# KINGSTON TRUST FUND

## Dental Plan

## 2021 SUMMARY PLAN DESCRIPTION – PART D

**NEW Plan Information is in RED**

**KTF Preferred Provider (PPO) Network**
**Administered by: KINGSTON TRUST FUND**

- This Summary Plan Description/Plan Document, along with interpretive memoranda and operational policies, will govern in all cases.
- The Summary Plan Description is organized in four (4) parts:
  - KTF Part A (Eligibility Rules, Medical Schedule of Benefits and Exclusions)
  - KTF Part B (Appeals, Eligibility Rules, Subrogation, etc.)
  - KTF Part C (Important Employee Notices regarding Your Rights, Specific Plan Rules)
  - KTF Part D (Dental Schedule of Benefits, Covered Codes and Exclusions)

**Grandfathered Status for Dental Plan**

- ✓ This dental plan is a standalone plan and is not a part of the group health plan.
- ✓ This dental plan has the same eligibility and other plan rules as the group health plan.
- ✓ This plan is considered a grandfathered plan for purposes of Health Care Reform Act of 2010.

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|---|---|
| Restatement Date: | **January 1, 2021** |
| Benefit Year/Deductible Year Ends: | December 31 |
| Trust Plan Year Ends: | June 30 |
| Last Amendment: | January 1, 2021 |
| Printed: | **January 2021** |

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## BASIC DENTAL BENEFIT PLAN

**Accidental Injury to Teeth**

Injuries due to biting and chewing are not covered. Other injuries are covered as a medical benefit payable as any other benefit, with no deductible. PPO providers are paid at 90% and out of network providers will be paid at 70% after the NPPO deductible.

**Allowable Charges, previously referred to as Usual Customary & Reasonable (UCR)**

- **KTF Dental PPO Providers** – Fees are negotiated with providers. The PPO discount *(actual charges less eligible or allowable charges)* is written off by the provider and you may not be balance billed for the discount.
- **Non-PPO Dental Providers** – Allowable charges shall be limited to the 80th percentile of Context for Health's UCR rates. Members will be responsible for excess charges over the allowable UCR charges in addition to the above coinsurance for NPPO Providers.

**Appeals**

*See Part B and C.* Same rules apply to the Dental Plan as for the Group Health Plan.

**Basic Plan Rules**

*See Plan Parts A, B and C.* While the Dental Plan is a standalone plan, the basic plan rules and eligibility, COBRA, appeals, etc. are the same as for the Group Health Plan.

**Benefit Year**

Your deductible and annual benefit limits are based on the Calendar Year.

**Claims**

Claims must be filed within 90 days of date of service. All claims must be typed or printed and include plan and member ID numbers. *See Part B and C for Appeal Rules and Penalties for late filed claims.*

**Contacts and Important Plan Information:**

Mail Dental Claims to: Syntonic Systems/KTF
111 John Street, Suite 1700
New York, NY 10038

KTF: 844-583-3863

**Dental Coverage After Retirement**

Retirees may elect to continue their dental coverage after retirement under COBRA rules. However, dental coverage is voluntary and subject to payment of current dental premiums and rules set up by the Trust. If a member drops their dental coverage, they may re-enroll during the next open enrollment period. Effective 1/1/2014, the Trust will pay the second half semi-annual premium for all retirees presently enrolled in the Dental Plan.

**Dental Deductible**

There will be a Dental Deductible of $0/Individual and $0/Family. The deductible applies to in and out-of-network providers combined.

## Basic Dental Benefit Plan Rules Continued

**Dental Eligibility**

Eligibility for the Dental Plan is subject to the terms of your collective bargaining agreement. Otherwise, the eligibility rules are the same as for group health. It is important to have a current enrollment form on file and to submit an updated enrollment form which lists all covered dependents anytime there is a material change in information or coverage, including any change in your spouse's dental or health coverage or employment status.

If only electing dental coverage, your enrollment form must indicate the health coverage elected or if the Opt Out is elected for medical due to spousal medical coverage.

**Extended Benefits (must be completed within 30 days of termination)**

Benefits will be extended for a dental procedure that began before the date a person's coverage is terminating and completed within 30 days after the termination date, if the covered charge is for any of the following:

- A removable appliance or modification for which an impression is made.
- A fixed bridge, crown, gold or cast restoration when the tooth or teeth are fully prepared.
- Root canal therapy when the pulp chamber is opened and explored to the apex, provided you or your dependents do not become covered under any other group dental plan for that dental procedure.

**Grandfathered Plan**

This is a grandfathered plan under the Affordable Care Act.

**Group Health Plan Provisions are Incorporated by Reference**

Please refer to Plan Part A, B and C for additional information on plan rules. Precertification is not required for dental benefits. Coordination of Benefit rules are the same as the Group Health Plan.

**Maximum Annual Dental Benefit (Limited Benefit Plan)**

1. $2,500 Annual Limit on total benefits paid in any calendar year for all services, both in and out-of-network, except Orthodontia.
2. $2,000 Lifetime Orthodontia limit for children under age 19 (payable quarterly over the treatment period).

**Medical Benefits for Dental Procedures**

Except for the removal of impacted wisdom teeth, dental related procedures are generally not paid under the medical plan except in the case of an accident or in conjunction with congenital defect or disorder. Pre-approval is required for any dental procedure that is to be paid as a medical benefit. The oral surgeon or dentist will not be paid as a PPO provider unless he/she is also enrolled as a KTF Medical PPO provider.

| Basic Dental Benefit Plan Rules Continued |
|---|
| **KTF Sole PPO Provider Network for Dental Services**<br>The only dental PPO Network is the KTF Network. Dentists in the Dental PPO network are not considered PPO providers for medical services, except in the event of an accident, unless they are approved as a Medical PPO Provider in addition to being a Dental PPO Provider. Members are responsible for determining the PPO status of a provider prior to treatment. |
| **Out of Area (OOA)**<br>There are **no** special OOA benefits for the dental plan. PPO or Non-PPO benefits apply based on the provider used. Non-PPO dentists will be paid per the NPPO Dental Schedule of Benefits. |
| **Plan Year**<br>The Plan Year shall begin July 1 and end June 30. |
| **Prior Authorization of Services Not Required**<br>You or your provider may request an estimate (predetermination) of benefits from the Claims Dept. However, no prior approval is needed for any dental service, except for any service that is to be paid as a medical procedure. All medical related procedures involving dental work must be preapproved by the plan. |
| **Removal of Impacted Wisdom Teeth**<br>Removal of an impacted wisdom tooth is covered as a surgical procedure under the medical plan as the primary plan and then it is covered under the dental plan, as secondary for individuals covered under both the medical and dental plan with KTF. |
| **Standalone Plan**<br>Enrollment in this Dental Plan is not dependent upon enrollment in the KTF Group Health Plan. The same basic plan rules for the Group Health Plan also apply to the Dental Plan for COBRA, HIPAA, Appeals, Eligibility, etc. *See Plan Parts A, B and C.* |
| **Timely Filing of Claims – Penalties for Late Filing**<br>All claims are to be filed by the provider (or the member in situations where the member pays in full for the services in advance) within 90 days of the date of service. Late filing penalties apply for late filed claims and benefits will be reduced. |
| **TMJ (Temporomandibular) Treatment or Devices**<br>TMJ treatment or devices are not covered except as specifically provided in the Schedule of Benefits for the Dental and/or Group Health Plan. |

| KINGSTON TRUST DENTAL SCHEDULE OF BENEFITS | | | |
|---|---|---|---|
| Dental Benefits are payable according to the following schedule up to the maximum benefit of $2,500 a year ($2,000 lifetime for Orthodontia). | **KTF PPO Providers** | **Out of Network Providers** | **Maximum Benefit** |
| Deductible | $0/Individual; $0/Family | | |
| Class 1 - Preventive | 100% | 80% | $2,500 Annual Maximum |
| Class 2 - Basic Restorative | 90% | 80% | |
| Class 3 - Major Restorative | 80% | 70% | |
| Class 3 - Implants, Dentures & Bridges ** | 80% | 70% | |
| Orthodontia (children to age 19) ** | 50% | 40% | $2,000 Lifetime |
| TMJ is not covered under the dental plan *(see medical plan).* | N/A | N/A | N/A |
| ** (Proof of coverage for 12 months including prior dental coverage for major dental services and orthodontia without a break in coverage of more than 63-days is required.) | | | |

## Class 1 – Preventive and Basic Dental Services

1. Two bitewing series of x-rays during any Benefit Year - one preventive and one additional bitewing series will be covered if medically necessary.
2. Occlusal and extra oral x-rays will not be paid for more than 2 films within any 2 Benefit Years. Panoramic or full mouth x-rays are limited to one set every three Benefit Years.
3. Space maintainers for children up to age 14 and any adjustments made within six months of the installation of the space maintainers.
4. Emergency exams or emergency palliative treatments for the purpose of removing or alleviating pain and sedative fillings are limited to one annually.
5. Benefits for a filling include local anesthesia and conscious sedation (including nitrous oxide) or direct pulp capping on the same date as the filling.
6. If over age 18, two periodontal prophylaxes shall be covered for those previously treated for periodontal disease. Periodontal maintenance is limited to twice in any Benefit Year period or in conjunction with regular cleanings with no more than 4 visits/cleanings per Benefit Year in total.
7. Two regular prophylaxes (cleanings) during any Benefit Year, including polishing and scaling.
8. Two fluoride applications for children age 18 and younger during any Benefit Year. Sealants shall be covered to age 18 or as medically necessary.
9. Two routine oral examinations during any benefit year.
10. If additional dental services are provided on the same day as an emergency examination, we will not make payment for the examination.

