



# Schedule of Benefits



ADA CODE		* ADA DESCRIPTION	STCAEM
<b>CLINICAL ORAL EVALUATIONS</b>			
	D0120	Periodic oral examination - established patient	\$0
	D0140	Limited oral evaluation - problem focused	\$0
	D0145	Oral evaluation for patient under three years of age and counseling with primary caregiver	\$0
	D0150	Comprehensive oral evaluation - new or established patient	\$0
	D0160	Detailed and extensive oral evaluation - problem focused, by report	\$0
	D0170	Re-evaluation - limited, problem focused (established patient: not post-operative visit)	\$0
	D0171	Re-evaluation - post operative office visit	\$0
	D0180	Comprehensive periodontal evaluation - new or established patient	\$0
	D0190	Screening of a patient	\$0
	D0191	Assessment of a patient	\$0
<b>RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation)</b>			
	D0210	Intraoral comprehensive series of radiographic images	\$0
	D0220	Intraoral - periapical radiographic image	\$0
	D0230	Intraoral - periapical each additional film	\$0
	D0240	Intraoral - occlusal radiographic	\$0
	D0251	Extraoral - posterior dental radiographic image	\$0
	D0250	Extra-oral single film	\$0
	D0260	Extraoral - each additional film	\$0
	D0270	Bitewing - single film	\$0
	D0272	Bitewings - two films	\$0
	D0273	Bitewings—three radiographic images	\$0
	D0274	Bitewings - four films	\$0
	D0277	Vertical bitewings - 7 to 8 films	\$0
	D0330	Panoramic film	\$0
	D0340	Cephalometric Film	\$0
	D0350	Oral/Facial Images	\$0
	D0351	3D Photographic Image	\$0
<b>TESTS AND EXAMINATIONS</b>			
	D0415	Collection of microorganisms for culture and sensitivity	\$0
	D0419	Assessment of salivary flow by measurement	\$0
	D0425	Caries susceptibility tests	\$0
	D0470	Diagnostic casts	\$0
	D0460	Pulp vitality tests	\$0
	D0601	Caries risk assessment and documentation, with a finding of low risk	\$0
	D0602	Caries risk assessment and documentation, with a finding of moderate risk	\$0
	D0603	Caries risk assessment and documentation, with a finding of high risk	\$0
	D0701	Panoramic radiographic image- image capture only	\$0
	D0702	2-D cephalometric radiographic- image capture only	\$0
	D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only	\$0
	D0705	extra-oral posterior dental radiographic image capture only	\$0
	D0706	intraoral- occlusal radiographic image- image capture only	\$0
	D0707	intraoral- periapical radiographic image- image capture only	\$0



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D0708	intraoral- bitewing radiographic image- image capture only	\$0
D0709	intraoral- complete series of radiographic images- image capture only	\$0
<b>ORAL PATHOLOGY LABORATORY</b>		
D0472	Accession of tissue, gross examination, preparation and transmission of written report	\$0
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	\$0
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	\$0
D0999	Unspecified diagnostic procedure, by report - includes office visit, per visit (in addition to other)	\$0
<b>DENTAL PROPHYLAXIS</b>		
D1110	Prophylaxis - adult	\$0
D1120	Prophylaxis - child	\$0
<b>TOPICAL FLUORIDE TREATMENT (office procedure)</b>		
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$0
D1208	Topical application of fluoride- excluding varnish - child to age 19 <i>limited to 2 per 12 month period</i>	\$0
<b>OTHER PREVENTIVE SERVICES</b>		
D1310	Nutritional Counseling for control of dental disease	\$0
D1320	Tobacco counseling for the control and prevention of oral diseases	\$0
D1330	Oral hygiene instructions	\$0
D1351	Sealant - per tooth	\$0
D1352	Preventative resin restoration in a moderate to high caries risk patient - permanent tooth.	\$0
D1353	Sealant repair - per tooth - limited to permanent molars through age 15	\$0
D1354	Interim caries arresting medicament application - per tooth	\$0
D1355	caries preventive medicament application - per tooth	\$0
<b>SPACE MAINTENANCE (passive appliances)</b>		
D1510	Space maintainer - fixed - unilateral (excludes a distal shoe space maintainer)	\$0
D1516	Space maintainer - fixed - bilateral - maxillary	\$0
D1517	Space maintainer - fixed - bilateral - mandibular	\$0
D1520	Space maintainer - removable - unilateral	\$0
D1526	Space maintainer - removable - maxillary	\$0
D1527	Space maintainer - removable - mandibular	\$0
D1551	Re-cement or re-bond bilateral space maintainer	\$0
D1552	Re-cement or re-bond unilateral space maintainer	\$0
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	\$0
D1556	Removal of fixed unilateral space maintainer - per quadrant	\$0
D1557	Removal of fixed bilateral space maintainer maxillary	\$0
D1558	Removal of fixed bilateral space maintainer mandibular	\$0
D1575	Distal shoe space maintainer - fixed unilateral	\$0
<b>AMALGAM RESTORATIONS (including polishing)</b>		
D2140	Amalgam - one surface, primary or permanent	\$0
D2150	Amalgam - two surfaces, primary or permanent	\$0
D2160	Amalgam - three surfaces, primary or permanent	\$0



