

ADA CODE	*ADA DESCRIPTIONS	LAUSD
CLINICAL ORAL EVALUATIONS		
D0120	Periodic Oral Eval - Established Patient	\$0
D0140	Limited Oral Eval - Problem Focused	\$0
D0145	Oral Evaluation For A Patient Under Three Years Of Age And Counselling With Primary Caregiver	\$0
D0150	Comprehensive Oral Eval - New Or Estab 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 - Complete Series	\$0
D0220	Intraoral-Periapical First Film	\$0
D0230	Intraoral-Periapical Each Additional Film	\$0
D0240	Intraoral - Occlusal Film	\$0
D0250	Extra-oral single film	\$0
D0270	Bitewing-1 Film	\$0
D0272	Bitewings-2 Films	\$0
D0273	Bitewings-3 Films	\$0
D0274	Bitewings-4 Films	\$0
D0277	Vertical bitewings - 7 to 8 films	\$0
D0330	Panoramic Film	\$0
D0340	Cephalometric Film	\$0
D0350	Oral/Facial Photographic Images	\$0
TESTS AND EXAMINATIONS		
D0419	Assesment of salivary flow by measurement	\$0
D0460	Pulp Vitality Tests	\$0
D0470	Diagnostic Casts	\$0
D0601	Caries Risk Assessment - Low Risk	\$0
D0602	Caries Risk Assessment - Medium Risk	\$0
D0603	Caries Risk Assessment - 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
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	\$0
DENTAL PROPHYLAXIS		
D1110	Prophylaxis - Adult	\$0
	D1110 and D1120 additional prophy exceeding two in a 12 month period (limit 3 per year)	\$0



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D1120	Prophylaxis - Child	\$0
	D1110 and D1120 additional prophy exceeding two in a 12 month period (limit 3 per year)	\$0
TOPICAL FLUORIDE TREATMENT (office procedure)		
D1206	Top Fluoride Varnish; Tx Appl Mod-Hi Caries Risk	\$0
D1208	Topical Application Of Fluoride	\$0
OTHER PREVENTIVE SERVICES		
D1310	Nutritional Counselling	\$0
D1320	Tobacco counseling for the control and prevention of oral disease	\$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	\$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 - 1 Surface, Primary Or Permanent	\$0
D2150	Amalgam - 2 Surfaces, Primary Or Permanent	\$0
D2160	Amalgam - 3 Surfaces, Primary Or Permanent	\$0
D2161	Amalgam - 4 + Surfaces, Primary Or Permanent	\$0
RESIN-BASED COMPOSITE RESTORATIONS - DIRECT		
D2330	Resin-Based Composite - 1 Surface, Anterior	\$0
D2331	Resin-Based Composite - 2 Surfaces, Anterior	\$0
D2332	Resin-Based Composite - 3 Surfaces, Anterior	\$0
D2335	Resin-Based Composite - 4+ Surfaces, Anterior	\$0
D2390	Resin-based composite crown, anterior	\$0
D2391	Resin-Based Composite - 1 Surface, Posterior	\$0
D2392	Resin-Based Composite - 2 Surfaces, Posterior	\$0
D2393	Resin-Based Composite - 3 Surfaces, Posterior	\$0
D2394	Resin-Based Composite - 4 Or More Surfaces, Posterior	\$0
INLAY/ONLAY RESTORATIONS		
D2510	Inlay - metallic - one surface	\$0
D2520	Inlay - metallic - two surfaces	\$0
D2530	Inlay - metallic - three or more surfaces	\$0
D2542	Onlay - metallic - two surfaces	\$0
D2543	Onlays - metallic - three surfaces	\$0
D2544	Onlays - metallic - four or more surfaces	\$0
D2610	Inlay - porcelain/ceramic - 1 surface	\$0
D2620	Inlay - porcelain/ceramic - 2 surfaces	\$0