## Class 2 – Basic Dental Repairs

**Restorations:** Amalgam and composite fillings, pulp caps and nitrous oxide. The fillings may consist of silver amalgam and/or tooth color restorations using synthetic materials.

**Inlay/Onlay:** Porcelain/ceramic for up to three or more surfaces, including re-cementation and partial restoration.

**Periodontal Scaling & Root Planning:** Benefit includes teeth quad and maintenance.

**Dentures:** Includes denture adjustments, realignment and repair of broken denture base.

**Consultations:** Only one consultation visit will be covered in any Benefit Year, other than an emergency consult.

## Class 3 – Major Periodontics, Endodontics, Repair and Root Canals

Covered services include local or general anesthesia (including nitrous oxide) in conjunction with:

1. Surgical periodontics examination, gingival curettage, gingivectomy and gingivoplasty, osseous surgery including flap entry and enclosure, mucogingivoplastic surgery, and management of acute infections and oral lesions.
2. Oral surgery to extract teeth may consist of treatment of fractures and dislocations and diagnosis and treatment of cysts, abscesses and impaction.
3. Periodontic treatment (scaling/planning) of the same portion of the mouth (quadrant) is once annually.
4. Apicectomy which may include flap surgery, apical curettage, local anesthesia, x-rays and post-operative care.
5. Inlay/onlay services are covered when teeth cannot be restored by filling, local anesthesia, direct pulp capping on the same date as cementation, indirect pulp capping, lab charges, base, pins, gum preparation and temporary restoration. Replacement of inlays are limited to once every five years.
6. For child crowns (up to age 14) covered services include pulpotomy, including local anesthesia, x-rays, pulp capping, temporary fillings and post-operative care.
7. Repairs or adjustments to bridges or dentures.
8. Root canal therapy, including anesthesia, x-rays, pulpotomy, temporary fillings and post-operative care.
9. Crowns are covered when a tooth cannot be restored by other means and when the crown is not part of a bridge. Crowns can be replaced once every five years, if medically necessary.

## Class 3 – Implants, Dentures and Bridges (after 12 months in Plan)

Major services shall include the following, provided the member has been covered under this plan or another dental plan covering such major services for the previous 12 months prior to the date of service *(HIPAA Certificate or proof of coverage is required*):

1. New bridges
2. New dentures

Implants or any prosthetic device including any attachments, implant crowns, and any procedures related to the implant (that are *not separately covered, e.g. removal of a tooth*), subject to the annual benefit limit same as any other dental procedure. Removal of a tooth for purposes of later installing an implant is covered as oral surgery for the tooth removal.

## Orthodontia (Children to Age 19)

- Includes treatment of Transitional Primary Dentition or Permanent Dentition, including Class I, II and III Malocclusion.
- Radiographs, cephalometric film and casts.
- Minor or interceptive treatment for tooth guidance, including removable appliance therapy and fixed or cemented appliance therapy.

Orthodontia is covered at 50% for PPO and 40% for NPPO for any dependent to age 19 who has been covered under this Plan or who has had continued orthodontia coverage under any other dental plan for at least 12 months will be covered. HIPAA Certificate or proof of coverage is required for prior coverage credit.

Payments shall be made on a monthly or quarterly basis as long as the patient remains a covered member under this Plan. Payments will be made over the treatment program with the first payment payable upon insertion of the device. Payments are subject to the lifetime limit for Orthodontia Treatment for each covered dependent under age 19. Only treatment that begins after the effective date of coverage or the effective date of a new benefit (orthodontia) shall be covered.

## Dental Exclusions

**Treatment Started Before Coverage or Benefits Begin** – Charges for the following are not covered if services began prior to becoming covered under the Dental Plan unless the member provides proof of prior continuous creditable dental coverage with no break in coverage according to HIPAA rules. The member must supply the Plan with a copy of the HIPAA Certificate for any prior dental coverage or other proof of prior coverage before any consideration will be given to coverage for any treatment which began prior to coverage under this Plan. If a new benefit is added, only treatment that begins on or after the effective date of such coverage will be covered.

1. Orthodontia treatment
2. Denture, if the impression for the denture was taken prior to coverage.
3. Crowns, bridges or gold restorations, if preparation of the teeth was begun prior to coverage.
4. Root Canal Therapy

## Dental Exclusions - Continued

**Non-Covered Services** – Charges for the following are not covered unless specifically listed as a covered service in the schedule of benefits or approved due to medical necessity for purposes of either medical or dental care as may be appropriate or determined by the Plan.

1. Any medical procedure relating to dental must be preapproved in advance. Preapproved medical/dental procedures will be covered under the PPO or NPPO depending on the status of the provider. Any dental provider must also be in the medical PPO network to be covered for medical treatment as a PPO benefit.
2. Replacement of a lost or stolen appliance.
3. Instruction in oral hygiene or plaque control, completion of any forms or failure to keep any scheduled appointment.
4. Dental procedures performed solely for cosmetic reasons or to characterize or personalize dentures or bridges. Examples of cosmetic procedures: Porcelain overlays, veneers and teeth whitening are considered cosmetic procedures by the IRS.
5. Appliance or restorations except full dentures, to change vertical dimension, or restore occlusion or correct Temporomandibular Joint Dysfunction (TMJ). Diagnostic procedures and any treatment for each are excluded. *(See your group health plan for TMJ benefits.)*
6. Dental procedures performed while you or your dependent are not insured for these benefits. This includes procedures started before a member's effective date of dental care insurance although partially performed after that date.
7. Dental injuries incurred as a result of "biting" or "chewing" will only be covered under the Dental Plan and not considered as an accident benefit under the Group Health Plan.
8. Charges for filing a claim.
9. Dental procedures performed because of an occupational injury or sickness.
10. Gold foil restoration. Bacteriological studies, caries susceptibility tests, pulp vitality tests, diagnostic photographs or diet planning.
11. Consulting with another dentist on the same day your dentist provides another covered service.
12. Except as specifically covered, athletic mouth guards, night guards, analgesia, implants, replacement of lost or stolen appliances, myofunctional therapy, precision or semi-precision attachments or denture duplication.
13. Prescription and non-prescription drugs. Prescription drugs prescribed by a dental provider are covered the same as any other Rx under the Health Plan. Use your KTF ID card.
14. Dental services or procedures not specifically included in the schedule of covered services and not considered within the scope of normal, acceptable dental practice nor consistent with the highest ethical dental standards of the dental profession, as medically necessary for dental health.

## DENTAL ADA PROCEDURE CODES AND CLASSIFICATIONS

The following ADA Codes will be used to determine the benefit per the Dental Schedule of Benefits. KTF will take into consideration new ADA Codes and place them in the appropriate Class, at their sole discretion and old codes will be discarded based on ADA guidelines. **Certain codes may be considered a covered expense based on individual facts and circumstances, at the discretion of the plan, even though such code is generally not covered.** The following listing will prevail in the event of any discrepancy in other plan language.

| Preventive, Basic, Diagnostic, Anesthesia & General | | CLASS 1 |
|---|---|---|
| 120 | PERIODIC ORAL EVALUATION ESTABLISHED PATIENT | 1 |
| 140 | LIMITED ORAL EVALUATION - PROBLEM FOCUSED | 1 |
| 145 | ORAL EVAL PT UND 3 YR AGE CNSL W/PRIM CAREGIVER | 1 |
| 150 | COMP ORAL EVALUATION - NEW/ESTABLISHED PATIENT | 1 |
| 160 | DTL & EXT ORAL EVALUATION - PROBLEM FOCUSED REPOR | 1 |
| 170 | RE-EVALUATION - LIMITED PROBLEM FOCUSED | 1 |
| 171 | RE-EVALUATION – POST OPERATIVE OFFICE VISIT | 1 |
| 180 | COMP PERIODONTAL EVALUATION - NEW/EST PATIENT | 1 |
| 210 | INTRAORAL - COMPLETE SERIES | 1 |
| 220 | INTRAORAL – PERIAPICAL - FIRST FILM | 1 |
| 230 | INTRAORAL – PERIAPICAL - EACH ADDITIONAL FILM | 1 |
| 240 | INTRAORAL - OCCLUSAL FILM | 1 |
| 251 | EXTRAORAL – POST DENTAL RADIO IMAGE | 1 |
| 270 | BITEWING - SINGLE FILM | 1 |
| 272 | BITEWINGS - TWO FILMS | 1 |
| 273 | BITEWINGS - THREE FILMS | 1 |
| 274 | BITEWINGS - FOUR FILMS | 1 |
| 277 | VERTICAL BITEWINGS - 7 TO 8 FILMS | 1 |
| 330 | PANORAMIC FILM | 1 |
| 351 | 3D PHOTOGRAPHIC IMAGE | 1 |
| 419 | ASSESSMENT OF SALIVARY FLOW BY MEASUREMENT (once every 3 years) | 1 |
| 1110 | PROPHYLAXIS - ADULT | 1 |
| 1120 | PROPHYLAXIS - CHILD | 1 |
| 1201 | TOPICAL APPLICATION OF FLUORIDE - CHILD <15 (twice every 12 months) | 1 |
| 1206 | TOP FLUORIDE VARNISH; TX APPL MOD - HI CARIES RIS (limited to age 18 and younger) | 1 |
| 1208 | TOP FLUORIDE EXCLUDING VARNISH (limited to age 18 and younger) | 1 |
| 1351 | SEALANT - PER TOOTH (limited to under age 18, once every 3 calendar years) | 1 |

