TABLE OF ALLOWANCE FOR DENTAL PROCEDURES

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CODE	DESCRIPTION	MAXIMUM
I.	**DIAGNOSTIC (00100-00999)** TWO PER YEAR	
00120	Periodic oral evaluation (every 6 months)	60.00
00140	Limited oral evaluation-problem focused	78.00
00145	Oral evaluation under 3 years of age	60.00
00150	Comprehensive oral evaluation	90.00
00160	Detailed & extensive oral evaluation	160.00
00170	Re-Eval Limited, problem focused	70.00
00180	Comprehensive Periodontic Evaluation	95.00
	RADIOGRAPHS (00200)	
00210	Intraoral-complete series (including bitewings)	108.00
00220	Intraoral-periapical—first film	22.00
00230	Intraoral-periapical—each additional film	16.00
00240	Intraoral-occlusal film	42.00
00250	Extraoral—first film	64.00
00260	Extraoral—each additional film	53.00
00270	Bitewing—single film	29.00
00272	Bitewings—two films	48.00
00273	Bitewings—three films	57.00
00274	Bitewings—four films	67.00
00290	Posterior—anterior or lateral skull survey	97.00
00310	Sialography	162.00
00320	TMJ arthrogram, including injection	173.00
00321	Other TMJ series	B/R
00322	Tomographic survey	216.00
00330	Panoramic film	140.00
00340	Cephalometric film	86.00
	TESTS AND LABORATORY EXAMINATIONS (00400-00500)	
00460	Pulp vitality tests	49.00
00470	Diagnostic casts	54.00
II.	**PREVENTIVE (01000-01999)**	
	DENTAL PROPHYLAXIS (01100) (once every six months)	
01110	Prophylaxis—adult	95.00
01120	Prophylaxis—child	70.00
	FLUORIDE TREATMENTS (01200)	
01206	Topical application of fluoride varnish	41.00
01208	Topical application of fluoride	38.00
	OTHER PREVENTIVE SERVICES (01300)	
01320	Tobacco counseling for the prevention of oral disease	54.00
01351	Sealant—per tooth	32.00
01353	Sealant repair—per tooth	32.00
	SPACE MAINTAINERS (01500)	
01510	Space maintainer-fixed—unilateral	209.00
01516	Space maintainer-fixed—bilateral maxillary	280.00
01517	Space maintainer-fixed—bilateral mandibular	280.00
01520	Space maintainer-removable—unilateral	234.00
01526	Space maintainer-removable—bilateral maxillary	363.00
01527	Space maintainer-removable—bilateral mandibular	363.00
01550	Recementation of space maintainer	43.00
01555	Removal of fixed space maintainer	38.00
III.	**RESTORATIVE (02000-02999)**	
	AMALGAM RESTORATIONS (includes polishing) (02100)	
02140	Amalgam—one surface, primary or permanent	81.00
02150	Amalgam—two surfaces, primary or permanent	97.00
02160	Amalgam—three surfaces, primary or permanent	108.00
02161	Amalgam—four or more surfaces, primary or permanent	124.00
	RESIN RESTORATIONS (02330)*	
02330	Resin—one surface, anterior	92.00
02331	Resin—two surfaces, anterior	119.00
02332	Resin—three surfaces, anterior	140.00
02335	Resin—four or more surfaces, anterior or involving incisal angle	184.00
02390	Resin-based composite crown anterior	162.00
02391	Resin-based composite—1 surface, posterior	113.00
02392	Resin-based composite—2 surfaces, posterior	125.00
02393	Resin-based composite—3 surfaces, posterior	159.00
02394	Resin-based composite—4 or more surfaces, posterior	163.00
	*Composite resin restorations on lingual surfaces and composite resin restorations posterior to second bicuspids are not covered. An allowance for amalgam will be given.	
	INLAY/ONLAY RESTORATIONS (02500-02600)*	
02510	Inlay-metallic—one surface	324.00
02520	Inlay-metallic—two surfaces	351.00
02530	Inlay-metallic—three or more surfaces	383.00
02542	Onlay-metallic—two surfaces	416.00
02543	Onlay-metallic—three surfaces	454.00
02544	Onlay-metallic—four or more surfaces	497.00
02610	Inlay-porcelain/ceramic—one surface	265.00
02620	Inlay-porcelain/ceramic—two surfaces	335.00
02630	Inlay-porcelain/ceramic—three or more surfaces	394.00
02642	Onlay-porcelain/ceramic—two surfaces	405.00
02643	Onlay-porcelain/ceramic—three surfaces	448.00
02644	Onlay-porcelain/ceramic—four or more surfaces	475.00
02650	Inlay-resin based composite-one surface	319.00
02651	Inlay-resin based composite-two surface	356.00
02652	Inlay-resin based composite-three or more surfaces	392.00
02662	Onlay-resin based composite-two surfaces	448.00
02663	Onlay-resin based composite-three surfaces	454.00
02664	Onlay-resin based composite-four or more surfaces	497.00
	*Porcelain not covered posterior to maxillary first molar and mandibular second bicuspid, unless "by report."	
	CROWNS—SINGLE RESTORATIONS ONLY (02700-02800)*	
02710	Resin (laboratory)	281.00
02720	Resin with high noble metal	513.00
02721	Resin with predominantly base metal	491.00
02722	Resin with noble metal	524.00
02740	Porcelain/Ceramic substrate	529.00
