

CONFIDENTIAL
GENERAL DENTISTRY FEE SCHEDULE
(GD3)

ADA PROCEDURE CODES	PROCEDURE DESCRIPTION	HMO/PPO FEE SCHEDULE
0120	PERIODIC ORAL EVALUATION	30.00
0140	LIMITED ORAL EVALUATION – PROBLEM FOCUSED	40.00
0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER	50.00
0150	COMPREHENSIVE ORAL EVALUATION – NEW OR ESTABLISHED PATIENT	50.00
0160	DETAIL & EXTENSIVE ORAL EVALUATION-PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT POST-OP)	65.00
0170	RE-EVALUATION – LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT POST-OPERATIVE VISIT)	30.00
0210	INTRAORAL – COMPLETE SERIES OF RADIOGRAPHIC IMAGES (AT LEAST 14 FILMS, INCLUDING BITEWINGS)	70.00
0220	INTRAORAL – PERIAPICAL FIRST RADIOGRAPHIC IMAGE	15.00
0230	INTRAORAL – PERIAPICAL – EACH ADDITIONAL RADIOGRAPHIC IMAGE (ALLOWABLE OF THREE (3) PER DATE OF SERVICE)	11.00
0240	INTRAORAL – OCCLUSAL RADIOGRAPHIC IMAGE	19.00
0250	EXTRAORAL – 2D PROJECTION RADIOGRAPHIC IMAGE CREATED USING A STATIONARY RADIATION SOURCE, AND DETECTOR	10.00
0251	EXTRAORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE	11.00
0270	BITEWING – SINGLE RADIOGRAPHIC IMAGE	15.00
0272	BITEWINGS – TWO RADIOGRAPHIC IMAGES	22.00
0273	BITEWINGS – THREE RADIOGRAPHIC IMAGES	33.00
0274	BITEWINGS – FOUR RADIOGRAPHIC IMAGES	33.00
0277	VERTICAL BITEWINGS –7 TO 8 RADIOGRAPHIC IMAGES	15.00
0330	PANORAMIC RADIOGRAPHIC IMAGE	58.00
0340	2D CEPHALOMETRIC RADIOGRAPHIC IMAGE- ACQUISITION, MEASUREMENT AND ANALYSIS	58.00
0350	2D ORAL / FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY	79.00
0460	PULP VITALITY TESTS	25.00
0470	DIAGNOSTIC CASTS	20.00
1110	PROPHYLAXIS – ADULT	60.00
1120	PROPHYLAXIS – CHILD	40.00

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1206	TOPICAL APPLICATION OF FLOURIDE VARNISH	18.00
1208	TOPICAL APPLICATION OF FLUORIDE – EXCLUDING VARNISH	18.00
1330	ORAL HYGIENE INSTRUCTION	19.00
1351	SEALANT – PER TOOTH	29.00
1510	SPACE MAINTAINER – FIXED - UNILATERAL	149.00
1516	SPACE MAINTAINER – FIXED – BILATERAL- Upper	303.00
1517	SPACE MAINTAINER – FIXED – BILATERAL- Lower	303.00
1520	SPACE MAINTAINER – REMOVABLE - UNILATERAL	140.00
1526	SPACE MAINTAINER – REMOVABLE – BILATERAL- Upper	303.00
1527	SPACE MAINTAINER – REMOVABLE – BILATERAL- Lower	303.00
1551	RE-CEMENT OR RE-BOND SPACE MAINTAINER-Upper	20.00
1552	RE-CEMENT OR RE-BOND SPACE MAINTAINER- Lower	20.00
1556	REMOVAL OF FIXED SPACE MAINTAINER- Upper	20.00
1557	REMOVAL OF FIXED SPACE MAINTAINER- Lower	20.00
1575	DISTAL SHOE SPACE MAINTAINER – FIXED – UNILATERAL	149.00
2140	AMALGAM - ONE SURFACE, PRIMARY OR PERMANENT	83.00
2150	AMALGAM - TWO SURFACES, PRIMARY OR PERMANENT	108.00
2160	AMALGAM - THREE SURFACES, PRIMARY OR PERMANENT	126.00
2161	AMALGAM - FOUR SURFACES, PRIMARY OR PERMANENT	154.00
2330	RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR	100.00
2331	RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR	124.00
2332	RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR	149.00
2335	RESIN-BASED COMPOSITE - FOUR SURFACES OR INVOLVING INCISAL ANGLE, ANTERIOR	166.00
2391	RESIN-BASED COMPOSITE – ONE SURFACE, POSTERIOR	112.00
2392	RESIN-BASED COMPOSITE – TWO SURFACES, POSTERIOR	154.00
2393	RESIN-BASED COMPOSITE – THREE SURFACES, POSTERIOR	166.00
2394	RESIN-BASED COMPOSITE – FOUR OR MORE SURFACES, POSTERIOR	166.00
2510	INLAY – METALLIC - ONE SURFACE	202.00

