

## Breakdown of Dental Benefits

### Please submit all claims to:

IPM Trust  
1168 E La Cadena Dr.  
Riverside, CA 92507  
(951) 684-1791  
[claims@ipmtrust.com](mailto:claims@ipmtrust.com)

**Please note:** We are unable to provide Dental Access PPO fee schedules. You will need to contact Blue Cross directly.

- No orthodontic care is covered – including any service relative to orthodontics such as xrays and extractions
- Full-mouth x-rays are payable every 3 years (over the age of 13)
- 4 bite wing and 2 additional are payable every 6 months
- Exams & cleanings are payable every 6 months
- Perio-Maintenance is payable every 6 months in lieu of a prophylaxis
- Full-Mouth Debridement is payable every 2 years
- Root planing/scaling is payable every 2 years
- Prosthetic replacement payable every 5 years (bridges, dentures, partials & crowns)
- Prior extractions are a covered benefit (no missing tooth clause)
- Sealants are covered on permanent molars until age 14 (does not include wisdom teeth)
- Fluoride is a covered benefit for adults and children every 6 months
- Composites are covered on all teeth
- Basic general anesthesia is covered w/ no extra minutes
- Nitrous Oxide is not covered
- Nightguards must be pre-authorized
- Implants & cosmetic work are not covered
- Claims over \$200 should be pre-authorized  
Especially for Non-PPO Providers  
(claims not pre-authorized are still subject to review & delayed payment)
- X-rays should be submitted with all dental work, except preventative
- Perio charting should be submitted with perio work
- There are no waiting periods
- Varnish not covered



**DENTAL SCHEDULE OF ALLOWANCES FOR DENTAL PROCEDURES**  
**100% Payable Dental Access PPO fee schedule on all covered codes**  
**Blue Cross 866 947-9398 to obtain fee schedule**

<b>I</b>	<b>DIAGNOSTIC (0100-0999)</b>		
<b>0100</b>	<b>Clinical Oral Examinations</b>		
	0120	Periodic oral examination	Only one exam every 6 months
	0140	Emergency oral examination.....	
	0150	Comprehensive oral examination.....	
	0180	Comprehensive periodontal examination .....	
<b>0200</b>	<b>Radiographs/Diagnostic Imaging</b>		
<b>-0300</b>	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
<b>0400</b>	<b>Tests and Laboratory Examinations</b>		
<b>-0500</b>	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
<b>II</b>	<b>PREVENTIVE (1000-1999)</b>		
<b>1100</b>	<b>Dental Prophylaxis</b>		
	1110	Adults and children age 14 and over.....	
	1120	Children to age 14.....	
<b>1200</b>	<b>Fluoride Treatments</b>		
	1201	Child prophylaxis & fluoride.....	
	1203	Topical application of fluoride - child (excluding prophylaxis) .....	
	1204/1208	Topical application of fluoride - adult (excluding prophylaxis) .....	

1205	Adult prophylaxis & fluoride.....	
1206	Varnish .....	Not Covered
<b>1300</b>	<b>Other Preventive Services</b>	
1310	Nutritional counseling for control of dental disease.....	Not Covered
1330	Oral hygiene instruction .....	Not Covered
1351	Sealant, permanent molars only (to age 14) .....	
<b>1500</b>	<b>Space Maintainers/Tooth Guidance</b>	
1510	Fixed, unilateral.....	
1515	Fixed, stainless steel crown type .....	
1520	Removable, unilateral .....	
1525	Removable, bilateral .....	
1550	Recementation of space maintainer.....	
<b>III</b>	<b>RESTORATIVE - includes pulp capping if needed (2000-2999)</b>	
<b>2100</b>	<b>Amalgam Restorations (Including polishing)</b>	
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 .....	
<b>2300</b>	<b>Acrylic or Plastic Restorations</b>	
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....	
<b>2400</b>	<b>Gold Foil Restorations</b>	
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) .....	
2952/54	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 .....	
<b>IV</b>	<b>ENDODONTICS (3000-3999)</b>	
<b>3100</b>	<b>Pulp Capping - included in restorative procedures</b>	
3110	Pulp cap direct .....	Not Covered
3120	Pulp cap indirect .....	Not Covered
<b>3200</b>	<b>Pulpotomy (excluding final restoration)</b>	
3220	Therapeutic pulpotomy.....	
3221	Gross pulpal debridement-primary and permanent teeth .....	
3230	Pulpal therapy-anterior primary tooth.....	
3240	Pulpal therapy-posterior primary tooth .....	
<b>3300</b>	<b>Root Canal Therapy (includes treatment plan, clinical procedures and follow-up care; excludes x-rays and final restoration)</b>	
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.....	
<b>3400</b>	<b>Periapical Services</b>	
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