02750	Porcelain fused to high noble metal	556.00
02751	Porcelain fused to predominantly base metal	518.00
02752	Porcelain fused to noble metal	524.00
02790	Full cast high noble metal	556.00
02791	Full cast predominantly base metal	497.00
02792	Full cast noble metal	502.00
02794	Titanium	556.00
	OTHER RESTORATIVE SERVICES (02900)*	
02910	Recement inlay	59.00
02920	Recement crown	59.00
02929	Prefabricated porcelain crown-primary tooth	158.00
02930	Prefabricated stainless steel crown-primary tooth	102.00
02931	Prefabricated stainless steel crown-permanent tooth	116.00
02932	Prefabricated resin crown	134.00
02933	Prefabricated stainless steel crown w/ resin window	158.00
02934	Prefabricated esthetic coated stainless steel crown-primary tooth	146.00
02940	Fillings—sedative	59.00
02950	Crown build up—pin retained	118.00
02951	Pin retention—per tooth + restoration	90.00
02952	Cast post and core + crown	157.00
02954	Prefabricated post & core + crown	134.00
02955	Post removal (not in conjunction w/ endo therapy)	130.00
02960	Resin laminate—chairside	292.00
02961	Resin laminate—laboratory	324.00
02962	Porcelain laminate—laboratory	443.00
02971	Additional procedure to construct a new crown under a partial	92.00
02980	Crown repair	B/R
02999	Unspecified restorative procedure	B/R
	*Porcelain not covered posterior to maxillary first molar and mandibular second bicuspid, unless "by report."	
IV.	**ENDODONTICS (03000-03999)**	
	PULP CAPPING (03100)	
03110	Pulp cap—direct	43.00
03120	Pulp cap—indirect	45.00
	PULPOTOMY (03200)	
03220	Therapeutic pulpotomy excluding final restoration	72.00
03221	Pulpal debridement, primary & permanent	72.00
03230	Pulpal therapy—anterior, primary tooth	43.00
03240	Pulpal therapy—posterior, primary tooth	45.00
	ROOT CANAL THERAPY (03300) (includes treatment plan, clinical procedures, x-rays and follow-up care, excludes final restoration).	
03310	Root canal therapy—Anterior	373.00
03320	Root canal therapy—Bicuspid	448.00
03330	Root canal therapy—Molar	562.00
03346	Endo Retreat—Anterior	389.00
03347	Endo Retreat—Bicuspid	464.00
03348	Endo Retreat—Molar	572.00
	APEXIFICATION/RECALCIFICATION PROCEDURES (03350)	
03351	Apexification/recalcification—initial visit	247.00
03352	Apexification/recalcification—interim visit	85.00
03353	Apexification/recalcification—final visit	67.00
	PERIAPICAL SERVICES (03400)	
03410	Apicoectomy—anterior	448.00
03421	Apicoectomy—bicuspid	526.00
03425	Apicoectomy—molar	526.00
03426	Apicoectomy—(each additional root)	107.00
03430	Retro filling—per root	126.00
03450	Root amputation—per root	238.00
	OTHER ENDODONTIC PROCEDURES (03900)	
03910	Surgical procedure for isolation of tooth with rubber dam	265.00
03920	Hemisection—per tooth	205.00
03950	Canal prep fitting dowel post	65.00
03999	Unspecified endodontic procedure	B/R
V.	**PERIODONTICS (04000-04999)**	
	DIAGNOSTIC PROCEDURES—See Section I	
	SURGICAL SERVICES (04200)—Including usual post- operative services	
04210	Gingivectomy or gingivoplasty—per quad	361.00
04211	Gingivectomy or gingivoplasty—per tooth	110.00
04240	Gingival flap procedure—per quad	300.00
04241	Gingival flap procedure—1 to 3 teeth	175.00
04245	Apically positioned flap	285.00
04249	Clinical crown lengthening	500.00
04260	Osseous surgery (including flap entry and closure)—per quad	697.00
04261	Osseous surgery—1 to 3 teeth per quad	438.00
04263	Bone replacement graft-first site in quad	285.00
04264	Bone replacement graft—each additional site in quad	284.00
04270	Pedicle soft tissue graft	400.00
04271	Free soft tissue graft (include. donor site)	350.00
04273	Subepithelial connective tissue graft	330.00
04274	Distal or proximal wedge procedure	225.00
04276	Connective tissue & double pedicle graft, per tooth	365.00
04283	Autogenous connective tissue graft procedure—each additional tooth or implant	264.00
	ADJUNCTIVE PERIODONTAL SERVICES (04300)	
04320	Provisional splinting intra-coronal	160.00
04321	Provisional splinting extra-coronal	120.00
04341	Scaling and root planing—per quadrant	155.00
04342	Scaling and root planing—1 to 3 teeth	125.00
04355	Full mouth debridement enabling comprehensive periodontal evaluation & diagnosis	97.00
04381	Localized delivery of chemotherapeutic agents—per tooth	38.00
	MISCELLANEOUS PERIODONTAL SERVICES (04900)	
04910	Periodontal maintenance procedures (following active therapy)	95.00
04920	Unscheduled dressing change	48.00
04921	Gingival irrigation per quadrant	B/R
04999	Unspecified periodontal procedure	B/R
VI.	**PROSTHODONTICS—REMOVABLE SERVICES (05000-05899)**	
