

Individual Out of Pocket Maximum: \$350 (applies to Pediatric only)

Family Out of Pocket Maximum: \$700 (applies to Pediatric only)

The following is a complete list of the dental procedures for which benefits are payable under this Plan. Non-listed procedures are not covered. This Plan does not allow alternate benefits. Members must visit a contracted dental office to utilize covered benefits. The Member's dental office will initiate a treatment plan or recommend the Member to see a specialist if the services are dentally necessary and outside the scope of general dentistry.

ADA Code	Description	Pediatric Copay	Adult Copay	Pediatric Limitations	Adult Limitation
	agnostic Services		copuy		
	riodic oral evaluation	\$5	\$0	2 of (D0120, D0150) per plan year	2 of (D0120, D0150, D0180) per plan year
	nited oral evaluation	\$5	\$0		
	ral evaluation under age 3	\$5	NPB		
	omprehensive oral evaluation	\$5	\$0	2 of (D0120, D0150) per plan year	2 of (D0120, D0150, D0180) per plan year
	al evaluation, problem focused	\$5	\$0		
	e-evaluation, limited, problem focused	\$5	\$0		
	e-evaluation, post operative office visit	\$10	\$0		
	omprehensive periodontal evaluation	NPB	\$0		2 of (D0120, D0150, D0180) per plan year
	traoral, complete series of radiographic images	\$25	\$0	1 (D0210) every 11 months	1 (D0210) every 11 months
	traoral, periapical, first radiographic image	\$5	\$0		· · ·
	traoral, periapical, each add 'I radiographic image	\$5	\$0		
D0240 Int	traoral, occlusal radiographic image	\$5	\$0	2 (D0240) every 12 months	2 (D0240) every 12 months
D0250 Ext	tra-oral 2D projection radiographic image, stationary radiation source	NPB	\$0		
D0251 Ext	tra-oral posterior dental radiographic image	NPB	\$0		
D0270 Bit	tewing, single radiographic image	\$5	\$0	1 -f (00270 00272 00274)	
D0272 Bit	tewings, two radiographic images	\$5	\$0	1 of (D0270, D0272, D0274) every 6 months	
D0273 Bit	tewings, three radiographic images	\$5	\$0		1 of (D0270-D0277) every 6 months
D0274 Bit	tewings, four radiographic images	\$5	\$0	1 of (D0270, D0272, D0274) every 6 months	
D0277 Ve	ertical bitewings, 7 to 8 radiographic images	\$5	\$0		
D0322 To	omographic survey	\$100	NPB		
D0330 Pai	noramic radiographic image	\$35	\$0	1 (D0330) every three plan years	1 (D0330) every three plan years
D0340 2D) cephalometric radiographic image, measurement and analysis	\$35	NPB		
D0350 2D	oral/facial photographic image, intra-orally/extra-orally	\$25	NPB		
D0351 3D) photographic image	\$25	NPB		
D0415 Co	Ilection of microorganisms for culture	\$25	\$0		
D0416 Vir	ral culture	\$25	NPB		
D0425 Car	ries susceptibility tests	NPB	\$0		
D0460 Pul	ılp vitality tests	\$10	\$0		
	agnostic casts	\$26	NPB		
	ccession of tissue, gross exam, prep & report	NPB	\$0		
	ccession of tissue, gross/micro. exam, prep, report	NPB	\$0		
	ccession of tissue, gross/micro. exam, report	NPB	\$0		
	ccession of transepithelial cytologic sample, prep, written report	\$35	NPB		
	her oral pathology procedures, by report	\$40	NPB		
	ries risk assessment and documentation, low risk	\$0	NPB		
	ries risk assessment and documentation, moderate risk	\$0	NPB		
	ries risk assessment and documentation, high risk	\$0	NPB		
	eventive Services				
	ophylaxis, adult	\$10	\$0	2 of (D1110, D1120, D4346, D4910) per plan year	2 of (D1110, D4346, D4910) per plan year
	ophylaxis, child	\$10	NPB	(., ., .,, <u>.</u> , <u></u> , <u></u> , <u></u> , <u></u> ,	
	pical application of fluoride varnish	\$0	\$0	2 of (D1206, D1208) per plan year	2 of (D1206, D1208) per plan year
	pical application of fluoride, excluding varnish	\$0	\$0	· · · · ·	· · · · · · · ·
	utritional counseling for control of dental disease	\$0	\$0		
	bacco counseling, control/prevention oral disease	NPB	\$0		
D1330 Ora	al hygiene instruction	\$0	\$0		



Individual Out of Pocket Maximum: \$350 (applies to Pediatric only)

Notic Description Notic Notic Pediatric Limitations Code Copay Copay Copay Pediatric Limitations Preventive Services (continued) D1351 Sealant, per tooth \$10 NPB 1 of (D1351, D1352) per tooth, 1st and 2nd permanent molars D1352 Preventive resin restoration, permanent tooth \$10 NPB per lifetime	Adult Limitation
D1351Sealant, per tooth\$10NPB1 of (D1351, D1352) per tooth, 1st and 2nd permanent molarsD1352Preventive resin restoration, permanent tooth\$10NPBper lifetime	
D1352 Preventive resin restoration, permanent tooth \$10 NPB	
D1353 Sealant repair, per tooth 1 (D1353) per tooth, 1st and 2nd permanent molars per lifetime	
D1510 Space maintainer, fixed, unilateral \$85 NPB	
D1515 Space maintainer, fixed, bilateral \$85 NPB 2 of (D1510-D1525, D1575) every 12 months, 4 units per	
D1520 Space maintainer, removable, unilateral \$85 NPB lifetime	
D1525 Space maintainer, removable, bilateral \$85 NPB	
D1550 Re-cement or re-bond space maintainer \$10 NPB	
D1555 Removal of fixed space maintainer \$10 NPB	
D1575 Distal shoe space maintainer, fixed, unilateral \$85 NPB 2 of (D1510-D1525, D1575) every 12 months, 4 units per lifetime	
Basic Restorative Services Basic Restorative Services	
D2140 Amalgam, one surface, primary or permanent \$51 \$10	
D2150 Amalgam, two surfaces, primary or permanent \$65 \$15	
D2160 Amalgam, three surfaces, primary or permanent \$79 \$20 1 of (D2140-D2335, D2391-D2394) per tooth per surface	1 of (D2140-D2335, D2391-D2394) per tooth per surface
D2161 Amalgam, four or more surfaces, primary or permanent \$96 \$25 every 12 months, if replacement restoration is less than 12	every 12 months, if replacement restoration is less than 12
D2330 Resin-based composite, one surface, anterior \$60 \$10 months by the same dental office or provider it is not	months by the same dental office or provider it is not
D2331 Resin-based composite, two surfaces, anterior \$77 \$15 chargeable to the plan or member	chargeable to the plan or member
D2332 Resin-based composite, three surfaces, anterior \$85 \$20	
D2335 Resin-based composite, four or more surfaces, involving incisal angle \$98 \$25	
D2390 Resin-based composite crown, anterior \$150 \$100 1 (D2390) per tooth every 12 months	1 (D2390) per tooth every 12 months
D2391 Resin-based composite, one surface, posterior \$55 \$20 1 of (D2140-D2335, D2391-D2394) per tooth per surface	1 of (D2140-D2335, D2391-D2394) per tooth per surface
D2392 Resin-based composite, two surfaces, posterior \$75 \$25 every 12 months, if replacement restoration is less than 12	every 12 months, if replacement restoration is less than 12
D2393 Resin-based composite, three surfaces, posterior \$90 \$30 months by the same dental office or provider it is not	months by the same dental office or provider it is not
D2394 Resin-based composite, four or more surfaces, posterior \$105 \$35 chargeable to the plan or member	chargeable to the plan or member
Major Restorative Services	
*GUIDELINE CROWNS-PEDIATRIC ONLY	
1. When a crown and/or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an additional \$125.00 per unit, beyond the 6th unit.	
2. Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee \$150.00 per unit.	
3. Posterior teeth: For a covered porcelain fused to metal crown, a porcelain margin is considered a material upgrade with a maximum additional charge to the Enrollee of \$75.00 per unit.	
D2510 Inlay, metallic, one surface NPB \$250	
D2520 Inlay, metallic, two surfaces NPB \$250	
D2530 Inlay, metallic, three or more surfaces NPB \$250	
D2542 Onlay, metallic, two surfaces NPB \$250	
D2543 Onlay, metallic, three surfaces NPB \$250	
D2544 Onlay, metallic, four or more surfaces NPB \$250	
D2610 Inlay, porcelain/ceramic, one surface NPB \$250	
D2620 Inlay, porcelain/ceramic, two surfaces NPB \$250	
D2630 Inlay, porcelain/ceramic, three or more surfaces NPB \$250	1 of (D2510-D2794, D6205-D6794) per permanent tooth
D2642 Onlay, porcelain/ceramic, two surfaces NPB \$250	every 5 year period. Must meet medical necessity as
D2643 Onlay, porcelain/ceramic, three surfaces NPB \$250	determined by a dentist
D2644 Onlay, porcelain/ceramic, four or more surfaces NPB \$250	
D2650 Inlay, resin-based composite, one surface NPB \$250	
D2651 Inlay, resin-based composite, two surfaces NPB \$250	
D2652 Inlay, resin-based composite, three or more surfaces NPB \$250	
D2662 Onlay, resin-based composite, two surfaces NPB \$250	
D2663 Onlay, resin-based composite, three surfaces NPB \$250	
D2664 Onlay, resin-based composite, four or more surfaces NPB \$250	
D2710 Crown, resin-based composite (indirect) NPB \$150	



Individual Out of Pocket Maximum: \$350 (applies to Pediatric only)

ADA	Description	Pediatric	Adult	Pediatric Limitations	Adult Limitation
Code		Copay	Сорау		
D2712	Major Restorative Services (continued)	ć220	Ć150		
D2712	Crown, ¼ resin-based composite (indirect)	\$320	\$150		
D2720	Crown, resin with high noble metal	NPB \$350*	\$150 \$150		
D2721 D2722	Crown, resin with predominantly base metal Crown, resin with noble metal	\$350* NPB	\$150		
D2722 D2740	Crown, porcelain/ceramic	\$350*	\$150		
D2740	Crown, porcelain/ceramic Crown, porcelain fused to high noble metal	\$350* NPB	\$150		
D2750 D2751	Crown, porcelain fused to high hobie metal Crown, porcelain fused to predominantly base metal	\$350*	\$200	1 of (D2712-D2791, D6205-D6794) per permanent tooth	
D2751 D2752	Crown, porcelain fused to predominantly base metal	NPB	\$200	every 5 year period. Must meet medical necessity as	1 of (D2510-D2794, D6205-D6794) per permanent tooth
D2732	Crown, % cast high noble metal	NPB	\$200	determined by a dentist	every 5 year period. Must meet medical necessity as
D2780	Crown, % cast predominantly base metal	\$350*	\$200		determined by a dentist
D2781	Crown, % cast predominantly base metal	NPB	\$200		
D2782	Crown, % porcelain/ceramic	NPB	\$200		
		NPB	\$200		
D2790	Crown, full cast predominantly base metal	\$350*	\$200		
D2791	Crown, full cast noble metal	NPB	\$200		
D2792	Crown, titanium	NPB	\$200		
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage	\$20	\$300 \$20		
D2915	Re-cement or re-bond indirectly fabricated/prefabricated post & core	\$20	\$20		
D2920	Re-cement or re-bond crown	\$20	\$20		
D2921	Reattachment of tooth fragment, incisal edge or cusp	NPB	\$25		
D2930	Prefabricated stainless steel crown, primary tooth	\$72	\$50	1 (D2930) per tooth every 36 months	1 (D2930) per tooth every 36 months
D2931	Prefabricated stainless steel crown, permanent tooth	\$100	\$75	1 (D2391) per tooth per lifetime	1 (D2391) per tooth per lifetime
D2932	Prefabricated resin crown	\$80	\$75	1 (D2932) per tooth every 36 months	1 (D2932) per tooth every 36 months
D2933	Prefabricated stainless steel crown with resin window	\$115	\$50	1 (D2933) per tooth every 36 months	1 (D2933) per tooth every 36 months
D2940	Protective restoration	\$30	\$30		
D2949	Restorative foundation for an indirect restoration	NPB	\$85		
D2950	Core buildup, including any pins when required	\$100	\$100		
D2951	Pin retention, per tooth, in addition to restoration	\$20	\$20		
D2952	Post & core in addition to crown, indirect fabricated	\$115	\$115		
D2953	Each additional indirect fabric. post, same tooth	\$85	\$85		
D2954	Prefabricated post & core in addition to crown	\$90	\$90		
D2955	Post removal	\$85	\$85		
D2957	Each additional prefabricated post, same tooth	\$72	\$72		
D2960	Labial veneer (resin laminate), chairside	\$310	\$125		
D2961	Labial veneer (resin laminate), laboratory	\$335	\$150	1 of (D2960-D2962) per permanent tooth when medically	1 of (D2960-D2962) per permanent tooth every 5 year period
D2962	Labial veneer (porcelain laminate), laboratory	\$355	\$150	necessary	
D2971	Additional procedure to construct new crown, existing partial denture frame	NPB	\$30		
D2975	Coping	\$100	\$100		
D2980	Crown repair necessitated by restorative material failure	\$85	\$85		
D2981	Inlay repair necessitated by restorative material failure	NPB	\$85		
D2982	Onlay repair necessitated by restorative material failure	NPB	\$85		
D2983	Veneer repair necessitated by restorative material failure	NPB	\$85		
	Endodontic Services				
D3110		\$20	\$20		
	Pulp cap, indirect (excluding final restoration)	\$20	\$20		
D3220	Therapeutic pulpotomy (excluding final restoration)	\$65	\$65		
D3221	Pulpal debridement, primary and permanent teeth	NPB	\$35		
D3222	Partial pulpotomy, apexogenesis, permanent tooth, incomplete root	\$70	\$70		
D3230	Pulpal therapy, anterior, primary tooth (excluding final restoration)	\$80	\$80		
	Pulpal therapy, posterior, primary tooth (excluding finale restoration)	\$90	\$90		
· · · · ·			· ·		1



