

Sandia Plan Member Fee Schedule



ADA Code	Procedure Name	Member Pays Dentist
DIAGNOSTIC		
0120	Periodic oral evaluation	\$35
0140	Limited oral evaluation-problem focused	\$51
0145	Oral evaluation for a patient under 3 years	\$33
0150	Comprehen oral eval (new/estab)	\$51
0160	Detailed and ext. oral eval prob. Focu/by rept	\$69
0170	Re-evaluation limited problem focused	\$41
0171	Re-eval - post oper off visit	\$39
0180	Comprehen perio eval (new/estab)	\$55
0190	Screen of a pt - a screen, includ state or fed	\$16
0191	Assessment of a patient	\$16
0210	Intraoral complete seriesof radio imges	\$77
0220	Intraoral periapical first radio image	\$20
0230	Intraoral periapical each add radio imge	\$20
0240	Intraoral occlusal radio image	\$22
0250	Extra-oral-2D project radio images	\$22
0251	Extra-oral posterior dental radio image	\$23
0270	Bitewing single radiographic image	\$17
0272	Bitewings two radiographic images	\$32
0273	Bitewings - three radio images	\$33
0274	Bitewings four radio images	\$42
0277	Vertical bitewings 7-8 radio images	\$52
0310	Sialography	\$330
0320	TMJ arthogram including injection	\$190
0321	Other TMJ films, by report	\$136
0322	Tomographic survey	\$180
0330	Panoramic radiographic image	\$70
0340	2D cephalometric radiographic image	\$73
0350	2D oral/facial photo image obtain intra/extra	\$44
0364	Cone beam CT capture/interp less 1 whol jaw	\$230
0365	Cone beam CT capture/interpret mandible	\$230
0366	Cone bm CT capt/interp field view 1full arch max	\$230
0367	Cone bm CT capture/interp field view 2 jaws	\$230
0368	Cone bm CT capt/interp TMJ series	\$225
0369	Maxillofacial MRI capture/interp	\$225
0370	Maxillofacial ultrasound capture/interp	\$225
0371	Sialoendoscopy capture/interp	\$220
0372	Intraoral tomosynthesis-compreh series radiograph	\$77
0373	Intraoral tomosynthesis-bitewing radiographic imag	\$17
0374	Intraoral tomosynthesis periapical radiographic imag	\$19
0380	Cone beam CT imag capt limited field view less	\$122
0381	Cone beam CT image capt w field view1full arch	\$121
0382	Cone beam CT imag capt w/field view 1 full arch	\$117
0383	Cone beam CT imag capt w field view both jaws	\$117
0384	Cone beam CT imag capt TMJ series includ2 expo	\$117
0385	Maxillofacial MRI image capture	\$117
0386	Maxillofacial ultrasound image capture	\$117
0387	Intraoral tomosynthesis-comprehen series radiogra	\$84
0388	lintraoral tomosynthesis bitewing radiograph imag	\$26
0389	Intraoral tomosynthesis-periapical radiograp imag	\$19
0391	Interpretation of diagnostic image by a practitioner	\$70
0393	Treatment simulation using 3D image volume	\$73
0394	Digital subtraction 2 + images vol	\$70
0395	Fusion of 2or more 3D image volumes 1+	\$70
0412	Blood glucose level test inoffice using meter	\$19
0414	Lab processing of microbial specimen to incl cultur	\$109
0415	Collection of microorganismas cult & sensitivity	\$60
0416	Viral culture	\$46
0417	Collection and preparation of saliva sample lab	\$60

ADA Code	Procedure Name	Member Pays Dentist
0418	Analysis of saliva sample	\$106
0419	Assessment of salivary flow by measurement	\$2
0422	Collection/prep genetic sample for lab analysis/report	\$18
0423	Genetic test susceptiblity disease/specimen analysis	\$192
0425	Caries susceptibility tests	\$16
0431	Adjunctive prediagnostic test aid detection abnorm	\$30
0460	Pulp vitality tests	\$10
0470	Diagnostic casts	\$65
0472	Accession of tissue exam & prep	\$172
0473	Accession of tissue micro exam	\$100
0474	Accession of tissue micro exam, surg marg	\$100
0475	Decalcification procedure	\$110
0476	Special stains micro-organisms	\$110
0477	Special stains not micro-organisms	\$110
0478	Immunohistochemical stains	\$110
0479	Tissue in-situ hybridization/includ interp	\$110
0480	Processing/inter cyto smears	\$60
0481	Electron microscopy	\$99
0482	Direct immunofluorescence	\$99
0483	Indirect immunofluorescence	\$99
0484	Consultation slides prep/elsewhere	\$49
0485	Consult include prep/slides from biopsy	\$49
0486	Lab accession transepithelial cytologic sample	\$61
0502	Other oral pathology, by report	\$60
0600	Non-ionizing diagnostic procedure	\$29
0601	Caries risk assess/docu low risk	\$3
0602	Caries risk assess/docu moderate risk	\$3
0603	Caries risk assess/docu high risk	\$3
0701	Panoramic image/image capture only	\$62
0702	2-D Cephalometric radiog image	\$73
0703	2-D Oral/facial photo image intra/extra-oral	\$41
0705	Extra/oral posterior radiog image	\$35
0706	Intraoral/occlusal radiograp image	\$18
0707	Intraoral - perioapical radiographic image	\$14
0708	Intraoral bitewing radiographic image/image only	\$23
0709	Intraoral - complete series radiographic images	\$63
0801	3D dental surface scan/direct	\$135
0802	3D dental surface scan/indirect	\$135
0803	3D facial surface scan/direct	\$135
0804	3D facial surface scan/indirect	\$135
PREVENTIVE		
1110	Prophylaxis adult	\$71
1120	Prophylaxis child	\$45
1206	Topical application of fluoride varnish	\$26
1208	Topical applic of fluoride exclud varnish	\$25
1310	Nutritional counseling	\$36
1320	Tobacco counseling	\$48
1321	Counseling control/prevention	\$18
1330	Oral hygiene instruction	\$29
1351	Sealant per tooth	\$31
1352	Prevent resin restor mod/high caries risk	\$80
1353	Sealant repair/per tooth	\$30
1354	App caries arresting medicament per tth	\$24
1355	Caries prevent medicament application/tooth	\$24
1510	Space maintainer-fixed unilateral	\$163
1516	Space maintainer-fixed-bilateral maxillary	\$298
1517	Space maintainer-fixed-bilateral mandibular	\$298
1520	Space maintainer-removable unilateral	\$205