<b>3900</b>	<b>Other Endodontic Procedures</b>	
3910	Surgical procedure necessary for isolation of tooth with rubber dam .....	
3920	Hemisection .....	
3950	Canal preparation and fitting of dowel or post.....	N/C
<b>V</b>	<b>PERIODONTICS (4000-4999) Probing Chart Required</b>	
<b>4200</b>	<b>Surgical Services</b>	
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 .....	
<b>4300</b>	<b>Adjunctive Services</b>	
4320	Provisional splinting—intracoronaral .....	
4321	Provisional splinting—extracoronaral .....	
4341	Scaling & root planing - per quadrant every 2 years .....	
4342	Scaling & root planing – 1 – 3 teeth per quadrant .....	NC
4355	Full mouth debridement-each two year period .....	
4381	Localized delivery of chemotherapeutic agents .....	
<b>4900</b>	<b>Other Periodontal Services</b>	
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) ..	
<b>VI</b>	<b>PROSTHODONTICS—REMOVABLE (5000-5899)</b>	
<b>5100</b>	<b>Complete Dentures—including adjustments and relines for a six month period</b>	
5110	Complete upper .....	
5120	Complete lower .....	
5130	Immediate upper .....	
5140	Immediate lower.....	
<b>5200</b>	<b>Partial Dentures with teeth, rests and two clasps—including adjustments and relines for a six month period</b>	
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.....	
<b>5400</b>	<b>Adjustments to Denture</b>		
	5410	Upper complete denture.....	
	5411	Lower complete denture.....	
	5421	Upper partial denture .....	
	5422	Lower partial denture .....	
<b>5500</b>	<b>Repairs to Complete and Partial Dentures</b>		
<b>-5600</b>	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.....	
<b>5700</b>	<b>Denture Rebasing and Relining</b>		
	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) .....	
<b>5800</b>	<b>Other Prosthetic Services</b>		
	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

<b>7700</b>	<b>Treatment of Fractures - compound</b>	
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
<b>7800</b>	<b>Reduction of Dislocation and Management of Other Temporo-Mandibular Joint Dysfunctions</b>	
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 .....	
<b>7900</b>	<b>Other Oral Surgery</b>	
	<b>Repair of Traumatic Wounds</b>	
7910	Simple suture up to 2 inches in diameter .....	
7911	Complicated suture up to 2 inches diameter .....	
7912	Suture over 2 inches in diameter .....	
	<b>Other Repair Procedures</b>	
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 .....	

**IXORTHODONTICS (8000-8999)No benefits are payable under the policy for expense incurred for orthodontic procedures, unless specifically provided in the Schedule of Allowances.**

**XOTHER SERVICES (9000-9999)**

<b>9100</b>	<b>Unclassified Treatment</b>		
9110	Palliative (emergency) treatment of dental pain, minor procedures .....		
<b>9200</b>	<b>Anesthesia</b>		
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	
<b>9300</b>	<b>Professional Consultation (diagnostic service provided by a physician or dentist other than practitioner providing treatment)</b>		
9310	Consultation, per session.....		
<b>9400</b>	<b>Professional Visits</b>		
9410	House calls .....		
9420	Hospital calls.....		
9430	Office visit, during office hours .....		
9440	Office visit, after office hours.....		
<b>9600</b>	<b>Drugs</b>		
9610	Therapeutic drug injection.....		
9630	Other medication.....	Not Covered	
<b>9900</b>	<b>Miscellaneous Services</b>		
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.