Individual Out of Pocket Maximum: \$350 (applies to Pediatric only)

ADA	Description	Pediatric	Adult	Pediatric Limitations	Adult Limitation
Code		Сорау	Сорау		
Endodontic Services (continued)		<u> </u>	¢400		
D3310 Endodontic therapy, anterior tooth (exclu	•	\$200	\$100		
D3320 Endodontic therapy, premolar tooth (excl		\$250	\$150		
D3330 Endodontic therapy, molar tooth (excludin	•	\$350	\$200		
D3331 Treatment of root canal obstruction; non-	•	\$95	\$95		
D3332 Incomplete endodontic therapy; inoperat		\$200	\$200		
D3333 Internal root repair of perforation defects		NPB	\$35		
D3346 Retreatment of previous root canal thera		NPB	\$150		
D3347 Retreatment of previous root canal thera		NPB	\$200		
D3348 Retreatment of previous root canal thera	py, molar	NPB	\$250		
D3351 Apexification/recalcification, initial visit		\$85	\$85		
D3352 Apexification/recalcification, interim med	ication replacement	\$85	\$85		
D3353 Apexification/recalcification, final visit		\$150	\$150		
D3410 Apicoectomy, anterior		\$185	\$185		
D3421 Apicoectomy, premolar (first root)		\$254	\$254		
D3425 Apicoectomy, molar (first root)		\$275	\$275		
D3426 Apicoectomy, (each additional root)		\$75	\$75		
D3427 Periradicular surgery without apicoectom	У	\$300	\$300		
D3430 Retrograde filling, per root		\$75	\$75		
D3450 Root amputation, per root		\$110	\$110		
D3460 Endodontic endosseous implant		\$320	NPB		
D3920 Hemisection, not including root canal the	••	\$85	\$85		
D3950 Canal preparation and fitting of preforme	d dowel or post	\$70	NPB		
Periodontal Services		6425	6425		
D4210 Gingivectomy or gingivoplasty, four or mo		\$125	\$125		
D4211 Gingivectomy or gingivoplasty, one to thr	• •	\$45	\$45		
D4212 Gingivectomy or gingivoplasty, restorative		NPB	\$75		
D4230 Anatomical crown exposure, four or more		\$189	NPB		
D4231 Anatomical crown exposure, one to three		\$170	NPB		
D4240 Gingival flap procedure, four or more teel	• •	\$125	\$125		
D4241 Gingival flap procedure, one to three teet	h per quadrant	\$95	\$95		
D4245 Apically positioned flap		NPB	\$20		
D4249 Clinical crown lengthening, hard tissue		\$210	\$210		
D4260 Osseous surgery, four or more teeth per o		\$205	\$205		
D4261 Osseous surgery, one to three teeth per o		\$165	\$165	1 of (D4210-D4278) surgical procedure per quad every 60	
D4263 Bone replacement graft, retained natural		\$195	\$195	months	1 of (D4210-D4285) surgical procedure per quad every 60
D4264 Bone replacement graft, retained natural	•	\$150	\$150		months
D4265 Biologic materials to aid in soft and osseo	•	\$100	NPB		
D4266 Guided tissue regeneration, resorbable ba		\$300	\$300		
D4267 Guided tissue regeneration, non-resorbat	ble barrier, per site	\$350	\$350		
D4270 Pedicle soft tissue graft procedure		\$125	\$125		
D4273 Autogenous connective tissue graft proce	•	\$350	\$350		
D4274 Mesial/distal wedge procedure, single too		\$210	\$210		
D4275 Non-autogenous connective tissue graft,	first tooth	NPB	\$350		
D4277 Free soft tissue graft, first tooth		\$340	\$615		
D4278 Free soft tissue graft, each additional too		\$350	\$205		
D4283 Autogenous connective tissue graft proce		NPB	\$350		
D4285 Non-autogenous connective tissue graft p	procedure, each additional tooth, per site	NPB	\$350		
D4320 Provisional splinting, intracoronal		\$50	NPB		
D4321 Provisional splinting, extracoronal		\$70	NPB		



Individual Out of Pocket Maximum: \$350 (applies to Pediatric only)

ADA	Description	Pediatric	Adult	Pediatric Limitations	Adult Limitation
Code	Periodontal Services (continued)	Сорау	Сорау		
	Ferrodontal services (continued) IE: No more than two (2) quadrants of periodontal scaling and root planing per appointment/ per day are	e allowable			
-	Periodontal scaling and root planing, four or more teeth per quadrant	\$110	\$40		
	Periodontal scaling and root planing, one to three teeth per quadrant	\$60	\$25	1 of (D4341, D4342) per site/quad every 12 months	1 of (D4341, D4342) per site/quad every 12 months
_	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	\$10	\$25	2 of (D1110, D1120, D4346, D4910) per plan year	2 of (D1110, D4346, D4910) per plan year
	Full mouth debridement	\$75	\$25		1 (D4355) every 24 months
	Localized delivery of antimicrobial agent/per tooth	\$70	\$25		_ (
	Periodontal maintenance	\$42	\$0	2 of (D1110, D1120, D4346, D4910) per plan year	2 of (D1110, D4346, D4910) per plan year
0.010	Removable Prosthodontic Services		<i>ų</i> u		
D5110	Complete denture, maxillary	\$350	\$400		
	Complete denture, mandibular	\$350	\$400		
	Immediate denture, maxillary	\$350	\$450		
	Immediate denture, mandibular	\$350	\$450	1 of (D5110-D5214) per arch every 60 months. Must meet	
	Maxillary partial denture, resin base	\$350	\$150	medical necessity as determined by a dentist	
	Mandibular partial denture, resin base	\$350	\$150	, ,	
	Maxillary partial denture, cast metal, resin base	\$350	\$400	1	1 of (D5110-D5226) per arch every 60 months. Must meet
	Mandibular partial denture, cast metal, resin base	\$350	\$400		medical necessity as determined by a dentist
	Immediate maxillary partial denture, resin base	NPB	\$250		
	Immediate manifoliar partial denture, resin base	NPB	\$250		
	Immediate maxillary partial denture, cast metal framework, resin denture base	NPB	\$400		
	Immediate manifold partial denture, cast metal framework, resin denture base	NPB	\$400		
	Maxillary partial denture, flexible base	NPB	\$300		
-	Mandibular partial denture, flexible base	NPB	\$300		
	Removable unilateral partial denture, one piece cast metal	\$350	\$300	1 (D5281) every 60 months. Must meet medical necessity as	1 (D5281) every 60 months. Must meet medical necessity as
				determined by a dentist	determined by a dentist
-	Adjust complete denture, maxillary	\$45	\$30	-	
	Adjust complete denture, mandibular	\$45	\$30	1 of (D5410-D5422) per arch every 6 months	1 of (D5410-D5422) per arch every 6 months
-	Adjust partial denture, maxillary	\$45	\$30	- , , ,	
	Adjust partial denture, mandibular	\$45	\$30		
	Repair broken complete denture base, mandibular	\$65	\$40		
-	Repair broken complete denture base, maxillary	\$65	\$40		
	Replace missing or broken teeth, complete denture	\$41	\$30		
	Repair resin partial denture base, mandibular	\$65	\$40		
	Repair resin partial denture base, maxillary	\$65	\$40		
	Repair cast partial framework, mandibular	\$125	\$75		
	Repair cast partial framework, maxillary	\$125	\$75		
-	Repair or replace broken clasp, per tooth	\$125	\$75		
	Replace broken teeth, per tooth	\$65	\$65		
	Add tooth to existing partial denture	\$65	\$65		
	Add clasp to existing partial denture, per tooth	\$105	\$105		
	Replace all teeth & acrylic on cast metal frame, maxillary	\$310	\$310		
-	Replace all teeth & acrylic on cast metal frame, mandibular	\$310	\$310		
	Rebase complete maxillary denture	NPB	\$100		
	Rebase complete mandibular denture	NPB	\$100		
	Rebase maxillary partial denture	NPB	\$100		
	Rebase mandibular partial denture	NPB	\$100		
	Reline complete maxillary denture, chairside	\$125	\$100	4	
-	Reline complete mandibular denture, chairside	\$125	\$100	4	
	Reline maxillary partial denture, chairside	\$105	\$100	1 of (D5730-D5761) per arch every 6 months	1 of (D5730-D5761) per arch every 6 months
	Reline mandibular partial denture, chairside	\$105	\$100	4	
D5750	Reline complete maxillary denture, laboratory	\$190	\$100		



Individual Out of Pocket Maximum: \$350 (applies to Pediatric only)

ADA	Description	Pediatric	Adult	Pediatric Limitations	Adult Limitation
Code	Preserve has Dreath a damatic Campions (as phinned)	Сорау	Copay		
D5751	Removable Prosthodontic Services (continued)	¢100	¢100		
-	Reline complete mandibular denture, laboratory	\$190	\$100	1 of (D5730-D5761) per arch every 6 months	1 of (D5730-D5761) per arch every 6 months
	Reline maxillary partial denture, laboratory	\$165	\$100	1 of (D5730-D5761) per arch every 6 months	1 of (D5730-D5761) per archievery 6 months
D5761	Reline mandibular partial denture, laboratory	\$165	\$100	1 -f (D5020 D5021) and each success (0 and other Must model)	1 of (DE020 DE021) was such as an COmparish. Must mark
D5820	Interim partial denture, maxillary	\$205	\$205	1 of (D5820-D5821) per arch every 60 months. Must meet	1 of (D5820-D5821) per arch every 60 months. Must meet
D5821	Interim partial denture, mandibular	\$205	\$205	medical necessity as determined by a dentist	medical necessity as determined by a dentist
D5850	Tissue conditioning, maxillary	\$42 \$42	\$42 \$42		
D5851	Tissue conditioning, mandibular		\$42 NPB		
D5862	Precision attachment, by report	\$185	NPB		
D6205	Fixed Prosthodontic Services Pontic, indirect resin based composite	NPB	\$292		
	Pontic, cast high noble metal	NPB	\$292		
D6210		NPB	\$200		
D6211 D6212	Pontic, cast predominantly base metal Pontic, cast noble metal	NPB	\$200		
D6212 D6214	Pontic, titanium	NPB	\$200		
D6214 D6240		NPB	\$200		
D6240 D6241	Pontic, porcelain fused to high noble metal	NPB	\$200		
D6241 D6242	Pontic, porcelain fused to predominantly base metal Pontic, porcelain fused to noble metal	NPB	\$200		
D6242 D6245	Pontic, porcelain/ceramic	NPB	\$200		
D6243	Pontic, resin with high noble metal	NPB	\$200		
D6251	Pontic, resin with predominantly base metal	NPB	\$200		
D6251	Pontic, resin with noble metal	NPB	\$200		
D6232	Retainer inlay, porcelain/ceramic, two surfaces	NPB	\$380		
D6601		NPB	\$380		
D6602	Retainer inlay, porcelain/ceramic, three or more surfaces	NPB	\$380		
D6602	Retainer inlay, cast high noble metal, two surfaces Retainer inlay, cast high noble metal, three or more surfaces	NPB	\$380		
D6604	Retainer inlay, cast high hobe metal, time of more surfaces	NPB	\$380		
D6605	Retainer inlay, cast base metal, two surfaces	NPB	\$380		
D6606	Retainer inlay, cast base metal, time of more surfaces	NPB	\$380		
D6607	Retainer inlay, cast noble metal, two surfaces	NPB	\$380		1 of (D2510-D2794, D6205-D6794) per permanent tooth
D6608	Retainer inlay, cast hobe inetal, there of hibre surfaces Retainer onlay, porcelain/ceramic, two surfaces	NPB	\$380		every 5 year period. Must meet medical necessity as
D6609	Retainer onlay, porcelain/ceramic, two surfaces	NPB	\$380		determined by a dentist
D6610	Retainer onlay, cast high noble metal, two surfaces	NPB	\$380		determined by a dentise
D6611	Retainer onlay, cast high noble metal, three or more surfaces	NPB	\$380		
D6612	Retainer onlay, cast base metal, two surfaces	NPB	\$380		
D6613	Retainer onlay, cast base metal, two surfaces Retainer onlay, cast base metal, three or more surfaces	NPB	\$380		
D6614	Retainer onlay, cast noble metal, two surfaces	NPB	\$380		
D6615	Retainer onlay, cast noble metal, two surfaces	NPB	\$380		
D6710	Retainer crown, indirect resin based composite	NPB	\$285		
D6720	Retainer crown, resin with high noble metal	NPB	\$300		
D6721	Retainer crown, resin with high hobe metal	NPB	\$300		
D6722	Retainer crown, resin with pictorimitally base metal	NPB	\$300		
D6740	Retainer crown, porcelain/ceramic	NPB	\$300		
D6750	Retainer crown, porcelain fused to high noble metal	NPB	\$300		
D6751	Retainer crown, porcelain fused to predominantly base metal	NPB	\$300		
D6752	Retainer crown, porcelain fused to pictorimitative back incluing	NPB	\$300		
D6780	Retainer crown, % cast high noble metal	NPB	\$300		
D6781	Retainer crown, % cast predominantly base metal	NPB	\$300		
D6782	Retainer crown, % cast pictormitantly base metal	NPB	\$300		
D6783	Retainer crown, % porcelain/ceramic	NPB	\$300		
	Retainer crown, full cast high noble metal	NPB	\$300		
20750			4000	1	



