



Schedule of Benefits

| ADA CODE | | * ADA DESCRIPTION | STCAEM |
|--|-------|---|--------|
| CLINICAL ORAL EVALUATIONS | | | |
| | D0120 | Periodic oral examination - established patient | \$0 |
| | D0140 | Limited oral evaluation - problem focused | \$0 |
| | D0145 | Oral evaluation for patient under three years of age and counseling with primary caregiver | \$0 |
| | D0150 | Comprehensive oral evaluation - new or established patient | \$0 |
| | D0160 | Detailed and extensive oral evaluation - problem focused, by report | \$0 |
| | D0170 | Re-evaluation - limited, problem focused (established patient: not post-operative visit) | \$0 |
| | D0171 | Re-evaluation - post operative office visit | \$0 |
| | D0180 | Comprehensive periodontal evaluation - new or established patient | \$0 |
| | D0190 | Screening of a patient | \$0 |
| | D0191 | Assessment of a patient | \$0 |
| RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation) | | | |
| | D0210 | Intraoral comprehensive series of radiographic images | \$0 |
| | D0220 | Intraoral - periapical radiographic image | \$0 |
| | D0230 | Intraoral - periapical each additional film | \$0 |
| | D0240 | Intraoral - occlusal radiographic | \$0 |
| | D0251 | Extraoral - posterior dental radiographic image | \$0 |
| | D0250 | Extra-oral single film | \$0 |
| | D0260 | Extraoral - each additional film | \$0 |
| | D0270 | Bitewing - single film | \$0 |
| | D0272 | Bitewings - two films | \$0 |
| | D0273 | Bitewings—three radiographic images | \$0 |
| | D0274 | Bitewings - four films | \$0 |
| | D0277 | Vertical bitewings - 7 to 8 films | \$0 |
| | D0330 | Panoramic film | \$0 |
| | D0340 | Cephalometric Film | \$0 |
| | D0350 | Oral/Facial Images | \$0 |
| | D0351 | 3D Photographic Image | \$0 |
| TESTS AND EXAMINATIONS | | | |
| | D0415 | Collection of microorganisms for culture and sensitivity | \$0 |
| | D0419 | Assessment of salivary flow by measurement | \$0 |
| | D0425 | Caries susceptibility tests | \$0 |
| | D0470 | Diagnostic casts | \$0 |
| | D0460 | Pulp vitality tests | \$0 |
| | D0601 | Caries risk assessment and documentation, with a finding of low risk | \$0 |
| | D0602 | Caries risk assessment and documentation, with a finding of moderate risk | \$0 |
| | D0603 | Caries risk assessment and documentation, with a finding of high risk | \$0 |
| | D0701 | Panoramic radiographic image- image capture only | \$0 |
| | D0702 | 2-D cephalometric radiographic- image capture only | \$0 |
| | D0703 | 2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only | \$0 |
| | D0705 | extra-oral posterior dental radiographic image capture only | \$0 |
| | D0706 | intraoral- occlusal radiographic image- image capture only | \$0 |
| | D0707 | intraoral- periapical radiographic image- image capture only | \$0 |



