Nevada Dental Benefits, Ltd. ®
a PRIMECARE™ company
BENEFITS GROUP

Managed Care Dental Plan Bricklayers
Out-of-Network Schedule of Benefits

Diagnostic		Plan Pays
D0120	Periodic Oral Evaluation - Established Patient (2 Per 12 Months)	$32.00
D0140	Limited Oral Evaluation - Problem Focused (As Necessary)	$27.00
D0145	Oral Evaluation for a Patient Under Three Years of Age	$27.00
D0150	Comprehensive Oral Evaluation - New or Established Patient	$32.00
D0160	Detailed and Extensive Oral Evaluation - Problem Focused, by Report	$32.00
D0170	Re-Evaluation - Limited, Problem Focused (Established Patient; Not Post-Operative Visit)	$28.00
D0180	Comprehensive Periodontal Evaluation - New or Established Patient (1 Per 36 Months Per Location)	$28.00
D0191	Assessment of a Patient	$18.00
D0210	Intraoral - Comprehensive Series of Radiographic Images (1 Series Per 36 months)	$56.00
D0220	Intraoral - Periapical First Radiographic Image	$14.00
D0230	Intraoral - Periapical Each Additional Radiographic Image	$14.00
D0240	Intraoral - Occlusal Radiographic Image	$13.00
D0250	Extraoral - 2D Projection Radiographic Image Created Using a Stationary Radiation Source, and Detector	$15.00
D0251	Extraoral - Posterior Dental Radiographic Image	$15.00
D0270	Bitewing - Single Radiographic Image (2 Per 12 Months)	$10.00
D0272	Bitewings - Two Radiographic Images (2 Per 12 Months)	$13.00
D0273	Bitewings - Three Radiographic Images (2 Per 12 Months)	$17.00
D0274	Bitewings - Four Radiographic Images (2 Per 12 Months)	$20.00
D0277	Vertical Bitewings - 7 to 8 Radiographic Images (2 Per 12 Months)	$20.00
D0310	Sialography	$50.00
D0330	Panoramic Radiographic Image (1 Image Per 36 Months)	$33.00
D0340	2D Cephalometric Radiographic Image - Acquisition, Measurement and Analysis	$40.00
D0415	Collection of Microorganisms for Culture and Sensitivity	$23.00
D0416	Viral Culture	$23.00
D0425	Caries Susceptibility Test	$23.00
D0460	Pulp Vitality Tests	$6.00
D0470	Diagnostic Casts	$21.00
D0999	Unspecified Diagnostic Procedures, by Report	$20.00

Preventive		Plan Pays
D1110	Prophylaxis - Adult (2 Per 12 Months)	$55.00
D1120	Prophylaxis - Child (2 Per 12 Months)	$40.00
D1206	Topical Application of Fluoride Varnish (2 Applications Per 12 Months Through Age 17)	$15.00
D1208	Topical Application of Fluoride – Excluding Varnish (2 Applications Per 12 Months Through Age 17)	$12.00
D1310	Nutritional Counseling for Control of Dental Disease	$10.00
D1330	Oral Hygiene Instructions	$8.00
D1351	Sealant - Per Tooth (1st and 2nd Molars Through Age 16)	$16.00
D1510	Space Maintainer - Fixed - Unilateral - Per Quadrant (1 Per 60 Months)	$84.00
D1516	Space Maintainer - Fixed - Bilateral, Maxillary (1 Per 60 Months)	$156.00
D1517	Space Maintainer - Fixed - Bilateral, Mandibular (1 Per 60 Months)	$156.00
D1520	Space Maintainer - Removable - Unilateral - Per Quadrant (1 Per 60 Months)	$101.00
D1526	Space Maintainer - Removable - Bilateral, Maxillary (1 Per 60 Months)	$147.00
D1527	Space Maintainer - Removable - Bilateral, Mandibular (1 Per 60 Months)	$147.00
D1551	Re-Cement or Re-Bond Bilateral Space Maintainer - Maxillary	$13.00
D1552	Re-Cement or Re-Bond Bilateral Space Maintainer - Mandibular	$13.00
D1553	Re-Cement or Re-Bond Unilateral Space Maintainer - Per Quadrant	$13.00
D1556	Removal of Fixed Unilateral Space Maintainer - Per Quadrant	$13.00
D1557	Removal of Fixed Bilateral Space Maintainer - Maxillary	$13.00
D1558	Removal of Fixed Bilateral Space Maintainer - Mandibular	$13.00
D1575	Distal Shoe Space Maintainer - Fixed, Unilateral - Per Quadrant	$84.00

