



# Dental Enrollment Kit

## UnitedHealthcare Dental HMO Wellness Program Centers of Excellence

UnitedHealthcare Dental, through its Centers of Excellence, has created a unique program, specifically for our managed care plan members. Our Centers of Excellence have made wellness a priority by performing a variety of services that are unique in the dental industry. For example, dentists can spot signs of diabetes, heart disease and oral cancer, among other chronic medical conditions. By simply visiting the dentist, individuals might find that they may save more than their teeth and gums, it may just lead to early diagnosis, referral for and treatment of a variety of diseases. Dentists may play an important role in saving lives and positively impacting health care costs.

Our Centers of Excellence offer free, possibly life-saving, wellness screening services and make them available to all eligible members. Members need only complete a questionnaire that helps to determine their level of risk for specific conditions. Once the dentist makes an assessment to determine level of risk, the member will then receive appropriate screening for any or all of the following: oral hard and soft tissue, high blood pressure, blood glucose, and/or body mass index. These screenings may help to determine if a member may be 'at-risk' for oral cancer, diabetes, or cardiovascular disease, and may lead to a referral for these conditions. Hardcopy or electronic results will be available that can be delivered directly to the member's physician and primary dentist, if that is appropriate. Attending dentists will include as part of the wellness visit, counseling and materials about the impact of tobacco use, obesity and oral piercings as well as information about the possible influence of oral disease and a variety of medical diseases.

These services are offered at no additional charge. Please contact your UnitedHealthcare Dental representative to learn more about our Centers of Excellence.

- Chronic diseases – such as heart disease, stroke, cancer, diabetes, and arthritis – are among the most common, costly, and preventable of all health problems in the U.S.
- The presence of bacteria in active periodontal disease leads to inflammation, which can reduce diabetic control.
- Experimental models have linked the bacteria found in the plaque of the arterial walls to those found in the periodontal pockets.
- Bacteria contributes to inflammation that increases plaque build-up in the small arteries of the heart, restricting blood flow to the heart muscle, which can lead to a heart attack.
- The bacteria present in periodontal disease has been found in amniotic fluid and the mothers placenta.
- Mothers with periodontal disease have a higher incidence of pregnancy complications.

### Locations:

North Loop Office  
1445 North Loop West  
Suite 1000  
Houston, TX 77008  
(713) 861-3231

Channelview Office  
15201 East Freeway  
Suite 225  
Channelview, TX 77530  
(281) 457-2847

Katy Office  
20065 Katy Freeway  
Katy, TX 77450  
(281) 994-5050

Sugar Land Office  
16126 Southwest Freeway  
Suite 200  
Sugar Land, TX 77479  
(281) 207-2770

Med Center/Astrodome  
2201 West Holcombe  
Suite 220  
Houston, TX 77030  
(713) 664-3400

Lexington  
11767 Katy Freeway #505  
Houston, Texas 77079  
(281) 679-9380

## Harris County UnitedHealthcare Dental HMO

March 2011



The UnitedHealthcare Dental HMO plan offers comprehensive coverage for all your dental care needs. You and your family select your dentist from an extensive network of participating general dentists and specialty care providers at fees considerably lower than you would pay without this plan. Copayments for each covered procedure is listed in the Schedule of Benefits included here.

About this plan...

- No waiting periods, claims forms, deductibles or calendar year maximums
- You and your enrolled dependents may each choose a different general dentist
- Emergency out-of-network coverage
- Benefits include many specialty procedures

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## Specialty Referral Process – Non Emergency

### General Dentist Assessment

Start with your General Practitioner Dentist (GD) first – If you do not know what office you are assigned to, please call member services at 1-866-528-6072. The GD will assess whether or not the services require a Specialist to evaluate and extend treatment. In many cases, the member need not be in the General Dentist’s office for a Specialty Referral to be requested or approved.

### Specialist Consultation

If the GD determines that the evaluation and service requires a Specialist, the GD will initiate the next phase of the Specialty Referral process called the Specialist Consultation, or ‘Consult’. The following steps are taken to schedule a ‘Consult’.