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|---|---|---|
| 1353 | SEALANT REPAIR - PER TOOTH | 1 |
| 1510 | SPACE MAINTAINER – FIXED - UNILATERAL | 1 |
| 1515 | SPACE MAINTAINER – FIXED - BILATERAL | 1 |
| 1520 | SPACE MAINTAINER – REMOVABLE - UNILATERAL | 1 |
| 1525 | SPACE MAINTAINER – REMOVABLE - BILATERAL | 1 |
| 1551 | RECEMENT OR REBOND BILATERAL SPACE MAINTAINER – MAXILLARY | 1 |
| 1552 | RECEMENT OR REBOND BILATERAL SPACE MAINTAINER – MANDIBULAR | 1 |
| 1553 | RECEMENT OR REBOND UNILATERAL SPACE MAINTAINER – PER QUADRANT | 1 |
| 9110 | PALLIATIVE TREATMENT OF DENTAL PAIN - MINOR PROCEDURE | 1 |
| **Anesthesia – Sedation** | | **CLASS 1** |
| 9220 | DEEP SEDATION/GENERAL ANESTHESIA - 1ST 30 MINUTES | 1 |
| 9221 | DEEP SEDATION/GENERAL ANESTHESIA - EA ADD 15 MIN | 1 |
| 9230 | ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE | 1 |
| 9241 | IV MODERATE CONSCIOUS SEDATION/ANALG - 1ST 30 MINUTES | 1 |
| 9242 | IV MODERATE CONSCIOUS SEDATION/ANALG - EA ADD 15 MINUTES | 1 |
| 9248 | NON-INTRAVENOUS MODERATE CONSCIOUS SEDATION | 1 |
| 9310 | CONSULT DX SERV DENT/PHY NOT REQUESTING DENT/PH | 1 |
| 9430 | OFFICE VISIT OBSERVATION NO OTHER SRVC PERFORMED | 1 |
| 9440 | OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS | 1 |
| 9610 | THERAPEUTIC PARENTAL DRUG - SINGLE ADMINISTRATION | 1 |
| 9612 | THERAPEUTIC PARENTAL DRUGS - TWO OR MORE ADMINISTRATIONS - DIFFERENT DRUGS | 1 |
| D0074 | INTERNAL BLEACHING - PER TOOTH - LIMITED TO ONCE PER TOOTH PER 3 YEAR PERIOD FOR ENDONICALLY TREATED ANTERIOR TEETH. | 1 |
| **Minor Restorative - Endodontic, Periodontal, Prosthodontic & Oral Surgery** | | **CLASS 2** |
| 2140 | AMALGAM - ONE SURFACE PRIMARY OR PERMANENT | 2 |
| 2150 | AMALGAM - TWO SURFACES PRIMARY OR PERMANENT | 2 |
| 2160 | AMALGAM - THREE SURFACES PRIMARY OR PERMANENT | 2 |
| 2161 | AMALGAM - FOUR/MORE SURFACES PRIMARY/PERMANENT | 2 |
| 2330 | RESIN-BASED COMPOSITE - ONE SURFACE ANTERIOR | 2 |
| 2331 | RESIN-BASED COMPOSITE - TWO SURFACES ANTERIOR | 2 |
| 2332 | RESIN-BASED COMPOSITE - THREE SURFACES ANTERIOR | 2 |
| 2335 | RESIN COMPOS - 4/MORE SURFACES/INVLV INCISAL AN | 2 |

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| 2391 | RESIN-BASED COMPOSITE - ONE SURFACE POSTERIOR | 2 |
| 2392 | RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR | 2 |
| 2393 | RESIN-BASED COMPOSITE - THREE SURFACES POSTERIOR | 2 |
| 2394 | RESIN COMPOS - FOUR OR MORE SURFACES POSTERIOR | 2 |
| 2610 | INLAY - PORCELAIN/CERAMIC - ONE SURFACE | 2 |
| 2620 | INLAY - PORCELAIN/CERAMIC - TWO SURFACES | 2 |
| 2630 | INLAY - PORCELAIN/CERAMIC - THREE/MORE SURFACES | 2 |
| 2910 | RECEMENT OR REBOND INLAY/ONLAY/VENEER OR PART COVERAGE RESTORATION | 2 |
| 2920 | RECEMENT OR REBOND CROWN | 2 |
| 2930 | PREFABR STAINLESS STEEL CROWN - PRIMARY TOOTH | 2 |
| 2931 | PREFABR STAINLESS STEEL CROWN - PERMANENT TOOTH | 2 |
| 2951 | PIN RETENTION - PER TOOTH ADDITION RESTORATION | 2 |
| 3110 | PULP CAP - DIRECT | 2 |
| 3120 | PULP CAP - INDIRECT | 2 |
| 3220 | TX PULP - REMV PULP CORONAL DENTINOCEMENTL JUNC | 2 |
| 3221 | PULPAL DEBRIDEMENT PRIMARY AND PERMANENT TEETH | 2 |
| 3222 | PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMENT TOOTH W INCOMPLETE ROOT DEVELOPMENT | 2 |
| 3230 | PULPAL THERAPY - ANTERIOR PRIMARY TOOTH | 2 |
| 3240 | PULPAL THERAPY - POSTERIOR PRIMARY TOOTH | 2 |
| 4341 | PRDONTAL SCALING & ROOT PLANING 4/MORE TEETH - QUAD | 2 |
| 4342 | PRDONTAL SCALING & ROOT PLANING 1-3 TEETH - QUAD | 2 |
| 4346 | SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION – FULL MOUTH, AFTER ORAL EVALUATION | 2 |
| 4910 | PERIODONTAL MAINTENANCE | 2 |
| 4921 | GINGIVAL IRRIGATION – PER QUADRANT | 2 |
| 5221 | IMMEDIATE MAXILLARY PARTIAL DENTURE – RESIN BASE | 2 |
| 5222 | IMMEDIATE MANDIBULAR PARTIAL DENTURE – RESIN BASE | 2 |
| 5410 | ADJUST COMPLETE DENTURE – MAXILLARY | 2 |
| 5411 | ADJUST COMPLETE DENTURE – MANDIBULAR | 2 |
| 5421 | ADJUST PARTIAL DENTURE – MAXILLARY | 2 |
| 5422 | ADJUST PARTIAL DENTURE – MANDIBULAR | 2 |
| 5510 | REPAIR BROKEN COMPLETE DENTURE BASE | 2 |
| 5520 | REPLACE MISSING/BROKEN TEETH - COMPLETE DENTURE | 2 |
| 5610 | REPAIR RESIN DENTURE BASE | 2 |

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| 5620 | REPAIR CAST FRAMEWORK | 2 |
| 5630 | REPAIR OR REPLACE BROKEN CLASP | 2 |
| 5640 | REPLACE BROKEN TEETH - PER TOOTH | 2 |
| 5650 | ADD TOOTH TO EXISTING PARTIAL DENTURE | 2 |
| 5660 | ADD CLASP TO EXISTING PARTIAL DENTURE | 2 |
| 5670 | REPLACE ALL TEETH&ACRYLIC CAST METAL FRMEWRK MA | 2 |
| 5671 | REPLACE ALL TEETH&ACRYLIC CAST METL FRMEWRK MAN | 2 |
| 5710 | REBASE COMPLETE MAXILLARY DENTURE | 2 |
| 5711 | REBASE COMPLETE MANDIBULAR DENTURE | 2 |
| 5720 | REBASE MAXILLARY PARTIAL DENTURE | 2 |
| 5721 | REBASE MANDIBULAR PARTIAL DENTURE | 2 |
| 5730 | RELINE COMPLETE MAXILLARY DENTURE CHAIRSIDE | 2 |
| 5731 | RELINE COMPLETE MANDIBULAR DENTURE CHAIRSIDE | 2 |
| 5740 | RELINE MAXILLARY PARTIAL DENTURE CHAIRSIDE | 2 |
| 5741 | RELINE MANDIBULAR PARTIAL DENTURE CHAIRSIDE | 2 |
| 5750 | RELINE COMPLETE MAXILLARY DENTURE LABORATORY | 2 |
| 5751 | RELINE COMPLETE MANDIBULAR DENTRUE LABORATORY | 2 |
| 5760 | RELINE MAXILLARY PARTIAL DENTURE LABORATORY | 2 |
| 5761 | RELINE MANDIBULAR PARTIAL DENTURE LABORATORY | 2 |
| 5850 | TISSUE CONDITIONING MAXILLARY | 2 |
| 5851 | TISSUE CONDITIONING MANDIBULAR | 2 |
| 6930 | RECEMENT OR REBOND FIXED PARTIAL DENTURE | 2 |
| 6980 | FIXED PARTIAL DENTURE REPAIR, BY REPORT | 2 |
| 7111 | EXTRACTION CORONAL REMNANTS DECIDUOUS TOOTH | 2 |
| 7140 | EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT | 2 |
| 7210 | SURG REMV ERUPTED TOOTH RQR ELEV FLP & REMV BONE | 2 |
| 7220 | REMOVAL OF IMPACTED TOOTH - SOFT TISSUE | 2 |
| 7230 | REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY | 2 |
| 7240 | REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY | 2 |
| 7241 | REMV IMP TOOTH - CMPL BONY W/UNUSUAL SURG COMPS | 2 |
| 7250 | SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS | 2 |
| 7270 | TOOTH REIMPL & OR STBL ACC EVULSED/DISPLCD TOOTH | 2 |
| 7280 | SURGICAL ACCESS OF AN UNERUPTED TOOTH | 2 |
| 7310 | ALVEOLOPLASTY W/EXTRACTION 4/> TEETH/SPACE QUAD | 2 |
| 7311 | ALVEOLOPLSTY CONJNC XTRACT 1-3 TEETH/SPACES QUAD | 2 |