Restorative		Plan Pays
D2140	Amalgam - One Surface, Primary or Permanent (1 Per Tooth Every 24 Months)	$42.00
D2150	Amalgam - Two Surfaces, Primary or Permanent (1 Per Tooth Every 24 Months)	$60.00
D2160	Amalgam - Three Surfaces, Primary or Permanent (1 Per Tooth Every 24 Months)	$73.00
D2161	Amalgam - Four or More Surfaces, Primary or Permanent (1 Per Tooth Every 24 Months)	$87.00
D2330	Resin-Based Composite - One Surface, Anterior (1 Per Tooth Every 24 Months)	$42.00
D2331	Resin-Based Composite - Two Surfaces, Anterior (1 Per Tooth Every 24 Months)	$63.00
D2332	Resin-Based Composite - Three Surfaces, Anterior (1 Per Tooth Every 24 Months)	$72.00
D2335	Resin-Based Composite - Four or More Surfaces, Anterior (1 Per Tooth Every 24 Months)	$84.00
D2510	Inlay - Metallic - One Surface (1 Per Tooth Every 60 Months)	$80.00
D2520	Inlay - Metallic - Two Surfaces (1 Per Tooth Every 60 Months)	$110.00
D2530	Inlay - Metallic - Three or More Surfaces (1 Per Tooth Every 60 Months)	$160.00
D2610	Inlay - Porcelain/Ceramic - One Surface (1 Per Tooth Every 60 Months)	$80.00
D2620	Inlay - Porcelain/Ceramic - Two Surfaces (1 Per Tooth Every 60 Months)	$110.00
D2630	Inlay - Porcelain/Ceramic - Three or More Surfaces (1 Per Tooth Every 60 Months)	$165.00
D2710	Crown - Resin-Based Composite, Indirect (1 Per Tooth Every 60 Months)	$154.00
D2712	Crown - ¾ Resin-Based Composite, Indirect (1 Per Tooth Every 60 Months)	$160.00
D2720	Crown - Resin with High Noble Metal (1 Per Tooth Every 60 Months)	$336.00
D2721	Crown - Resin with Predominantly Base Metal (1 Per Tooth Every 60 Months)	$252.00
D2722	Crown - Resin with Noble Metal (1 Per Tooth Every 60 Months)	$286.00
D2740	Crown - Porcelain/Ceramic (1 Per Tooth Every 60 Months)	$336.00
D2750	Crown - Porcelain Fused to High Noble Metal (1 Per Tooth Every 60 Months)	$370.00
D2751	Crown - Porcelain Fused to Predominantly Base Metal (1 Per Tooth Every 60 Months)	$269.00
D2752	Crown - Porcelain Fused to Noble Metal (1 Per Tooth Every 60 Months)	$302.00
D2790	Crown - Full Cast High Noble Metal (1 Per Tooth Every 60 Months)	$319.00
D2791	Crown - Full Cast Predominantly Base Metal (1 Per Tooth Every 60 Months)	$235.00
D2792	Crown - Full Cast Noble Metal (1 Per Tooth Every 60 Months)	$269.00
D2794	Crown - Titanium and Titanium Alloys (1 Per Tooth Every 60 Months)	$269.00
D2910	Re-Cement or Re-Bond Inlay, Onlay, Veneer or Partial Coverage Restoration	$25.00
D2915	Re-Cement or Re-Bond Indirectly Fabricated or Prefabricated Post and Core	$24.00
D2920	Re-Cement or Re-Bond Crown	$25.00
D2921	Reattachment of Tooth Fragment, Incisal Edge or Cusp (1 Per Tooth Per Lifetime)	$42.00
D2928	Prefabricated Porcelain/Ceramic Crown - Permanent Tooth	$100.00
D2929	Prefabricated Porcelain/Ceramic Crown – Primary Tooth	$73.00
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	$67.00
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	$94.00
D2932	Prefabricated Resin Crown	$50.00
D2933	Prefabricated Stainless Steel Crown with Resin Window	$73.00
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	$64.00
D2940	Placement of Interim Direct Restoration	$23.00
D2950	Core Buildup, Including Any Pins When Required (1 Per Tooth Per 60 Months)	$50.00
D2951	Pin Retention - Per Tooth, in Addition to Restoration	$16.00
D2952	Post and Core in Addition to Crown, Indirectly Fabricated	$106.00
D2953	Each Additional Indirectly Fabricated Post - Same Tooth	$75.00
D2954	Prefabricated Post and Core in Addition to Crown	$84.00
D2960	Labial Veneer (Resin Laminate) - Direct (1 Per Tooth Every 60 Months)	$60.00
D2961	Labial Veneer (Resin Laminate) - Indirect (1 Per Tooth Every 60 Months)	$60.00
D2962	Labial Veneer (Porcelain Laminate) - Indirect (1 Per Tooth Every 60 Months)	$90.00
D2980	Crown Repair Necessitated by Restorative Material Failure	$20.00
D2981	Inlay Repair Necessitated by Restorative Material Failure	$20.00
D2982	Onlay Repair Necessitated by Restorative Material Failure	$20.00