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| | D0708 | intraoral- bitewing radiographic image- image capture only | \$0 |
| | D0709 | intraoral- complete series of radiographic images- image capture only | \$0 |
| ORAL PATHOLOGY LABORATORY | | | |
| | D0472 | Accession of tissue, gross examination, preparation and transmission of written report | \$0 |
| | D0473 | Accession of tissue, gross and microscopic examination, preparation and transmission of written report | \$0 |
| | D0474 | Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report | \$0 |
| | D0999 | Unspecified diagnostic procedure, by report - includes office visit, per visit (in addition to other) | \$0 |
| DENTAL PROPHYLAXIS | | | |
| | D1110 | Prophylaxis - adult | \$0 |
| | D1120 | Prophylaxis - child | \$0 |
| TOPICAL FLUORIDE TREATMENT (office procedure) | | | |
| | D1206 | Topical fluoride varnish; therapeutic application for moderate to high caries risk patients | \$0 |
| | D1208 | Topical application of fluoride- excluding varnish - child to age 19 <i>limited to 2 per 12 month period</i> | \$0 |
| OTHER PREVENTIVE SERVICES | | | |
| | D1310 | Nutritional Counseling for control of dental disease | \$0 |
| | D1320 | Tobacco counseling for the control and prevention of oral diseases | \$0 |
| | D1330 | Oral hygiene instructions | \$0 |
| | D1351 | Sealant - per tooth | \$0 |
| | D1352 | Preventative resin restoration in a moderate to high caries risk patient - permanent tooth. | \$0 |
| | D1353 | Sealant repair - per tooth - limited to permanent molars through age 15 | \$0 |
| | D1354 | Interim caries arresting medicament application - per tooth | \$0 |
| | D1355 | caries preventive medicament application - per tooth | \$0 |
| SPACE MAINTENANCE (passive appliances) | | | |
| | D1510 | Space maintainer - fixed - unilateral (excludes a distal shoe space maintainer) | \$0 |
| | D1516 | Space maintainer - fixed - bilateral - maxillary | \$0 |
| | D1517 | Space maintainer - fixed - bilateral - mandibular | \$0 |
| | D1520 | Space maintainer - removable - unilateral | \$0 |
| | D1526 | Space maintainer - removable - maxillary | \$0 |
| | D1527 | Space maintainer - removable - mandibular | \$0 |
| | D1551 | Re-cement or re-bond bilateral space maintainer | \$0 |
| | D1552 | Re-cement or re-bond unilateral space maintainer | \$0 |
| | D1553 | Re-cement or re-bond unilateral space maintainer - per quadrant | \$0 |
| | D1556 | Removal of fixed unilateral space maintainer - per quadrant | \$0 |
| | D1557 | Removal of fixed bilateral space maintainer maxillary | \$0 |
| | D1558 | Removal of fixed bilateral space maintainer mandibular | \$0 |
| | D1575 | Distal shoe space maintainer - fixed unilateral | \$0 |
| AMALGAM RESTORATIONS (including polishing) | | | |
| | D2140 | Amalgam - one surface, primary or permanent | \$0 |
| | D2150 | Amalgam - two surfaces, primary or permanent | \$0 |
| | D2160 | Amalgam - three surfaces, primary or permanent | \$0 |



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| | D2161 | Amalgam - four or more surfaces, primary or permanent | \$0 |
| RESIN-BASED COMPOSITE RESTORATIONS - DIRECT | | | |
| | D2330 | Resin-based composite - one surface, anterior | \$0 |
| | D2331 | Resin-based composite - two surfaces, anterior | \$0 |
| | D2332 | Resin-based composite - three surfaces, anterior | \$0 |
| | D2335 | Resin-based composite - four or more surfaces or involving incisal angle (anterior) | \$0 |
| | D2390 | Resin-based composite crown, anterior | \$0 |
| | D2391 | Resin-based composite - one surface, posterior | \$40 |
| | D2392 | Resin-based composite - two surfaces, posterior | \$50 |
| | D2393 | Resin-based composite - three surfaces, posterior | \$60 |
| | D2394 | Resin-based composite - four or more surfaces, posterior | \$70 |
| INLAY/ONLAY RESTORATIONS | | | |
| | D2510 | ◆ Inlay - metallic - one surface | \$50 |
| | D2520 | ◆ Inlay - metallic - two surface | \$50 |
| | D2530 | ◆ Inlay - metallic - three or more surfaces | \$50 |
| | D2542 | ◆ Onlay - metallic - two surfaces | \$50 |
| | D2543 | ◆ Onlays - metallic - three surfaces | \$50 |
| | D2544 | ◆ Onlays - metallic - four or more surfaces | \$50 |
| | D2610 | ◆ Inlay - porcelain/ceramic - one surface | \$460 |
| | D2620 | ◆ Inlay - porcelain/ceramic - two surfaces | \$395 |
| | D2630 | ◆ Inlay - porcelain/ceramic - three or more surfaces | \$450 |
| | D2642 | ◆ Onlay - porcelain/ceramic - two surfaces | \$585 |
| | D2643 | ◆ Onlay - porcelain/ceramic - three surfaces | \$575 |
| | D2644 | ◆ Onlay - porcelain/ceramic - four or more surfaces | \$605 |
| | D2650 | ◆ Inlay - resin-based composite - one surface | \$309 |
| | D2651 | ◆ Inlay - resin-based composite - two surfaces | \$415 |
| | D2652 | ◆ Inlay - resin-based composite - three or more surfaces | \$415 |
| | D2662 | ◆ Onlay - resin-based composite - two surfaces | \$560 |
| | D2663 | ◆ Onlay - resin-based composite - three surfaces | \$530 |
| | D2664 | ◆ Onlay - resin-based composite - four or more surfaces | \$530 |
| CROWNS - SINGLE RESTORATIONS ONLY | | | |
| | D2710 | Crown - resin-based composite (indirect) | \$50 |
| | D2712 | Crown - 3/4 resin-based composite (indirect) | \$50 |
| | D2720 | ◆ Crown - resin with high noble metal | \$50 |
| | D2721 | Crown - resin with predominantly base metal | \$50 |
| | D2722 | ◆ Crown - resin with noble metal | \$50 |
| | D2740 | Crown - porcelain/ceramic | \$50 |
| | D2750 | ◆ Crown - porcelain fused to high noble metal | \$50 |
| | D2751 | Crown - porcelain fused to predominantly base metal | \$50 |
| | D2752 | ◆ Crown - porcelain fused to noble metal | \$50 |
| | D2753 | ◆ Crown - porcelain fused to titanium or titanium alloy | \$50 |
| | D2780 | ◆ Crown - 3/4 cast high noble metal | \$50 |
| | D2781 | Crown - 3/4 cast predominantly base metal | \$50 |
| | D2782 | ◆ Crown - 3/4 cast noble metal | \$50 |
| | D2783 | ◆ Crown - 3/4 porcelain/ceramic (2) | \$50 |
| | D2790 | ◆ Crown - full cast high noble metal | \$50 |
| | D2791 | Crown - full cast predominantly base metal | \$50 |
| | D2792 | ◆ Crown - full cast noble metal | \$50 |
| | D2794 | ◆ Crown - titanium | \$50 |
| OTHER RESTORATIVE SERVICES | | | |