1. General dentist completes a Referral Form and advises Member to call Customer Service.
2. General dentist advises Member to take Referral Form to Specialist appointment.
3. Member calls Customer Service at 1-866-528-6072 to obtain an authorization for consult; call is routed to the Specialty Referral Unit.
4. Customer Service completes an Internal Service Request Form that routes to the Referral Coordinator.
5. Referral Coordinator contacts the member and provides the specialist name, phone number and authorization number for an initial consult/exam. The Specialist will be selected based on the member’s zip code area.
6. Member calls the authorized Specialist for an appointment. Member must take the specialty referral form that was provided from the General Dentist to the Specialist.

## DHMO Emergency Specialty Referral Process

### General Dentist Assessment

Start with your General Practitioner Dentist (GD) first – The GD will make a clinical determination of the emergency condition by assessing presence of pain, swelling, bleeding, infection or trauma. The GD will also assess whether or not the emergency services require a Specialist to evaluate and extend treatment. In many cases, the Member need not be in the General Dentist’s office at the time the referral is requested to have a request for Emergency Specialty Referral approved. The following steps are taken to schedule a ‘Consult’.

1. General dentist completes a Referral Form and advises Member to call Customer Service.
2. Customer Service Representative obtains specific tooth/teeth, procedures, etc. being requested for Emergency Specialty Referral. Identify and verifies with Member the presence of one or more: Symptomatic Tooth\Teeth, Pain, Swelling, Bleeding, Infection, or Trauma. Then determines if the Member has a specific specialist they were referred to be seen by from their GD and verify that the preferred specialist is an in Network Specialist. The CSR will submit a Specialty Referral request and send to the Referral Coordinator for further review and processing.
3. The Referral Coordinator will contact the member with the Specialty Referral Authorization approval number for consultation only and inform the member that the authorization is valid for 48 hours.
4. The member makes arrangements with Specialist office for visit.

6. Dental procedures initiated and completed prior to the member's eligibility under this plan or started after the member's termination from the plan;
7. Any procedures not specifically listed as a covered benefit in the Schedule of Benefits;
8. Dental procedures or services performed solely for cosmetic purposes or solely for appearance, unless otherwise specified as a covered service in the Schedule of Benefits.;
9. Treatment of malignancies, cysts or neoplasms;
10. Orthognathic surgery;
11. General anesthesia;
12. Services considered unnecessary or experimental in nature;
13. Dental services received from any dental office other than our contracted dental office, unless expressly authorized in writing by us or as cited under "Emergency Dental Services"
14. Dental implant and services associated with the placement of implants, prosthodontic restoration of dental implants, and specialized implant maintenance services;
15. Procedures, appliances, or restorations whose main purpose is to change the vertical dimension of occlusion, correct congenital, developmental, or medically induced dental disorders including, but not limited to treatment of myofunctional, myoskeletal, or temporomandibular joint disorders unless otherwise specified as an orthodontic benefit on the Schedule of Benefits;
16. Dental procedures or appliances for minor tooth guidance or for the control of harmful habits such as thumb sucking and tongue thrusting.

**Orthodontic Exclusions and Limitations (if a covered benefit under your plan)**

- I. Orthodontic treatment must be provided by one of our contracting dentists
- II. Plan benefits shall cover 24 months of usual and customary orthodontic treatment and an additional 24 months of retention. Treatment extending beyond such time periods will be subject to a per-office-visit charge of \$25 dollars.
- III. The following are not included as orthodontic benefits:
  1. repair or replacement of lost or broken appliances
  2. re-treatment of orthodontic cases
  3. Interceptive orthodontics;
  4. changes in treatment necessitated by an accident
  5. treatment involving:
    - a. maxillo-facial surgery, myofunctional therapy, cleft palate, micrognathia, macroglossia
    - b. hormonal imbalances or other factors affecting growth or developmental disturbances
    - c. treatment related to temporomandibular joint disorders
    - d. lingually placed direct bonded appliances and arch wires ("invisible braces")
- IV. The retention phase of treatment shall include the construction, placement, and adjustment of retainers.

