

OPERATING ENGINEERS HEALTH AND WELFARE FUND DENTAL PPO PLAN

OUT-OF-NETWORK FEE SCHEDULE

AS-OF 6/1/2017

2017 CDT	CDT SHORT DESCRIPTION	PPO OUT-OF-NETWORK ALLOWANCE	BUSINESS EDIT NOTE
D0120	PERIODIC ORAL EVALUATION EST PT	18.00	
D0140	LTD ORAL EVALUATION - PROBLEM FOCUS	28.00	
D0145	ORL EVAL PT<3 YR CNSL PRIM CAREGIVR	42.00	
D0150	COMP ORAL EVALUATION - NEW/EST PT	27.00	
D0160	DTL&EXT ORAL EVAL - PROB FOCUS RPT	110.00	
D0170	RE-EVALUATION - LTD PROBLEM FOCUSED	27.00	
D0171	RE-EVALUATION-POST-OP OFFICE VISIT	0.00	BY REPORT
D0180	COMP PERIODONTAL EVAL - NEW/EST PT	27.00	
D0190	SCREENING OF A PATIENT	0.00	BY REPORT
D0191	ASSESSMENT OF A PATIENT	0.00	BY REPORT
D0210	INTRAORAL-CMPL SER RADIOGRAPH IMAGS	76.00	
D0220	IO-PERiapical 1ST RADIOGRAPHIC IMAGE	12.00	
D0230	IO-PERiapical EA ADD RADIOGRPH IMAG	7.00	
D0240	INTRAORAL-OCCLUSAL RADIOGRAPH IMAGE	7.00	
D0250	EXTRA-ORAL - 2D PROJECTION X-RAY	0.00	NOT COVERED
D0251	EXTRA-ORAL POSTERIOR DENTAL X-RAY	0.00	NOT COVERED
D0260	EXTRA-ORAL - EACH ADD RADIOGRAPH IMAGE	0.00	NOT COVERED
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	12.00	
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	18.00	
D0273	BITEWINGS-THREE RADIOGRAPHIC IMAGES	25.00	
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	27.00	
D0277	VERT BITEWNGS - 7-8 RADIOGRAPH IMAG	33.00	
D0310	SIALOGRAPHY	24.00	
D0320	TMJ ARTHROGRAM INCLUDING INJ	0.00	BY REPORT
D0321	OTH TMJ FILMS BY REPORT	8.00	
D0322	TOMOGRAPHIC SURVEY	0.00	BY REPORT
D0330	PANORAMIC RADIOGRAPHIC IMAGE	39.00	
D0340	2D CEPHALOMET X-RAY-ACQN MSR&ANALY	28.00	
D0350	ORAL/FACIAL PHOTOGRAPH IMAGES IO/EO	15.00	
D0351	3D PHOTOGRAPHIC IMAGE	0.00	BY REPORT
D0364	CONE BM CT CAP&INT LTD FD VW<1 W JW	0.00	BY REPORT
D0365	CONE BEAM CT 1 FULL DENT ARCH-MAND	0.00	BY REPORT
D0366	CONE BEAM CT 1 FULL DENT ARCH-MAX	0.00	BY REPORT
D0367	CONE BEAM CT CAP&INT FD VW BOTH JWS	189.00	
D0368	CONE BM CT CAP&INT TMJ SER2/>EXPOS	0.00	BY REPORT
D0369	MAXILLOFACIAL MRI CAP & INTERPRET	0.00	BY REPORT
D0370	MAXILLOFACIAL U/S CAP & INTERPRET	0.00	BY REPORT
D0371	SIALOENDOSCOPY CAP & INTERPRETATION	0.00	BY REPORT
D0380	CONE BEAM CT IMAG LTD FD VW<1 W JAW	0.00	BY REPORT
D0381	CONE BEAM CT 1 FULL DENT ARCH-MAND	0.00	BY REPORT
D0382	CONE BEAM CT 1 FULL DENT ARCH-MAX	0.00	BY REPORT
D0383	CONE BEAM CT CAP FD VIEW BOTH JAWS	0.00	BY REPORT

OPERATING ENGINEERS HEALTH AND WELFARE FUND DENTAL PPO PLAN

OUT-OF-NETWORK FEE SCHEDULE

AS-OF 6/1/2017

D0384	CONE BM CT IMAG CAP TMJ SER2/>EXPOS	0.00	BY REPORT
D0385	MAXILLOFACIAL MRI IMAGE CAPTURE	0.00	BY REPORT
D0386	MAXILLOFACIAL ULTRASOUND IMAGE CAP	0.00	BY REPORT
D0391	INT DX IMAG P NOT ASSO CAP IMAG RPT	0.00	BY REPORT
D0393	TX SIMULATION 3D IMAGE VOLUME	0.00	BY REPORT
D0394	DIGTL SUBTR 2/> IMAGES/VOL SAME MOD	0.00	BY REPORT
D0395	FUSION 2/> 3D IMAG VOL 1/> MODAL	0.00	BY REPORT
D0414	LAB PROC MICROB SPEC INC C & S STS	0.00	BY REPORT
D0415	COLLECT MICROORAGNISMS CULT & SENS	0.00	BY REPORT
D0416	VIRAL CULTURE	0.00	BY REPORT
D0417	CLCT & PREP SALIV SAMP LAB DX TEST	0.00	BY REPORT
D0418	ANALYSIS OF SALIVA SAMPLE	0.00	BY REPORT
D0422	CLCT & PREP GENETIC SAMPLE MATERIAL	0.00	BY REPORT
D0423	GENETIC TEST SUSCEPT DZ-DPEC ANALY	0.00	BY REPORT
D0425	CARIES SUSCEPTIBILITY TESTS	0.00	BY REPORT
D0431	ADJUNCT PREDX TST NO CYTOL/BX PROC	0.00	BY REPORT
D0460	PULP VITALITY TESTS	0.00	NOT COVERED
D0470	DIAGNOSTIC CASTS	48.00	
D0472	ACCESS TISS-GROSS EXAM-PREP & REPRT	42.00	
D0473	ACCESS TISS-GROSS/MICRO-PREP/REPRT	79.00	
D0474	ACSS TISS GR&MIC SURG MARG PREP/RPT	82.50	
D0475	DECALCIFICATION PROCEDURE	0.00	BY REPORT
D0476	SPECIAL STAINS FOR MICROORGANISMS	0.00	BY REPORT
D0477	SPECIAL STAINS NOT MICROORGANISMS	0.00	BY REPORT
D0478	IMMUNOHISTOCHEMICAL STAINS	0.00	BY REPORT
D0479	TISS INSITU HYBRIDIZATION W/INTEPR	0.00	BY REPORT
D0480	ACCESS EXFOLIATIVE CYT SMER MIC EXAM	0.00	BY REPORT
D0481	ELECTRON MICROSCOPY DIAGNOSTIC	0.00	BY REPORT
D0482	DIRECT IMMUNOFLUORESCENCE	0.00	BY REPORT
D0483	INDIRECT IMMUNOFLUORESCENCE	0.00	BY REPORT
D0484	CONSULTATION SLIDES PREPARED ELSW	0.00	BY REPORT
D0485	CNSLT W/PREP SLIDES BX SPL REF SRC	0.00	BY REPORT
D0486	LAB ACCSS TRNSEPI CYTL SMP MICRO EX	0.00	BY REPORT
D0502	OTHER ORAL PATHOLOGY PROC REPORT	0.00	BY REPORT
D0600	NON-IONIZ DX P CPBL QUANTIF MON & R	0.00	NOT COVERED
D0601	CARIES RISK ASSESS DOC FIND LOW RSK	0.00	NOT COVERED
D0602	CARIES RISK ASSESS DOC FIND MOD RSK	0.00	NOT COVERED
D0603	CARIES RISK ASSESS DOC FIND HI RSK	0.00	NOT COVERED
D0999	UNSPEC DIAGNOSTIC PROCEDURE REPORT	0.00	NOT COVERED
D1110	PROPHYLAXIS - ADULT	39.00	
D1120	PROPHYLAXIS - CHILD	36.00	
D1206	TOPICAL APPLICATN FLUORIDE VARNISH		NOT COVERED
D1208	TOPICAL APPLICATION OF FLUORIDE	7.00	
D1310	NUTRITION COUNSEL CONTROL DENTAL DZ	0.00	BY REPORT