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| | D2910 | Re-cement or re-bond inlay, onlay, veneer or partial cover- age | \$0 |
| | D2915 | Recement cast or prefabricated post and core | \$0 |
| | D2920 | Recement crown | \$0 |
| | D2921 | Reattachment of tooth fragment, incisal edge or cusp | \$0 |
| | D2928 | prefabricated porcelain/ceramic crown - permanent tooth | \$0 |
| | D2929 | Prefabricated porcelain/ceramic crown – primary tooth | \$200 |
| | D2930 | Prefabricated stainless steel crown - primary tooth | \$0 |
| | D2931 | Prefabricated stainless steel crown - permanent tooth | \$0 |
| | D2932 | Prefabricated resin crown | \$0 |
| | D2933 | Prefabricated stainless steel crown with resin window | \$205 |
| | D2940 | Sedative filling | \$0 |
| | D2941 | Interim therapeutic restoration – primary dentition | \$0 |
| | D2950 | Core buildup, involving and including any pins | \$0 |
| | D2951 | Pin retention - per tooth, in addition to restoration | \$0 |
| | D2952 | Post and core in addition to crown, indirectly fabricated | \$0 |
| | D2953 | Each additional indirectly fabricated post - same tooth | \$40 |
| | D2954 | Prefabricated post and core in addition to crown | \$0 |
| | D2957 | Each additional prefabricated post - same tooth | \$0 |
| | | Porcelain on molar restorations (additional charge) | \$75 per unit |
| | | Noble metal, high noble metal, and titanium (additional charge) | \$75 per unit |
| | D2949 | Restorative foundation for an indirect restoration | \$90 |
| | D2971 | Additional procedures to construct new crown under existing partial | \$80 |
| | D2980 | Crown repair necessitated by restorative material failure | \$145 |
| | D2981 | Inlay repair necessitated by restorative material failure | \$85 |
| | D2982 | Onlay repair necessitated by restorative material failure | \$195 |
| | D2983 | Veneer repair necessitated by restorative material failure | \$130 |
| | D2990 | Resin infiltration of incipient smooth surface lesions | \$0 |
| PULP CAPPING | | | |
| | D3110 | Pulp cap - direct (excluding final restoration) | \$0 |
| | D3120 | Pulp cap - indirect (excluding final restoration) | \$0 |
| PULPOTOMY | | | |
| | D3220 | Therapeutic pulpotomy (excluding final restoration) | \$0 |
| | D3221 | Pulpal debridement, primary and permanent teeth | \$110 |
| | D3222 | Partial pulpotomy for apexogenesis - permanent tooth with incomplete | \$0 |
| | D3230 | Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding | \$0 |
| | D3240 | Pulpal therapy (resorbable filling) - posterior, primary tooth | \$0 |
| ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow-up care) | | | |
| | D3310 | Anterior (excluding final restoration) | \$20 |
| | D3320 | Endodontic therapy, premolar tooth (excluding final restoration) | \$40 |
| | D3330 | Endodontic therapy, molar tooth (excluding final restoration) | \$60 |
| | D3331 | Treatment of root canal obstruction; non-surgical access | \$215 |
| | D3332 | Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth | \$20 |
| | D3333 | Internal root repair of perforation defects | \$190 |
| ENDODONTIC RETREATMENT | | | |
| | D3346 | Retreatment of previous root canal therapy - anterior | \$20 |
| | D3347 | Retreatment of previous root canal therapy - premolar | \$40 |
| | D3348 | Retreatment of previous root canal therapy - molar | \$60 |
| APEXIFICATION/RECALCIFICATION | | | |



