

ADA	DESCRIPTION	MEMBER'S COPAYMENT	ADA	DESCRIPTION	MEMBER'S COPAYMENT
<b>DIAGNOSTIC SERVICES</b>					
00120	Periodic Oral Examination	0	02722	Crown Resin Noble <sup>1,2</sup>	0
00140	Limited Oral Evaluation-Focused	0	02740	Crown - Porcelain/Ceramic Substrate <sup>2</sup>	0
00150	Comprehensive Oral Evaluation	0	02750	Crown-Porc Fused/High Noble Metal <sup>1,2</sup>	0
00160	Detailed & Extensive Oral Examination	0	02751	Crown-Porc Fused/Pred Base Metal <sup>2</sup>	0
00170	Re-evaluation - Limited	0	02752	Crown-Porc Fused To Noble Metal <sup>1,2</sup>	0
00180	Comprehensive Periodontal Eval	0	02780	Crown-3/4 Cast High Noble Metal <sup>1</sup>	0
00210	Intraoral-Complete (Inc. Bitewings)	0	02781	Crown-3/4 Cast/Predom Base Metal	0
00220	Intraoral-Periapical First Film	0	02782	Crown-3/4 Cast Noble Metal <sup>1</sup>	0
00230	Intraoral-Periapical Each Additional	0	02783	Crown - 3/4 Porcelain/Ceramic <sup>2</sup>	0
00240	Intraoral-Occlusal Film	0	02790	Crown-Full Cast High Noble Metal <sup>1</sup>	0
00250	Extraoral-First Film	0	02791	Crown-Full Cast/Predom Base Metal	0
00260	Extraoral-Each Additional Film	0	02792	Crown-Full Cast Noble Metal <sup>1</sup>	0
00270	Bitewings-Single Film	0	02794	Crown-Titanium <sup>1</sup>	0
00272	Bitewings-Two Films	0	02910	Recement Inlay/Onlay/Partial Coverage Rest	0
00274	Bitewings-Four Films	0	02915	Recement Cast/Prefab Post & Core	0
00277	Vertical Bitewings - 7 to 8 Films	0	02920	Recement Crown	0
00330	Panorex Film	0	02930	Prefab Stain. St. Crown Prim	0
00460	Pulp Vitality Tests	0	02931	Prefab Stain. St. Crown Perm	0
00470	Diagnostic Casts	0	02932	Prefab Resin Crown <sup>2</sup>	0
<b>PREVENTIVE SERVICES</b>			02934	Prefab Esthetic Coated Stain St Crn Prim <sup>1,2</sup>	0
01110	Prophylaxis, Adult	0	02940	Sedative Fillings	0
01120	Prophylaxis, Child	0	02950	Core Build-up, Including Pins	0
01201	Topical Fluoride-Inc. Prophy- Child	0	02951	Pin Retention - Per Tooth, w/Restoration	0
01203	Topical Fluoride w/o Prophy - Child	0	02952	Cast Post/Core In Add. To Crown <sup>1</sup>	0
01351	Sealant, Per Tooth	0	02953	Ea Add Cast Post-Same Tooth <sup>1</sup>	0
01510	Space Maintainer-Fixed-Unilateral	0	02954	Prefab/Post & Core In Add. To Crown	0
01515	Space Maintainer-Fixed-Bilateral	0	02957	Ea Add Prefab Post-Same Tooth	0
01520	Space Maintainer-Rem.-Unilateral	0	<b>ENDODONTIC SERVICES</b>		
01525	Space Maintainer-Removable-Bilateral	0	03110	Pulp Cap-Direct (w/o Final Restoration)	0
01550	Recementation of Space Maintainer	0	03120	Pulp Cap-Indirect (w/o Final Restoration)	0
<b>BASIC RESTORATIVE SERVICES</b>			03220	Therapeutic Pulpotomy (w/o Final Rest)	0
02140	Amalgam 1 Surface	0	03221	Gross Pulpal Debridement	0
02150	Amalgam 2 Surfaces	0	03230	Pulpal Therapy Anterior Primary	0
02160	Amalgam 3 Surfaces	0	03240	Pulpal Therapy Post Primary	0
02161	Amalgam 4 or More Surfaces	0	03310	Root Canal, Anterior (w/o Final Rest)	0
02330	Resin Composite - 1 Surface, Anterior	0	03320	Root Canal, Bicuspid (w/o Final Rest)	0
02331	Resin Composite - 2 Surfaces, Anterior	0	03330	Root Canal, Molar (w/o Final Rest)	0
02332	Resin Composite - 3 Surfaces, Anterior	0	03332	Inc Endo Ther., Inoper/Unrest/Fx Tooth	0
02335	Resin Comp 4+ Surf or Incisal Edge, Ant	0	03346	Retreatment Previous RCT - Anterior	0
02390	Composite Crown - Anterior	0	03347	Retreatment Previous RCT - Bicuspid	0
02391	Composite, 1 Surface, Post	0	03348	Retreatment Previous RCT - Molar	0
02392	Composite, 2 Surfaces, Post	0	03351	Apexification, Initial visit	0
02393	Composite, 3 Surfaces, Post	0	03352	Apexification, Interim visit	0