**Harris County and Harris County Flood Control District  
Custom Plan - Dental HMO  
National Pacific Dental, Inc.**

CDT-10 Code	Procedure Description	Copayment
<b>Diagnostic (D0100-D0999): Exams; x-rays; and related tests.</b>		
D9999	Unspecified Adjunctive Procedure, By Report <sup>3</sup> - Office Visit – per visit (including all fees for sterilization and/or infection control)	No Co-Pay
D0120	Periodic Oral Evaluation – Established Patient	No Co-Pay
D0140	Limited Oral Evaluation - Problem Focused	No Co-Pay
D0145	Oral Evaluation for a Patient Under three Years of Age and Counseling with Primary Caregiver	No Co-Pay
D0150	Comprehensive Oral Evaluation - New or Established Patient	No Co-Pay
D0170	Re-Evaluation - Limited, Problem Focused (Established patient; not post-operative visit)	No Co-Pay
D0180	Comprehensive Periodontal Evaluation - New or Established Patient	No Co-Pay
D0210	Intraoral - Complete Series (Including Bitewings)	No Co-Pay
D0220	Intraoral - Periapical First Film	No Co-Pay
D0230	Intraoral - Periapical Each Additional Film	No Co-Pay
D0240	Intraoral - Occlusal Film	No Co-Pay
D0250	Extraoral - First Film	No Co-Pay
D0260	Extraoral - Each Additional Film	No Co-Pay
D0270	Bitewing - Single Film	No Co-Pay
D0272	Bitewings - Two Films	No Co-Pay
D0273	Bitewings - Three Films	No Co-Pay
D0274	Bitewings - Four Films	No Co-Pay
D0330	Panoramic Film	No Co-Pay
D0350	Oral/Facial photographic images	No Co-Pay
D0415	Collection of Microorganisms for Culture and Sensitivity	No Co-Pay
D0425	Caries Susceptibility Tests	No Co-Pay
D0460	Pulp Vitality Tests	No Co-Pay
D0470	Diagnostic Casts	No Co-Pay
<b>Preventive (D1000-D1999): Prophylaxis (cleanings); fluoride; and related maintenance procedures.</b>		
D1110	Prophylaxis – Adult	No Co-Pay
D1120	Prophylaxis -Child <sup>1</sup>	No Co-Pay
D1203	Topical Application of Fluoride - Child	No Co-Pay
D1204	Topical Application of Fluoride - Adult	No Co-Pay
D1206	Topical Fluoride Varnish; Therapeutic Application for Moderate to High Caries Risk Patients	No Co-Pay
D1310	Nutritional Counseling for Control of Dental Disease	No Co-Pay
D1330	Oral Hygiene Instructions	No Co-Pay
D1351	Sealant - Per Tooth <sup>1</sup>	\$5.00
D1510	Space Maintainer - Fixed - Unilateral	\$25.00
D1515	Space Maintainer - Fixed - Bilateral	\$25.00
D1520	Space Maintainer - Removable - Unilateral	\$35.00
D1525	Space Maintainer - Removable - Bilateral	\$35.00
D1550	Re-cementation of Space Maintainer	\$5.00
D1555	Removal of Fixed Space Maintainer	\$5.00