D2983	Veneer Repair Necessitated by Restorative Material Failure	$20.00
D2999	Unspecified Restorative Procedure, by Report	$20.00

Endodontics		Plan Pays
D3110	Pulp Cap - Direct (Excluding Final Restoration)	$17.00
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	$13.00
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	$45.00
D3222	Partial Pulpotomy for Apexogenesis	$40.00
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excl. Final Restoration)	$25.00
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excl. Final Restoration)	$35.00
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	$118.00
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	$151.00
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	$269.00
D3346	Retreatment of Previous Root Canal Therapy - Anterior (Once Per Tooth Per Lifetime)	$118.00
D3347	Retreatment of Previous Root Canal Therapy - Premolar (Once Per Tooth Per Lifetime)	$151.00
D3348	Retreatment of Previous Root Canal Therapy - Molar (Once Per Tooth Per Lifetime)	$269.00
D3351	Apexification/Recalcification – Initial Visit (Apical Closure/Calcific Repair of Perforations, Root Resorption, Etc.)	$44.00
D3410	Apicoectomy - Anterior	$118.00
D3421	Apicoectomy - Premolar (First Root)	$235.00
D3425	Apicoectomy - Molar (First Root)	$277.00
D3426	Apicoectomy (Each Additional Root)	$92.00
D3430	Retrograde Filling - Per Root	$50.00
D3450	Root Amputation - Per Root	$75.00
D3920	Hemisection (Including Any Root Removal), Not Including Root Canal Therapy	$67.00
D3999	Unspecified Endodontic Procedure, by Report	$20.00

Periodontics		Plan Pays
D4210	Gingivectomy or Gingivoplasty - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	$101.00
D4211	Gingivectomy or Gingivoplasty - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	$34.00
D4240	Gingival Flap Procedure, Including Root Planing - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	$101.00
D4241	Gingival Flap Procedure, Including Root Planing - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	$34.00
D4260	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant (1 Per Quadrant Per 36 Months)	$336.00
D4261	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) One to Three Contiguous Teeth (1 Per Quadrant Per 36 Months)	$88.00
D4270	Pedicle Soft Tissue Graft Procedure	$101.00
D4277	Free Soft Tissue Graft Procedure - (Including Recipient and Donor Surgical Sites) First Tooth, Implant, or Edentulous Tooth Position in Graft	$134.00
D4278	Free Soft Tissue Graft Procedure - (Including Recipient and Donor Surgical Sites) Each Additional Contiguous Tooth, Implant, or Edentulous Tooth Position in Same Graft Site	$25.00
D4322	Splint - Intra-coronal; Natural Teeth or Prosthetic Crowns	$45.00
D4323	Splint - Extra-coronal; Natural Teeth or Prosthetic Crowns	$45.00
D4341	Periodontal Scaling and Root Planing - Four or More Teeth Per Quadrant (Once Per Quadrant Every 24 Months)	$64.00
D4342	Periodontal Scaling and Root Planing - One to Three Teeth Per Quadrant (Once Per Quadrant Every 24 Months)	$17.00
D4346	Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation	$55.00
D4355	Full Mouth Debridement to Enable Comprehensive Periodontal Evaluation and Diagnosis on a Subsequent Visit (1 Per 36 Months)	$34.00
D4910	Periodontal Maintenance (1 Per 3 Months)	$34.00
D4999	Unspecified Periodontal Procedure, by Report	$20.00