	COMPLETE DENTURES (05100) - Including 6 month post-delivery care. *Diagnostic x-rays (intra-oral occlusal or panoramic radiographs) requested for immediates.	
05110	Complete denture—maxillary	702.00
05120	Complete denture—mandibular	702.00
05130	Immediate denture—maxillary	729.00
05140	Immediate denture—mandibular	729.00
	PARTIAL DENTURES (05200)—Including 6 month post-delivery care.	
05211	Maxillary partial denture-resin base (including any conventional clasps, rest and teeth)	529.00
05212	Mandibular partial denture-resin base (including any conventional clasps, rest and teeth)	529.00
05213	Maxillary partial denture-cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	886.00
05214	Mandibular partial denture-cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	886.00
05221	Immediate maxillary partial denture-resin base	529.00
05225	Upper flexible base incl clasp and teeth	567.00
05226	Lower flexible vase incl clasp and teeth	567.00
	ADJUSTMENTS TO DENTURES (05400)	
05410	Complete denture adjustment—maxillary	43.00
05411	Complete denture adjustment—mandibular	43.00
05421	Partial denture adjustment—maxillary	45.00
05422	Partial denture adjustment—mandibular	45.00
	REPAIRS TO DENTURES (05500)	
05511	Repair broken complete denture base—mandibular	89.00
05512	Repair broken complete denture base—maxillary	89.00
05520	Repair missing or broken teeth-complete denture (each tooth)	89.00
	REPAIRS TO PARTIAL DENTURES (05600)	
05611	Repair resin partial denture base—mandibular	108.00
05612	Repair resin partial denture base—maxillary	108.00
05621	Repair cast framework—mandibular	119.00
05622	Repair cast framework—maxillary	119.00
05630	Repair or replace broken clasp	97.00
05640	Replace broken teeth-per tooth	97.00
05650	Add tooth to existing partial denture	81.00
05660	Add clasp to existing partial denture	107.00
	DENTURE REBASE (05700-05721)	
05710	Rebase complete maxillary denture	356.00
05711	Rebase complete mandibular denture	356.00
05720	Rebase partial maxillary denture	335.00
05721	Rebase partial mandibular denture	346.00
	DENTURE RELINE (05730-05761) *	
05730	Reline complete maxillary denture (chairside)	157.00
05731	Reline complete mandibular denture (chairside)	157.00
05740	Reline partial maxillary denture (chairside)	157.00
05741	Reline partial mandibular denture (chairside)	157.00
05750	Reline complete maxillary denture (laboratory)	205.00
05751	Reline complete mandibular denture (laboratory)	205.00
05760	Reline partial maxillary denture (laboratory)	211.00
05761	Reline partial mandibular denture (laboratory)	211.00
	OTHER PROSTHETIC SERVICES (05800)	
05820	Interim partial denture (maxillary) (restrictions apply)	259.00
05821	Interim partial denture (mandibular) (restrictions apply)	259.00
05850	Tissue conditioning (maxillary)	92.00
05851	Tissue conditioning (mandibular)	92.00
	*Relines not covered less than 6 mos. from initial placement (except Immediate Dentures) and once a year thereafter.	
	IMPLANT SERVICES*	
06058	Abutment supported porcelain/ceramic crown	529.00
06059	Abutment supported porcelain fused to metal crown-high	556.00
06060	Abutment supported porcelain fused to metal crown-base	518.00
06061	Abutment supported porcelain fused to metal crown-noble	524.00
06062	Abutment supported cast metal crown high noble metal	556.00
06063	Abutment supported cast metal crown base metal	497.00
06064	Abutment supported cast metal crown noble metal	502.00
06065	Implant supported porcelain/ceramic crown	556.00
06066	Implant supported porcelain fused to metal crown	556.00
06067	Implant supported metal crown	518.00
06068	Abutment supported retainer for porcelain/ceramic FPD	524.00
06069	Abutment supported retainer for porcelain fused to metal FPD-high	556.00
06070	Abutment supported retainer for porcelain fused to metal FPD-base	497.00
06071	Abutment supported retainer for porcelain fused to metal FPD-noble	502.00
06072	Abutment supported retainer for cast metal FPD-high	556.00
06073	Abutment supported retainer for cast metal FPD-base	518.00
06074	Abutment supported retainer for cast metal FPD-noble	524.00
06075	Implant supported retainer for ceramic FPD	529.00
06076	Implant supported retainer for porcelain fused to metal FPD-high	556.00
06077	Implant supported retainer for cast metal FPD-high	518.00
06100	Implant removal, by report	B/R
VII.	**PROSTHODONTICS - FIXED (06200-06999) PONTICS (06200) ***	
	FIXED PARTIAL DENTURES (each abutment and each pontic constitutes a unit in a fixed partial denture).	
06210	Cast high noble metal	490.00
06211	Cast predominantly base metal	449.00
06212	Cast noble metal	470.00

