

**DENTAL FEE SCHEDULE
(GENERAL DENTISTRY SNGD6)**

ADA PROCEDURE CODES	PROCEDURE DESCRIPTION	PPO FEE SCHEDULE
0120	PERIODIC ORAL EVALUATION	19.00
0140	LIMITED EMERGENCY ORAL EVALUATION – PROBLEM FOCUSED	23.00
0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER	26.00
0150	COMPREHENSIVE ORAL EVALUATION – NEW OR ESTABLISHED PATIENT	26.00
0170	RE-EVALUATION – LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT POST-OPERATIVE VISIT)	17.00
0180	COMPREHENSIVE PERIODONTAL EVALUATION NEW OR ESTABLISHED PATIENT (Benefit allowed for Periodontist Only)	
0210	INTRAORAL – COMPLETE SERIES	48.00
0220	INTRAORAL – PERIAPICAL – FIRST FILM	8.00
0230	INTRAORAL – PERIAPICAL – EACH ADDITIONAL FILM (ALLOWABLE OF THREE (3) PER DATE OF SERVICE)	7.00
0240	INTRAORAL – OCCLUSAL FILM	11.00
0250	EXTRAORAL - FIRST FILM	11.00
0251	EXTRAORAL – EACH ADDITIONAL FILM	12.00
0270	BITEWING – SINGLE FILM	12.00
0272	BITEWINGS – TWO FILMS	14.00
0273	BITEWINGS – THREE FILMS	22.00
0274	BITEWINGS – FOUR FILMS	22.00
0277	VERTICAL BITEWINGS – 7 to 8 FILMS	12.00
0330	PANORAMIC FILM	36.00
0350	ORAL / FACIAL PHOTOGRAPHIC IMAGES	11.00
0460	PULP VITALITY TESTS	6.00
0470	DIAGNOSTIC CASTS	22.00
1110	PROPHYLAXIS – ADULT	48.00
1120	PROPHYLAXIS – CHILD	25.00
1206	TOPICAL APPLICATION OF FLOURIDE VARNISH	13.00
1208	TOPICAL APPLICATION OF FLUORIDE EXCLUDING VARNISH	13.00
1351	SEALANT – PER TOOTH	20.00
1510	SPACE MAINTAINER – FIXED – UNILATERAL EXCLUDES DISTAL SHOE	110.00

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1516	SPACE MAINTAINER – FIXED – BILATERAL- Upper	165.00
1517	SPACE MAINTAINER – FIXED – BILATERAL- Lower	165.00
1520	SPACE MAINTAINER – REMOVABLE - UNILATERAL	154.00
1526	SPACE MAINTAINER – REMOVABLE – BILATERAL- Upper	193.00
1527	SPACE MAINTAINER – REMOVABLE – BILATERAL- Upper	193.00
1551	RECEMENTATION OF SPACE MAINTAINER- Upper	22.00
1552	RECEMENTATION OF SPACE MAINTAINER- Lower	22.00
1556	REMOVAL OF FIXED SPACE MAINTAINER- Upper	22.00
1557	REMOVAL OF FIXED SPACE MAINTAINER- Lower	22.00
2140	AMALGAM - ONE SURFACE, PRIMARY OR PERMANENT	51.00
2150	AMALGAM - TWO SURFACES, PRIMARY OR PERMANENT	65.00
2160	AMALGAM - THREE SURFACES, PRIMARY OR PERMANENT	79.00
2161	AMALGAM - FOUR SURFACES, PRIMARY OR PERMANENT	92.00
2330	RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR	64.00
2331	RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR	78.00
2332	RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR	94.00
2335	RESIN-BASED COMPOSITE - FOUR SURFACES OR INVOLVING INCISAL ANGLE, ANTERIOR	111.00
2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR (NOT COVERED; IF APPROPRIATE, USE ADA CODE 2970)	-
2391	RESIN-BASED COMPOSITE – ONE SURFACE, POSTERIOR	77.00
2392	RESIN-BASED COMPOSITE – TWO SURFACES, POSTERIOR	106.00
2393	RESIN-BASED COMPOSITE – THREE SURFACES, POSTERIOR	124.00
2394	RESIN-BASED COMPOSITE – FOUR OR MORE SURFACES, POSTERIOR	124.00
2510	INLAY – METALLIC - ONE SURFACE	222.00
2520	INLAY – METALLIC - TWO SURFACES	270.00
2530	INLAY – METALLIC – THREE OR MORE SURFACES	303.00
2542	ONLAY – METALLIC – TWO SURFACES	270.00
2543	ONLAY – METALLIC – THREE SURFACES	303.00
2544	ONLAY – METALLIC – FOUR OR MORE SURFACES	319.00
2610	INLAY – PORCELAIN / CERAMIC - ONE SURFACE	281.00

