

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

ADA CODE	ADA SHORT DESCRIPTION	PPO IN-NETWORK ALLOWANCE	BUSINESS EDIT NOTE
D0120	PERIODIC ORAL EVALUATION EST PT	\$35.00	
D0140	LTD ORAL EVALUATION - PROBLEM FOCUS	\$47.00	
D0145	ORL EVAL PT<3 YR CNSL PRIM CAREGIVR	\$58.00	
D0150	COMP ORAL EVALUATION - NEW/EST PT	\$48.00	
D0160	DTL&EXT ORAL EVAL - PROB FOCUS RPT	\$152.00	
D0170	RE-EVALUATION - LTD PROBLEM FOCUSED	\$41.00	
D0171	RE-EVALUATION-POST-OP OFFICE VISIT	\$41.00	
D0180	COMP PERIODONTAL EVAL - NEW/EST PT	\$58.75	
D0190	SCREENING OF A PATIENT	\$0.00	BY REPORT
D0191	ASSESSMENT OF A PATIENT	\$0.00	BY REPORT
D0210	INTRAORAL-CMPL SER RADIOGRAPH IMAGS	\$110.00	
D0220	IO-PERIAPICAL 1ST RADIOGRAPHIC IMAGE	\$20.00	
D0230	IO-PERIAPICAL EA ADD RADIOGRPH IMAG	\$16.00	
D0240	INTRAORAL-OCCLUSAL RADIOGRAPH IMAGE	\$26.00	
D0250	EXTRA-ORAL - 2D PROJECTION X-RAY	\$41.00	
D0251	EXTRA-ORAL POSTERIOR DENTAL X-RAY	\$0.00	NOT COVERED
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	\$20.00	
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	\$32.50	
D0273	BITEWINGS-THREE RADIOGRAPHIC IMAGES	\$38.00	
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	\$41.00	
D0277	VERT BITEWNGS - 7-8 RADIOGRAPH IMAG	\$57.00	
D0310	SIALOGRAPHY	\$361.00	
D0320	TMJ ARTHROGRAM INCLUDING INJ	\$0.00	BY REPORT
D0321	OTH TMJ FILMS BY REPORT	\$83.00	
D0322	TOMOGRAPHIC SURVEY	\$0.00	BY REPORT
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$67.00	
D0340	2D CEPHALOMET X-RAY-ACQN MSR&ANALY	\$78.00	
D0350	ORAL/FACIAL PHOTOGRAPH IMAGES IO/EO	\$129.00	
D0351	3D PHOTOGRAPHIC IMAGE	\$0.00	BY REPORT
D0360	CONE BEAM CT - CRANIOFACIAL DATA CAPTURE	\$0.00	BY REPORT
D0363	CONE BEAM 3D RECONST EXISTING DATA	\$0.00	BY REPORT
D0364	CONE BM CT CAP&INT LTD FD VW<1 W JW	\$258.00	
D0365	CONE BEAM CT 1 FULL DENT ARCH-MAND	\$258.00	
D0366	CONE BEAM CT 1 FULL DENT ARCH-MAX	\$258.00	
D0367	CONE BEAM CT CAP&INT FD VW BOTH JWS	\$258.00	
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	\$258.00	
D0391	IMAGE INTERPRETATION REPORT	\$0.00	BY REPORT
D0393	TX SIMULATION 3D IMAGE VOLUME	\$0.00	BY REPORT
D0395	FUSION 2/> 3D IMAG VOL 1/> MODAL	\$0.00	BY REPORT

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D0396	3D PRINT DENTAL SURFACE SCAN	\$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
D0431	ADJUNCT PREDX TST NO CYTOL/BX PROC	\$0.00	BY REPORT
D0460	PULP VITALITY TESTS	\$0.00	NOT COVER
D0470	DIAGNOSTIC CASTS	\$77.50	
D0472	ACCESS TISS-GROSS EXAM-PREP & REPRT	\$0.00	BY REPORT
D0473	ACCESS TISS-GROSS/MICRO-PREP/REPRT	\$109.00	
D0474	ACCESS TISS GR&MIC SURG MARG PREP/RPT	\$114.00	
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
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	\$71.25	
D1120	PROPHYLAXIS - CHILD	\$55.00	
D1206	TOPICAL APPLICATION FLUORIDE VARNISH	\$27.50	
D1208	TOPICAL APPLICATION OF FLUORIDE	\$28.75	
D1310	NUTRITION COUNSEL CONTROL DENTAL DZ	\$0.00	BY REPORT
D1320	TOBACCO CNSL CNTRL&PREVION ORL DZ	\$0.00	BY REPORT
D1330	ORAL HYGIENE INSTRUCTIONS	\$0.00	BY REPORT
D1351	SEALANT - PER TOOTH	\$38.75	
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	\$258.00	
D1515	SPACE MAINTAINER - FIXED-BILATERAL	\$258.00	
D1520	SPACE MAINTAINER - REMOVABLE-UNI	\$258.00	
D1551	RECEMENT BILAT SPACE MAINT MAX	\$44.00	
D1552	RECEMENT BILAT SPACE MAINT MAND	\$44.00	