02394	Composite - 4 or More Surface, Post	0	03353	Apexification, Final visit	0
<b>ADVANCED RESTORATIVE SERVICES</b>			03410	Apicoectomy, Anterior	0
02510	Inlay-1 Surface <sup>1</sup>	0	03421	Apicoectomy, Bicuspid (First Root)	0
02520	Inlay-2 Surface <sup>1</sup>	0	03425	Apicoectomy, Molar (First Root)	0
02530	Inlay-3 Surfaces <sup>1</sup>	0	03426	Apicoectomy, Each Additional Root	0
02542	Onlay - Metallic 2 Surface <sup>1</sup>	0	03430	Retrograde Filling (Per Root)	0
02543	Onlay-3 Surfaces <sup>1</sup>	0	03450	Root Amputation (Per Root)	0
02544	Onlay-4 or More Surfaces <sup>1</sup>	0	03920	Hemisection (Inc Root Rem) w/o RCT	0
02642	Onlay-Porcelain/Ceramic-2 Surfaces <sup>2</sup>	0	<b>PERIODONTAL SERVICES</b>		
02643	Onlay-Porcelain/Ceramic-3 Surfaces <sup>2</sup>	0	04210	Gingivectomy/Gingivoplasty (4+ Teeth)	0
02644	Onlay-Porcelain/Ceramic-4+ Surfaces <sup>2</sup>	0	04211	Gingivectomy/Gingivoplasty (1-3 Teeth)	0
02710	Crown-Resin Based Composite Indirect <sup>2</sup>	0	04240	Gingival Flap w/Root Planing (4+ Teeth)	0
02712	Crown 3/4 Resin Based Composite Indirect <sup>2</sup>	0	04241	Gingival Flap With Rp (1 to 3 Teeth)	0
02720	Crown Resin with High Noble <sup>1,2</sup>	0	04260	Osseous Surgery (4+ Teeth)	0
02721	Crown Resin w/Predom. Base Metal <sup>2</sup>	0	04261	Osseous Surgery (1 to 3 Teeth)	0
			04270	Pedicle Soft Tissue Graft Procedure	0

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04271	Free Soft Tissue Gr w/Donor Site Surg	0	06545	Retainer-Cast Mtl For Resin Fxd Pros	0
04274	Distal/Proximal Wedge Procedure	0	06548	Ret-Porc/Cer for Resin Bonded Fixed Pros <sup>2</sup>	0
04341	Perio Scaling & RP (4+ Teeth)	0	06710	Crown-Indirect Resin Based Composite <sup>2</sup>	0
04342	Perio Scale & RP (1 to 3 Teeth)	0	06720	Crown Resin High Noble Metal <sup>1, 2</sup>	0
04910	Perio. Maint. Procedure	0	06721	Crown-Resin w/Predom Base Metal <sup>2</sup>	0
	<b>REMOVABLE PROSTHODONTICS</b>		06722	Crown-Resin w/Noble Metal <sup>1,2</sup>	0
05110	Complete Denture - Maxillary	0	06740	Crown-Porcelain/Ceramic <sup>2</sup>	0
05120	Complete Denture - Mandibular	0	06750	Crown-Porc/High Noble Metal <sup>1,2</sup>	0
05130	Immediate Denture - Maxillary	0	06751	Crown-Porc/Predom Base Metal <sup>2</sup>	0
05140	Immediate Denture - Mandibular	0	06752	Crown-Porc/Noble Metal <sup>1,2</sup>	0
05211	Maxillary Partial Denture - Resin Base	0	06780	Crown-3/4 Cast High Noble Metal <sup>1</sup>	0
05212	Mandibular Partial Denture - Resin Base	0	06781	Crown-3/4 Cast Predom Based Metal	0
05213	Max Partial Denture - Cast Metal Frame <sup>1</sup>	0	06782	Crown-3/4 Cast Noble Metal <sup>1</sup>	0
05214	Mand Partial Denture-Cast Metal Frame <sup>1</sup>	0	06783	Crown-3/4 Porcelain/Ceramic <sup>2</sup>	0
05225	Max Partial Denture-Flexible Base <sup>3</sup>	0	06790	Crown-Full Cast High Noble Metal <sup>1</sup>	0
05226	Mand Partial Denture-Flexible Base <sup>3</sup>	0	06791	Crown-Full Cast Predom Base Metal	0
05410	Adjust Complete Denture - Maxillary	0	06792	Crown-Full Cast Noble Metal <sup>1</sup>	0
05411	Adjust Complete Denture - Mandibular	0	06794	Crown-Titanium <sup>1</sup>	0
05421	Adjust Partial Denture - Maxillary	0	06930	Recement Fixed Partial Denture	0
05422	Adjust Partial Denture - Mandibular	0	06970	Cast Post and Core-Add to Partial Ret <sup>1</sup>	0
05510	Repair Broken Complete Denture Base	0	06971	Cast Post & Core/Part of Fxd Part Ret <sup>1</sup>	0
05520	Replace Missing/Broken Teeth-Per Tooth	0	06972	Prefab. Post/Core-Add to Fixed Part Ret	0