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2620	INLAY – PORCELAIN / CERAMIC - TWO SURFACES	330.00
2630	INLAY – PORCELAIN / CERAMIC - THREE OR MORE SURFACES	358.00
2642	ONLAY – PORCELAIN / CERAMIC – TWO SURFACES	330.00
2643	ONLAY – PORCELAIN / CERAMIC – THREE SURFACES	358.00
2644	ONLAY – PORCELAIN / CERAMIC – FOUR OR MORE SURFACES	358.00
2650	INLAY – RESIN-BASED COMPOSITE – ONE SURFACE (Lab Processed)	222.00
2651	INLAY – RESIN-BASED COMPOSITE – TWO SURFACES (Lab Processed)	270.00
2652	INLAY – RESIN-BASED COMPOSITE – THREE OR MORE SURFACES (Lab Processed)	303.00
2662	ONLAY – RESIN-BASED COMPOSITE – TWO SURFACES (Lab Processed)	330.00
2663	ONLAY – RESIN-BASED COMPOSITE – THREE SURFACES (Lab Processed)	358.00
2664	ONLAY – RESIN-BASED COMPOSITE – FOUR OR MORE SURFACES (Lab Processed)	358.00
2740	CROWN – PORCELAIN / CERAMIC	451.00
2750	CROWN – PORCELAIN FUSED TO HIGH NOBLE METAL	473.00
2751	CROWN – PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	405.00
2752	CROWN – PORCELAIN FUSED TO NOBLE METAL	457.00
2780	CROWN – ¾ CAST HIGH NOBLE METAL	405.00
2781	CROWN – ¾ CAST PREDOMINANTLY BASE METAL	405.00
2782	CROWN – ¾ CAST NOBLE METAL	405.00
2783	CROWN – ¾ PORCELAIN / CERAMIC	405.00
2790	CROWN - FULL CAST HIGH NOBLE METAL	484.00
2791	CROWN – FULL CAST PREDOMINANTLY BASE METAL	405.00
2792	CROWN – FULL CAST NOBLE METAL	457.00
2799	PROVISIONAL CROWN	94.00
2910	RECEMENT INLAY, ONLAY, OR PARTIAL COVERAGE RESTORATION	28.00
2920	RECEMENT CROWN	29.00
2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH	92.00
2931	PREFABRICATED STAINLESS STEEL CROWN - PERMANENT TOOTH	99.00
2932	PREFABRICATED RESIN CROWN - TEMPORARY	94.00

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ADA PROCEDURE CODES	PROCEDURE DESCRIPTION	PPO FEE SCHEDULE
2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW, ANTERIOR - PRIMARY	120.00
2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN – PRIMARY TOOTH	120.00
2940	SEDATIVE FILLING	28.00
2950	CORE BUILD-UP, INCLUDING ANY PINS	73.00
2951	PIN RETENTION - PER TOOTH, IN ADDITION TO CROWN	18.00
2952	CAST POST AND CORE IN ADDITION TO CROWN	123.00
2953	EACH ADDITIONAL CAST POST – SAME TOOTH	123.00
2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	106.00
2957	EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH	106.00
2960	LABIAL VENEER (Resin Laminate) CHAIRSIDE	242.00
2980	CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	90.00
3110	PULP CAP – DIRECT (Excluding Final Restoration)	22.00
3120	PULP CAP – INDIRECT (Excluding Final Restoration)	18.00
3220	THERAPEUTIC PULPOTOMY (Excluding Final Restoration) REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT	53.00
3221	PULPAL DEBRIDEMENT PRIMARY & PERMANENT TEETH (Not to be billed by the provider completing Endodontic treatment)	53.00
3230	PULPAL THERAPY (Resorbable filling) ANTERIOR, PRIMARY TOOTH (Excluding Final Restoration)	97.00
3240	PULPAL THERAPY (Resorbable filling) POSTERIOR - PRIMARY TOOTH (Excluding Final Restoration)	97.00
3310	ENDODONTIC THERAPY (Root Canal) ANTERIOR TOOTH (Excluding final Restoration)	286.00
3320	ENDODONTIC THERAPY (Root Canal) PREMOLAR TOOTH (Excluding Final restoration)	330.00
3330	ENDODONTIC THERAPY (Root Canal) MOLAR TOOTH (Excluding Final Restoration)	479.00
3332	INCOMPLETE ENDODONTIC THERAPY INOPERABLE UNRESTORABLE OR FRACTURED TOOTH	39.00
3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	88.00
3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - ANTERIOR	320.00

