

The Dental Network

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ADA Code	Procedure	Plan Individual Select Copay
CLINICAL ORAL EVALUATIONS		
120	Periodic oral evaluation	20/visit
140	Limited oral evaluation - problem focused	20/visit
150	Comprehensive oral evaluation - new or established patient Re-evaluation - limited, problem focused (established patient; not 170 post-operative visit)	20/visit
180	Comprehensive periodontal evaluation - new or established patient	20/visit
RADIOGRAPHS		
210	Intraoral - Complete Series (including, bitewings)	20/visit
220	Intraoral - Periapical - First film	20/visit
230	Intraoral - Periapical - Each Additional Film	20/visit
240	Intraoral - Occlusal film	20/visit
270	Bitewing - Single film	20/visit
272	Bitewings - Two films	20/visit
274	Bitewings - Four films	20/visit
277	Bitewings - vertical (seven or eight films)	20/visit
330	Panoramic film	20/visit
340	Cephalometric Film	20/visit
TESTS AND LABORATORY EXAMINATIONS		
460	Pulp Vitality Tests	20/visit
470	Diagnostic Casts	20/visit
471	Diagnostic Photographs	20/visit
DENTAL PROPHYLAXIS		
1110	Prophylaxis - adult	20/visit
1120	Prophylaxis - child	20/visit
TOPICAL FLUORIDE TREATMENT		
1203	Topical Application of Fluoride prophylaxis not included) - Child	20/visit
1204	Topical Application of Fluoride prophylaxis not included) - Adult	20/visit
OTHER PREVENTIVE SERVICES		
1330	Oral Hygiene Instructions	20/visit
1351	Sealant - Per Tooth	20/visit
SPACE MAINTENANCE (PASSIVE APPLIANCES)		
1510	Space Maintainer - Fixed Unilateral	120
1515	Space Maintainer - Fixed Bilateral	160
1520	Space Maintainer - Removable Unilateral	90
1525	Space Maintainer - Removable Bilateral	160
1550	Recementation of space maintainer	20/visit
AMALGAM RESTORATIONS (INCLUDING POLISHING)		
2140	Amalgam - one surface, primary or permanent	20/visit
2150	Amalgam - two surfaces, primary or permanent	20/visit
2160	Amalgam - three surfaces, primary or permanent	20/visit
2161	Amalgam - four or more surfaces, primary or permanent	20/visit
RESIN RESTORATIONS		
2330	Resin - one surface, anterior	20/visit
2331	Resin - two surfaces, anterior	20/visit
2332	Resin - three surfaces, anterior	20/visit
2335	Resin - four or more surfaces or involving incisal angle anterior	20/visit

2391 Resin-based composite - one surface, posterior	20/visit
2392 Resin-based composite - two surfaces, posterior	20/visit
2393 Resin-based composite - three surfaces, posterior	20/visit
2394 Resin-based composite - four or more surfaces, posterior	20/visit
INLAY/ONLAY RESTORATIONS	
2510 Inlay - metallic - one surface	210
2520 Inlay - metallic - two surfaces	250
2530 Inlay - metallic - three or more surfaces	300
2543 Onlays - metallic - three or more surfaces	60
2544 Onlays - metallic - four or more surfaces	75
2610 Inlay - porcelain/ceramic - one surface	230
2620 Inlay - porcelain/ceramic - two surfaces	270
CROWNS - SINGLE RESTORATION ONLY **	
2710 Crown - Resin indirect	130
2740 Crown - porcelain/ceramic substrate	460
2750 Crown - porcelain fused to high noble metal	460
2751 Crown - porcelain fused to predominantly base metal	415
2752 Crown - porcelain fused to noble metal	435
2790 Crown - full cast high noble metal	460
2791 Crown - full cast predominantly base metal	415
2792 Crown - full cast noble metal	435
2799 Provisional crown - at least six months	100
OTHER RESTORATIVE SERVICES	
2910 Recement Inlay	20/visit
2920 Recement crown	20/visit
2930 Prefabricated stainless steel crown - primary tooth	110
2931 Prefabricated stainless steel crown - permanent tooth	110
2933 Prefabricated stainless steel crown with resin window	125
2940 Sedative filling	20/visit
2950 Core buildup, including any pins	95
2951 Pin retention - per tooth in addition to restoration	20/visit
Cast post and core in addition to crown (cast post and core is	
separate from crown)	105
2953 Each additional cast post - same tooth (to be used with D2952)	55
2954 Prefabricated post and core in addition to crown	110
2957 Each additional prefabricated post - same tooth (to be used with D2954)	50
2960 Labial veneer (laminare) - chairside	??
2961 Labial veneer (resin laminate) - laboratory	??
2962 Labial veneer (porcelain laminate) - laboratory	??
2970 Temporary crown (fractured tooth)	95
PULP CAPPING	
3110 Pulp Cap - Direct (excluding final restoration)	20/visit
3120 Pulp Cap - Indirect (excluding final restoration)	20/visit
PULPOTOMY	
3220 Therapeutic Pulpotomy (excluding final restoration)	65/90*
ENDODONTIC THERAPY ON PRIMARY TEETH	
3230 Pupal therapy (resorbable filling) - anterior primary tooth (excluding final restoration)	70/100*
3240 Pupal therapy (resorbable filling) - posterior primary tooth (excluding final restoration)	85/125*
ROOT CANAL / ENDODONTIC THERAPY (including treatment plan, clinical procedures and followup care)	
3310 Anterior (excluding final restoration)	300/400*
3320 Bicuspid (excluding final restoration)	275/475*
3330 Molar (excluding final restoration)	450/600*
ENDODONTIC RETREATMENT	
3346 Retreatment of previous root canal therapy - anterior	340/475*
3347 Retreatment of previous root canal therapy - bicuspid	390/580*