ADA Code	Procedure Name	Member Pays Dentist
1526	Space maintainer-removable bilateral maxillary	\$280
1527	Space maintainer-removable bilateral mandibular	\$280
1551	Re-Cement/Rebond Bilateral space main max	\$44
1552	Re-Cement/Rebond Bilateral space main mand	\$44
1553	Re-Cement/Rebond unilateral space main max	\$26
1556	Remove unilateral space main max	\$38
1557	Remove fxd bilateral space main max	\$38
1558	Remove fxd bilateral space main mand	\$38
1575	Distal shoe sp maint fixed unilateral/quad	\$151
RESTORATIVE		
2140	Amalgam 1 surface primary or permanent	\$92
2150	Amalgam 2 surfaces primary or permanent	\$112
2160	Amalgam 3 surfaces primary or permanent	\$141
2161	Amalgam 4 or more surfaces prim or perm	\$171
2330	Resin 1 surface -anterior	\$103
2331	Resin 2 surfaces-anterior	\$125
2332	Resin 3 surfaces-anterior	\$156
2335	Resin 4 or more surf includ incisal angle	\$186
2390	Resin based composite crown, anterior	\$224
2391	Resin 1 surface posterior	\$119
2392	Resin 2 surfaces posterior	\$165
2393	Resin 3 surfaces posterior	\$201
2394	Resin 4 or more surf post	\$235
2410	Gold foil - 1 surface	\$411
2420	Gold foil - 2 surfaces	\$425
2430	Gold foil - 3 surfaces	\$452
2510	Inlay metallic 1surface	\$500
2520	Inlay metallic 2 surfaces	\$564
2530	Inlay metallic 3 surfaces	\$645
2542	Onlay metallic 2 surfaces	\$711
2543	Onlay metallic 3 surfaces	\$742
2544	Onlay metallic 4 or more surf	\$782
2610	Inlay porcelain/ceramic 1 surf	\$600
2620	Inlay porcelain/ceramic 2 surf	\$622
2630	Inlay porcelain/ceramic 3 surf	\$645
2642	Onlay porcelain/ceramic 2 surf	\$712
2643	Onlay porcelain/ceramic 3 surfaces	\$847
2644	Onlay porcelain/ceramic 4 or more	\$886
2650	Inlay composite/resin 1 surface	\$620
2651	Inlay composite/resin 2 surfaces	\$632
2652	Inlay composite/resin 3 or more surf	\$642
2662	Onlay composite/resin 2 surfaces	\$720
2663	Onlay composite/resin 3 surfaces	\$787
2664	Onlay composite/resin 4 or more	\$809
2710	Crown resin/composite-indirect	\$695
2712	Crown 3/4 resin/composite-indirect	\$669
2720	Crown - resin/high noble metal	\$812
2721	Crown - resin/predominantly base metal	\$670
2722	Crown - resin/noble metal	\$751
2740	Crown porce ceramic substr	\$860
2750	Crown porce fused high noble mtl	\$845
2751	Crown porce fused to predom base mtl	\$730
2752	Crown porcel fused to noble mtl	\$782
2753	Crown proc fused to titanium/alloys	\$799
2780	3/4 cast high noble metal	\$816
2781	Crown - 3/4 cast predominantly base metal	\$660
2782	Crown - 3/4 cast noble metal	\$672