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D2630	Inlay - porcelain/ceramic - 3 or more surfaces	\$0
D2642	Onlay, porcelain/ceramic - 2 surfaces	\$0
D2643	Onlay, porcelain/ceramic - 3 surfaces	\$0
D2651	Inlay - resin-based composite - 2 surfaces	\$0
D2652	Inlay - resin-based composite - 3 or more surfaces	\$0
D2662	Onlay - resin-based composite - 2 surfaces	\$0
D2663	Onlay - resin-based composite - 3 surfaces	\$0
CROWNS - SINGLE RESTORATIONS ONLY		
D2710	Crown - resin-based composite (indirect)	\$0
D2712	Crown - 3/4 resin-based composite (indirect)	\$0
D2720	Crown - resin with high noble metal	\$0
D2721	Crown - resin with predominantly base metal	\$0
D2722	Crown - resin with noble metal	\$0
D2740	Crown - Porc/Ceramic Substrate	\$0
D2750	Crown - Porc Fused To High Noble Metal	\$0
D2751	Crown - Porc Fused To Predom Base Metal	\$0
D2752	Crown - Porcelain Fused To Noble Metal	\$0
D2753	Crown- porcelain fused to titanium or titanium alloy	\$0
D2780	Crown - 3/4 cast high noble metal	\$0
D2781	Crown - 3/4 cast predominantly base metal	\$0
D2782	Crown - 3/4 cast noble metal	\$0
D2783	Crown - 3/4 porcelain/ceramic	\$0
D2790	Crown - full cast high noble metal	\$0
D2791	Crown - Full Cast Predominantly Base Metal	\$0
D2792	Crown - full cast noble metal	\$0
D2794	Crown - titanium	\$0
D2799	Provisional crown - To be used at least 6 months during healing	\$0
OTHER RESTORATIVE SERVICES		
D2910	Recement Inlay Onlay/Part Coverage Restoration	\$0
D2915	Recement cast or prefabricated post and core	\$0
D2920	Recement Crown	\$0
D2928	prefabricated porcelain/ceramic crown - permanent tooth	\$0
D2930	Prefab Stainless Steel Crn - Primary Tooth	\$0
D2931	Prefabr Stainless Steel Crown - Permanent Tooth	\$0
D2932	Prefabricated resin crown	\$0
D2933	Prefabricated stainless steel crown with resin window	\$0
D2934	Prefab Esthetic Coat Stnless Steel Crown Prim	\$0
D2940	Sedative filling	\$0
D2950	Core Buildup, Including Any Pins	\$0
D2951	Pin retention - per tooth, in addition to restoration	\$0
D2952	Post And Core Addition To Crown Indirectly Fab	\$0
D2953	Each additional indirectly fabricated post - same tooth	\$0
D2954	Prefab Post & Core In Addition To Crown	\$0
D2955	Post Removal	\$0
D2957	Each additional prefabricated post - same tooth	\$0
D2962	Labial veneer - porcelain laminate (laboratory)	\$0
D2971	Additional procedures to construct new crown under existing partial denture framework	\$0
D2980	Crown Repair By Report	\$0
PULP CAPPING		
D3110	Pulp cap - direct (excluding final restoration)	\$0
D3120	Pulp Cap - Indirect	\$0
PULPOTOMY		
D3220	Therapeutic Pulpotomy (Excl Final Rest)	\$0
D3221	Pulpal Debridement, Primary/Permanent Teeth	\$0
ENDODONTIC THERAPY ON PRIMARY TEETH		