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ADA CODE		* ADA DESCRIPTION	STCAEM
	D2161	Amalgam - four or more surfaces, primary or permanent	\$0
<b>RESIN-BASED COMPOSITE RESTORATIONS - DIRECT</b>			
	D2330	Resin-based composite - one surface, anterior	\$0
	D2331	Resin-based composite - two surfaces, anterior	\$0
	D2332	Resin-based composite - three surfaces, anterior	\$0
	D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$0
	D2390	Resin-based composite crown, anterior	\$0
	D2391	Resin-based composite - one surface, posterior	\$40
	D2392	Resin-based composite - two surfaces, posterior	\$50
	D2393	Resin-based composite - three surfaces, posterior	\$60
	D2394	Resin-based composite - four or more surfaces, posterior	\$70
<b>INLAY/ONLAY RESTORATIONS</b>			
	D2510	◆ Inlay - metallic - one surface	\$50
	D2520	◆ Inlay - metallic - two surface	\$50
	D2530	◆ Inlay - metallic - three or more surfaces	\$50
	D2542	◆ Onlay - metallic - two surfaces	\$50
	D2543	◆ Onlays - metallic - three surfaces	\$50
	D2544	◆ Onlays - metallic - four or more surfaces	\$50
	D2610	◆ Inlay - porcelain/ceramic - one surface	\$460
	D2620	◆ Inlay - porcelain/ceramic - two surfaces	\$395
	D2630	◆ Inlay - porcelain/ceramic - three or more surfaces	\$450
	D2642	◆ Onlay - porcelain/ceramic - two surfaces	\$585
	D2643	◆ Onlay - porcelain/ceramic - three surfaces	\$575
	D2644	◆ Onlay - porcelain/ceramic - four or more surfaces	\$605
	D2650	◆ Inlay - resin-based composite - one surface	\$309
	D2651	◆ Inlay - resin-based composite - two surfaces	\$415
	D2652	◆ Inlay - resin-based composite - three or more surfaces	\$415
	D2662	◆ Onlay - resin-based composite - two surfaces	\$560
	D2663	◆ Onlay - resin-based composite - three surfaces	\$530
	D2664	◆ Onlay - resin-based composite - four or more surfaces	\$530
<b>CROWNS - SINGLE RESTORATIONS ONLY</b>			
	D2710	Crown - resin-based composite (indirect)	\$50
	D2712	Crown - 3/4 resin-based composite (indirect)	\$50
	D2720	◆ Crown - resin with high noble metal	\$50
	D2721	Crown - resin with predominantly base metal	\$50
	D2722	◆ Crown - resin with noble metal	\$50
	D2740	Crown - porcelain/ceramic	\$50
	D2750	◆ Crown - porcelain fused to high noble metal	\$50
	D2751	Crown - porcelain fused to predominantly base metal	\$50
	D2752	◆ Crown - porcelain fused to noble metal	\$50
	D2753	◆ Crown - porcelain fused to titanium or titanium alloy	\$50
	D2780	◆ Crown - 3/4 cast high noble metal	\$50
	D2781	Crown - 3/4 cast predominantly base metal	\$50
	D2782	◆ Crown - 3/4 cast noble metal	\$50
	D2783	◆ Crown - 3/4 porcelain/ceramic (2)	\$50
	D2790	◆ Crown - full cast high noble metal	\$50
	D2791	Crown - full cast predominantly base metal	\$50
	D2792	◆ Crown - full cast noble metal	\$50
	D2794	◆ Crown - titanium	\$50
<b>OTHER RESTORATIVE SERVICES</b>			