OPERATING ENGINEERS HEALTH AND WELFARE FUND DENTAL PPO PLAN

OUT-OF-NETWORK FEE SCHEDULE

AS-OF 6/1/2017

D1320	TOBACCO CNSL CNTRL&PREVION ORL DZ	0.00	BY REPORT
D1330	ORAL HYGIENE INSTRUCTIONS	0.00	BY REPORT
D1351	SEALANT - PER TOOTH	22.00	
D1352	PREV RSN REST MOD HIGH CARIES RISK	0.00	BY REPORT
D1353	SEALANT REPAIR - PER TOOTH	0.00	BY REPORT
D1354	INTERIM CARIES ARRESTING MED APPLIC	0.00	BY REPORT
D1510	SPACE MAINTAINER - FIXED-UNILATERAL	83.00	
D1515	SPACE MAINTAINER - FIXED-BILATERAL	83.00	
D1520	SPACE MAINTAINER - REMOVABLE-UNI	83.00	
D1525	SPACE MAINTAINER - REMOVABLE-BIL	83.00	
D1550	RECEMENTATION OF SPACE MAINTAINER	30.00	
D1555	REMOVAL OF FIXED SPACE MAINTAINER	0.00	BY REPORT
D1575	DISTAL SHOE SPACE MAINT-FIXED-UNI	0.00	BY REPORT
D1999	UNS PREVENTIVE PROCEDURE BY REPORT	0.00	BY REPORT
D2140	AMALGAM-ONE SURFACE PRIMARY/PERM	47.00	
D2150	AMALGAM-TWO SURFACES PRIMARY/PERM	56.00	
D2160	AMALGAM-3 SURFACES PRIMARY/PERM	66.00	
D2161	AMALGAM-FOUR/MORE SURF PRIM/PERM	76.00	
D2330	RESIN-BASED COMPOSITE ONE SURF ANT	65.00	
D2331	RESIN-BASED COMPOSITE 2 SURFACE ANT	85.00	
D2332	RESIN-BASED COMPOSITE 3 SURFACE ANT	100.00	
D2335	RESIN COMP 4/> SURF INCISAL ANGLE	100.00	
D2390	RESIN COMPOS CROWN ANTERIOR	150.00	
D2391	RESIN COMPOS - 1 SURFACE POSTERIOR	65.00	
D2392	RESIN COMPOS - 2 SURFACES POSTERIOR	85.00	
D2393	RESIN COMPOS - 3 SURFACES POSTERIOR	100.00	
D2394	RESIN COMPOS - 4/MORE SURFACES POST	100.00	
D2410	GOLD FOIL - ONE SURFACE	0.00	NOT COVERED
D2420	GOLD FOIL - TWO SURFACES	0.00	NOT COVERED
D2430	GOLD FOIL - THREE SURFACES	0.00	NOT COVERED
D2510	INLAY - METALLIC - ONE SURFACE	120.00	
D2520	INLAY - METALLIC - TWO SURFACES	120.00	
D2530	INLAY - METALLIC - 3/MORE SURFACES	120.00	
D2542	ONLAY - METALLIC - TWO SURFACES	160.00	
D2543	ONLAY METALLIC THREE SURFACES	160.00	
D2544	ONLAY METALLIC FOUR OR MORE SURF	160.00	
D2610	INLAY - PORCELN/CERAMIC - 1 SURFACE	72.00	
D2620	INLAY - PORCELN/CERAMIC - 2 SURF	160.00	
D2630	INLAY - PORCELN/CERAM - 3/MORE SURF	160.00	
D2642	ONLAY - PORCELN/CERAMIC - 2 SURF	160.00	
D2643	ONLAY - PORCELN/CERAMIC - 3 SURF	160.00	
D2644	ONLAY - PORCELN/CERAM - 4/MORE SURF	160.00	
D2650	INLAY RESIN COMPOSITE ONE SURFACE	0.00	BY REPORT
D2651	INLAY RESIN COMPOSITE TWO SURFACES	0.00	BY REPORT

OPERATING ENGINEERS HEALTH AND WELFARE FUND DENTAL PPO PLAN

OUT-OF-NETWORK FEE SCHEDULE

AS-OF 6/1/2017

D2652	INLAY RESIN COMPOSITE 3/> SURFACES	0.00	BY REPORT
D2662	ONLAY-RSN COMPOS COMPOS/RSN-2 SURF	0.00	BY REPORT
D2663	ONLAY-RSN COMPOS COMPOS/RSN-3 SURF	0.00	BY REPORT
D2664	ONLAY RESIN COMPOSITE 4/> SURFACES	0.00	BY REPORT
D2710	CROWN - RESIN-BASED COMPOSITE	263.00	
D2712	CROWN - 3/4 RESIN-BASED COMPOSITE	204.00	
D2720	CROWN - RESIN WITH HIGH NOBLE METAL	160.00	
D2721	CROWN - RESIN PREDOM BASE METAL	232.00	
D2722	CROWN - RESIN WITH NOBLE METAL	232.00	
D2740	CROWN - PORCELAIN/CERAMIC SUBSTRATE	400.00	
D2750	CROWN - PORCELN FUSED HI NOBLE METL	400.00	
D2751	CROWN-PORCELN FUSD PREDOM BASE METL	400.00	
D2752	CROWN - PORCELAIN FUSED NOBLE METAL	400.00	
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	400.00	
D2781	CROWN - 3/4 CAST PREDOM BASE METL	160.00	
D2782	CROWN - 3/4 CAST NOBLE METAL	160.00	
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	400.00	
D2790	CROWN - FULL CAST HIGH NOBLE METAL	400.00	
D2791	CROWN - FULL CAST PREDOM BASE METL	160.00	
D2792	CROWN - FULL CAST NOBLE METAL	160.00	
D2794	CROWN TITANIUM	0.00	NOT COVERED
D2799	PROV CROWN-TX/CMPL DX B4 FINAL IMP	0.00	NOT COVERED
D2910	RECEMENT INLAY ONLAY/PART COV REST	17.00	
D2915	RECEMENT CAST/PREFAB POST & CORE	43.00	
D2920	RECEMENT CROWN	36.00	
D2921	REATTCH TOOTH FRAG INCISL EDGE/CUSP	0.00	NOT COVERED
D2929	PREFAB PORC/CERAMC CROWN-PRIM TOOTH	0.00	NOT COVERED
D2930	PRFABR STAINLESS STEEL CROWN-PRIM	100.00	
D2931	PRFABR STAINLESS STEEL CROWN-PERM	125.00	
D2932	PREFABRICATED RESIN CROWN	137.00	
D2933	PRFABR STNLSS STEEL CROWN RSN WNDOW	150.00	
D2934	PREFB ESTHET COAT STNLSS STEEL CRWN	0.00	NOT COVERED
D2940	PROTECTIVE RESTORATION	0.00	NOT COVERED
D2941	INTRIM TX RESTORATION-PRIM DENTITN	0.00	NOT COVERED
D2949	RESTORATIV FOUNDATN INDIR RESTORATN	0.00	NOT COVERED
D2950	CORE BUILDUP INCL PINS WHEN REQUIRE	83.00	
D2951	PIN RETN - PER TOOTH ADDITION REST	10.00	
D2952	POST & CORE ADD CROWN INDIRECT FAB	117.00	
D2953	EA ADD INDIRECT FAB POST SAME TOOTH	0.00	NOT COVERED
D2954	PREFABR POST&CORE ADDITION CROWN	125.00	
D2955	POST REMOVAL	0.00	NOT COVERED
D2957	EA ADD PREFABR POST - SAME TOOTH	0.00	NOT COVERED
D2960	LABIAL VENEER RESIN LAM- CHAIRSIDE	90.00	
D2961	LABIAL VENEER - LABORATORY	135.00	

