Elevate Your Smile

5 ways to make the most of your dental plan



Seek preventive care. Regular exams and cleanings are available at low or no cost. These services help catch problems before they require costly and extensive treatment.

Plan for major dental work. You can ask your dentist for a pre-treatment estimate before you begin extensive dental work. After we receive your dentist's proposed treatment plan, we'll send you and your dentist a copy of the pre-treatment estimate with your expected out of pocket cost for



covered services, as well as any applicable copayments, coinsurance, deductibles and maximums.

Talk to your dentist. From osteoporosis to diabetes, overall health can affect your dental health. Start each visit with a quick chat about any issues.

Stav informed. Get tools and tips at our SmileWay® wellness library (deltadentalins. com/wellness). Don't forget to subscribe to Grin!, our free dental wellness e-magazine.

Contact us

For help with your dental plan, call Delta Dental's Customer Service at **800-390-3368**, Monday through Sunday, 8 am to 8 pm local time (Oct. 1 through March 31) or Monday through Friday, 8 am to 8 pm local time (April 1 through Sept. 30).

Our Delta Dental enterprise includes these companies in these states: Delta Dental of California — CA, Delta Dental of the District of Columbia — DC, Delta Dental of Pennsylvania — PA & MD, Delta Dental of West Virginia, Inc. — WV, Delta Dental of Delaware, Inc. — DE, Delta Dental of New York, Inc. - NY, Delta Dental Insurance Company - AL, DC, FL, GA, LA, MS, MT, NV, TX and UT. Delta Dental is a registered trademark of Delta Dental Plans Association.











¹ You are responsible for any applicable deductibles, copay, amounts over plan maximums and charges for non-covered services. Innetwork dentists won't bill you for any amount over your copay.

Dental benefit addendum

Contract holder: Sharp Health Plan

Group number: 22433

Effective date: January 1, 2026

Monthly premium: \$55

Deductibles and maximums

	Delta Dental Medicare providers	Non-Delta Dental Medicare providers	
Annual deductible per member	No	one	
Annual maximum per member	\$3,000 per calendar year		

Plan benefit levels¹

Delta Dental Medicare providers

Non-Delta Dental Medicare providers

Delta Dental will pay or otherwise discharge the maximum plan allowance minus the member copayment.

CDT codes

Code	Description	Member copay
D0999	Office visit	\$5
D0120	Periodic exam, 1 every 6 months	\$ O
D0210	X-rays, complete series, 1 every 24 months	\$ O
D1110	Cleaning, 1 every 6 months	\$15
D2330	Filling, 1 surface	\$55
D2740	Crown, porcelain/ceramic	\$425
D2750	Crown, porcelain fused to metal	\$425
D3330	Root canal, molar	\$375
D4341	Periodontal scaling and root planning, 4 or more teeth per quadrant, 4 quadrants per every 12 months	\$60
D4910	Periodontal cleaning	\$45
D5110	Complete denture, upper	\$395
D5213	Partial denture, upper	\$425
D5511	Repair broken complete denture base, mandibular	\$50
D5512	Repair broken complete denture base, maxillary	\$50
D5730	Reline complete denture, upper	\$50
D7140	Extraction, erupted tooth or exposed root	\$35
No code	Emergency Dental Service	\$100 allowance

¹ Reimbursement is based on Delta Dental Medicare provider contracted fees for all providers, including non-Medicare providers.



Sharp Health Plan

Copayment

Effective Date: 1/1/2026

D0100-D0	0999 I. DIAGNOSTIC	ENROLLEE PAYS
D0120	PERIODIC ORAL EVALUATION – ESTABLISHED PATIENT	\$0.00
D0140	LIMITED ORAL EVALUATION – PROBLEM FOCUSED	\$0.00
D014F	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH	ć0.00
D0145	PRIMARY CAREGIVER	\$0.00
D0150	COMPREHENSIVE ORAL EVALUATION – NEW OR ESTABLISHED PATIENT	\$0.00
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION – PROBLEM FOCUSED, BY REPORT	\$0.00
D0170	RE-EVALUATION – LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT POST- OPERATIVE VISIT)	\$0.00
D0171	RE-EVALUATION – POST-OPERATIVE OFFICE VISIT	\$5.00
D0180	COMPREHENSIVE PERIODONTAL EVALUATION – NEW OR ESTABLISHED PATIENT	\$0.00
D0190	SCREENING OF A PATIENT	\$0.00
D0191	ASSESSMENT OF A PATIENT	\$0.00
D0210	INTRAORAL – COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES	\$0.00
D0220	INTRAORAL – PERIAPICAL FIRST RADIOGRAPHIC IMAGE	\$0.00
D0230	INTRAORAL – PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	\$0.00
D0240	INTRAORAL – OCCLUSAL RADIOGRAPHIC IMAGE	\$0.00
D0270	BITEWING – SINGLE RADIOGRAPHIC IMAGE	\$0.00
D0272	BITEWINGS – TWO RADIOGRAPHIC IMAGES	\$0.00
D0273	BITEWINGS – THREE RADIOGRAPHIC IMAGES	\$0.00
D0274	BITEWINGS – FOUR RADIOGRAPHIC IMAGES	\$0.00
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$0.00
D0419	ASSESSMENT OF SALIVARY FLOW BY MEASUREMENT	\$0.00
D0460	PULP VITALITY TESTS	\$0.00
D0470	DIAGNOSTIC CASTS	\$0.00
D0472	ACCESSION OF TISSUE, GROSS EXAMINATION, PREPARATION AND TRANSMISSION OF	\$0.00
D0473	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	\$0.00
D0474	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION, INCLUDING ASSESSMENT OF SURGICAL MARGINS FOR PRESENCE OF DISEASE, PREPARATION AND TRANSMISSION OF	\$0.00
D0601	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF LOW RISK	\$0.00
D0602	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF MODERATE RISK	\$0.00
D0603	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF HIGH RISK	\$0.00
D0701	PANORAMIC RADIOGRAPHIC IMAGE – IMAGE CAPTURE ONLY	\$0.00
D0702	2-D CEPHALOMETRIC RADIOGRAPHIC IMAGE – IMAGE CAPTURE ONLY	\$0.00
D0703	2-D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY – IMAGE CAPTURE ONLY	\$0.00
D0704	3-D PHOTOGRAPHIC IMAGE – IMAGE CAPTURE ONLY	\$0.00
D0705	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE – IMAGE CAPTURE ONLY	\$0.00
D0706	INTRAORAL – OCCLUSAL RADIOGRAPHIC IMAGE – IMAGE CAPTURE ONLY	\$0.00
D0707	INTRAORAL – PERIAPICAL RADIOGRAPHIC IMAGE – IMAGE CAPTURE ONLY	\$0.00
D0708	INTRAORAL – BITEWING RADIOGRAPHIC IMAGE – IMAGE CAPTURE ONLY	\$0.00
D0709	INTRAORAL – COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES – IMAGE CAPTURE ONLY	\$0.00
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT	\$5.00
	1999 II. PREVENTIVE	ENROLLEE PAYS
D1110	PROPHYLAXIS – ADULT	\$15.00
D1330		\$0.00
D1510		\$100.00
D1516	SPACE MAINTAINER – FIXED – BILATERAL, MAXILLARY	\$150.00