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|---|---|---|
| 7320 | ALVEOLOPLASTY NOT W/EXTRACTIONS 4/> TEETH/SPACE | 2 |
| 7321 | ALVEOLOPLSTY NOT CNJNC XTRCT 1-3 TEETH/SPCE QUA | 2 |
| 7510 | INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE | 2 |
| 7910 | SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM | 2 |
| 7971 | EXCISION OF PERICORONAL GINGIVA | 2 |
| **Major Restorative Services, Endodontic, Periodontal** | | **CLASS 3** |
| 322 | TOMOGRAPHIC SURVEY | 3 |
| 360 | CONE BEAM CT - CRANIOFACIAL DATA CAPTURE | 3 |
| 362 | CONE BEAM 2-D RECONST EXISTING DATA MULTI IMAGE | 3 |
| 363 | CONE BEAM 3-D RECONST EXISTING DATA MULTI IMAGE | 3 |
| 364 | CONE BEAM CT LESS THAN WHOLE JAW | 3 |
| 365 | CONE BEAM CT CAPTURE AND INTERPRETATION W/FIELD OF VIEW OF ONE FULL DENTAL ARCH – MANDIBLE | 3 |
| 2510 | INLAY - METALLIC - ONE SURFACE | 3 |
| 2520 | INLAY - METALLIC - TWO SURFACES | 3 |
| 2530 | INLAY - METALLIC - THREE OR MORE SURFACES | 3 |
| 2542 | ONLAY - METALLIC - TWO SURFACES | 3 |
| 2543 | ONLAY METALLIC THREE SURFACES | 3 |
| 2544 | ONLAY METALLIC FOUR OR MORE SURFACES | 3 |
| 2642 | ONLAY - PORCELAIN/CERAMIC - TWO SURFACES | 3 |
| 2643 | ONLAY - PORCELAIN/CERAMIC - THREE SURFACES | 3 |
| 2644 | ONLAY - PORCELAIN/CERAMIC - 4 OR MORE SURFACES | 3 |
| 2662 | ONLAY - RESIN COMPOS COMPOS/RESIN - 2 SURFACES | 3 |
| 2663 | ONLAY - RESIN COMPOS COMPOS/RESIN - 3 SURFACES | 3 |
| 2664 | ONLAY - RSN COMPOS COMPOS/RSN - 4/MORE SURFACES | 3 |
| 2710 | CROWN RESINBASED COMPOSITE INDIRECT | 3 |
| 2712 | CROWN 3/4 RESINBASED COMPOSITE INDIRECT | 3 |
| 2720 | CROWN - RESIN WITH HIGH NOBLE METAL | 3 |
| 2721 | CROWN - RESIN WITH PREDOMINANTLY BASE METAL | 3 |
| 2722 | CROWN - RESIN WITH NOBLE METAL | 3 |
| 2740 | CROWN - PORCELAIN/CERAMIC SUBSTRATE | 3 |
| 2750 | CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL | 3 |
| 2751 | CROWN - PORCELAIN FUSED PREDOMINANTLY BASE META | 3 |
| 2752 | CROWN - PORCELAIN FUSED TO NOBLE METAL | 3 |
| 2753 | CROWN – PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS | 3 |

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| 2780 | CROWN - 3/4 CAST HIGH NOBLE METAL | 3 |
| 2781 | CROWN - 3/4 CAST PREDOMINATELY BASE METAL | 3 |
| 2782 | CROWN - 3/4 CAST NOBLE METAL | 3 |
| 2783 | CROWN - 3/4 PORCELAIN/CERAMIC | 3 |
| 2790 | CROWN - FULL CAST HIGH NOBLE METAL | 3 |
| 2791 | CROWN - FULL CAST PREDOMINANTLY BASE METAL | 3 |
| 2792 | CROWN - FULL CAST NOBLE METAL | 3 |
| 2794 | CROWN TITANIUM | 3 |
| 2950 | CORE BUILDUP INCLUDING ANY PINS | 3 |
| 2952 | POST AND CORE ADDITION TO CROWN INDIRECTLY FAB | 3 |
| 2953 | EACH ADDITIONAL INDIRECTLY FAB POST SAME TOOTH | 3 |
| 2954 | PREFABRICATED POST AND CORE IN ADDITION TO CROWN | 3 |
| 2957 | EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH | 3 |
| 2980 | CROWN REPAIR, BY REPORT | 3 |
| **Endodontic Services** | | **CLASS 3** |
| 3310 | ANTERIOR ROOT CANAL (EXCLUDING FINAL RESTORATION) | 3 |
| 3320 | BICUSPID ROOT CANAL (EXCLUDING FINAL RESTORATION) | 3 |
| 3330 | MOLAR - ENDODONTIC THERAPY | 3 |
| 3346 | RETREATMENT PREVIOUS RC THERAPY - ANTERIOR | 3 |
| 3347 | RETREATMENT PREVIOUS RC THERAPY - BICUSPID | 3 |
| 3348 | RETREATMENT PREVIOUS ROOT CANAL THERAPY - MOLAR | 3 |
| 3351 | APEXIFICATION/RECALCIFICATION - INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATION, ROOT RESORPTION, ECT) | 3 |
| 3352 | APEXIFICAT/RECALCIFICAT - INTERIM MEDREPL | 3 |
| 3353 | APEXIFICATION/RECALCIFICATION - FINAL VISIT | 3 |
| 3410 | APICOECTOMY/PERIRADICULAR SURGERY - ANTERIOR | 3 |
| 3421 | APICOECTOMY/PERIRADICULAR SURGERY - BICUSPID | 3 |
| 3425 | APICOECTOMY/PERIRADICULAR SURGERY - MOLAR | 3 |
| 3426 | APICOECTOMY/PERIRADICULAR SURGERY | 3 |
| 3430 | RETROGRADE FILLING - PER ROOT | 3 |
| 3450 | ROOT AMPUTATION - PER ROOT | 3 |
| 3920 | HEMISECTION NOT INCLUDING ROOT CANAL THERAPY | 3 |
| **Periodontal Services** | | **CLASS 3** |
| 4210 | GINGIVECT/PLSTY 4/>CNTIG/BOUND TEETH SPACES - QUAD | 3 |

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| 4211 | GINGIVECT/PLSTY 1-3 CNTIG/BOUND TEETH SPACE - QUAD | 3 |
| 4212 | GINGIVECT/PLSTY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE – PER TOOTH | 3 |
| 4240 | GINGL FLP PROC 4/> CONTIG/BOUND TEETH SPACE - QUAD | 3 |
| 4241 | GINGL FLP PROC 1-3 CONTIG/BOUND TEETH SPACE - QUAD | 3 |
| 4249 | CLINICAL CROWN LENGTHENING - HARD TISSUE | 3 |
| 4260 | OSSEOUS SURG (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES - QUAD | 3 |
| 4261 | OSSEOUS SURG (INCLUDING ELEVATION OF A FULL THICKNESS FLAP CLOSURE) 1-3 CONTIG/BOUND TEETH SPACES - QUAD | 3 |
| 4270 | PEDICLE SOFT TISSUE GRAFT PROCEDURE | 3 |
| 4271 | FREE SOFT TISSUE GRAFT PROCEDURE | 3 |
| 4273 | SUBEPITHEL CONECTIVE TISSUE GRAFT PROC PER TOOTH | 3 |
| 4277 | FREE SOFT TISSUE GRAFT, FIRST/EDENT | 3 |
| 4278 | FREE SOFT TISSUE GRAFT, EACH ADDTN | 3 |
| 4320 | PROVISIONAL SPLINTING - INTRACORONAL | 3 |
| 4355 | FULL MOUTH DEBRID ENABLE COMP EVALUATION&DX - ONCE EVERY 5 YEARS | 3 |
| **Prosthodontic Services** | | **CLASS 3** |
| 5110 | COMPLETE DENTURE - MAXILLARY | 3 |
| 5120 | COMPLETE DENTURE - MANDIBULAR | 3 |
| 5130 | IMMEDIATE DENTURE - MAXILLARY | 3 |
| 5140 | IMMEDIATE DENTURE - MANDIBULAR | 3 |
| 5211 | MAXILLARY PARTIAL DENTURE - RESIN BASE | 3 |
| 5212 | MANDIBULAR PARTIAL DENTURE - RESIN BASE | 3 |
| 5213 | MAX PART DENTUR - CAST METL FRMEWRK W/RSN BASE | 3 |
| 5214 | MAND PART DENTUR - CAST METL FRMEWRK W/RSN BASE | 3 |
| 5225 | MAXILLARY PARTIAL DENTRUE FLEXIBLE BASE | 3 |
| 5226 | MANDIBULAR PARTIAL DENTURE FLEXIBLE BASE | 3 |
| 5281 | REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE CAST METAL (INCLUDING CLASPS AND TEETH) - LIMITED TO 1 EVERY 60 MONTHS | 3 |
| 5284 | REMOVABLE UNILATERAL PARTIAL DENTURE – ONE PIECE FLEXIBLE BASE (INCLUDING CLASPS AND TEETH) – PER QUADRANT – LIMITED TO 1 EVERY 60 MONTHS | 3 |