Individual Out of Pocket Maximum: \$350 (applies to Pediatric only)

codeCodeCodeCodeCodeCodeCode1000000000000000000000000000000000000	ADA	Description	Pediatric	Adult	Pediatric Limitations	Adult Limitation
1979Ensure room, All cat produced with year end of an analysis of an an		Eivad Dracthadantic Carvicas (continued)	Copay	Сорау		
Bothor conv., funct nucle netal NPR SA00 every S yaur perol. Muck meet netalial neccision is dependent of partial dentur. DRVB Recover, tor is another partial dentur. S75 S75 Convert. Dependent of partial dentur. Dependentur. Dependentur. <			NPR	\$300		1 of (D2510-D2794_D6205-D6794) per permanent tooth
1979Besiner cow, itaninNP6530decembed by a denial1980Recent or bood bid agained denianNP6631Automatical denianAutomatical denian1980Recent or bood bid agained denianNP6631Automatical denianAutomatical denian1980Recent or bood bid agained denianNP6531Automatical denianAutomatical denian1981Recent or bood bid agained denian541531Automatical denianAutomatical denian1981Recent or bood bid agained denian532540Automatical denianAutomatical denian1972Record of Impacted test Automatical denian532540Automatical denianAutomatical denian1973Record of Impacted test Automatical denian532540Automatical denianAutomatical denian1973Record of Impacted test Automatical denian532540Automatical denianAutomatical denian1973Record of Impacted test Automatical denian534540Automatical denianAutomatical denian1973Record of Impacted test Automatical denian535540Automatical denianAutomatical denian1973Record of Impacted test Automatical denian536536Automatical denianAutomatical denian1974Record of Impacted test Automatical denian530530Automatical denianAutomatical denian1975Record of Instance denian530530Automatical denianAutomatical denian1978Record of Ins						
10200 102000 10200 102000 102000 102000 102000 102000 102000 102000 102000 102000 1020000 1020000 1020000 1020000 10200000 10200000 10200000000000000000000000000000000000						
1940 Prob Prob<						
10640 Inclusional density engine resource la labor104920201050010711Intraction, sorond ensumes, primary sorth542551107120Intraction, surgets both reguing ensure of loose add/or actioning of both590523107120Intraction, surgets both reguing ensure of loose add/or actioning of both590523107120Intraction, surgets both reguing ensure of loose add/or actioning of both590523107200Instruction (anguated loos), ensure of loose add/or actioning of both590523107200Instruction (anguated loos), ensure of loose add/or actioning of loose590593107200Instruction (anguated loos), ensure of loose add/or actioning of loose590593107200Instruction (anguated loos), ensure of loose add/or actioning of loose590593107200Instruction (anguated loos), ensure of loose add/or add						
Oral & Absultation Services Image: Construmentary private youth of appended not. Selve Selve <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td></th<>						
1711Exerction, coronal remarks, primary tooth5425131728Exerction, cupited tooth requiring enroval of base and/or sectioning of tooth5485201728Enroval of imagical tooth, and/or sectioning of tooth5185301728Enroval of imagical tooth, and/or sectioning of tooth5185301728Enroval of imagical tooth, and/or sectioning of tooth5185301728Enroval of imagical tooth, and/or sectioning of tooth52611728Enroval of imagical tooth, and/or sectioning on tooth52611728Enroval of imagical tooth, and/or sectioning on tooth5205561728Enroval of imagical tooth, and/or sectioning on tooth520NPR1728Enroval of imagical tooth, and/or sectioning on tooth520NPR1729Enroval of instance on tooth520NPR1720Enroval of instance on tooth520NPR1721Enroval of instance on tooth520S1001722Enroval of instance on tooth520S1001723Enroval of instance on tooth520S101724Enroval of instance on tooth520S101725Enroval of instance on tooth520S101728Enroval of instance on tooth520S101728Enroval of instance on tooth520S101728Enroval of instance on tooth520S101728Enroval of instance on tooth520S101729Enroval of ins	00500		NIB	720		
0710 Stractco, engletation registed notify encode does and/set set onling of both 540 0720 Barteco, unique to the registing removal of box end/set set onling of both 500 523 0720 Barteco, unique to the registing removal of box end/set set onling of both 500 523 0720 Barteco, unique to the registing removal of box end/set of the registing removal of the registing registi	D7111		\$42	\$15		
17220Extraction, engined tools require, removal of bone and/or sectioning of tools59062317238Removal of impacted tools, partially bony512554017248Removal of impacted tools, complete bony, complication52555517241Removal of impacted tools, complete bony, complication52655517242Removal of inspacted tools, complete bony, complication52655517243Removal and recidual tools rotons and sectors and						
17220Bernoad of impacts tooth, jork tissue1724930172017230Bernoad of impacts tooth, completely boy172353517241Bernoad of impacts tooth, completely boy172653517281Bernoad of residual tooth roots (utiling procedure)172853517282Bernoad of residual tooth roots (utiling procedure)172853517283Concentry, intentional particulation the roots (utiling procedure)172853617284Bernoad Indexidual tooth renoval178855517284Dirota (residual tooth renoval)1788545017284Dirota (residual tooth renoval)1785510517284Dirota (residual tooth renoval)1785510517284Bernoad roots (residual tooth renoval)1785510517285Bernoad roots (residual tooth renoval)1785178617286Bernoad roots (residual tooth renoval)1785178617286Bernoad roots (residual tooth renoval)1785178617286Bernoad roots (residual tooth renoval)1786178617287Bernoad roots (residual tooth renoval)1786178617288Bernoad roots (residual tooth renoval)1786						
10220Bernovel of impactor booth, complexity horny1125540102740Bernovel impactor booth, complexity horny5105555102741Bernovel impactor booth, complexity horny580585102752Bernovel impactor booth, complexity horny886585102753Bernovel impactor booth, complexity horny886585102754Bernovel instalt booth removal1498565102755Decoment fishul a closure5200NPB102766Decoment fishul a closure5205NPB102767Decoment primatrix marky archivabilization accident51055105102768Decoment of an unergrador booth5065505102768Decoment of an unergrador booth506550102768Instaltation activation and total closure activation and total closure activation and total closure activation activat						
107230 Benoval of impacted tools, comparety kowp 5150 555 107241 Benoval of residual tools noto (cutting procedue) 585 585 107250 Benoval of residual tools noto (cutting procedue) 586 585 107261 Consortial foluie (course of a sing perforstion 520 NP8 107261 Consortial foluie (course of a sing perforstion 520 NP8 107281 Consortial foluie (course of a sing perforstion 520 NP8 107281 Printery perforstion 520 NP8 107281 Printery perforstion 520 S50 107282 Printery perforstion 520 S50 107282 Printery perforstion S50 S50 107282 Printery perforstion S50 S50 107282 Printery perforstion S50 NP8 107282 Consortian period tools S50 NP8 107283 Renoth Rouge, transplied/alsa consortian S50 NP8 107284 Renoth Rouge, transplied/alsa consortian S50			1			
17241 Henroyal impacted tooth, complete borny, complication 520 585 17258 Benroyal residual tooth routing processing 585 585 17250 Coronectomy, intertional partal tooth removal 1496 565 17250 Doronet fishul doour 1200 NP48 17250 Doronet fishul doour 5105 17251 Doronet providence of a sinus perforation 5105 17252 More and tooth complexition and origital tooth fishul doour 5105 17282 Mobilization of eruited/majoritalisation and origital too fishup door fis						
07230 Serveral of residual tooth roots (cuting procedure) 585 565 07261 Concorctury, Intentical partial tooth removal 520 NPB 07270 Tooth reinginantion and/or atabilization, accident 5125 Concorctury, Intentical partial tooth removal 07281 Microarc daves for all stace, hard flooth tooth 525 Concorctury, Intentical partial tooth removal 07282 Incorcent daves for all stace, hard flootnom, tooth tooth 525 Concorctury, Intentical partial partial partial tooth removal 07283 Incorcent daves for all stace, hard flootnom, tooth tooth 526 NPB 07284 Incorcent daves for all stace, hard flootnom, by report 525 NPB 07285 Individent daves for all stace, hard flootnom, by report 526 NPB 07286 Individent daves for all stace, hard flootnom, by report 527 NPB 07286 Individent daves for all						
17251 Coronectomy, Interional partial tool reacogal MPB 965 17250 Orcantri Intula dossue 529 MPB 17251 Orcantri Intula dossue 5205 5105 17250 Decomposition and/or stalization, accident 5105 5105 17250 Decomposition and/or stalization, accident 5105 5105 17261 Tools reingularization and/or stalization, accident 5105 530 17282 Decomposition of contribution document equation in particin 550 550 17283 Discomposition document equation in particin 550 550 17283 Discomposition document equation in particin 550 MPB 17283 Discomposition of contribution document equation in particin 550 MPB 17283 Discomposition of contribution document equation in particin 550 MPB 17284 Ranch biology of oral tissue, fast S50 MPB 10252 17284 Ranch biology of cont tissue, fast S50 MPB 10252 17284 Ranch biology of cont tissue, fast S50						
07260 Orcantral fishuk cosure 9200 NPB 07261 Primary Oxour of a sinu performan 9200 NPB 07270 Primary Oxour of a sinu performan 9200 NPB 07280 Exporter of an uneruped tooth 5125 5125 07281 Price method frag tooth 5125 5225 07282 Exporter device of an interruped terruption impaction 550 07283 Price method frag tooth 525 07284 Exporter device of an interrupted terruption impaction 550 07285 Exclosed tabops of oral tissue, and 550 07286 Exclosed tabops of an insue, and 550 07285 Exclosed tabops of an insue, and 550 07286 Exclosed tabops of an insue, and 550 07286 Station tabops (an angle collection 553 07286 Station tabops (an angle collection 550 07287 Method tabops (an angle collection 550 07288 Station tabops (an angle collection 550 07280 Pacement of tempopray ancharge doce winclosed tabor			1	1		
17221Primary closure of a sinus perforationS290NPB17270Toom impiantion and/resultation accidentS105S10517282Mobilization of equipedimpiositioned toothNPBS12517283Mobilization of equipedimpiositioned toothNPBS12517284Mobilization of equipedimpiositioned toothS95S5017285Incisional biopy of oral issue, hard toore, toothS95S5017285Incisional biopy of oral issue, hard toore, toothS95S9517286Incisional biopy of oral issue, add.S95S9517288Incisional properties of the second toore, toothS95S9517288Incisional properties of the second toore, toothS95NPB17288Brach biopy, transpitchelia sample collectionS45NPB17281Iransuegati Intercontroly, properties of S78NPB17282Brach biopy are created liber toolding ling inciculaes device removalS350NPB17289Placement of temporary anchorage device equipating flags includes device removalS350NPB17284Brach biopy ary of the second took biops are second took biops are second took biops are second biops are						
19720 Tooth reimplantation and/or stabilization, accident \$105 \$106 19728 Space of an unerupted tooth \$125 \$125 19728 Mobilization of erupted/majositioned tooth NPB \$125 19728 Mobilization of erupted/majositioned tooth NPB \$125 19728 Incisional blogy of rail tissue, hard (born, coth) 955 NPB 19728 Fondioux Protocol \$45 NPB 19728 fondioux Income \$45 NPB 19728 fondioux Income \$45 NPB 19728 fondioux Income \$50 NPB 19728 fondioux Income \$50 NPB 19728 fondioux Income \$50 NPB 19729 fondioux Income \$50 NPB 19729 fondioux Income \$50 NPB 19729 fondioux Income \$500 NPB 19721 fondioux Income \$500 NPB 19722 fondioux Income \$500 NPB 197						
107280 Exposure of an unequipted tooth \$125 107281 Molitization of explicit/mailyostioned tooth NPB \$252 107283 Molitization of explicit/mailyostioned tooth \$90 \$50 107284 Molitization of explicit/mailyostioned tooth \$95 NPB 107284 Pachement of temporary anchorage device reading flags (includes device removal \$350 NPB 107292 Placement of temporary anchorage device removal \$350 NPB 107284 Placement of temporary anchorage device removal \$350 NPB 107284 Placement of temporary anchorage device removal \$350 NPB 107284 Placement of temporary anchorage device removal \$350 NPB 107244 Placement of temporary anchorage device rendurant \$1						
17222 Mobilization of erupted/malpositionat nom NPB 5125 17233 Incisional biopsy of oral tissue, hard (bone, tooth) 550 NPB 17234 Incisional biopsy of oral tissue, hard (bone, tooth) 550 NPB 17235 Incisional biopsy of oral tissue, soft 585 NPB 17236 Incisional biopsy of oral tissue, soft 585 NPB 17237 Incidence tissue, soft 585 NPB 17238 Brush biopsy, transceptibilis ample collection 545 NPB 17239 Surgical repositioning of teeth 5250 NPB 17239 Pacement of temporary anchorage device (creauring flag) 5350 NPB 17239 Pacement of temporary anchorage device (creauring flag), includes device removal 5350 NPB 17239 Pacement of temporary anchorage device (creauring flag), includes device removal 5350 NPB 17231 Alveoloplasty, who extractions, one to three teeth per quadrant 510 S110 17331 Alveoloplasty, who extractions, one to three teeth per quadrant 5110 S110 17341 Alveo						
17233 Placement, device to facilitate explorion, impaction \$50 .50 07285 Incisional biopy of oral tissue, bard (bone, tooth) \$95 NP8 07286 Incisional biopy of oral tissue, soft \$85 \$85 07286 Incisional biopy of oral tissue, soft \$85 \$85 07286 Exclusing and the component of the program of the component of the program on the component of the programon on the component of the pr	-					
17228 Incisional biopsy of oral tissue, soft 595 NPB 07286 Incisional biopsy of oral tissue, soft 585 \$85 07287 Exfolative cyclogical sample collection 545 NPB 07288 Brush biopsy, transpithelial sample collection 550 NPB 07289 Brush biopsy, transpithelial sample collection 550 NPB 07281 Exfolative cyclogical sample collection 550 NPB 07282 Exercised of temporary anchorage device scaw retained platel requiring flap 5350 NPB 07283 Placement of temporary anchorage device vertive requiring flap 5350 NPB 07284 Placement of temporary anchorage device without flap, includes device removal 5350 NPB 07284 Placement of temporary anchorage device without flap, includes device removal 530 NPB 07284 Placement of temporary anchorage device scaw tractions, four or more teeth per quadrant 510 530 07284 Meoloplasty, whit extractions, one to three teeth per quadrant 5110 5110 07381 Alveoloplasty, wore extractions, one to three teeth per quadrant 511	_					
D7280 Incisional biopsy of oral tissue, soft S95 \$98 D7271 Exfoliative cytological sample collection \$45 NPB D7280 Exfoliative cytological sample collection \$50 NPB D7281 First System \$50 NPB D7281 First System Care Statistics S50 NPB D7281 First System Care Statistics S50 NPB D7282 Placement of temporary anchorage device (screw treatined plate) requiring flap \$350 NPB D7283 Placement of temporary anchorage device (screw treatined plate) requiring flap \$350 NPB D7284 Placement of temporary anchorage device (screw treatined plate) requiring flap \$350 NPB D7310 Alveoloplasty with extractions, four or more teeth per quadrant \$110 \$110 D7311 Alveoloplasty, with extractions, one tor three teeth per quadrant \$110 \$110 D7321 Alveoloplasty, with extractions, one tor three teeth per quadrant \$105 \$100 D7311 Alveoloplasty, with extractions, one tor three teeth per quadrant \$105 \$100 D7312<						
17278Exfoliative cyclological sample collection\$45NPB17288Brush biopsy, transepthelial sample collection\$50NPB17280Surgial repositioning of teeth\$250NPB17282Placement of temporary anchorage device (screw retained platel requiring flap\$350NPB17283Placement of temporary anchorage device retained platel requiring flap\$350NPB17284Placement of temporary anchorage device retained platel requiring flap\$350NPB17284Placement of temporary anchorage device removal\$350NPB17284Placement of temporary anchorage device removal\$350NPB17284Aveoloplasty, wide stratclons, four or more teeth per quadrant\$110\$11017284Aveoloplasty, wide stratclons, four or more teeth per quadrant\$110\$11017284Aveoloplasty, wide stratclons, four or more teeth per quadrant\$100\$10017284Aveoloplasty, wide stratclons, four or more teeth per quadrant\$100\$10017282Aveoloplasty, wide stratclons, four or more teeth per quadrant\$100\$10017282Aveoloplasty, wide stratclons, four or more teeth per quadrant\$100\$10017412<			1			
D7288 Brush biopsy, transeptitelial sample collection \$50 NPB D7291 Transeptitelial sample collection \$78 NPB D7291 Transeptitelial sample collection \$78 NPB D7292 Placement of temporary anchorage device strem retained plate [requiring flap \$350 NPB D7293 Placement of temporary anchorage device stremoval \$350 NPB D7294 Placement of temporary anchorage device removal \$350 NPB D7313 Alveoloplasty with extractions, four or more teeth per quadrant \$100 \$100 D7314 Alveoloplasty with extractions, four or more teeth per quadrant \$110 \$110 D7324 Alveoloplasty with extractions, one to three teeth per quadrant \$110 \$110 D7324 Alveoloplasty with extractions, one to three teeth per quadrant \$160 \$160 D7314 Alveoloplasty with extractions, one to three teeth per quadrant \$105 NPB D7412 Excision of benign lesion, up to 1.25 cm \$105 NPB D7414 Excision of malignant tumor, up to 1.25 cm \$200 NPB D7424 Excision of malignant tumor, up to 1.25 cm \$205 \$205 D7438 Removal, benign odnotogenic cyst/tumor, up to 1.25 cm \$205 \$205 D744	-					