OPERATING ENGINEERS HEALTH AND WELFARE FUND DENTAL PPO PLAN

OUT-OF-NETWORK FEE SCHEDULE

AS-OF 6/1/2017

D2962	LABIAL VENEER - LABORATORY	375.00	
D2971	ADD PROC NEW CROWN XST PART DENTURE	0.00	NOT COVERED
D2975	COPING	0.00	NOT COVERED
D2980	CROWN REPR NEC RESTORATV MATL FAIL	0.00	BY REPORT
D2981	INLAY REPR NEC RESTORATV MATL FAIL	0.00	BY REPORT
D2982	ONLAY REPR NEC RESTORATV MATL FAIL	0.00	BY REPORT
D2983	VENEER REPR NEC RESTORATV MATL FAIL	0.00	BY REPORT
D2990	RESIN INFIL INCIPIENT SMTH SURF LES	0.00	NOT COVERED
D2999	UNSPEC RESTORATIVE PROC BY REPORT	0.00	NOT COVERED
D3110	PULP CAP - DIRECT	0.00	NOT COVERED
D3120	PULP CAP - INDIRECT	0.00	NOT COVERED
D3220	TX PULPOT-CORONL DENTNOCEMENTL JUNC	63.00	
D3221	PULPAL DEBRID PRIMARY&PERM TEETH	48.00	
D3222	PART PULPOTMY APEXOGNEIS PERM TOOTH	0.00	BY REPORT
D3230	PULPAL THERAPY - ANT PRIMARY TOOTH	10.00	
D3240	PULPAL THERAPY - POST PRIMARY TOOTH	10.00	
D3310	ENDODONTIC THERAPY ANTERIOR TOOTH	275.00	
D3320	ENDODONTIC THERAPY BICUSPID TOOTH	330.00	
D3330	ENODODONTIC THERAPY MOLAR	400.00	
D3331	TX RC OBSTRUCTION; NON-SURG ACCESS	80.00	
D3332	INCMPL ENDO TX;INOP UNRSTR/FX TOOTH	85.00	
D3333	INTRL ROOT REPAIR PERFORATION DEFEC		BY REPORT
D3346	RETX PREVIOUS RC THERAPY - ANTERIOR	275.00	
D3347	RETX PREVIOUS RC THERAPY - BICUSPID	330.00	
D3348	RETX PREVIOUS RC THERAPY - MOLAR	400.00	
D3351	APEX/RECALCIFICATION INITIAL VISIT	25.00	
D3352	APEX/RECALCIFICATN INTRM MED REPLAC	0.00	NOT COVERED
D3353	APEXIFICAT/RECALCIFICAT-FINAL VISIT	0.00	NOT COVERED
D3355	PULPAL REGENERATION - INITIAL VISIT	0.00	NOT COVERED
D3356	PULPAL REGENERATION - MED REPLACMNT	0.00	NOT COVERED
D3357	PULPAL REGENERATION - COMPLETION TX	0.00	NOT COVERED
D3410	APICOECTOMY - ANTERIOR	110.00	
D3421	APICOECTOMY - BICUSPID FIRST ROOT	125.00	
D3425	APICOECTOMY - MOLAR FIRST ROOT	150.00	
D3426	APICOECTOMY EACH ADDITIONAL ROOT	30.00	
D3427	PERIRADICULAR SURG W/O APICOECTOMY	0.00	BY REPORT
D3428	BONE GRAFT PERIRADICULR SURG 1 SITE	0.00	BY REPORT
D3429	BONE GRAFT PERIRADICULR SURG EA ADD	0.00	BY REPORT
D3430	RETROGRADE FILLING - PER ROOT	40.00	
D3431	BIOL MATL TSS REGEN PERIRADICLR SRG	0.00	BY REPORT
D3432	GUIDE TISS REGEN PERIRADICULAR SURG	0.00	BY REPORT
D3450	ROOT AMPUTATION - PER ROOT	40.00	
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	0.00	BY REPORT
D3470	INTENTIONAL REIMPLANTATION	0.00	BY REPORT

OPERATING ENGINEERS HEALTH AND WELFARE FUND DENTAL PPO PLAN

OUT-OF-NETWORK FEE SCHEDULE

AS-OF 6/1/2017

D3910	SURG PROC ISOLAT TOOTH W/RUBBER DAM	0.00	NOT COVERED
D3920	HEMISECTION NOT INCL RC THERAPY	40.00	
D3950	CANAL PREP&FIT PREFORMED DOWEL/POST	0.00	NOT COVERED
D3999	UNSPEC ENDODONTIC PROCEDURE REPORT	0.00	NOT COVERED
D4210	GINGIVECT/PLSTY 4/>CNTIG TEETH QUAD	80.00	
D4211	GINGIVECT/PLSTY 1-3CNTIG TEETH QUAD	12.50	
D4212	GING/GINGIVOPLASTY RES PROC-TOOTH	180.00	
D4230	ANAT CROWN EXP 4/> CONT TEETH QUAD	0.00	BY REPORT
D4231	ANAT CROWN EXP 1- 3 TEETH PER QUAD	0.00	BY REPORT
D4240	INGL FLP 4/>CNTIG/TOOTH BOUND QUAD	150.00	
D4241	INGL FLP 1-3 CNTIG/TOOTH BND QUAD	110.00	
D4245	APICALLY POSITIONED FLAP	200.00	
D4249	CLIN CROWN LEN - HARD TISSUE	150.00	
D4260	OSSEOUS SURG 4/> CNTIG TEETH QUAD	450.00	
D4261	OSSEOUS SURG 1-3 CNTIG TEETH QUAD	200.00	
D4263	BN REPL GR-RET NAT TT-1ST SITE QUAD	150.00	
D4264	BRG-RET NAT TOOTH-EA ADD SITE QUAD	100.00	
D4265	BIO MATL AID SFT&OSSEOUS TISS REGEN	0.00	NOT COVERED
D4266	GUID TISS REGEN-RESORB BARRIER-SITE	180.00	
D4267	GUID TISS REGEN-NONRESORB BARRIER	280.00	
D4268	SURGICAL REVISION PROC PER TOOTH	225.00	
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	300.00	
D4273	AUTOGEN CONNECTIVE TISS GRAFT PROC	300.00	
D4274	MESIAL/DISTAL WEDGE PROC 1 TOOTH	200.00	
D4275	NON-AUTOGENOUS CONNECTIVE TISS GRFT	300.00	
D4276	COMB CNCTIV TISS&DBL PED GRFT TOOTH	0.00	BY REPORT
D4277	FREE SFT TSS GFT 1ST T/EDNTULOUS T	300.00	
D4278	FREE ST GFT EA CNTG T/EDNT T SAME S	200.00	
D4283	AUTOGEN CONNECTIVE TISS GRAFT PROC	200.00	
D4285	NON-AUTOGEN CNCT TISSUE GRAFT PROC	116.00	
D4320	PROVISIONAL SPLINTING-INTRACORONAL	112.50	
D4321	PROVISIONAL SPLINTING EXTRACORONAL		NOT COVERED
D4341	PRDNTL SCAL&ROOT PLAN 4/>TEETH-QUAD	104.00	
D4342	PRDONTAL SCAL&ROOT PLAN 1-3 TEETH	60.00	
D4346	SCALING PRES GEN MOD/SEV GING INF	130.00	
D4355	FULL MOUTH DEBRID COMP EVAL&DX	100.00	
D4381	LOC DEL ANTIM DZ CRVICUL TISS-TOOTH	0.00	NOT COVERED
D4910	PERIODONTAL MAINTENANCE	53.00	
D4920	UNSCHEDULED DRESSING CHANGE	8.00	
D4921	GINGIVAL IRRIGATION - PER QUADRANT	20.00	
D4999	UNSPEC PERIODONTAL PROCEDURE REPORT	0.00	BY REPORT
D5110	COMPLETE DENTURE - MAXILLARY	445.00	
D5120	COMPLETE DENTURE - MANDIBULAR	445.00	
D5130	IMMEDIATE DENTURE - MAXILLARY	445.00	