06214	Titanium	549.00
06240	Porcelain fused to high noble metal	510.00
06241	Porcelain fused to predominantly base metal	455.00
06242	Porcelain fused to noble metal	485.00
06245	Porcelain/ceramic	525.00
06250	Resin with high noble metal	486.00
06251	Resin with predominantly base metal	461.00
06252	Resin with noble metal	472.00
	FIXED PARTIAL DENTURE RETAINERS-INLAYS/ONLAYS (06500)*	
06520	Two surface inlay-metallic	342.00
06530	Three or more surfaces-metallic	368.00
06543	Onlay-metallic	470.00
06544	Onlay-metallic four our more surfaces	484.00
06545	Retainer—cast metal for resin bonded fixed prosthesis	199.00
06548	Retainer—porcelain/ceramic for resin bonded fixed prosthesis	199.00
	FIXED PARTIAL DENTURE RETAINERS-CROWNS (06700)*	
06720	Resin with high noble metal	513.00
06721	Resin with predominantly base metal	491.00
06722	Resin with noble metal	502.00
06740	Porcelain/Ceramic	529.00
06750	Porcelain fused to high noble metal	556.00
06751	Porcelain fused to predominantly base metal	518.00
06752	Porcelain fused to noble metal	524.00
06780	3/4 cast high noble metal	556.00
06781	3/4 cast predominantly base metal	497.00
06782	3/4 cast noble metal	502.00
06790	Full cast high noble metal	556.00
06791	Full cast predominantly base metal	491.00
06792	Full cast noble metal	502.00
06794	Titanium	556.00