D7290Surgical repositioning of teth\$250NPBD7291Transseptal fiberotomy/supra crest fiberotomy, by report\$78NPBD7292Placement of temporary anchorage device requiring flap; includes device removal\$350NPBD7293Placement of temporary anchorage device without flap; includes device removal\$350NPBD7294Placement of temporary anchorage device without flap; includes device removal\$350NPBD7210Alveoloplasty with extractions, four or more teeth per quadrant\$90\$90D7311Alveoloplasty, with extractions, one to three teeth per quadrant\$110\$110D7320Alveoloplasty, with extractions, one to three teeth per quadrant\$160\$160D7321Alveoloplasty, with extractions, one to three teeth per quadrant\$100\$10D7321Alveoloplasty, with extractions, one to three teeth per quadrant\$100\$100D7321Alveoloplasty, with extractions, one to three teeth per quadrant\$100\$100D7321Excision of benign lesion, greater than 1.25 cm\$205NPB <td>_</td> <td></td> <td></td> <td></td> <td></td> <td></td>	_					
D7231Transseptal fiberotomy, by report578NPBD7232Placement of temporary anchorage device (serve retained plate) requiring flap5350NPBD7239Placement of temporary anchorage device removal5350NPBD7310Alveoloplasty with extractions, four or more teeth per quadrant5100S100D7311Alveoloplasty, with extractions, four or more teeth per quadrant5110S110D7321Alveoloplasty, with extractions, four or more teeth per quadrantS100S100D7311Alveoloplasty, with extractions, four or more teeth per quadrantS100S100D7321Alveoloplasty, with extractions, four or more teeth per quadrantS100S100D7311Excision of benign lesion, up to 1.25 cmS100NPBD7412Excision of benign lesion, complicatedS100NPBD7414Excision of malignant tumor, up to 1.25 cmS205NPBD7441Excision of malignant tumor, up to 1.25 cmS205S205D7451Removal, benign odontogenic cyst/tumor, up to 1.25 cmS205S205D7451Removal, benign odontogenic cyst/tumor, greater than 1.25 cmS205S205D7451Removal, benign odontogenic cyst/tumor, greater than 1.25 cmS205S205D7461Removal, benign odontogenic cyst/tumor, greater than 1.25 cmS205S205D7461Removal, benign odontogenic cyst/tumor, greater than 1.25 cmS205S205D7461Removal, benign odontogenic cyst/tumor, greater than 1.25 cmS205S205D7						
D7292Placement of temporary anchorage device [screw retained plate] requiring flap\$350NP8D7293Placement of temporary anchorage device (seruoval flap; includes device removal\$350NP8D7310Alveoloplasty with extractions, four or more teeth per quadrant\$90\$90D7311Alveoloplasty with extractions, one to three teeth per quadrant\$110\$110D7320Alveoloplasty, w/o extractions, one ro more teeth per quadrant\$110\$110D7321Alveoloplasty, w/o extractions, one ro more teeth per quadrant\$110\$110D7321Alveoloplasty, w/o extractions, one to three teeth per quadrant\$100\$100D7321Alveoloplasty, w/o extractions, one to three teeth per quadrant\$100\$100D7321Alveoloplasty, w/o extractions, one to three teeth per quadrant\$100\$100D7311Excision of benign lesion, complicated\$160\$160D7411Excision of benign lesion, complicated\$160NP8D7412Excision of malignant tumor, up to 1.25 cm\$300NP8D7414Excision of malignant tumor, greater than 1.25 cm\$205\$205D7415Removal, benign odontogenic cyst/tumor, greater than 1.25 cm\$30NP8D7460Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm\$30\$30D7461Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm\$30\$30D7461Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm\$330\$30D7461Removal, benign nonodontogenic c			-	NPB		
D7293Placement of temporary anchorage device requiring flap; includes device removal\$350NPBD7294Placement of temporary anchorage device without flap; includes device removal\$350NPBD7310Alveoloplasty with extractions, four or more teeth per quadrant\$110\$110D7311Alveoloplasty, w/o extractions, four or more teeth per quadrant\$110\$110D7321Alveoloplasty, w/o extractions, four or more teeth per quadrant\$110\$110D7321Alveoloplasty, w/o extractions, one to three teeth per quadrant\$110\$110D7321Alveoloplasty, w/o extractions, one to three teeth per quadrant\$110\$110D7321Alveoloplasty, w/o extractions, one to three teeth per quadrant\$160\$160D7412Excision of benign lesion, greater than 1.25 cm\$105NPBD7412Excision of malignant tumor, up to 1.25 cm\$30NPBD7441Excision of malignant tumor, greater than 1.25 cm\$205\$205D7441Excision of nulgnant tumor, greater than 1.25 cm\$330\$330D7450Removal, benign dontogenic cyst/tumor, greater than 1.25 cm\$330\$330D7460Removal, benign ontodontogenic cyst/tumor, greater than 1.25 cm\$330NPBD7461Removal, benign ontodontogenic cyst/tumor, preater than 1.25 cm\$330NPBD7460Removal, benign ontodontogenic cyst/tumor, greater than 1.25 cm\$330NPBD7461Removal, benign ontodontogenic cyst/tumor, greater than 1.25 cm\$330NPBD7462Removal,	D7292	Placement of temporary anchorage device [screw retained plate] requiring flap	\$350	NPB		
D7294Placement of temporary anchorage device without flap; includes device removal\$350NPBD7310Alveoloplasty with extractions, nour or nore teeth per quadrant\$90\$90D7311Alveoloplasty with extractions, not or hore teeth per quadrant\$110\$110D7320Alveoloplasty, w/o extractions, four or more teeth per quadrant\$110\$110D7321Alveoloplasty, w/o extractions, not to three teeth per quadrant\$110\$110D7321Alveoloplasty, w/o extractions, not to three teeth per quadrant\$100\$100D7410Excision of benign lesion, up to 1.25 cm\$105NPBD7411Excision of benign lesion, up to 1.25 cm\$105NPBD7412Excision of maing nant tumor, greater than 1.25 cm\$106NPBD7441Excision of maing nant tumor, up to 1.25 cm\$205\$205D7441Excision of maing not ontogenic cyst/tumor, up to 1.25 cm\$205\$205D7443Removal, benign odontogenic cyst/tumor, up to 1.25 cm\$330NPBD7451Removal, benign nondontogenic cyst/tumor, up to 1.25 cm\$330\$330D7460Removal, benign nondontogenic cyst/tumor, up to 1.25 cm\$330NPBD7465Destruction of lesion (s) by physical or chemical method, by report\$110NPBD7470Removal, benign nondontogenic cyst/tumor, greater than 1.25 cm\$330NPBD7465Destruction of lesion (s) by physical or chemical method, by report\$110NPBD7476Removal, benign nondontogenic cyst/tumor, greater than 1.25 c			\$350	NPB		
D7310Alveoloplasty with extractions, four or more teeth per quadrant\$90\$90D7311Alveoloplasty, with extractions, one to three teeth per quadrant\$110\$110D7320Alveoloplasty, with extractions, one to three teeth per quadrant\$110\$110D7321Alveoloplasty, with extractions, one to three teeth per quadrant\$100\$100D7310Excision of benign lesion, up to 1.25 cm\$100\$100D7411Excision of benign lesion, up to 1.25 cm\$105NPBD7412Excision of benign lesion, cynelated\$160NPBD7440Excision of banginant tumor, up to 1.25 cm\$30NPBD7440Excision of bangin dontogenic cyst/tumor, up to 1.25 cm\$205\$205D7440Excision of bangin odontogenic cyst/tumor, up to 1.25 cm\$205\$205D7450Removal, benign nondontogenic cyst/tumor, up to 1.25 cm\$205\$205D7450Removal, benign nondontogenic cyst/tumor, up to 1.25 cm\$205\$205D7451Rexision of malignant tumor, up to 1.25 cm\$205\$205D7461Removal, benign nondontogenic cyst/tumor, up to 1.25 cm\$330NPBD7461Removal, benign nondontogenic cyst/tumor, up to 1.25 cm\$330NPBD7461Removal, benign nondontogenic cyst/tumor, up to 1.25 cm\$330NPBD7461Removal, benign nondontogenic cyst/tumor, greater than 1.25 cm\$330NPBD7462Destruction of lesion(s) by physical or chemical method, by report\$110NPBD7471Removal, benig			\$350	NPB		
D7311Alveoloplasty with extractions, one to three teeth per quadrant\$110\$110D7320Alveoloplasty, w/o extractions, four or more teeth per quadrant\$110\$110D7321Alveoloplasty, w/o extractions, four or more teeth per quadrant\$160\$160D7410Excision of benign lesion, up to 1.25 cm\$105NPBD7411Excision of benign lesion, complicated\$160NPBD7412Excision of benign lesion, complicated\$160NPBD7414Excision of benign lesion, complicated\$160NPBD7442Excision of malignant tumor, up to 1.25 cm\$30NPBD7445Excision of malignant tumor, up to 1.25 cm\$205\$205D7445Removal, benign odontogenic cyst/tumor, up to 1.25 cm\$205\$205D7450Removal, benign nondontogenic cyst/tumor, greater than 1.25 cm\$330NPBD7451Removal, benign nondontogenic cyst/tumor, greater than 1.25 cm\$205\$205D7451Removal, benign nondontogenic cyst/tumor, greater than 1.25 cm\$330NPBD7461Removal, benign nondontogenic cyst/tumor, greater than 1.25 cm\$330NPBD7465Destruction of lesion(s) by physical or chemical method, by report\$110NPBD7474Removal of lateral exostosis, maxilla or mandibleNPB\$150D7472Removal of torus palatinus\$150\$150\$150D7474Removal of torus mandibularis\$150\$150\$150D7474Removal of torus mandibularis\$150\$150 <td>D7310</td> <td></td> <td>\$90</td> <td>\$90</td> <td></td> <td></td>	D7310		\$90	\$90		
D7320Alveoloplasty, w/o extractions, four or more teeth per quadrant\$110\$110D7321Alveoloplasty, w/o extractions, one to three teeth per quadrant\$160\$160D7410Excision of benign lesion, up to 1.25 cm\$105NPBD7411Excision of benign lesion, greater than 1.25 cm\$106NPBD7412Excision of benign lesion, complicated\$160NPBD7414Excision of malignant tumor, up to 1.25 cm\$30NPBD7440Excision of malignant tumor, greater than 1.25 cm\$30NPBD7441Excision of malignant tumor, up to 1.25 cm\$205\$205D7451Removal, benign odontogenic cyst/tumor, greater than 1.25 cm\$330\$330D7450Removal, benign nondontogenic cyst/tumor, greater than 1.25 cm\$205\$205D7451Removal, benign nondontogenic cyst/tumor, greater than 1.25 cm\$330NPBD7461Removal, benign nondontogenic cyst/tumor, greater than 1.25 cm\$30NPBD7461Removal, benign nondontogenic cyst/tumor, greater than 1.25 cm\$300NPBD7465Destruction of lesion(\$) by physical or chemical method, by report\$110NPBD7471Removal of otrus palatinus\$150\$150D7472Removal of torus	D7311	Alveoloplasty with extractions, one to three teeth per quadrant	\$110	\$110		
D7410Excision of benign lesion, up to 1.25 cmS105NPBD7411Excision of benign lesion, greater than 1.25 cm\$105NPBD7412Excision of benign lesion, complicated\$160NPBD7440Excision of malignant tumor, up to 1.25 cm\$30NPBD7441Excision of malignant tumor, greater than 1.25 cm\$60NPBD7450Removal, benign dontogenic cyst/tumor, up to 1.25 cm\$205\$205D7451Removal, benign nondontogenic cyst/tumor, up to 1.25 cm\$30NPBD7450Removal, benign nondontogenic cyst/tumor, up to 1.25 cm\$205\$205D7451Removal, benign nondontogenic cyst/tumor, up to 1.25 cm\$330NPBD7460Removal, benign nondontogenic cyst/tumor, up to 1.25 cm\$330\$330D7461Removal, benign nondontogenic cyst/tumor, greater than 1.25 cm\$205NPBD7451Removal dontogenic cyst/tumor, up to 1.25 cm\$205NPBD7461Removal, benign nondontogenic cyst/tumor, greater than 1.25 cm\$330NPBD7451Removal do flateral exotosis, maxilla or mandibleNPBImage: maximum context of the cyst of tumor context of t			\$110	\$110		
D7411Excision of benign lesion, greater than 1.25 cm\$105NPBD7412Excision of malignant tumor, up to 1.25 cm\$30NPBD7444Excision of malignant tumor, greater than 1.25 cm\$60NPBD7453Removal, benign odontogenic cyst/tumor, greater than 1.25 cm\$205\$205D7454Removal, benign odontogenic cyst/tumor, up to 1.25 cm\$30NPBD7455Removal, benign odontogenic cyst/tumor, greater than 1.25 cm\$205\$205D7456Removal, benign odontogenic cyst/tumor, up to 1.25 cm\$30NPBD7457Removal, benign onodontogenic cyst/tumor, greater than 1.25 cm\$330\$330D7460Removal, benign onodontogenic cyst/tumor, greater than 1.25 cm\$205NPBD7461Removal, benign onodontogenic cyst/tumor, greater than 1.25 cm\$330NPBD7462Destruction of lesion(s) by physical or chemical method, by report\$110NPBD7473Removal of lateral exostosis, maxilla or mandibleNPB\$150D7473Removal of lateral exotosis, maxilla or mandible\$150\$150D7473Removal of torus mandiblularis\$150\$150D7474Removal of torus mandiblularis\$150\$150D7479Radical resection of maxilla or mandible\$350NPB	D7321	Alveoloplasty, w/o extractions, one to three teeth per quadrant	\$160	\$160		
D7412Excision of benign lesion, complicated\$160NPBD7440Excision of malignant tumor, up to 1.25 cm\$30NPBD7441Excision of malignant tumor, greater than 1.25 cm\$60NPBD7450Removal, benign odontogenic cyst/tumor, up to 1.25 cm\$205\$205D7451Removal, benign odontogenic cyst/tumor, greater than 1.25 cm\$330\$330D7450Removal, benign nondontogenic cyst/tumor, greater than 1.25 cm\$330\$330D7460Removal, benign nondontogenic cyst/tumor, up to 1.25 cm\$330\$330D7461Removal, benign nondontogenic cyst/tumor, greater than 1.25 cm\$205NPBD7461Removal, benign nondontogenic cyst/tumor, greater than 1.25 cm\$330NPBD7461Removal, benign nondontogenic cyst/tumor, greater than 1.25 cm\$10NPBD7462Removal, benign nondontogenic cyst/tumor, greater than 1.25 cm\$10NPBD7463Removal of lesion(s) by physical or chemical method, by report\$110NPBD7474Removal of lesion(s) by physical or chemical method, by report\$150\$150D7472Removal of torus palatinus\$150\$150D7473Removal of torus mandibularis\$150\$150D7490Radical resection of maxilla or mandible\$350NPB	D7410	Excision of benign lesion, up to 1.25 cm	\$105	NPB		
D7440Excision of malignant tumor, up to 1.25 cm\$30NPBD7441Excision of malignant tumor, greater than 1.25 cm\$60NPBD7450Removal, benign odontogenic cyst/tumor, up to 1.25 cm\$205\$205D7451Removal, benign odontogenic cyst/tumor, greater than 1.25 cm\$330\$330D7460Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm\$205NPBD7461Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm\$205NPBD7462Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm\$205NPBD7463Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm\$205NPBD7464Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm\$330NPBD7455Destruction of lesion(s) by physical or chemical method, by report\$110NPBD7471Removal of lateral exostosis, maxilla or mandibleNPB\$150D7472Removal of torus palatinus\$150\$150D7473Removal of torus mandibularis\$150\$150D7490Radical resection of maxilla or mandible\$350NPB	D7411	Excision of benign lesion, greater than 1.25 cm	\$105	NPB		
D7441Excision of malignant tumor, greater than 1.25 cm\$60NPBD7450Removal, benign odontogenic cyst/tumor, up to 1.25 cm\$205\$205D7451Removal, benign odontogenic cyst/tumor, greater than 1.25 cm\$330\$330D7460Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm\$205NPBD7461Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm\$330NPBD7461Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm\$330NPBD7461Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm\$330NPBD7465Destruction of lesion(s) by physical or chemical method, by report\$110NPBD7471Removal of lateral exostosis, maxilla or mandibleNPB\$150D7472Removal of torus palatinus\$150\$150D7473Removal of torus mandibularis\$150\$150D7490Radical resection of maxilla or mandible\$350NPB	D7412	Excision of benign lesion, complicated	\$160	NPB		
D7450Removal, benign odontogenic cyst/tumor, up to 1.25 cm\$205\$205D7451Removal, benign odontogenic cyst/tumor, greater than 1.25 cm\$330\$330D7460Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm\$205NPBD7461Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm\$330NPBD7452Destruction of lesion(s) by physical or chemical method, by report\$110NPBD7453Destruction of lesion(s) by physical or chemical method, by report\$110NPBD7474Removal of torus palatinus\$150\$150D7473Removal of torus mandibularis\$150\$150D7490Radical resection of maxilla or mandible\$350NPB	D7440	Excision of malignant tumor, up to 1.25 cm	\$30	NPB		
D7451Removal, benign odontogenic cyst/tumor, greater than 1.25 cm\$330\$330D7460Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm\$205NPBD7461Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm\$330NPBD7465Destruction of lesion(s) by physical or chemical method, by report\$110NPBD7471Removal of lateral exostosis, maxilla or mandibleNPB\$150D7472Removal of torus palatinus\$150\$150D7473Removal of torus mandibularis\$150\$150D7490Radical resection of maxilla or mandible\$350NPB	D7441	Excision of malignant tumor, greater than 1.25 cm	\$60	NPB		
D7460Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm\$205NPBD7461Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm\$330NPBD7465Destruction of lesion(s) by physical or chemical method, by report\$110NPBD7471Removal of lateral exostosis, maxilla or mandibleNPB\$150D7472Removal of torus palatinus\$150\$150D7473Removal of torus mandibularis\$150\$150D7490Radical resection of maxilla or mandible\$350NPB	D7450	Removal, benign odontogenic cyst/tumor, up to 1.25 cm	\$205	\$205		
D7461Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm\$330NPBD7465Destruction of lesion(s) by physical or chemical method, by report\$110NPBD7471Removal of lateral exostosis, maxilla or mandibleNPB\$150D7472Removal of torus palatinus\$150\$150D7473Removal of torus mandibularis\$150\$150D7490Radical resection of maxilla or mandible\$350NPB	D7451	Removal, benign odontogenic cyst/tumor, greater than 1.25 cm	\$330	\$330		
D7465 Destruction of lesion(s) by physical or chemical method, by report \$110 NPB D7471 Removal of lateral exostosis, maxilla or mandible NPB \$150 D7472 Removal of torus palatinus \$150 \$150 D7473 Removal of torus mandibularis \$150 \$150 D7490 Radical resection of maxilla or mandible \$350 NPB	D7460	Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm	\$205	NPB		
D7471 Removal of lateral exostosis, maxilla or mandible NPB \$150 D7472 Removal of torus palatinus \$150 \$150 D7473 Removal of torus mandibularis \$150 \$150 D7490 Radical resection of maxilla or mandible \$350 NPB	D7461	Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm	\$330	NPB		
D7472Removal of torus palatinus\$150\$150D7473Removal of torus mandibularis\$150\$150D7490Radical resection of maxilla or mandible\$350NPB	D7465	Destruction of lesion(s) by physical or chemical method, by report	\$110	NPB		
D7473 Removal of torus mandibularis \$150 \$150 D7490 Radical resection of maxilla or mandible \$350 NPB	D7471	Removal of lateral exostosis, maxilla or mandible	NPB	\$150		
D7490 Radical resection of maxilla or mandible \$350 NPB	D7472	Removal of torus palatinus	\$150	\$150		
	D7473	Removal of torus mandibularis	\$150	\$150		
D7510 Incision & drainage of abscess, intraoral soft tissue \$82 \$82	D7490	Radical resection of maxilla or mandible	\$350	NPB		
	D7510	Incision & drainage of abscess, intraoral soft tissue	\$82	\$82		