D1517	SPACE MAINTAINER – FIXED – BILATERAL, MANDIBULAR	\$150.00
D1520	SPACE MAINTAINER – REMOVABLE, UNILATERAL – PER QUADRANT	\$100.00
D1526	SPACE MAINTAINER – REMOVABLE – BILATERAL, MAXILLARY	\$150.00
D1527	SPACE MAINTAINER – REMOVABLE – BILATERAL, MANDIBULAR	\$150.00
D1551	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER – MAXILLARY	\$10.00
D1552	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER – MANDIBULAR	\$10.00
D1556	REMOVAL OF FIXED UNILATERAL SPACE MAINTAINER – PER QUADRANT	\$10.00
D1557	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER – MAXILLARY	\$10.00
D1558	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER – MANDIBULAR	\$10.00
D1575	DISTAL SHOE SPACE MAINTAINER - FIXED, UNILATERAL – PER QUADRANT	\$100.00
D2000-D2	2999 III. RESTORATIVE	ENROLLEE PAYS
D2140	AMALGAM – ONE SURFACE, PRIMARY OR PERMANENT	\$27.00
D2150	AMALGAM – TWO SURFACES, PRIMARY OR PERMANENT	\$32.00
D2160	AMALGAM – THREE SURFACES, PRIMARY OR PERMANENT	\$37.00
D2161	AMALGAM – FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	\$50.00
D2330	RESIN-BASED COMPOSITE – ONE SURFACE, ANTERIOR	\$55.00
D2331	RESIN-BASED COMPOSITE – TWO SURFACES, ANTERIOR	\$65.00
D2332	RESIN-BASED COMPOSITE – THREE SURFACES, ANTERIOR	\$75.00
D2335	RESIN-BASED COMPOSITE – FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE	\$85.00
D2333	(ANTERIOR)	\$65.00
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	\$85.00
D2391	RESIN-BASED COMPOSITE – ONE SURFACE, POSTERIOR	\$75.00
D2392	RESIN-BASED COMPOSITE – TWO SURFACES, POSTERIOR	\$80.00
D2393	RESIN-BASED COMPOSITE – THREE SURFACES, POSTERIOR	\$85.00
D2394	RESIN-BASED COMPOSITE – FOUR OR MORE SURFACES, POSTERIOR	\$95.00
D2510	INLAY – METALLIC – ONE SURFACE	\$260.00
D2520	INLAY – METALLIC – TWO SURFACES	\$270.00
D2530	INLAY – METALLIC – THREE OR MORE SURFACES	\$280.00
D2542	ONLAY – METALLIC – TWO SURFACES	\$270.00
D2543	ONLAY – METALLIC – THREE SURFACES	\$290.00
D2544	ONLAY – METALLIC – FOUR OR MORE SURFACES	\$300.00
D2610	INLAY – PORCELAIN/CERAMIC – ONE SURFACE	\$360.00
D2620	INLAY – PORCELAIN/CERAMIC – TWO SURFACES	\$370.00
D2630	INLAY – PORCELAIN/CERAMIC – THREE OR MORE SURFACES	\$380.00
D2642	ONLAY – PORCELAIN/CERAMIC – TWO SURFACES	\$370.00
D2643	ONLAY – PORCELAIN/CERAMIC – THREE SURFACES	\$390.00
D2644	ONLAY – PORCELAIN/CERAMIC – FOUR OR MORE SURFACES	\$400.00
D2650	INLAY – RESIN-BASED COMPOSITE – ONE SURFACE	\$260.00
D2651	INLAY – RESIN-BASED COMPOSITE – TWO SURFACES	\$270.00
D2652	INLAY – RESIN-BASED COMPOSITE – THREE OR MORE SURFACES	\$280.00
D2662	ONLAY – RESIN-BASED COMPOSITE – TWO SURFACES	\$270.00
D2663	ONLAY – RESIN-BASED COMPOSITE – THREE SURFACES	\$280.00
D2664	ONLAY – RESIN-BASED COMPOSITE – FOUR OR MORE SURFACES	\$300.00
D2710	CROWN – RESIN-BASED COMPOSITE (INDIRECT)	\$125.00
D2712	CROWN – ¾ RESIN-BASED COMPOSITE (INDIRECT)	\$125.00
D2720	CROWN – RESIN WITH HIGH NOBLE METAL	\$425.00
D2721	CROWN – RESIN WITH PREDOMINANTLY BASE METAL	\$325.00
D2722	CROWN – RESIN WITH NOBLE METAL	\$325.00
D2740	CROWN – PORCELAIN/CERAMIC SUBSTRATE	\$425.00
D2750	CROWN – PORCELAIN FUSED TO HIGH NOBLE METAL	\$425.00