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| | D3351 | Apexification/recalcification - initial visit (apical closure/calific repair of perforations, root resorption, etc.) | \$0 |
| | D3352 | Apexification/recalcification - interim medication replacement (apical closure/calific repair of perforations, root resorption, etc.) | \$0 |
| | D3353 | Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calific repair or perforations, root resorption, etc.) | \$0 |
| APICOECTOMY/PERIRADICULAR SERVICES | | | |
| | D3410 | Apicoectomy- anterior | \$50 |
| | D3421 | Apicoectomy premolar (first root) | \$50 |
| | D3425 | Apicoectomy/periradicular surgery - molar (first root) | \$50 |
| | D3426 | Apicoectomy (each additional root) | \$50 |
| | D3427 | Periradicular surgery without apicoectomy | \$50 |
| | D3430 | Retrograde filling - per root | \$0 |
| | D3450 | Root amputation - per root | \$0 |
| | D3471 | Surgical repair of root resorption-anterior | \$50 |
| | D3472 | Surgical repair of root resorption-premolar | \$50 |
| | D3473 | Surgical repair of root resorption-molar | \$50 |
| | D3501 | Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior | \$60 |
| | D3502 | Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar | \$70 |
| | D3503 | Surgical exposure of root surface without apicoectomy or repair of root resorption - molar | \$80 |
| | D3920 | Hemisection (including any root removal), not including root canal therapy | \$215 |
| OTHER ENDODONTIC PROCEDURES | | | |
| SURGICAL SERVICES (including usual postoperative care) | | | |
| | D4210 | Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant | \$0 |
| | D4211 | Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant | \$5 |
| | D4212 | Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth | \$0 |
| | D4240 | Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant | \$350 |
| | D4241 | Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant | \$325 |
| | D4245 | Apically positioned flap | \$315 |
| | D4249 | Clinical crown lengthening – hard tissue | \$405 |
| | D4260 | Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant | \$150 |
| | D4261 | Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant | \$150 |
| | D4263 | Bone replacement graft – retained natural tooth – first site in quadrant | \$295 |
| | D4264 | Bone replacement graft – retained natural tooth – each additional site in quadrant | \$235 |



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| | D4270 | Pedicle soft tissue graft procedure | \$475 |
| | D4274 | Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area) | \$350 |
| | D4277 | Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft | \$580 |
| | D4278 | Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site | \$400 |
| NON-SURGICAL PERIODONTAL SERVICES | | | |
| | D4341 | Periodontal scaling and root planing - four or more teeth per quadrant | \$0 |
| | D4342 | Periodontal scaling and root planing - one to three teeth per quadrant | \$0 |
| | D4346 | Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation | \$0 |
| | D4355 | Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit | \$0 |
| OTHER PERIODONTAL SERVICES | | | |
| | D4910 | Periodontal maintenance | \$80 |
| | | Additional periodontal maintenance (within the 6 month period) | \$80 |
| | D4921 | Gingival Irrigation with a medicinal agent - Per quadrant | \$40 |
| COMPLETE DENTURES (including routine post-delivery care) | | | |
| | D5110 | Complete denture - maxillary | \$65 |
| | D5120 | Complete denture - mandibular | \$65 |
| | D5130 | Immediate denture - maxillary | \$65 |
| | D5140 | Immediate denture - mandibular | \$65 |
| PARTIAL DENTURES (including routine post-delivery care) | | | |
| | D5211 | Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) | \$65 |
| | D5212 | Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) | \$65 |
| | D5213 | Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$65 |
| | D5214 | Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$65 |
| | D5221 | Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth) | \$65 |
| | D5222 | Immediate mandibular partial denture- resin base (including any conventional clasps, rests and teeth) | \$65 |
| | D5223 | Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps) | \$65 |
| | D5224 | Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps) | \$65 |
| | D5225 | Maxillary partial denture - flexible base (including any clasps, rests and teeth) | \$685 |
| | D5226 | Mandibular partial denture - flexible base (including any clasps, rests and teeth) | \$720 |