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D1553	RECEMENT UNILATERAL SPACE MAINT QUAD	\$44.00	
D1556	REMOVE FIXED UNILATERAL MAINT QUAD	\$42.00	
D1557	REMOVE FIXED BILATERAL MAINT MAX	\$42.00	
D1558	REMOVE FIXED BILATERAL MAINT MAND	\$42.00	
D1575	DISTAL SHOE SPACE MAINT-FIXED-UNI	\$300.00	
D1999	UNS PREVENTIVE PROCEDURE BY REPORT	\$0.00	BY REPORT
D2140	AMALGAM-ONE SURFACE PRIMARY/PERM	\$83.75	
D2150	AMALGAM-TWO SURFACES PRIMARY/PERM	\$110.00	
D2160	AMALGAM-3 SURFACES PRIMARY/PERM	\$128.75	
D2161	AMALGAM-FOUR/MORE SURF PRIM/PERM	\$158.00	
D2330	RESIN-BASED COMPOSITE ONE SURF ANT	\$103.75	
D2331	RESIN-BASED COMPOSITE 2 SURFACE ANT	\$138.00	
D2332	RESIN-BASED COMPOSITE 3 SURFACE ANT	\$174.00	
D2335	RESIN COMP 4/> SURF INCISAL ANGLE	\$191.00	
D2390	RESIN COMPOS CROWN ANTERIOR	\$213.00	
D2391	RESIN COMPOS - 1 SURFACE POSTERIOR	\$103.75	
D2392	RESIN COMPOS - 2 SURFACES POSTERIOR	\$155.00	
D2393	RESIN COMPOS - 3 SURFACES POSTERIOR	\$193.75	
D2394	RESIN COMPOS - 4/MORE SURFACES POST	\$238.75	
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	\$309.00	
D2520	INLAY - METALLIC - TWO SURFACES	\$412.00	
D2530	INLAY - METALLIC - 3/MORE SURFACES	\$464.00	
D2542	ONLAY - METALLIC - TWO SURFACES	\$412.00	
D2543	ONLAY METALLIC THREE SURFACES	\$464.00	
D2544	ONLAY METALLIC FOUR OR MORE SURF	\$772.50	
D2620	INLAY - PORCELN/CERAMIC - 2 SURF	\$515.00	
D2630	INLAY - PORCELN/CERAM - 3/MORE SURF	\$580.00	
D2642	ONLAY - PORCELN/CERAMIC - 2 SURF	\$515.00	
D2643	ONLAY - PORCELN/CERAMIC - 3 SURF	\$580.00	
D2644	ONLAY - PORCELN/CERAM - 4/MORE SURF	\$802.00	
D2652	INLAY RESIN COMPOSITE 3/> SURFACES	\$437.50	
D2720	CROWN - RESIN WITH HIGH NOBLE METAL	\$470.00	
D2740	CROWN - PORCELAIN/CERAMIC SUBSTRATE	\$772.50	
D2750	CROWN - PORCELN FUSED HI NOBLE METL	\$875.00	
D2751	CROWN-PORCELN FUSD PREDOM BASE METL	\$772.50	
D2752	CROWN - PORCELAIN FUSED NOBLE METAL	\$772.50	
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	\$772.50	
D2790	CROWN - FULL CAST HIGH NOBLE METAL	\$772.50	
D2791	CROWN - FULL CAST PREDOM BASE METL	\$708.75	