3348	Retreatment of previous root canal therapy - molar	475/675*
	APICOECTOMY/PERIAPICAL SERVICES	
3410	Apicoectomy/Periradicular surge - anterior	210/300*
3421	Apicoectomy/Periradicular surgery - bicuspid (first root)	260/350*
3425	Apicoectomy/Periradicular surgery - molar (first root)	310/400*
3426	Apicoectomy /Periradicular surgery (each additional root)	100/170*
3430	Retrograde Filling - per root	70/80*
3450	Root amputation - per root	120/170*
	OTHER ENDODONTIC PROCEDURES	
3910	Surgical procedure for isolation of tooth with rubber dam	100/120*
3920	Hemisection (incl. any root removal) not including root canal therapy	135/150*
3950	Canal preparation and fitting of reformed dowel or post	??
	SURGICAL SERVICES (INCLUDING USUAL POST-OPERATIVE SERVICES)	
4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	170/350*
4211	Gingivectomy or gingivoplasty - one two or three teeth, per quadrant	50/200*
4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	210/425*
4249	Clinical crown lengthening - hard tissue	140/300*
4260	Osseous Surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	420/600*
4263	Bone replacement graft - first site in quadrant	450/00*
4264	Bone replacement graft - each add'l site in quadrant	175/275*
4270	Pedicle soft tissue graft procedure	260/425*
4271	Free soft tissue graft procedure (including donor site surgery)	295/475*
4273	Subepithelial connective tissue graft procedures	200/350*
4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	75/110*
	ADJUNCTIVE PERIODONTAL SERVICES	
4320	Provisional splinting - intracoronal	70/120*
4321	Provisional splinting - extracoronal	84/135*
4341	Periodontal scaling and root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	70/visit
4342	Periodontal scaling and root planing - one two or three teeth, per quadrant	70/visit
4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	70/visit
	OTHER PERIODONTAL SERVICES	
4910	Periodontal maintenance	70/visit
	COMPLETE DENTURES (including routine post-delivery care)	
5110	Complete denture - maxillary	495
5120	Complete denture - mandibular	495
5130	Immediate denture - maxilla	560
5140	Immediate denture - mandibular	560
	PARTIAL DENTURES (Including routine post-delivery care)	
5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	450
5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	450
5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	550
5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	550
5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	150
	ADJUSTMENTS TO REMOVABLE PROSTHESIS	
5410	Adjust complete denture - maxilla	20/visit
5411	Adjust complete denture - mandibular	20/visit
5421	Adjust partial denture - maxilla	20/visit
5422	Adjust partial denture - mandibular	20/visit
	REPAIRS TO COMPLETE DENTURES	
5510	Repair broken complete denture base	60
5520	Replace missing or broken teeth - complete denture (each tooth)	50