CDT-10 Code	Procedure Description	Copayment
<b>Restorative (D2000-D2999): Amalgams, resins, pins, and single crowns: includes polishing; bases; pulp caps; liners; and preparation, temporization and cementation of cast restorations; and cast crowns.</b>		
	<i>*Cases involving 7 or more crowns in the same treatment plan require a \$125 member fee per unit in addition to co-pay</i> <i>*\$75 fee per crown/bridge unit above co-pay for porcelain on molars</i>	
D2140	Amalgam - One Surface, Primary or Permanent	\$5.00
D2150	Amalgam - Two Surfaces, Primary or Permanent	\$10.00
D2160	Amalgam - Three Surfaces, Primary or Permanent	\$15.00
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	\$20.00
D2330	Resin-Based Composite - One Surface, Anterior	\$5.00
D2331	Resin-Based Composite - Two Surfaces, Anterior	\$10.00
D2332	Resin-Based Composite - Three Surfaces, Anterior	\$15.00
D2335	Resin-Based Composite -Four or More Surfaces, or Involving Incisal Angle (Anterior)	\$20.00
D2390	Resin-Based Composite Crown, Anterior	\$35.00
D2391	Resin-Based Composite - One Surface, Posterior	\$40.00
D2392	Resin-Based Composite - Two Surfaces, Posterior	\$60.00
D2393	Resin-Based Composite - Three Surfaces, Posterior	\$80.00
D2394	Resin-Based Composite - Four or More Surfaces, Posterior	\$80.00
D2510	Inlay - Metallic - One Surface	\$165.00
D2520	Inlay- Metallic - Two Surfaces	\$165.00
D2530	Inlay - Metallic - Three or more surfaces	\$165.00
D2543	Only - Metallic - Three surfaces	\$185.00
D2544	Only - Metallic - Four or more surfaces	\$185.00
D2650	Inlay - Resin-Based Composite- One Surface	\$165.00
D2651	Inlay - Resin – Based Composite- Two Surfaces	\$165.00
D2652	Inlay - Resin – Based Composite – Three or more Surfaces	\$165.00
D2740	Crown, Porcelain/Ceramic Substrate <sup>2</sup>	\$225.00
D2750	Crown - Porcelain Fused to High Noble Metal <sup>2</sup>	\$185.00
D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$185.00
D2752	Crown - Porcelain Fused to Noble Metal <sup>2</sup>	\$185.00
D2780	Crown - 3/4 Cast High Noble Metal <sup>2</sup>	\$185.00
D2781	Crown - 3/4 Cast Predominantly Base Metal	\$185.00
D2782	Crown - 3/4 Cast Noble Metal <sup>2</sup>	\$185.00
D2790	Crown - Full Cast High Noble Metal <sup>2</sup>	\$185.00
D2791	Crown - Full Cast Predominantly Base Metal	\$185.00
D2792	Crown - Full Cast Noble Metal <sup>2</sup>	\$185.00
D2794	Crown - Titanium <sup>2</sup>	\$185.00
D2910	Recement Inlay, Onlay, or Partial Coverage Restoration	No Co-Pay
D2915	Recement Cast or Prefabricated Post and Core	No Co-Pay
D2920	Recement Crown	No Co-Pay
D2930	Prefabricated Stainless Steel Crown - Primary Tooth <sup>1</sup>	\$25.00
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth <sup>1</sup>	\$25.00
D2940	Sedative Filling	No Co-Pay
D2950	Core Build-Up, Including Any Pins	\$20.00
D2951	Pin Retention - Per Tooth, in Addition to Restoration	\$5.00
D2952	Post and Core In Addition to Crown, Indirectly Fabricated	\$35.00
D2953	Each Additional Indirectly Fabricated Post - Same Tooth	\$35.00
D2954	Prefabricated Post and Core in Addition to Crown	\$30.00

CDT-10 Code	Procedure Description	Copayment
D9951	Occlusal Adjustment - Limited	No Co-Pay
D9952	Occlusal Adjustment - Complete	\$50.00
1	For children age 14 and under only	
2	Does not include the cost of noble metal, high noble metal, or titanium <i>*Cases involving 7 or more crowns in the same treatment plan require a \$125 member fee per unit in addition to co-pay</i> <i>*\$75 fee per crown/bridge unit above co-pay for porcelain on molars</i>	
3	Other than those procedures listed, no other unspecified procedures are covered	
†	Duplicate set is covered if it is made at the same time as the original denture	
To be covered, all services and procedures must be considered dentally necessary by your Primary Care Dentist.		
Your Selected General Dentist may encounter situations that require the services of a dentist who limits his/her practice to specialty care. Your Selected General Dentist will provide you with a Specialty Referral Form outlining what procedures need to be performed or evaluated by a Specialist. Specialty care requires prior authorization by us. Please Call <b>866-528-6072</b> For All Specialty Care Referrals.		
The above procedures are performed as needed and deemed necessary by your attending Panel Dentist - subject to applicable Limitations, Exclusions and Governing Administrative Policies of the Program. Please refer to these sections for further clarification of benefits. (See Limitations and Exclusions)		

**Limitations and Exclusions**

Below are the limitations that are applicable to this Plan:

1. Replacement of any crowns or fixed bridges (per unit) are limited to once every five (5) years;
2. Dentures (full or partial): Replacement only after five (5) years have elapsed following any prior provision of such dentures under a National Pacific Dental, Inc plan. Replacements will be a benefit only if the existing denture is unsatisfactory and can not be made satisfactory as determined by the contracted general dentist;
3. Relines are limited to one every twelve (12) months;
4. Cleanings (prophylaxis) and fluoride treatments are limited to twice a year, unless medically necessary;
5. Cases involving seven (7) or more crowns and/or fixed bridge units in the same treatment plan require a \$125 copayment per unit in addition to co-payment for each crown/bridge unit;
6. There is a \$75 copayment per crown/bridge unit in addition to regular co-payments for porcelain on molars;
7. An additional charge will be applied for any procedure using noble or high noble metal;
8. Panoramic or intraoral complete series, including bitewings (full mouth) x-rays are limited to once every three (3) years, unless medically necessary;
9. Sealants: Plan benefit applies to primary and permanent molar teeth, within four (4) years of eruption, unless medically necessary;
10. Surgical removal of wisdom teeth/third molar for orthodontic reasons only is not a covered benefit;
11. Delivery of removable prosthodontics includes up to three (3) adjustments within six (6) months of delivery date of service;
12. Surgical removal of impacted teeth is not a covered benefit unless pathology [disease] exists;
13. The co-payments listed for endodontic procedures do not include the cost of final restorations.

The following dental procedures and services are not included in the Plan:

1. Any inpatient/outpatient hospital charges of any kind including dentist and/or physician charges, prescription or medications;
2. Dental services provided for or paid by a federal or state government agency or authority, political subdivision, or other public program other than Medicaid or Medicare;
3. Dental services required while serving in the Armed Forces of any country or international authority or relating to a declared or undeclared war or acts of war;
4. Any dental services, or appliances which are determined to be not reasonable and/or necessary for maintaining or improving the member's dental health, as determined by the contracted general dentist;
5. Replacement of dentures, crowns, appliances or bridgework that have been lost, stolen, or damaged due to abuse, misuse or neglect, unless otherwise specified as a covered service in the Schedule of Benefits;

CDT-10 Code	Procedure Description	Copayment
D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	\$75.00
D7270	Tooth Reimplantation and/or Stabilization Of Accidentally Evulsed or Displaced Tooth	No Co-Pay
D7280	Surgical Access of an Unerupted Tooth	\$50.00
D7285	Biopsy of Oral Tissue, hard (bone, tooth)	No Co-Pay
D7286	Biopsy of Oral Tissue, soft	No Co-Pay
D7310	Alveoloplasty in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant	\$35.00
D7311	Alveoloplasty in Conjunction with Extractions -One to Three Teeth or Tooth Spaces, Per Quadrant	\$10.00
D7320	Alveoloplasty Not in Conjunction with Extractions – Four or More Teeth or Tooth Spaces, Per Quadrant	\$40.00
D7321	Alveoloplasty Not in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quadrant	\$20.00
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$26.00
D7520	Incision and Drainage of Abscess - Extraoral Soft Tissue	\$26.00
D7910	Suture of Recent Small Wounds up to 5cm	No Co-Pay
D7960	Frenulectomy (Frenectomy or Frenotomy) - Separate Procedure	\$40.00
D7963	Frenuloplasty	\$40.00
D7970	Excision of Hyperplastic Tissue - Per Arch	\$30.00
D7971	Excision of Pericoronal Gingiva	\$25.00
<b>Orthodontics (D8000-D8999): Orthodontic treatment; related procedures to improve a patient's craniofacial dysfunction and/or dentofacial deformity.</b>		
D8020	Limited Orthodontic Treatment of the Transitional Dentition	\$725.00
D8030	Limited Orthodontic Treatment of the Adolescent Dentition	\$725.00
D8040	Limited Orthodontic Treatment of the Adult Dentition	\$725.00
D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition	\$1,300.00
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition	\$1,300.00
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition	\$1,500.00
D8660	Pre-Orthodontic Treatment Visit	No Co-Pay
D8670	Periodic Orthodontic Treatment Visit (as part of contract)	No Co-Pay
D8680	Orthodontic Retention (removal of appliances, construction and placement of retainer(s))	No Co-Pay
D8693	Rebonding or recementing; and/or repair as required of fixed retainers.	No Co-Pay
D8999	Unspecified Orthodontic Procedure, by report <sup>3</sup> - Orthodontic treatment plan and records (pre/post x-rays, photos, study models)	No Co-Pay
<b>Adjunctive General Services (D9110-D9999):</b>		
D9110	Palliative (Emergency) Treatment of Dental Pain - Minor Procedure	No Co-Pay
D9120	Fixed Partial Denture Sectioning	No Co-Pay
D9211	Regional Block Anesthesia	No Co-Pay
D9212	Trigeminal Division Block Anesthesia	No Co-Pay
D9215	Local Anesthesia	No Co-Pay
D9230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide	No Co-Pay
D9241	Intravenous Conscious Sedation / Analgesia - First 30 Minutes	\$45.00
D9242	Intravenous Conscious Sedation / Analgesia – each additional 15 minutes	\$25.00
D9310	Consultation - Diagnostic Service Provided by Dentist or Physician Other than Requesting Dentist or Physician	No Co-Pay
D9430	Office Visit-Observation (During Regularly Schedule Hours) - No Other Services Provided	No Co-Pay
D9440	Office Visit - After Regularly Scheduled Hours	\$35.00
D9450	Case Presentation, Detailed and Extensive Treatment Planning	No Co-Pay
D9630	Other Drugs and / or Medicaments, By Report	\$15.00
D9910	Application of Desensitizing Medicament	No Co-Pay