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D2792	CROWN - FULL CAST NOBLE METAL	\$772.50	
D2799	PROV CROWN-TX/CMPL DX B4 FINAL IMP	\$0.00	NOT COVERED
D2910	RECEMENT INLAY ONLAY/PART COV REST	\$57.00	
D2915	RECEMENT CAST/PREFAB POST & CORE	\$57.00	
D2920	RECEMENT CROWN	\$57.00	
D2929	PREFAB PORC/CERAMC CROWN-PRIM TOOTH	\$0.00	NOT COVERED
D2930	PRFABR STAINLESS STEEL CROWN-PRIM	\$155.00	
D2931	PRFABR STAINLESS STEEL CROWN-PERM	\$181.00	
D2932	PREFABRICATED RESIN CROWN	\$186.00	
D2933	PRFABR STNLSS STEEL CROWN RSN WNDOW	\$206.00	
D2940	PROTECTIVE RESTORATION	\$0.00	NOT COVERED
D2950	CORE BUILDUP INCL PINS WHEN REQUIRE	\$151.00	
D2951	PIN RETN - PER TOOTH ADDITION REST	\$40.00	
D2952	POST & CORE ADD CROWN INDIRECT FAB	\$232.00	
D2954	PREFABR POST&CORE ADDITION CROWN	\$186.00	
D2955	POST REMOVAL	\$0.00	NOT COVERED
D2960	LABIAL VENEER RESIN LAM- CHAIRSIDE	\$322.50	
D2962	LABIAL VENEER - LABORATORY	\$708.75	
D2971	ADD PROC NEW CROWN XST PART DENTURE	\$0.00	NOT COVER
D2975	COPING	\$0.00	NOT COVERED
D2980	CROWN REPR NEC RESTORATV MATL FAIL	\$83.00	
D2991	HYDROXYAPATITE REGEN MED PER TOOTH	\$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	\$103.00	
D3221	PULPAL DEBRID PRIMARY&PERM TEETH	\$80.00	
D3230	PULPAL THERAPY - ANT PRIMARY TOOTH	\$65.00	
D3240	PULPAL THERAPY - POST PRIMARY TOOTH	\$65.00	
D3310	ENDODONTIC THERAPY ANTERIOR TOOTH	\$562.50	
D3320	ENDODONTIC THERAPY BICUSPID TOOTH	\$687.50	
D3330	ENODODONTIC THERAPY MOLAR	\$772.50	
D3331	TX RC OBSTRUCTION; NON-SURG ACCESS	\$163.00	
D3332	INCMPL ENDO TX;INOP UNRSTR/FX TOOTH	\$161.25	
D3333	INTRL ROOT REPAIR PERFORATION DEFEC	\$0.00	BY REPORT
D3346	RETX PREVIOUS RC THERAPY - ANTERIOR	\$515.00	
D3347	RETX PREVIOUS RC THERAPY - BICUSPID	\$643.75	
D3348	RETX PREVIOUS RC THERAPY - MOLAR	\$772.50	
D3351	APEX/RECALCIFICATION INITIAL VISIT	\$140.00	
D3352	APEX/RECALCIFICATN INTRM MED REPLAC	\$0.00	NOT COVERED
D3353	APEXIFICAT/RECALCIFICAT-FINAL VISIT	\$0.00	NOT COVERED
D3410	APICOECTOMY - ANTERIOR	\$547.50	