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| | D5282 | Removable unilateral partial denture - one piece cast metal (including clasps and teeth) -maxillary | \$50 |
| | D5283 | Removable unilateral partial denture - one piece cast metal (including clasps and teeth) -mandibular | \$50 |
| | D5284 | Removable unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant | \$50 |
| | D5286 | Removable unilateral partial denture - one piece resin (including clasps and teeth) per quadrant | \$50 |
| ADJUSTMENTS TO DENTURES | | | |
| | D5410 | Adjust complete denture - maxillary | \$0 |
| | D5411 | Adjust complete denture - mandibular | \$0 |
| | D5421 | Adjust partial denture - maxillary | \$0 |
| | D5422 | Adjust partial denture - mandibular | \$0 |
| REPAIRS TO COMPLETE DENTURES | | | |
| | D5511 | Repair broken complete denture base, mandibular | \$0 |
| | D5512 | Repair broker complete denture base, maxillary | \$0 |
| | D5520 | Replace missing or broken teeth - complete denture (each tooth) | \$0 |
| REPAIRS TO PARTIAL DENTURES | | | |
| | D5611 | Repair resin partial denture base, mandibular | \$0 |
| | D5612 | Repair resin partial denture base, maxillary | \$0 |
| | D5621 | Repair cast partial framework, mandibular | \$0 |
| | D5622 | Repair cast partial framework, maxillary | \$0 |
| | D5630 | Repair or replace broken clasp- per tooth | \$0 |
| | D5640 | Replace broken teeth - per tooth | \$0 |
| | D5650 | Add tooth to existing partial denture | \$0 |
| | D5660 | Add clasp to existing partial denture - per tooth | \$0 |
| | D5670 | Replace all teeth and acrylic on cast metal framework (maxillary) | \$365 |
| | D5671 | Replace all teeth and acrylic on cast metal framework (mandibular) | \$365 |
| DENTURE REBASE PROCEDURES | | | |
| | D5710 | Rebase complete maxillary denture | \$20 |
| | D5711 | Rebase complete mandibular denture | \$20 |
| | D5720 | Rebase maxillary partial denture | \$20 |
| | D5721 | Rebase mandibular partial denture | \$20 |
| DENTURE RELINE PROCEDURES | | | |
| | D5730 | Reline complete maxillary denture (chairside) | \$0 |
| | D5731 | Reline complete mandibular denture (chairside) | \$0 |
| | D5740 | Reline maxillary partial denture (chairside) | \$0 |
| | D5741 | Reline mandibular partial denture (chairside) | \$0 |
| | D5750 | Reline complete maxillary denture (laboratory) | \$15 |
| | D5751 | Reline complete mandibular denture (laboratory) | \$15 |
| | D5760 | Reline maxillary partial denture (laboratory) | \$15 |
| | D5761 | Reline mandibular partial denture (laboratory) | \$15 |
| OTHER REMOVABLE PROSTHETIC SERVICES | | | |
| | D5820 | Interim partial denture (maxillary) | \$60 |
| | D5821 | Interim partial denture (mandibular) | \$60 |
| | D5850 | Tissue conditioning, maxillary | \$0 |
| | D5851 | Tissue conditioning, mandibular | \$0 |
| | D5862 | Precision attachment, by report | \$410 |
| | D5867 | Replacement of replaceable part of semi-precision or precision attachment (male or female component) | \$225 |
| | D5875 | Modification of removable prosthesis following implant surgery | \$311 |



