

**IMPORTANT INFORMATION ABOUT YOUR PLAN**

- This Schedule of Benefits provides a listing of procedures covered by Your Plan. For procedures that require a Copayment, the amount to be paid is shown in the column titled "Member Pays \$." You pay these Copayments to the dental office at the time of service.
- You must select a United Concordia Primary Dental Office (PDO) to receive Covered Services. Your PDO will perform the below procedures or refer You to a Specialty Care Dentist for further care. Treatment by an Out of Network Dentist is not covered, except as described in the Evidence of Coverage.
- Only procedures listed on this Schedule of Benefits are Covered Services. For services not listed (not covered), You are responsible for the full fee charged by the dentist. Procedure codes and member Copayments may be updated to meet American Dental Association (ADA) Current Dental Terminology (CDT) in accordance with national standards.
- In-Network Dentists will charge an additional \$125 for the use of precious (high noble) or semi precious (noble) metal.
- For a complete description of Your Plan, please refer to the Evidence of Coverage and the Exclusions and Limitations in addition to this Schedule of Benefits.
- If You have any questions about Your United Concordia Dental Plan, please call Our Customer Service Department toll free at **1-866-357-3304** or access Our Website at **www.unitedconcordia.com**.

ADA CODE	ADA DESCRIPTION	Member Pays \$	ADA CODE	ADA DESCRIPTION	Member Pays \$
<b>CLINICAL ORAL EVALUATIONS</b>			D0460	Pulp vitality tests	0
D0120	Periodic oral evaluation - established patient	0	D0470	Diagnostic casts	0
D0140	Limited oral evaluation - problem focused	0	<b>ORAL PATHOLOGY LABORATORY</b>		
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	0	D0472	Accession of tissue, gross examination, preparation and transmission of written report	15
D0150	Comprehensive oral evaluation - new or established patient	0	D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	30
D0160	Detailed and extensive oral evaluation - problem focused, by report	0	D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	50
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	0	D0502	Other oral pathology procedures, by report	0
D0180	Comprehensive periodontal evaluation - new or established patient	0	<b>DENTAL PROPHYLAXIS</b>		
<b>RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation)</b>			D1110	Prophylaxis - adult	0
D0210	Intraoral - complete series (including bitewings)	0	D1120	Prophylaxis - child	0
D0220	Intraoral - periapical first film	0	<b>TOPICAL FLUORIDE TREATMENT (office procedure)</b>		
D0230	Intraoral - periapical each additional film	0	D1203	Topical application of fluoride - child	0
D0240	Intraoral - occlusal film	0	D1204	Topical application of fluoride - adult	0
D0250	Extraoral - first film	0	D1206	Topical fluoride varnish; therapeutic application for moderate to high risk patients	0
D0260	Extraoral - each additional film	0	<b>OTHER PREVENTIVE SERVICES</b>		
D0270	Bitewing - single film	0	D1310	Nutritional counseling for control of dental disease	0
D0272	Bitewings - two films	0	D1320	Tobacco counseling for the control and prevention of oral disease	0
D0273	Bitewings - three films	0	D1330	Oral hygiene instructions	0
D0274	Bitewings - four films	0	D1351	Sealant - per tooth	0
D0277	Vertical bitewings - 7 to 8 films	0	<b>SPACE MAINTENANCE (passive appliances)</b>		
D0330	Panoramic film	0	D1510	Space maintainer - fixed - unilateral	21
D0340	Cephalometric film	0	D1515	Space maintainer - fixed - bilateral	32
D0350	Oral/facial photographic images	0	D1520	Space maintainer - removable - unilateral	40
<b>TESTS AND EXAMINATIONS</b>			D1525	Space maintainer - removable - bilateral	45
D0415	Collection of microorganisms for culture and sensitivity	0	D1550	Re-cementation of space maintainer	0
D0416	Viral culture	0	D1555	Removal of fixed space maintainer	8
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing	20	<b>AMALGAM RESTORATIONS (including polishing)</b>		
D0418	Analysis of saliva sample	20	D2140	Amalgam - one surface, primary or permanent	0
D0421	Genetic test for susceptibility to oral disease	0	D2150	Amalgam - two surfaces, primary or permanent	0
D0425	Caries susceptibility tests	0			
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	0			