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| 5286 | REMOVABLE UNILATERAL PARTIAL DENTURE – ONE PIECE RESIN (INCLUDING CLASPS AND TEETH) – PER QUADRANT – LIMITED TO 1 EVERY 60 MONTHS | 3 |
| 6010 | SURGICAL PLACEMENT IMPLANT BODY: ENDOSTEAL IMPLANT | 3 |
| 6012 | SURGICAL PLACEMENT INTERIM IMPL TRNSITIONL PROS - ENDOS | 3 |
| 6013 | SURGICAL PLACEMENT OF MINI IMPLANT | 3 |
| 6040 | SURGICAL PLACEMENT - EPOSTEAL IMPLANT | 3 |
| 6050 | SURGICAL PLACEMENT - TRANSOSTEAL IMPLANT | 3 |
| 6055 | DENTAL IMPLANT SUPPORTED CONNECTING BAR | 3 |
| 6056 | PREFABRICATED ABUTMENT INCLUDES PLACEMENT | 3 |
| 6058 | ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN | 3 |
| 6059 | ABUTMENT SUPP PORCELAIN TO METL CROWN HI NOBLE METL | 3 |
| 6060 | ABUTMENT SUPP PORCELAIN TO MTL CROWN PREDOM BASE MT | 3 |
| 6061 | ABUT SUPP PORCELAIN TO METAL CROWN NOBLE METAL | 3 |
| 6062 | ABUTMENT SUPP CAST METAL CROWN HIGH NOBLE METAL | 3 |
| 6063 | ABUTMENT SUPP CAST METAL CROWN PREDOM BASE META | 3 |
| 6064 | ABUTMENT SUPP CAST METAL CROWN NOBLE METAL | 3 |
| 6065 | IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN | 3 |
| 6066 | IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROW | 3 |
| 6067 | IMPLANT SUPPORTED METAL CROWN | 3 |
| 6068 | ABUT SUPPORTED RETAINER PORCELAIN/CERAMIC FPD | 3 |
| 6069 | ABUT RETAINR PORCELN TO METL FPD HI NOBL METL | 3 |
| 6070 | ABUT RETN PORCELN TO METL FPD PREDOM BASE METL | 3 |
| 6071 | ABUT SUPPORTED RETAINER PORCELN FUSED METAL FPD | 3 |
| 6072 | ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD | 3 |
| 6073 | ABUT RETAINR CAST METL FPD PREDOM BASE METL | 3 |
| 6074 | ABUTMENT RETAINR CAST METAL FPD NOBLE METAL | 3 |
| 6075 | IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD | 3 |
| 6076 | IMPLANT SUPPORTED RETAINER PORCELN FUSED METAL FP | 3 |
| 6077 | IMPLANT SUPPORTED RETAINER FOR CAST METAL FPD | 3 |
| 6080 | IMPL MAINT PROC REMV CLEANS PROSTH&ABUTS REINS | 3 |
| 6082 | IMPLANT SUPPORTED CROWN – PORCELAIN FUSED TO PREDOMINANTLY BASE ALLOYS | 3 |
| 6083 | IMPLANT SUPPORTED CROWN – PORCELAIN FUSED TO NOBLE ALLOYS | 3 |
| 6084 | IMPLANT SUPPORTED CROWN – PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS | 3 |

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| 6086 | IMPLANT SUPPORTED CROWN – PREDOMINANTLY BASE ALLOYS | 3 |
| 6087 | IMPLANT SUPPORTED CROWN – NOBLE ALLOYS | 3 |
| 6088 | IMPLANT SUPPORTED CROWN – TITANIUM AND TITANIUM ALLOYS | 3 |
| 6090 | REPAIR IMPLANT PROSTHESIS | 3 |
| 6091 | REPL ATTACHMNT IMPL/ABUT SUPP PROS PER ATTACHMN | 3 |
| 6092 | RECEMENT OR REBOND IMPLANT/ABUTMENT SUPPORTED CROWN | 3 |
| 6093 | RECEMENT OR REBOND IMPL/ABUTMNT SUPPORTED FIX PART DENTUR | 3 |
| 6094 | ABUTMENT SUPPORTED CROWN TITANIUM | 3 |
| 6095 | REPAIR IMPLANT ABUTMENT | 3 |
| 6097 | ABUTMENT SUPPORTED CROWN – PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS | 3 |
| 6098 | IMPLANT SUPPORTED RETAINER – PORCELAIN FUSED TO PREDOMINANTLY BASE ALLOYS | 3 |
| 6099 | IMPLANT SUPPORTED RETAINER FOR FPD – PORCELAIN FUSED TO NOBLE ALLOYS | 3 |
| 6100 | IMPLANT REMOVAL | 3 |
| 6110 | IMPLANT/ABUTMENT SUPPORTED REMOVAL DENTURE FOR EDENTULOUS ARCH - MAXILLARY | 3 |
| 6111 | IMPLANT/ABUTMENT SUPPORTED REMOVAL DENTURE FOR EDENTULOUS ARCH - MANDIBULAR | 3 |
| 6112 | IMPLANT/ABUTMENT SUPPORTED REMOVAL DENTURE FOR PARTIALLY EDENTULOUS ARCH - MAXILLARY | 3 |
| 6113 | IMPLANT/ABUTMENT SUPPORTED REMOVAL DENTURE FOR PARTIALLY EDENTULOUS ARCH - MANDIBULAR | 3 |
| 6114 | IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS ARCH - MAXILLARY | 3 |
| 6115 | IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS ARCH - MANDIBULAR | 3 |
| 6116 | IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH - MAXILLARY | 3 |
| 6117 | IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH - MANDIBULAR | 3 |
| 6120 | IMPLANT SUPPORTED RETAINER – PORCELAIN FUSED TO TITIANIUM AND TITANIUM ALLOYS | 3 |
| 6121 | IMPLANT SUPPORTED RETAINER FOR METAL FPD – PREDOMINANTLY BASE ALLOYS | 3 |
| 6122 | IMPLANT SUPPORTED RETAINER FOR METAL FPD – NOBLE ALLOYS | 3 |
| 6123 | IMPLANT SUPPORTED RETAINER FOR METAL FPD – TITANIUM AND TITANIUM ALLOYS | 3 |
| 6190 | RADIOGRAPHIC/SURGICAL IMPLANT INDEX BY REPORT | 3 |

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| 6194 | ABUTMENT SUPPORTED RETAINER CROWN FOR FPD | 3 |
| 6195 | ABUTMENT SUPPORTED RETAINER – PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS | 3 |
| 6205 | PONTIC INDIRECT RESIN BASED COMPOSITE | 3 |
| 6210 | PONTIC - CAST HIGH NOBLE METAL | 3 |
| 6211 | PONTIC - CAST PREDOMINANTLY BASE METAL | 3 |
| 6212 | PONTIC - CAST NOBLE METAL | 3 |
| 6214 | PONTIC TITANIUM | 3 |
| 6240 | PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL | 3 |
| 6241 | PONTIC - PORCELN FUSED PREDOMINANTLY BASE METAL | 3 |
| 6242 | PONTIC - PORCELAIN FUSED TO NOBLE METAL | 3 |
| 6243 | PONTIC – PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS | 3 |
| 6245 | PONTIC - PORCELAIN/CERAMIC | 3 |
| 6520 | INLAY - METALLIC – TWO SURFACES | 3 |
| 6530 | INLAY - METALLIC - THREE OR MORE SURFACES | 3 |
| 6543 | ONLAY - METALLIC - THREE SURFACES | 3 |
| 6544 | ONLAY - METALLIC - FOUR OR MORE SURFACES | 3 |
| 6545 | RETAINER - CAST METAL RESIN BONDED FIX PROSTH | 3 |
| 6548 | RETAINER - PORCELN/CERAMIC RSN BONDED FIX PROST | 3 |
| 6601 | INLAY - PORCELAIN/CERAMIC THREE OR MORE SURFACE | 3 |
| 6604 | INLAY - CAST PREDOMINANTLY BASE METAL 2 SURFACE | 3 |
| 6605 | INLAY - CAST PREDOM BASE METAL 3/MORE SURFACES | 3 |
| 6613 | ONLAY - CAST PREDOM BASE METAL 3/MORE SURFACES | 3 |
| 6740 | CROWN - PORCELAIN/CERAMIC | 3 |
| 6750 | CROWN PORCELAIN FUSED TO HI NOBLE METAL - DENTURE | 3 |
| 6751 | CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL | 3 |
| 6752 | CROWN - PORCELAIN FUSED TO NOBLE METAL | 3 |
| 6780 | CROWN - 3/4 CAST HIGH NOBLE METAL | 3 |
| 6781 | CROWN - 3/4 CAST PREDOMINATELY BASED METAL | 3 |
| 6782 | CROWN - 3/4 CAST NOBLE METAL - DENTURE | 3 |
| 6783 | CROWN - 3/4 PORCELAIN/CERAMIC - DENTURE | 3 |
| 6790 | CROWN FULL CAST HIGH NOBLE METAL - DENTURE | 3 |
| 6791 | CROWN FULL CAST PREDOMINANTLY BASE METAL - DENTURE | 3 |
| 6792 | CROWN FULL CAST NOBLE METAL - DENTURE | 3 |
| 6794 | CROWN TITANIUM | 3 |