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ADA CODE	* ADA DESCRIPTION	STCAEM
D2910	Re-cement or re-bond inlay, onlay, veneer or partial cover- age	\$0
D2915	Recement cast or prefabricated post and core	\$0
D2920	Recement crown	\$0
D2921	Reattachment of tooth fragment, incisal edge or cusp	\$0
D2928	prefabricated porcelain/ceramic crown - permanent tooth	\$0
D2929	Prefabricated porcelain/ceramic crown – primary tooth	\$200
D2930	Prefabricated stainless steel crown - primary tooth	\$0
D2931	Prefabricated stainless steel crown - permanent tooth	\$0
D2932	Prefabricated resin crown	\$0
D2933	Prefabricated stainless steel crown with resin window	\$205
D2940	Sedative filling	\$0
D2941	Interim therapeutic restoration – primary dentition	\$0
D2950	Core buildup, involving and including any pins	\$0
D2951	Pin retention - per tooth, in addition to restoration	\$0
D2952	Post and core in addition to crown, indirectly fabricated	\$0
D2953	Each additional indirectly fabricated post - same tooth	\$40
D2954	Prefabricated post and core in addition to crown	\$0
D2957	Each additional prefabricated post - same tooth	\$0
	Porcelain on molar restorations (additional charge)	\$75 per unit
	Noble metal, high noble metal, and titanium (additional charge)	\$75 per unit
D2949	Restorative foundation for an indirect restoration	\$90
D2971	Additional procedures to construct new crown under existing partial	\$80
D2980	Crown repair necessitated by restorative material failure	\$145
D2981	Inlay repair necessitated by restorative material failure	\$85
D2982	Onlay repair necessitated by restorative material failure	\$195
D2983	Veneer repair necessitated by restorative material failure	\$130
D2990	Resin infiltration of incipient smooth surface lesions	\$0
<b>PULP CAPPING</b>		
D3110	Pulp cap - direct (excluding final restoration)	\$0
D3120	Pulp cap - indirect (excluding final restoration)	\$0
<b>PULPOTOMY</b>		
D3220	Therapeutic pulpotomy (excluding final restoration)	\$0
D3221	Pulpal debridement, primary and permanent teeth	\$110
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete	\$0
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding	\$0
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth	\$0
<b>ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow-up care)</b>		
D3310	Anterior (excluding final restoration)	\$20
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$40
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$60
D3331	Treatment of root canal obstruction; non-surgical access	\$215
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$20
D3333	Internal root repair of perforation defects	\$190
<b>ENDODONTIC RETREATMENT</b>		
D3346	Retreatment of previous root canal therapy - anterior	\$20
D3347	Retreatment of previous root canal therapy - premolar	\$40
D3348	Retreatment of previous root canal therapy - molar	\$60
<b>APEXIFICATION/RECALCIFICATION</b>		



