

Please submit all claims to:

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

Deductible - \$50 per member & dependent for Basic and Major does not apply for Preventative services

Please note: We are unable to provide Dental Access PPO FEE Schedule, you will need to contact Blue Cross directly.

Payable at Blue Cross rate, 100% across the board up to their \$1,000 yearly allowance.

- Orthodontic care \$1,000 Lifetime max (payments made in 3 installments)
- 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
- Root planing/scaling is payable every 2 years
- Prosthetic replacement payable every 5 years (bridges, dentures, partials & crowns)
- Prior extractions are a covered benefit (missing tooth clause)
- Sealants are covered on permanent molars until age 14 every 3 years (does not include wisdom teeth)
- Fluoride is a covered benefit for individuals to age 19 once a year
- Composites are covered on all teeth
- General anesthesia is covered for extractions
- Nitrous Oxide is covered for extractions
- Nightguards not covered
- Implants & cosmetic work are not covered
- 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

PLAN 8

DENTAL SCHEDULE OF ALLOWANCES FOR DENTAL PROCEDURES

100% Payable Dental Access PPO schedule on all covered codes

Blue Cross 866 947-9398 to obtain fee schedule

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.....	
	0310	Sialography.....	
	0321	Temporo-mandibular joint, single film.....	
	0330	Panoramic-maxillary and mandibular, single film.....	
	0340	Cephalometric film	Not Covered
	0350	Oral/Facial Images	Not Covered
	0364	Cone Beam	Not Covered
0400	Tests and Laboratory Examinations		
-0500	0415	Bacteriologic cultures for determination of pathologic agent	Not Covered
	0425	Caries susceptibility test.....	Not Covered
	0470	Diagnostic models	Only paid with Ortho
II		PREVENTIVE (1000-1999)	
1100	Dental Prophylaxis		
	1110	Adults and children age 14 and over.....	
	1120	Children to age 14.....	
1200	Fluoride Treatments		
	1204 or 1208	Topical application of fluoride - adult (excluding prophylaxis)	To age of 19 only
	1206	Varnish	Not Covered
	12008	Fluoride	Every 6 months

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	Every 12 months
2150	Two surfaces-primary	Every 12 months
2160	Three surfaces-primary	Every 12 months
2161	Four or more surfaces-primary	Every 12 months
2140	One surface—permanent	Every 12 months
2150	Two surfaces—permanent	Every 12 months
2160	Three surfaces—permanent	Every 12 months
2161	Four or more surfaces-permanent	Every 12 months

2300 Acrylic or Plastic Restorations (Every 12 months)

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....	

2500 Gold Inlay Restorations (Every 5 years)

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**(Every 5 years)**

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-resin based composite – four or more surfaces.....

2700**-2800****Crowns—Single Restorations Only****(Every 5 years)**

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
2950	Core build-up (including any pins) (not combined with 2952)
2951	Pins (additional) Not Covered
2952	Cast post and core in addition to crown (not combined with 2950)
2955	Post Removal.....
2960	Labial veneer-chairside..... Not Covered
2961	Labial veneer-laboratory
2962	Labial veneer-laboratory
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)	
		(Every 5 years)
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	(Every 5 years)
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 Procedure	
3910	Surgical procedure necessary for isolation of tooth with rubber dam	
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
4300	Adjunctive Services	
4320	Provisional splinting—intracoronal	N/C
4321	Provisional splinting—extracoronal	N/C
4341	Scaling & root planing - per quadrant every 2 years	
4355	Full mouth debridement-each two year period	N/C
4381	Localized delivery of chemotherapeutic agents	N/C
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	(Every 5 years)
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	(Every 5 years)
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		(Every 5 years)
	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		(Every 5 years)
	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	N/C
	5811	Temporary denture (complete) lower	N/C
	5820	Temporary denture (partial - stayplate) upper	N/C
	5821	Temporary denture (partial - stayplate) lower	N/C
	5850	Tissue conditioning upper, per denture	N/C
	5851	Tissue conditioning lower, per denture	N/C
VII	PROSTHODONTICS, FIXED (6200-6999)		
	Fixed bridges (each abutment and each pontic constitutes a unit in a bridge)		
6200	Bridge Pontics		(Every 5 years)
	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)	(Every 5 years)
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)	(Every 5 years)
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	
6900	Other Services	
6920	Connector bar	N/C
6930	Re-cement fixed partial denture	N/C
6940	Stress breaker	N/C
6950	Precision attachment	N/C
6970	Cast post & core in addition to fixed partial dental retainer	N/C
6973	Core build-up for retainer including any pins	N/

VIII ORAL & MAXILLOFACIAL SURGERY (7000-7999)

**7100 Simple Extraction—Includes local anesthesia, suturing if needed,
and routine post-operative care**

7140 Single 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 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 B/R
- 7451 Removal of odontogenic cyst or tumor,
over ½ inch in diameter B/R
- 7460 Removal of non-odontogenic cyst or
tumor, up to ½ inch in diameter B/R
- 7461 Removal of non-odontogenic cyst or
tumor, over ½ inch in diameter B/R

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 foreignbodies,
	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
		B/R
	7720	Maxilla, closed reduction
		B/R
	7730	Mandible, open reduction
		B/R
	7740	Mandible, closed reduction
		B/R
	7750	Malar and/or zygomatic arch, open reduction
		B/R
	7760	Malar and/or zygomatic arch, closed reduction
		B/R
	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 B/R
	7850	Surgical discectomy with or without implant B/R.....
	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 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)

9215 Local anesthesia

9222 General

9223 General anesthesia-each additional 15 minutes

9230 Analgesia (Nitrous Oxide) Covered for oral Surgery and Extractions

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

9310 Consultation, per session.....

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 Not Covered

9630 Other medication..... Not Covered

9900 Miscellaneous Services

9910 Application of desensitizing medication
(fluoride paste, silver nitrate, etc.) Not Covered

9920 Special consultation appointments
(not related to case presentations)..... Not Covered

9930 Complications (unusual circumstances
post-surgical, etc.).....

9944 Night guard/occlusal guard Not Covered

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 equivalent gravity and severity listed herein shall be used as the basis for the Trust's determination.