
8070	Comprehensive ortho treatment of transitional dentition		\$495	1/L
8080	Comprehensive ortho treatment of adolescent dentition		\$495	1/L
8090	Comprehensive ortho treatment of adult dentition		\$495	1/L
8210	Removable appliance therapy	\$210	\$210	1/L
8220	Fixed appliance therapy	\$250	\$250	1/L
8660	Pre-orthodontic treatment		\$100	1/L
8670	Periodic Orthodontic treatment (ACTIVE)		\$100	Adolescent & Adult: 14/L
8672	Interceptive adjustments		\$30	6/L
8680	Orthodontic - retention (removal of appliances, construction and placement of retainer{s}) [PASSIVE]		n/c	effective 7/18/16 n/c
9110	Palliative (emergency) treatment of dental pain - minor procedure	\$25		
9222	Deep sedation/general anesthesia-first 15 minutes		\$60 (first 15 minute session)	limit 1 per session
9223	Deep sedation/general anesthesia-each 15 minute increment		\$60 for 2nd 15 minute session. \$40 for 3rd & 4th 15 minute sessions.	limit 3 per session; for a total of 1 hour (including first 15 minutes)
9239	Intravenous moderate (conscious) sedation/analgesia-first 15 minutes		\$60 (first 15 minute session)	limit 1 per session
9243	Intravenous moderate (conscious) sedation/analgesia-each 15 minute increment		\$60 for 2nd 15 minute session. \$40 for 3rd & 4th 15 minute sessions.	limit 3 per session; for a total of 1 hour (including first 15 minutes)
9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician (Per Session)	\$35		only payable if provider is not doing any work within 12 months. If work is done within these 12 months fee will be deducted from that work.
9944	Occlusal guard - hard appliance, full arch	\$225	\$225	1/5 (60 months) <b>effective 1/1/19</b>
9945	Occlusal guard - soft appliance, full arch	\$225	\$225	1/5 (60 months) <b>effective 1/1/19</b>



Benefit Topic	Special Processing Instructions
<b>Pre-determination Clause</b>	<p>1. Group guidelines mandate that all treatment over \$1,000.00 must be pre-determined (excluding RCT's, apicos &amp; extractions). There is a once in a lifetime waiver given (per family) for any claim which has not been pre-determined prior to treatment being rendered. All areas (general, perio, ortho &amp; implant) are allowed a 1/L waiver per family. PLEASE NOTE: IF THE SUBMITTED CLAIM IS FROM A PARTICIPATING PROVIDER PLEASE USE FUND'S FEE SCHEDULE NOT THE PROVIDERS UCR WHEN DETERMINING OVER \$1000.</p> <p>2. If a claim is submitted over \$1,000 and is not pre-determined, the Fund has the right to issue a \$250 penalty to the member or provider if the work is deemed clinically necessary. The Fund will reserve the right to waive the penalty to a par provider. If this occurs please contact Fund Administrator (x 319) or Fund claims supervisor (x314).</p> <p>3. Pre-determinations are valid from the date issued through the end of the year in which the 12th month occurs. (i.e. issued 1/1/15 expires 12/31/16)</p> <p>4. If documentation received with claim &amp; no pre-determination has been obtained for any surgical, periodontal, implant related or orthodontic services, please do a clinical review for need in case appeal is forthcoming. If claim was not reviewed because docs were not presented, please request a clinical review if provider requests 2nd review or patient/member requests an appeal.</p>
<b>Coordination of Benefits</b>	<p>1. Verbal contact should be made with the dependent's primary carrier to see if the provider participates with them or if additional information is necessary.</p> <p>2. If primary carrier requires a specific provider be used &amp; patient opts not to utilize provider under primary, claims must be denied as the patient selected their own provider instead of utilizing a specific provider. Denial should read "NO BENEFIT: PRIMARY CARRIER VOLUNTARILY NOT USED"</p> <p>3. If primary is a capitation plan we do not pay, only if there is a co-pay that is noted on an EOB or schedule with the patients' name, plan type &amp; fee schedule.</p> <p>4. If primary insurance has approved treatment being submitted, the Fund still must make its own clinical determination.</p> <p>5. If a pre-d/claim is submitted and denies for frequency but benefits were never released because the primary paid in full, this claim is eligible for payment; clinical approval as well is necessary for some procedures.</p> <p>6. Allow up to full fee schedule when there is primary insurance &amp; the provider is non-participating with the Fund and the primary insurance plan. NOTE: Please make sure non-provider is not paid more than primary insurance allows their dental plan to charge if participating with primary.</p>
<b>COB for Dual Members</b>	<p>1. Second BF number will always get paid if clinically approved &amp; benefits are available &amp; do not exceed fee schedule.</p> <p>2. Dual member COB w/non par providers: member and dependents are eligible for benefits under both BF numbers up to the full fee schedule for all covered procedures (not to exceed fee charged) as long as benefits remain. Full ortho benefits are payable under both BF numbers.</p> <p>3. Dual member COB w/par providers: provider will only receive benefits under the primary BF number as long as the treatment has been paid in full according to our fee schedule. If the treatment has not been paid in full, whatever amount is outstanding will be paid under the secondary, as long as benefits remain &amp; do not exceed fee schedule.