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3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - PREMOLAR	375.00
3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - MOLAR	479.00
3410	APICOECTOMY -ANTERIOR (Doesn't include placement of retrograde filling material)	231.00
3421	APICOECTOMY - PREMOLAR FIRST ROOT	260.00
3425	APICOECTOMY– PREMOLAR FIRST ROOT (Does not include placement of retrograde material, if more than one root is treated see D3426)	301.00
3426	APICOECTOMY (Each Additional Root)	88.00
3430	RETROGRADE FILLING - PER ROOT	80.00
3920	HEMISECTION (Including any Root Removal/ Not including Root Canal Therapy)	154.00
4210	GINGIVECTOMY OR GINGIVOPLASTY – FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	220.00
4211	GINGIVECTOMY OR GINGIVOPLASTY – ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	70.00
4240	GINGIVAL FLAP PROCEDURE INCLUDING ROOT PLANING – FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	312.00
4241	GINGIVAL FLAP PROCEDURE INCLUDING ROOT PLANING – ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	312.00
4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	220.00
4260	OSSEOUS SURGERY (Including elevation of a full thickness flap & closure) FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	440.00
4261	OSSEOUS SURGERY (Including elevation of a full thickness flap & closure) - ONE TO THREE CONTIGUOUS TEETH OR TROOTH BOUNDED SPACES PER QUADRANT	440.00
4277	FREE SOFT TISSUE GRAFT PROCEDURE (Including recipient and donor surgical sites) FIRST TOOTH IMPLANT OF EDENTULOUS TOOTH POSITION GRAFT	330.00
4341	PERIODONTAL SCALING AND ROOT PLANING – FOUR OR MORE TEETH PER QUADRANT	97.00
4342	PERIODONTAL SCALING AND ROOT PLANING – ONE TO THREE TEETH, PER QUADRANT	97.00
4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION & DIAGNOSIS ON A SUBSEQUENT VISIT (When covered limited to once per 36 months)	47.00
4910	PERIODONTAL MAINTENANCE	46.00

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5110	COMPLETE DENTURE – MAXILLARY	638.00
5120	COMPLETE DENTURE – MANDIBULAR	638.00
5130	IMMEDIATE DENTURE – MAXILLARY	693.00
5140	IMMEDIATE DENTURE – MANDIBULAR	693.00
5211	MAXILLARY PARTIAL DENTURE – RESIN BASE (Including any conventional clasps rests and teeth)	442.00
5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE (Including any conventional clasps rests and teeth)	442.00
5213	MAXILLARY PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (Including any conventional clasps rests and teeth)	693.00
5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (Including any conventional clasps rests and teeth)	693.00
5221	IMMEDIATE MAXILLARY PARTIAL DENTURE – RESIN BASE (Including any conventional clasps rests and teeth)	442.00
5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE - RESIN BASE (Including any conventional clasps rests and teeth)	442.00
5223	IMMEDIATE MAXILLARY PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (Including any conventional clasps rests and teeth)	693.00
5224	IMMEDIATE MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (Including any conventional clasps rests and teeth)	693.00
5410	ADJUST COMPLETE DENTURE – MAXILLARY	22.00
5411	ADJUST COMPLETE DENTURE – MANDIBULAR	22.00
5421	ADJUST PARTIAL DENTURE – MAXILLARY	22.00
5422	ADJUST PARTIAL DENTURE – MANDIBULAR	22.00
5511	REPAIR BROKEN COMPLETE DENTURE BASE MANDIBULAR	61.00
5512	REPAIR BROKEN COMPLETE DENTURE BASE MAXILLARY	61.00
5520	REPLACE MISSING OR BROKEN TEETH COMPLETE DENTURE (Each Tooth)	55.00
5611	REPAIR RESIN DENTURE BASE MANDIBULAR	77.00
5612	REPAIR RESIN DENTURE BASE MAXILLARY	77.00
5621	REPAIR CAST FRAMEWORK MANDIBULAR	88.00
5622	REPAIR CAST FRAMEWORK MAXILLARY	88.00