OPERATING ENGINEERS HEALTH AND WELFARE FUND DENTAL PPO PLAN

OUT-OF-NETWORK FEE SCHEDULE

AS-OF 6/1/2017

D5140	IMMEDIATE DENTURE - MANDIBULAR	445.00	
D5211	MAXILLARY PARTIAL DENTUR RESIN BASE	175.00	
D5212	MANDIB PARTIAL DENTURE RESIN BASE	175.00	
D5213	MAX PART DENTUR-CAST METL W/RSN	578.00	
D5214	MAND PART DENTUR- CAST METL W/RSN	578.00	
D5221	IMMED MAXIL PART DENTURE-RESIN BASE	120.00	
D5222	IMMED MAND PART DENTURE-RESIN BASE	120.00	
D5223	IMMED MAXIL PRT DENTUR-CAST METL FW	578.00	
D5224	IMMED MAND PRT DENTURE-CAST METL FW	578.00	
D5225	MAXILLARY PARTIAL DENTURE FLEX BASE	578.00	
D5226	MANDIBULAR PART DENTURE FLEX BASE	578.00	
D5281	REMV UNI PART DENTUR-1 PC CAST METL	345.00	
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	17.00	
D5411	ADJUST COMPLETE DENTUR - MANDIBULAR	17.00	
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	17.00	
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	17.00	
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	28.00	
D5520	REPL MISS/BROKEN TEETH-CMPL DENTUR	28.00	
D5610	REPAIR RESIN DENTURE BASE	28.00	
D5620	REPAIR CAST FRAMEWORK	28.00	
D5630	REPR/REPLCE BROKEN CLASP-PER TOOTH	32.00	
D5640	REPLACE BROKEN TEETH - PER TOOTH	40.00	
D5650	ADD TOOTH EXISTING PARTIAL DENTURE	63.00	
D5660	ADD CLASP XST PRT DENTURE-PER TOOTH	50.00	
D5670	REPL ALL TEETH&ACRYLC FRMEWRK MAX	14.00	
D5671	REPL ALL TEETH&ACRYLC FRMEWRK MAND	14.00	
D5710	REBASE COMPLETE MAXILLARY DENTURE	105.00	
D5711	REBASE COMPLETE MANDIBULAR DENTURE	105.00	
D5720	REBASE MAXILLARY PARTIAL DENTURE	105.00	
D5721	REBASE MANDIBULAR PARTIAL DENTURE	105.00	
D5730	RELIN CMPL MAXIL DENTURE CHAIRSIDE	50.00	
D5731	RELIN COMPLETE MANDIBULAR DENTURE	50.00	
D5740	RELIN MAXIL PART DENTURE CHAIRSIDE	50.00	
D5741	RELIN MAND PART DENTURE CHAIRSIDE	50.00	
D5750	RELIN CMPL MAXIL DENTURE LAB	100.00	
D5751	RELIN CMPL MAND DENTRUE LABORATORY	100.00	
D5760	RELIN MAXIL PART DENTURE LAB	100.00	
D5761	RELIN MAND PART DENTURE LABORATORY	100.00	
D5810	INTERIM COMPLETE DENTURE MAXILLARY	0.00	NOT COVERED
D5811	INTERIM COMPLETE DENTURE MANDIBULAR	0.00	NOT COVERED
D5820	INTERIM PARTIAL DENTURE MAXILLARY	103.00	
D5821	INTERIM PARTIAL DENTURE MANDIBULAR	103.00	
D5850	TISSUE CONDITIONING MAXILLARY	21.00	
D5851	TISSUE CONDITIONING MANDIBULAR	21.00	

OPERATING ENGINEERS HEALTH AND WELFARE FUND DENTAL PPO PLAN

OUT-OF-NETWORK FEE SCHEDULE

AS-OF 6/1/2017

D5862	PRECISION ATTACHMENT BY REPORT	75.00	
D5863	OVERDENTURE - COMPLETE MAXILLARY	449.00	
D5864	OVERDENTURE - PARTIAL MAXILLARY	410.00	
D5865	OVERDENTURE - COMPLETE MANDIBULAR	927.00	
D5866	OVERDENTURE - PARTIAL MANDIBULAR	696.00	
D5867	REPL PART SEMI-PRCISN/PRCISN ATTCH	78.00	
D5875	MOD REMV PROSTH FOLLOW IMPL SURG	201.00	
D5899	UNS REMV PROSTHODONTIC PROC RPT	0.00	BY REPORT
D5911	FACIAL MOULAGE SECTIONAL	0.00	BY REPORT
D5912	FACIAL MOULAGE COMPLETE	0.00	BY REPORT
D5913	NASAL PROSTHESIS	0.00	BY REPORT
D5914	AURICULAR PROSTHESIS	0.00	BY REPORT
D5915	ORBITAL PROSTHESIS	0.00	BY REPORT
D5916	OCULAR PROSTHESIS	0.00	BY REPORT
D5919	FACIAL PROSTHESIS	0.00	BY REPORT
D5922	NASAL SEPTAL PROSTHESIS	0.00	BY REPORT
D5923	OCULAR PROSTHESIS INTERIM	0.00	BY REPORT
D5924	CRANIAL PROSTHESIS	0.00	BY REPORT
D5925	FACIAL AUGMENTATION IMPLANT PROSTH	0.00	BY REPORT
D5926	NASAL PROSTHESIS REPLACEMENT	0.00	BY REPORT
D5927	AURICULAR PROSTHESIS REPLACEMENT	0.00	BY REPORT
D5928	ORBITAL PROSTHESIS REPLACEMENT	0.00	BY REPORT
D5929	FACIAL PROSTHESIS REPLACEMENT	0.00	BY REPORT
D5931	OBTURATOR PROSTHESIS SURGICAL	0.00	BY REPORT
D5932	OBTURATOR PROSTHESIS DEFINITIVE	0.00	BY REPORT
D5933	OBTURATOR PROSTHESIS MODIFICATION	0.00	BY REPORT
D5934	MANDIB RESECT PROSTH W/GUIDE FLANGE	0.00	BY REPORT
D5935	MANDIB RES PROSTH W/O GUIDE FLANGE	0.00	BY REPORT
D5936	OBTURATOR/PROSTHESIS INTERIM	0.00	BY REPORT
D5937	TRISMUS APPLIANCE NOT FOR TMD TX	0.00	BY REPORT
D5951	FEEDING AID	0.00	BY REPORT
D5952	SPEECH AID PROSTHESIS PEDIATRIC	0.00	BY REPORT
D5953	SPEECH AID PROSTHESIS ADULT	0.00	BY REPORT
D5954	PALATAL AUGMENTATION PROSTHESIS	0.00	BY REPORT
D5955	PALATAL LIFT PROSTHESIS DEFINITIVE	0.00	BY REPORT
D5958	PALATAL LIFT PROSTHESIS INTERIM	0.00	BY REPORT
D5959	PALATAL LIFT PROSTH MODIFICATION	0.00	BY REPORT
D5960	SPEECH AID PROSTHESIS MODIFICATION	0.00	BY REPORT
D5982	SURGICAL STENT	0.00	BY REPORT
D5983	RADIATION CARRIER	0.00	BY REPORT
D5984	RADIATION SHIELD	0.00	BY REPORT
D5985	RADIATION CONE LOCATOR	0.00	BY REPORT
D5986	FLUORIDE GEL CARRIER	0.00	BY REPORT
D5987	COMMISSURE SPLINT	0.00	BY REPORT