REPAIRS TO PARTIAL DENTURES	
5610 Repair resin denture base	60
5620 Repair cast framework	65
5630 Repair or replace broken clasp	55
5640 Replace broken teeth - per tooth	55
5650 Add tooth to existing partial denture	65
5660 Add clasp to existing partial denture	70
DENTURE REBASE PROCEDURES	
5710 Rebase complete maxillary denture	140
5711 Rebase complete mandibular denture	140
5720 Rebase maxillary partial denture	120
5721 Rebase mandibular partial denture	120
DENTURE RELINE PROCEDURES	
5730 Reline complete maxilla denture (chairside)	120
5731 Reline complete mandibular denture (chairside)	120
5740 Reline maxilla partial denture (chairside)	110
5741 Reline mandibular partial denture (chairside)	110
5750 Reline complete maxilla denture (laboratory)	145
5751 Reline complete mandibular denture (laboratory)	145
5760 Reline maxilla partial denture (laboratory)	125
5761 Reline mandibular partial denture (laboratory)	125
OTHER REMOVABLE PROSTHETIC SERVICES	
5810 Interim complete denture (maxillary)	200
5811 Interim complete denture (mandibular)	200
5820 Interim partial denture (maxillary)	180
5821 Interim partial denture (mandibular)	180
5850 Tissue conditioning - maxillary	60
5851 Tissue conditioning - mandibular	60
FIXED PARTIAL DENTURE PONTICS **	
6210 Pontic - cast high noble metal	460
6211 Pontic - cast predominantly base metal	415
6212 Pontic - cast noble metal	435
6240 Pontic - porcelain fused to high noble metal	460
6241 Pontic - porcelain fused to predominantly base metal	415
6242 Pontic - porcelain fused to noble metal	435
RETAINERS	
6545 Retainers - cast metal for resin bonded fixed prosthesis	170
FIXED PARTIAL DENTURE RETAINERS - CROWN	
6750 Crown - porcelain fused to high noble metal	460
6751 Crown - porcelain fused to predominantly base metal	415
6752 Crown - porcelain fused to noble metal	435
6780 Crown - 3/4 cast high noble metal	390
6790 Crown - full cast high noble metal	460
6791 Crown - full cast predominantly base metal	415
6792 Crown - full cast noble metal	435
OTHER FIXED PARTIAL DENTURE SERVICES	
6930 Recement Fixed Partial Denture	20/visit
6940 Stress breaker	70
6950 Precision attachment	150
6970 Cast post and core in addition to fixed partial denture retainer	115
6971 Cast post as part of fixed partial denture retainer	115
6972 Prefabricated Post and Core in addition to fixed partial denture retainer	100
6973 Core build up for retainer, including any pins	95
6976 Each additional cast post - same tooth (to be used with D6970 or D6971)	58
6977 Each additional prefabricated post - same tooth (to be used with D6972)	50
EXTRACTIONS (includes local anesthesia, suturing, if needed and Routine Post Operative Care)	

7111	Coronal remnants - deciduous tooth	20/visit
7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	20/visit
	SURGICAL EXTRACTIONS (includes local anesthesia, suturing, if needed and routine post operative)	
7210	Surgical removal of erupted tooth requiring elevation of muco periosteal flap and removal of bone and/or section of tooth	80/110*
7220	Removal of impacted tooth - soft tissue	105/150*
7230	Removal of impacted tooth - partially bony	140/170*
7240	Removal of impacted tooth - completely bony	165/200*
7241	Removal of impacted tooth - completely bony, with unusual surgical complications	225
7250	Surgical removal of residual tooth roots (cutting procedure)	100
	OTHER SURGICAL PROCEDURES	
7280	Surgical access of an unerupted tooth	250
7281	Surgical exposure of impacted or unerupted tooth to aid eruption	200
7286	Biopsy of oral tissue - soft all others	100
	ALVEOLOPLASTY - Surgical Preparation of Ridge for Dentures	
7310	Alveoloplasty - in conjunction with extractions - per quadrant	90
7320	Alveoloplasty - not in conjunction with extractions - per quadrant	95
	SURGICAL INCISION	
7510	Incision and drainage of abscess - intraoral soft tissue	70
7520	Incision and drainage of abscess - extraoral soft tissue	60
	OTHER REPAIR PROCEDURES	
7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	120
7971	Excision of pericoronal gingiva	100
	LIMITED ORTHODONTIC TREATMENT	
8010	Limited ortho. treatment of the primary dentition	600
8020	Limited ortho. treatment of the transitional dentition	650
8030	Limited ortho. treatment of the adolescent dentition	700
8040	Limited ortho. treatment of the adult dentition	750
	INTERCEPTIVE ORTHODONTIC TREATMENT	
8050	Interceptive orthodontic treatment of the primary dentition	850
8060	Interceptive orthodontic treatment of the transitional dentition	950
	COMPREHENSIVE ORTHODONTIC TREATMENT	
8070	Comprehensive orthodontic treatment of the transitional dentition	2300
8080	Comprehensive orthodontic treatment of the adolescent dentition	2500
8090	Comprehensive orthodontic treatment of the adult dentition	2700
	MINOR TREATMENT TO CONTROL HARMFUL HABITS	
8210	Removable appliance therapy	500
8220	Fixed appliance therapy	450
	OTHER ORTHODONTIC SERVICES	
8660	Pre-orthodontic treatment visit	150
8670	Periodic orthodontic treatment visit (as part of contract)	85
8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	250
	UNCLASSIFIED TREATMENT	
9110	Palliative (emergency) treatment of dental pain - minor procedure	20/visit
9230	Analgesia, anxiolysis, inhalation of nitrous oxide	35
9241	Intravenous conscious sedation/analgesia - first 30 minutes	150
9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	60
	PROFESSIONAL CONSULTATION	
9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	50
	PROFESSIONAL VISITS	
9400	Broken appointment charge - per 15 minutes (without 24 hours prior notice)	10
	MISCELLANEOUS SERVICES	
9910	Application of desensitizing medicament	10
9911	Application of desensitizing resin for cervical and/or root surface, per tooth	10
9940	Occlusal guard, by report	275
9941	Fabrication of athletic mouth guard	??