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D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$0
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$0
ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow-up care)		
D3310	Endo Therapy, Anterior Tooth (Excl Final Rest)	\$0
D3320	Endo Therapy, Bicuspid Tooth (Excl Final Rest)	\$0
D3330	Endo Therapy, Molar (Excl Final Rest)	\$0
D3331	Treatment of root canal obstruction; non-surgical access	\$0
D3332	Incomplete endodontic theraph;inoperable, unrestorable or fracture tooth	\$0
D3333	Internal root repair of perforation defects	\$0
ENDODONTIC RETREATMENT		
D3346	Retreatment Of Prev Root Canal-Anterior	\$0
D3347	Retreatment Previous Rc Therapy - Bicuspid	\$0
D3348	Retreatment Of Prev Root Canal-Molar	\$0
APEXIFICATION/RECALCIFICATION		
APICOECTOMY/PERIRADICULAR SERVICES		
D3410	Apicoectomy- anterior	\$0
D3421	Apicoectomy premolar (first root)	\$0
D3425	Apicoectomy/periradicular surgery - molar (first root)	\$0
D3426	Apicoectomy (each additional root)	\$0
D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site	\$0
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site	\$0
D3430	Retrograde filling - per root	\$0
D3450	Root amputation - per root	\$0
D3471	Surgical repair of root resorption-anterior	\$0
D3472	Surgical repair of root resorption-premolar	\$0
D3473	Surgical repair of root resorption-molar	\$0
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	\$0
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	\$0
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	\$0
OTHER ENDODONTIC PROCEDURES		
D3910	Surgical procedure for isolation of tooth with rubber dam	\$0
D3920	Hemisection (including any root removal), not including root canal therapy	\$0
D3950	Canal preparation and fitting of preformed dowel or post	\$0
SURGICAL SERVICES (including usual postoperative care)		
D4210	Gingivect/Plsty 4/>Cntig/Tooth Bound Spaces-Quad	\$0
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	\$0
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	\$0
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant	\$0
D4245	Apically positioned flap	\$0
D4249	Clinical Crown Lengthening - Hard Tissue	\$0
D4260	Osseous Surgery Per Quad/4+ Contig Teeth	\$0
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant	\$0
D4263	Bone Graft/First Site In Quadrant	\$0
D4264	Bone Replacement Graft - Ea Add Site Quadrant	\$0
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$0
NON-SURGICAL PERIODONTAL SERVICES		
D4341	Perio Scaling/Planing - Per Quad, 4+ Contig Teeth	\$0
D4342	Perio Scaling/Planing - Per Quad, 1-3 Teeth/Quad	\$0
D4346	Scaling In Presence Of Gingival Inflammation	\$0
D4355	Full Mouth Debridement	\$0
D4381	Local Del Of Antimicrobial Agents, Per Tooth	\$0
OTHER PERIODONTAL SERVICES		
D4910	Periodontal Maintenance	\$0



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D4921	Gingival Irrigation - Per Quadrant	\$0
COMPLETE DENTURES (including routine post-delivery care)		
D5110	Complete Denture - Maxillary	\$0
D5120	Complete Denture - Mandibular	\$0
D5130	Immediate Denture - Maxillary	\$0
D5140	Immediate Denture - Mandibular	\$0
PARTIAL DENTURES (including routine post-delivery care)		
D5211	Maxillary Partial Dent - Resin Base	\$0
D5212	Mandibular Partial Dent - Resin Base	\$0
D5213	Maxillary Partial Dent - Cast Metal Framework	\$0
D5214	Mandibular Partial Dent - Cast Metal Framework	\$0
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$0
D5222	Immediate mandibular partial denture- resin base (including any conventional clasps, rests and teeth)	\$0
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps)	\$0
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps)	\$0
D5225	Maxillary Partial Dent - Flexible Base	\$0
D5226	Mandibular Partial Dent - Flexible Base	\$0
D5282	Removable unilateral partial denture - one piece cast metal (including clasps and teeth) -maxillary	\$0
D5283	Removable unilateral partial denture - one piece cast metal (including clasps and teeth) -mandibular	\$0
D5284	Removable unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant	\$0
D5286	Removable unilateral partial denture - one piece resin (including clasps and teeth) per quadrant	\$0
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 broken complete denture base, maxillary	\$0
D5520	Replace Missing/Broken Teeth/Complete Dent	\$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	\$0
D5640	Replace Broken Teeth - Per Tooth	\$0
D5642	Replace missing/broke tooth each additional	\$0
D5650	Add Tooth To Existing Partial Denture	\$0
D5660	Add Clasp To Existing Partial Denture	\$0
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$0
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$0
DENTURE REBASE PROCEDURES		
D5710	Rebase complete maxillary denture	\$0
D5711	Rebase complete mandibular denture	\$0
D5720	Rebase maxillary partial denture	\$0
D5721	Rebase mandibular partial denture	\$0
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	\$0
D5751	Reline Complete Mandibular Denture (Lab)	\$0
D5760	Reline maxillary partial denture (laboratory)	\$0
D5761	Reline mandibular partial denture (laboratory)	\$0
D5862	Precision attachment, by report	\$455
OTHER REMOVABLE PROSTHETIC SERVICES		