ADA Code	Procedure Name	Member Pays Dentist
2783	Crown - 3/4 porcelain/ceramic	\$775
2790	Crown full cast high noble metal	\$849
2791	Crown full cast predom base metal	\$690
2792	Crown full cast noble metal	\$766
2794	Crown - titanium	\$820
2799	Provisional crown - further tx	\$269
2910	Recem/rebond inlay veneer/part cov rest	\$58
2915	Recem/rebond indir fab/ prefab post/core	\$64
2920	Re-cement or re-bond crown	\$70
2921	Reattach tooth fragm incisal edge/cusp	\$180
2928	Prefab porcelien/ceramic crown/perm tooth	\$200
2929	Prefab porce/ceram crown - primary tth	\$183
2930	Prefab stainless steel crown primary	\$180
2931	Prefab stainless steel crown prem	\$218
2932	Prefabricated resin crown	\$212
2933	Prefab stainless steel crown resin face	\$210
2934	Prefab esth coat stainless steel crown/prim	\$188
2940	Protective restoration	\$62
2941	Interim therapeutic restor/prim dentition	\$61
2949	Restorative foundation indirect restoration	\$305
2950	Core build includ any pins when req	\$162
2951	Pin reten per tooth in add to restor	\$28
2952	Cast post and core in addition to crown	\$251
2953	Each additional cast post - same tooth	\$112
2954	Prefab post & core in add to crown	\$235
2955	Post removal	\$222
2957	Each add prefab post - same tooth	\$42
2960	Labial veneer (resin lam) chairside	\$330
2961	Labial veneer (resin lam) lab	\$479
2962	Labial veneer (porcelain lam) lab	\$793
2971	Proc to cons new crown under ex part dent frm	\$74
2975	Coping	\$366
2980	Crown repair necess by restor material fail	\$135
2981	Inlay repair necess by restor material fail	\$133
2982	Onlay repair necess by restor material fail	\$130
2983	Veneer repair necess by restor material fail	\$138
2990	Resin infiltr of incipient smooth surf lesions	\$144
ENDODONTICS*		
3110	Pulp cap direct	\$53
3120	Pulp cap indirect	\$49
3220	Pulpotomy	\$109
3221	Pulpal debridement primary or perm.	\$105
3222	Part pulp for apexogenesis- perm tooth	\$105
3230	Pulpal therapy anterior primary tooth	\$185
3240	Pulpal therapy posterior primary tooth	\$207
3310	Endodontic therapy , anterior tooth	\$450
3320	Endodontic therapy, premolar tooth	\$533
3330	Endodontic therapy, molar tooth	\$729
3331	Treatment of root canal obstruction	\$371
3332	Incomplete endodontic therapy	\$288
3333	Internal root repair of perforation defects	\$482
3346	Re-tx of prev root canal therapy anterior	\$620
3347	Re-tx of prev root canal therapy premolar	\$702
3348	Re-txof prev root canal therapy molar	\$879
3351	Apexification/recalci initial visit	\$263
3352	Apexification/recalci inter	\$134
3353	Apexification/recalci final visit	\$430
3355	Pulpal regeneration initial visit	\$266
3356	Pulpal regen interim med replacement	\$136
3357	Pulpal regen completion treatment	\$269
3410	Apicoectomy - anterior	\$530
3421	Apicoectomy - premolar (first root)	\$589
3425	Apicoectomy - molar (first root)	\$669
3426	Apicoectomy - each additional root	\$196

ADA Code	Procedure Name	Member Pays Dentist
3428	Bone graft conjunction/periradicular surgery tth	\$355
3429	Bone graft conjunction/periradicular surgery ea	\$305
3430	Retrograde filling- per root	\$178
3431	Biologic material/id soft & osseous tissue	\$325
3432	Guided tissue regen/resorbable barrier/site	\$640
3450	Root amputation-per root	\$318
3460	Endodontic endosseous implant	\$1,565
3470	Intentional reimplantation	\$593
3471	Surgical repair root resorption/anterior	\$174
3472	Surgical repair root resorption/premolar	\$174
3473	Surgical repair root resorption/molar	\$174
3501	Surg expos root surf wo apico/repair rt anterior	\$174
3502	Surgical expos rt surf wo apicoectomy or repair	\$174
3503	Surgical expos rt surf wo apicoectomy repair molar	\$174
3910	Surg proc for isol of tth with rubber dam	\$150
3911	Intraorifice barrier	\$500
3920	Hemisect includ root remov exclud rt canal	\$289
3921	Decoronation submergence erupted tooth	\$90
3950	Canal prep fitting preformed dowel/post	\$131
PERIODONTICS*		
4210	Gingivect/gingivoplas-4 or more contig	\$382
4211	Gingivect/gingivopla- 1 to 3 teeth	\$243
4212	Gingiv or gingp to allow access for rest proc per tth	\$243
4230	Anatomic crown expos - 4 or more contig	\$742
4231	Anatomical crown expos - one to three teeth	\$438
4240	Ging flap includ root planing 4 or more contig teeth	\$465
4241	Ging flap includ root planing 1 to 3 teeth per quad	\$295
4245	Apically positioned flap	\$606
4249	Clinical crown lengthening, hard tissue	\$548
4260	Osseous surgery	\$801
4261	Osseous surgery 1 to 3 contiguous teeth	\$478
4263	Bone repl graft retain natur tth first site in quad	\$358
4264	Bone repl graft retain natur tth each site in quad	\$300
4265	Bio materials to aid soft/osseous tissue regen	\$327
4266	Guided tiss regen resorbable barrier/site	\$640
4267	Guided tiss regen non-restorable barrier	\$404
4268	Surgical revision procedure per tooth	\$598
4270	Pedicle soft tissue graft procedure	\$464
4273	Autogenous connective tissue graft procedures	\$680
4274	Mesial/distal wedge procedure single tooth	\$460
4275	Non-autogenous connective tiss graft incl recip site	\$621
4276	Combine connective tissue pedicle graft/tooth	\$765
4277	Free soft tiss graft proced incl recipient & donor	\$621
4278	Free soft tiss graft proced incl recip&donor surg	\$309
4283	Autogenous connect tiss graft proced incl recipient	\$408
4285	Non-autogenous connective tiss graft procedure	\$375
4286	Removal non-resorbable barrier	\$144
4322	Splint intra-coronal natural tth/prosth crowns	\$289
4323	Splint extra-coronal natural tth/prosth crowns	\$310
4341	Root planing/perio scaling- 4 or more cont. teeth	\$177
4342	Root planing/perio scaling-1 to 3 teeth per quad	\$107
4346	Scaling in presence of gen mod/severe	\$73
4355	Full mouth debride to enable a comp oral exm	\$98
4381	Local deliv of antimicro agnts via a cntrl reuse veh	\$63
4910	Periodontal maintenance	\$94
4920	Unscheduled dressing/change other than treat dr	\$66
4921	Gingival irrigation/per quadrant	\$15
REMOVABLE PROSTHODONTICS*		
5110	Complete denture, maxillary	\$1,156
5120	Complete denture, mandibular	\$1,156
5130	Immediate denture, maxillary	\$1,245
5140	Immediate denture, mandibular	\$1,245
5211	Maxillary partial denture - resin base	\$790