D2752 CROWN - PORCELIAIN FUSED TO NOBLE METAL \$325.			
D2753 CROWN P PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	D2751	CROWN – PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$325.00
D2780 CROWN - ½ CAST PREDOMINANTLY BASE METAL D2781 CROWN - ½ CAST PREDOMINANTLY BASE METAL D2792 CROWN - ½ CAST PREDOMINANTLY BASE METAL D2790 CROWN - FULL CAST NIGHE METAL D2791 CROWN - FULL CAST HIGH NOBLE METAL D2792 CROWN - FULL CAST HIGH NOBLE METAL D2793 CROWN - FULL CAST HIGH NOBLE METAL D2794 CROWN - FULL CAST NOBLE METAL D2794 CROWN - FULL CAST NOBLE METAL D2795 CROWN - FULL CAST NOBLE METAL D2796 RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL COVERAGE RESTORATION D2915 RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL COVERAGE RESTORATION D2916 RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABBRICATED POST AND CORE D2920 RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE D2921 RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE D2921 RE-CEMENT OR RE-BOND CROWN D2921 REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP D2920 RE-CEMENT OR RE-BOND CROWN D2921 PREFABRICATED DATAINLESS STEEL CROWN - PERMANENT TOOTH S800 D2931 PREFABRICATED STAINLESS STEEL CROWN - PERMANENT TOOTH S800 D2940 RESTORATIVE FOUNDATION FOR AN INDIRECT RESTORATION D2951 PROTECTIVE RESTORATION S201 D2952 POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED D2953 EACH ADDITIONAL INDIRECTLY FABRICATED POST - SAME TOOTH D2954 PREFABRICATED POST AND CORE IN ADDITION TO CROWN D2955 EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH D2956 CORE BUILDUP, INCLUDING BAY PRESTORATIVE MATERIAL FAILURE D2960 CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2971 ADDITIONAL PREFABRICATED POST - SAME TOOTH D2972 PREFABRICATED POST AND CORE IN ADDITION TO CROWN TO FIT UNDER AN EXISTING PARTIAL D2973 PREFABRICATED POST AND CORE IN ADDITION TO CROWN TO FIT UNDER AN EXISTING PARTIAL D2974 PROTECTIVE RESTORATIVE MATERIAL FAILURE D2980 CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2981 VIA ENDODODONIC SERVED BY RESTORATIVE MATERIAL FAILURE D2982 ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2983 VIA ENDODODONIC SERVED BY RESTORATIVE MATERIAL FAILURE D2984 PRA	D2752	CROWN – PORCELAIN FUSED TO NOBLE METAL	\$325.00
D2781 CROWN – ½ CAST NOBLE METAL \$325 D2782 CROWN – ½ CAST NOBLE METAL \$325 D2791 CROWN – FULL CAST HIGH NOBLE METAL \$425 D2792 CROWN – FULL CAST NOBLE METAL \$325 D2792 CROWN – FULL CAST NOBLE METAL \$325 D2792 CROWN – TITALIM AND TITALIM ALLOYS \$425 D2910 RE-CEMENT OR RE-BOND INILAY, ONLAY, VENEER OR PARTIAL COVERAGE RESTORATION \$20.0 D2921 RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE \$20.0 D2920 RE-CEMENT OR RE-BOND CROWN \$20.0 D2921 REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP \$85.1 D2922 PRE-CEMENT OR RE-BOND CROWN \$20.0 D2931 PREFABRICATED STAINLESS STEEL CROWN – PERMANENT TOOTH \$80.0 D2932 PREFABRICATED STAINLESS STEEL CROWN – PERMANENT TOOTH \$80.0 D2940 PROTECTIVE RESTORATION \$50.0 D2951 PIN RETENTIVE FOUNDATION FOR AN INDIRECT ESTORATION \$50.0 D2952 PRESTABRICATED STAINESS STEEL CROWN – PERMANENT TOOTH \$60.0 D2953 PAREASRICATED ST	D2753	CROWN – PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$425.00
D2782 CROWN − ¾ CAST NOBLE METAL \$325. D2790 CROWN − FULL CAST HIGH NOBLE METAL \$325. D2791 CROWN − FULL CAST PREDOMINANTLY BASE METAL \$325. D2792 CROWN − FULL CAST NOBLE METAL \$325. D2794 CROWN − TITANIUM AND TITANIUM ALLOYS \$325. D2910 RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE \$20. D2915 RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE \$20. D2920 RE-CEMENT OR RE-BOND CROWN \$20. D2921 RE-CEMENT OR RE-BOND CROWN \$20. D2922 RE-CEMENT OR RE-BOND CROWN \$20. D2923 PREFABRICATED POTOTH FRAGMENT, INCISAL EDGE OR CUSP \$85. D2928 PREFABRICATED POTOTH FRAGMENT, INCISAL EDGE OR CUSP \$80. D2931 PREFABRICATED POTOTH FRAGMENT, INCISAL EDGE OR CUSP \$80. D2949 PRESTORATIVE FOUNDATION FOR AN INDIRECT ESTORATION \$20. D2950 CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED \$50. D2951 POST AND CORE IN ADDITION TO CROWN \$25. D2952 POST AND	D2780	CROWN – ¾ CAST HIGH NOBLE METAL	\$425.00
D2790 CROWN - FULL CAST HIGH NOBLE METAL \$325. D2791 CROWN - FULL CAST NOBLE METAL \$325. D2792 CROWN - FULL CAST NOBLE METAL \$325. D2794 CROWN - TITANIUM AND TITANIUM ALLOYS \$425. D2910 RE-CEMENT OR RE-BOND INLAY, OLILAY, VENEER OR PARTIAL COVERAGE RESTORATION \$20.0 D2912 RE-CEMENT OR RE-BOND INLAY, OLILAY, VENEER OR PREFABRICATED POST AND CORE \$20.0 D2920 RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE \$20.0 D2921 REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP \$85. D2921 REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP \$80.0 D2931 PREFABRICATED PORCELAIN/CERAMIC CROWN – PERMANENT TOOTH \$80.0 D2940 PROTECTIVE RESTORATION \$50.0 D2940 PROTECTIVE RESTORATION \$50.0 D2951 PIN RETENTION – PER TOOTH, IN ADDITION TO RESTORATION \$50.0 D2952 CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED \$50.0 D2953 EACH ADDITIONAL INDIRECTLY FABRICATED POST – SAME TOOTH \$50.0 D2954 PREFABRICATED POST – SAME TOOTH \$5	D2781	CROWN – ¾ CAST PREDOMINANTLY BASE METAL	\$325.00
D2791 CROWN - FULL CAST PREDOMINANTLY BASE METAL \$325. D2792 CROWN - FULL CAST NOBLE METAL \$325. D2794 CROWN - FULL CAST NOBLE METAL \$325. D2794 CROWN - THANIUM AND TITANIUM ALLOYS \$425. D2910 RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL COVERAGE RESTORATION \$20.1 D2915 RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE \$20.0 D2920 RE-CEMENT OR RE-BOND CROWN \$20.0 D2921 REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP \$85.1 D2922 PREFABRICATED PORCELAIN/CERAMIC CROWN - PERMANENT TOOTH \$80.0 D2931 PREFABRICATED PORCELAIN/CERAMIC CROWN - PERMANENT TOOTH \$80.0 D2940 PROTECTIVE RESTORATION \$20.0 D2940 RESTORATIVE FOUNDATION FOR AN INDIRECT RESTORATION \$50.0 D2950 CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED \$50.0 D2951 PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION \$20.0 D2952 POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED \$95.0 D2953 EACH ADDITIONAL INDIRECTLY FABRICATED POST - SAME TOOTH \$50.0 D2954 PREFABRICATED POST AND CORE IN ADDITION TO CROWN \$70.0 D2957 EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH \$45.0 D2958 CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE \$50.0 D2951 INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE \$50.0 D2952 POST AND CORE IN ADDITION TO CROWN TO FIT UNDER AN EXISTING PARTIAL \$50.0 D2953 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE \$50.0 D2963 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE \$50.0 D2963 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE \$50.0 D2964 CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE \$50.0 D2965 VENDODONTICS ENCOURSE \$60.0 D2965 VENDODONTICS ENCOURSE \$60.0 D2966 VENDODONTICS ENCOURSE \$60.0 D2967 VENDODONTICS ENCOURSE \$60.0 D2968 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE \$50.0 D2968 VENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) \$225.0 D2969 VENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION) \$60.0 D2960 VAILAY REPAIR SECESSITATED BY RESTORATIVE MATERIAL FAILURE \$60.0 D2960 VAILAY REPAIR SECESSITAT	D2782	CROWN – ¾ CAST NOBLE METAL	\$325.00
D2792 CROWN – FULL CAST NOBLE METAL D2794 CROWN – TITANIUM AND TITANIUM ALLOYS D2910 RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL COVERAGE RESTORATION D2915 RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE D2920 RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE D2921 RE-CEMENT OR RE-BOND CROWN D2921 REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP S85. D2928 PREFABRICATED PORCELAIN/CERAMIC CROWN – PERMANENT TOOTH S80. D2931 PREFABRICATED STAINLESS STEEL CROWN – PERMANENT TOOTH S80. D2940 PROTECTIVE RESTORATION D2940 RESTORATIVE FOUNDATION FOR AN INDIRECT RESTORATION D2950 CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED D2951 PIN RETENTION – PER TOOTH, IN ADDITION TO RESTORATION D2952 POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED D2953 EACH ADDITIONAL INDIRECTLY FABRICATED POST – SAME TOOTH D2954 PREFABRICATED POST AND CORE IN ADDITION TO CROWN D2955 EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH D2956 CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2957 EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH D2958 CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2959 EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH D2950 CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2950 CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAIL	D2790	CROWN – FULL CAST HIGH NOBLE METAL	\$425.00
D2794 CROWN – TITANIUM AND TITANIUM ALLOYS D2910 RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL COVERAGE RESTORATION D2915 RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE D2920 RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE D2921 REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP D2922 PREFABRICATED PORCELAIN/CERAMIC CROWN – PERMANENT TOOTH S80.1 D2931 PREFABRICATED DATAINLESS STEEL CROWN – PERMANENT TOOTH S80.1 D2940 PROTECTIVE RESTORATION D2940 PROTECTIVE RESTORATION D2940 RESTORATIVE FOUNDATION FOR AN INDIRECT RESTORATION D2950 CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED D2951 PIN RETENTION – PER TOOTH, IN ADDITION TO RESTORATION D2952 POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED D2953 EACH ADDITIONAL INDIRECTLY FABRICATED POST – SAME TOOTH D2954 PREFABRICATED POST AND CORE IN ADDITION TO CROWN D2955 EACH ADDITIONAL INDIRECTLY FABRICATED POST – SAME TOOTH D2956 EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH D2957 EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH D2958 OROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2980 CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2981 INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2982 ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2983 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2984 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D3000-D3999 IV. ENDODONTICS D3100 PULP CAP – INDIRECT (EXCLUDING FINAL RESTORATION) D3210 PULP CAP – INDIRECT (EXCLUDING FINAL RESTORATION) D3220 PORTOR D100 FOR D100 FOR D100 FINAL RESTORATION) D3221 PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TOOTH WITH INCOMPLETE ROOT D3300 ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) D3331 ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3332 ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3333 ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3334 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – ANTER	D2791	CROWN – FULL CAST PREDOMINANTLY BASE METAL	\$325.00
D2910 RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL COVERAGE RESTORATION D2915 RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE D2920 RE-CEMENT OR RE-BOND CROWN D2921 REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP PREFABRICATED PORCELAIN/CERAMIC CROWN – PERMANENT TOOTH S80.0 D2931 PREFABRICATED STAINLESS STEEL CROWN – PERMANENT TOOTH S80.0 D2940 PROTECTIVE RESTORATION D2940 PROTECTIVE RESTORATION D2940 PROTECTIVE RESTORATION D2950 CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED D2951 PIN RETENTION – PER TOOTH, IN ADDITION TO RESTORATION D2952 POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED D2953 EACH ADDITIONAL INDIRECTLY FABRICATED POST – SAME TOOTH D2954 PREFABRICATED POST AND CORE IN ADDITION TO CROWN D2955 EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH D2956 EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH D2957 PREFABRICATED POST AND CORE IN ADDITION TO CROWN D2958 EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH D2959 EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH D2950 CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2961 INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2962 OROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2963 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2964 PREFABRICATED POST FAILURE MATERIAL FAILURE D2965 OROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2966 CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2967 OROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2968 ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2969 ONLAY BEPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2960 ONLAY BE	D2792	CROWN – FULL CAST NOBLE METAL	\$325.00
D2915 RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE D2920 RE-CEMENT OR RE-BOND CROWN D2921 REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP S85.1 D2928 PREFABRICATED PORCELAIN/CERAMIC CROWN – PERMANENT TOOTH S80.1 D2931 PREFABRICATED STAINLESS STEEL CROWN – PERMANENT TOOTH S80.1 D2940 PROTECTIVE RESTORATION D2940 PROTECTIVE RESTORATION D2940 PROTECTIVE RESTORATION D2940 PROTECTIVE RESTORATION D2950 CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED D2951 PIN RETENTION – PER TOOTH, IN ADDITION TO RESTORATION D2952 POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED D2953 EACH ADDITIONAL INDIRECTLY FABRICATED POST – SAME TOOTH D2954 PREFABRICATED POST AND CORE IN ADDITION TO CROWN D2955 EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH D2951 PIN RETENTION – PER TOOTH, IN ADDITION TO CROWN D2952 EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH D2954 PREFABRICATED POST AND CORE IN ADDITION TO CROWN D2955 EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH D2951 EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH D2951 EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH D2951 EACH ADDITIONAL PREFABRICATED BY RESTORATIVE MATERIAL FAILURE D2981 ENLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2982 CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2983 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2983 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2980 CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2980 PULP CAP – DIRECT (EXCLUDING FINAL RESTORATION) D3100 PULP CAP – DIRECT (EXCLUDING FINAL RESTORATION) D3220 PULP CAP – DIRECT (EXCLUDING FINAL RESTORATION) D3221 PULPA L DEBRIDGMENT, PRIMARY AND PERMANENT TEETH D3222 PARTIAL PULPOTOMY (EXCLUDING FINAL RESTORATION) D3323 ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) D3330 ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3331 TREATMENT OF PREVIOUS ROOT CANAL THERAPY – ANTERIOR D3340 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR D3451 APICOECTOMY – PREMOLA	D2794	CROWN – TITANIUM AND TITANIUM ALLOYS	\$425.00
D2920 RE-CEMENT OR RE-BOND CROWN D2921 REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP PREFABRICATED PORCELAIN/CERAMIC CROWN – PERMANENT TOOTH S80.1 D2931 PREFABRICATED STAINLESS STEEL CROWN – PERMANENT TOOTH S80.1 D2940 PROTECTIVE RESTORATION D2940 PROTECTIVE RESTORATION D2940 RESTORATIVE FOUNDATION FOR AN INDIRECT RESTORATION D2950 CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED D2951 PIN RETENTION – PER TOOTH, IN ADDITION TO RESTORATION D2952 CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED D2953 EACH ADDITIONAL INDIRECTLY FABRICATED D2954 PREFABRICATED POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED D2955 EACH ADDITIONAL INDIRECTLY FABRICATED POST – SAME TOOTH D2956 FACH ADDITIONAL PREFABRICATED POST – SAME TOOTH D2957 EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH D2958 EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH D2959 FACH ADDITIONAL PREFABRICATED POST – SAME TOOTH D2950 FACH ADDITIONAL PREFABRICATED POST – SAME TOOTH D2951 DENTURE FRAMEWORK. D2980 CONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2981 INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2982 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2983 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2984 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2985 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2986 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2987 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2988 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2989 VENDODONTIC THE CYCLUDING FINAL RESTORATION) D2999 IVENDODONTIC THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT D2999 VENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) D2999 VENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTOR	D2910	RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL COVERAGE RESTORATION	\$20.00
D2921 REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP D2928 PREFABRICATED PORCELAIN/CERAMIC CROWN – PERMANENT TOOTH S80.4 D2931 PREFABRICATED STAINLESS STEEL CROWN – PERMANENT TOOTH S80.4 D2949 PROTECTIVE RESTORATION D2940 RESTORATIVE FOUNDATION FOR AN INDIRECT RESTORATION D2950 CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED D2951 PIN RETENTION – PER TOOTH, IN ADDITION TO RESTORATION D2952 POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED D2953 EACH ADDITIONAL INDIRECTLY FABRICATED POST – SAME TOOTH D2954 PREFABRICATED POST AND CORE IN ADDITION TO CROWN D2955 EACH ADDITIONAL INDIRECTLY FABRICATED POST – SAME TOOTH D2951 EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH D2951 EACH ADDITIONAL PROCEDURES TO CUSTOMIZE A CROWN TO FIT UNDER AN EXISTING PARTIAL DENTURE FRAMEWORK. D2980 CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2981 INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2981 INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D3993 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D310 PULP CAP – DIRECT (EXCLUDING FINAL RESTORATION) D310 PULP CAP – DIRECT (EXCLUDING FINAL RESTORATION) D310 PULP CAP – INDIRECT (EXCLUDING FINAL RESTORATION) D3201 PULP CAP – INDIRECT (EXCLUDING FINAL RESTORATION) D3202 PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TOOTH WITH INCOMPLETE ROOT D6VELOPMENT D3310 ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) D3320 ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3330 ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3331 TREATMENT OF PREVIOUS ROOT CANAL THERAPY – NON-SURGICAL ACCESS S180 D3331 TREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR D3340 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR D3451 APICOECTO	D2915	RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE	\$20.00