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2520	INLAY – METALLIC - TWO SURFACES	245.00
2530	INLAY – METALLIC – THREE OR MORE SURFACES	510.00
2542	ONLAY – METALLIC – TWO SURFACES	245.00
2543	ONLAY – METALLIC – THREE SURFACES	593.00
2544	ONLAY – METALLIC – FOUR OR MORE SURFACES	600.00
2610	INLAY – PORCELAIN / CERAMIC - ONE SURFACE	255.00
2620	INLAY – PORCELAIN / CERAMIC - TWO SURFACES	300.00
2630	INLAY – PORCELAIN / CERAMIC - THREE OR MORE SURFACES	325.00
2642	ONLAY – PORCELAIN / CERAMIC – TWO SURFACES	300.00
2643	ONLAY – PORCELAIN / CERAMIC – THREE SURFACES	325.00
2644	ONLAY – PORCELAIN / CERAMIC – FOUR OR MORE SURFACES	325.00
2650	INLAY – RESIN-BASED COMPOSITE – ONE SURFACE (LAB PROCESSED)	202.00
2651	INLAY – RESIN-BASED COMPOSITE – TWO SURFACES (LAB PROCESSED)	245.00
2652	INLAY – RESIN-BASED COMPOSITE – THREE OR MORE SURFACES (LAB PROCESSED)	510.00
2662	ONLAY – RESIN-BASED COMPOSITE – TWO SURFACES (LAB PROCESSED)	300.00
2663	ONLAY – RESIN-BASED COMPOSITE –THREE SURFACES (LAB PROCESSED)	325.00
2664	ONLAY – RESIN-BASED COMPOSITE – FOUR OR MORE SURFACES (LAB PROCESSED)	325.00
2740	CROWN – PORCELAIN / CERAMIC	650.00
2750	CROWN – PORCELAIN FUSED TO HIGH NOBLE METAL	590.00
2751	CROWN – PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	575.00
2752	CROWN – PORCELAIN FUSED TO NOBLE METAL	565.00
2780	CROWN – ¾ CAST HIGH NOBLE METAL	570.00
2781	CROWN – ¾ CAST PREDOMINANTLY BASE METAL	570.00
2782	CROWN – ¾ CAST NOBLE METAL	570.00
2783	CROWN – ¾ PORCELAIN / CERAMIC	570.00
2790	CROWN - FULL CAST HIGH NOBLE METAL	590.00
2791	CROWN – FULL CAST PREDOMINANTLY BASE METAL	570.00

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2792	CROWN – FULL CAST NOBLE METAL	580.00
2799	PROVISIONAL CROWN	300.00
2910	RECEMENT OR REBOND INLAY, ONLAY, VANEER OR PARTIAL COVERAGE RESTORATION	25.00
2920	RECEMENT CROWN	50.00
2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH	150.00
2931	PREFABRICATED STAINLESS STEEL CROWN - PERMANENT TOOTH	170.00
2932	PREFABRICATED RESIN CROWN - TEMPORARY	300.00
2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	175.00
2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN- PRIMARY TOOTH	175.00
2940	PROTECTIVE RESTORATION	66.00
2950	CORE BUILD-UP, INCLUDING ANY PINS	149.00
2951	PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION	38.00
2952	CAST POST AND CORE, IN ADDITION TO CROWN, INDIRECTLY FABRICATED	208.00
2953	EACH ADDITIONAL INDIRECTLY FABRICATED POST – SAME TOOTH	208.00
2954	PREFABRICATED POST AND CORE, IN ADDITION TO CROWN	180.00
2957	EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH	180.00
2960	LABIAL VENEER (RESIN LAMINATE) CHAIRSIDE	220.00
2962	LABIAL VENEER (PORCELAINLAMINATE) LABORATORY	550.00
2980	CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	80.00
3110	PULP CAP – DIRECT (EXCLUDING FINAL RESTORATION)	50.00
3120	PULP CAP – INDIRECT (EXCLUDING FINAL RESTORATION)	38.00
3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION)	86.00
3221	PULPAL DEBRIDEMENT, PRIMARY & PERMANENT TEETH (NOT TO BE BILLED BY PROVIDER COMPLETING ENDODONTIC TREATMENT)	86.00
3230	PULPAL THERAPY (RESORBABLE FILLING) ANTERIOR – PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	125.00
3240	PULPAL THERAPY (RESORBABLE FILLING) POSTERIOR - PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	125.00