ADA Code	Procedure Name	Member Pays Dentist
5212	Mandibular partial denture	\$790
5213	Maxillary partial denture	\$1,161
5214	Mandibular partial denture	\$1,161
5221	Immediate maxillary partial denture	\$820
5222	Immediate mand part dent-resin base	\$820
5223	Immed maxi part dent cast mtl fwork with resin	\$1,195
5224	Immedi mand part dentcast metal fwork w resin	\$1,195
5225	Maxillary partial denture - flexible	\$1,099
5226	Mandibular partial denture - flexible base	\$1,099
5227	Immediate max partial dent flex base/clasp	\$1,123
5228	Immediate mand partial dent flex base/clasp	\$1,123
5282	Remov unil part dent one piece cast metal -max	\$620
5283	Remov unil part dent one piece cast mtl mand	\$620
5284	Remove unilat part dent 1pc flexible pr qd	\$620
5286	Remove unilat part dent 1pc resin pr qd	\$620
5410	Adjust complete denture - maxillary	\$54
5411	Adjust complete denture - mandibular	\$54
5421	Adjust partial denture - maxillary	\$55
5422	Adjust partial denture - mandibular	\$55
5511	Repair broken complete dent base, mand	\$134
5512	Repair broken complete dent base, max	\$134
5520	Replace miss or brkn teeth comp dent	\$108
5611	Repair resin partial denture base, madibular	\$126
5612	Repair resin partial denture base, maxillary	\$126
5621	Repair cast partial framework, madibular	\$190
5622	Repair cast partial framework, maxillary	\$190
5630	Repair or replace broken clasp - per tooth	\$151
5640	Replace broken teeth - per tooth	\$98
5650	Add tooth to existing partial denture	\$117
5660	Add clasp to existing part dent per tooth	\$149
5670	Replace all teeth & acryl on cast mtl fwork (max)	\$665
5671	Replace all teeth & acryl on cast mtl fwork (mand)	\$665
5710	Rebase complete maxillary denture	\$352
5711	Rebase complete mandibular dent	\$352
5720	Rebase maxillary partial denture	\$360
5721	Rebase mandib part dent	\$360
5725	Rebase hybrid prosthesis	\$2,592
5730	Reline complete maxill denture (chair)	\$228
5731	Reline complete mandi denture (chair)	\$228
5740	Reline partial maxill denture (chair)	\$193
5741	Reline partial mandi denture (chair)	\$193
5750	Reline complete maxi denture (lab)	\$306
5751	Reline complete mandi denture (lab)	\$306
5760	Reline partial maxillary denture (lab)	\$321
5761	Reline partial mandibular denture (lab)	\$321
5765	Soft liner/complete/partial removable dent indire	\$321
5810	Interim complete denture - maxillary	\$520
5811	Interim complete denture - mandibular	\$520
5820	Interim partial denture - maxillary	\$444
5821	Interim partial denture - mandibular	\$444
5850	Tissue conditioning - maxillary	\$100
5851	Tissue conditioning - mandibular	\$100
5863	Overdenture-complete maxillary	\$1,550
5864	Overdenture-partial maxillary	\$1,055
5865	Overdenture-complete mandibular	\$1,550
5866	Overdenture-partial mandibular	\$1,055
5867	Replc of replc part of semi-prec or prec attach	\$143
5875	Mod of remov prosth following implant surg	\$508
5876	Add metal substruct to acrylic full dent/arch	\$216
5931	Obturator prosthesis surgical	B/R
5933	Obturator prosthesis modification	B/R
5982	Surgical stent	\$683
5986	Fluoride gel carrier	\$296
5988	Surgical splint	\$205
5991	Vesiculobullous disease medicament carrier	\$110