OPERATING ENGINEERS HEALTH AND WELFARE FUND DENTAL PPO PLAN

OUT-OF-NETWORK FEE SCHEDULE

AS-OF 6/1/2017

D5988	SURGICAL SPLINT	0.00	BY REPORT
D5991	VESICULOBULLOUS DZ MEDICAMENT CARR	0.00	BY REPORT
D5992	ADJ MAXILLOFACIAL PROSTH APPL BR	0.00	BY REPORT
D5993	MAINT CLEAN MFP OTH THAN REQ ADJ	0.00	BY REPORT
D5994	PERIODONTAL MED CARRIER LAB PROCESS	0.00	BY REPORT
D5999	UNS MAXILLOFACIAL PROSTH BY REPORT	0.00	BY REPORT
D6010	SURG PLCMT IMPL BODY: ENDOSTEAL	960.00	
D6011	SECOND STAGE IMPLANT SURGERY	0.00	NOT COVERED
D6012	SURG PLCMT INTERIM IMPL PROS: ENDOS	0.00	NOT COVERED
D6013	SURGICAL PLACEMENT OF MINI IMPLANT	695.00	
D6040	SURG PLACEMENT: EPOSTEAL IMPLANT	0.00	BY REPORT
D6050	SURG PLACEMENT: TRANSOSTEAL IMPLANT	0.00	BY REPORT
D6051	INTERIM ABUTMENT	0.00	NOT COVERED
D6052	SEMI-PRECISION ATTACHMENT ABUTMENT	0.00	BY REPORT
D6055	CONNECTING BAR IMPLANT/ABUT SUPPORT	300.00	
D6056	PREFAB ABUTMENT-INCL MOD & PLCMNT	320.00	
D6057	CUSTOM FAB ABUTMENT-INCL PLACEMENT	320.00	
D6058	ABUT SUPP PORCELN/CERAMIC CROWN	325.00	
D6059	ABUT PORCLN TO MTL CRWN HI NOBL MTL	400.00	
D6060	ABUT PORCLN TO METL CROWN BASE METL	400.00	
D6061	ABUT PORCLN TO MTL CROWN NOBLE MTL	400.00	
D6062	ABUT SUPP CAST MTL CRWN HI NOBL MTL	400.00	
D6063	ABUT SUPP CAST METL CROWN BASE METL	400.00	
D6064	ABUT SUPP CAST METL CROWN NOBL METL	355.00	
D6065	IMPLANT SUPP PORCELN/CERAMIC CROWN	400.00	
D6066	IMPL SUPP PORCELN FUSED METAL CROWN	325.00	
D6067	IMPLANT SUPPORTED METAL CROWN	400.00	
D6068	ABUT SUPP RETAIN PORCELN/CERAM FPD	0.00	BY REPORT
D6069	ABUT RETN PORCLN MTL FPD HI NOBL MT	0.00	BY REPORT
D6070	ABUT RETN PORCLN METL FPD BASE METL	0.00	BY REPORT
D6071	ABUT SUPP RETN PORCLN FUSD METL FPD	0.00	BY REPORT
D6072	ABUT SUPP RETAIN CAST METAL FPD	0.00	BY REPORT
D6073	ABUT RETN CAST METL FPD BASE METL	0.00	BY REPORT
D6074	ABUT RETN CAST METL FPD NOBL METL	0.00	BY REPORT
D6075	IMPLANT SUPP RETAIN CERAMIC FPD	0.00	BY REPORT
D6076	IMPL SUPP RETN PORCLN FUSD METL FPD	0.00	BY REPORT
D6077	IMPLANT SUPP RETAIN CAST METAL FPD	0.00	BY REPORT
D6080	IMPL MAINT PROC REMV REINSRT CLEAN	39.00	
D6081	SCAL & DEBR PRES INFL/MUCOSIT1 IMPL	0.00	NOT COVERED
D6085	PROVISIONAL IMPLANT CROWN	0.00	BY REPORT
D6090	REPAIR IMPL SUPP PROSTH BY REPORT	0.00	BY REPORT
D6091	REPL IMPL/ABUT PROS PER ATTACHMENT	78.00	
D6092	RECEMENT IMPL/ABUT SUPPORTED CROWN	36.00	
D6093	RECEMENT IMPL/ABUT FIX PART DENTURE	25.00	

OPERATING ENGINEERS HEALTH AND WELFARE FUND DENTAL PPO PLAN

OUT-OF-NETWORK FEE SCHEDULE

AS-OF 6/1/2017

D6094	ABUTMENT SUPPORTED CROWN TITANIUM	43.00	
D6095	REPAIR IMPLANT ABUTMENT BY REPORT	0.00	BY REPORT
D6100	IMPLANT REMOVAL BY REPORT	188.00	
D6101	DEBR PRIIMPL DEF CLN EXPSD IMPL FLP	100.00	
D6102	DEBR&OSS CNTR PRIIMPL DEF;CLN SURF	0.00	BY REPORT
D6103	BONE GRAFT REPAIR PERI-IMPL DEFECT	255.00	
D6104	BONE GRAFT TIME IMPLANT PLACEMENT	150.00	
D6110	IMPL/ABUT SUPP RMV D EDENT ARCH-MAX	927.00	
D6111	IMPL/ABUT SUPP RMV D EDENT ARCH-MND	927.00	
D6112	IMPL/ABUT SUP RMV D PR EDNT ARCH-MX	463.00	
D6113	IMPL/ABUT SP RMV D PR EDNT ARCH-MND	463.00	
D6114	IMPL/ABUT SP FIXED D EDENT ARCH-MAX	927.00	
D6115	IMPL/ABUT SUP FIXD D EDENT ARCH-MND	927.00	
D6116	IMPL/ABUT SUP F D PR EDENT ARCH-MAX	463.00	
D6117	IMPL/ABUT SP FIXD D PR EDENT ARCH-M	463.00	
D6190	RADIOGRAPHIC/SURG IMPLANT INDX RPT	117.00	
D6194	ABUTMENT SUPP RETAINR CROWN FOR FPD	463.00	
D6199	UNSPEC IMPLANT PROCEDURE BY REPORT	0.00	BY REPORT
D6205	PONTIC INDIRECT RESIN BASED COMPOS	318.00	
D6210	PONTIC - CAST HIGH NOBLE METAL	160.00	
D6211	PONTIC - CAST PREDOM BASE METAL	160.00	
D6212	PONTIC - CAST NOBLE METAL	160.00	
D6214	PONTIC TITANIUM	0.00	NOT COVERED
D6240	PONTIC-PORCELN FUSED HI NOBLE METL	370.00	
D6241	PONTIC-PORCLN FUSD PREDOM BASE METL	160.00	
D6242	PONTIC - PORCELN FUSED NOBLE METAL	160.00	
D6245	PONTIC - PORCELAIN/CERAMIC	370.00	
D6250	PONTIC - RESIN W/HIGH NOBLE METAL		
D6251	PONTIC RESIN W/PREDOM BASE METAL	228.00	
D6252	PONTIC RESIN W/NOBLE METAL	228.00	
D6253	PRVS PONTIC-TX/CMPL DX NEC B4 F IMP	0.00	NOT COVERED
D6545	RETN-CAST METL RSN BOND FIX PROSTH	299.00	
D6548	RETN-PORCELN/CERAM RSN BOND PROSTH	0.00	BY REPORT
D6549	RETAINER - RESIN BONDED FIXED PROS	0.00	BY REPORT
D6600	RETAINER INLAY-PORCELN/CERAM 2 SURF	0.00	BY REPORT
D6601	RETAINER INLAY-PORC/CERAM 3/MOR SRF	0.00	BY REPORT
D6602	RET INLAY-CAST HI NOBLE METL 2 SURF	0.00	BY REPORT
D6603	RET INLA-CST HI NOBL MTL 3/MORE SRF	0.00	BY REPORT
D6604	RET INLAY-CAST PDMT BASE METL 2 SRF	0.00	BY REPORT
D6605	RET INLA-CST PDMT BSE MTL 3/MOR SRF	0.00	BY REPORT
D6606	RETAIN INLAY-CAST NOBLE METL 2 SURF	0.00	BY REPORT
D6607	RET INLAY-CAST NOBLE METL 3/MRE SRF	0.00	BY REPORT
D6608	RETAINER ONLAY-PORCELN/CERAM 2 SURF	0.00	BY REPORT
D6609	RETAINR ONLAY-PORC/CERAM 3/MORE SRF	0.00	BY REPORT

