

TABLE OF ALLOWANCE FOR DENTAL PROCEDURES

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CODE	DESCRIPTION	MAXIMUM
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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	Panoramic 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 bicuspid 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 base 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	

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	Recent 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	Fibrotomy.....	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
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07350	Per ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue, attachment, and management of hypertrophied and hyperplastic tissue).....	352.00
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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, anxietyolysis analgesia.....	38.00

PROFESSIONAL CONSULTATION (09300)

09310	Consultation, per session.....	113.00
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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 400
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 1400-Hour and New Entrant employees’ benefits are paid at 100% of the scheduled allowance with a \$50 deductible and a maximum annual benefit of \$1,600.**

Eligible Non-1400 Hour employees’ benefits are paid at 50% of the scheduled allowance with a \$50 deductible and a maximum annual benefit of \$800.