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D2160	Amalgam - three surfaces, primary or permanent	0	D2952	Post and core in addition to crown, indirectly fabricated	22
D2161	Amalgam - four or more surfaces, primary or permanent	0	D2953	Each additional indirectly fabricated post - same tooth	10
<b>RESIN-BASED COMPOSITE RESTORATIONS - DIRECT</b>			D2954	Prefabricated post and core in addition to crown	19
D2330	Resin-based composite - one surface, anterior	0	D2955	Post removal (not in conjunction with endodontic therapy)	0
D2331	Resin-based composite - two surfaces, anterior	0	D2957	Each additional prefabricated post - same tooth	10
D2332	Resin-based composite - three surfaces, anterior	0	D2970	Temporary crown (fractured tooth)	28
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	0	D2971	Additional procedures to construct new crown under existing partial denture framework	25
D2390	Resin-based composite crown, anterior	0	D2980	Crown repair, by report	0
D2391	Resin-based composite - one surface, posterior	85	<b>PULP CAPPING</b>		
D2392	Resin-based composite - two surfaces, posterior	109	D3110	Pulp cap - direct (excluding final restoration)	0
D2393	Resin-based composite - three surfaces, posterior	133	D3120	Pulp cap - indirect (excluding final restoration)	0
D2394	Resin-based composite - four or more surfaces, posterior	140	<b>PULPOTOMY</b>		
<b>INLAY/ONLAY RESTORATIONS</b>			D3220	Therapeutic pulpotomy (excluding final restoration)	9
D2510	Inlay - metallic - one surface	62◆	D3221	Pulpal debridement, primary and permanent teeth	9
D2520	Inlay - metallic - two surfaces	70◆	D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	9
D2530	Inlay - metallic - three or more surfaces	70◆	<b>ENDODONTIC THERAPY ON PRIMARY TEETH</b>		
D2542	Onlay - metallic - two surfaces	80◆	D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	10
D2543	Onlay - metallic - three surfaces	80◆	D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	12
D2544	Onlay - metallic - four or more surfaces	85◆	<b>ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow-up care)</b>		
<b>CROWNS - SINGLE RESTORATIONS ONLY</b>			D3310	Endodontic therapy, anterior tooth (excluding final restoration)	40
D2710	Crown - resin-based composite (indirect)	50	D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	60
D2712	Crown - 3/4 resin-based composite (indirect)	50	D3330	Endodontic therapy, molar (excluding final restoration)	95
D2720	Crown - resin with high noble metal	110◆	<b>ENDODONTIC RETREATMENT</b>		
D2721	Crown - resin with predominantly base metal	110	D3346	Retreatment of previous root canal therapy - anterior	55
D2722	Crown - resin with noble metal	110◆	D3347	Retreatment of previous root canal therapy - bicuspid	58
D2740	Crown - porcelain/ceramic substrate	130	D3348	Retreatment of previous root canal therapy - molar	75
D2750	Crown - porcelain fused to high noble metal	110◆	<b>APEXIFICATION/RECALCIFICATION PROCEDURES</b>		
D2751	Crown - porcelain fused to predominantly base metal	110	D3351	Apexification/recalcification/pulpal regeneration - initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	90
D2752	Crown - porcelain fused to noble metal	110◆	D3352	Apexification/recalcification/pulpal regeneration - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	75
D2780	Crown - 3/4 cast high noble metal	110◆	D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	65
D2781	Crown - 3/4 cast predominantly base metal	110	D3354	Pulpal regeneration – (completion of regenerative treatment in an immature permanent tooth with a necrotic pulp); does not include final restoration	75
D2782	Crown - 3/4 cast noble metal	110◆	<b>APIOECTOMY/PERIRADICULAR SERVICES</b>		
D2783	Crown - 3/4 porcelain/ceramic	130	D3410	Apicoectomy/periradicular surgery - anterior	55
D2790	Crown - full cast high noble metal	110◆	D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	55
D2791	Crown - full cast predominantly base metal	110			
D2792	Crown - full cast noble metal	110◆			
D2794	Crown - titanium	110			
D2799	Provisional crown	0			
<b>OTHER RESTORATIVE SERVICES</b>					
D2910	Recement inlay, onlay, or partial coverage restoration	0			
D2915	Recement cast or prefabricated post and core	5			
D2920	Recement crown	5			
D2930	Prefabricated stainless steel crown - primary tooth	20			
