

DENTAL SCHEDULE OF ALLOWANCES FOR DENTAL PROCEDURES
100% Payable Prudent Buyer fee schedule on all covered codes

I		DIAGNOSTIC (0100-0999)	
0100	Clinical Oral Examinations		
0120	Periodic oral examination	Only one exam every 6 months	
0140	Emergency oral examination		
0150	Comprehensive oral examination		
0180	Comprehensive periodontal examination		
0200	Radiographs/Diagnostic Imaging		
-0300	0210 Intraoral—complete series (including bitewings)		
	0220 Intraoral—single first film	Not Covered	
	0230 Intraoral—each additional film		
	0240 Intraoral—occlusal, single, first film		
	0250 Extraoral—single, first film		
	0260 Extraoral, each additional film		
	0270 Bitewing, single, first film		
	0272 Bitewing, 2 films		
	0274 Bitewing, 4 films		
	0290 Posterior-anterior & lateral skull x-ray.....		
	0310 Sialography		
	0321 Temporo-mandibular joint, single film.....		
	0330 Panoramic-maxillary and mandibular, single film		
	0340 Cephalometric film.....		
	0350 Oral/Facial Images	Not Covered	
	0364 Cone Beam	Not Covered	
0400	Tests and Laboratory Examinations		
-0500	0415 Bacteriologic cultures for determination of pathologic agents		
	0425 Caries susceptibility test.....	Not Covered	
	0470 Diagnostic models		
	0480 Histopathologic Exam.....		B/R
	0502 Other oral pathology procedures		B/R
II		PREVENTIVE (1000-1999)	
1100	Dental Prophylaxis		
	1110 Adults and children age 14 and over		
	1120 Children to age 14		
1200	Fluoride Treatments		
	1201 Child prophylaxis & fluoride		
	1203 Topical application of fluoride - child (excluding prophylaxis).....		
	1204 Topical application of fluoride - adult (excluding prophylaxis).....		

1205	Adult prophylaxis & fluoride	
1206	Varnish	Not Covered
1300	Other Preventive Services	
1310	Nutritional counseling for control of dental disease	Not Covered
1330	Oral hygiene instruction.....	Not Covered
1351	Sealant, permanent molars only (to age 14).....	
1500	Space Maintainers/Tooth Guidance	
1510	Fixed, unilateral	
1515	Fixed, stainless steel crown type	
1520	Removable, unilateral.....	
1525	Removable, bilateral.....	
1550	Recementation of space maintainer	
III	RESTORATIVE - includes pulp capping if needed (2000-2999)	
2100	Amalgam Restorations (Including polishing)	
2140	One surface-primary.....	
2150	Two surfaces-primary	
2160	Three surfaces-primary	
2161	Four or more surfaces-primary	
2140	One surface—permanent	
2150	Two surfaces—permanent	
2160	Three surfaces—permanent.....	
2161	Four or more surfaces—permanent	
2300	Acrylic or Plastic Restorations	
2330	Resin-based composite one surface anterior	
2331	Resin-based composite two surfaces anterior	
2332	Resin-based composite three surfaces anterior	
2335	4 or more surface or involving incisal angle anterior	
2336	Full composite resin coverage of tooth- anterior, primary.....	
2380	Resin-based composite, one surface posterior primary.....	
2381	Resin-based composite, two surface posterior primary	
2382	Resin-based composite, three or more surfaces posterior primary	
2391	Resin-based composite, one surface posterior permanent ...	
2392	Resin-based composite, two surface posterior permanent....	
2393	Resin-based composite, three surface posterior perm	
2394	Resin-based composite, four or more surfaces post perm	
2400	Gold Foil Restorations	
2410	Gold foil—one surface	
2420	Gold foil—two surfaces.....	
2430	Gold foil—three surfaces	

2500 Gold Inlay Restorations

2510	Inlay - metallic -one surface.....
2520	Inlay - metallic -two surfaces
2530	Inlay - metallic -three surfaces.....
2542	Onlay – two surfaces
2543	Onlay - three surfaces
2544	Onlay - four surfaces