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3310	ROOT CANAL THERAPY – ANTERIOR	390.00
3320	ROOT CANAL THERAPY – PRE-MOLAR TOOTH	475.00
3330	ROOT CANAL THERAPY – MOLAR	640.00
3332	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH	30.00
3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	80.00
3346	TREATMENT OF PREVIOUS ROOT CANAL THERAPY - ANTERIOR	390.00
3347	TREATMENT OF PREVIOUS ROOT CANAL THERAPY – PRE-MOLAR	475.00
3348	TREATMENT OF PREVIOUS ROOT CANAL THERAPY - MOLAR	640.00
3410	APICOECTOMY - ANTERIOR	617.00
3421	APICOECTOMY – PRE-MOLAR (FIRST ROOT)	236.00
3425	APICOECTOMY– MOLAR (FIRST ROOT)	274.00
3426	APICOECTOMY (EACH ADDITIONAL ROOT)	78.00
3430	RETROGRADE FILLING - PER ROOT	80.00
3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROOT CANAL THERAPY	140.00
4210	GINGIVECTOMY OR GINGIVOPLASTY – FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	200.00
4211	GINGIVECTOMY OR GINGIVOPLASTY – ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	87.00
4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING – FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	284.00
4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING – ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	284.00
4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	436.00
4260	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) – FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	788.00
4261	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	788.00

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4263	BONE REPLACEMENT GRAFT – RETAINED NATURAL TOOTH - FIRST SITE IN QUADRANT	166.00
4264	BONE REPLACEMENT GRAFT – RETAINED NATURAL TOOTH - EACH ADDITIONAL SITE IN QUADRANT	166.00
4266	GUIDED TISSUE REGENERATION – RESORBABLE BARRIER, PER SITE	332.00
4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	469.00
4277	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT*	300.00
4341	PERIODONTAL SCALING AND ROOT PLANING – FOUR OR MORE TEETH PER QUADRANT	150.00
4342	PERIODONTAL SCALING AND ROOT PLANING – ONE TO THREE TEETH PER QUADRANT	150.00
4355	FULL MOUTH DEBRIDEMENT TO ENABLE A COMPREHENSIVE EVALUATION AND DIAGNOSIS ON A SUBSEQUENT VISIT (WHEN COVERED, LIMITED TO ONCE PER 36 MONTHS)	91.00
4910	PERIODONTAL MAINTENANCE (COVERAGE REQUIRES PRIOR PERIODONTAL TREATMENT)	72.00
5110	COMPLETE DENTURE – MAXILLARY	925.00
5120	COMPLETE DENTURE – MANDIBULAR	925.00
5130	IMMEDIATE DENTURE – MAXILLARY	975.00
5140	IMMEDIATE DENTURE – MANDIBULAR	975.00
5211	MAXILLARY PARTIAL DENTURE – RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS & TEETH)	402.00
5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS & TEETH)	402.00
5213	MAXILLARY PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS & TEETH)	975.00
5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS & TEETH)	975.00
5221	IMMEDIATE MAXILLARY PARTIAL DENTURE – RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS & TEETH)	402.00
5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING	402.00

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	ANY CONVENTIONAL CLASPS, RESTS & TEETH)	
5223	IMMEDIATE MAXILLARY PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS & TEETH)	975.00
5224	IMMEDIATE MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS & TEETH)	975.00
5410	ADJUST COMPLETE DENTURE – MAXILLARY	20.00
5411	ADJUST COMPLETE DENTURE – MANDIBULAR	20.00
5421	ADJUST PARTIAL DENTURE – MAXILLARY	20.00
5422	ADJUST PARTIAL DENTURE – MANDIBULAR	20.00
5511	REPAIR BROKEN COMPLETE DENTURE BASE MANDIBULAR	85.00
5512	REPAIR BROKEN COMPLETE DENTURE BASE MAXILLARY	85.00
5520	REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE (EACH TOOTH)	85.00
5611	REPAIR RESIN PARTIAL DENTURE BASE MANDIBULAR	102.00
5612	REPAIR RESIN PARTIAL DENTURE BASE MAXILLARY	102.00
5621	REPAIR CAST PARTIAL FRAMEWORK MANDIBULAR	70.00
5622	REPAIR CAST PARTIAL FRAMEWORK MAXILLARY	70.00
5630	REPAIR OR REPLACE BROKEN CLASP PER TOOTH	75.00
5640	REPLACE BROKEN TEETH – PER TOOTH	79.00
5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	91.00
5660	ADD CLASP TO EXISTING PARTIAL DENTURE – OER TOOTH	75.00
5670	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK - MAXILLARY	166.00
5671	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK - MANDIBULAR	166.00
5710	REBASE COMPLETE MAXILLARY DENTURE	166.00
5711	REBASE COMPLETE MANDIBULAR DENTURE	166.00
5720	REBASE MAXILLARY PARTIAL DENTURE	164.00
5721	REBASE MANDIBULAR PARTIAL DENTURE	164.00