Prosthodontics - Removable		Plan Pays
D5110	Complete Denture - Maxillary (1 Per 60 Months)	$420.00

D5120	Complete Denture - Mandibular (1 Per 60 Months)	$420.00
D5130	Immediate Denture - Maxillary (1 Per 60 Months)	$420.00
D5140	Immediate Denture - Mandibular (1 Per 60 Months)	$420.00
D5211	Maxillary Partial Denture - Resin Base, Including Retentive/Clasping Materials, Rests and Teeth (1 Per 60 Months)	$168.00
D5212	Mandibular Partial Denture - Resin Base, Including Retentive/Clasping Materials, Rests and Teeth (1 Per 60 Months)	$168.00
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases, Including Retentive/Clasping Materials, Rests and Teeth (1 Per 60 Months)	$420.00
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases, Including Retentive/Clasping Materials, Rests and Teeth (1 Per 60 Months)	$420.00
D5221	Immediate Maxillary Partial Denture - Resin Base, Including Retentive/Clasping Materials, Rests and Teeth (1 Per 60 Months)	$168.00
D5222	Immediate Mandibular Partial Denture - Resin Base, Including Retentive/Clasping Materials, Rests and Teeth (1 Per 60 Months)	$168.00
D5223	Immediate Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases, Including Retentive/Clasping Materials, Rests and Teeth (1 Per 60 Months)	$420.00
D5224	Immediate Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases, Including Retentive/Clasping Materials, Rests and Teeth (1 Per 60 Months)	$420.00
D5225	Maxillary Partial Denture - Flexible Base (Including Retentive/Clasping Materials, Rests and Teeth) (1 Per 60 Months)	$200.00
D5226	Mandibular Partial Denture - Flexible Base (Including Retentive/Clasping Materials, Rests and Teeth) (1 Per 60 Months)	$200.00
D5410	Adjust Complete Denture - Maxillary (6 Per 12 Months)	$17.00
D5411	Adjust Complete Denture - Mandibular (6 Per 12 Months)	$17.00
D5421	Adjust Partial Denture - Maxillary (6 Per 12 Months)	$17.00
D5422	Adjust Partial Denture - Mandibular (6 Per 12 Months)	$17.00
D5511	Repair Broken Complete Denture Base, Mandibular	$50.00
D5512	Repair Broken Complete Denture Base, Maxillary	$50.00
D5520	Replace Missing or Broken Teeth - Complete Denture - Per Tooth	$34.00
D5611	Repair Resin Partial Denture Base, Mandibular	$50.00
D5612	Repair Resin Partial Denture Base, Maxillary	$50.00
D5621	Repair Cast Partial Framework, Mandibular	$80.00
D5622	Repair Cast Partial Framework, Maxillary	$80.00
D5630	Repair or Replace Broken Retentive/Clasping Materials- Per Tooth	$80.00
D5640	Replace Missing or Broken Teeth - Partial Denture - Per Tooth	$50.00
D5650	Add Tooth to Existing Partial Denture - Per Tooth	$50.00
D5660	Add Clasp to Existing Partial Denture - Per Tooth	$75.00
D5670	Replace All Teeth and Acrylic on Cast Metal Framework (Maxillary)	$106.00
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (Mandibular)	$106.00
D5710	Rebase Complete Maxillary Denture	$156.00
D5711	Rebase Complete Mandibular Denture	$156.00
D5720	Rebase Maxillary Partial Denture	$134.00
D5721	Rebase Mandibular Partial Denture	$134.00
D5730	Reline Complete Maxillary Denture, Direct (1 Per 36 Months)	$90.00
D5731	Reline Complete Mandibular Denture, Direct (1 Per 36 Months)	$90.00
D5740	Reline Maxillary Partial Denture, Direct (1 Per 36 Months)	$78.00
D5741	Reline Mandibular Partial Denture, Direct (1 Per 36 Months)	$78.00
D5750	Reline Complete Maxillary Denture, Indirect (1 Per 36 Months)	$134.00
D5751	Reline Complete Mandibular Denture, Indirect (1 Per 36 Months)	$134.00
D5760	Reline Maxillary Partial Denture, Indirect (1 Per 36 Months)	$134.00
D5761	Reline Mandibular Partial Denture, Indirect (1 Per 36 Months)	$134.00
D5820	Interim Partial Denture (Including Retentive/Clasping Materials, Rests and Teeth), Maxillary	$150.00
D5821	Interim Partial Denture (Including Retentive/Clasping Materials, Rests and Teeth), Mandibular	$150.00
D5850	Tissue Conditioning, Maxillary	$25.00
D5851	Tissue Conditioning, Mandibular	$25.00
D5862	Precision Attachment, by Report	$70.00