2600 Porcelain Restorations

2610	Inlay, porcelain/ceramic - one surface
2620	Inlay, porcelain/ceramic – two surfaces.....
2630	Inlay, porcelain/ceramic – three surfaces
2642	Onlay, porcelain/ceramic – two surfaces
2643	Onlay, porcelain/ceramic – three surfaces
2644	Onlay, porcelain/ceramic – four or more surfaces
2650	Inlay-resin based composite – one surface
2651	Inlay-resin based composite – two surfaces.....
2652	Inlay-resin based composite – three or more surfaces
2662	Onlay-resin based composite – two surfaces
2663	Onlay-resin based composite – three surfaces
2664	Onlay-resinb based composite – four or more surfaces

2700**-2800 Crowns—Single Restorations Only**

2710	Resin	
2720	Resin with high noble metal.....	
2721	Resin with predominantly base metal	
2722	Resin with noble metal	
2740	Porcelain/ceramic substrate	
2750	Porcelain fused to high noble metal	
2751	Porcelain fused to predominantly base metal.....	
2752	Porcelain fused to noble metal	
2790	Full cast high noble metal.....	
2791	Full cast predominantly base metal	
2792	Full cast noble metal.....	
2799	Provisional Crown	Not Covered

2900 Other Restorative Services

2910	Re-cement inlay	
2920	Re-cement crown	
2930	Stainless steel crown (primary)(every 2 years).....	
2931	Stainless steel crown (permanent)(every 2 years)	
2932	Prefabricated resin crown.....	
2933	Prefabricated stainless steel crown with resin window	Not Covered
2940	Sedative fillings	Not Covered

2950	Core build-up (including any pins)	
2951	Pins (additional).....	
2952	Cast post and core in addition to crown.....	
2955	Post Removal	
2960	Labial veneer-chairside	Not Covered
2961	Labial veneer-laboratory	Not Covered
2962	Labial veneer-laboratory	Not Covered
2970	Temporary crown (fractured tooth)	
2980	Crown repair.....	
IV	ENDODONTICS (3000-3999)	
3100	Pulp Capping - included in restorative procedures	
3110	Pulp cap direct.....	Not Covered
3120	Pulp cap indirect.....	Not Covered
3200	Pulpotomy (excluding final restoration)	
3220	Therapeutic pulpotomy	
3221	Gross pulpal debridement-primary and permanent teeth	
3230	Pulpal therapy-anterior primary tooth	
3240	Pulpal therapy-posterior primary tooth.....	
3300	Root Canal Therapy (includes treatment plan, clinical procedures and follow-up care; excludes x-rays and final restoration)	
3310	One canal anterior	
3320	Two canals bicuspid	
3330	Three canals molar.....	
3331	Treatment of root canal obstruction-non surgical	
3332	Incomplete endodontic therapy-inoperable fractured Tooth	Not Covered
3333	Internal root repair of perforation defects.....	Not Covered
3346	Retreatment of previous root canal therapy-anterior	
3347	Retreatment of previous root canal therapy-bicuspid	
3348	Retreatment of previous root canal therapy-molar	
3351	Apexification	
3400	Periapical Services	
3410	Apicoectomy/periradicular surgery- anterior	
3421	Apicoectomy/periradicular surgery- bicuspid first root	
3425	Apicoectomy/periradicular surgery- molar (first root).....	
3426	Apicoectomy/periradicular surgery- each additional root.....	
3430	Retrograde filling—per root	
3450	Root amputation—per root	
3460	Endodontic endosseous implant.....	N/C

3900 Other Endodontic Procedures

- 3910 Surgical procedure necessary for isolation
of tooth with rubber dam.....
- 3920 Hemisection.....
- 3950 Canal preparation and fitting of dowel or post N/C

V PERIODONTICS (4000-4999) Probing Chart Required**4200 Surgical Services**

- 4210 Gingivectomy or gingivoplasty (per quadrant)
- 4211 Gingivectomy, per tooth.....
- 4240 Gingival flap procedure (includes root planing)
- 4249 Clinical crown lengthening.....
- 4260 Osseous surgery (including flap entry and closure)
per quadrant (4 or more contiguous teeth)
- 4261 Osseous surgery (including flap entry and closure
- Per quadrant (one to three teeth)
- 4263 Bone replacement graft N/C
- 4270 Pedicle soft tissue grafts.....
- 4271 Free soft tissue grafts.....