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5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	90.00
5731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	90.00
5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	80.00
5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	80.00
5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	240.00
5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	249.00
5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	145.00
5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	145.00
5820	INTERIM PARTIAL DENTURE – MAXILLARY (ALLOWED FOR ANTERIOR TEETH ONLY, REFER TO THE PRODUCT FOR COVERAGE)	283.00
5821	INTERIM PARTIAL DENTURE – MANDIBULAR (ALLOWED FOR ANTERIOR TEETH ONLY, REFER TO THE PRODUCT FOR COVERAGE)	283.00
5850	TISSUE CONDITIONING, MAXILLARY	71.00
5851	TISSUE CONDITIONING, MANDIBULAR	71.00
5862	PRECISION ATTACHMENT, BY REPORT (REFER TO THE PRODUCT FOR COVERAGE)	140.00
5863	OVERDENTURE – COMPLETE MAXILLARY	690.00
5864	OVERDENTURE – PARTIAL MAXILLARY	690.00
5865	OVERDENTURE – COMPLETE MANDIBULAR	690.00
5866	OVERDENTURE – PARTIAL MANDIBULAR	690.00
6210	PONTIC – CAST HIGH NOBLE METAL	325.00
6211	PONTIC - CAST PREDOMINANTLY BASE METAL	315.00
6212	PONTIC – CAST NOBLE METAL	320.00
6240	PONTIC – PORCELAIN FUSED TO HIGH NOBLE METAL	593.00
6241	PONTIC – PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	368.00
6242	PONTIC – PORCELAIN FUSED TO NOBLE METAL	546.00
6245	PONTIC – PORCELAIN / CERAMIC	593.00
6545	RETAINER – CAST METAL FOR RESIN BONDED FIXED PROSTHESIS	145.00
6548	RETAINER – PORCELAIN / CERAMIC FOR RESIN BONDED FIXED PROSTHESIS	145.00

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6600	RETAINER INLAY – PORCELAIN / CERAMIC, TWO SURFACES	300.00
6601	RETAINER INLAY – PORCELAIN / CERAMIC, THREE OR MORE SURFACES	325.00
6602	RETAINER INLAY – CAST HIGH NOBLE METAL, TWO SURFACES	245.00
6603	RETAINER INLAY – CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	510.00
6604	RETAINER INLAY – CAST PREDOMINANTLY BASE METAL, TWO SURFACES	245.00
6605	RETAINER INLAY – CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	510.00
6606	RETAINER INLAY – CAST NOBLE METAL, TWO SURFACES	245.00
6607	RETAINER INLAY – CAST NOBLE METAL, THREE OR MORE SURFACES	510.00
6608	RETAINER ONLY – PORCELAIN / CERAMIC, TWO SURFACES	300.00
6609	RETAINER ONLY – PORCELAIN / CERAMIC, THREE OR MORE SURFACES	325.00
6610	RETAINER ONLY – CAST HIGH NOBLE METAL, TWO SURFACES	245.00
6611	RETAINER ONLY – CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	593.00
6612	RETAINER ONLY – CAST PREDOMINANTLY BASE METAL, TWO SURFACES	245.00
6613	RETAINER ONLY – CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	593.00
6614	RETAINER ONLY – CAST NOBLE METAL, TWO SURFACES	245.00
6615	RETAINER ONLY – CAST NOBLE METAL, THREE OR MORE SURFACES	593.00
6740	CROWN – PORCELAIN / CERAMIC	598.00
6750	CROWN – PORCELAIN FUSED TO HIGH NOBLE METAL	598.00
6751	CROWN – PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	523.00
6752	CROWN – PORCELAIN FUSED TO NOBLE METAL	549.00
6780	CROWN – ¾ CAST HIGH NOBLE METAL	325.00
6781	CROWN – ¾ CAST PREDOMINANTLY BASE METAL	325.00
6782	CROWN – ¾ CAST NOBLE METAL	325.00
6783	CROWN – ¾ PORCELAIN / CERAMIC	325.00
6790	CROWN – FULL CAST HIGH NOBLE METAL	579.00