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ADA CODE	* ADA DESCRIPTION	STCAEM
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$0
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	\$0
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair or perforations, root resorption, etc.)	\$0
<b>APICOECTOMY/PERIRADICULAR SERVICES</b>		
D3410	Apicoectomy- anterior	\$50
D3421	Apicoectomy premolar (first root)	\$50
D3425	Apicoectomy/periradicular surgery - molar (first root)	\$50
D3426	Apicoectomy (each additional root)	\$50
D3427	Periradicular surgery without apicoectomy	\$50
D3430	Retrograde filling - per root	\$0
D3450	Root amputation - per root	\$0
D3471	Surgical repair of root resorption-anterior	\$50
D3472	Surgical repair of root resorption-premolar	\$50
D3473	Surgical repair of root resorption-molar	\$50
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	\$60
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	\$70
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	\$80
D3920	Hemisection (including any root removal), not including root canal therapy	\$215
<b>OTHER ENDODONTIC PROCEDURES</b>		
<b>SURGICAL SERVICES (including usual postoperative care)</b>		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$0
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	\$5
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$0
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$350
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$325
D4245	Apically positioned flap	\$315
D4249	Clinical crown lengthening – hard tissue	\$405
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	\$150
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant	\$150
D4263	Bone replacement graft – retained natural tooth – first site in quadrant	\$295
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	\$235



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ADA CODE	* ADA DESCRIPTION	STCAEM
D4270	Pedicle soft tissue graft procedure	\$475
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$350
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	\$580
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$400
<b>NON-SURGICAL PERIODONTAL SERVICES</b>		
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$0
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$0
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	\$0
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	\$0
<b>OTHER PERIODONTAL SERVICES</b>		
D4910	Periodontal maintenance	\$80
	Additional periodontal maintenance (within the 6 month period)	\$80
D4921	Gingival Irrigation with a medicinal agent - Per quadrant	\$40
<b>COMPLETE DENTURES (including routine post-delivery care)</b>		
D5110	Complete denture - maxillary	\$65
D5120	Complete denture - mandibular	\$65
D5130	Immediate denture - maxillary	\$65
D5140	Immediate denture - mandibular	\$65
<b>PARTIAL DENTURES (including routine post-delivery care)</b>		
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$65
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$65
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$65
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$65
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$65
D5222	Immediate mandibular partial denture- resin base (including any conventional clasps, rests and teeth)	\$65
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps)	\$65
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps)	\$65
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$685
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$720



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ADA CODE	* ADA DESCRIPTION	STCAEM
D5282	Removable unilateral partial denture - one piece cast metal (including clasps and teeth) -maxillary	\$50
D5283	Removable unilateral partial denture - one piece cast metal (including clasps and teeth) -mandibular	\$50
D5284	Removable unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant	\$50
D5286	Removable unilateral partial denture - one piece resin (including clasps and teeth) per quadrant	\$50
<b>ADJUSTMENTS TO DENTURES</b>		
D5410	Adjust complete denture - maxillary	\$0
D5411	Adjust complete denture - mandibular	\$0
D5421	Adjust partial denture - maxillary	\$0
D5422	Adjust partial denture - mandibular	\$0
<b>REPAIRS TO COMPLETE DENTURES</b>		
D5511	Repair broken complete denture base, mandibular	\$0
D5512	Repair broken complete denture base, maxillary	\$0
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$0
<b>REPAIRS TO PARTIAL DENTURES</b>		
D5611	Repair resin partial denture base, mandibular	\$0
D5612	Repair resin partial denture base, maxillary	\$0
D5621	Repair cast partial framework, mandibular	\$0
D5622	Repair cast partial framework, maxillary	\$0
D5630	Repair or replace broken clasp- per tooth	\$0
D5640	Replace broken teeth - per tooth	\$0
D5650	Add tooth to existing partial denture	\$0
D5660	Add clasp to existing partial denture - per tooth	\$0
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$365
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$365
<b>DENTURE REBASE PROCEDURES</b>		
D5710	Rebase complete maxillary denture	\$20
D5711	Rebase complete mandibular denture	\$20
D5720	Rebase maxillary partial denture	\$20
D5721	Rebase mandibular partial denture	\$20
<b>DENTURE RELINE PROCEDURES</b>		
D5730	Reline complete maxillary denture (chairside)	\$0
D5731	Reline complete mandibular denture (chairside)	\$0
D5740	Reline maxillary partial denture (chairside)	\$0
D5741	Reline mandibular partial denture (chairside)	\$0
D5750	Reline complete maxillary denture (laboratory)	\$15
D5751	Reline complete mandibular denture (laboratory)	\$15
D5760	Reline maxillary partial denture (laboratory)	\$15
D5761	Reline mandibular partial denture (laboratory)	\$15
<b>OTHER REMOVABLE PROSTHETIC SERVICES</b>		
D5820	Interim partial denture (maxillary )	\$60
D5821	Interim partial denture (mandibular)	\$60
D5850	Tissue conditioning, maxillary	\$0
D5851	Tissue conditioning, mandibular	\$0
D5862	Precision attachment, by report	\$410
D5867	Replacement of replaceable part of semi-precision or precision attachment (male or female component)	\$225
D5875	Modification of removable prosthesis following implant surgery	\$311