D2928 PREFABRICATED PORCELAIN/CERAMIC CROWN – PERMANENT TOOTH \$80.0 D2931 PREFABRICATED STAINLESS STEEL CROWN – PERMANENT TOOTH \$80.0 D2940 PROTECTIVE RESTORATION \$20.0 D2940 RESTORATIVE FOUNDATION FOR AN INDIRECT RESTORATION \$20.0 D2950 CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED \$50.0 D2951 PIN RETENTION – PER TOOTH, IN ADDITION TO RESTORATION \$25.0 D2952 POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED \$95.0 D2953 EACH ADDITIONAL INDIRECTLY FABRICATED POST – SAME TOOTH \$50.0 D2954 PREFABRICATED POST AND CORE IN ADDITION TO CROWN \$70.0 D2955 EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH \$45.0 D2951 PREFABRICATED POST AND CORE IN ADDITION TO CROWN \$70.0 D2951 EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH \$45.0 D2952 CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE \$50.0 D2962 CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE \$50.0 D2963 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE \$50.0 D2964 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE \$50.0 D2965 ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE \$50.0 D2965 ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE \$50.0 D2966 ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE \$50.0 D2967 ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE \$50.0 D2968 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE \$50.0 D2969 IV. ENDODONTICS ENDOTED STATE OF STANDARD PREMANENT FOOTH WITH INCOMPLETE ROOT DEVELOPMENT \$45.0 D2960 PULP CAP - INDIRECT (EXCLUDING FINAL RESTORATION) \$25.1 D2961 PULP CAP - INDIRECT (EXCLUDING FINAL RESTORATION) \$25.1 D2962 PULP CAP - INDIRECT (EXCLUDING FINAL RESTORATION) \$25.0 D2963 ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) \$25.0 D2964 ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION) \$25.0 D2965 ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) \$25.0 D2966 ENDODONTIC THERAPY, REMOLAR TOOTH (EXCLUDING FINAL RESTORATION) \$25.0 D2967 ERREATMENT OF PREVIOUS ROOT CANAL THERAPY – ANTERIOR \$27.0 D2967 ERREADED	D2920	RE-CEMENT OR RE-BOND CROWN	\$20.00
D2931 PREFABRICATED STAINLESS STEEL CROWN – PERMANENT TOOTH D2940 PROTECTIVE RESTORATION D2940 PROTECTIVE RESTORATION D2940 CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED D2951 PIN RETENTION – PER TOOTH, IN ADDITION TO RESTORATION D2952 POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED D2953 EACH ADDITIONAL INDIRECTLY FABRICATED POST – SAME TOOTH D2954 PREFABRICATED POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED D2957 EACH ADDITIONAL PROFEDURES TO CUSTOMIZE A CROWN TO FIT UNDER AN EXISTING PARTIAL D2957 DENTURE FRAMEWORK. D2980 CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2981 INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2982 ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D3000-D39999 IV. ENDODONTICS D3110 PULP CAP – DIRECT (EXCLUDING FINAL RESTORATION) D3210 PULP CAP – DIRECT (EXCLUDING FINAL RESTORATION) D3221 THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) FERMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT D3222 DATE OF THE DATE OF THE OPEN AND APPLICATION OF MEDICAMENT D3310 ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) D3310 ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) D3321 ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3330 ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) D3331 TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS D3331 TREATMENT OF PREVIOUS ROOT CANAL THERAPY – ANTERIOR D3340 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR D3341 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR D3342 APICOECTOMY – PREMOLAR (FIRST ROOT) S3350 D3342 APICOECTOMY – PREMOLAR (FIRST ROOT) S3360 D3342 APICOECTOMY – PREMOLAR (FIRST ROOT) S3360 D3425 APICOECTOMY – PREMOLAR (FIRST ROOT)	D2921	REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP	\$85.00
D2940 PROTECTIVE RESTORATION \$20.0 D2949 RESTORATIVE FOUNDATION FOR AN INDIRECT RESTORATION \$50.0 D2950 CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED \$50.0 D2951 PIN RETENTION — PER TOOTH, IN ADDITION TO RESTORATION \$25.0 D2952 POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED \$95.0 D2953 EACH ADDITIONAL INDIRECTLY FABRICATED POST — SAME TOOTH \$50.0 D2954 PREFABRICATED POST AND CORE IN ADDITION TO CROWN \$70.0 D2957 EACH ADDITIONAL PREFABRICATED POST — SAME TOOTH \$45.0 D2951 EACH ADDITIONAL PREFABRICATED POST — SAME TOOTH \$45.0 D2951 D2951 EACH ADDITIONAL PREFABRICATED POST — SAME TOOTH \$45.0 D2951 EACH ADDITIONAL PREFABRICATED POST — SAME TOOTH \$45.0 D2951 D2951 EACH ADDITIONAL PREFABRICATED POST — SAME TOOTH \$45.0 D2952 CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE \$50.0 D2953 INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE \$50.0 D2954 INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE \$50.0 D2955 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE \$50.0 D2950 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE \$50.0 D3000-D39999 IV. ENDOODNICS ENCOLUBING FINAL RESTORATION) \$25.0 D3100 PULP CAP — DIRECT (EXCLUDING FINAL RESTORATION) \$25.0 D3100 PULP CAP — DIRECT (EXCLUDING FINAL RESTORATION) — REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH PARTIAL PULPOTOMY FOR APEXOGENESIS — PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELOPMENT \$45.0 D3310 ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) \$330 ENDODONTIC THERAPY, REMOLAR TOOTH (EXCLUDING FINAL RESTORATION)	D2928	PREFABRICATED PORCELAIN/CERAMIC CROWN – PERMANENT TOOTH	\$80.00
D2949 RESTORATIVE FOUNDATION FOR AN INDIRECT RESTORATION D2950 CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED D2951 PIN RETENTION – PER TOOTH, IN ADDITION TO RESTORATION D2952 POST AND CORE IN ADDITION TO RESTORATION D2953 EACH ADDITIONAL INDIRECTLY FABRICATED POST – SAME TOOTH D2954 PREFABRICATED POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED D2955 EACH ADDITIONAL INDIRECTLY FABRICATED POST – SAME TOOTH D2956 PREFABRICATED POST AND CORE IN ADDITION TO CROWN D2957 EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH D2958 CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2980 CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2981 INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2982 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2983 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2984 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2985 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2986 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2980 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2981 V. ENDODONTICS D3100 PULP CAP – DIRECT (EXCLUDING FINAL RESTORATION) D3100 PULP CAP – INDIRECT (EXCLUDING FINAL RESTORATION) D3201 PULP CAP – INDIRECT (EXCLUDING FINAL RESTORATION) D3202 PULP CAP – INDIRECT (EXCLUDING FINAL RESTORATION) D3203 PULP CAP – DIRECT (EXCLUDING FINAL RESTORATION) D3310 PULP CAP – DIRECT (EXCLUDING FINAL RES	D2931	PREFABRICATED STAINLESS STEEL CROWN – PERMANENT TOOTH	\$80.00
D2951 PIN RETENTION – PER TOOTH, IN ADDITION TO RESTORATION D2951 PIN RETENTION – PER TOOTH, IN ADDITION TO RESTORATION D2952 POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED D2953 EACH ADDITIONAL INDIRECTLY FABRICATED POST – SAME TOOTH D2954 PREFABRICATED POST AND CORE IN ADDITION TO CROWN D2957 EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH ADDITIONAL PROCEDURES TO CUSTOMIZE A CROWN TO FIT UNDER AN EXISTING PARTIAL DENTURE FRAMEWORK. D2980 CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2981 INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2982 ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2983 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D3100 PULP CAP – DIRECT (EXCLUDING FINAL RESTORATION) D3100 PULP CAP – INDIRECT (EXCLUDING FINAL RESTORATION) D3220 PULP CAP – INDIRECT (EXCLUDING FINAL RESTORATION) D3221 PULP CAP – INDIRECT (EXCLUDING FINAL RESTORATION) PREMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT D3222 POPUR DATE OF A PEXAGENESIS – PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELOPMENT D3310 ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) D3320 ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3321 ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3322 ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3330 ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3331 TREATMENT OF PROT CANAL OBSTRUCTION; NON-SURGICAL ACCESS D3332 INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORATION D3346 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – ANTERIOR D3347 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR D3451 APICOECTOMY – ANTERIOR D3425 APICOECTOMY – PREMOLAR (FIRST ROOT) S380. D3425 APICOECTOMY – PREMOLAR (FIRST ROOT) S380.	D2940	PROTECTIVE RESTORATION	\$20.00
D2951 PIN RETENTION – PER TOOTH, IN ADDITION TO RESTORATION D2952 POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED D2953 EACH ADDITIONAL INDIRECTLY FABRICATED POST – SAME TOOTH D2954 PREFABRICATED POST AND CORE IN ADDITION TO CROWN D2957 EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH D2957 EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH D2957 EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH D2950 CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2980 CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2981 INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2982 ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2983 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2984 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2985 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2986 ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2987 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2988 VENEER REPAIR NECESSITATED BY RESTORATION SETORATION D3100 PULP CAP – INDIRECT (EXCLUDING FINAL RESTORATION) D3200 THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) D3201 THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) PREMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT D3202 PULP CAP – INDIRECT (EXCLUDING FINAL RESTORATION) D3303 ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) D3310 ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) D3311 TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS D3301 ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3311 TREATMENT OF PREVIOUS ROOT CANAL THERAPY – ANTERIOR D3312 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR D3314 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR D3315 APICOECTOMY – ANTERIOR D3320 APICOECTOMY – ANTERIOR S2200 D3321 APICOECTOMY – PREMOLAR (FIRST ROOT) D3322 APICOECTOMY – MOLAR (FIRST ROOT)	D2949	RESTORATIVE FOUNDATION FOR AN INDIRECT RESTORATION	\$50.00
D2952 POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED D2953 EACH ADDITIONAL INDIRECTLY FABRICATED POST – SAME TOOTH S50.6 D2954 PREFABRICATED POST AND CORE IN ADDITION TO CROWN PROFEDED STAND CORE IN ADDITIONAL PROPED STORE SAME TOOTH ADDITIONAL PREFABRICATED POST – SAME TOOTH ADDITIONAL PROCEDURES TO CUSTOMIZE A CROWN TO FIT UNDER AN EXISTING PARTIAL DENTURE FRAMEWORK. D2980 CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE S50.6 D2981 INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE S50.6 D2982 ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE S50.6 D2983 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE S50.6 D2983 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE S50.6 D2983 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE S50.6 D2980 ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE S50.6 D2981 INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE S50.6 D2982 ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE S50.6 D2983 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE S50.6 D2980 ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE S50.6 D2981 INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE S50.6 D2982 ONLAY REPAIR NECESSITATED BY RESTORATION) \$25.6 D2983 VENEER REPAIR NECESSITATED BY RESTORATION) \$25.6 D3100-D32999 IV. ENDODONTICS ENROLLE S40.6 D3110 PULP CAP – DIRECT (EXCLUDING FINAL RESTORATION) – REMOVAL OF PULP COMMANDED CORNAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT D3221 PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH S45.6 D3322 PARTIAL PULPOTOMY FOR APEXOGENESIS – PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELOPMENT D3320 ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) \$3300 ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION) \$3310 ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION) \$3310 ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION) \$3310 ENDODONTIC THERAPY, MOLAR TOOTH (E	D2950	CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED	\$50.00
D2953 EACH ADDITIONAL INDIRECTLY FABRICATED POST – SAME TOOTH D2954 PREFABRICATED POST AND CORE IN ADDITION TO CROWN D2957 EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH ADDITIONAL PROCEDURES TO CUSTOMIZE A CROWN TO FIT UNDER AN EXISTING PARTIAL DENTURE FRAMEWORK. D2980 CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2981 INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2982 ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2983 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D3000-D3999 IV. ENDODONTICS D3100 PULP CAP – DIRECT (EXCLUDING FINAL RESTORATION) D3220 PULP CAP – INDIRECT (EXCLUDING FINAL RESTORATION) D3221 PULPA L DEBRIDEMENT, PRIMARY AND PERMANENT TEETH D3222 PARTIAL PULPOTOMY FOR APEXOGENESIS – PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELOPMENT D3310 ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) D3320 ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3331 TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS D3332 INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH D3346 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – ANTERIOR D3347 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR D3425 APICOECTOMY – MOLAR (FIRST ROOT) S336. D3425 APICOECTOMY – MOLAR (FIRST ROOT) S336.	D2951	PIN RETENTION – PER TOOTH, IN ADDITION TO RESTORATION	\$25.00
D2954 PREFABRICATED POST AND CORE IN ADDITION TO CROWN D2957 EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH S45.1 D2971 ADDITIONAL PROCEDURES TO CUSTOMIZE A CROWN TO FIT UNDER AN EXISTING PARTIAL DENTURE FRAMEWORK. D2980 CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE S50.1 D2981 INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE S50.1 D2982 ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE S50.1 D2983 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE S50.1 D2984 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE S50.1 D3000-D39999 IV. ENDODONTICS ENROLLE D3110 PULP CAP – DIRECT (EXCLUDING FINAL RESTORATION) S22.1 D3120 PULP CAP – INDIRECT (EXCLUDING FINAL RESTORATION) THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) PARTIAL PULPOTOMY FOR APEXOGENESIS – PERMANENT TEETH PARTIAL PULPOTOMY FOR APEXOGENESIS – PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELOPMENT D3310 ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) S3320 ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION) S3331 TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS S180. D3332 INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORATION S3331 TREATMENT OF PREVIOUS ROOT CANAL THERAPY – ANTERIOR D3346 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR D3347 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR D3348 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR D3340 APICOECTOMY – ANTERIOR S335. D3341 APICOECTOMY – ANTERIOR S335. D3425 APICOECTOMY – PREMOLAR (FIRST ROOT) S335.	D2952	POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED	\$95.00
D2957 EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH ADDITIONAL PROCEDURES TO CUSTOMIZE A CROWN TO FIT UNDER AN EXISTING PARTIAL DENTURE FRAMEWORK. D2980 CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2981 INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2982 ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2983 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2984 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2985 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2986 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2987 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2989 VI. ENDODONTICS ENROLLE D3110 PULP CAP – DIRECT (EXCLUDING FINAL RESTORATION) S25.0 D3120 PULP CAP – INDIRECT (EXCLUDING FINAL RESTORATION) S25.0 D3220 THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH PARTIAL PULPOTOMY FOR APEXOGENESIS – PERMANENT TOOTH WITH INCOMPLETE ROOT D2921 PARTIAL PULPOTOMY FOR APEXOGENESIS – PERMANENT TOOTH WITH INCOMPLETE ROOT D2922 DEVELOPMENT D3310 ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) S375. D3331 TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS S180. D3332 INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH \$180. D3346 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – ANTERIOR \$280. D3347 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR S330. D3348 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR S330. D3349 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR S330. D3341 APICOECTOMY – ANTERIOR S270. D3421 APICOECTOMY – ANTERIOR S335.	D2953	EACH ADDITIONAL INDIRECTLY FABRICATED POST – SAME TOOTH	\$50.00
ADDITIONAL PROCEDURES TO CUSTOMIZE A CROWN TO FIT UNDER AN EXISTING PARTIAL DENTURE FRAMEWORK. D2980 CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE \$50.0 D2981 INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE \$50.0 D2982 ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE \$50.0 D2983 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE \$50.0 D2983 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE \$50.0 D2983 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE \$50.0 D2983 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE \$50.0 D29899 IV. ENDODONTICS ENROLLED D3110 PULP CAP – DIRECT (EXCLUDING FINAL RESTORATION) \$225.0 D3120 PULP CAP – INDIRECT (EXCLUDING FINAL RESTORATION) \$25.0 D3120 PULP CAP – INDIRECT (EXCLUDING FINAL RESTORATION) \$25.0 D200.0	D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$70.00