4300 Adjunctive Services

- 4320 Provisional splinting—intracoronal
- 4321 Provisional splinting—extracoronal
- 4341 Scaling & root planing - per quadrant every 2 years.....
- 4355 Full mouth debridement-each two year period
- 4381 Localized delivery of chemotherapeutic agents.....

4900 Other Periodontal Services

- 4910 Periodontal prophylaxis - in lieu of dental prophylaxis
Adults and children age 14 and over
- Children to age 14
- 4920 Unscheduled dressing change (other than treating dentist) ..

VI PROSTHODONTICS—REMOVABLE (5000-5899)**5100 Complete Dentures—including adjustments and relines for
a six month period**

- 5110 Complete upper
- 5120 Complete lower
- 5130 Immediate upper
- 5140 Immediate lower

**5200 Partial Dentures with teeth, rests and two clasps—including adjustments
and relines for a six month period**

- 5211 Upper partial - resin base
- 5212 Lower partial - resin base
- 5213 Upper partial - cast metal framework with
resin denture base.....

5214	Lower partial - cast metal framework with resin denture base.....	
5281	Removable unilateral partial denture—one piece casting - gold or chrome cobalt clasp attachments, per unit including pontics	
5400	Adjustments to Denture	
5410	Upper complete denture	
5411	Lower complete denture	
5421	Upper partial denture	
5422	Lower partial denture	
5500	Repairs to Complete and Partial Dentures	
-5600	5510 Repair broken complete denture base.....	
	5520 Repair missing or broken teeth, complete denture, per tooth	
	5610 Repair resin denture base	
	5620 Repair cast framework.....	
	5630 Repair or replace broken clasp.....	
	5640 Replace broken teeth on denture, per tooth	
	5650 Add tooth to partial denture	
	5660 Each additional clasp with rest	
5700	Denture Rebasing and Relining	
	5710 Rebase upper complete denture	
	5711 Rebase lower complete denture	
	5720 Rebase upper partial denture	
	5721 Rebase lower partial denture.....	
	5730 Reline upper complete denture (office).....	
	5731 Reline lower complete denture (office)	
	5740 Reline upper partial denture (office)	
	5741 Reline lower partial denture (office).....	
	5750 Reline upper complete denture (laboratory)	
	5751 Reline lower complete denture (laboratory).....	
	5760 Reline upper partial denture (laboratory).....	
	5761 Reline lower partial denture (laboratory).....	
5800	Other Prosthetic Services	
	5810 Temporary denture (complete) upper.....	Not Covered
	5811 Temporary denture (complete) lower.....	Not Covered
	5820 Temporary denture (partial - stayplate) upper	
	5821 Temporary denture (partial - stayplate) lower.....	
	5850 Tissue conditioning upper, per denture	
	5851 Tissue conditioning lower, per denture	

VII PROSTHODONTICS, FIXED (6200-6999)

Fixed bridges (each abutment and each pontic constitutes a unit in a bridge)

6200 Bridge Pontics

6210	Cast high noble metal.....	
6211	Cast predominantly base metal	
6212	Cast noble metal	
6240	Porcelain fused to high noble metal	
6241	Porcelain fused to predominantly base metal	
6242	Porcelain fused to noble metal	
6245	Pontic-porcelain/ceramic	
6250	Resin with high noble metal.....	
6251	Resin with predominantly base metal	
6252	Resin with noble metal	

6600 Fixed Partial Denture Retainers (Inlays/Onlays)

6600	Inlay-porcelain/ceramic.....	
6601	Inlay-porcelain/ceramic.....	
6602	Inlay-metallic-two surface	
6603	Inlay-metallic-three or more surfaces	
6608	Onlay-porcelain/ceramic.....	
6609	Onlay-porcelain/ceramic.....	
6610	Onlay-metallic-three surfaces.....	
6611	Onlay-metallic-four or more surfaces	
6545	Retainer-cast metal for resin bonded fixed prosthesis	Not Covered
6548	Retainer-porcelain/ceramic for resin bonded fixed Prosthesis	Not Covered