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ADA PROCEDURE CODES	PROCEDURE DESCRIPTION	PPO FEE SCHEDULE
5630	REPAIR OR REPLACE BROKEN CLASP PER TOOTH	83.00
5640	REPLACE BROKEN TEETH – PER TOOTH	55.00
5650	ADD TOOTH TO EXISTING PARTIAL DENTURE (REPLACES EXTRACTED TOOTH)	77.00
5660	ADD CLASP TO EXISTING PARTIAL DENTURE PER TOOTH	83.00
5670	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK - MAXILLARY	183.00
5671	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK - MANDIBULAR	183.00
5710	REBASE COMPLETE MAXILLARY DENTURE	183.00
5711	REBASE COMPLETE MANDIBULAR DENTURE	183.00
5720	REBASE MAXILLARY PARTIAL DENTURE	180.00
5721	REBASE MANDIBULAR PARTIAL DENTURE	180.00
5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	99.00
5731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	99.00
5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	88.00
5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	88.00
5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	160.00
5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	160.00
5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	160.00
5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	160.00
5820	INTERIM PARTIAL DENTURE MAXILLARY (Allowed for anterior teeth only)	165.00
5821	INTERIM PARTIAL DENTURE MANDIBULAR (Allowed for anterior teeth only)	165.00
5850	TISSUE CONDITIONING MAXILLARY - PER DENTURE UNIT	39.00
5851	TISSUE CONDITIONING MANDIBULAR - PER DENTURE UNIT	39.00
5862	PRECISION ATTACHMENT BY REPORT	154.00
5863	OVERDENTURE – COMPLETE MAXILLARY	759.00
5864	OVERDENTURE – PARTIAL MAXILLARY	759.00
5865	OVERDENTURE – COMPLETE MANDIBULAR	759.00
5866	OVERDENTURE – PARTIAL MANDIBULAR	759.00
5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT	33.00

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ADA PROCEDURE CODES	PROCEDURE DESCRIPTION	PPO FEE SCHEDULE
6010	SURGICAL PLACEMENT OF IMPLANT BODY ENDOSTEAL IMPLANT	900.00
6040	SURGICAL PLACEMENT EPOSTEAL IMPLANT	900.00
6050	SURGICAL PLACEMENT TRANSOSTEAL IMPLANT	900.00
6210	PONTIC – CAST HIGH NOBLE METAL	358.00
6211	PONTIC - CAST PREDOMINANTLY BASE METAL	347.00
6212	PONTIC – CAST NOBLE METAL	352.00
6240	PONTIC – PORCELAIN FUSED TO HIGH NOBLE METAL	473.00
6241	PONTIC – PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	405.00
6242	PONTIC – PORCELAIN FUSED TO NOBLE METAL	457.00
6245	PONTIC – PORCELAIN / CERAMIC	473.00
6545	RETAINER – CAST METAL FOR RESIN BONDED FIXED PROSTHESIS	160.00
6548	RETAINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHESIS	160.00
6600	RETAINER INLAY – PORCELAIN / CERAMIC, TWO SURFACES	330.00
6601	RETAINER INLAY – PORCELAIN / CERAMIC, THREE OR MORE SURFACES	358.00
6602	RETAINER INLAY – CAST HIGH NOBLE METAL, TWO SURFACED	338.00
6603	RETAINER INLAY – CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	371.00
6604	RETAINER INLAY – CAST PREDOMINANTLY BASE METAL, TWO SURFACES	270.00
6605	RETAINER INLAY – CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	303.00
6606	RETAINER INLAY – CAST NOBLE METAL, TWO SURFACES	321.00
6607	RETAINER INLAY – CAST NOBLE METAL, THREE OR MORE SURFACES	354.00
6608	RETAINER ONLAY – PORCELAIN / CERAMIC, TWO SURFACES	330.00
6609	RETAINER ONLAY – PORCELAIN / CERAMIC, THREE OR MORE SURFACES	358.00
6610	RETAINER ONLAY – CAST HIGH NOBLE METAL, TWO SURFACES	338.00
6611	RETAINER ONLAY – CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	371.00
6612	RETAINER ONLAY – CAST PREDOMINANTLY BASE METAL, TWO SURFACES	270.00
6613	RETAINER ONLAY – CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	303.00