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6791	CROWN – FULL CAST PREDOMINANTLY BASE METAL	322.00
6792	CROWN – FULL CAST NOBLE METAL	322.00
6930	RECEMENT FIXED PARTIAL DENTURE (PERMANENT BRIDGE)	71.00
6940	STRESS BREAKER	125.00
6950	PRECISION ATTACHMENT	175.00
6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE, BY REPORT	25.00
7111	EXTRACTION, CORONAL REMNANTS – PRIMARY TOOTH	79.00
7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	79.00
7210	EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND /OR SECTIONING OF TOOTH AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	127.00
7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	137.00
7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	183.00
7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	199.00
7241	REMOVAL OF IMPACTED TOOTH – COMPLETELY BONY WITH UNUSUAL SURGICAL COMPLICATIONS	266.00
7250	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	158.00
7260	OROANTRAL FISTULA CLOSURE	180.00
7261	PRIMARY CLOSURE OF SINUS PERFORATION	180.00
7280	EXPOSURE OF AN UNERUPTED TOOTH	290.00
*7285	INCISIONAL BIOPSY OF ORAL TISSUE – HARD (BONE, TOOTH) (REFER TO MEDICAL)	110.00
*7286	INCISIONAL BIOPSY OF ORAL TISSUE – SOFT (REFER TO MEDICAL)	90.00
7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS – FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	120.00
7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS-ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	74.00
7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS –FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	109.00
7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS-ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	68.00

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7471	REMOVAL OF LATERAL EXOSTOSIS – MAXILLA OR MANDIBLE	130.00
7472	REMOVAL OF TORUS PALATINUS	130.00
7473	REMOVAL OF TORUS MANDIBULARIS	130.00
7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	130.00
7510	INCISION AND DRAINAGE OF ABSCESS – INTRAORAL SOFT TISSUE	83.00
7520	INCISION AND DRAINAGE OF ABSCESS – EXTRAORAL SOFT TISSUE	56.00
7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN OR SUBCUTANEOUS ALVEOLAR TISSUE	86.00
7960	FRENULECTOMY (FRENECTOMY OR FRENOTOMY) – SEPARATE PROCEDURE	208.00
7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	130.00
9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROCEDURE	83.00
9120	FIXED PARTIAL DENTURE SECTIONING	25.00
9211	REGIONAL BLOCK ANESTHESIA	46.00
9215	LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	21.00
9222	DEEP SEDATION/GENERAL ANESTHESIA – FIRST 15MINUTES	47.00
9223	DEEP SEDATION/GENERAL ANESTHESIA – EACH ADDITIONAL 15 MINUTES	47.00
9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE	29.00
9239	IV MODERATE CONSCIOUS SEDATION/ANALGESIA – FIRST 15 MIN	47.00
9243	IV MODERATE CONSCIOUS SEDATION/ANALGESIA – EACH ADDITIONAL 15 MIN	47.00
9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN	57.00
9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	130.00
9430	OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED HOURS) – NO OTHER SERVICES PERFORMED	42.00
9440	OFFICE VISIT (AFTER REGULAR SCHEDULED HOURS)	40.00
9610	THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION	21.00
9630	DRUGS OR MEDICAMENTS DISPENSED IN THE OFFICE FOR HOME USE	21.00

Please refer to specific plan document for frequency, age and teeth limitations. Payments subject to member eligibility and benefits available at the time service is performed.

***Refer to medical benefits and prior authorization procedures.**

CONFIDENTIAL
GENERAL DENTISTRY FEE SCHEDULE
(GD3)

ADA PROCEDURE CODES	PROCEDURE DESCRIPTION	HMO/PPO FEE SCHEDULE
9910	APPLICATION OF DESENSITIZING MEDICAMENTS	30.00
9911	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT SURFACE, PER TOOTH	30.00
9920	BEHAVIOR MANAGEMENT, BY REPORT	79.00
9944	OCCLUSAL GUARD, BY REPORT- Hard	257.00
9945	OCCLUSAL GUARD, BY REPORT- Soft	257.00
9951	OCCLUSAL ADJUSTMENT LIMITED	37.00

Please refer to specific plan document for frequency, age and teeth limitations. Payments subject to member eligibility and benefits available at the time service is performed.

***Refer to medical benefits and prior authorization procedures.**