</p> <p>4. Dual member COB w/implants: For any implant related service, dual members can receive up to the fee schedule under both BF numbers, not to exceed amount charged, if benefits are available. Par providers can charge their UCR for any implant related procedures; the member and/or the dependents WILL have an out of pocket.</p> <p>5. Dual member COB w/ortho: Participating orthodontists: The Fund will release up to the ortho max of \$1995 under the primary BF number for any approved ortho treatment; under the secondary BF number, the required \$50 co-pay for the 1st through the 20th active treatment will be released to the participating provider. If patient needs more than 24 active the agreed upon \$100 per month will be paid from the secondary BF number utilizing the members benefits, as well as any passive/retention visit; at \$25 per visit. Non-par orthodontists: The Fund will release up to the maximum for each procedure code and up to the lifetime maximum under each BF number. We will never exceed the amount charged by the non-par provider for procedures (example - charge for active treatment is \$125 per visit; we pay \$75 under primary and \$50 under secondary).</p>
<b>Retirees &amp; Annual Max &amp; Pre-D</b>	<p>1. A member that retires during the middle of any given year can collect the entire retiree annual max (\$500-750) as long as they have not reached the entire active annual maximum already during that year (\$2750). Benefit never to exceed \$2,750 per calendar year.</p> <p>2. Retirees must pre-determine any surgical periodontal, implant related and orthodontic services.</p>
<b>Eligibility</b>	Currently SCMEBF requires Spring of current year to cover from 1/1/xx through 9/30/xx and Fall of current year to cover from 9/1/xx through 1/31/xx. All student verification must be sent to the Fund's eligibility department.
<b>Refund Letters</b>	Refund letters & documents are forwarded to SCMEBF who sends out the letters and follows up with members. ASO does not have to follow up.
<b>Dental Plan Processing</b>	<p>1. The Fund allows a 15 day "internal" grace period for claims that deny due to frequency. If a claim denies when processed, check last dos and allow if benefits remain (without request from member or provider).</p> <p>2. CDT code 9310 is only payable when that provider is not going to do any further work for the next 12 months; they must state on claim form "no further work to be done". If within 12 months work is done by this provider the \$35 must be deducted from any work being provided.</p> <p>3. If a claim is submitted for a procedure that will deny due to frequency, but the last time it was submitted the Fund/ASO never released any benefits, it is now payable. If it needs clinical approval, that must be done.</p> <p>4. No age limitations on procedures (prosthetics, perio, implants).</p> <p>5. No notarized narrative statement from provider is necessary when they are submitting a corrected claim form for filing with erroneous dates</p> <p>6. Timely processing of claims required; payable until 12/31/XX of following year of service date. If par provider submits a claim which denies due to late filing no harm to member/patient or Fund.</p> <p>7. Anesthesia to be paid even if Fund does not cover procedures provided.</p> <p>8. As per BOT action dated 1/28/10; multiple abutting (splinting of periodontically involved teeth) will be allowed if in the professional opinion of consultants the procedure is clinically indicated.</p> <p>9. As of 4/1/09 (back dated), the congenital defect of extra teeth are now covered; as of 2/1/12, the congenital defect of missing teeth are now covered.</p> <p>10. Provisional crowns are only payable for the 6 anterior upper and lower teeth.</p> <p>11. End of year submission of claims; If envelope is postmarked or claim received electronically by 12/31/XX claim is payable.</p> <p>12. Diagnostic, Preventative &amp; Restorative services are not included in the mandatory pre-determination rule for services in excess of \$1,000.</p>
<b>Ortho Processing</b>	<p>13. Par-Provider can charge UCR for Implant related procedures; ex: 6010 - providers charge is \$1500 - primary insurance pays \$600 - the Fund can still release up to \$500 (only when Fund lifetime benefits remain).</p> <p>1. When a member utilizes a par orthodontist they will have at least a \$1000 out of pocket. They must pay \$50 per month for the first 20 active treatments; \$100 a month for any active beyond the 24th, (no payment due for 21st - 24th visits), and \$25 for any retention visit.</p> <p>2. Retainers are NOT covered as a separate procedure. "Basic" retainers are covered for the par orthodontist.</p> <p>Resin-based composite - 1 surface, posterior-permanent teeth only. Primary teeth will receive an alternate benefit of an amalgam.</p> <p>Resin-based composite - 2 surfaces, posterior-permanent teeth only. Primary teeth will receive an alternate benefit of an amalgam.</p>
<b>Frequency Denials</b>	Resin-based composite - 3 or more surfaces, posterior-permanent teeth only. Primary teeth will receive an alternate benefit of an amalgam.
<b>Specialist Fees</b>	Effective 7/1/13 specialists will be paid at specialist rate regardless of procedure (i.e. periodontist extracting teeth and vice versa). A pedodontist is allowed any specialty fee.
<b>Relationship (between member &amp; doctor)</b>	SCMEBF Guidelines state "do not pend claims for relationship to Provider, even if the provider treats an immediate family member.