Individual Out of Pocket Maximum: \$350 (applies to Pediatric only)

ADA	Description	Pediatric	Adult	Pediatric Limitations	Adult Limitation
Code		Copay	Copay		
-	Oral & Maxillofacial Services (continued)	40.5			
D7511	Incision & drainage of abscess, intraoral soft tissue, complicated	\$95	NPB		
	Incision & drainage of abscess, extraoral soft tissue	\$125	NPB		
D7521	Incision & drainage of abscess, extraoral soft tissue, complicated	\$150	NPB		
D7530	Remove foreign body, mucosa, skin, tissue	\$90	NPB		
D7540		\$125	NPB		
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	\$350	NPB		
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$275	NPB		
-	Maxilla, open reduction (teeth immobilized, if present)	\$350	NPB		
D7620	Maxilla, closed reduction (teeth immobilized, if present)	\$350	NPB		
-	Mandible, open reduction (teeth immobilized, if present)	\$350	NPB		
	Mandible, closed reduction (teeth immobilized, if present)	\$350	NPB		
D7650	Malar and/or zygomatic arch, open reduction	\$350	NPB		
D7660	Malar and/or zygomatic arch, closed reduction	\$350	NPB		
D7670	Alveolus, closed reduction, may include stabilization of teeth	\$350	NPB		
D7671	Alveolus, open reduction, may include stabilization of teeth	\$350	NPB		
D7680	Facial bones, complicated reduction with fixation, multiple surgical approaches	\$350	NPB		
D7710	Maxilla, open reduction	\$350	NPB		
D7720	Maxilla, closed reduction	\$350	NPB		
D7730	Mandible, open reduction	\$350	NPB		
D7740	Mandible, closed reduction	\$350	NPB		
D7750	Malar and/or zygomatic arch, open reduction	\$350	NPB		
	Malar and/or zygomatic arch, closed reduction	\$350	NPB		
D7770	Alveolus, open reduction stabilization of teeth	\$350	NPB		
D7771	Alveolus, closed reduction stabilization of teeth	\$350	NPB		
D7780	Facial bones, complicated reduction with fixation and multiple approaches	\$350	NPB		
D7910	Suture of recent small wounds up to 5 cm	\$30	NPB		
D7911	Complicated suture, up to 5 cm	\$55	NPB		
D7912	Complicated suture, greater than 5 cm	\$15	NPB		
D7940	Osteoplasty, for orthognathic deformities	\$350	NPB		
D7941	Osteotomy, mandibular rami	\$350	NPB		
D7943	Osteotomy, mandibular rami with bone graft; includes obtaining the graft	\$350	NPB		
D7944	Osteotomy, segmented or subapical	\$350	NPB		
D7945	Osteotomy, body of mandible	\$350	NPB		
D7946	LeFort I (maxilla, total)	\$350	NPB		
D7947	LeFort I (maxilla, segmented)	\$350	NPB		
D7948	LeFort II or LeFort III, without bone graft	\$350	NPB		
D7949	LeFort II or LeFort III, with bone graft	\$350	NPB		
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	\$350	NPB		
D7953	Bone replacement graft for ridge preservation, per site	\$350	NPB		
D7955	Repair of maxillofacial soft and/or hard tissue defect	\$350	NPB		
D7960	Frenulectomy (frenectomy or frenotomy), separate procedure	\$125	\$125		
-	Frenuloplasty	\$150	NPB		
	Excision of hyperplastic tissue, per arch	\$250	\$250		
-	Excision of pericoronal gingiva	\$125	\$125		
	Surgical sialolithotomy	\$250	NPB		
D7981	Excision of salivary gland, by report	\$350	NPB		
	Sialodochoplasty	\$350	NPB		
	Closure of salivary fistula	\$250	NPB		
-	Emergency tracheotomy	\$350	NPB		
	Coronoidectomy	\$350	NPB		
5,551		<i>2330</i>			



Individual Out of Pocket Maximum: \$350 (applies to Pediatric only)