OPERATING ENGINEERS HEALTH AND WELFARE FUND DENTAL PPO PLAN

OUT-OF-NETWORK FEE SCHEDULE

AS-OF 6/1/2017

D6610	RET ONLAY-CAST HI NOBLE METL 2 SURF	0.00	BY REPORT
D6611	RET ON-CST HI NOBLE METL 3/MORE SRF	0.00	BY REPORT
D6612	ONLAY-CAST PREDOM BASE METL 2 SURF	0.00	BY REPORT
D6613	RET ON-CST PDMT BSE METL 3/MORE SRF	0.00	BY REPORT
D6614	RET ONLAY-CAST NOBLE METAL 2 SURF	0.00	BY REPORT
D6615	RET ONLAY-CST NOBLE METL 3/MORE SRF	0.00	BY REPORT
D6624	RETAINER INLAY - TITANIUM	0.00	BY REPORT
D6634	RETAINER ONLAY - TITANIUM	0.00	BY REPORT
D6710	RET CROWN-INDIR RESIN BASED COMPOS	0.00	BY REPORT
D6720	RETAINER CROWN-RESIN HI NOBLE METAL	360.00	
D6721	RETAINER CROWN-RESIN PDMT BASE METL	0.00	BY REPORT
D6722	RETAINER CROWN-RESIN W/NOBLE METAL	0.00	BY REPORT
D6740	RETAINER CROWN - PORCELAIN/CERAMIC	189.00	
D6750	RET CROWN-PORC FUSED HI NOBLE METL	400.00	
D6751	RET CROWN-PORC FUSED PDMT BASE METL	400.00	
D6752	RETNR CRWN-PORCELN FUSD NOBLE METAL	400.00	
D6780	RETNER CROWN-3/4 CAST HI NOBLE METL	160.00	
D6781	RETNR CRWN-3/4 CAST PDMT BASE METAL	0.00	BY REPORT
D6782	RETAINER CROWN-3/4 CAST NOBLE METAL	0.00	BY REPORT
D6783	RETAINER CROWN-3/4 PORCELAIN/CERAMC	0.00	BY REPORT
D6790	RETNR CRWN-FULL CAST HI NOBLE METAL	400.00	
D6791	RETNR CRWN-FULL CAST PDMT BASE METL	160.00	
D6792	RETAINER CROWN-FULL CAST NOBLE METL	160.00	
D6793	PRVS RET CRWN-TX/CMPL DX B4 FNL IMP	0.00	BY REPORT
D6794	RETAINER CROWN - TITANIUM	0.00	BY REPORT
D6920	CONNECTOR BAR	0.00	BY REPORT
D6930	RECEMENT FIXED PARTIAL DENTURE	25.00	
D6940	STRESS BREAKER	30.00	
D6950	PRECISION ATTACHMENT	75.00	
D6980	FXD PRT DNTR REPR NEC RSTRTV MTL FL	80.00	
D6985	PEDIATRIC PARTIAL DENTURE FIXED	0.00	NOT COVERED
D6999	UNSPEC FIX PROSTHODONTIC PROC BR	0.00	BY REPORT
D7111	XTRCT CORONL RMNNTS DECIDUOUS TOOTH	52.00	
D7140	EXTRAC ERUPTED TOOTH/EXPOSED ROOT	52.00	
D7210	EXTN ERU TT RQR REMV BONE &/SECT TT	96.00	
D7220	REMOVAL IMPACT TOOTH - SOFT TISSUE	125.00	
D7230	REMOVAL IMPACT TOOTH - PARTLY BONY	151.00	
D7240	REMOVAL IMPACTED TOOTH - CMPL BONY	177.00	
D7241	REMV IMP TOOTH-CMPL BNY W/SURG COMP		
D7250	REMOVAL OF RESIDUAL TOOTH ROOTS	132.00	
D7251	CORONECTOMY PARTIAL TOOTH REMOVAL	0.00	BY REPORT
D7260	OROANTRAL FISTULA CLOSURE	225.00	
D7261	PRIMARY CLOSURE SINUS PERFORATION	225.00	
D7270	TOOTH REIMPL&/STBL ACC DISPLCD	40.00	

OPERATING ENGINEERS HEALTH AND WELFARE FUND DENTAL PPO PLAN

OUT-OF-NETWORK FEE SCHEDULE

AS-OF 6/1/2017

D7272	TOOTH TRANSPLANTATION	85.00	
D7280	EXPOSURE OF AN UNERUPTED TOOTH	120.00	
D7282	MOBILZ ERUPT/MALPSTN TOOTH AID ERUP	0.00	BY REPORT
D7283	PLCMT DEVC FACL ERUPT IMPACT TOOTH	0.00	BY REPORT
D7285	BIOPSY OF ORAL TISSUE HARD	108.00	
D7286	BIOPSY OF ORAL TISSUE SOFT	98.00	
D7287	EXFOLIATIVE CYTOLOG SAMPLE CLCTION	0.00	BY REPORT
D7288	BRUSH BX TRANSEPTH SAMPLE CLCTION	0.00	BY REPORT
D7290	SURGICAL REPOSITIONING OF TEETH	0.00	BY REPORT
D7291	TRNSSEPTL/SUPRA CRESTAL FIBEROT BR	0.00	BY REPORT
D7292	PLCMT T ANC D SCREW RETN RQR FLAP;	0.00	BY REPORT
D7293	PLCMT TMP ANC D RQR FLAP;INC D REMV	0.00	BY REPORT
D7294	PLCMT T ANC D W/O FLAP; INC D REMV	0.00	BY REPORT
D7295	HARVEST BONE USE AUTOGEN GRAFT PROC	0.00	BY REPORT
D7310	ALVEOLOPLASTY W/EXT 4/> TEETH/SPACE	32.00	
D7311	ALVEOLOPLSTY CONJNC XTRCT 1-3 TEETH	0.00	BY REPORT
D7320	ALVEOLOPLASTY NO EXT 4/> TEETH/SPAC	36.00	
D7321	ALVEOLOPLSTY NOT W/XTRCT 1-3 TEETH	0.00	BY REPORT
D7340	VESTIBULOPLASTY RIDGE EXT SEC EPITH	0.00	BY REPORT
D7350	VESTBULPLSTY RIDGE EXT SFT TISS GFT	90.00	
D7410	EXCISION BENIGN LESION TO 1.25 CM	35.00	
D7411	EXCISION OF BENIGN LESION > 1.25 CM	50.00	
D7412	EXCISION BENIGN LESION COMPLICATED	0.00	BY REPORT
D7413	EXCISION MALIG LESION UP 1.25 CM	0.00	BY REPORT
D7414	EXCISION MALIGNANT LESION > 1.25 CM	0.00	BY REPORT
D7415	EXCISION MALIG LESION COMPLICATED	0.00	BY REPORT
D7440	EXC MALIG TUMR - UP 1.25 CM SEE CPT	0.00	BY REPORT
D7441	EXC MALIG TUMOR/LES > 1.25CM	0.00	BY REPORT
D7450	REMV BEN ODONTOGNIC TUMR-TO 1.25 CM	40.00	
D7451	REMV BEN ODONTOGNIC TUMR >1.25 CM	90.00	
D7460	REMV BEN NONODONTGN TUMR-TO 1.25 CM	40.00	
D7461	REMV BEN NONODONTOGNIC TUMR>1.25 CM	90.00	
D7465	DESTRUCT LES PHYS/CHEM METH BY RPRT	0.00	BY REPORT
D7471	REMOVAL OF LATERAL EXOSTOSIS	55.00	
D7472	REMOVAL OF TORUS PALATINUS	215.00	
D7473	REMOVAL OF TORUS MANDIBULARIS	161.25	
D7485	REDUCTION OF OSSEOUS TUBEROSITY	161.25	
D7490	RADICAL RESECTION MAXLA OR MANDIBLE	0.00	BY REPORT
D7510	I&D ABSCESS-INTRAORAL SOFT TISS	18.00	
D7511	I & D ABSC INTRAORAL SOFT TISS COMP	30.00	
D7520	I&D ABSC EXTRAORAL SOFT TISS	23.00	
D7521	I & D ABSC XTRAORAL SOFT TISS COMP	0.00	BY REPORT
D7530	REMV FB MUCOS SKN/SUBQ ALVEOL TISS	16.00	
D7540	REMV REACT-PRODUC FB MUSCLOSKELE SYS	0.00	BY REPORT