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ADA CODE		* ADA DESCRIPTION	STCAEM
<b>MAXILLOFACIAL PROSTHETICS</b>			
	D5982	Surgical stent	\$269
<b>IMPLANT SERVICES</b>			
	D6010	@ Surgical placement of implant body: endosteal implant	\$1,169
	D6055	Dental implant supported connecting bar	\$990
	D6056	Prefabricated abutment - includes placement	\$383
	D6057	Custom abutment - includes placement	\$473
	D6058	@ Abutment supported porcelain/ceramic crown	\$711
	D6059	@ Abutment supported porcelain fused to metal crown (high noble metal)	\$719
	D6060	@ Abutment supported porcelain fused to metal crown (predominantly base metal)	\$621
	D6061	@ Abutment supported porcelain fused to metal crown (noble metal)	\$671
	D6062	@ Abutment supported cast metal crown (high noble metal)	\$719
	D6065	@ Implant supported porcelain/ceramic crown	\$801
	D6066	@ Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$780
	D6067	@ Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$757
	D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis	\$149
	D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	\$0
	D6090	Repair implant supported prosthesis, by report	\$494
	D6091	Replacement of replaceable part of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	\$359
	D6092	Recement implant/abutment supported crown	\$89
	D6093	Recement implant/abutment supported fixed partial denture	\$131
	D6094	@ Abutment supported crown - (titanium)	\$719
	D6095	Repair implant abutment, by report	\$359
	D6100	Implant removal, by report	\$449
	D6110	Implant/abutment supported removable denture for edentulous arch - maxillary	\$1080
	D6111	Implant/abutment supported removable denture for edentulous arch - mandibular	\$1080
	D6191	Semi-precision abutment - placement	\$719
	D6192	Semi-precision attachment - placement	\$719
	D6199	Unspecified implant procedure, by report	\$338
<b>FIXED PARTIAL DENTURE PONTICS</b>			
	D6205	Pontic - indirect resin based composite not to be used as a temporary or provisional prosthesis	\$50
	D6210	◆ Pontic - cast high noble metal	\$50
	D6211	Pontic - cast predominantly base metal	\$50
	D6212	◆ Pontic - cast noble metal	\$50
	D6214	◆ Pontic - titanium	\$50
	D6240	◆ Pontic - porcelain fused to high noble metal	\$50
	D6241	Pontic - porcelain fused to predominantly base metal	\$50
	D6242	◆ Pontic - porcelain fused to noble metal	\$50
	D6243	◆ Pontic - porcelain fused to titanium and titanium alloys (1) (2)	\$50