ADA Code	Procedure Name	Member Pays Dentist
5993	Mainten clean maxi prosth extra-or-intra-oral	\$200
5995	Perio medicament carrier peripheral seal lab Max	\$500
5996	Perio medicament carrier peripheral seal lab Man	\$500
6010	Surgical placement implant bod endosteal implant	\$1,704
6011	Surgical access implant bod 2nd stage implant sur	\$251
6012	Surgical place interim prosthesis endosteal implant	\$1,704
6013	Surgical placement of mini implant	\$852
6040	Surgical placement: eosteal implant	\$1,675
6050	Surgical placement: transosteal implant	\$1,675
6051	Interim implant abutment placement	\$145
6055	Connecting bar implant support abut/support	\$1,590
6056	Prefabricated abutment modification and place	\$497
6057	Implant custom fabricated abutment incl place	\$635
6058	Abutment supported porcelain/ceramic crown	\$1,175
6059	Abutment supported porcelain fused high noble	\$1,244
6060	Abutment supported porcelain fused/base metal	\$1,170
6061	Abutment support porcelain fused/noble metal	\$1,162
6062	Abutment support cast high noble metal	\$1,194
6063	Abutment supported cast metal crown/base metal	\$947
6064	Abutment supported cast metal crown/noble metal	\$1,031
6065	Implant supported porcelain/ceramic crown	\$1,169
6066	Implant support crown porcelain to high noble allo	\$1,344
6067	Implant supported crown high noble alloys	\$1,268
6068	Abut support retainer for porcelain/ceramic FPD	\$1,175
6069	Abut support retainer porcelain to FPD high noble	\$1,244
6070	Abut support retainer porcelain fused FPD base	\$1,170
6071	Abut support retainer for porcelain to FPD noble	\$1,162
6072	Abut support retainer cast FPD high noble metal	\$1,194
6073	Abut support retainer cast metal FPD base metal	\$947
6074	Abut support retainer cast metal FPD noble metal	\$1,031
6075	Implant supported retainer for ceramic FPD	\$1,169
6076	Implant support retainer FPD porcelain high noble	\$1,344
6077	Implant support retainer for metal FPD high noble	\$1,268
6080	Implant maint proced prostheses removed/reinsert	\$138
6081	Scal debride presen inflama not w/1110 4910 4346	\$107
6082	Implant support Cr Porcelain fused base alloys	\$1,269
6083	Connecting bar implant support abutment support	\$1,306
6084	Implant support cr porcelain fused to titanium	\$1,344
6085	Interim implant crown	\$282
6086	Implant supported crown/predom base alloys	\$1,022
6087	Implant Supported crown/noble alloys	\$1,145
6088	Implant supported crown/titanium&alloys	\$1,268
6090	Repair implant supported prosthesis by report	\$271
6091	Replace replaceable part of semi-precision	\$351
6092	Re-cement or re-bond implant/abutment suppor cr	\$74
6093	Re-cement rebond impl/abut sup fixed partial dent	\$87
6094	Abutment supported cr titanium and titanium alloy	\$1,108
6095	Repair implant abutment by report	\$440
6096	Remove broken implant retaining screw	\$179
6097	Abut supported cr porcelain titanium	\$1,244
6098	Implant support retainer porce fused/base	\$1,269
6099	Implant retainer FPD porcelain fused noble	\$1,306
6100	Surgical removal of implant body	\$558
6101	Debride peri-implant defect(s) sgle impl surf cleani	\$287
6102	Debride osseous contour peri-implant defect	\$502
6103	Bone graft repair peri-implant defect	\$383
6104	Bone graft time of implant placement	\$404
6105	Remove implant not requir bone removal/flap elev	\$95
6106	Guide tissue regener resorbable barrier/implant	\$672
6107	Guide tissue regen non-resorbable barrier/implant	\$441
6110	Implant/abut removable dent edentulous arch-max	\$1,432
6111	Implant abut port dent edentulous arch-mandibular	\$1,432
6112	Implant/abut remov dent part edentulous arch-max	\$1,321
6113	Impla abut remov den partial edentulous arch-man	\$1,321
6114	Implant/abut fixed dentur for edentulous arch-max	\$5,443

ADA Code	Procedure Name	Member Pays Dentist
6115	Implant abut supp fixd dent edentulous arch mand	\$5,443
6116	Implant/abut fixd denture part edentulous arch-max	\$5,857
6117	Implant/abut fixed dentu part edentulous arch-mand	\$5,857
6118	Implant/abut interim fixd dent edentulous archmand	\$1,814
6119	Implant/abut inter fixd dent for edentulous arch max	\$1,814
6120	Implant retainer porc fused to titanium and titanium	\$1,344
6121	Implant retainer for metal FPD/predominantly base	\$1,022
6122	Implant supported retainer for metal FPD noble	\$1,145
6123	Implant supt retainer for metal FPD titanium alloys	\$1,268
6190	Radiographic/surgical implant index by report	\$195
6191	Semi-precision abutment/placement	\$772
6192	Semi-precision attachment/placement	\$772
6194	Abutment supported retainer crown FPD/titan&alloys	\$1,130
6195	Abut retainer porcelain fused titanium & alloys	\$1,244
6197	Replace/restor close opening screw/retained impla	\$123
6198	Remove interim implant component	\$145
6199	Unspecified implan procedure by report	B/R