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| MAXILLOFACIAL PROSTHETICS | | | |
| | D5982 | Surgical stent | \$269 |
| IMPLANT SERVICES | | | |
| | D6010 | @ Surgical placement of implant body: endosteal implant | \$1,169 |
| | D6055 | Dental implant supported connecting bar | \$990 |
| | D6056 | Prefabricated abutment - includes placement | \$383 |
| | D6057 | Custom abutment - includes placement | \$473 |
| | D6058 | @ Abutment supported porcelain/ceramic crown | \$711 |
| | D6059 | @ Abutment supported porcelain fused to metal crown (high noble metal) | \$719 |
| | D6060 | @ Abutment supported porcelain fused to metal crown (predominantly base metal) | \$621 |
| | D6061 | @ Abutment supported porcelain fused to metal crown (noble metal) | \$671 |
| | D6062 | @ Abutment supported cast metal crown (high noble metal) | \$719 |
| | D6065 | @ Implant supported porcelain/ceramic crown | \$801 |
| | D6066 | @ Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal) | \$780 |
| | D6067 | @ Implant supported metal crown (titanium, titanium alloy, high noble metal) | \$757 |
| | D6080 | Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis | \$149 |
| | D6081 | Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure | \$0 |
| | D6090 | Repair implant supported prosthesis, by report | \$494 |
| | D6091 | Replacement of replaceable part of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment | \$359 |
| | D6092 | Recement implant/abutment supported crown | \$89 |
| | D6093 | Recement implant/abutment supported fixed partial denture | \$131 |
| | D6094 | @ Abutment supported crown - (titanium) | \$719 |
| | D6095 | Repair implant abutment, by report | \$359 |
| | D6100 | Implant removal, by report | \$449 |
| | D6110 | Implant/abutment supported removable denture for edentulous arch - maxillary | \$1080 |
| | D6111 | Implant/abutment supported removable denture for edentulous arch - mandibular | \$1080 |
| | D6191 | Semi-precision abutment - placement | \$719 |
| | D6192 | Semi-precision attachment - placement | \$719 |
| | D6199 | Unspecified implant procedure, by report | \$338 |
| FIXED PARTIAL DENTURE PONTICS | | | |
| | D6205 | Pontic - indirect resin based composite not to be used as a temporary or provisional prosthesis | \$50 |
| | D6210 | ◆ Pontic - cast high noble metal | \$50 |
| | D6211 | Pontic - cast predominantly base metal | \$50 |
| | D6212 | ◆ Pontic - cast noble metal | \$50 |
| | D6214 | ◆ Pontic - titanium | \$50 |
| | D6240 | ◆ Pontic - porcelain fused to high noble metal | \$50 |
| | D6241 | Pontic - porcelain fused to predominantly base metal | \$50 |
| | D6242 | ◆ Pontic - porcelain fused to noble metal | \$50 |
| | D6243 | ◆ Pontic - porcelain fused to titanium and titanium alloys (1) (2) | \$50 |



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| | D6245 | Pontic - porcelain/ceramic (2) | \$50 |
| | D6250 | ◆ Pontic - resin with high noble metal | \$0 |
| | D6251 | Pontic - resin with predominantly base metal | \$0 |
| | D6252 | ◆ Pontic - resin with noble metal | \$0 |
| FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS | | | |
| | D6545 | Retainer - cast metal for resin bonded fixed prosthesis | \$50 |
| | D6549 | D6549 Retainer – for resin bonded fixed prosthesis | \$50 |
| | D6600 | D6600 Retainer inlay - porcelain/ceramic, two surfaces | \$505 |
| | D6601 | D6601 Retainer inlay - porcelain/ceramic, three or more surfaces | \$565 |
| | D6602 | D6602 Retainer inlay - cast high noble metal, two surfaces | \$450 |
| | D6603 | Retainer inlay - cast high noble metal, three or more surfaces | \$500 |
| | D6604 | Retainer inlay - cast predominantly base metal, two surfaces | \$435 |
| | D6605 | Retainer inlay - cast predominantly base metal, three or more | \$475 |
| | D6606 | Retainer inlay - cast noble metal, two surfaces | \$310 |
| | D6607 | Retainer inlay - cast noble metal, three or more surfaces | \$490 |
| | D6608 | Retainer onlay - porcelain/ceramic, two surfaces | \$525 |
| | D6609 | Retainer onlay - porcelain/ceramic, three or more surfaces | \$575 |
| | D6610 | Retainer onlay - cast high noble metal, two surfaces | \$50 |
| | D6611 | Retainer onlay - cast high noble metal, three or more surfaces | \$50 |
| | D6612 | Retainer onlay - cast predominantly base metal, two surfaces | \$425 |
| | D6613 | Retainer onlay - cast predominantly base metal, three or more | \$545 |
| | D6614 | Retainer onlay - cast noble metal, two surfaces | \$595 |
| | D6615 | Retainer onlay - cast noble metal, three or more surfaces | \$555 |
| FIXED PARTIAL DENTURE RETAINERS - CROWNS | | | |
| | D6710 | Crown - indirect resin based composite | \$50 |
| | D6720 | ◆ Crown - resin with high noble metal | \$0 |
| | D6721 | Crown - resin with predominantly base metal | \$0 |
| | D6722 | ◆ Crown - resin with noble metal | \$0 |
| | D6740 | Retainer crown - porcelain/ceramic | \$615 |
| | D6750 | ◆ Crown - porcelain fused to high noble metal | \$50 |
| | D6751 | Crown - porcelain fused to predominantly base metal | \$50 |
| | D6752 | ◆ Crown - porcelain fused to noble metal | \$50 |
| | D6753 | ◆ Retainer crown - porcelain fused to titanium or titanium alloys | \$50 |
| | D6780 | ◆ Crown - 3/4 cast high noble metal | \$50 |
| | D6781 | Crown - 3/4 cast predominantly base metal | \$50 |
| | D6782 | ◆ Crown - 3/4 cast noble metal | \$50 |
| | D6783 | Retainer crown - 3/4 porcelain/ceramic | \$635 |
| | D6784 | ◆ Retainer crown 3/4 - titanium and titanium alloys | \$50 |
| | D6790 | ◆ Crown - full cast high noble metal | \$50 |
| | D6791 | Crown - full cast predominantly base metal | \$50 |
| | D6792 | ◆ Crown - full cast noble metal | \$50 |
| | D6794 | ◆ Crown - titanium | \$50 |
| | | Porcelain on molar restorations (additional charge) | \$75 per unit |
| | | Noble metal, high noble metal, and titanium (additional charge) | \$75 per unit |
| OTHER FIXED PARTIAL DENTURE SERVICES | | | |
| | D6930 | Recement fixed partial denture | \$0 |
| | D6940 | Stress breaker | \$0 |
| | D6980 | Fixed partial denture repair, by report | \$0 |
| EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care) | | | |