OPERATING ENGINEERS HEALTH AND WELFARE FUND DENTAL PPO PLAN

OUT-OF-NETWORK FEE SCHEDULE

AS-OF 6/1/2017

D7550	PART OSTEC/SEQECT REMV NON-VITAL BN	100.00	
D7560	MAXIL SINUSOT REMV TOOTH FRAG/FB	95.00	
D7610	MAXILLA-OPEN REDUCTION	340.00	
D7620	MAXILLA-CLOSED REDUCTION	200.00	
D7630	MANDIBLE-OPEN REDUCTION	385.00	
D7640	MANDIBLE-CLOSED REDUCTION	230.00	
D7650	MALAR&/ZYGO ARCH-OPEN REDUCTION	240.00	
D7660	MALAR&/ZYGO ARCH-CLOSED REDUCTION	150.00	
D7670	ALVEOLUS-CLS RDUC INC STABIL TEETH	150.00	
D7671	ALVEOLUS-OPN RDUC INCL STABIL TEETH	0.00	BY REPORT
D7680	FCE BNS-COMP RDUC FIX&MX APPRCH	0.00	BY REPORT
D7710	MAXILLA OPEN REDUCTION	400.00	
D7720	MAXILLA CLOSED REDUCTION	300.00	
D7730	MANDIBLE OPEN REDUCTION	400.00	
D7740	MANDIBLE CLOSED REDUCTION	288.00	
D7750	MALR&/ZYGOMATIC ARCH-OPEN RDUC	288.00	
D7760	MALAR&/ZYGO ARCH CLOSED REDUCTION	144.00	
D7770	ALVEOL - OPEN RDUC STBL TEETH	0.00	BY REPORT
D7771	ALVEOL CLOS RDUC STBL TEETH	0.00	BY REPORT
D7780	FCE BNS-COMP RDUC FIX & MX APPRCHES	0.00	BY REPORT
D7810	OPEN REDUCTION OF DISLOCATION	0.00	BY REPORT
D7820	CLOSED REDUCTION OF DISLOCATION	\$68.00	
D7830	MANIPULATION UNDER ANESTHESIA	\$68.00	
D7840	CONDYLECTOMY	\$510.00	
D7850	SURGICAL DISCECTOMY W/WO IMPLANT	\$510.00	
D7852	DISC REPAIR	0.00	BY REPORT
D7854	SYNOVECTOMY	0.00	BY REPORT
D7856	MYOTOMY	0.00	BY REPORT
D7858	JOINT RECONSTRUCTION	0.00	BY REPORT
D7860	ARTHROTOMY	0.00	BY REPORT
D7865	ARTHROPLASTY	0.00	BY REPORT
D7870	ARTHROCENTESIS	0.00	BY REPORT
D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE	0.00	BY REPORT
D7872	ARTHROSCOPY DIAGNOSIS W/WO BIOPSY	0.00	BY REPORT
D7873	ARTHROSCOPY: LAVAGE & LYSIS OF ADH	0.00	BY REPORT
D7874	ARTHROSCOPY: DISC REPOS & STBL	0.00	BY REPORT
D7875	ARTHROSCOPY: SYNOVECTOMY	0.00	BY REPORT
D7876	ARTHROSCOPY: DISCECTOMY	0.00	BY REPORT
D7877	ARTHROSCOPY: DEBRIDEMENT	0.00	BY REPORT
D7880	OCCLUSAL ORTHOTIC DEVICE BY REPORT	0.00	BY REPORT
D7881	OCCLUSAL ORTHOTIC DEVICE ADJUSTMENT	0.00	BY REPORT
D7899	UNSPECIFIED TMD THERAPY BY REPORT	0.00	BY REPORT
D7910	SUTURE RECENT SMALL WOUNDS UP 5 CM	80.00	
D7911	COMPLICATED SUTURE UP TO 5CM	0.00	BY REPORT

OPERATING ENGINEERS HEALTH AND WELFARE FUND DENTAL PPO PLAN

OUT-OF-NETWORK FEE SCHEDULE

AS-OF 6/1/2017

D7912	COMPLICATED SUTURE > 5 CM	0.00	BY REPORT
D7920	SKIN GRAFT	0.00	BY REPORT
D7921	COLLECT&APPLIC AUTO BLOOD CONC PROD	250.00	
D7940	OSTEOPLASTY - ORTHOGNATHIC DEFORM	400.00	
D7941	OSTEOTOMY - MANDIBULAR RAMI	0.00	BY REPORT
D7943	OSTEOT-MAND RAMI BN GFT; OBTAIN GFT	0.00	BY REPORT
D7944	OSTEOTOMY SEGMENTED OR SUBAPICAL	0.00	BY REPORT
D7945	OSTEOTOMY-BODY OF MANDIBLE	0.00	BY REPORT
D7946	LEFORT I MAXILLA TOTAL	0.00	BY REPORT
D7947	LEFORT I MAXILLA SEGMENTED	0.00	BY REPORT
D7948	LEFORT II/LEFORT III - W/O BONE GFT	0.00	BY REPORT
D7949	LEFORT II/LEFORT III - W/BONE GRAFT	0.00	BY REPORT
D7950	OSS OSTEOPERIOSTL CART GFT MAND/MAX	0.00	BY REPORT
D7951	SINUS AUG BONE/BONE SUBST LAT OPN	0.00	BY REPORT
D7952	SINUS AUGMENTATION VERTICAL APPR	0.00	BY REPORT
D7953	BONE REPLCMT GRAFT RIDGE PRES -SITE	0.00	BY REPORT
D7955	REPR MAXLOFACL SOFT&/HARD TISS DFCT	0.00	BY REPORT
D7960	FRENULECTOMY SEP PROC NOT INCIDENTL	36.00	
D7963	FRENULOPLASTY	0.00	BY REPORT
D7970	EXC HYPERPLASTIC TISSUE-PER ARCH	46.00	
D7971	EXCISION OF PERICORONAL GINGIVA	90.00	
D7972	SURGICAL RDUC FIBROUS TUBEROSITY	90.00	
D7980	SIALOLITHOTOMY	0.00	BY REPORT
D7981	EXCISION SALIVARY GLAND BY REPORT	140.00	
D7982	SIALODOCHOPLASTY	0.00	BY REPORT
D7983	CLOSURE OF SALIVARY FISTULA	0.00	BY REPORT
D7990	EMERGENCY TRACHEOTOMY	160.00	
D7991	CORONOIDECTOMY	0.00	BY REPORT
D7995	SYNTH GFT-MAND/FACE BONES BY RPT	0.00	BY REPORT
D7996	IMPLNT-MANDIB-AUGMENTATION BR	0.00	BY REPORT
D7997	APPLIANCE REMV INCL REMV ARCHBAR	0.00	BY REPORT
D7998	INTRAORAL PLCMT FIX DEVC NOT W/FX	0.00	BY REPORT
D7999	UNS ORAL SURG PROC BY REPORT	0.00	BY REPORT
D8010	LTD ORTHODONT TX PRIMARY DENTITION	0.00	BY REPORT
D8020	LTD ORTHODONT TX TRNSITIONL DENTITN	0.00	BY REPORT
D8030	LTD ORTHODONTIC TX ADOLES DENTITION	0.00	BY REPORT
D8040	LTD ORTHODONTIC TX ADULT DENTITION	0.00	BY REPORT
D8050	INTRCPTV ORTHODONT TX PRIM DENTITN	0.00	BY REPORT
D8060	INTRCPTV ORTHODONT TX TRNSITNL DENT	0.00	BY REPORT
D8070	COMP ORTHODONT TX TRNSITNL DENTITN	0.00	BY REPORT
D8080	COMP ORTHODONT TX ADOLES DENTITION	0.00	BY REPORT
D8090	COMP ORTHODONTIC TX ADULT DENTITION	0.00	BY REPORT
D8210	REMOVABLE APPLIANCE THERAPY	100.00	
D8220	FIXED APPLIANCE THERAPY	0.00	BY REPORT