FIXED PROSTHODONTICS*

6205	Pontic indirect resin based composite	\$494
6210	Pontic cast high noble metal	\$750
6211	Pontic cast predominantly base metal	\$606
6212	Pontic cast noble metal	\$687
6214	Pontic titanium	\$650
6240	Pontic porcelain fused to high noble metal	\$790
6241	Pontic porcelain fused to predom base met	\$678
6242	Pontic porcelain fused to noble metal	\$748
6243	Pontic porcelain fused titanium & alloys	\$780
6245	Pontic - porcelain, ceramic	\$780
6250	Pontic resin with high noble metal	\$745
6251	Pontic resin with predominantly base metal	\$606
6252	Pontic resin with noble metal	\$675
6253	Provi pontic furt tx/comp of dx neces prior to fnl imp	\$139
6545	Retainer cast matallic for resin bonded fix prosthes	\$370
6548	Retain - porce/ceram for resin bond fxd prosth	\$610
6549	Resin retain - for resin bond fxd proth	\$350
6600	Retain inlay porc/ceramic 2 surfaces	\$640
6601	Retain inlay porc/ceramic 3 surf	\$651
6602	Retain inlay cast high noble metal 2 surf	\$636
6603	Retain inlay cast high nbl mtl 3 or more surf	\$646
6604	Retain inlay cast pred base mtl 2 surf	\$530
6605	Retain inlay cast pred base mtl 3 or more surf	\$580
6606	Retain inlay cast nbl mtl 2 surf	\$563
6607	Retain inlay cast nbl mtl 3 or more surf	\$650
6608	Retain inlay porc/ceramic 2 surfaces	\$710
6609	Retain onlay porc/ceramic 3 or more surf	\$840
6610	Retain onlay cast high nbl mtl 2 surf	\$710
6611	Retain onlay cast high nbl mtl 3 or more surf	\$740
6612	Retain onlay cast pred base mtl 2 surf	\$650
6613	Retain onlay cast pred base mtl 3 or more	\$705
6614	Retain onlay cast nbl mtl 2 surf	\$716
6615	Retain onlay cst nble mtl 3 or more	\$750
6624	Retainer inlay titanium	\$648
6634	Retainer onlay titanium	\$754
6710	Retain crown indir resin based comp	\$690
6720	Retain crown resin with high noble metal	\$812
6721	Retain crown resin with pred base mtl	\$665
6722	Retain crown resin with noble metal	\$745
6740	Retainer crown - porcelain/ceramic	\$849
6750	Retain crown porc fused to high nble mtl	\$820
6751	Retain crown porc fused to pred base mtl	\$710
6752	Retain crown porc fused to nbl mtl	\$784
6753	Retain crown porc fused titanium& alloys	\$815
6780	Retainer crown 3/4 cast high noble metal	\$800
6781	Retain crown - 3/4 cast predom base metal	\$664

ADA Code	Procedure Name	Member Pays Dentist
6782	Retain crown - 3/4 cast noble metal	\$669
6783	Retain crown - 3/4 porc/ceram	\$771
6784	Retainer crown 3/4 titanium & alloys	\$812
6790	Retainer crown full cast high noble metal	\$849
6791	Retain crown full cast predom base mtl	\$875
6792	Retainer crown full cast noble metal	\$756
6793	Provisional retainer crown	\$239
6794	Retainer crown - titanium	\$809
6920	Connector bar	\$498
6930	Recem or rebond fixed part dent	\$87
6940	Stress breaker	\$260
6950	Precision attachment	\$353
6980	Fixed part dent repair necess by restor mat fail	\$320
6985	Ped part dent fixed	\$127

ORAL SURGERY*

7111	Extract, coronal remnants, prim tooth	\$50
7140	Extraction erupted tooth or exposed root	\$86
7210	Extr - erupt tth req remov of bone and/or sect	\$158
7220	Removal of impacted tooth - soft tissue	\$174
7230	Removal of impacted tooth - partial bony	\$268
7240	Removal of impacted tooth - complete bony	\$282
7241	Remov of impact compl bony w complic	\$299
7250	Removal of residual tooth roots	\$153
7251	Coronectomy - intent part tooth remov	\$401
7260	Oroantral fistula closure	\$471
7261	Prim closure of a sinus perfor	\$471
7270	Tooth replant &/or stabiliz of ev/displa	\$298
7272	Tooth transplantation	\$341
7280	Exposure of an unerupted tooth	\$286
7282	Mobil of erupt or malpos tooth to aid erupt	\$88
7283	Place of devic to facili erupt of impact tth	\$279
7285	Incisional biopsy of oral tissue - hard	\$205
7286	Incisional biopsy of oral tissue - soft	\$182
7287	Exfoliative cytological sample collection	\$155
7288	Brush biopsy transepithelial sam collection	\$50
7290	Surgical repositioning of teeth	\$281
7291	Transseptal fiberotomy/supra crestal fiberotomy	\$83
7292	Place temp anchorage device screw retained plate	\$1,080
7293	Place temp anchor device requiring flap	\$387
7294	Place temp anchorage device w/o flap	\$258
7295	Harvest bone autogenous graft procedure	\$2,420
7296	Corticotomy 1-3 tth or tooth spaces quad	\$275
7297	Corticotomy 4+ tth / tth spaces quadrant	\$439
7298	Remov temp anchor device screw retained plate	\$367
7299	Remov temp anchorage device requiring flap	\$129
7300	Remov temp anchorage device w/o flap	\$86
7310	Alveoplasty conjunct w/extract 4+ tth quad	\$159
7311	Alveoplasty conjunct w/extraction 1-3 tth quad	\$89
7320	Alveoplasty not in conjunct w extract quad	\$231
7321	Alveoplasty not in conjunct w extract 1,3 teeth quad	\$125
7340	Vestibuloplasty ridge extens secondary epithelializ	\$774
7350	Vestibuloplasty ridge extension	\$1,597
7410	Excision of benign lesion up to 1.25 cm	\$242
7411	Excision of benign lesion greater than 1.25 cm	\$365
7412	Excision of benign lesion, complicated	\$1,832
7413	Excision of malignant lesion up to 1.25 cm	\$210
7414	Excision of malignant lesion > than 1.25 cm	\$366
7415	Excision of malignant lesion complicated	\$360
7440	Excision malignant tumor lesion diameter to1.25cm	\$748
7441	Excision of malig tumor lesion diameter great1.25	\$929
7450	Remo benign odontogenic cyst/tumor lesion1.25cm	\$391
7451	Remov benign odontog cyst/tumor lesion grter1.25	\$757
7460	Remov benign nonodontog cyst/tumor upto 1.25cm	\$390
7461	Remov benign nonodontog cyst/tumor - grt 1.25cm	\$652