Schedule of Benefits

| ADA CODE | | * ADA DESCRIPTION | STCAEM |
|--|-------|--|--------|
| | D7111 | Extraction, coronal remnants - primary tooth | \$0 |
| | D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | \$0 |
| SURGICAL EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care) | | | |
| | D7210 | Surgical removal of erupted tooth requiring elevation of mucoperistial flap and removal of bone and/or section of tooth | \$0 |
| | D7220 | Removal of impacted tooth - soft tissue | \$0 |
| | D7230 | Removal of impacted tooth - partially bony | \$0 |
| | D7240 | Removal of impacted tooth - completely bony | \$0 |
| | D7241 | Removal of impacted tooth - completely bony, with unusual surgical complications | \$15 |
| | D7250 | Surgical removal of residual tooth roots (cutting procedure) | \$15 |
| | D7251 | Coronectomy – intentional partial tooth removal, impacted teeth only | \$15 |
| OTHER SURGICAL PROCEDURES | | | |
| | D7270 | Tooth reimplantation and/or stabilization of accidentally | \$290 |
| | D7280 | Exposure of an unerupted tooth | \$305 |
| | D7282 | Mobilization of erupted or malpositioned tooth to aid eruption | \$185 |
| | D7283 | Placement of device to facilitate eruption of impacted tooth | \$185 |
| | D7285 | Biopsy of oral tissue - hard (bone, tooth) | \$0 |
| | D7286 | Biopsy of oral tissue - soft (all others) | \$0 |
| ALVEOLOPLASTY (surgical preparation of ridge for dentures) | | | |
| | D7310 | Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | \$0 |
| | D7311 | Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | \$0 |
| | D7320 | Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | \$0 |
| | D7321 | Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | \$0 |
| SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS | | | |
| | D7450 | Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm | \$0 |
| | D7451 | Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25cm | \$0 |
| EXCISION OF BONE TISSUE | | | |
| | D7471 | Removal of lateral exostosis (maxilla or mandible) | \$0 |
| | D7472 | Removal of torus palatinus | \$0 |
| | D7473 | Removal of torus mandibularis | \$0 |
| | D7510 | Incision and drainage of abscess - intraoral soft tissue | \$135 |
| | D7970 | Excision of hyperplastic tissue - per arch | \$360 |
| | D7971 | Excision of pericoronal gingiva | \$170 |
| SURGICAL INCISION | | | |
| OTHER REPAIR PROCEDURES | | | |
| | D7922 | Placement of intra - socket biological dressing to aid in hemostasis or clot stabilization or clot stabilization, per site | \$0 |
| | D7961 | buccal/labial frenectomy | \$0 |
| | D7962 | lingual frenectomy | \$0 |
| | D7963 | Frenuloplasty | \$0 |
| ORTHODONTICS | | | |
| | D8010 | Limited orthodontic treatment of the primary dentition | \$965 |
| | D8020 | Limited orthodontic treatment of the transitional dentition | \$1020 |