*Porcelain not covered posterior to maxillary first molar and mandibular second bicuspid, unless “by report.”

	OTHER SERVICES (06900)	
06920	Connector Bar	324.00
06930	Recement fixed partial denture	81.00
06971	Cast post as part of fixed partial denture retainer	157.00
06972	Prefabricated post & core in addition to fixed partial denture	134.00
06973	Core build-up for retainer including pins	119.00
VIII.	**ORAL SURGERY (07000-07999)**	
	DIAGNOSTIC PROCEDURES See Section 1	
	UNCOMPLICATED EXTRACTIONS (07100)—Includes local anesthesia and routine post-operative care.	
07111	Extraction, coronal remnants-deciduous tooth	76.00
07140	Extraction, erupted tooth or exposed root	100.00
	COMPLICATED EXTRACTIONS (07200)—Includes local anesthesia, suturing, and routine post-operative care	
07210	Extraction of tooth, surgical, erupted	115.00
07220	Extraction of tooth, tissue impaction	125.00
07230	Extraction of tooth, partially bony impaction	178.00
07240	Extraction of tooth, completely bony	216.00
07241	Complete bony impaction—unusual	243.00
07250	Root recovery (surgical removal of residual root)	135.00
	OTHER SURGICAL PROCEDURES	
07260	Oroantral fistula closure	140.00
07261	Primary closure of sinus perforation	259.00
07270	Surgical—tooth re-implantation	243.00
07272	Surgical—tooth transplantation	248.00
07280	Surgical exposure of impacted or unerupted tooth	281.00
07281	Surgical exposure of impacted or unerupted tooth-aid eruption	162.00
07282	Mobilization of erupted or mal-positioned tooth to aid eruption	238.00
07283	Placement of device to facilitate eruption of impacted tooth	270.00
07285	Biopsy of oral tissue (hard)	281.00
07286	Biopsy of oral tissue (soft)	281.00
07287	Exfoliative cytological sample collection	119.00
07288	Brush biopsy – transepithelial sample collection	119.00
07290	Surgical repositioning of teeth	108.00
07291	Fiberotomy	97.00
	ALVEOPLASTY (07300) (Surgical preparation of ridge for dentures)	
07310	Per quadrant in conjunction with extractions	135.00
07311	One to three teeth per quadrant in conjunction with extractions	103.00
07320	Per quadrant not in conjunction with extractions	108.00
07321	One to three teeth per quadrant not in conjunction with extractions	97.00
	VESTIBULOPLASTY	
07340	Per ridge extension (secondary epithelialization)	81.00
07350	Per ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue, attachment, and management of hypertrophied and hyperplastic tissue)	352.00
	SURGICAL EXCISION (07400)	
07410	Excision of benign lesion—up to 1.25 cm	205.00
07411	Excision of benign lesion—greater than 1.25 cm	216.00
07412	Excision of benign lesion—complicated	238.00
07413	Excision of malignant lesion —up to 1.25 cm	248.00
07414	Excision of malignant lesion —greater than 1.25 cm	270.00
07415	Excision of malignant lesion —complicated	292.00
	REMOVAL OF TUMORS, CYSTS, AND NEOPLASMS	
07420	Radical excision over 1.25 cm	259.00
07430	Excision of benign tumor to 1.25 cm	216.00
07431	Excision of benign tumor over 1.25 cm	248.00
07440	Excision of malignant tumor to 1.25 cm	248.00
07441	Excision of malignant tumor over 1.25 cm	270.00
07450	Removal of odontogenic cyst or tumor to 1.25 cm	292.00
07451	Removal of odontogenic cyst or tumor over 1.25 cm	383.00
07460	Removal of non-odontogenic cyst or tumor to 1.25 cm	281.00
07461	Removal of non-odontogenic cyst or tumor over 1.25 cm	340.00
07465	Destruction of lesion(s) by physical or chemical method	B/R
	EXCISION OF BONE TISSUE	
07470	Removal of exostosis maxilla or mandible	324.00
07471	Removal of lateral exostosis—maxilla or mandible	346.00
07472	Removal/Palatal Torus	324.00
07473	Removal/Mandibular Torus	346.00
07490	Radical resection of mandible with bone graft	864.00
	SURGICAL INCISION (07500)	
07510	Incision and drainage of abscess, intra-oral	97.00
07511	Incision and drainage of abscess, intra-oral—complicated	99.00