DENTURE FRAMEWORK. D2980 CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2981 INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2982 ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2983 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2984 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2985 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2986 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2987 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2000-D2999 IV. ENDODONTICS ENROLLE D3110 PULP CAP – DIRECT (EXCLUDING FINAL RESTORATION) D252.0 PULP CAP – INDIRECT (EXCLUDING FINAL RESTORATION) THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT D2221 PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH D23222 PARTIAL PULPOTOMY FOR APEXOGENESIS – PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELOPMENT D3310 ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) D3320 ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3321 TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS D3332 INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH D3346 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – ANTERIOR D3347 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR D3348 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR D3349 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR D3341 APICOECTOMY – ANTERIOR D3342 APICOECTOMY – ANTERIOR D3343 APICOECTOMY – PREMOLAR (FIRST ROOT) D3345 APICOECTOMY – PREMOLAR (FIRST ROOT) D3346 APICOECTOMY – MOLAR (FIRST ROOT) S335.	D2957	EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH	\$45.00
DENTURE FRAMEWORK. D2980 CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2981 INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2982 ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2983 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2984 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2985 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2986 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2987 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2000-D39999 IV. ENDODONTICS ENROLLE D3110 PULP CAP – DIRECT (EXCLUDING FINAL RESTORATION) \$225.0 THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT D3221 PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH PARTIAL PULPOTOMY FOR APEXOGENESIS – PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELOPMENT D3310 ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) D3320 ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3321 ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3322 INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH D3332 INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH D3346 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – ANTERIOR D3347 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR D3348 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR D3349 APICOECTOMY – ANTERIOR S270 D3421 APICOECTOMY – PREMOLAR (FIRST ROOT) S380 D3425 APICOECTOMY – MOLAR (FIRST ROOT) S380	D2071	ADDITIONAL PROCEDURES TO CUSTOMIZE A CROWN TO FIT UNDER AN EXISTING PARTIAL	\$65.00
D2981 INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2982 ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2983 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2000-D3999 IV. ENDODONTICS ENROLLE D3110 PULP CAP – DIRECT (EXCLUDING FINAL RESTORATION) D3120 PULP CAP – INDIRECT (EXCLUDING FINAL RESTORATION) THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) D3221 PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH D3222 PARTIAL PULPOTOMY FOR APEXOGENESIS – PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELOPMENT D3310 ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) D3320 ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3331 TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS D3332 INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH D3346 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – ANTERIOR D3347 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR D3348 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR D3410 APICOECTOMY – ANTERIOR S355.03 D3425 APICOECTOMY – PREMOLAR (FIRST ROOT) S360.03 D3425 APICOECTOMY – PREMOLAR (FIRST ROOT) S360.03 D3425 APICOECTOMY – PREMOLAR (FIRST ROOT) S360.03 D3426 APICOECTOMY – MOLAR (FIRST ROOT) S360.03 D3427 APICOECTOMY – PREMOLAR (FIRST ROOT) S360.03 D3428 APICOECTOMY – PREMOLAR (FIRST ROOT) S360.03 D3429 APICOECTOMY – MOLAR (FIRST ROOT) S360.03 D3420 APICOECTOMY – MOLAR (FIRST ROOT) S360.03 D3421 APICOECTOMY – MOLAR (FIRST ROOT)	023/1	DENTURE FRAMEWORK.	\$05.00
D2982 ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D2983 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D3000-D3999 IV. ENDODONTICS ENROLLE D3110 PULP CAP – DIRECT (EXCLUDING FINAL RESTORATION) THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) D3220 CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT D3221 PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH D3222 PARTIAL PULPOTOMY FOR APEXOGENESIS – PERMANENT TOOTH WITH INCOMPLETE ROOT D3220 ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) D3310 ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3320 ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3331 TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS D3332 INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH D3346 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – ANTERIOR D3347 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR D3348 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR D3421 APICOECTOMY – ANTERIOR S355.03 D3425 APICOECTOMY – PREMOLAR (FIRST ROOT) S360.03 S360.	D2980	CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	\$50.00
D2983 VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE D31000-D39999 IV. ENDODONTICS ENROLLE D3110 PULP CAP – DIRECT (EXCLUDING FINAL RESTORATION) \$25.0 D3120 PULP CAP – INDIRECT (EXCLUDING FINAL RESTORATION) THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT D3221 PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH \$45.0 D3222 PARTIAL PULPOTOMY FOR APEXOGENESIS – PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELOPMENT D3310 ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) \$180.0 D3320 ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION) \$230.0 D3331 TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS \$180.0 D3332 INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH \$180.0 D3346 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – ANTERIOR \$280.0 D3347 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR \$330.0 D3348 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR \$330.0 D3348 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR \$330.0 D3349 APICOECTOMY – ANTERIOR \$270.0 D3421 APICOECTOMY – ANTERIOR \$230.0 D3425 APICOECTOMY – PREMOLAR (FIRST ROOT) \$335.0 D3425 APICOECTOMY – MOLAR (FIRST ROOT) \$335.0	D2981	INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	\$50.00
D3000-D39999 IV. ENDODONTICS D3110 PULP CAP – DIRECT (EXCLUDING FINAL RESTORATION) D3120 PULP CAP – INDIRECT (EXCLUDING FINAL RESTORATION) THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) – REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT D3221 PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH PARTIAL PULPOTOMY FOR APEXOGENESIS – PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELOPMENT D3310 ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) D3320 ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3330 ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3331 TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS D3332 INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH D3346 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – ANTERIOR D3347 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR D3348 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR D3440 APICOECTOMY – ANTERIOR S355.00	D2982	ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	\$50.00
D3110 PULP CAP – DIRECT (EXCLUDING FINAL RESTORATION) D3120 PULP CAP – INDIRECT (EXCLUDING FINAL RESTORATION) THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) – REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT D3221 PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH PARTIAL PULPOTOMY FOR APEXOGENESIS – PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELOPMENT D3310 ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) D3320 ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3330 ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3331 TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS D3332 INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH D3346 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – ANTERIOR D3347 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR D3348 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR D3450 APICOECTOMY – ANTERIOR S270. D3421 APICOECTOMY – PREMOLAR (FIRST ROOT) \$335. D3425 APICOECTOMY – MOLAR (FIRST ROOT)	D2983	VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	\$50.00
D3120 PULP CAP – INDIRECT (EXCLUDING FINAL RESTORATION) THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) – REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT D3221 PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH PARTIAL PULPOTOMY FOR APEXOGENESIS – PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELOPMENT D3310 ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) D3320 ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3330 ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3331 TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS D3332 INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH D3346 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – ANTERIOR D3347 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR D3348 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR D3410 APICOECTOMY – ANTERIOR D3421 APICOECTOMY – PREMOLAR (FIRST ROOT) S380.	D3000-D3	39999 IV. ENDODONTICS	ENROLLEE PAYS
THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) – REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT D3221 PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH PARTIAL PULPOTOMY FOR APEXOGENESIS – PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELOPMENT D3310 ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) D3320 ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3330 ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3331 TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS D3332 INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH D3346 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – ANTERIOR D3347 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR D3348 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR D3349 APICOECTOMY – ANTERIOR S270. D3421 APICOECTOMY – PREMOLAR (FIRST ROOT) \$380.	D3110	PULP CAP – DIRECT (EXCLUDING FINAL RESTORATION)	\$25.00
CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT D3221 PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH PARTIAL PULPOTOMY FOR APEXOGENESIS – PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELOPMENT D3310 ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) D3320 ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3330 ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3331 TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS D3332 INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH D3346 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – ANTERIOR D3347 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR D3348 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – MOLAR D3349 APICOECTOMY – ANTERIOR D3421 APICOECTOMY – PREMOLAR (FIRST ROOT) \$350.00 \$450.00	D3120	PULP CAP – INDIRECT (EXCLUDING FINAL RESTORATION)	\$25.00
CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT D3221 PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH PARTIAL PULPOTOMY FOR APEXOGENESIS – PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELOPMENT D3310 ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) D3320 ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3330 ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3331 TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS D3332 INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH D3346 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – ANTERIOR D3347 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR D3348 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – MOLAR D3410 APICOECTOMY – ANTERIOR D3421 APICOECTOMY – PREMOLAR (FIRST ROOT) \$335. D3425 APICOECTOMY – MOLAR (FIRST ROOT)	D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) – REMOVAL OF PULP	\$0.00
D3222 PARTIAL PULPOTOMY FOR APEXOGENESIS – PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELOPMENT D3310 ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) D3320 ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3330 ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3331 TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS D3332 INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH D3346 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – ANTERIOR D3347 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR D3348 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – MOLAR D3410 APICOECTOMY – ANTERIOR D3421 APICOECTOMY – PREMOLAR (FIRST ROOT) \$335.	D3220	CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT	
D3222 DEVELOPMENT D3310 ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) D3320 ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3330 ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3331 TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS D3332 INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH D3346 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – ANTERIOR D3347 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR D3348 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – MOLAR D3410 APICOECTOMY – ANTERIOR D3421 APICOECTOMY – PREMOLAR (FIRST ROOT) \$335. D3425 APICOECTOMY – MOLAR (FIRST ROOT) \$380.	D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	\$45.00
DEVELOPMENT D3310 ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) \$180. D3320 ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION) \$230. D3330 ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION) \$375. D3331 TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS \$180. D3332 INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH \$180. D3346 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – ANTERIOR \$280. D3347 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR \$330. D3348 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – MOLAR \$475. D3410 APICOECTOMY – ANTERIOR \$270. D3421 APICOECTOMY – PREMOLAR (FIRST ROOT) \$335. D3425 APICOECTOMY – MOLAR (FIRST ROOT) \$336.	D3222		\$0.00
D3320 ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3330 ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION) \$375. D3331 TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS \$180. D3332 INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH D3346 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – ANTERIOR D3347 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR D3348 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – MOLAR D3410 APICOECTOMY – ANTERIOR D3421 APICOECTOMY – PREMOLAR (FIRST ROOT) \$335. D3425 APICOECTOMY – MOLAR (FIRST ROOT)			
D3330 ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3331 TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS D3332 INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH D3346 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – ANTERIOR D3347 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR D3348 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – MOLAR D3410 APICOECTOMY – ANTERIOR D3421 APICOECTOMY – PREMOLAR (FIRST ROOT) D3425 APICOECTOMY – MOLAR (FIRST ROOT) \$380.			\$180.00
D3331 TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS \$180. D3332 INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH \$180. D3346 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – ANTERIOR \$280. D3347 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR \$330. D3348 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – MOLAR \$475. D3410 APICOECTOMY – ANTERIOR \$270. D3421 APICOECTOMY – PREMOLAR (FIRST ROOT) \$335. D3425 APICOECTOMY – MOLAR (FIRST ROOT) \$380.			\$230.00
D3332 INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH D3346 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – ANTERIOR D3347 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR D3348 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – MOLAR D3410 APICOECTOMY – ANTERIOR D3421 APICOECTOMY – PREMOLAR (FIRST ROOT) D3425 APICOECTOMY – MOLAR (FIRST ROOT) \$380.		·	\$375.00
D3346 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – ANTERIOR D3347 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR D3348 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – MOLAR D3410 APICOECTOMY – ANTERIOR D3421 APICOECTOMY – PREMOLAR (FIRST ROOT) D3425 APICOECTOMY – MOLAR (FIRST ROOT) \$380.		·	\$180.00
D3347 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PREMOLAR D3348 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – MOLAR \$475. D3410 APICOECTOMY – ANTERIOR \$270. D3421 APICOECTOMY – PREMOLAR (FIRST ROOT) \$335. D3425 APICOECTOMY – MOLAR (FIRST ROOT)			\$180.00
D3348 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – MOLAR D3410 APICOECTOMY – ANTERIOR \$270. D3421 APICOECTOMY – PREMOLAR (FIRST ROOT) \$335. D3425 APICOECTOMY – MOLAR (FIRST ROOT) \$380.			\$280.00
D3410 APICOECTOMY – ANTERIOR \$270. D3421 APICOECTOMY – PREMOLAR (FIRST ROOT) \$335. D3425 APICOECTOMY – MOLAR (FIRST ROOT) \$380.			\$330.00
D3421 APICOECTOMY – PREMOLAR (FIRST ROOT) \$335. D3425 APICOECTOMY – MOLAR (FIRST ROOT) \$380.			\$475.00
D3425 APICOECTOMY – MOLAR (FIRST ROOT) \$380.			\$270.00
·			\$335.00
D3426 APICOECTOMY (EACH ADDITIONAL ROOT) \$105.		·	\$380.00
	D3426	APICOECTOMY (EACH ADDITIONAL ROOT)	\$105.00