6700 Bridge Crowns (Abutments)

6720	Resin with high noble metal.....	
6721	Resin with predominantly base metal	
6722	Resin with noble metal	
6740	Porcelain/ceramic.....	
6750	Porcelain fused to high noble metal	
6751	Porcelain fused to predominantly base metal	
6752	Porcelain fused to noble metal	
6780	3/4 cast high noble metal.....	
6781	3/4 cast predominately base metal	
6782	3/4 cast noble metal	
6783	3/4 porcelain/ceramic	
6790	Full cast high noble metal.....	
6791	Full cast predominantly base metal	
6792	Full cast noble metal.....	412.00

6900 Other Services

6920	Connector bar	Not Covered
6930	Re-cement fixed partial denture	
6940	Stress breaker	
6950	Precision attachment.....	
6970	Cast post & core in addition to fixed	

	partial dental retainer.....	
6973	Core build-up for retainer including any pins	
VIII	ORAL & MAXILLOFACIAL SURGERY (7000-7999)	
7100	Simple Extraction—Includes local anesthesia, suturing if needed, and routine post-operative care	
7140	Single tooth	
7140	Each additional tooth.....	
7200	Surgical Extractions—Includes local anesthesia, suturing if needed, and routine post-operative care	
7210	Surgical removal of erupted tooth.....	
7220	Removal of impacted tooth, soft tissue.....	
7230	Removal of impacted tooth, partially bony.....	
7240	Removal of impacted tooth, completely bony	
7241	Removal of impacted tooth, completely bony with unusual complications.....	
7250	Root recovery (surgical removal of residual root).....	
	Other Surgical Procedures Applied to Teeth	
7260	Oral antral fistula closure and/or antral root recovery	B/R
7270	Tooth re-implantation.....	
7272	Tooth transplantation.....	
7280	Surgical access of unerupted tooth.....	
7281	Surgical exposure of tooth to aid eruption	
7283	Placement of device to facilitate eruption of impacted tooth...	
7285	Biopsy of oral tissue - hard	B/R
7286	Biopsy of oral tissue - soft	B/R
7290	Surgical repositioning of teeth	B/R
7300	Alveoplasty (surgical preparation of ridge for dentures)	
7310	Per quadrant, in conjunction with extractions	
7320	Per quadrant, not in conjunction with extractions	
	Vestibuloplasty—including revision of soft tissue on ridges, muscle reattachment, tongue palate and other oral soft tissues	
7340	Per quadrant, uncomplicated.....	B/R
7350	Per arch, complicated—including ridge extension, soft tissue grafts and management of hypertrophied and hyperplastic tissue	B/R
7400	Surgical Excision	
	Excision of Reactive Inflammatory Lesions - (scar tissue or localized congenital lesions)	
7410	Radical excision, lesion diameter up to ½ inch.....	
7411	Radical excision, lesion diameter over ½ inch.....	

Removal of Tumors, Cysts and Neoplasms

7440	Excision of malignant tumor, lesion diameter up to ½ inch....	B/R
7441	Excision of malignant tumor, lesion diameter over ½ inch.....	B/R
7450	Removal of odontogenic cyst or tumor, up to ½ inch in diameter	
7451	Removal of odontogenic cyst or tumor, over ½ inch in diameter	
7460	Removal of non-odontogenic cyst or tumor, up to ½ inch in diameter	
7461	Removal of non-odontogenic cyst or tumor, over ½ inch in diameter	

Excision of Bone Tissue

7471	Removal of exostosis maxilla or mandible.....	
7490	Radical resection of mandible with bone graft	B/R

7500 Surgical Incision

7510	Incision and drainage of abscess, intra-oral	
7520	Incision and drainage of abscess, extra-oral	
7530	Removal of foreign body, skin or subcutaneous areolar tissue	B/R
7540	Removal of reaction producing foreign bodies, musculo skeletal system	B/R
7550	Sequestrectomy for osteomyelitis.....	B/R