	Description	Pediatric	Adult	Pediatric Limitations	Adult Limitation
Code		Сорау	Copay		
	Oral & Maxillofacial Services (continued)	40.50			
	Implant-mandible for augmentation purposes, by report	\$350	NPB		
	Intraoral placement of a fixation device not in conjunction with a fracture	\$350	NPB		
	Orthodontic Services				
	E: For Pediatric Dental EHB, orthodontic treatment is a benefit of this Dental Plan ONLY when the patie	ent's orthodon	itic needs me	eet medically necessary requirements as determined by a verifie	d score of 26 or higher (or other qualifying conditions) on HLD
	lysis. All treatment must be prior authorized by the Plan prior to banding.				
	nents paid by the enrollee, including orthodontic copayments, apply towards the annual Out of Pocket		NDD	1	
	Comprehensive orthodontic treatment of the adolescent dentition	\$350	NPB		
	Comprehensive orthodontic treatment of the adult dentition payment per plan year, not to exceed \$1700 over the course of treatment. (D8090 refer to a usual and a	\$350	NPB	e of orthodontic treatment, with treatment progressing and off	ared regularly at intervals determined to be appropriate by
-	ng dentist.)	Lustoniury 24-i	month cours	e of orthodontic treatment, with treatment progressing and off	ered regularly at intervals determined to be appropriate by
	Pre-orthodontic treatment examination to monitor growth and development	\$50	NPB		
-	Periodic orthodontic treatment visit	\$80	NPB		
	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$120	NPB		
	Orthodontic treatment (alternative billing to a contract fee)	\$92	NPB		
	Re-cement or re-bond fixed retainer	\$70	NPB		
D8694	Repair of fixed retainers, includes reattachment	\$70	NPB		
	Adjunctive General Services				
	Palliative (emergency) treatment, minor procedure	\$10	\$34		
	Fixed partial denture sectioning	\$65	\$65		
	Local anesthesia not in conjunction, operative or surgical procedures	\$15	\$15		
	Trigeminal division block anesthesia	\$15	\$15		
	•				
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$0	\$0		
	Local anesthesia in conjunction with operative or surgical procedures E : Deep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral s	1.5		L cedures when dispensed in a dental office by a practitioner acti	ng within the scope of his/her licensure; and when warranted
GUIDELIN		urgery and pe	dodontic pro		• • • •
GUIDELIN by docum	E: Deep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral s	urgery and per n control, mea	dodontic pro		• • • •
GUIDELIN by docum themselve	E: Deep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral s ented conditions that local anesthetic and contraindicated. General anesthesia, as used for dental pai	urgery and per n control, mea	dodontic pro		• • • •
GUIDELIN by docum themselve D9219	E: Deep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral s ented conditions that local anesthetic and contraindicated. General anesthesia, as used for dental pai es sufficient justification for deep sedation/general anesthesia or intravenous conscious sedation/analg	surgery and per n control, mea gesia. \$0 \$50	dodontic pro		• • • •
GUIDELIN by docum themselve D9219 D9222 D9223	E: Deep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral s ented conditions that local anesthetic and contraindicated. General anesthesia, as used for dental pai es sufficient justification for deep sedation/general anesthesia or intravenous conscious sedation/analg Evaluation for deep sedation or general anesthesia Deep sedation/general anesthesia – first 15 minutes Deep sedation/general anesthesia, each subsequent 15 minute increment	stand per stand	dodontic pro ins the elimin \$0 \$50 \$50		• • • •
GUIDELIN by docum themselve D9219 D9222 D9223	E: Deep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral s ented conditions that local anesthetic and contraindicated. General anesthesia, as used for dental pai es sufficient justification for deep sedation/general anesthesia or intravenous conscious sedation/analg Evaluation for deep sedation or general anesthesia Deep sedation/general anesthesia – first 15 minutes	surgery and per n control, mea gesia. \$0 \$50	dodontic pro		• • • •
GUIDELIN by docum themselve D9219 D9222 D9223 D9230	E: Deep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral s ented conditions that local anesthetic and contraindicated. General anesthesia, as used for dental pai es sufficient justification for deep sedation/general anesthesia or intravenous conscious sedation/analg Evaluation for deep sedation or general anesthesia Deep sedation/general anesthesia – first 15 minutes Deep sedation/general anesthesia, each subsequent 15 minute increment	urgery and per n control, mea gesia. \$0 \$50 \$50 \$20 \$15	dodontic pro ns the elimin \$0 \$50 \$50 \$20 \$15		· · · · · · · · · · · · · · · · · · ·
GUIDELIN by docum themselve D9219 D9222 D9223 D9230 D9230	E: Deep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral s ented conditions that local anesthetic and contraindicated. General anesthesia, as used for dental pai es sufficient justification for deep sedation/general anesthesia or intravenous conscious sedation/analg Evaluation for deep sedation or general anesthesia Deep sedation/general anesthesia – first 15 minutes Deep sedation/general anesthesia, each subsequent 15 minute increment Inhalation of nitrous oxide/analgesia, anxiolysis	urgery and per n control, mea gesia. \$0 \$50 \$50 \$20	dodontic pro ins the elimin \$0 \$50 \$50 \$20		• • • •
GUIDELIN by docum themselve D9219 D9222 D9223 D9230 D9230 D9239 D9243	E: Deep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral s ented conditions that local anesthetic and contraindicated. General anesthesia, as used for dental pai es sufficient justification for deep sedation/general anesthesia or intravenous conscious sedation/analg Evaluation for deep sedation or general anesthesia Deep sedation/general anesthesia – first 15 minutes Deep sedation/general anesthesia, each subsequent 15 minute increment Inhalation of nitrous oxide/analgesia, anxiolysis Intravenous moderate (conscious) sedation/analgesia, first 15 minutes	urgery and pen n control, mea gesia. \$0 \$50 \$50 \$20 \$15 \$15 \$100	dodontic pro ns the elimin \$0 \$50 \$50 \$20 \$15 \$15 \$100		• • • •
GUIDELIN by docum themselve D9219 D9222 D9223 D9230 D9230 D9239 D9243 D9248	E: Deep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral s ented conditions that local anesthetic and contraindicated. General anesthesia, as used for dental pai es sufficient justification for deep sedation/general anesthesia or intravenous conscious sedation/analg Evaluation for deep sedation or general anesthesia Deep sedation/general anesthesia – first 15 minutes Deep sedation/general anesthesia, each subsequent 15 minute increment Inhalation of nitrous oxide/analgesia, anxiolysis Intravenous moderate (conscious) sedation/analgesia, first 15 minutes Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minutes	urgery and pen n control, mea gesia. \$50 \$50 \$50 \$20 \$15 \$15 \$15 \$100 \$70	dodontic pro ns the elimin \$0 \$50 \$50 \$20 \$15 \$15 \$100 \$70		· · · · · · · · · · · · · · · · · · ·
GUIDELIN by docum themselve D9219 D9222 D9223 D9230 D9239 D9243 D9248 D9310 D9410	E: Deep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral s ented conditions that local anesthetic and contraindicated. General anesthesia, as used for dental pai es sufficient justification for deep sedation/general anesthesia or intravenous conscious sedation/analg Evaluation for deep sedation or general anesthesia Deep sedation/general anesthesia – first 15 minutes Deep sedation/general anesthesia, each subsequent 15 minute increment Inhalation of nitrous oxide/analgesia, anxiolysis Intravenous moderate (conscious) sedation/analgesia, first 15 minutes Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment Non-intravenous (conscious) and the neguesting dentist House/extended care facility call	urgery and per n control, mea gesia. \$0 \$50 \$50 \$20 \$15 \$15 \$15 \$100 \$70 \$70	dodontic pro ns the elimin \$0 \$50 \$50 \$15 \$15 \$110 \$70 \$70		• • • •
GUIDELIN by docum themselve D9219 D9222 D9223 D9230 D9239 D9243 D9248 D9310 D9410	E: Deep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral s ented conditions that local anesthetic and contraindicated. General anesthesia, as used for dental pai es sufficient justification for deep sedation/general anesthesia or intravenous conscious sedation/analg Evaluation for deep sedation or general anesthesia Deep sedation/general anesthesia – first 15 minutes Deep sedation/general anesthesia, each subsequent 15 minute increment Inhalation of nitrous oxide/analgesia, anxiolysis Intravenous moderate (conscious) sedation/analgesia, first 15 minutes Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minutes Consultation, other than requesting dentist	urgery and pen n control, mea gesia. \$50 \$50 \$50 \$20 \$15 \$15 \$15 \$100 \$70	dodontic pro ns the elimin \$0 \$50 \$50 \$20 \$15 \$15 \$100 \$70		• • • •
GUIDELIN by docum themselve D9219 D9222 D9223 D9230 D9239 D9248 D9310 D9248 D9310 D9410 D9420 D9430	E: Deep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral s ented conditions that local anesthetic and contraindicated. General anesthesia, as used for dental pai es sufficient justification for deep sedation/general anesthesia or intravenous conscious sedation/analg Evaluation for deep sedation or general anesthesia Deep sedation/general anesthesia – first 15 minutes Deep sedation/general anesthesia, each subsequent 15 minute increment Inhalation of nitrous oxide/analgesia, anxiolysis Intravenous moderate (conscious) sedation/analgesia, first 15 minutes Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment Non-intravenous (conscious) sedation/analgesia, each subsequent 15 minute increment Non-intravenous (conscious) sedation/analgesia, each subsequent 15 minute increment Non-intravenous (conscious) sedation, includes non-IV minimal and moderate sedation Consultation, other than requesting dentist House/extended care facility call Hospital or ambulatory surgical center call Office visit, observation, regular hours, no other services	urgery and per n control, mea gesia. \$0 \$50 \$50 \$20 \$15 \$15 \$15 \$100 \$70 \$70 \$45 \$25	dodontic pro ns the elimin \$0 \$50 \$50 \$20 \$15 \$15 \$15 \$100 \$70 \$70 \$45 \$25		• • • •
GUIDELIN by docum themselve D9219 D9222 D9223 D9230 D9233 D9248 D9310 D9410 D9410 D9420 D9430	E: Deep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral s ented conditions that local anesthetic and contraindicated. General anesthesia, as used for dental pai es sufficient justification for deep sedation/general anesthesia or intravenous conscious sedation/analg Evaluation for deep sedation or general anesthesia Deep sedation/general anesthesia – first 15 minutes Deep sedation/general anesthesia, each subsequent 15 minute increment Inhalation of nitrous oxide/analgesia, anxiolysis Intravenous moderate (conscious) sedation/analgesia, first 15 minutes Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment Non-intravenous (conscious) sedation, includes non-IV minimal and moderate sedation Consultation, other than requesting dentist House/extended care facility call Hospital or ambulatory surgical center call	urgery and per n control, mea gesia. \$0 \$50 \$50 \$20 \$15 \$15 \$15 \$15 \$100 \$70 \$70 \$70 \$45 \$25 \$60	dodontic pro ns the elimin \$0 \$50 \$50 \$20 \$15 \$15 \$15 \$100 \$70 \$70 \$45 \$25 \$60		• • • •
GUIDELIN by docum themselve D9219 D9222 D9223 D9230 D9239 D9248 D9310 D9410 D9410 D9420 D9430 D9440	E: Deep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral s ented conditions that local anesthetic and contraindicated. General anesthesia, as used for dental pai es sufficient justification for deep sedation/general anesthesia or intravenous conscious sedation/analg Evaluation for deep sedation or general anesthesia Deep sedation/general anesthesia – first 15 minutes Deep sedation/general anesthesia, each subsequent 15 minute increment Inhalation of nitrous oxide/analgesia, anxiolysis Intravenous moderate (conscious) sedation/analgesia, first 15 minutes Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment Non-intravenous (conscious) sedation/analgesia, each subsequent 15 minute increment Non-intravenous (conscious) sedation/analgesia, each subsequent 15 minute increment Non-intravenous (conscious) sedation, includes non-IV minimal and moderate sedation Consultation, other than requesting dentist House/extended care facility call Hospital or ambulatory surgical center call Office visit, observation, regular hours, no other services	urgery and pen n control, mea gesia. \$0 \$50 \$50 \$20 \$15 \$15 \$15 \$100 \$70 \$70 \$70 \$45 \$25 \$60 \$30	dodontic pro ns the elimin \$0 \$50 \$50 \$20 \$15 \$15 \$100 \$70 \$70 \$45 \$25 \$60 \$30		• • • •
GUIDELIN by docum themselve D9219 D9222 D9223 D9230 D9243 D9243 D9340 D9340 D9440 D9400 D9400	E: Deep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral s ented conditions that local anesthetic and contraindicated. General anesthesia, as used for dental pai es sufficient justification for deep sedation/general anesthesia or intravenous conscious sedation/analg Evaluation for deep sedation or general anesthesia Deep sedation/general anesthesia – first 15 minutes Deep sedation/general anesthesia, each subsequent 15 minute increment Inhalation of nitrous oxide/analgesia, anxiolysis Intravenous moderate (conscious) sedation/analgesia, first 15 minutes Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment Non-intravenous (conscious) sedation/analgesia, each subsequent 15 minute increment Non-intravenous (conscious) sedation, includes non-IV minimal and moderate sedation Consultation, other than requesting dentist House/extended care facility call Hospital or ambulatory surgical center call Office visit, observation, regular hours, no other services Office visit, after regularly scheduled hours	urgery and pen n control, mea gesia. \$0 \$50 \$50 \$20 \$15 \$15 \$15 \$100 \$70 \$70 \$70 \$45 \$25 \$60 \$30 \$30 \$45	dodontic pro ns the elimin \$0 \$50 \$50 \$20 \$15 \$15 \$15 \$100 \$70 \$70 \$45 \$25 \$60 \$30 \$45		• • • •