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D5810		Interim complete denture (maxillary)	\$0
D5811		Interim complete denture (mandibular)	\$0
D5820		Interim partial denture (maxillary)	\$0
D5821		Interim partial denture (mandibular)	\$0
D5850		Tissue Conditioning Maxillary	\$0
D5851		Tissue Conditioning, Mandibular	\$0
IMPLANT SERVICES			
D6010	@	Surg Placement Implant Body: Endosteal Implant	\$1,299
D6053		Implant/abutment supported removable denture for completely edentulous arch	\$1,200
D6056		Prefabricated Abutment Includes Placement	\$425
D6057		Custom Abutment Includes Placement	\$525
D6058	@	Abut Supp Porcelain / Ceramic Crown	\$790
D6059	@	Abut Supp Porcelain To Metl Crown Hi Noble Metl	\$799
D6060	@	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$915
D6061		Abutment supported porcelain fused to metal crown (noble metal)	\$930
D6062	@	Abutment supported cast metal crown (high noble metal)	\$925
D6063		Abutment supported cast metal crown (predominantly base metal)	\$800
D6064		Abutment supported cast metal crown (noble metal)	\$840
D6065	@	Implant supported porcelain/ceramic crown	\$955
D6066	@	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$935
D6067	@	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$910
D6068		Abutment supported retainer for porcelain/ceramic FPD	\$975
D6069		Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$965
D6070		Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$915
D6071		Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$930
D6072		Abutment supported retainer for cast metal FPD (high noble metal)	\$950
D6073		Abutment supported retainer for cast metal FPD (predominantly base metal)	\$860
D6074		Abutment supported retainer for cast metal FPD (noble metal)	\$925
D6100		Implant removal, by report	\$499
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
D6094		Abutment supported crown - (titanium)	\$600
D6191		Semi-precision abutment - placement	\$600
D6192		Semi-precision attachment - placement	\$600
D6194		Abutment supported retainer crown for FPD (titanium)	\$500
D6195		Abutment supported retainer - porcelain fused to titanium or titanium alloy	\$0
FIXED PARTIAL DENTURE PONTICS			
D6205		Pontic - indirect resin based composite not to be used as a temporary or provisional prosthesis	\$0
D6210		Pontic - cast high noble metal	\$0
D6211		Pontic - cast predominantly base metal	\$0
D6212		Pontic - cast noble metal	\$0
D6214		Pontic - titanium	\$0
D6240		Pontic - Porcelain Fused To High Noble Metal	\$0
D6241		Pontic - Porcelain Fused To Predom Base Metal	\$0
D6242		Pontic - porcelain fused to noble metal	\$0
D6243		Pontic - porcelain fused to titanium or titanium alloys	\$0
D6245		Pontic- Porc/Ceramic	\$0
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	\$0
FIXED PARTIAL DENTURE RETAINERS - CROWNS			
D6710		Crown - indirect resin based composite	\$0