D5863	Overdenture - Complete Maxillary	$275.00
D5865	Overdenture – Complete Mandibular	$275.00

Prosthodontics - Fixed		Plan Pays
D6205	Pontic - Indirect Resin Based Composite (1 Per 60 Months)	$160.00
D6210	Pontic - Cast High Noble Metal (1 Per 60 Months)	$325.00
D6211	Pontic - Cast Predominantly Base Metal (1 Per 60 Months)	$235.00
D6212	Pontic - Cast Noble Metal (1 Per 60 Months)	$269.00
D6214	Pontic - Titanium and Titanium Alloys (1 Per 60 Months)	$320.00
D6240	Pontic - Porcelain Fused to High Noble Metal (1 Per 60 Months)	$370.00
D6241	Pontic - Porcelain Fused to Predominantly Base Metal (1 Per 60 Months)	$302.00
D6242	Pontic - Porcelain Fused to Noble Metal (1 Per 60 Months)	$319.00
D6250	Pontic - Resin with High Noble Metal (1 Per 60 Months)	$325.00
D6251	Pontic - Resin with Predominantly Base Metal (1 Per 60 Months)	$235.00
D6252	Pontic - Resin with Noble Metal (1 Per 60 Months)	$302.00
D6545	Retainer - Cast Metal for Resin Bonded Fixed Prosthesis (1 Per 60 Months)	$134.00
D6549	Resin Retainer – for Resin Bonded Fixed Prosthesis	$80.00
D6710	Retainer Crown - Indirect Resin Based Composite (1 Per 60 Months)	$160.00
D6720	Retainer Crown - Resin with High Noble Metal (1 Per 60 Months)	$325.00
D6721	Retainer Crown - Resin with Predominantly Base Metal (1 Per 60 Months)	$252.00
D6722	Retainer Crown - Resin with Noble Metal (1 Per 60 Months)	$286.00
D6740	Retainer Crown - Porcelain/Ceramic (1 Per 60 Months)	$275.00
D6750	Retainer Crown - Porcelain Fused to High Noble Metal (1 Per 60 Months)	$395.00
D6751	Retainer Crown - Porcelain Fused to Predominantly Base Metal (1 Per 60 Months)	$269.00
D6752	Retainer Crown - Porcelain Fused to Noble Metal (1 Per 60 Months)	$325.00
D6780	Retainer Crown - 3/4 Cast High Noble Metal (1 Per 60 Months)	$319.00
D6790	Retainer Crown - Full Cast High Noble Metal (1 Per 60 Months)	$319.00
D6792	Retainer Crown - Full Cast Noble Metal (1 Per 60 Months)	$286.00
D6794	Retainer Crown - Titanium and Titanium Alloys (1 Per 60 Months)	$304.00
D6930	Re-Cement or Re-Bond Fixed Partial Denture	$30.00
D6940	Stress Breaker	$65.00
D6950	Precision Attachment	$70.00
D6980	Fixed Partial Denture Repair, by Report	$20.00
D6999	Unspecified, Fixed Prosthodontic Procedure, by Report	$20.00