CDT-10 Code	Procedure Description	Copayment
D2955	Post Removal (Not in Conjunction with Endodontic Therapy)	\$10.00
D2957	Each Additional Prefabricated Post - Same Tooth	\$35.00
D2962	Labial Veneer (porcelain laminate) - Laboratory	\$210.00
D2970	Temporary Crown (Fractured Tooth)	No Co-Pay
<b>Endodontics (D3000-D3999): Pulp caps; root canals; apical surgery; retrogrades; hemisections and related procedures.</b>		
D3110	Pulp Cap - Direct (Excluding Final Restoration)	No Co-Pay
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	No Co-Pay
D3220	Therapeutic Pulpotomy (Excluding Final Restoration) – Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament	\$10.00
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)	\$30.00
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	\$35.00
D3310	Endodontic Therapy - Anterior Tooth (Excluding Final Restoration)	\$95.00
D3320	Endodontic Therapy – Bicuspid Tooth (Excluding Final Restoration)	\$115.00
D3330	Endodontic Therapy - Molar (Excluding Final Restoration)	\$162.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$105.00
D3346	Retreatment of Previous Root Canal Therapy - Anterior	\$135.00
D3347	Retreatment of Previous Root Canal Therapy - Bicuspid	\$175.00
D3348	Retreatment of Previous Root Canal Therapy - Molar	\$275.00
D3351	Apexification / Recalcification - Initial Visit (Apical Closure/Calcific Repair of Perforations, Root Resorption, Etc.)	No Co-Pay
D3352	Apexification / Recalcification - Interim Medication Replacement (Apical Closure/Calcific Repair of Perforations, Root Resorption, Etc.)	No Co-Pay
D3353	Apexification / Recalcification - Final Visit (Includes Completed Root Canal Therapy- Apical Closure/Calcific Repair of Perforations, Root Resorption, Etc.)	No Co-Pay
D3410	Apicoectomy/Periradicular Surgery - Anterior	\$80.00
D3421	Apicoectomy/Periradicular Surgery - Bicuspid (First Root)	\$80.00
D3425	Apicoectomy/Periradicular Surgery - Molar (First Root)	\$80.00
D3426	Apicoectomy/Periradicular Surgery (Each Additional Root)	\$80.00
D3430	Retrograde Filling - Per Root	\$20.00
D3450	Root Amputation - Per Root	\$95.00
D3920	Hemisection (including root removal), not including Root Canal Therapy	\$90.00
<b>Periodontics (D4000-D4999): Includes root planing/curettage; gingival and osseous surgery; and related procedures; includes pre-op and post-op evaluations and local anesthetic; charting must be performed in conjunction with these procedures.</b>		
D4210	Gingivectomy or Gingivoplasty - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$90.00
D4211	Gingivectomy or Gingivoplasty - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$64.00
D4240	Gingival Flap Procedure, Including Root Planing - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$95.00
D4241	Gingival Flap Procedure, Including Root Planing - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$64.00
D4249	Clinical Crown Lengthening - Hard Tissue	\$125.00
D4260	Osseous Surgery (Including Flap Entry and Closure) - Four or More Contiguous Teeth or Tooth Bounded Spaces, Per Quadrant	\$110.00
D4261	Osseous Surgery (Including Flap Entry and Closure) - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$74.00
D4270	Pedicle Soft Tissue Graft Procedure	\$250.00
D4271	Free Soft Tissue Graft Procedure (including donor site surgery)	\$250.00
D4273	Subepithelial connective tissue graft procedures, per tooth	\$75.00