D2931	Prefabricated stainless steel crown - permanent tooth	25			
D2932	Prefabricated resin crown	30			
D2933	Prefabricated stainless steel crown with resin window	30			
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	30			
D2940	Protective restoration	0			
D2950	Core buildup, including any pins	15			
D2951	Pin retention - per tooth, in addition to restoration	0			

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D3425	Apicoectomy/periradicular surgery - molar (first root)	55	<b>PARTIAL DENTURES</b> (including routine post-delivery care)		
D3426	Apicoectomy/periradicular surgery (each additional root)	20	D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	90
D3430	Retrograde filling - per root	0	D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	90
D3450	Root amputation - per root	0	D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	125
<b>OTHER ENDODONTIC PROCEDURES</b>			D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	125
D3910	Surgical procedure for isolation of tooth with rubber dam	0	D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	144
D3920	Hemisection (including any root removal), not including root canal therapy	25	D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	144
D3950	Canal preparation and fitting of preformed dowel or post	0	D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	100
<b>SURGICAL SERVICES</b> (including usual postoperative care)			<b>ADJUSTMENTS TO DENTURES</b>		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	20	D5410	Adjust complete denture - maxillary	5
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	10	D5411	Adjust complete denture - mandibular	5
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	35	D5421	Adjust partial denture - maxillary	5
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	14	D5422	Adjust partial denture - mandibular	5
D4245	Apically positioned flap	40	<b>REPAIRS TO COMPLETE DENTURES</b>		
D4249	Clinical crown lengthening - hard tissue	50	D5510	Repair broken complete denture base	10
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	50	D5520	Replace missing or broken teeth - complete denture (each tooth)	10
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	20	<b>REPAIRS TO PARTIAL DENTURES</b>		
D4263	Bone replacement graft - first site in quadrant	120	D5610	Repair resin denture base	10
D4264	Bone replacement graft - each additional site in quadrant	92	D5620	Repair cast framework	10
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	33	D5630	Repair or replace broken clasp	10
<b>NON-SURGICAL PERIODONTAL SERVICES</b>			D5640	Replace broken teeth - per tooth	10
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	15	D5650	Add tooth to existing partial denture	10
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	4	D5660	Add clasp to existing partial denture	10
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	0	D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	82
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, per report	43	D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	82
<b>OTHER PERIODONTAL SERVICES</b>			<b>DENTURE REBASE PROCEDURES</b>		
D4910	Periodontal maintenance	20	D5710	Rebase complete maxillary denture	7
D4920	Unscheduled dressing change (by someone other than treating dentist)	9	D5711	Rebase complete mandibular denture	7
<b>COMPLETE DENTURES</b> (including routine post-delivery care)			D5720	Rebase maxillary partial denture	5
D5110	Complete denture - maxillary	150	D5721	Rebase mandibular partial denture	5
D5120	Complete denture - mandibular	150	<b>DENTURE RELINE PROCEDURES</b>		
D5130	Immediate denture - maxillary	165	D5730	Reline complete maxillary denture (chairside)	10
D5140	Immediate denture - mandibular	165	D5731	Reline complete mandibular denture (chairside)	10
			D5740	Reline maxillary partial denture (chairside)	10
			D5741	Reline mandibular partial denture (chairside)	10
			D5750	Reline complete maxillary denture (laboratory)	25
			D5751	Reline complete mandibular denture (laboratory)	25
			D5760	Reline maxillary partial denture (laboratory)	25
			D5761	Reline mandibular partial denture (laboratory)	25
			D5810	Interim complete denture - maxillary	165
			D5811	Interim complete denture - mandibular	165
			D5820	Interim partial denture - maxillary	80
			D5821	Interim partial denture - mandibular	80