9950 Occlusal analysis - mounted case	??
9951 Occlusal adjustment - limited	85
9952 Occlusal adjustment - complete	180
9974 Internal bleaching - per tooth	170

NC - No Charge

* Procedure has slash - lower cost for Primary Participating Dentist, higher cost for Specialty Care Dentist.

** ALL PRICES ARE EXCLUSIVE OF GOLD

PLAN LIMITATIONS - IN-NETWORK and OUT-OF-AREA

1. Out-of-Area Emergency Care - Members are covered for emergency dental treatment to alleviate acute pain, along with treatment arising from accidental injury or illness while temporarily more than 50 miles from their regular place of residence and the nearest Plan Dental Office. Limited to \$50 per member per emergency.
2. Services for injuries and conditions which are covered under Workers' Compensation or Employers' Liability Laws;
3. Services which are provided without cost to the Covered Individual by any municipality, county or other political subdivision (with the exception of Medicaid);
4. Services which, in the opinion of the Participating Dentist, are not necessary for the Covered Individual's health;
5. Payment of any claim or bill will not be made for prohibited referrals;
6. Cosmetic, elective, or aesthetic dentistry, which in the opinion of the Participating Dentist are not necessary for the patient's dental health;
7. Oral surgery requiring the setting of fractures or dislocations;
8. Services with respect to malignancies, cysts or neoplasms, or hereditary, congenital or developmental malformations;
9. Dispensing of drugs, except those used as a local anesthetic;
10. Hospitalization for any dental procedure;
11. Loss or theft of bridgework or dentures previously supplied under the Plan;
12. Replacement of a bridge, crown, or denture within five (5) years after the date it was originally installed;
13. Any implantation;
14. General anesthesia;
15. Services that cannot be performed because of the general health of the patient;
16. Teeth Cleaning (Prophylaxis) at intervals of less than six (6) months;
17. Unlisted procedures will be provided at the Dentist's usual and customary fees;
18. Services which are obtained outside the dental office in which enrolled and which are not pre-authorized by the Plan. This does not apply to out-of-area emergency dental services;
19. Services rendered by a Pedodontist (Pediatric Dentist) are considered Specialty Care and must be approved by the Covered Individual's General Participating Dentist;
20. All services listed on the Schedule of Benefits and Member Copayments will be provided by a general Participating Dentist or an approved Specialist; provided, however, that a general Participating Dentist will refer the Covered Individual or Dependent to an approved Specialist or recommend that the Covered Individual or Dependent contact an approved Specialist if it is the judgment of the Participating Dentist that the service or procedure must be provided by an approved Specialist, with an exception for out-of-area emergency care;
21. Services which cannot be performed in the dental office of the "Personal Participating Dentist" or "Approved Specialist" due to the special needs or health related conditions of the Covered Employee and/or Dependent(s).