Oral Surgery		Plan Pays
D7111	Extraction, Coronal Remnants - Primary Tooth	$34.00
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	$45.00
D7210	Extraction, Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated	$67.00
D7220	Removal of Impacted Tooth - Soft Tissue	$92.00
D7230	Removal of Impacted Tooth - Partially Bony	$120.00
D7240	Removal of Impacted Tooth - Completely Bony	$168.00
D7241	Removal of Impacted Tooth - Completely Bony, with Unusual Surgical Complications	$165.00
D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	$62.00
D7261	Primary Closure of a Sinus Perforation	$130.00
D7280	Exposure of an Unerupted Tooth	$65.00
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	$65.00
D7285	Incisional Biopsy of Oral Tissue-Hard (Bone, Tooth)	$55.00
D7286	Incisional Biopsy of Oral Tissue-Soft	$45.00
D7287	Exfoliative Cytological Sample Collection	$25.00
D7288	Brush Biopsy - Transepithelial Sample Collection	$35.00

D7290	Surgical Repositioning of Teeth	$55.00
D7291	Transseptal Fiberotomy/Supra Crestal Fiberotomy, by Report	$55.00
D7310	Alveoloplasty in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quad.	$65.00
D7311	Alveoloplasty in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quad.	$40.00
D7320	Alveoloplasty Not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quad.	$90.00
D7321	Alveoloplasty Not in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quad.	$56.00
D7340	Vestibuloplasty - Ridge Extension (Secondary Epitheliazation)	$187.00
D7350	Vestibuloplasty - Ridge Extension (Including Soft Tissue Grafts, Muscle Reattachment, Revision of Soft Tissue Attachment and Management of Hypertrophied and Hyperplastic Tissue)	$312.00
D7410	Excision of Benign Lesion Up to 1.25 Cm	$100.00
D7450	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 Cm	$100.00
D7460	Removal of Benign Nonodontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 Cm	$100.00
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	$100.00
D7472	Removal of Torus Palatinus	$100.00
D7473	Removal of Torus Mandibularis	$100.00
D7485	Reduction of Osseous Tuberosity	$100.00
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	$60.00
D7511	Incision and Drainage of Abscess - Intraoral Soft Tissue - Complicated	$64.00
D7530	Removal of Foreign Body From Mucosa, Skin, or Subcutaneous Alveola Tissue	$67.00
D7540	Removal of Reaction Producing Foreign Bodies, Musculoskeletal System	$27.00
D7550	Partial Ostectomy/Sequestrectomy for Removal of Non-Vital Bone	$27.00
D7910	Suture of Recent Small Wounds Up to 5 Cm	$27.00
D7961	Buccal/Labial Frenectomy (Frenulectomy)	$67.00
D7962	Lingual Frenectomy (Frenulectomy)	$67.00
D7963	Frenuloplasty	$67.00
D7970	Excision of Hyperplastic Tissue - Per Arch	$50.00
D7971	Excision of Pericoronal Gingiva	$35.00

Adjunctive General Services		Plan Pays
D9110	Palliative Treatment of Dental Pain - per visit	$27.00
D9120	Fixed Partial Denture Sectioning	$20.00
D9420	Hospital or Ambulatory Surgical Center Call (Pedo Only)	$30.00
D9430	Office Visit for Observation (During Regularly Scheduled Hours) - No Other Services Performed	$20.00
D9440	Office Visit - After Regularly Scheduled Hours	$40.00
D9450	Case Presentation, Subsequent to Detailed and Extensive Treatment Planning	$10.00
D9930	Treatment of Complications (Post-Surgical) - Unusual Circumstances, by Report	$10.00
D9941	Fabrication of Athletic Mouthguard	$20.00
D9942	Repair and/or Reline of Occlusal Guard	$48.00
D9943	Occlusal Guard Adjustment	$17.00
D9944	Occlusal Guard - Hard Appliance, Full Arch	$25.00
D9945	Occlusal Guard - Soft Appliance, Full Arch	$25.00
D9950	Occlusion Analysis - Mounted Case	$69.00
D9951	Occlusal Adjustment - Limited	$42.00
D9952	Occlusal Adjustment - Complete	$80.00
D9999	Unspecified Adjunctive Procedure, by Report	$20.00