07520	Incision and drainage of abscess, extra-oral	151.00
07521	Incision and drainage of abscess, extra-oral—complicated	151.00
07530	Removal of foreign body	65.00
07540	Removal of reaction-producing foreign bodies, musculoskeletal system	65.00
07550	Sequestrectomy for osteomyelitis	778.00
07560	Maxillary sinusotomy—removal of foreign body	B/R
	TREATMENT OF FRACTURE SIMPLE (07600)	
07610	Maxilla, open reduction	1,037.00
07620	Maxilla, closed reduction	626.00
07630	Mandible, open reduction	1,037.00
07640	Mandible, closed reduction	626.00
07650	Malar/zygomatic arch, open reduction	724.00
07660	Malar/zygomatic arch, closed reduction	416.00
07670	Alveolus-stabilization of teeth, closed reduction splinting	324.00
07671	Alveolus-stabilization of teeth, open reduction splinting	383.00
07680	Facial bones—reduction	626.00
	TREATMENT OF FRACTURES—COMPOUND (07700)	
07710	Maxilla, open reduction	1,080.00
07720	Maxilla, closed reduction	756.00
07730	Mandible, open reduction	1,080.00
07740	Mandible, closed reduction	756.00
07750	Malar/zygomatic arch, open reduction	756.00
07760	Malar/zygomatic arch, closed reduction	459.00
07770	Alveolus-stabilization of teeth, open reduction	583.00
07771	Alveolus-stabilization of teeth, closed reduction	578.00
07780	Facial bones—reduction with fixation	2,128.00
	REDUCTION OF DISLOCATION (07800)	
07810	Open reduction of dislocation	324.00
07820	Closed reduction of dislocation	302.00
	REPAIR OF TRAUMATIC WOUNDS (07900)	
07910	Simple suture up to 5 cm	67.00
07911	Complicated suture up to 5 cm	220.00
07912	Complicated suture over 5 cm	252.00
	OTHER REPAIR PROCEDURES	
07940	Osteoplasty for orthognathic deformities	972.00
07941	Osteotomy—mandibular rami	B/R
07942	Osteotomy—ramus, open	B/R
07950	Osteoperiosteal of mandible or facial bones	B/R
07953	Bone replacement graft ridge preservation—per site	151.00
07955	Repair maxilla facial tissue	94.00
07960	Frenulectomy	178.00
07970	Excision of hyperplastic tissue—per arch	140.00
07971	Excision of pericoronal gingiva	108.00
07980	Sialolithotomy	404.00
07981	Excision of salivary gland	B/R
07982	Sialodochoplasty	568.00
07983	Closure of salivary fistula	619.00
07990	Emergency tracheotomy	414.00
07999	Unspecified oral surgery procedure	B/R
IX.	**ORTHODONTICS (08000-08999)**	
	MINOR TREATMENT TO CONTROL HARMFUL HABITS (08200)	
08210	Removable appliance therapy	248.00
08220	Fixed appliance therapy	184.00
X.	**ADJUNCTIVE GENERAL SERVICES**	
	UNCLASSIFIED TREATMENT (09100)	
09110	Palliative emergency treatment of dental pain	65.00
09120	Fixed partial denture sectioning	81.00
	ANESTHESIA (09200)	
09210	Local anesthesia—non-operative	118.00
09211	Regional block anesthesia	28.00
09212	Trigeminal division block anesthesia	28.00
09215	Local anesthesia—conjunction with operative or surgical procedures	130.00
09222	Deep sedation, general anesthesia, first 15 min	194.00
09223	Deep sedation, general anesthesia, each additional 15 min	108.00
09230	Inhalation of nitrous oxide, anxiolysis analgesia	38.00
	PROFESSIONAL CONSULTATION (09300)	
09310	Consultation, per session	113.00
	PROFESSIONAL VISITS (09400)	
09430	Office visit during office hours	49.00
09440	Office visit after office hours	76.00
	DRUGS (09600)	
09610	Therapeutic drug injection	28.00
09630	Other medicaments	B/R
	MISCELLANEOUS SERVICES (09900)	
09910	Application of desensitizing medicament	32.00
09911	Application of desensitizing resin for cervical and/or root surface	32.00
09920	Behavior management, by report	B/R
09930	Treatment of complications	B/R
09941	Fabrication of athletic mouth guard	135.00
09944	Occlusal guard—hard appliance, full arch	227.00
09945	Occlusal guard—soft appliance, full arch	227.00
09950	Occlusal analysis—mounted case	B/R
09951	Occlusal adjustment, limited	65.00
09952	Occlusal adjustment, complete	130.00
09999	Unspecified adjunctive procedure, by report	B/R