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ADA CODE	ADA SHORT DESCRIPTION	PPO IN-NETWORK ALLOWANCE	BUSINESS EDIT NOTE
D3421	APICOECTOMY - BICUSPID FIRST ROOT	\$580.00	
D3425	APICOECTOMY - MOLAR FIRST ROOT	\$676.25	
D3426	APICOECTOMY EACH ADDITIONAL ROOT	\$110.00	
D3428	BONE GRAFT PERIRADICULR SURG 1 SITE	\$250.00	
D3430	RETROGRADE FILLING - PER ROOT	\$150.00	
D3431	BIOL MATL TSS REGEN PERIRADICLR SRG	\$0.00	BY REPORT
D3432	GUIDE TISS REGEN PERIRADICULAR SURG	\$361.00	
D3450	ROOT AMPUTATION - PER ROOT	\$277.50	
D3471	SURGICAL ROOT RESORPTION REPAIR ANT	\$0.00	NOT COVERED
D3910	SURG PROC ISOLAT TOOTH W/RUBBER DAM	\$0.00	NOT COVERED
D3911	INTRAORIFICE BARRIER	\$0.00	NOT COVERED
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	\$320.00	
D4211	GINGIVECT/PLSTY 1-3CNTIG TEETH QUAD	\$248.00	
D4212	GING/GINGIVOPLASTY RES PROC-TOOTH	\$248.00	
D4231	ANAT CROWN EXP 1- 3 TEETH PER QUAD	\$0.00	BY REPORT
D4241	GINGL FLP 1-3 CNTIG/TOOTH BND QUAD	\$268.00	
D4245	APICALLY POSITIONED FLAP	\$361.00	
D4249	CLIN CROWN LEN - HARD TISSUE	\$290.00	
D4260	OSSEOUS SURG 4/> CNTIG TEETH QUAD	\$837.50	
D4261	OSSEOUS SURG 1-3 CNTIG TEETH QUAD	\$515.00	
D4263	BN REPL GR-RET NAT TT-1ST SITE QUAD	\$322.50	
D4264	BRG-RET NAT TOOTH-EA ADD SITE QUAD	\$207.00	
D4265	BIO MATL AID SFT&OSSEOUS TISS REGEN	\$0.00	NOT COVERED
D4266	GUID TISS REGEN-RESORB BARRIER-SITE	\$369.00	
D4267	GUID TISS REGEN-NONRESORB BARRIER	\$361.00	
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$490.00	
D4273	AUTOGEN CONNECTIVE TISS GRAFT PROC	\$490.00	
D4275	NON-AUTOGENOUS CONNECTIVE TISS GRFT	\$643.75	
D4277	FREE SFT TSS GFT 1ST T/EDNTULOUS T	\$628.00	
D4278	FREE ST GFT EA CNTG T/EDNT T SAME S	\$258.00	
D4283	AUTOGEN CONNECTIVE TISS GRAFT PROC	\$289.00	
D4285	NON-AUTOGEN CNCT TISSUE GRAFT PROC	\$155.00	
D4341	PRDNLT SCAL&ROOT PLAN 4/>TEETH-QUAD	\$165.00	
D4342	PRDONTAL SCAL&ROOT PLAN 1-3 TEETH	\$120.00	
D4346	SCALING PRES GEN MOD/SEV GING INF	\$174.00	
D4355	FULL MOUTH DEBRID COMP EVAL&DX	\$140.00	
D4381	LOC DEL ANTIM DZ CRVICUL TISS-TOOTH	\$0.00	NOT COVER
D4910	PERIODONTAL MAINTENANCE	\$103.75	
D4921	GINGIVAL IRRIGATION - PER QUADRANT	\$26.00	
D4999	UNSPEC PERIODONTAL PROCEDURE REPORT	\$0.00	BY REPORT

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ADA CODE	ADA SHORT DESCRIPTION	PPO IN-NETWORK ALLOWANCE	BUSINESS EDIT NOTE
D5110	COMPLETE DENTURE - MAXILLARY	\$1,114.00	
D5120	COMPLETE DENTURE - MANDIBULAR	\$1,114.00	
D5130	IMMEDIATE DENTURE - MAXILLARY	\$1,158.75	
D5140	IMMEDIATE DENTURE - MANDIBULAR	\$1,158.75	
D5211	MAXILLARY PARTIAL DENTUR RESIN BASE	\$800.00	
D5212	MANDIB PARTIAL DENTURE RESIN BASE	\$800.00	
D5213	MAX PART DENTUR-CAST METL W/RSN	\$1,270.00	
D5214	MAND PART DENTUR- CAST METL W/RSN	\$1,270.00	
D5221	IMMED MAXIL PART DENTURE-RESIN BASE	\$800.00	
D5222	IMMED MAND PART DENTURE-RESIN BASE	\$800.00	
D5223	IMMED MAXIL PRT DENTUR-CAST METL FW	\$1,334.00	
D5224	IMMED MAND PRT DENTURE-CAST METL FW	\$1,334.00	
D5225	MAXILLARY PARTIAL DENTURE FLEX BASE	\$1,110.00	
D5226	MANDIBULAR PART DENTURE FLEX BASE	\$1,110.00	
D5282	UNILAT PARTIAL DENTURE CAST METAL MAX	\$582.00	
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$47.00	
D5411	ADJUST COMPLETE DENTUR - MANDIBULAR	\$47.00	
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$47.00	
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$47.00	
D5511	REPAIR COMPLETE DENTURE BASE MAND	\$114.00	
D5512	REPAIR COMPLETE DENTURE BASE MAX	\$114.00	
D5520	REPL MISS/BROKEN TEETH-CMPL DENTUR	\$99.00	
D5611	REPAIR RESIN PARTIAL BASE MAND	\$106.00	
D5612	REPAIR RESIN PARTIAL BASE MAX	\$106.00	
D5621	REPAIR CAST PARTIAL FRAMEWORK MAND	\$123.00	
D5622	REPAIR CAST PARTIAL FRAMEWORK MAX	\$123.00	
D5630	REPR/REPLCE BROKEN CLASP-PER TOOTH	\$146.00	
D5640	REPLACE BROKEN TEETH - PER TOOTH	\$110.00	
D5650	ADD TOOTH EXISTING PARTIAL DENTURE	\$107.00	
D5660	ADD CLASP XST PRT DENTURE-PER TOOTH	\$145.00	
D5710	REBASE COMPLETE MAXILLARY DENTURE	\$318.00	
D5711	REBASE COMPLETE MANDIBULAR DENTURE	\$318.00	
D5720	REBASE MAXILLARY PARTIAL DENTURE	\$312.00	
D5721	REBASE MANDIBULAR PARTIAL DENTURE	\$312.00	
D5730	RELINE CMPL MAXIL DENTURE CHAIRSIDE	\$196.00	
D5731	RELINE COMPLETE MANDIBULAR DENTURE	\$196.00	
D5740	RELINE MAXIL PART DENTURE CHAIRSIDE	\$186.00	
D5741	RELINE MAND PART DENTURE CHAIRSIDE	\$186.00	
D5750	RELINE CMPL MAXIL DENTURE LAB	\$275.00	
D5751	RELINE CMPL MAND DENTURE LAB	\$275.00	
D5760	RELINE MAXIL PART DENTURE LAB	\$261.00	
D5761	RELINE MAND PART DENTURE LAB	\$261.00	