CDT-10 Code	Procedure Description	Copayment
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$70.00
D4275	Soft tissue allograft	\$70.00
D4320	Provisional Splinting - Intracoronal	\$20.00
D4321	Provisional Splinting - Extracoronal	\$20.00
D4341	Periodontal Scaling and Root Planing - Four or More Teeth Per Quadrant	\$25.00
D4342	Periodontal Scaling and Root Planing - One to Three Teeth Per Quadrant	\$17.00
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	\$40.00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	\$60.00
D4910	Periodontal Maintenance	\$50.00
<b>Prosthodontics, Removable (D5000-D5899): Full and partial dentures; includes fabrication and/or repair of prosthesis and routine post-delivery care.</b>		
D5110	Complete Denture - Maxillary	\$210.00
D5120	Complete Denture - Mandibular	\$210.00
D5130	Immediate Denture - Maxillary	\$225.00
D5140	Immediate Denture - Mandibular	\$225.00
D5211	Maxillary Partial Denture - Resin Base (Including Any Conventional Clasps, Rests, and Teeth)	\$300.00
D5212	Mandibular Partial Denture - Resin Base (Including Any Conventional Clasps, Rests, and Teeth)	\$300.00
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Base (Including Any Conventional Clasps, Rests, and Teeth)	\$260.00
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Base (Including Any Conventional Clasps, Rests, and Teeth)	\$260.00
D5410	Adjust Complete Denture - Maxillary	No Co-Pay
D5411	Adjust Complete Denture - Mandibular	No Co-Pay
D5421	Adjust Partial Denture - Maxillary	No Co-Pay
D5422	Adjust Partial Denture - Mandibular	No Co-Pay
D5510	Repair Broken Complete Denture Base	\$25.00
D5520	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	\$19.00
D5610	Repair Resin Denture Base	\$30.00
D5620	Repair Cast Framework	\$45.00
D5630	Repair or Replace Broken Clasp	\$19.00
D5640	Replace Broken Teeth - Per Tooth	\$19.00
D5650	Add Tooth to Existing Partial Denture	\$25.00
D5660	Add Clasp to Existing Partial Denture	\$35.00
D5670	Replace All Teeth and Acrylic on Cast Metal Framework (Maxillary)	\$225.00
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (Mandibular)	\$225.00
D5710	Rebase Complete Maxillary Denture	\$75.00
D5711	Rebase Complete Mandibular Denture	\$75.00
D5720	Rebase Maxillary Partial Denture	\$75.00
D5721	Rebase Mandibular Partial Denture	\$75.00
D5730	Reline Complete Maxillary Denture (Chairside)	\$50.00
D5731	Reline Complete Mandibular Denture (Chairside)	\$50.00
D5740	Reline Maxillary Partial Denture (Chairside)	\$50.00
D5741	Reline Mandibular Partial Denture (Chairside)	\$50.00
D5750	Reline Complete Maxillary Denture (Laboratory)	\$50.00
D5751	Reline Complete Mandibular Denture (Laboratory)	\$50.00
D5760	Reline Maxillary Partial Denture (Laboratory)	\$50.00