GUIDELIN by docum themselv. D9219 D9222 D9230 D9230 D9243 D9243 D9248 D9310 D9410 D9410 D9420 D9430 D9440 D9430 D9440 D9610 D9612 D9630	E: Deep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral s ented conditions that local anesthetic and contraindicated. General anesthesia, as used for dental pai as sufficient justification for deep sedation/general anesthesia or intravenous conscious sedation/analg Evaluation for deep sedation or general anesthesia Deep sedation/general anesthesia – first 15 minutes Deep sedation/general anesthesia, each subsequent 15 minute increment Inhalation of nitrous oxide/analgesia, anxiolysis Intravenous moderate (conscious) sedation/analgesia, first 15 minutes Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment Non-intravenous (conscious) sedation/analgesia, each subsequent 15 minute increment Non-intravenous (conscious) sedation, includes non-IV minimal and moderate sedation Consultation, other than requesting dentist House/extended care facility call Hospital or ambulatory surgical center call Office visit, observation, regular hours, no other services Office visit, after regularly scheduled hours Therapeutic parenteral drug, single administration Therapeutic parenteral drugs, two or more administrations, different meds. Drugs or medicaments dispensed in the office for home use	urgery and pen n control, mea gesia. \$0 \$50 \$50 \$20 \$15 \$15 \$15 \$100 \$70 \$70 \$45 \$25 \$60 \$30 \$45 \$30	dodontic pro ns the elimin \$0 \$50 \$50 \$20 \$15 \$15 \$15 \$100 \$70 \$45 \$25 \$60 \$30 \$45 \$5		• • • •
GUIDELIN by docum themselv/ D9219 D9222 D9230 D9230 D9243 D9243 D9310 D9410 D9410 D9420 D9430 D9440 D9430 D9440 D9430 D9410 D9420 D9430 D9430	E: Deep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral s ented conditions that local anesthetic and contraindicated. General anesthesia, as used for dental pai es sufficient justification for deep sedation/general anesthesia or intravenous conscious sedation/analg Evaluation for deep sedation or general anesthesia Deep sedation/general anesthesia – first 15 minutes Deep sedation/general anesthesia, each subsequent 15 minute increment Inhalation of nitrous oxide/analgesia, anxiolysis Intravenous moderate (conscious) sedation/analgesia, first 15 minutes Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment Non-intravenous (conscious) sedation, analgesia, each subsequent 15 minute increment Non-intravenous (conscious) sedation, nor-IV minimal and moderate sedation Consultation, other than requesting dentist House/extended care facility call Hospital or ambulatory surgical center call Office visit, observation, regular hours, no other services Office visit, observation, regular hours, no other services Office visit, after regularly scheduled hours Therapeutic parenteral drug, single administration Therapeutic parenteral drugs, two or more administrations, different meds. Drugs or medicaments dispensed in the office for home use Treatment of complications, post surgical, unusual, by report	urgery and pen n control, mea gesia. \$0 \$50 \$50 \$20 \$15 \$15 \$15 \$100 \$70 \$45 \$25 \$60 \$30 \$45 \$55 \$35	dodontic pro ns the elimin \$0 \$50 \$50 \$20 \$15 \$15 \$15 \$100 \$70 \$45 \$25 \$60 \$30 \$45 \$35		• • • •
GUIDELIN by docum themselv/ D9219 D9222 D9230 D9230 D9243 D9243 D9310 D9410 D9410 D9420 D9430 D9440 D9430 D9440 D9430 D9410 D9420 D9430 D9430	E: Deep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral s ented conditions that local anesthetic and contraindicated. General anesthesia, as used for dental pai as sufficient justification for deep sedation/general anesthesia or intravenous conscious sedation/analg Evaluation for deep sedation or general anesthesia Deep sedation/general anesthesia – first 15 minutes Deep sedation/general anesthesia, each subsequent 15 minute increment Inhalation of nitrous oxide/analgesia, anxiolysis Intravenous moderate (conscious) sedation/analgesia, first 15 minutes Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment Non-intravenous (conscious) sedation/analgesia, each subsequent 15 minute increment Non-intravenous (conscious) sedation, includes non-IV minimal and moderate sedation Consultation, other than requesting dentist House/extended care facility call Hospital or ambulatory surgical center call Office visit, observation, regular hours, no other services Office visit, after regularly scheduled hours Therapeutic parenteral drug, single administration Therapeutic parenteral drugs, two or more administrations, different meds. Drugs or medicaments dispensed in the office for home use	urgery and pen n control, mea gesia. \$0 \$50 \$50 \$20 \$15 \$15 \$15 \$100 \$70 \$45 \$25 \$60 \$30 \$45 \$50 \$30 \$30 \$45 \$5 \$35 \$0	dodontic pro ns the elimin \$0 \$50 \$50 \$20 \$15 \$15 \$15 \$100 \$70 \$70 \$45 \$25 \$60 \$30 \$45 \$5 \$35 NPB		• • • •
GUIDELIN by docum themselv/ D9219 D9222 D9223 D9230 D9243 D9244 D9310 D9440 D9410 D9420 D9430 D9440 D9410 D9420 D9430 D9440 D9410 D9420 D9430 D9430 D9430 D9430 D9430	E: Deep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral s ented conditions that local anesthetic and contraindicated. General anesthesia, as used for dental pai es sufficient justification for deep sedation/general anesthesia or intravenous conscious sedation/analg Evaluation for deep sedation or general anesthesia Deep sedation/general anesthesia – first 15 minutes Deep sedation/general anesthesia, each subsequent 15 minute increment Inhalation of nitrous oxide/analgesia, anxiolysis Intravenous moderate (conscious) sedation/analgesia, first 15 minutes Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment Non-intravenous (conscious) sedation, analgesia, each subsequent 15 minute increment Office visit, other than requesting dentist House/extended care facility call Hospital or ambulatory surgical center call Office visit, observation, regular hours, no other services Office visit, after regularly scheduled hours Therapeutic parenteral drug, single administration Therapeutic parenteral drug, single administration Therapeutic parenteral drugs, two or more administrations, different meds. Drugs or medicaments dispensed in the office for home use Treatment of complications, post surgical, unusual, by report Cleaning and inspection of removable complete denture, maxillary Cleaning and inspection of removable complete denture, mandibular	urgery and pen n control, mea gesia. \$0 \$50 \$50 \$20 \$15 \$15 \$100 \$70 \$70 \$45 \$25 \$60 \$30 \$45 \$50 \$30 \$45 \$55 \$35 \$0 \$0 \$0	dodontic pro ns the elimin \$0 \$50 \$50 \$20 \$15 \$15 \$100 \$70 \$70 \$45 \$25 \$60 \$30 \$45 \$55 \$35 NPB NPB		• • • •
GUIDELIN by docum themselve D9219 D9222 D9223 D9230 D9243 D9248 D9310 D9440 D9410 D9420 D9430 D9440 D9430 D9440 D9610 D9610 D9610 D9610 D9630 D9932 D9933 D9934	E: Deep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral s ented conditions that local anesthetic and contraindicated. General anesthesia, as used for dental pai es sufficient justification for deep sedation/general anesthesia or intravenous conscious sedation/analg Evaluation for deep sedation or general anesthesia Deep sedation/general anesthesia – first 15 minutes Deep sedation/general anesthesia, each subsequent 15 minute increment Inhalation of nitrous oxide/analgesia, anxiolysis Intravenous moderate (conscious) sedation/analgesia, first 15 minutes Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment Non-intravenous (conscious) sedation/analgesia, each subsequent 15 minute increment Non-intravenous (conscious) sedation, includes non-IV minimal and moderate sedation Consultation, other than requesting dentist House/extended care facility call Hospital or ambulatory surgical center call Office visit, observation, regular hours, no other services Office visit, after regularly scheduled hours Therapeutic parenteral drug, single administration Therapeutic parenteral drug, so or more administrations, different meds. Drugs or medicaments dispensed in the office for home use Treatment of complications, post surgical, unusual, by report Cleaning and inspection of removable complete denture, maxillary Cleaning and inspection of removable complete denture, maxillary	urgery and per n control, mea gesia. \$0 \$50 \$50 \$15 \$15 \$15 \$15 \$15 \$100 \$70 \$70 \$70 \$70 \$45 \$45 \$25 \$60 \$30 \$30 \$30 \$30 \$35 \$5 \$35 \$0 \$0 \$0 \$0 \$0 \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15	dodontic pro ns the elimin \$0 \$50 \$50 \$15 \$15 \$100 \$70 \$70 \$45 \$25 \$60 \$30 \$45 \$5 \$35 NPB NPB NPB		• • • •
GUIDELIN by docum themselve D9219 D9222 D9223 D9230 D9243 D9248 D9310 D9440 D9410 D9420 D9430 D9440 D9410 D9420 D9430 D9440 D9610 D9930 D9932 D9933 D9934 D9935	E: Deep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral s ented conditions that local anesthetic and contraindicated. General anesthesia, as used for dental pai es sufficient justification for deep sedation/general anesthesia or intravenous conscious sedation/analg Evaluation for deep sedation or general anesthesia Deep sedation/general anesthesia – first 15 minutes Deep sedation/general anesthesia, each subsequent 15 minute increment Inhalation of nitrous oxide/analgesia, anxiolysis Intravenous moderate (conscious) sedation/analgesia, first 15 minutes Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment Non-intravenous (conscious) sedation/analgesia, each subsequent 15 minute increment Non-intravenous sedation, includes non-IV minimal and moderate sedation Consultation, other than requesting dentist House/extended care facility call Hospital or ambulatory surgical center call Office visit, observation, regular hours, no other services Office visit, after regularly scheduled hours Therapeutic parenteral drug, single administration Therapeutic parenteral drug, single administration Drugs or medicaments dispensed in the office for home use Treatment of complications, post surgical, unusual, by report Cleaning and inspection of removable complete denture, maxillary Cleaning and inspection of removable complete denture, maxillary Cleaning and inspection of removable partial denture, maxillary	urgery and per n control, mea gesia. \$0 \$50 \$50 \$15 \$15 \$15 \$15 \$100 \$70 \$70 \$70 \$70 \$45 \$45 \$25 \$60 \$30 \$45 \$55 \$35 \$0 \$0 \$0 \$0 \$0 \$0	dodontic pro ns the elimin \$0 \$50 \$50 \$15 \$15 \$100 \$70 \$70 \$45 \$25 \$60 \$30 \$45 \$35 \$15 \$100 \$70 \$45 \$25 \$60 \$30 \$45 \$35 \$15 \$100 \$70 \$45 \$15 \$100 \$70 \$70 \$70 \$45 \$15 \$100 \$70 \$70 \$70 \$70 \$70 \$70 \$70 \$70 \$70 \$		• • • •
GUIDELIN by docum themselve D9219 D9222 D9223 D9230 D9243 D9248 D9310 D9440 D9410 D9420 D9430 D9440 D9410 D9420 D9430 D9440 D9610 D9612 D9612 D9630 D9932 D9933 D9934 D9935 D9934	E: Deep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral s ented conditions that local anesthetic and contraindicated. General anesthesia, as used for dental pai es sufficient justification for deep sedation/general anesthesia or intravenous conscious sedation/analg Evaluation for deep sedation or general anesthesia Deep sedation/general anesthesia – first 15 minutes Deep sedation/general anesthesia, each subsequent 15 minute increment Inhalation of nitrous oxide/analgesia, anxiolysis Intravenous moderate (conscious) sedation/analgesia, first 15 minutes Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment Non-intravenous (conscious) sedation/analgesia, each subsequent 15 minute increment Non-intravenous (conscious) sedation/analgesia, each subsequent 15 minute increment Non-intravenous (conscious) sedation, includes non-IV minimal and moderate sedation Consultation, other than requesting dentist House/extended care facility call Hospital or ambulatory surgical center call Office visit, observation, regular hours, no other services Office visit, after regularly scheduled hours Therapeutic parenteral drug, single administration Therapeutic parenteral drugs, two or more administrations, different meds. Drugs or medicaments dispensed in the office for home use Treatment of complications, post surgical, unusual, by report Cleaning and inspection of removable complete denture, maxillary Cleaning and inspection of removable complete denture, maxillary Cleaning and inspection of removable partial denture, maxillary Cleaning and inspection of removable partial denture, maxillary	urgery and pen n control, mea gesia. \$0 \$50 \$50 \$15 \$15 \$15 \$15 \$100 \$70 \$70 \$70 \$70 \$45 \$25 \$60 \$30 \$45 \$35 \$5 \$0 \$0 \$0 \$0 \$0 \$25	dodontic pro ns the elimin \$0 \$50 \$50 \$15 \$15 \$100 \$70 \$45 \$25 \$60 \$30 \$45 \$35 \$15 \$100 \$70 \$45 \$25 \$60 \$30 \$45 \$35 \$15 \$100 \$70 \$45 \$25 \$25 \$45 \$25 \$25 \$15 \$100 \$21 \$15 \$15 \$100 \$21 \$15 \$15 \$100 \$21 \$21 \$21 \$22 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20		• • • •
GUIDELIN by docum themselv. D9219 D9222 D9223 D9230 D9230 D9233 D9248 D9310 D9440 D9410 D9420 D9430 D9440 D9410 D9410 D9610 D9610 D9612 D9630 D9932 D9933 D9934 D9935 D9934 D9935	E: Deep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral s ented conditions that local anesthetic and contraindicated. General anesthesia, as used for dental pai es sufficient justification for deep sedation/general anesthesia or intravenous conscious sedation/analg Evaluation for deep sedation or general anesthesia Deep sedation/general anesthesia – first 15 minutes Deep sedation/general anesthesia, each subsequent 15 minute increment Inhalation of nitrous oxide/analgesia, anxiolysis Intravenous moderate (conscious) sedation/analgesia, first 15 minutes Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment Non-intravenous (conscious) sedation/analgesia, each subsequent 15 minute increment Non-intravenous sedation, includes non-IV minimal and moderate sedation Consultation, other than requesting dentist House/extended care facility call Hospital or ambulatory surgical center call Office visit, observation, regular hours, no other services Office visit, after regularly scheduled hours Therapeutic parenteral drug, single administration Therapeutic parenteral drug, single administration Drugs or medicaments dispensed in the office for home use Treatment of complications, post surgical, unusual, by report Cleaning and inspection of removable complete denture, maxillary Cleaning and inspection of removable complete denture, maxillary Cleaning and inspection of removable partial denture, maxillary	urgery and per n control, mea gesia. \$0 \$50 \$50 \$15 \$15 \$15 \$15 \$100 \$70 \$70 \$70 \$70 \$45 \$45 \$25 \$60 \$30 \$45 \$55 \$35 \$0 \$0 \$0 \$0 \$0 \$0	dodontic pro ns the elimin \$0 \$50 \$50 \$15 \$15 \$100 \$70 \$70 \$45 \$25 \$60 \$30 \$45 \$35 \$15 \$100 \$70 \$45 \$25 \$60 \$30 \$45 \$35 \$15 \$100 \$70 \$45 \$15 \$100 \$70 \$70 \$70 \$45 \$15 \$100 \$70 \$70 \$70 \$70 \$70 \$70 \$70 \$70 \$70 \$		• • • •