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D5810	INTERIM COMPLETE DENTURE MAXILLARY	\$0.00	NOT COVERED
D5820	INTERIM PARTIAL DENTURE MAXILLARY	\$359.00	
D5821	INTERIM PARTIAL DENTURE MANDIBULAR	\$359.00	
D5850	TISSUE CONDITIONING MAXILLARY	\$93.00	
D5851	TISSUE CONDITIONING MANDIBULAR	\$93.00	
D5862	PRECISION ATTACHMENT BY REPORT	\$128.75	
D5863	OVERDENTURE - COMPLETE MAXILLARY	\$682.50	
D5865	OVERDENTURE - COMPLETE MANDIBULAR	\$1,236.00	
D5866	OVERDENTURE - PARTIAL MANDIBULAR	\$1,158.75	
D5867	REPL PART SEMI-PRCISN/PRCISN ATTCH	\$103.00	
D5875	MOD REMV PROSTH FOLLOW IMPL SURG	\$268.00	
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
D5921	ORBITAL IMPLANT	\$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

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ADA CODE	ADA SHORT DESCRIPTION	PPO IN-NETWORK ALLOWANCE	BUSINESS EDIT NOTE
D5960	SPEECH AID PROSTHESIS MODIFICATION	\$0.00	BY REPORT
D5982	SURGICAL STENT	\$0.00	BY REPORT
D5993	MAINT CLEAN MFP OTH THAN REQ ADJ	\$0.00	BY REPORT
D5999	UNS MAXILLOFACIAL PROSTH BY REPORT	\$0.00	BY REPORT
D6010	SURG PLCMT IMPL BODY: ENDOSTEAL	\$1,475.00	
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	\$927.00	
D6051	INTERIM ABUTMENT	\$0.00	NOT COVERED
D6055	CONNECTING BAR IMPLANT/ABUT SUPPORT	\$309.00	
D6056	PREFAB ABUTMENT-INCL MOD & PLCMNT	\$442.00	
D6057	CUSTOM FAB ABUTMENT-INCL PLACEMENT	\$438.00	
D6058	ABUT SUPP PORCELN/CERAMIC CROWN	\$772.50	
D6059	ABUT PORCLN TO MTL CRWN HI NOBL MTL	\$772.50	
D6060	ABUT PORCLN TO METL CROWN BASE METL	\$772.50	
D6061	ABUT PORCLN TO MTL CROWN NOBLE MTL	\$772.50	
D6062	ABUT SUPP CAST MTL CRWN HI NOBL MTL	\$772.50	
D6065	IMPLANT SUPP PORCELN/CERAMIC CROWN	\$772.50	
D6066	IMPL SUPP PORCELN FUSED METAL CROWN	\$772.50	
D6067	IMPLANT SUPPORTED METAL CROWN	\$772.50	
D6068	ABUT SUPP RETAIN PORCELN/CERAM FPD	\$772.50	
D6069	ABUT RETN PORCLN MTL FPD HI NOBL MT	\$772.50	
D6070	ABUT RETN PORCLN METL FPD BASE METL	\$0.00	BY REPORT
D6071	ABUT SUPP RETN PORCLN FUSD METL FPD	\$772.50	
D6075	IMPLANT SUPP RETAIN CERAMIC FPD	\$0.00	BY REPORT
D6076	IMPL SUPP RETN PORCLN FUSD METL FPD	\$772.50	
D6080	IMPL MAINT PROC REMV REINSRT CLEAN	\$57.00	
D6081	SCAL & DEBR PRES INFL/MUCOSIT1 IMPL	\$165.00	
D6085	PROVISIONAL IMPLANT CROWN	\$0.00	BY REPORT
D6088	IMPLANT SUPPORTED TITANIUM CROWN	\$0.00	NOT COVER
D6089	RETORQUE LOOSE IMPLANT SCREW	\$57.00	
D6090	REPAIR IMPL SUPP PROSTH BY REPORT	\$0.00	BY REPORT
D6091	REPL IMPL/ABUT PROS PER ATTACHMENT	\$103.00	
D6092	RECEMENT IMPL/ABUT SUPPORTED CROWN	\$57.00	
D6096	REMOVE BROKEN IMPLANT RETAINING SCREW	\$0.00	BY REPORT
D6100	IMPLANT REMOVAL BY REPORT	\$289.00	
D6101	DEBR PRIIMPL DEF CLN EXPSD IMPL FLP	\$140.00	
D6102	DEBR&OSS CNTR PRIIMPL DEF;CLN SURF	\$0.00	BY REPORT
D6103	BONE GRAFT REPAIR PERI-IMPL DEFECT	\$351.00	
D6104	BONE GRAFT TIME IMPLANT PLACEMENT	\$258.00	
D6105	REMOVE IMPLANT, NO FLAP/BONE REMOVAL	\$0.00	NOT COVERED
D6106	GUIDED TISSUE REGEN RESORB IMPLANT	\$361.00	