ADA Code	Procedure Name	Member Pays Dentist
7465	Removal lesion(s) by physical /chemical by report	\$227
7471	Removal of lateral exostosis (maxilla or mandible)	\$428
7472	Removal of torus palatinus	\$400
7473	Removal of torus mandibularis	\$416
7485	Reduction of osseous tuberosity	\$395
7490	Radical resection of maxilla or mandible	\$737
7509	Marsupialization of odontogenic cyst	\$636
7510	Incision & drain of abscess, intra soft tissue	\$153
7511	Incision & drain of abscess, extra soft tissue	\$293
7520	Incision & drainage of abscess, extraoral soft	\$213
7521	Incis & drain of abscess, intra soft tiss	\$342
7530	Remov of forgn body from muc, skin, sub	\$185
7540	Remov of reaction pro foreign bodies	\$286
7550	Part ostectomy/sequest for remov of nonvital	\$389
7560	Maxi sinus for remov of tooth frag or foriegn	\$675
7610	Maxilla open reduction teeth immobilized/present	\$1,767
7620	Maxilla closed reduction tth immobilized/present	\$1,723
7630	Mandible open reduction tth immobilized/present	\$3,791
7640	Mandible closed reduction th immobilized/present	\$1,379
7650	Malar and/or zygomatic arch open reduction	\$1,301
7660	Malar and/or zygomatic arch - closed reduction	\$952
7670	Alveolus closed reduction incl stabilization teeth	\$889
7671	Alveolus open reduction incl stabilization of teeth	\$889
7680	Facial bones complic reduct w/fixation multiple surg	\$3,606
7710	Maxilla - open reduction	\$2,056
7720	Maxilla - closed reduction	\$1,151
7730	Mandible - open reduction	\$3,604
7740	Mandible - closed reduction	\$2,836
7750	Malar and/or zygomatic arch open reduction	\$1,604
7760	Malar and/or zygomatic arch closed reduction	\$1,520
7770	Alveolus open reduction stabilization of teeth	\$1,138
7771	Alveolus closed reduction stabilization of teeth	\$691
7780	Facial bones complicated/reduction w/fixation & multiple approaches	\$4,580
7810	Open reduction of dislocation	\$1,952
7820	Closed reduction of dislocation	\$440
7830	Manipulation under anesthesia	\$417
7840	Condylectomy	\$3,335
7850	Surgical discectomy with/without implant	\$3,119
7852	Disc repair	B/R
7854	Synovectomy	B/R
7856	Myotomy	B/R
7858	Joint reconstruction	B/R
7860	Arthroscopy	B/R
7865	Arthroplasty	\$3,070
7870	Arthrocentesis	\$560
7871	Non-arthroscopic lysis and lavage	\$384
7872	Arthroscopy diagnosis w/without biopsy	B/R
7873	Arthroscopy lavage and lysis of adhesions	B/R
7874	Arthroscopy disc repositioning stabilization	B/R
7875	Arthroscopy synovectomy	\$125
7876	Arthroscopy discectomy	B/R
7877	Arthroscopy debridement	B/R
7880	Occlusal orthotic device, by report	\$646
7881	Occlusal orthotic devise adjustment	\$52
7910	Suture of recent small wound up to 5 cm	\$144
7911	Complicated suture - up to 5 cm	\$244
7912	Complicated suture - greater than 5 cm	\$419
7920	Skin graft ident defect covered location type graft	\$729
7921	Collect, application of autologous blood concentrat	\$165
7922	Place intra socket biological dressing to aid in clot	\$44
7940	Osteoplasty - for orthognathic deformities	\$2,938
7941	Osteotomy - mandibular rami	\$4,665
7943	Osteotomy - mandibular rami with bone graft obtain	\$4,665
7944	Osteotomy segmented/subapical per sextant/ quad	\$920

ADA Code	Procedure Name	Member Pays Dentist
7945	Osteotomy - body of mandible	\$3,819
7946	Lefort I - (maxilla - total)	\$4,780
7947	Lefort I - (maxilla - segmented)	\$3,910
7948	Lefort II or lefort III osteoplasty facial bones	\$5,201
7949	Lefort II or lefort III, with bone graft	\$5,201
7950	Osseous, osteoperiosteal cartilage graft mand/max	\$1,464
7951	Sinus augmentation with bone/bone substitutes	\$1,464
7952	Sinus augmentation via a vertical approach.	\$1,464
7953	Bone replace graft for ridge preservation per site	\$367
7955	Repair of maxillofacial soft and/or hard tissu defect	\$938
7956	Guided tiss regener edentulous area resorb pr site	\$640
7957	Guided tiss regen edentulous area nonresorbable	\$420
7961	Buccal / labial frenectomy (frenulectomy)	\$255
7962	Lingual frenectomy (frenulectomy)	\$250
7963	Frenulectomy	\$234
7970	Excision of hyperplastic tissue, per arch	\$305
7971	Excision of pericoronal gingiva	\$127
7972	Surgical reduction of fibrous tuberosity	\$952
7979	Non-surgical siallithotomy	\$292
7980	Surgical sialolithotomy	\$392
7981	Excision of salivary gland	\$326
7982	Sialodochoplasty	\$346
7983	Closure of salivary fistula	\$110
7990	Emergency tracheotomy	\$920
7991	Coronoidectomy	B/R
7994	Surgical placement: zygomatic implant	B/R
7995	Synthetic graft - mandible or facial bones	\$384
7996	Implant-mand for augmenta exclud alveolar ridge	\$1,995
7997	Appliance removal not dentist who placed applan	\$40
7998	Intraoral place fixation device not in conjun w frac	\$901