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ADA CODE		* ADA DESCRIPTION	STCAEM
D6245		Pontic - porcelain/ceramic (2)	\$50
D6250	◆	Pontic - resin with high noble metal	\$0
D6251		Pontic - resin with predominantly base metal	\$0
D6252	◆	Pontic - resin with noble metal	\$0
<b>FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS</b>			
D6545		Retainer - cast metal for resin bonded fixed prosthesis	\$50
D6549		D6549 Retainer – for resin bonded fixed prosthesis	\$50
D6600		D6600 Retainer inlay - porcelain/ceramic, two surfaces	\$505
D6601		D6601 Retainer inlay - porcelain/ceramic, three or more surfaces	\$565
D6602		D6602 Retainer inlay - cast high noble metal, two surfaces	\$450
D6603		Retainer inlay - cast high noble metal, three or more surfaces	\$500
D6604		Retainer inlay - cast predominantly base metal, two surfaces	\$435
D6605		Retainer inlay - cast predominantly base metal, three or more	\$475
D6606		Retainer inlay - cast noble metal, two surfaces	\$310
D6607		Retainer inlay - cast noble metal, three or more surfaces	\$490
D6608		Retainer onlay - porcelain/ceramic, two surfaces	\$525
D6609		Retainer onlay - porcelain/ceramic, three or more surfaces	\$575
D6610		Retainer onlay - cast high noble metal, two surfaces	\$50
D6611		Retainer onlay - cast high noble metal, three or more surfaces	\$50
D6612		Retainer onlay - cast predominantly base metal, two surfaces	\$425
D6613		Retainer onlay - cast predominantly base metal, three or more	\$545
D6614		Retainer onlay - cast noble metal, two surfaces	\$595
D6615		Retainer onlay - cast noble metal, three or more surfaces	\$555
<b>FIXED PARTIAL DENTURE RETAINERS - CROWNS</b>			
D6710		Crown - indirect resin based composite	\$50
D6720	◆	Crown - resin with high noble metal	\$0
D6721		Crown - resin with predominantly base metal	\$0
D6722	◆	Crown - resin with noble metal	\$0
D6740		Retainer crown - porcelain/ceramic	\$615
D6750	◆	Crown - porcelain fused to high noble metal	\$50
D6751		Crown - porcelain fused to predominantly base metal	\$50
D6752	◆	Crown - porcelain fused to noble metal	\$50
D6753	◆	Retainer crown - porcelain fused to titanium or titanium alloys	\$50
D6780	◆	Crown - 3/4 cast high noble metal	\$50
D6781		Crown - 3/4 cast predominantly base metal	\$50
D6782	◆	Crown - 3/4 cast noble metal	\$50
D6783		Retainer crown - 3/4 porcelain/ceramic	\$635
D6784	◆	Retainer crown 3/4 - titanium and titanium alloys	\$50
D6790	◆	Crown - full cast high noble metal	\$50
D6791		Crown - full cast predominantly base metal	\$50
D6792	◆	Crown - full cast noble metal	\$50
D6794	◆	Crown - titanium	\$50
		Porcelain on molar restorations (additional charge)	\$75 per unit
		Noble metal, high noble metal, and titanium (additional charge)	\$75 per unit
<b>OTHER FIXED PARTIAL DENTURE SERVICES</b>			
D6930		Recement fixed partial denture	\$0
D6940		Stress breaker	\$0
D6980		Fixed partial denture repair, by report	\$0
<b>EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)</b>			



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ADA CODE	* ADA DESCRIPTION	STCAEM
D7111	Extraction, coronal remnants - primary tooth	\$0
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$0
<b>SURGICAL EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)</b>		
D7210	Surgical removal of erupted tooth requiring elevation of mucoperistial flap and removal of bone and/or section of tooth	\$0
D7220	Removal of impacted tooth - soft tissue	\$0
D7230	Removal of impacted tooth - partially bony	\$0
D7240	Removal of impacted tooth - completely bony	\$0
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$15
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$15
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	\$15
<b>OTHER SURGICAL PROCEDURES</b>		
D7270	Tooth reimplantation and/or stabilization of accidentally	\$290
D7280	Exposure of an unerupted tooth	\$305
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$185
D7283	Placement of device to facilitate eruption of impacted tooth	\$185
D7285	Biopsy of oral tissue - hard (bone, tooth)	\$0
D7286	Biopsy of oral tissue - soft (all others)	\$0
<b>ALVEOLOPLASTY (surgical preparation of ridge for dentures)</b>		
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$0
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$0
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$0
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$0
<b>SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS</b>		
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm	\$0
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25cm	\$0
<b>EXCISION OF BONE TISSUE</b>		
D7471	Removal of lateral exostosis (maxilla or mandible)	\$0
D7472	Removal of torus palatinus	\$0
D7473	Removal of torus mandibularis	\$0
D7510	Incision and drainage of abscess - intraoral soft tissue	\$135
D7970	Excision of hyperplastic tissue - per arch	\$360
D7971	Excision of pericoronal gingiva	\$170
<b>SURGICAL INCISION</b>		
<b>OTHER REPAIR PROCEDURES</b>		
D7922	Placement of intra - socket biological dressing to aid in hemostasis or clot stabilization or clot stabilization, per site	\$0
D7961	buccal/labial frenectomy	\$0
D7962	lingual frenectomy	\$0
D7963	Frenuloplasty	\$0
<b>ORTHODONTICS</b>		
D8010	Limited orthodontic treatment of the primary dentition	\$965
D8020	Limited orthodontic treatment of the transitional dentition	\$1020