D3430	RETROGRADE FILLING – PER ROOT	\$50.00
D3450	ROOT AMPUTATION – PER ROOT	\$75.00
D3471	SURGICAL REPAIR OF ROOT RESORPTION - ANTERIOR	\$270.00
D3472	SURGICAL REPAIR OF ROOT RESORPTION – PREMOLAR	\$270.00
D3473	SURGICAL REPAIR OF ROOT RESORPTION – MOLAR	\$270.00
D3501	SURGICAL EXPOSURE OF ROOT SURFACE WITHOUT APICOECTOMY OR REPAIR OF ROOT RESORPTION – ANTERIOR	\$270.00
	SURGICAL EXPOSURE OF ROOT SURFACE WITHOUT APICOECTOMY OR REPAIR OF ROOT	
D3502	RESORPTION –PREMOLAR	\$270.00
	SURGICAL EXPOSURE OF ROOT SURFACE WITHOUT APICOECTOMY OR REPAIR OF ROOT	
D3503	RESORPTION –MOLAR	\$270.00
D4000-D4	1999 V. PERIODONTICS	ENROLLEE PAYS
	GINGIVECTOMY OR GINGIVOPLASTY – FOUR OR MORE CONTIGUOUS TEETH OR TOOTH	
D4210	BOUNDED SPACES PER QUADRANT	\$260.00
	GINGIVECTOMY OR GINGIVOPLASTY – ONE TO THREE CONTIGUOUS TEETH OR TOOTH	4
D4211	BOUNDED SPACES PER QUADRANT	\$50.00
D4212	GINGIVECTOMY OR GINGIVOPLASTY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE, PER	\$50.00
	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING – FOUR OR MORE CONTIGUOUS	·
D4240	TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$300.00
	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING – ONE TO THREE CONTIGUOUS	
D4241	TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$300.00
D.4260	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) –	Ć450.00
D4260	FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$450.00
D 4264	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) –	Ć450.00
D4261	ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$450.00
D4341	PERIODONTAL SCALING AND ROOT PLANING – FOUR OR MORE TEETH PER QUADRANT	\$60.00
D4342	PERIODONTAL SCALING AND ROOT PLANING – ONE TO THREE TEETH PER QUADRANT	\$60.00
D4246	SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION –	ć20.00
D4346	FULL MOUTH, AFTER ORAL EVALUATION	\$20.00
DASEE	FULL MOUTH DEBRIDEMENT TO ENABLE A COMPREHENSIVE PERIODONTAL EVALUATION	¢.co.oo
D4355	AND DIAGNOSIS ON A SUBSEQUENT VISIT	\$60.00
D4910	PERIODONTAL MAINTENANCE	\$45.00
D4921	GINGIVAL IRRIGATION WITH A MEDICINAL AGENT – PER QUADRANT	\$0.00
D5000-D5	899 VI. PROSTHODONTICS (REMOVABLE)	ENROLLEE PAYS
D5110	COMPLETE DENTURE – MAXILLARY	\$395.00
D5120	COMPLETE DENTURE – MANDIBULAR	\$395.00
D5130	IMMEDIATE DENTURE – MAXILLARY	\$495.00
D5140	IMMEDIATE DENTURE – MANDIBULAR	\$495.00
DE211	MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS,	¢200.00
D5211	RESTS, AND TEETH)	\$300.00
D5212	MANDIBULAR PARTIAL DENTURE – RESIN BASE (INCLUDING RETENTIVE/CLASPING	\$300.00
DSZIZ	MATERIALS, RESTS, AND TEETH)	\$300.00
D5213	MAXILLARY PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES	\$425.00
D3Z13	(INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$425.00
D5214	MANDIBULAR PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES	\$425.00
D3214	(INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	3423.00
D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE – RESIN BASE (INCLUDING RETENTIVE/CLASPING	\$300.00
DJZZI	MATERIALS, RESTS AND TEETH)	,500.00
D5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE – RESIN BASE (INCLUDING	\$300.00
JJZZZ	RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	7300.00