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| 6972 | PREFAB POST & CORE ADD FIX PART DENTUR RETAIN | 3 |
| 6973 | CORE BUILD UP FOR RETAINER INCLUDING ANY PINS | 3 |
| 6985 | PEDIATRIC PARTIAL DENTURE FIXED | 3 |
| 7292 | SURG PLCMT - TEMP ANCHORAGE DEVICE (SCREW RETAINED PLATE) RQR FLAP; INCLUDEDS DEVICE REMOVAL | 3 |
| 7261 | PRIMARY CLOSURE OF A SINUS PERFORATION | 3 |
| 7272 | TOOTH TRANSPLANTATION | 3 |
| 7293 | SURG PLCMT: TEMP ANCHORAGE DEVICE RQR FLAP; INCLUDS DEVICE REMOVAL | 3 |
| 7294 | SURG PLCMT: TEMP ANCHORAGE DEVICE W/O SURG FLAP; INCLUDES DEVICE REMOVAL | 3 |
| 7471 | REMOVAL OF LATERAL EXOSTOSIS | 3 |
| 7911 | COMPLICATED SUTURE - UP TO 5 CM | 3 |
| 7912 | COMPLICATED SUTURE - GREATER THAN 5 CM | 3 |
| 9941 | FABRICATION OF ATHLETIC MOUTHGUARD (ONE PER 12 MONTH PERIOD) | 3 |
| 9942 | REPAIR AND/OR RELINE OF OCCLUSAL GUARD | 3 |
| 9944 | OCCLUSAL GUARD – HARD APPLIANCE, FULL ARCH (1 EVERY 12 MONTHS FOR PATIENTS 13 AND OLDER) | 3 |
| 9945 | OCCLUSAL GUARD – SOFT APPLIANCE, FULL ARCH (1 EVERY 12 MONTHS FOR PATIENTS 13 AND OLDER) | 3 |
| 9946 | OCCLUSAL GUARD – HARD APPLIANCE, PARTIAL ARCH (1 EVERY 12 MONTHS FOR PATIENTS 13 AND OLDER) | 3 |
| 9950 | OCCLUSION ANALYSIS - MOUNTED CASE | 3 |
| 9952 | OCCLUSAL ADJUSTMENT - COMPLETE | 3 |
| **Orthodontia (To age stated in Schedule of Benefits)** | | |
| Excluded: Repair of damaged orthodontic appliances, replacement of lost or missing appliance, services to alter vertical dimension and/or restore or maintain the occlusions. Such procedures include, but are not limited to equilibration, periodontal splinting, full mouth rehabilitation and restoration for misalignment of teeth. Any general exclusion listed under the Schedule of Benefits. | | |
| 340 | CEPHALOMETRIC FILM | ORTHO |
| 350 | 2D ORAL/FACIAL PHOTOGRAPHIC IMAGES OBTAINED INTRA/EXTRA ORALLY | ORTHO |
| 470 | DIAGNOSTIC CASTS | ORTHO |
| 8010 | LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION | ORTHO |
| 8020 | LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL PRIMARY DENTITION | ORTHO |
| 8030 | LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION | ORTHO |

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| 8050 | INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION | ORTHO |
| 8060 | INTERCEPTIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION | ORTHO |
| 8070 | COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION | ORTHO |
| 8080 | COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION | ORTHO |
| 8090 | PRE-ORTHODONTIC TREATMENT VISIT | ORTHO |
| 8210 | REMOVABLE APPLIANCE THERAPY | ORTHO |
| 8220 | FIXED APPLIANCE THERAPY | ORTHO |
| 8660 | PRE-ORTHODONTIC TREATMENT EXAMINATION TO MONITOR GROWTH AND DEVELOPMENT | ORTHO |
| 8670 | PERIODIC ORTHODONTIC TREATMENT VISIT (PART OF CONTRACT) | ORTHO |
| 8680 | ORTHODONTIC RETENTION (REMOVAL OF APPLIANCE CONSTRUCTION/PLACEMENT OF RETAINER(S)) | ORTHO |
| 8690 | ORTHODONTIC TREATMENT (ALTERNATIVE BILLING/CONTRACT FEE) | ORTHO |
| 8697 | REPAIR OF ORTHODONTIC APPLIANCE – MANDIBULAR | ORTHO |
| 8698 | RECEMENT OR REBOND FIXED RETAINER – MAXILLARY | ORTHO |
| 8699 | RECEMENT OR REBOND FIXED RETAINER – MANDIBULAR | ORTHO |
| 8701 | REPAIR OF FIXED RETAINER, INCLUDES REATTACHMENT - MAXILLARY | ORTHO |
| 8702 | REPAIR OF FIXED RETAINER, INCLUDES REATTACHMENT – MANDIBULAR | ORTHO |
| 8703 | REPLACEMENT OF LOST OR BROKEN RETAINER – MAXILLARY | ORTHO |
| 8704 | REPLACEMENT OF LOST OR BROKEN RETAINER - MANDIBULAR | ORTHO |
| **TMJ Treatment (If covered in Schedule of Benefits)** | | |
| 320 | TEMPOROMANDIBULAR JOINT ARTHROGRAM INCL INJ | TMJ |
| 321 | OTHER TMJ FILMS | TMJ |
| 7880 | TMJ APPLIANCE | TMJ |
| 7889 | TMJ THERAPY | TMJ |
| **Excluded Procedures Unless Covered in Schedule of Benefits** | | |
| 250 | EXTRAORAL - FIRST FILM | Excluded |
| 260 | EXTRAORAL - EACH ADDITIONAL FILM | Excluded |
| 290 | POST-ANT/LAT SKULL & FACIAL BONE SURVEY FILM | Excluded |
| 310 | SIALOGRAPHY | Excluded |
| 393 | TREATMENT SIMULATION USING 3D IMAGE VOLUME | Excluded |

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| 415 | COLLECTION MICROORGANISMS CULTURE & SENSITIVITY | Excluded |
| 416 | VIRAL CULTURE | Excluded |
| 421 | GENETIC TEST FOR SUSCEPTIBILITY TO ORAL DISEASE | Excluded |
| 425 | CARIES SUSCEPTIBILITY TESTS | Excluded |
| 431 | ADJUNCTIVE PREDX TST NOT INCL CYTOLOGY/BX PROC | Excluded |
| 460 | PULP VITALITY TEST | Excluded |
| 472 | ACCESSION OF TISSUE GROSS EXAMINATION PREP/REPR | Excluded |
| 473 | ACCESS TISSUE GR & MIC EXAMINATION PREP/REPRT | Excluded |
| 474 | ACCESS TISS GR & MIC EX ASSESS SURG MARG PREP/RPT | Excluded |
| 476 | SPECIAL STAINS FOR MICROORGANISMS | Excluded |
| 477 | SPECIAL STAINS NOT FOR MICROORGANISMS | Excluded |
| 478 | IMMUNOHISTOCHEMICAL STAINS | Excluded |
| 479 | TISSUE INSITU HYBRIDIZATION INCL INTERPRETATION | Excluded |
| 480 | ACESS EXFOLIATIVE CYTOL SMEAR MIC EXAM PREP/REP | Excluded |
| 481 | ELECTRON MICROSCOPY | Excluded |
| 482 | DIRECT IMMUNOFLUORESCENCE | Excluded |
| 483 | INDIRECT IMMUNOFLUORESCENCE | Excluded |
| 484 | CONSULTATION ON SLIDES PREPARED ELSEWHERE | Excluded |
| 485 | CONSULT INCL PREP SLIDES BX MATL SPL REF SRC | Excluded |
| 486 | ACCESSION BRUSH BX SAMPLE MIC EXAM PREP/REPRT | Excluded |
| 1204 | TOPICAL APPLICATION OF FLUORIDE - ADULT | Excluded |
| 1205 | TOPICAL APPLICATION OF FLUORIDEW/PROPHY - ADULT | Excluded |
| 1310 | NUTRITIONAL COUNSELING CONTROL OF DENTAL DISEASE | Excluded |
| 1320 | TOBACCO CNSL CONTROL&PREVENTION ORAL DISEASE | Excluded |
| 1330 | ORAL HYGIENE INSTRUCTIONS | Excluded |
| 1556 | REMOVAL OF FIXED UNILATERAL SPACE MAINTAINER – PER QUADRANT | Excluded |
| 1557 | REMOVAL OF FIXED BILATERAL SPACE MAINTAINER – MAXILLARY | Excluded |
| 1558 | REMOVAL OF FIXED BILATERAL SPACE MAINTAINER – MANDIBULAR | Excluded |
| 2390 | RESIN-BASED COMPOSITE CROWN ANTERIOR | Excluded |
| 2410 | GOLD FOIL - ONE SURFACE | Excluded |
| 2420 | GOLD FOIL - TWO SURFACES | Excluded |
| 2430 | GOLD FOIL - THREE SURFACES | Excluded |
| 2650 | INLAY - RESIN COMPOS COMPOSITE/RESIN - 1 SURFACE | Excluded |
| 2651 | INLAY - RESIN COMPOS COMPOS/RESIN - 2 SURFACES | Excluded |