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

ADA CODE	ADA SHORT DESCRIPTION	PPO IN-NETWORK ALLOWANCE	BUSINESS EDIT NOTE
D6107	GUIDED TISSUE REGEN NONRESORB IMPLANT	\$361.00	
D6110	IMPL/ABUT SUPP RMV D EDENT ARCH-MAX	\$1,236.00	
D6111	IMPL/ABUT SUPP RMV D EDENT ARCH-MND	\$1,236.00	
D6113	IMPL/ABUT SP RMV D PR EDNT ARCH-MND	\$618.00	
D6114	IMPL/ABUT SP FIXED D EDENT ARCH-MAX	\$1,258.00	
D6115	IMPL/ABUT SUP FIXD D EDENT ARCH-MND	\$1,258.00	
D6190	RADIOGRAPHIC/SURG IMPLANT INDX RPT	\$193.75	
D6191	SEMI-PRECISION ABUTMENT - PLACEMENT	\$268.00	
D6192	SEMI-PRECISION ATTACHMENT - PLACEMENT	\$103.00	
D6197	REPLACE IMPLANT ACCESS FILL MATERIAL	\$83.00	
D6199	UNSPEC IMPLANT PROCEDURE BY REPORT	\$0.00	NOT COVERED
D6210	PONTIC - CAST HIGH NOBLE METAL	\$812.50	
D6240	PONTIC-PORCELN FUSED HI NOBLE METL	\$772.50	
D6241	PONTIC-PORCLN FUSD PREDOM BASE METL	\$658.75	
D6242	PONTIC - PORCELN FUSED NOBLE METAL	\$641.25	
D6243	PONTIC PORCELAIN FUSED TO TITANIUM	\$0.00	NOT COVERED
D6245	PONTIC - PORCELAIN/CERAMIC	\$772.50	
D6250	PONTIC - RESIN W/HIGH NOBLE METAL	\$643.75	
D6252	PONTIC RESIN W/NOBLE METAL	\$530.00	
D6253	PRVS PONTIC-TX/CMPL DX NEC B4 F IMP	\$0.00	NOT COVERED
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
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
D6740	RETAINER CROWN - PORCELAIN/CERAMIC	\$772.50	