D5223	IMMEDIATE MAXILLARY PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$425.00
D5224	IMMEDIATE MANDIBULAR PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$425.00
D5225	MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$475.00
D5226	MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$475.00
D5227	IMMEDIATE MAXILLARY PARTIAL DENTURE – FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	\$300.00
D5228	IMMEDIATE MANDIBULAR PARTIAL DENTURE – FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	\$300.00
D5410	ADJUST COMPLETE DENTURE – MAXILLARY	\$20.00
D5411	ADJUST COMPLETE DENTURE – MANDIBULAR	\$20.00
D5421	ADJUST PARTIAL DENTURE – MAXILLARY	\$20.00
D5422	ADJUST PARTIAL DENTURE – MANDIBULAR	\$20.00
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	\$50.00
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	\$50.00
D5520	REPLACE MISSING OR BROKEN TEETH – COMPLETE DENTURE (EACH TOOTH)	\$25.00
D5611		\$50.00
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	\$50.00
D5621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	\$90.00
D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	\$90.00
D5630	·	\$45.00
D5640	REPLACE BROKEN TEETH – PER TOOTH	\$25.00
D5650		\$45.00
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE – PER TOOTH	\$45.00
D5710	REBASE COMPLETE MAXILLARY DENTURE	\$130.00
D5711	REBASE COMPLETE MANDIBULAR DENTURE	\$130.00
D5720	REBASE MAXILLARY PARTIAL DENTURE	\$130.00
D5721	REBASE MANDIBULAR PARTIAL DENTURE	\$130.00
D5725	REBASE HYBRID PROSTHESIS	\$130.00
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	\$50.00
D5731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	\$50.00
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	\$45.00
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	\$45.00
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	\$150.00
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	\$150.00
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	\$150.00
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	\$150.00
D5765	SOFT LINER FOR COMPLETE OR PARTIAL REMOVABLE DENTURE – INDIRECT	\$150.00
D5820	INTERIM PARTIAL DENTURE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH), MAXILLARY	\$55.00
D5821	INTERIM PARTIAL DENTURE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH), MANDIBULAR	\$55.00
D5850	TISSUE CONDITIONING, MAXILLARY	\$30.00
D5851	TISSUE CONDITIONING, MANDIBULAR	\$30.00
	5999 IX. PROSTHODONTICS, FIXED	ENROLLEE PAYS
D6210	PONTIC – CAST HIGH NOBLE METAL	\$425.00
D6211		\$325.00
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D6212	PONTIC – CAST NOBLE METAL	\$325.00
D6240	PONTIC – PORCELAIN FUSED TO HIGH NOBLE METAL	\$425.00
D6241	PONTIC – PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$325.00
D6242	PONTIC – PORCELAIN FUSED TO NOBLE METAL	\$325.00
D6245	PONTIC – PORCELAIN/CERAMIC	\$425.00
D6250	PONTIC – RESIN WITH HIGH NOBLE METAL	\$425.00
D6251	PONTIC – RESIN WITH PREDOMINANTLY BASE METAL	\$325.00
D6252	PONTIC – RESIN WITH NOBLE METAL	\$325.00
D6600	RETAINER INLAY – PORCELAIN/CERAMIC, TWO SURFACES	\$425.00
D6601	RETAINER INLAY – PORCELAIN/CERAMIC, THREE OR MORE SURFACES	\$425.00
D6602	RETAINER INLAY – CAST HIGH NOBLE METAL, TWO SURFACES	\$270.00
D6603	RETAINER INLAY – CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	\$280.00
D6604	RETAINER INLAY – CAST PREDOMINANTLY BASE METAL, TWO SURFACES	\$270.00
D6605	RETAINER INLAY – CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	\$280.00
D6606	RETAINER INLAY – CAST NOBLE METAL, TWO SURFACES	\$270.00
D6607	RETAINER INLAY – CAST NOBLE METAL, THREE OR MORE SURFACES	\$280.00
D6608	RETAINER ONLAY – PORCELAIN/CERAMIC, TWO SURFACES	\$425.00
D6609	RETAINER ONLAY – PORCELAIN/CERAMIC, THREE OR MORE SURFACES	\$425.00
D6610	RETAINER ONLAY – CAST HIGH NOBLE METAL, TWO SURFACES	\$270.00
D6611	RETAINER ONLAY – CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	\$290.00
D6612	RETAINER ONLAY – CAST PREDOMINANTLY BASE METAL, TWO SURFACES	\$270.00
D6613	RETAINER ONLAY – CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	\$290.00
D6614	RETAINER ONLAY – CAST NOBLE METAL, TWO SURFACES	\$270.00
D6615	RETAINER ONLAY – CAST NOBLE METAL, THREE OR MORE SURFACES	\$290.00
D6720	RETAINER CROWN – RESIN WITH HIGH NOBLE METAL	\$425.00
D6721	RETAINER CROWN – RESIN WITH PREDOMINANTLY BASE METAL	\$325.00
D6722	RETAINER CROWN – RESIN WITH NOBLE METAL	\$325.00
D6740	RETAINER CROWN – PORCELAIN/CERAMIC	\$425.00
D6750	RETAINER CROWN – PORCELAIN FUSED TO HIGH NOBLE METAL	\$425.00
D6751	RETAINER CROWN – PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$325.00
D6752	RETAINER CROWN – PORCELAIN FUSED TO NOBLE METAL	\$325.00
D6753	RETAINER CROWN – PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$425.00
D6780	RETAINER CROWN – ¾ CAST HIGH NOBLE METAL	\$425.00
D6781	RETAINER CROWN – ¾ CAST PREDOMINANTLY BASE METAL	\$325.00
D6782	RETAINER CROWN – ¾ CAST NOBLE METAL	\$325.00
D6784	RETAINER CROWN ¾ – TITANIUM AND TITANIUM ALLOYS	\$425.00
D6790	RETAINER CROWN – FULL CAST HIGH NOBLE METAL	\$425.00
D6791	RETAINER CROWN – FULL CAST PREDOMINANTLY BASE METAL	\$325.00
D6792	RETAINER CROWN – FULL CAST NOBLE METAL	\$325.00
D6930	RE-CEMENT OR RE-BOND FIXED PARTIAL DENTURE	\$30.00
D6940	STRESS BREAKER	\$50.00
D6980	FIXED PARTIAL DENTURE REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	\$50.00
D7000-D7	7999 X. ORAL AND MAXILLOFACIAL SURGERY	ENROLLEE PAYS
D7111	EXTRACTION, CORONAL REMNANTS – PRIMARY TOOTH	\$35.00
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS	\$35.00
D7210	EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF	\$65.00
D1210	TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	ÇUJ.UU
D7220	REMOVAL OF IMPACTED TOOTH – SOFT TISSUE	\$65.00
D7230	REMOVAL OF IMPACTED TOOTH – PARTIALLY BONY	\$65.00
D7240	REMOVAL OF IMPACTED TOOTH – COMPLETELY BONY	\$65.00