Individual Out of Pocket Maximum: \$350 (applies to Pediatric only)

Family Out of Pocket Maximum: \$700 (applies to Pediatric only)

ADA Code	Description	Pediatric Copay	Adult Copay	Pediatric Limitations	Adult Limitation
	Adjunctive General Services (continued)				
D9950	Occlusion analysis, mounted case	\$170	\$170		
D9951	Occlusal adjustment, limited	\$15	\$15		
D9952	Occlusal adjustment, complete	\$165	\$165		

NPB Not Plan Benefit

Eligibility – Pediatric Benefits – Children through the age of 18

Out-of-Pocket Maximum means the maximum amount of money that a Pediatric Enrollee must pay for Benefits under this Program during a Calendar Year. If more than one Pediatric Enrollee is covered, the financial obligation for covered services is not more than the multiple child annual Out of-Pocket Maximum. Once the amount paid by all Pediatric Enrollee(s) equals the annual Out-of-Pocket Maximum shown above, no further payment will be required by any of the Pediatric Enrollee(s) for the remainder of the Calendar Year for covered services.

Payment for services that are Optional, that are upgraded treatment (such as precious or semi-precious metals and material upgrades) or that are not covered under the Contract will not count toward the Out-of-Pocket Maximum, and payment for such services still applies after the annual Out-of-Pocket Maximum is met.

Record of payment for covered procedures should be kept by the Responsible Party. When the Out-of-Pocket Maximum has been reached; contact the Member Service department at 888-700-1246 for instruction on how to submit. Proof that the Out-of-Pocket Maximum has been reached must be submitted to LIBERTY Dental Plan.

Exclusions:

- 1 Any procedure not specifically listed as a Covered Benefit.
- 2 Replacement of lost or stolen prosthetics or appliances including partial dentures, full dentures, and orthodontic appliances.
- 3 General anesthesia, analgesia, intravenous/intramuscular sedation or the services of an anesthesiologist other than those situations described in the Schedule of Benefits.
- 4 Treatment started prior to coverage or after termination of coverage.
- 5 Services for cosmetic purposes or for conditions that are a result of hereditary developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel.
- 6 Procedures which are determined not to be dentally necessary consistent with professionally recognized standards of dental practice.
- 7 Procedures performed on natural teeth solely to increase vertical dimension or restore occlusion.
- 8 Any service performed outside of a contracted LIBERTY dental office, unless expressly authorized by LIBERTY, or unless as outlined and covered in the "Emergency Dental Care" section of the Evidence of Coverage.
- 9 The removal of asymptomatic, unerupted third molars (or other teeth) that appear to have an unimpeded pathway to eruption and no active pathology.
- 10 Procedures or appliances that are provided by a dentist who specializes in prosthodontic services.
- 11 Services for restoring tooth structure lost from wear (abrasion, erosion, attrition or abfraction), for rebuilding occlusion or maintaining chewing surfaces or teeth that are out of alignment or for stabilizing teeth. Examples of such treatment are equilibration and periodontal splinting.
- 12 Any routine dental services performed by a dentist or dental specialist in an inpatient/outpatient hospital setting.
- 13 Consultations for non-covered services.
- 14 Procedures, appliances or restorations to treat congenital or developmental situations (including supernumerary teeth) or medically induced dental disorders, including but not limited to; myofunctional treatment (e.g. speech therapy) or myoskeletal dysfunctions, unless otherwise covered as an orthodontic benefit.