**OPERATING ENGINEERS HEALTH AND WELFARE FUND DENTAL PPO PLAN  
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ADA CODE	ADA SHORT DESCRIPTION	PPO IN-NETWORK ALLOWANCE	BUSINESS EDIT NOTE
D6750	RET CROWN-PORC FUSED HI NOBLE METL	\$772.50	
D6751	RET CROWN-PORC FUSED PDMT BASE METL	\$772.50	
D6752	RETNR CRWN-PORCELN FUSD NOBLE METAL	\$772.50	
D6790	RETNR CRWN-FULL CAST HI NOBLE METAL	\$772.50	
D6791	RETNR CRWN-FULL CAST PDMT BASE METL	\$708.75	
D6793	PRVS RET CRWN-TX/CMPL DX B4 FNL IMP	\$0.00	BY REPORT
D6930	RECEMENT FIXED PARTIAL DENTURE	\$83.00	
D6950	PRECISION ATTACHMENT	\$128.75	
D6980	FXD PRT DNTR REPR NEC RSTRTV MTL FL	\$364.00	
D6999	UNSPEC FIX PROSTHODONTIC PROC BR	\$100.00	
D7111	XTRCT CORONL RMNNTS DECIDUOUS TOOTH	\$82.00	
D7140	EXTRAC ERUPTED TOOTH/EXPOSED ROOT	\$120.00	
D7210	EXTN ERU TT RQR REMV BONE &/SECT TT	\$180.00	
D7220	REMOVAL IMPACT TOOTH - SOFT TISSUE	\$234.00	
D7230	REMOVAL IMPACT TOOTH - PARTLY BONY	\$287.50	
D7240	REMOVAL IMPACTED TOOTH - CMPL BONY	\$325.00	
D7241	REMV IMP TOOTH-CMPL BNY W/SURG COMP	\$355.00	
D7250	REMOVAL OF RESIDUAL TOOTH ROOTS	\$193.00	
D7251	CORONECTOMY PARTIAL TOOTH REMOVAL	\$425.00	
D7260	OROANTRAL FISTULA CLOSURE	\$386.25	
D7261	PRIMARY CLOSURE SINUS PERFORATION	\$386.25	
D7280	EXPOSURE OF AN UNERUPTED TOOTH	\$322.50	
D7282	MOBILZ ERUPT/MALPSTN TOOTH AID ERUP	\$760.00	
D7283	PLCMT DEVC FACL ERUPT IMPACT TOOTH	\$200.00	
D7285	BIOPSY OF ORAL TISSUE HARD	\$186.25	
D7286	BIOPSY OF ORAL TISSUE SOFT	\$157.00	
D7290	SURGICAL REPOSITIONING OF TEETH	\$0.00	BY REPORT
D7295	HARVEST BONE USE AUTOGEN GRAFT PROC	\$0.00	BY REPORT
D7296	CORTICOTOMY 1-3 TEETH PER QUAD	\$0.00	BY REPORT
D7310	ALVEOLOPLASTY W/EXT 4/> TEETH/SPACE	\$182.00	
D7311	ALVEOLOPLSTY CONJNC XTRCT 1-3 TEETH	\$92.00	
D7320	ALVEOLOPLASTY NO EXT 4/> TEETH/SPAC	\$220.00	
D7321	ALVEOLOPLSTY NOT W/XTRCT 1-3 TEETH	\$155.00	
D7350	VESTBULPLSTY RIDGE EXT SFT TISS GFT	\$257.50	
D7410	EXCISION BENIGN LESION TO 1.25 CM	\$155.00	
D7411	EXCISION OF BENIGN LESION > 1.25 CM	\$247.50	
D7450	REMV BEN ODONTOGNIC TUMR-TO 1.25 CM	\$236.00	
D7451	REMV BEN ODONTOGNIC TUMR >1.25 CM	\$335.00	
D7460	REMV BEN NONODONTGN TUMR-TO 1.25 CM	\$238.00	
D7461	REMV BEN NONODONTOGNIC TUMR>1.25 CM	\$335.00	
D7465	DESTRUCT LES PHYS/CHEM METH BY RPRT	\$0.00	BY REPORT
D7472	REMOVAL OF TORUS PALATINUS	\$618.00	