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ADA PROCEDURE CODES	PROCEDURE DESCRIPTION	PPO FEE SCHEDULE
6614	RETAINER ONLAY – CAST NOBLE METAL, TWO SURFACES	321.00
6615	RETAINER ONLAY – CAST NOBLE METAL, THREE OR MORE SURFACES	354.00
6740	RETAINER CROWN – PORCELAIN / CERAMIC	473.00
6750	RETAINER CROWN – PORCELAIN FUSED TO HIGH NOBLE METAL	473.00
6751	RETAINER CROWN – PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	405.00
6752	RETAINER CROWN – PORCELAIN FUSED TO NOBLE METAL	457.00
6780	RETAINER CROWN – ¾ CAST HIGH NOBLE METAL	358.00
6781	RETAINER CROWN – ¾ CAST PREDOMINANTLY BASE METAL	358.00
6782	RETAINER CROWN – ¾ CAST NOBLE METAL	358.00
6783	RETAINER CROWN – ¾ PORCELAIN / CERAMIC	358.00
6790	RETAINER CROWN – FULL CAST HIGH NOBLE METAL	473.00
6791	RETAINER CROWN – FULL CAST PREDOMINANTLY BASE METAL	354.00
6792	RETAINER CROWN – FULL CAST NOBLE METAL	354.00
6930	RECEMENT OR RE-BOND FIXED PARTIAL DENTURE	37.00
6940	STRESS BREAKER	138.00
6950	PRECISION ATTACHMENT	193.00
6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE BY REPORT	28.00
7111	EXTRACTION, CORONAL REMNANTS – PRIMARY TOOTH	52.00
7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (Elevation and / or forceps removal)	52.00
7210	EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF NONE AND/OR SECTIONING OF TOOTH AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	77.00
7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	108.00
7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	130.00
7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	185.00
7241	REMOVAL OF IMPACTED TOOTH – COMPLETELY BONY WITH UNUSUAL SURGICAL COMPLICATIONS	185.00
7250	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	68.00
7260	OROANTRAL FISTULA CLOSURE	198.00
7261	PRIMARY CLOSURE OF SINUS PERFORATION	198.00

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*7285	INCISIONAL BIOPSY OF ORAL TISSUE – HARD (BONE, TOOTH)	121.00
*7286	INCISIONAL BIOPSY OF ORAL TISSUE – SOFT	99.00
7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS – FOUR OR MORE TEETH OR TOOTH SPACES PER QUADRANT	75.00
7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS – ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	46.00
7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS – FOUR OR MORE TEETH OR TOOTH SPACES PER QUADRANT	120.00
7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS – ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	75.00
7471	REMOVAL OF LATERAL EXOSTOSIS – MAXILLA OR MANDIBLE	143.00
7472	REMOVAL OF TORUS PALATINUS	143.00
7473	REMOVAL OF TORUS MANDIBULARIS	143.00
7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	143.00
7510	INCISION AND DRAINAGE OF ABSCESS – INTRAORAL SOFT TISSUE	50.00
7520	INCISION AND DRAINAGE OF ABSCESS – EXTRAORAL SOFT TISSUE	62.00
7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN OR SUBCUTANEOUS ALVEOLAR TISSUE	95.00
7960	FRENULECTOMY (FRENECTOMY OR FRENOTOMY) – SEPARATE PROCEDURE	193.00
7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	143.00
9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROCEDURE	39.00
9120	FIXED PARTIAL DENTURE SECTIONING	28.00
9222	DEEP SEDATION/GENERAL ANESTHESIA – FIRST 15 MINUTES	55.00
9223	DEEP SEDATION/GENERAL ANESTHESIA – EACH ADDITIONAL 15 MINUTES	22.00
9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE	28.00
9239	INTRAVENOUS MODERATE CONSCIOUS SEDATION/ANALGESIA – FIRST 15 MINUTES	66.00
9243	INTRAVENOUS MODERATE CONSCIOUS SEDATION / ANALGESIA – EACH SUBSEQUENT 15 MIN INCREMENT	13.00
9440	OFFICE VISIT (AFTER REGULAR SCHEDULED HOURS)	44.00
9910	APPLICATION OF DESENSITIZING MEDICAMENTS	22.00

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9911	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT SURFACE, PER TOOTH	22.00

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