NOTE: For procedures marked “B/R” (by report), HSBA will determine allowance based upon the nature and extent of the services performed. A dental procedure of an equivalent gravity and severity listed herein shall be used as the basis for HSBA determination.

Please refer to your ‘Summary Plan Description’ booklet for a complete listing of plan limitations and exclusions.

JOINT BENEFIT TRUST
DENTAL HEALTH PROGRAM

HS&BA

HEALTH SERVICES & BENEFIT ADMINISTRATORS
4160 DUBLIN BLVD., SUITE 100
DUBLIN, CALIFORNIA 94568
TELEPHONE (800) 528-4357

JOINT BENEFIT TRUST
TABLE OF
DENTAL ALLOWANCES

Effective 08/01/2019

Most procedures not listed on this table are not covered by the Plan. The Dentist should submit a Pre-Authorization for any treatments not listed to determine if there is a covered reimbursable amount before the treatment has been started.

If the treatment exceeds $500 the Dentist should submit the treatment plan on the claim form with diagnostic X-rays for pre-determination from Health Services Benefit Administrators.

Please Note:
Eligible Full-Time Health Benefits and Seasonal Health Benefits Plan employees’ benefits are paid at 100% of the scheduled allowance with a $50 deductible and a maximum annual benefit of $1,600.

Eligible Seasonal Medical Benefits Health Plan employees’ benefits are paid at 50% of the scheduled allowance with a $50 deductible and a maximum annual benefit of $800.