OPERATING ENGINEERS HEALTH AND WELFARE FUND DENTAL PPO PLAN

OUT-OF-NETWORK FEE SCHEDULE

AS-OF 6/1/2017

D8660	PREORTHODONTIC TREATMENT VISIT	0.00	BY REPORT
D8670	PERIODIC ORTHODONTIC TX VISIT	0.00	BY REPORT
D8680	ORTHODONTIC RETENTION	0.00	BY REPORT
D8681	REMOVABLE ORTHODONTIC RETAINER ADJ	0.00	BY REPORT
D8690	ORTHODONTIC TREATMENT	0.00	BY REPORT
D8691	REPAIR OF ORTHODONTIC APPLIANCE	0.00	BY REPORT
D8692	REPLACEMENT LOST OR BROKEN RETAINER	0.00	BY REPORT
D8693	REBONDING/RECEMENTING FIXED RETAINR	0.00	BY REPORT
D8694	REPAIR FIX RETAINERS INCL REATTACH	0.00	BY REPORT
D8999	UNS ORTHODONTIC PROCEDURE BY REPORT	0.00	BY REPORT
D9110	PALLIATVE TX DENTAL PAIN-MINOR PROC	50.00	
D9120	FIXED PARTIAL DENTURE SECTIONING	156.00	
D9210	LOC ANES-NOT CONJUNC W/OP/SURG PROC	0.00	BY REPORT
D9211	REGIONAL BLOCK ANESTHESIA	0.00	BY REPORT
D9212	TRIGEMINAL DIVISION BLOCK ANES	0.00	BY REPORT
D9215	LOCAL ANESTH CONJUNCT OP/SURG PROC	0.00	BY REPORT
D9219	EVAL DEEP SEDATION/GEN ANESTHESIA	0.00	BY REPORT
D9223	DEEP SEDATION/GENERL ANES-EA 15 MIN	70.00	
D9230	INHAL NITROUS OXID/ANALG ANXIOLYSIS	35.00	
D9243	IV MOD SEDATION/ANALGESIA-EA 15 MIN	70.00	
D9248	NON-INTRAVENTOUS CONSCIOUS SEDATION	0.00	BY REPORT
D9310	CNSLT DX DENT/PHY NOT REQ DENT/PHY		
D9311	CONSULTATION W/MED HEALTH CARE PROF	0.00	BY REPORT
D9410	HOUSE/EXTENDED CARE FACILITY CALL	0.00	BY REPORT
D9420	HOSPITAL OR AMB SURG CENTER CALL	0.00	BY REPORT
D9430	OV OBS - NO OTH SERVICES PERFORMED	27.00	
D9440	OV-AFTER REGULARLY SCHEDULED HOURS	20.00	
D9450	CASE PRSATION DTL&EXT TX PLANNING	0.00	BY REPORT
D9610	TX PARENTRAL DRUG 1 ADMINISTRATION	0.00	BY REPORT
D9612	TX PARENTERAL RX 2/> ADMIN DIFF MED	0.00	BY REPORT
D9630	DRUGS/MEDICAMNTS DISP OFFC HOME USE	0.00	BY REPORT
D9910	APPLICATION DESENZT MEDICAMENT	0.00	BY REPORT
D9911	APPLIC DESENZT RSN CERV&/ROOT-TOOTH	0.00	BY REPORT
D9920	BEHAVIOR MANAGEMENT BY REPORT	0.00	BY REPORT
D9930	TX COMPS - UNUSUL CIRCUMSTANCES RPT	58.00	
D9932	CLEAN&INSPCT REMV CMPL DENTUR MAXIL	0.00	BY REPORT
D9933	CLEAN&INSPECT REMV CMPL DENTUR MAND	0.00	BY REPORT
D9934	CLEAN&INSPECT REMV PRT DENTUR MAXIL	0.00	BY REPORT
D9935	CLEAN&INSPECT REMV PART DENTUR MAND	0.00	BY REPORT
D9940	OCCLUSAL GUARD BY REPORT	100.00	
D9941	FABRICATION OF ATHLETIC MOUTHGUARD	0.00	BY REPORT
D9942	REPAIR &/ RELINE OF OCCLUSAL GUARD	0.00	BY REPORT
D9943	OCCLUSAL GUARD ADJUSTMENT	0.00	BY REPORT
D9950	OCCLUSION ANALYSIS - MOUNTED CASE	0.00	BY REPORT

OPERATING ENGINEERS HEALTH AND WELFARE FUND DENTAL PPO PLAN**OUT-OF-NETWORK FEE SCHEDULE**

AS-OF 6/1/2017

D9951	OCCLUSAL ADJUSTMENT - LIMITED	45.00	
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	0.00	BY REPORT
D9970	ENAMEL MICROABRASION	0.00	BY REPORT
D9971	ODONTPLSTY 1-2 TEETH;REMV ENAML PRJ	0.00	BY REPORT
D9972	EXTERNAL BLEACH-PER ARCH-PRFRM OFF	0.00	BY REPORT
D9973	EXTERNAL BLEACHING - PER TOOTH	0.00	BY REPORT
D9974	INTERNAL BLEACHING - PER TOOTH	0.00	BY REPORT
D9975	EXT BLEACH HOM APP-ARCH;MATL&TRAYS	0.00	BY REPORT
D9985	SALES TAX	0.00	BY REPORT
D9986	MISSED APPOINTMENT	0.00	BY REPORT
D9987	CANCELLED APPOINTMENT	0.00	BY REPORT
D9991	DENTAL CASE MGMT - ADR APPT CA BARR	0.00	BY REPORT
D9992	DENTAL CASE MGMT - CARE COORDINATN	0.00	BY REPORT
D9993	DENTAL CASE MGMT - MOTIVATIONL INTV	0.00	BY REPORT
D9994	D CASE MGMT-PT ED IMP OR H LITERACY	0.00	BY REPORT
D9999	UNS ADJUNCTIVE PROCEDURE REPORT	0.00	BY REPORT

v.20180724