ORTHODONTICS

8010	Limited ortho tx of the primary denti	\$2,146
8020	Limited ortho tx of the trans dent	\$2,392
8030	Limited ortho tx of the adolescent dent	\$2,818
8040	Limited ortho tx of the adult dent	\$3,101
8070	Compre ortho tx of the trans dent	\$5,020
8080	Compre ortho tx of the adoleses dent	\$5,178
8090	Comp ortho tx of the adult dent	\$5,652
8210	Removable appliance therapy	\$720
8220	Fixed appliance therapy	\$863
8660	Pre-orthodontic treatment exam monitor growth	\$307
8670	Perio ortho tx visit	\$252
8680	Orthodontic retention	\$650
8681	Removable ortho retainer adjust	\$52
8695	Remov of fxd ortho appl for reas other	\$40
8696	Repair of ortho appliance max	\$134
8697	Repair of ortho appliance mand	\$134
8698	Re-cement/Rebond retainer max	\$180
8699	Re-cement/Rebond retainer mand	\$180
8701	Repair of fixed retainer incl reattch max	\$180
8702	Repair of fixed retainer incl reattch mand	\$180
8703	Replace lost/broken retainer max	\$185
8704	Replace lost/broken retainer mand	\$185

OTHER SERVICES

9110	Palliative ER tx of dental pain, minor proc	\$86
9120	Fixed partial denture section	\$90
9130	TMJ - non-invasive	\$119
9210	Local anesth not in conj w op or surg proc	\$30
9211	Regional block anesthesia	\$33
9212	Trigeminal division block anesthesia	\$56
9215	Local anesthesia	\$39
9219	Eval for deep sed or gen anesth	\$55
9222	Deep sedation/gen anesth first 15 min	\$122

ADA Code	Procedure Name	Member Pays Dentist
9223	Deep seda/gen anesth each sub 15 min inc	\$122
9230	Analgesia, anxioly inha lof nitrous	\$40
9239	Intrav mod(con) sed/analge first 15 min	\$112
9243	Intrav mod sed/analge -each sub 15 min inc	\$114
9248	Non-intravenous (con) sedation	\$67
9310	Consultation	\$60
9311	Consult w/medical professional	\$59
9410	House/extended care facility call	\$54
9420	Hospital call	\$140
9430	Office visit for observation	\$39
9440	Office visit after regular hours	\$93
9450	Case presentation detailed xtensive treatment plan	\$50
9610	Therapeutic parenteral drug single administration	\$40
9612	Therapeutic parenteral drugs 2+ diff medic	\$52
9613	Infiltration of sustain release therapeutic drug quad	\$100
9630	Drugs/medicaments dispensed in office for home	\$37
9910	Application of desensitizing medicament	\$38
9911	Applica desensitizing resin cervical and/or root sur	\$40
9912	Pre-visit patient screening	\$15
9920	Behavior management, by report	\$90
9930	Treatment of complications (post-surgical) -	\$110
9932	Cleaning & inspec removable complete dent maxil	\$13
9933	Cleaning & inspec removable complete dent mandi	\$13
9934	Cleaning & inspection removable partial dent max	\$13
9935	Cleaning & inspection of removable partial denture, mandibular	\$13
9941	Fabrication of athletic mouthguard	\$185
9942	Repair and/or reline of occlu grd	\$77
9943	Occlusal guard adjustment	\$52
9944	Occlusal guard-hard appl full arch	\$322
9945	Occlusal guard-soft appl, full arch	\$79
9946	Occlusal guard-hard appl, partial arch	\$159
9947	Custom sleep apnea appl fabrication&placement	\$636
9948	Adjustment custom sleep apnea appliance	\$104
9949	Repair custom sleep apnea appliance	\$154
9950	Occlusion analysis - mounted cast	\$220
9951	Occlusal adjustment limited	\$111
9952	Occlusal adjustment complete	\$555
9953	Reline custom sleep apnea appliance (indirect)	\$320
9961	Duplicate/copy patient's records	B/R
9970	Enamel microabrasion	\$100
9971	Odontoplasty - per tooth	\$95
9972	External bleach per arch	\$278
9973	External bleaching, per tooth	\$232
9974	Internal bleaching per tooth	\$230
9975	External Bleaching for home application, per arch	\$278
9985	Sales tax	B/R
9986	Missed appointment	B/R
9987	Cancelled appointment	B/R
9990	Certified translation sign-language service per visit	\$500
9991	Dental case mgmt addressing appt compliance	\$36
9992	Dental case mgmt care coordination	\$36
9993	Dental case mgmt motivational interviewing	\$36
9994	Dental case mgmt patient education	\$36
9995	Teledentistry synchronous real time encounter	\$47
9996	Teledentistry asynchronous information stored	\$39
9997	Dental case mgmt patients w/special health	\$36

* If services of a specialist are required (for Oral Surgery, Endodontics, Periodontics, Pediatric or Prosthodontics) these co-payments do not apply. Members will receive a significant percentage reduction of the usual specialist fee. See provider list. Taxes not included.