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D6720	Crown - resin with high noble metal	\$0
D6721	Crown - resin with predominantly base metal	\$0
D6722	Crown - resin with noble metal	\$0
D6740	Crown - Porcelain/Ceramic	\$0
D6750	Crown - Porc Fused To High Noble Metal	\$0
D6751	Crown - Porc Fused To Predom Base Metal	\$0
D6752	Crown - porcelain fused to noble metal	\$0
D6753	Retainer crown - porcelain fused to titanium or titanium alloys	\$0
D6780	Crown - 3/4 cast high noble metal	\$0
D6781	Crown - 3/4 cast predominantly base metal	\$0
D6782	Crown - 3/4 cast noble metal	\$0
D6783	Crown - 3/4 cast porcelain/ceramic	\$0
D6784	Retainer crown 3/4 - titanium and titanium alloys	\$0
D6790	Crown - full cast high noble metal	\$0
D6791	Crown - full cast predominantly base metal	\$0
D6792	Crown - full cast noble metal	\$0
D6794	Crown - titanium	\$0
OTHER FIXED PARTIAL DENTURE SERVICES		
D6930	Recement Fixed Partial Denture	\$0
D6940	Stress breaker	\$0
D6971	Crown - full cast predominantly base metal	\$0
D6980	Fixed partial denture repair, by report	\$0
EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)		
D7111	Extraction, coronal remnants - primary tooth	\$0
D7140	Extraction - Single Tooth	\$0
SURGICAL EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)		
D7210	Surgical Removal Of Erupted Tooth	\$0
D7220	Rmvl Of Impacted Tooth - Soft Tissue	\$0
D7230	Rmvl Of Impacted Tooth - Part Bony	\$0
D7240	Rmvl Of Impacted Tooth - Comp Bony	\$0
D7241	Rmvl Of Impacted Tooth - Comp Bony (W/Complic)	\$0
D7250	Surgical Removal Of Residual Tooth Roots	\$0
OTHER SURGICAL PROCEDURES		
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed o	\$0
D7280	Surgical access of an unerupted tooth	\$0
D7283	Placement of device to facilitate eruption of impacted tooth	\$0
D7285	Biopsy of oral tissue - hard (bone, tooth)	\$0
D7286	Biopsy of oral tissue - soft (all others)	\$0
D7288	Brush biopsy - transepithelial sample collection	\$0
ALVEOLOPLASTY (surgical preparation of ridge for dentures)		
D7310	Alveoloplasty W/Extraction 4/> Teeth/Space Quad	\$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
EXCISION OF BONE TISSUE		
D7471	Removal of lateral exostosis (maxilla or mandible)	\$0
D7485	Surgical reduction of osseous tuberosity	\$0
SURGICAL INCISION		
D7510	Incision and drainage of abscess - intraoral soft tissue	\$0
D7520	Incision and drainage of abscess - extraoral soft tissue	\$0
OTHER REPAIR PROCEDURES		
D7922	Placement Of Intra-Socket Dressing	\$0
D7953	Bone replacement graft for ridge preservation - per site	\$0
D7961	buccal/labial frenectomy	\$0
D7962	lingual frenectomy	\$0
D7963	Frenuloplasty	\$0
D7970	Excision of hyperplastic tissue - per arch	\$0
D7971	Excision of pericoronal gingiva	\$0
COMPREHENSIVE ORTHODONTIC TREATMENT		
D8010	Limited orthodontic treatment of the primary dentition	\$800

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D8020	Limited orthodontic treatment of the transitional dentition	\$800
D8030	Limited orthodontic treatment of the adolescent dentition	\$800
D8040	Limited orthodontic treatment of the adult dentition	\$800
D8050	Interceptive orthodontic treatment of the primary dentition	\$950
D8060	Interceptive orthodontic treatment of the transitional dentition	\$950
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		
	Orthodontic material upgrade - gold or clear brackets	\$210
	Invisalign or any similar product	\$350
D8660	Pre-orthodontic treatment visit	\$0
D8670	Periodic orthodontic treatment visit	\$50
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$250
D8681	Removable orthodontic retainer adjustment	\$50
D8999	Orthodontic records fee	\$275
UNCLASSIFIED TREATMENT		
D9110	Emergency Treatment	\$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
D9222	Deep Sedation/General Anes - First 15 Mins	\$0
D9223	Deep Sedation/General Anesthesia - Each 15 Minute Increment	\$0
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$0
D9239	Intravenous conscious sedation/analgesia - first 15 minutes	\$0
D9243	Intravenous Conscious Sedation/Anesthesia - Each Subsequent 15 Minute Increment	\$0
PROFESSIONAL CONSULTATION		
D9310	Consultation - Other Than Treating Doctor	\$0
PROFESSIONAL VISITS		
D9430	Office Visit Observation No Other Srvc Performed	\$0
D9440	Office visit, after regularly scheduled hours	\$0
MISCELLANEOUS SERVICES		
D9910	Application of desensitizing medicament	\$0
D9932	Cleaning and inspection of removable complete denture, maxillar	\$0
D9933	Cleaning and inspection of removable complete denture, mandibu	\$0
D9934	Cleaning and inspection of removable partial denture maxillary	\$0
D9935	Cleaning and inspection of removable partial denture, mandibular	\$0
D9944	Occlusal Guard, Hard Appliance, Full Arch	\$0
D9945	Occlusal Guard, Soft Appliance, Full Arch	\$0
D9946	Occlusal guard - hard appliance, partial arch	\$0
D9951	Occlusal Adjustment - Limited	\$0
D9952	Occlusal adjustment - complete	\$0
D9972	External Bleaching - Per Arch -Take Home	\$0
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	\$0
NON CLINICAL PROCEDURES		
D9986	Missed appointment	\$0
D9987	Cancelled appointment	\$0
D9990	Certified Translation or Sign Language Services - per visit	\$0
D9997	Dental case management - patients with special health care needs	\$0

FOOTNOTES
 @ Where available

CDT 2024