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| 2652 | INLAY – RSN COMPOS COMPOS/RSN - 3/MORE SURFACES | Excluded |
| 2799 | PROVISIONAL CROWN | Excluded |
| 2915 | RECEMENT OR REBOND INDIRECTLY FABRICATED OR PREFABIRICATED POST AND CORE | Excluded |
| 2932 | PREFABRICATED RESIN CROWN | Excluded |
| 2933 | PREFABR STAINLESS STEEL CROWN W/RESIN WINDOW | Excluded |
| 2934 | PREFAB ESTHETIC COAT STNLESS STEEL CROWN PRIM | Excluded |
| 2940 | SEDATIVE FILLING | Excluded |
| 2955 | POST REMOVAL | Excluded |
| 2960 | LABIAL VENEER – CHAIRSIDE | Excluded |
| 2961 | LABIAL VENEER – LABORATORY | Excluded |
| 2962 | LABIAL VENEER – LABORATORY | Excluded |
| 2970 | TEMPORARY CROWN | Excluded |
| 2971 | ADD PROC NEW CRWN UND XSTING PART DENTUR FRMEWR | Excluded |
| 2975 | COPING | Excluded |
| 3331 | TREATMENT RC OBSTRUCTION - NON-SURGICAL ACCESS | Excluded |
| 3332 | INCOMPLETE ENDO TX - INOP UNRESTORABLE/FX TOOTH | Excluded |
| 3333 | INTERNAL ROOT REPAIR OF PERFORATION DEFECTS | Excluded |
| 3460 | ENDODONTIC ENDOSSEOUS IMPLANT | Excluded |
| 3470 | INTENTIONAL REIMPLANTATION | Excluded |
| 3910 | SURGICAL PROCEDURE ISOLATION TOOTH W/RUBBER DAM | Excluded |
| 3950 | CANAL PREPARATION&FITTING PREFORMED DOWEL/POST | Excluded |
| 4230 | ANAT CROWN EXP 4/> CONTIGUOUS TEETH PER QUAD | Excluded |
| 4231 | ANATOMICAL CROWN EXPOSURE 1-3 TEETH PER QUADRAN | Excluded |
| 4245 | APICALLY POSITIONED FLAP | Excluded |
| 4263 | BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT | Excluded |
| 4264 | BONE REPLACEMENT GRAFT - EA ADD SITE QUADRANT | Excluded |
| 4265 | BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION | Excluded |
| 4266 | GUID TISSUE REGEN - RESORBABLE BARRIER PER SITE | Excluded |
| 4267 | GUID TISSUE REGEN - NONRESORB BARRIER PER SITE | Excluded |
| 4274 | DISTAL OR PROXIMAL WEDGE PROCEDURE | Excluded |
| 4275 | SOFT TISSUE ALLOGRAFT | Excluded |
| 4276 | COMB CNCTIVE TISSUE&DBL PEDICLE GRAFT PER TOOTH | Excluded |
| 4321 | PROVISIONAL SPLINTING - EXTRACORONAL | Excluded |
| 4381 | LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS WITH REPORT | Excluded |

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| 4920 | UNSCHEDULED DRESSING CHANGE | Excluded |
| 5281 | REMV UNILAT PART DENTURE - 1 PIECE CAST METAL | Excluded |
| 5810 | INTERIM COMPLETE DENTURE MAXILLARY | Excluded |
| 5811 | INTERIM COMPLETE DENTURE MANDIBULAR | Excluded |
| 5820 | INTERIM PARTIAL DENTURE MAXILLARY | Excluded |
| 5821 | INTERIM PARTIAL DENTURE MANDIBULAR | Excluded |
| 5911 | FACIAL MOULAGE SECTIONAL | Excluded |
| 5912 | FACIAL MOULAGE COMPLETE | Excluded |
| 5913 | NASAL PROSTHESIS | Excluded |
| 5914 | AURICULAR PROSTHESIS | Excluded |
| 5915 | ORBITAL PROSTHESIS | Excluded |
| 5916 | OCULAR PROSTHESIS | Excluded |
| 5919 | FACIAL PROSTHESIS | Excluded |
| 5922 | NASAL SEPTAL PROSTHESIS | Excluded |
| 5923 | OCULAR PROSTHESIS (INTERIM) | Excluded |
| 5927 | AURICULAR PROSTHESIS (REPLACEMENT) | Excluded |
| 5928 | ORBITAL PROSTHESIS (REPLACEMENT) | Excluded |
| 5929 | FACIAL PROSTHESIS (REPLACEMENT) | Excluded |
| 5931 | OBTURATOR PROSTHESIS SURGICAL | Excluded |
| 5932 | OBTURATOR PROSTHESIS DEFINITIVE | Excluded |
| 5934 | MANDIBULAR RESECTION PROSTHESIS W/GUIDE FLANGE | Excluded |
| 5935 | MANDIBULAR RESECTION PROSTHESIS W/O GUIDE FLANGE | Excluded |
| 5936 | OBTURATOR/PROSTHESIS INTERIM | Excluded |
| 5937 | TRISMUS APPLIANCE NOT TMD TX | Excluded |
| 5951 | FEEDING AID | Excluded |
| 5952 | SPEECH AID PROSTHESIS PEDIATRIC | Excluded |
| 5953 | SPEECH AID PROSTHESIS ADULT | Excluded |
| 5954 | PALATAL AUGMENTATION PROSTHESIS | Excluded |
| 5955 | PALATAL LIFT PROSTHESIS DEFINITIVE | Excluded |
| 5982 | SURGICAL STENT | Excluded |
| 5983 | RADIATION CARRIER | Excluded |
| 5984 | RADIATION SHIELD | Excluded |
| 5985 | RADIATION CONE LOCATOR | Excluded |
| 5986 | FLUORIDE GEL CARRIER | Excluded |
| 5987 | COMMISSURE SPLINT | Excluded |

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|---|---|---|
| 6057 | CUSTOM ABUTMENT INCLUDES PLACEMENT | Excluded |
| 6250 | PONTIC - RESIN WITH HIGH NOBLE METAL | Excluded |
| 6251 | PONTIC - RESIN WITH PREDOMINANTLY BASE METAL | Excluded |
| 6252 | PONTIC - RESIN WITH NOBLE METAL | Excluded |
| 6253 | PROVISIONAL PONTIC | Excluded |
| 6519 | INLAY/ONLY - PORCELAIN/CERAMIC | Excluded |
| 6549 | RESIN RETAINER – FOR RESIN BONDED FIXED PROSTHESIS | Excluded |
| 6600 | INLAY - PORCELAIN/CERAMIC TWO SURFACES | Excluded |
| 6602 | INLAY - CAST HIGH NOBLE METAL TWO SURFACES | Excluded |
| 6603 | INLAY - CAST HIGH NOBLE METAL 3/MORE SURFACES | Excluded |
| 6606 | INLAY - CAST NOBLE METAL TWO SURFACES | Excluded |
| 6607 | INLAY - CAST NOBLE METAL THREE OR MORE SURFACES | Excluded |
| 6608 | ONLAY - PORCELAIN/CERAMIC 2 SURFACES | Excluded |
| 6609 | ONLAY - PORCELAIN/CERAMIC THREE OR MORE SURFACE | Excluded |
| 6610 | ONLAY - CAST HIGH NOBLE METAL TWO SURFACES | Excluded |
| 6611 | ONLAY - CAST HIGH NOBLE METAL 3/MORE SURFACES | Excluded |
| 6612 | ONLAY - CAST PREDOMINANTLY BASE METAL 2 SURFACE | Excluded |
| 6614 | ONLAY - CAST NOBLE METAL TWO SURFACES | Excluded |
| 6615 | ONLAY - CAST NOBLE METAL THREE OR MORE SURFACES | Excluded |
| 6624 | INLAY TITANIUM | Excluded |
| 6634 | ONLAY TITANIUM | Excluded |
| 6710 | CROWN INDIRECT RESIN BASED COMPOSITE | Excluded |
| 6720 | CROWN - RESIN WITH HIGH NOBLE METAL | Excluded |
| 6721 | CROWN RESIN W/PREDOMINANTLY BASE METAL - DENTURE | Excluded |
| 6722 | CROWN - RESIN WITH NOBLE METAL | Excluded |
| 6753 | RETAINER CROWN – PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS | Excluded |
| 6784 | RETAINER CROWN ¾ - TITANIUM AND TITANIUM ALLOYS | Excluded |
| 6793 | PROVISIONAL RETAINER CROWN | Excluded |
| 6920 | CONNECTOR BAR | Excluded |
| 6940 | STRESS BREAKER | Excluded |
| 6950 | PRECISION ATTACHMENT | Excluded |
| 6970 | POST & CORE ADD FIXED PART DENTURE RETAINER FAB | Excluded |
| 6971 | CAST POST AS PART FIXED PARTIAL DENTURE RETAINE | Excluded |
| 6976 | EACH ADD INDIRECTLY FABRICATED POST SAME TOOTH | Excluded |