05610	Repair Resin Denture Base	0	06973	Core Buildup For Retainer Inc Pins	0
05620	Repair Cast Framework	0	06976	Each Additional Cast Post-Same Tooth <sup>1</sup>	0
05630	Repair or Replace Broken Clasp	0	06977	Each Add Prefab Post-Same Tooth <sup>1</sup>	0
05640	Replace Broken Teeth-Per Tooth	0		<b>ORAL SURGERY</b>	
05650	Add Tooth to Existing Partial Denture	0	07111	Extraction Coronal Remnants - Prim Tooth	0
05660	Add Clasp to Existing Partial Denture	0	07140	Extraction-Erupted Tooth/Exposed Root	0
05670	Replace All Teeth - Maxillary	0	07210	Surg Rem/Erupted Tooth-Req Elevation	0
05671	Replace All Teeth - Mandibular	0	07220	Removal Impacted Tooth - Soft Tissue	0
05710	Rebase Complete Maxillary Denture	0	07230	Removal Impacted Tooth - Part Bony	0
05711	Rebase Complete Mandibular Denture	0	07240	Rem. Impacted Tooth-Comp Bony	0
05720	Rebase Maxillary Partial Denture	0	07241	Rem. Impacted Tooth-Comp Bony w/Comp	0
05721	Rebase Mandibular Partial Denture	0	07250	Surgical Removal Residual Tooth Roots	0
05730	Reline Comp Maxillary Denture- Chair	0	07285	Biopsy of Oral Tissue-Hard	0
05731	Reline Comp Mandibular Denture-Chair	0	07286	Biopsy of Oral Tissue-Soft	0
05740	Reline Maxillary Partial Denture-Chair	0	07287	Exfoliative Cytological Sample Collection	0
05741	Reline Mandibular Partial Denture-Chair	0	07288	Brush Biopsy-Trans Sample Collection	0
05750	Reline Complete Maxillary Denture-Lab	0	07310	Alveoloplasty w/Extractions - Per Quad	0
05751	Reline Complete Mandibular Denture-Lab	0	07311	Alveoloplasty w/Ext (1 to 3 Teeth/Sp)	0
05760	Reline Maxillary Partial Denture - Lab	0	07320	Alveoloplasty w/o Extractions - Per Quad	0
05761	Reline Mandibular Partial Denture - Lab	0	07321	Alveoloplasty w/o Ext (1 to 3 Teeth/Sp)	0
05820	Interim Partial Denture, Maxillary	0	07510	I & D of Abscess, Intraoral Soft Tissue	0
05821	Interim Partial Denture, Mandibular	0	07511	I & D of Abscess, Intraoral Complicated	0
05850	Tissue Conditioning, Maxillary	0	07520	I & D of Abscess, Extraoral Soft Tissue	0
05851	Tissue Conditioning, Mandibular	0	07521	I & D of Abscess, Extraoral Complicated	0
	<b>FIXED PROSTHODONTICS</b>		07530	Rem of Forgn Body-Skin/Subcutaneous	0
06205	Pontic-Indirect Resin Based Composite <sup>2</sup>	0	07960	Frenulectomy - Separate Procedure	0
06210	Pontic-Cast High Noble Metal <sup>1</sup>	0	07963	Frenuloplasty	0
06211	Pontic-Cast Predom Base Metal	0		<b>ADJUNCTIVE SERVICES</b>	
06212	Pontic-Cast Noble Metal <sup>1</sup>	0	09110	Palliative (Emergency) Treatment	0
06214	Pontic-Titanium <sup>1</sup>	0	09310	Consultation	0
06240	Pontic-Porcelain/High Noble Metal <sup>1,2</sup>	0	09430	Office Visit for Observation	0
06241	Pontic-Porcelain/Predom Base Metal <sup>2</sup>	0	09440	Office Visit After Regular Sched Hours	25
06242	Pontic-Porcelain/Noble Metal <sup>1,2</sup>	0	09450	Case Presentation	0
06245	Pontic-Porcelain/Ceramic <sup>2</sup>	0	09930	Treatment of Complications, By Report	0
06250	Pontic Resin High Noble Metal <sup>1,2</sup>	0	09951	Occlusal Adjustment Limited	0
06251	Pontic Resin w/Predom. Base Metal <sup>2</sup>	0	09971	Odontoplasty	0
06252	Pontic Resin w/Noble Metal <sup>1,2</sup>	0			

<sup>1</sup> If titanium, noble or high noble metals are requested for fillings, crowns, inlays, onlays, pontics, bridges, or prosthetic devices, there will be an additional charge, based on the amount of metal used. <sup>2</sup> Member pays an additional \$100 fee for resin or porcelain on molars.

<sup>3</sup> Flexible base partial dentures are subject to an additional charge based on additional laboratory.