Schedule of Benefits

| ADA CODE | | * ADA DESCRIPTION | STCAEM |
|--|-------|---|------------|
| | D8030 | Limited orthodontic treatment of the adolescent dentition | \$1195 |
| | D8040 | Limited orthodontic treatment of the adult dentition | \$1240 |
| | D8050 | Interceptive orthodontic treatment of the primary dentition | \$1110 |
| | D8060 | Interceptive orthodontic treatment of the transitional denti- | \$1285 |
| COMPREHENSIVE ORTHODONTIC TREATMENT | | | |
| | D8070 | Comprehensive orthodontic treatment of the transitional dentition | \$1,000 |
| | D8080 | Comprehensive orthodontic treatment of the adolescent dentition | \$1,000 |
| | D8090 | Comprehensive orthodontic treatment of the adult dentition | \$1,000 |
| OTHER ORTHODONTIC SERVICES | | | |
| | D8660 | Pre-orthodontic treatment visit | \$25 |
| | D8670 | Periodic orthodontic treatment visit | \$235 |
| | D8680 | Orthodontic retention (removal of appliances, construction and placement of retainer(s)) | \$0 |
| | | Start up fees | \$250 |
| | | Ortho visits beyond 24 months active treatment or retention | \$25/visit |
| | D8681 | Removable orthodontic retainer adjustment | \$50 |
| | D8999 | Unspecified orthodontic procedure, by report (Includes treatment planning and report) | \$250 |
| UNCLASSIFIED TREATMENT | | | |
| | D9110 | Palliative treatment of dental pain - per visit | \$0 |
| ANESTHESIA | | | |
| | D9210 | Local anesthesia not in conjunction with operative or surgical procedures | \$0 |
| | D9211 | Regional block anesthesia | \$0 |
| | D9212 | Trigeminal division block anesthesia | \$0 |
| | D9215 | Local anesthesia | \$0 |
| | D9219 | Evaluation for moderate sedation, deep sedation or general anesthesia | \$0 |
| | D9222 | Deep sedation/general anesthesia - first 15 minutes | \$120 |
| | D9223 | Deep sedation/general anesthesia - each 15 minute increment | \$120 |
| | D9239 | Intravenous moderate (conscious) sedation/analgesia- first 15 minutes | \$115 |
| | D9243 | Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment | \$115 |
| PROFESSIONAL CONSULTATION | | | |
| | D9310 | Consultation - (diagnostic service provided by dentist or physician other than requesting dentist or physician) | \$0 |
| | D9311 | Consultation with a medical health care professional | \$0 |
| PROFESSIONAL VISITS | | | |
| | D9430 | Office visit for observation (during regularly scheduled hours) - no other services performed | \$0 |
| | D9440 | Office visit, after regularly scheduled hours | \$0 |
| | D9450 | Case presentation, detailed and extensive treatment planning | \$105 |
| MISCELLANEOUS SERVICES | | | |
| | D9932 | Cleaning and inspection of removable complete denture, maxilla | \$0 |
| | D9933 | Cleaning and inspection of removable complete denture, mandib | \$0 |
| | D9934 | Cleaning and inspection of removable partial denture maxillary | \$0 |
| | D9935 | Cleaning and inspection of removable partial denture, mandibula | \$0 |



Schedule of Benefits

| ADA CODE | | * ADA DESCRIPTION | STCAEM |
|---|-------|---|--------|
| | D9943 | Occlusal guard adjustment | \$75 |
| | D9944 | Occlusal guard – hard appliance, full arch | \$275 |
| | D9945 | Occlusal guard – soft appliance, full arch | \$275 |
| | D9946 | Occlusal guard – hard appliance, partial arch | \$275 |
| | D9951 | Occlusal adjustment - limited | \$80 |
| | D9952 | Occlusal adjustment - complete | \$235 |
| | D9972 | External bleaching - per arch - take home trays | \$120 |
| | D9975 | External bleaching for home application, per arch; includes materials and fabrication of custom trays | \$120 |
| NON CLINICAL PROCEDURES | | | |
| | D9986 | Missed appointment | \$5 |
| | D9987 | Cancelled appointment | \$5 |
| | D9990 | Certified Translation or Sign Language Services - per visit | \$0 |
| | D9991 | Dental case management – addressing appointment compliance | \$0 |
| | D9992 | Dental case management – care coordination | \$0 |
| | D9995 | Teledentistry – synchronous; real-time encounter | \$0 |
| | D9996 | Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review | \$0 |
| | D9997 | Dental case management - patients with special health care needs | \$0 |
| FOOTNOTES @ Where available ♦ Metal charges apply to a maximum of \$125 (1) Additional charge for noble, high noble metal and titanium \$75 per unit (2) Porcelain on molar restorations \$75 unit | | | |

CDT 2023