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|---|---|---|
| 6977 | EACH ADD PREFABRICATED POST - SAME TOOTH | Excluded |
| 7260 | OROLANTRAL FISTULA CLOSURE | Excluded |
| 7282 | MOBILIZ ERUPTED/MALPOSITIONED TOOTH AID ERUPTIO | Excluded |
| 7283 | PLCMT DEVICE FACILITATE ERUPTION IMPACTED TOOTH | Excluded |
| 7285 | INCISIONAL BIOPSY OF ORAL TISSUE HARD (BONE, TOOTH) | Excluded |
| 7286 | INCISIONAL BIOPSY OF ORAL TISSUE SOFT | Excluded |
| 7287 | EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION | Excluded |
| 7288 | BRUSH BIOPSY TRANSEPITHELIAL SAMPLE COLLECTION | Excluded |
| 7290 | SURGICAL REPOSITIONING OF TEETH | Excluded |
| 7340 | VESTIBULOPLASTY - RIDGE EXT 2ND EPITHELIALIZATION | Excluded |
| 7350 | VESTIBULOPLASTY - RIDGE EXT W/SOFT TISS GRAFTS | Excluded |
| 7410 | EXCISION OF BENIGN LESION UP TO 1.25 CM | Excluded |
| 7411 | EXCISION OF BENIGN LESION GREATER THAN 1.25 CM | Excluded |
| 7412 | EXCISION OF BENIGN LESION COMPLICATED | Excluded |
| 7413 | EXCISION OF MALIGNANT LESION UP TO 1.25 CM | Excluded |
| 7414 | EXCISION OF MALIGNANT LESION > 1.25 CM | Excluded |
| 7415 | EXCISION OF MALIGNANT LESION COMPLICATED | Excluded |
| 7440 | EXC MALIG TUMOR - LESION DIAMETER UP TO 1.25 CM | Excluded |
| 7441 | EXC MALIG TUMOR - LESION DIAM GREATER THAN 1.25 C | Excluded |
| 7450 | REMOVAL BEN ODONTOGENIC CYST/TUMR - UP T0 1.25 C | Excluded |
| 7451 | REMOVAL BENIGN ODONTOGENIC CYST/TUMOR - > 1.25 C | Excluded |
| 7460 | REMOVAL BEN NONODONTOGENIC CYST/TUMR - UP 1.25 C | Excluded |
| 7461 | REMOVAL BEN NONODONTOGENIC CYST/TUMOR - > 1.25 CM | Excluded |
| 7465 | DESTRUC LESION PHYSICAL/CHEM METHOD BY REPORT | Excluded |
| 7472 | REMOVAL OF TORUS PALATINUS | Excluded |
| 7473 | REMOVAL OF TORUS MANDIBULARIS | Excluded |
| 7485 | SURGICAL REDUCTION OF OSSEOUS TUBEROSITY | Excluded |
| 7490 | RADICAL RESECTION OF MAXILLA OR MANDIBLE | Excluded |
| 7511 | I & D ABSCESS INTRAORAL SOFT TISSUE COMPLICATE | Excluded |
| 7520 | INCISION & DRAINAGE ABSCESS - EXTRAORAL SOFT TISS | Excluded |
| 7521 | I & D ABSCESS EXTRAORAL SOFT TISSUE COMPLICATED | Excluded |
| 7530 | REMOVAL FB FROM MUCOSA SKIN/SUBCUT ALVEOL TISSU | Excluded |
| 7540 | REMV REACT - PRODUC FOREIGN BODIES - MUSCULOSKEL SY | Excluded |
| 7550 | PART OSTEC/SEQUESTRECTOMY REMOVAL NON-VITAL BON | Excluded |
| 7560 | MAXILLARY SINUSOTOMY REMOVAL TOOTH FRAGMENT/FB | Excluded |

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|---|---|---|
| 7610 | MAXILLA - OPEN REDUCTION | Excluded |
| 7620 | MAXILLA - CLOSED REDUCTION | Excluded |
| 7630 | MANDIBLE - OPEN REDUCTION | Excluded |
| 7640 | MANDIBLE - CLOSED REDUCTION | Excluded |
| 7650 | MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION | Excluded |
| 7660 | MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION | Excluded |
| 7670 | ALVEOLUS - CLOSED REDUCTION W/STABILIZATION TEETH | Excluded |
| 7671 | ALVEOLUS - OPEN REDUCTION W/STABILIZATION TEETH | Excluded |
| 7680 | FCE BNS - COMP RDUC W/FIX&MX SURG APPRCHES CPT | Excluded |
| 7710 | MAXILLA - OPEN REDUCTION | Excluded |
| 7720 | MAXILLA - CLOSED REDUCTION | Excluded |
| 7730 | MANDIBLE - OPEN REDUCTION | Excluded |
| 7740 | MANDIBLE - CLOSED REDUCTION | Excluded |
| 7750 | MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION | Excluded |
| 7760 | MALAR AND/OR ZYGOMATIC ARCH CLOSED REDUCTION | Excluded |
| 7770 | ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEET | Excluded |
| 7771 | ALVEOLUS CLOSED REDUCTION STABILIZATION OF TEET | Excluded |
| 7780 | FACIAL BONES - COMP RDUC FIX & MX SURG APPROACHES | Excluded |
| 7810 | OPEN REDUCTION OF DISLOCATION | Excluded |
| 7820 | CLOSED REDUCTION OF DISLOCATION | Excluded |
| 7830 | MANIPULATION UNDER ANESTHESIA | Excluded |
| 7840 | CONDYLECTOMY | Excluded |
| 7850 | SURGICAL DISCECTOMY - WITH/WITHOUT IMPLANT | Excluded |
| 7852 | DISC REPAIR | Excluded |
| 7854 | SYNOVECTOMY | Excluded |
| 7856 | MYOTOMY | Excluded |
| 7858 | JOINT RECONSTRUCTION | Excluded |
| 7860 | ARTHROTOMY | Excluded |
| 7865 | ARTHROPLASTY | Excluded |
| 7870 | ARTHROCENTESIS | Excluded |
| 7871 | NON-ARTHROSCOPIC LYSIS AND LAVAGE | Excluded |
| 7872 | ARTHROSCOPY - DIAGNOSIS WITH OR WITHOUT BIOPSY | Excluded |
| 7873 | ARTHROSCOPY SURGICAL - LAVAGE&LYSIS ADHESIONS | Excluded |
| 7874 | ARTHROSCOPY SURGICAL - DISC REPSTN&STABILIZATION | Excluded |
| 7875 | ARTHROSCOPY - SURGICAL - SYNOVECTOMY | Excluded |

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|---|---|---|
| 7876 | ARTHROSCOPY SURGICAL - DISCECTOMY | Excluded |
| 7877 | ARTHROSCOPY SURGICAL - DEBRIDEMENT | Excluded |
| 7920 | SKIN GRAFT | Excluded |
| 7922 | PLACEMENT OF INTRA-SOCKET BIOLOGICAL DRESSING TO AID IN HEMOSTASIS OR CLOT STABILIZATION - PER SITE | Excluded |
| 7941 | OSTEOTOMY - MANDIBULAR RAMI | Excluded |
| 7943 | OSTEOT - MANDIB RAMI W/BONE GRFT - INCL OBTAIN GRAF | Excluded |
| 7944 | OSTEOTOMY SEGMENTED OR SUBAPICAL | Excluded |
| 7945 | OSTEOTOMY - BODY OF MANDIBLE | Excluded |
| 7946 | LEFORT I MAXILLA TOTAL | Excluded |
| 7947 | LEFORT I MAXILLA SEGMENTED | Excluded |
| 7948 | LEFORT II/LEFORT III - W/O BONE GRAFT | Excluded |
| 7949 | LEFORT II/LEFORT III - W/BONE GRAFT | Excluded |
| 7953 | BONE REPLCMT GRAFT RIDGE PRESERVATION - PER SITE | Excluded |
| 7960 | FRENULECTOMY SEPARATE PROCEDURE | Excluded |
| 7963 | FRENULOPLASTY | Excluded |
| 7970 | EXCISION OF HYPERPLASTIC TISSUE - PER ARCH | Excluded |
| 7972 | SURGICAL REDUCTION OF FIBROUS TUBEROSITY | Excluded |
| 7980 | SIALOLITHOTOMY | Excluded |
| 7982 | SIALODOCHOPLASTY | Excluded |
| 7983 | CLOSURE OF SALIVARY FISTULA | Excluded |
| 7990 | EMERGENCY TRACHEOTOMY | Excluded |
| 7991 | CORONOIDECTOMY | Excluded |
| 7997 | APPLIANCE REMOVAL INCLUDES REMOVAL OF ARCHBAR | Excluded |
| 7998 | INTRAORAL PLCMT FIX DEVICE NOT CONJUNCTION W/FX | Excluded |
| 9120 | FIXED PARTIAL DENTURE SECTIONING | Excluded |
| 9210 | LOCAL ANES - NOT CONJUNCTION W/OP/SURGICAL PROC | Excluded |
| 9211 | REGIONAL BLOCK ANESTHESIA | Excluded |
| 9212 | TRIGEMINAL DIVISION BLOCK ANESTHESIA | Excluded |
| 9215 | LOCAL ANESTHESIA | Excluded |
| 9219 | EVALUATION FOR DEEP SEDATION OR GENERAL ANESTHESIA | Excluded |
| 9410 | HOUSE/EXTENDED CARE FACILITY CALL | Excluded |
| 9420 | HOSPITAL CALL | Excluded |
| 9450 | CASE PRESENTATION DETAILED&EXTENSIVE TX PLANNIN | Excluded |
| 9630 | OTHER DRUGS | Excluded |

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|---|---|---|
| 9910 | APPLICATION OF DESENSITIZING MEDICAMENT | Excluded |
| 9911 | APPLIC DESENZT RSN CERV &/OR ROOT SURF-TOOTH | Excluded |
| 9931 | CLEANING AND INSPECTION OF A REMOVABLE APPLIANCE | Excluded |
| 9970 | ENAMEL MICROABRASION | Excluded |
| 9971 | ODONTOPLASTY 1 - 2 TEETH; INCL REMOVAL ENAMEL PRO | Excluded |
| 9972 | EXTERNAL BLEACHING - PER ARCH | Excluded |
| 9973 | EXTERNAL BLEACHING - PER TOOTH | Excluded |
| 9974 | INTERNAL BLEACHING - PER TOOTH | Excluded |
| 9986 | MISSED APOINTMENT | Excluded |
| 9987 | CANCELLED APPOINTMENT | Excluded |
| 9997 | DENTAL CASE MANAGEMENT – WITH SPECIAL HEALTH CARE NEEDS | Excluded |