			<b>OTHER REMOVABLE PROSTHETIC SERVICES</b>		
			D5850	Tissue conditioning, maxillary	5
			D5851	Tissue conditioning, mandibular	5

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<b>FIXED PARTIAL DENTURE PONTICS</b>			<b>OTHER FIXED PARTIAL DENTURE SERVICES</b>		
D6205	Pontic - indirect resin based composite	130	D6930	Recement fixed partial denture	0
D6210	Pontic - cast high noble metal	100◆	D6940	Stress breaker	100
D6211	Pontic - cast predominantly base metal	100	D6950	Precision attachment	150
D6212	Pontic - cast noble metal	100◆	D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	22
D6214	Pontic - titanium	100	D6972	Prefabricated post and core in addition to fixed partial denture retainer	19
D6240	Pontic - porcelain fused to high noble metal	100◆	D6973	Core build up for retainer, including any pins	15
D6241	Pontic - porcelain fused to predominantly base metal	100	D6976	Each additional indirectly fabricated post - same tooth	10
D6242	Pontic - porcelain fused to noble metal	100◆	D6977	Each additional prefabricated post - same tooth	10
D6245	Pontic - porcelain/ceramic	130	D6980	Fixed partial denture repair, by report	0
D6250	Pontic - resin with high noble metal	100◆	<b>EXTRACTIONS</b>		
D6251	Pontic - resin with predominantly base metal	100	<i>(includes local anesthesia, suturing, if needed, and routine postoperative care)</i>		
D6252	Pontic - resin with noble metal	100◆	D7111	Extraction, coronal remnants - deciduous tooth	0
<b>FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS</b>			D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	0
D6545	Retainer - cast metal for resin bonded fixed prosthesis	90	<b>SURGICAL EXTRACTIONS</b>		
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	135	<i>(includes local anesthesia, suturing, if needed, and routine postoperative care)</i>		
D6602	Inlay - cast high noble metal, two surfaces	70◆	D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	15
D6603	Inlay - cast high noble metal, three or more surfaces	70◆	D7220	Removal of impacted tooth - soft tissue	20
D6604	Inlay - cast predominantly base metal, two surfaces	70	D7230	Removal of impacted tooth - partially bony	25
D6605	Inlay - cast predominantly base metal, three or more surfaces	70	D7240	Removal of impacted tooth - completely bony	30
D6606	Inlay - cast noble metal, two surfaces	70◆	D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	40
D6607	Inlay - cast noble metal, three or more surfaces	70◆	D7250	Surgical removal of residual tooth roots (cutting procedure)	10
D6610	Onlay - cast high noble metal, two surfaces	80◆	D7251	Coronectomy – intentional partial tooth removal	30
D6611	Onlay - cast high noble metal, three or more surfaces	80◆	<b>OTHER SURGICAL PROCEDURES</b>		
D6612	Onlay - cast predominantly base metal, two surfaces	80	D7280	Surgical access of an unerupted tooth	16
D6613	Onlay - cast predominantly base metal, three or more surfaces	80	D7283	Placement of device to facilitate eruption of impacted tooth	4
D6614	Onlay - cast noble metal, two surfaces	80◆	D7285	Biopsy of oral tissue - hard (bone, tooth)	25
D6615	Onlay - cast noble metal, three or more surfaces	80◆	D7286	Biopsy of oral tissue - soft	25
D6624	Inlay - titanium	70	D7288	Brush biopsy - transepithelial sample collection	45
D6634	Onlay - titanium	85	<b>ALVEOLOPLASTY</b>		
<b>FIXED PARTIAL DENTURE RETAINERS - CROWNS</b>			<i>(surgical preparation of ridge for dentures)</i>		
D6710	Crown - indirect resin based composite	130	D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	0
D6720	Crown - resin with high noble metal	110◆	D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	0
D6721	Crown - resin with predominantly base metal	110	D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	15
D6722	Crown - resin with noble metal	110◆	D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	9
D6740	Crown - porcelain/ceramic	130	<b>SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS</b>		
D6750	Crown - porcelain fused to high noble metal	110◆	D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm	40
D6751	Crown - porcelain fused to predominantly base metal	100	D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	125
D6752	Crown - porcelain fused to noble metal	100◆	<b>EXCISION OF BONE TISSUE</b>		