D7241	REMOVAL OF IMPACTED TOOTH – COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	\$65.00
D7250	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	\$65.00
D7251	CORONECTOMY – INTENTIONAL PARTIAL TOOTH REMOVAL, IMPACTED TEETH ONLY	\$65.00
D7286	INCISIONAL BIOPSY OF ORAL TISSUE – SOFT	\$65.00
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS – FOUR OR MORE TEETH OR TOOTH	\$50.00
	SPACES, PER QUADRANT	
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS – ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	\$50.00
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS – FOUR OR MORE TEETH OR	\$65.00
	TOOTH SPACES, PER QUADRANT	
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS – ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	\$65.00
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	\$65.00
D7510	INCISION AND DRAINAGE OF ABSCESS – INTRAORAL SOFT TISSUE	\$35.00
D-7000	PLACEMENT OF INTRA-SOCKET BIOLOGICAL DRESSING TO AID IN HEMOSTASIS OR CLOT	40.00
D7922	STABILIZATION, PER SITE	\$0.00
D7060	FRENULECTOMY - ALSO KNOWN AS FRENECTOMY OR FRENOTOMY - SEPARATE PROCEDURE	¢65.00
D7960	NOT INCIDENTAL TO ANOTHER PROCEDURE	\$65.00
D7961	BUCCAL/LABIAL FRENECTOMY (FRENULECTOMY)	\$0.00
D7962	LINGUAL FRENECTOMY (FRENULECTOMY)	\$0.00
D9000-D9	9999 XII. ADJUNCTIVE GENERAL SERVICES	ENROLLEE PAYS
D9110	PALLIATIVE TREATMENT OF DENTAL PAIN – PER VISIT	\$35.00
D9211	REGIONAL BLOCK ANESTHESIA	\$0.00
D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA	\$0.00
D9215	LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	\$0.00
D9219	EVALUATION FOR MODERATE SEDATION, DEEP SEDATION OR GENERAL ANESTHESIA	\$0.00
D9310	CONSULTATION – DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN	\$35.00
D3310	REQUESTING DENTIST OR PHYSICIAN	,555.00
D9311	CONSULTATION WITH A MEDICAL HEALTH CARE PROFESSIONAL	\$0.00
D9430	OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED HOURS) – NO OTHER	\$5.00
D3430	SERVICES PERFORMED	•
D9440	OFFICE VISIT – AFTER REGULARLY SCHEDULED HOURS	\$50.00
D9912	PRE-VISIT PATIENT SCREENING	\$0.00
	CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, MAXILLARY	\$0.00
	CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, MANDIBULAR	\$0.00
	CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, MAXILLARY	\$0.00
	CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, MANDIBULAR	\$0.00
D9986		\$15.00
	CANCELLED APPOINTMENT	\$15.00
D9990	CERTIFIED TRANSLATION OR SIGN-LANGUAGE SERVICES – PER VISIT	\$0.00
	DENTAL CASE MANAGEMENT – ADDRESSING APPOINTMENT COMPLIANCE BARRIERS.	\$0.00
D9992		\$0.00
D9995	TELEDENTISTRY – SYNCHRONOUS; REAL-TIME ENCOUNTER	\$0.00
D9996	TELEDENTISTRY – ASYNCHRONOUS; INFORMATION STORED AND FORWARDED TO DENTIST FOR SUBSEQUENT REVIEW	\$0.00
D9997	DENTAL CASE MANAGEMENT – PATIENTS WITH SPECIAL HEALTH CARE NEEDS	\$0.00

NOTE: The procedures described and maximum allowances indicated on this table are subject to the terms of the contract and Delta Dental processing policies. Any procedure not listed on this schedule is not covered. This plan may be updated to be CDT compliant.