7600 Treatment of Fractures - simple

7610	Maxilla, open reduction.....	
7620	Maxilla, closed reduction	
7630	Mandible, open reduction	
7640	Mandible, closed reduction	
7650	Malar and/or zygomatic arch, open reduction.....	
7660	Malar and/or zygomatic arch, closed reduction	
7670	Alveolus—stabilization of teeth, open reduction splinting	B/R
7680	Facial bones, complicated reduction with fixation and multiple surgical approaches	B/R

7700 Treatment of Fractures - compound

7710	Maxilla, open reduction.....	
7720	Maxilla, closed reduction	
7730	Mandible, open reduction	
7740	Mandible, closed reduction	
7750	Malar and/or zygomatic arch, open reduction.....	

7760	Malar and/or zygomatic arch, closed reduction	
7770	Alveolus, stabilization of teeth, open reduction splinting.....	B/R
7800	Reduction of Dislocation and Management of Other Temporo-Mandibular Joint Dysfunctions	
7810	Open reduction of dislocation	B/R
7820	Closed reduction of dislocation.....	
7830	Manipulation under anesthesia.....	
7840	Condylectomy.....	
7850	Surgical discectomy with or without implant	
7860	Arthrotomy	B/R
7870	Arthrocentesis	
7899	TMJ therapy	
7900	Other Oral Surgery	
	Repair of Traumatic Wounds	
7910	Simple suture up to 2 inches in diameter.....	
7911	Complicated suture up to 2 inches diameter	
7912	Suture over 2 inches in diameter	
	Other Repair Procedures	
7920	Skin grafts (identify defect covered, location and type of graft).....	B/R
7940	Osteoplasty (i.e. for prognathism and micrognathism)	
7950	Osteoperiosteal	B/R
7960	Frenulectomy—separate procedure (frenectomy or frenotomy)	
7970	Excision of hyperplastic tissue, per arch.....	
7980	Sialolithotomy	
7981	Excision of salivary gland	B/R
7982	Sialodochoplasty	B/R
7983	Closure of salivary fistula.....	
7990	Emergency tracheotomy.....	
IX	ORTHODONTICS (8000-8999)	
	No benefits are payable under the policy for expense incurred for orthodontic procedures, unless specifically provided in the Schedule of Allowances.	
X	OTHER SERVICES (9000-9999)	
9100	Unclassified Treatment	
9110	Palliative (emergency) treatment of dental pain, minor procedures	

9200 Anesthesia

9210	Local (not in conjunction with operative or surgical procedures).....	
9211	Regional block anesthesia.....	
9212	Trigeminal division block	
9215	Local anesthesia	
9220	General.....	
9221	General anesthesia-each additional 15 minutes.....	Not Covered
9230	Analgesia (Nitrous Oxide).....	Not Covered

9300 Professional Consultation (diagnostic service provided by a physician or dentist other than practitioner providing treatment)

9310	Consultation, per session	
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9400 Professional Visits

9410	House calls	
9420	Hospital calls	
9430	Office visit, during office hours	
9440	Office visit, after office hours	

9600 Drugs

9610	Therapeutic drug injection	
9630	Other medication	Not Covered

9900 Miscellaneous Services

9910	Application of desensitizing medication (fluoride paste, silver nitrate, etc.)	
9920	Special consultation appointments (not related to case presentations).....	Not Covered
9930	Complications (unusual circumstances post-surgical, etc.).....	
9940	Night guard/occlusal guard.....	
9941	Fabrication of athletic mouth guard	Not Covered
9950	Occlusion analysis (mounted case).....	Not Covered
9951	Occlusal adjustment (limited)	
9952	Occlusal adjustment (complete)	
9972	External Bleaching	N/C
9974	Internal Bleaching.....	N/C

For procedures marked "B/R" (by report), the Trust will determine the allowance based upon the nature and extent of the services performed. A dental procedure of an equivalent gravity and severity listed herein shall be used as the basis for the Trust's determination.