CDT-10 Code	Procedure Description	Copayment
D5761	Reline Mandibular Partial Denture (Laboratory)	\$50.00
D5820	Interim Partial Denture (Maxillary)	\$45.00
D5821	Interim Partial Denture (Mandibular)	\$45.00
D5850	Tissue Conditioning, Maxillary	\$25.00
D5851	Tissue Conditioning, Mandibular	\$25.00
D5899	Unspecified Removal Prosthodontic Procedure, by report <sup>3</sup> † - Duplicate Complete Denture	\$195.00
<b>Prosthodontics, Fixed (06200-06999): Abutments; pontics and related procedures. Includes diagnosis/models; preparation, temporization, fabrication and cementation of final restoration.</b>		
	<i>*Cases involving 7 or more crowns in the same treatment plan require a \$125 member fee per unit in addition to co-pay *\$75 fee per crown/bridge unit above co-pay for porcelain on molars</i>	
D6210	Pontic - Cast High Noble Metal <sup>2</sup>	\$185.00
D6211	Pontic - Cast Predominantly Base Metal	\$185.00
D6212	Pontic - Cast Noble Metal <sup>2</sup>	\$185.00
D6214	Pontic - Titanium <sup>2</sup>	\$185.00
D6240	Pontic - Porcelain Fused to High Noble Metal <sup>2</sup>	\$185.00
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$185.00
D6242	Pontic - Porcelain Fused to Noble Metal <sup>2</sup>	\$185.00
D6250	Pontic - Resin with High Noble Metal <sup>2</sup>	\$185.00
D6251	Pontic - Resin with Predominantly Base Metal	\$185.00
D6252	Pontic - Resin with Noble Metal <sup>2</sup>	\$185.00
D6720	Crown - Resin with High Noble Metal <sup>2</sup>	\$185.00
D6721	Crown - Resin with Predominantly Base Metal	\$185.00
D6722	Crown - Resin with Noble Metal <sup>2</sup>	\$185.00
D6750	Crown - Porcelain Fused to High Noble Metal <sup>2</sup>	\$185.00
D6751	Crown - Porcelain Fused to Predominantly Base Metal	\$185.00
D6752	Crown - Porcelain Fused to Noble Metal <sup>2</sup>	\$185.00
D6780	Crown - 3/4 Cast High Noble Metal <sup>2</sup>	\$185.00
D6781	Crown - 3/4 Cast Predominantly Base Metal	\$185.00
D6782	Crown - 3/4 Cast Noble Metal <sup>2</sup>	\$185.00
D6790	Crown - Full Cast High Noble Metal <sup>2</sup>	\$185.00
D6791	Crown - Full Cast Predominantly Base Metal	\$185.00
D6792	Crown - Full Cast Noble Metal <sup>2</sup>	\$185.00
D6794	Crown - Titanium <sup>2</sup>	\$185.00
D6930	Recement Fixed Partial Denture	No Co-Pay
D6940	Stress Breaker	\$35.00
D6950	Precision Attachment	\$75.00
D6970	Post and Core in Addition to Fixed Partial Denture Retainer, Indirectly Fabricated	\$50.00
D6972	Prefabricated Post and Core in Addition to Fixed Partial Denture Retainer	\$30.00
D6973	Core Build-Up for Retainer, Including any Pins	\$10.00
D6980	Fixed Partial Denture Repair, By Report	\$10.00
<b>Oral Surgery (D7000-D7999): Nonsurgical and surgical extractions (including sutures, if necessary) and related procedures; includes pre-op and post-op evaluations and treatment under local anesthetic.</b>		
D7111	Extraction, Coronal Remnants - Deciduous Tooth	\$10.00
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	No Co-Pay
D7210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth	\$15.00
D7220	Removal of Impacted Tooth - Soft Tissue	\$30.00
D7230	Removal of Impacted Tooth - Partially Bony	\$50.00
D7240	Removal of Impacted Tooth - Completely Bony	\$75.00
D7241	Removal of Impacted Tooth - Completely Bony, with Unusual Surgical Complications	\$130.00