# Schedule of Benefits



ADA CODE	* ADA DESCRIPTION	STCAEM
D8030	Limited orthodontic treatment of the adolescent dentition	\$1195
D8040	Limited orthodontic treatment of the adult dentition	\$1240
D8050	Interceptive orthodontic treatment of the primary dentition	\$1110
D8060	Interceptive orthodontic treatment of the transitional denti-	\$1285
<b>COMPREHENSIVE ORTHODONTIC TREATMENT</b>		
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$1,000
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$1,000
D8090	Comprehensive orthodontic treatment of the adult dentition	\$1,000
<b>OTHER ORTHODONTIC SERVICES</b>		
D8660	Pre-orthodontic treatment visit	\$25
D8670	Periodic orthodontic treatment visit	\$235
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$0
	Start up fees	\$250
	Ortho visits beyond 24 months active treatment or retention	\$25/visit
D8681	Removable orthodontic retainer adjustment	\$50
D8999	Unspecified orthodontic procedure, by report (Includes treatment planning and report)	\$250
<b>UNCLASSIFIED TREATMENT</b>		
D9110	Palliative treatment of dental pain - per visit	\$0
<b>ANESTHESIA</b>		
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$0
D9211	Regional block anesthesia	\$0
D9212	Trigeminal division block anesthesia	\$0
D9215	Local anesthesia	\$0
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	\$0
D9222	Deep sedation/general anesthesia - first 15 minutes	\$120
D9223	Deep sedation/general anesthesia - each 15 minute increment	\$120
D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes	\$115
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	\$115
<b>PROFESSIONAL CONSULTATION</b>		
D9310	Consultation - (diagnostic service provided by dentist or physician other than requesting dentist or physician)	\$0
D9311	Consultation with a medical health care professional	\$0
<b>PROFESSIONAL VISITS</b>		
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$0
D9440	Office visit, after regularly scheduled hours	\$0
D9450	Case presentation, detailed and extensive treatment planning	\$105
<b>MISCELLANEOUS SERVICES</b>		
D9932	Cleaning and inspection of removable complete denture, maxilla	\$0
D9933	Cleaning and inspection of removable complete denture, mandib	\$0
D9934	Cleaning and inspection of removable partial denture maxillary	\$0
D9935	Cleaning and inspection of removable partial denture, mandibula	\$0



# Schedule of Benefits



ADA CODE	* ADA DESCRIPTION	STCAEM
D9943	Occlusal guard adjustment	\$75
D9944	Occlusal guard – hard appliance, full arch	\$275
D9945	Occlusal guard – soft appliance, full arch	\$275
D9946	Occlusal guard – hard appliance, partial arch	\$275
D9951	Occlusal adjustment - limited	\$80
D9952	Occlusal adjustment - complete	\$235
D9972	External bleaching - per arch - take home trays	\$120
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	\$120
<b>NON CLINICAL PROCEDURES</b>		
D9986	Missed appointment	\$5
D9987	Cancelled appointment	\$5
D9990	Certified Translation or Sign Language Services - per visit	\$0
D9991	Dental case management – addressing appointment compliance	\$0
D9992	Dental case management – care coordination	\$0
D9995	Teledentistry – synchronous; real-time encounter	\$0
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	\$0
D9997	Dental case management - patients with special health care needs	\$0
<b>FOOTNOTES</b>		
<p>@ Where available</p> <p>◆ Metal charges apply to a maximum of \$125</p> <p>(1) Additional charge for noble, high noble metal and titanium \$75 per unit</p> <p>(2) Porcelain on molar restorations \$75 unit</p>		

CDT 2024