D6780	Crown - 3/4 cast high noble metal	100◆	D7471	Removal of lateral exostosis (maxilla or mandible)	65
D6781	Crown - 3/4 cast predominantly base metal	100	D7472	Removal of torus palatinus	65
D6782	Crown - 3/4 cast noble metal	100◆	D7473	Removal of torus mandibularis	65
D6783	Crown - 3/4 porcelain/ceramic	130	D7485	Surgical reduction of osseous tuberosity	130
D6790	Crown - full cast high noble metal	100◆			
D6791	Crown - full cast predominantly base metal	100			
D6792	Crown - full cast noble metal	100◆			
D6794	Crown - titanium	100			

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<b>SURGICAL INCISION</b>			D9215	Local anesthesia in conjunction with operative or surgical procedures	0
D7510	Incision and drainage of abscess - intraoral soft tissue	15	D9220	Deep sedation/general anesthesia - first 30 minutes	160
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	35	D9221	Deep sedation/general anesthesia - each additional 15 minutes	68
D7520	Incision and drainage of abscess - extraoral soft tissue	25	D9241	Intravenous conscious sedation/analgesia - first 30 minutes	170
D7521	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	55	D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	42
<b>REPAIR OF TRAUMATIC WOUNDS</b>			<b>PROFESSIONAL CONSULTATION</b>		
D7910	Suture of recent small wounds up to 5 cm	30	D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	0
<b>OTHER REPAIR PROCEDURES</b>			<b>PROFESSIONAL VISITS</b>		
D7960	Frenulectomy – also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	20	D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	0
D7963	Frenuloplasty	10	D9440	Office visit, after regularly scheduled hours	40
D7970	Excision of hyperplastic tissue - per arch	30	D9450	Case presentation, detailed and extensive treatment planning	0
D7971	Excision of pericoronal gingiva	15	<b>MISCELLANEOUS SERVICES</b>		
<b>LIMITED ORTHODONTIC TREATMENT</b>			D9940	Occlusal guard, by report	150
D8010	Limited orthodontic treatment of the primary dentition	1,500	D9942	Repair and/or relin of occlusal guard	45
D8020	Limited orthodontic treatment of the transitional dentition	1,500	D9951	Occlusal adjustment - limited	5
D8030	Limited orthodontic treatment of the adolescent dentition	1,500	D9952	Occlusal adjustment - complete	25
D8040	Limited orthodontic treatment of the adult dentition	1,500	★	Broken appointment per 30 minutes (without 24-hour notice)	20
<b>INTERCEPTIVE ORTHODONTIC TREATMENT</b>			<b>BLEACHING</b>		
D8050	Interceptive orthodontic treatment of the primary dentition	1,500	D9972	External bleaching - per arch	125
D8060	Interceptive orthodontic treatment of the transitional dentition	1,500	<b>FOOTNOTES</b>		
<b>COMPREHENSIVE ORTHODONTIC TREATMENT</b>			†	Please report under code D8999 “Unspecified orthodontic procedure, by report”. Records include all diagnostic procedures, such as cephalometric films, full mouth x-rays, models, and treatment plans.	
D8070	Comprehensive orthodontic treatment of the transitional dentition	1,500	★	Please report under code D9999 “Unspecified adjunctive procedure, by report.”	
D8080	Comprehensive orthodontic treatment of the adolescent dentition	1,500	◆	Charges for the use of precious (high noble) or semi precious (noble) metal are not included in the copayment for crowns, bridges, pontics, inlays and onlays. The decision to use these materials is a cooperative effort between the provider and the patient, based on the professional advice of the provider. Providers are expected to charge no more than an additional \$125 for these materials.	
D8090	Comprehensive orthodontic treatment of the adult dentition	2,000			
<b>MINOR TREATMENT TO CONTROL HARMFUL HABITS</b>					
D8210	Removable appliance therapy	750			
D8220	Fixed appliance therapy	750			
<b>OTHER ORTHODONTIC SERVICES</b>					
D8660	Pre-orthodontic treatment visit	30			
D8670	Periodic orthodontic treatment visit (as part of contract)	0			
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	240			
†	Orthodontic records fee	265			
<b>UNCLASSIFIED TREATMENT</b>					
D9110	Palliative (emergency) treatment of dental pain - minor procedure	8			
D9120	Fixed partial denture sectioning	35			
<b>ANESTHESIA</b>					
D9210	Local anesthesia not in conjunction with operative or surgical procedures	0			
D9211	Regional block anesthesia	0			
D9212	Trigeminal division block anesthesia	0			