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

ADA CODE	ADA SHORT DESCRIPTION	PPO IN-NETWORK ALLOWANCE	BUSINESS EDIT NOTE
D7473	REMOVAL OF TORUS MANDIBULARIS	\$277.50	
D7510	I&D ABSCESS-INTRAORAL SOFT TISS	\$110.00	
D7511	I & D ABSC INTRAORAL SOFT TISS COMP	\$155.00	
D7520	I&D ABSC EXTRAORAL SOFT TISS	\$128.00	
D7521	I & D ABSC XTRAORAL SOFT TISS COMP	\$0.00	BY REPORT
D7530	REMV FB MUCOS SKN/SUBQ ALVEOL TISS	\$155.00	
D7540	REMV REACT-PRODUC FB MUSCLOSKELE SYS	\$0.00	BY REPORT
D7550	PART OSTEC/SEQECT REMV NON-VITAL BN	\$222.00	
D7610	MAXILLA-OPEN REDUCTION	\$1,002.00	
D7620	MAXILLA-CLOSED REDUCTION	\$836.00	
D7630	MANDIBLE-OPEN REDUCTION	\$1,002.00	
D7640	MANDIBLE-CLOSED REDUCTION	\$836.00	
D7650	MALAR&/ZYGO ARCH-OPEN REDUCTION	\$557.00	
D7660	MALAR&/ZYGO ARCH-CLOSED REDUCTION	\$351.00	
D7670	ALVEOLUS-CLS RDUC INC STABIL TEETH	\$307.00	
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	\$938.00	
D7720	MAXILLA CLOSED REDUCTION	\$701.00	
D7730	MANDIBLE OPEN REDUCTION	\$938.00	
D7740	MANDIBLE CLOSED REDUCTION	\$670.00	
D7750	MALR&/ZYGOMATIC ARCH-OPEN RDUC	\$670.00	
D7760	MALAR&/ZYGO ARCH CLOSED REDUCTION	\$515.00	
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	\$90.00	
D7830	MANIPULATION UNDER ANESTHESIA	\$90.00	
D7840	CONDYLECTOMY	\$680.00	
D7850	SURGICAL DISCECTOMY W/WO IMPLANT	\$680.00	
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

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

ADA CODE	ADA SHORT DESCRIPTION	PPO IN-NETWORK ALLOWANCE	BUSINESS EDIT NOTE
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
D7910	SUTURE RECENT SMALL WOUNDS UP 5 CM	\$106.00	
D7921	COLLECT&APPLIC AUTO BLOOD CONC PROD	\$412.00	
D7922	PLACE INTRA-SOCKET BIOLOGIC DRESSING	\$0.00	NOT COVERED
D7940	OSTEOPLASTY - ORTHOGNATHIC DEFORM	\$938.00	
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	\$1,687.00	
D7951	SINUS AUG BONE/BONE SUBST LAT OPN	\$1,200.00	
D7952	SINUS AUGMENTATION VERTICAL APPR	\$1,200.00	
D7953	BONE REPLCMT GRAFT RIDGE PRES -SITE	\$312.50	
D7955	REPR MAXLOFACL SOFT&/HARD TISS DFCT	\$0.00	BY REPORT
D7956	GUIDED TISSUE REGEN EDENT RESORB	\$361.00	
D7957	GUIDED TISSUE REGEN EDENT NONRESORB	\$361.00	
D7961	BUCCAL/LABIAL FRENECTOMY	\$257.50	
D7962	LINGUAL FRENECTOMY	\$257.50	
D7963	FRENULOPLASTY	\$227.00	
D7970	EXC HYPERPLASTIC TISSUE-PER ARCH	\$232.00	
D7971	EXCISION OF PERICORONAL GINGIVA	\$115.00	
D7972	SURGICAL RDOC FIBROUS TUBEROSITY	\$110.00	
D7979	NON - SURGICAL SIALOLITHOTOMY	\$0.00	BY REPORT
D7980	SIALOLITHOTOMY	\$0.00	BY REPORT
D7981	EXCISION SALIVARY GLAND BY REPORT	\$330.00	
D7982	SIALODOCHOPLASTY	\$0.00	BY REPORT
D7983	CLOSURE OF SALIVARY FISTULA	\$0.00	BY REPORT
D7990	EMERGENCY TRACHEOTOMY	\$376.00	
D7991	CORONOIDECTOMY	\$0.00	BY REPORT
D7994	SURGICAL PLACEMENT: ZYGOMATIC IMPLANT	\$1,500.00	
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

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

ADA CODE	ADA SHORT DESCRIPTION	PPO IN-NETWORK ALLOWANCE	BUSINESS EDIT NOTE
D8010	LTD ORTHODONT TX PRIMARY DENTITION	\$0.00	BY REPORT
D8020	LTD ORTHODONT TX TRNSITIONL DENTITN	\$0.00	BY REPORT
D8040	LTD ORTHODONTIC TX ADULT DENTITION	\$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	\$279.00	
D8220	FIXED APPLIANCE THERAPY	\$0.00	BY REPORT
D8660	PREORTHODONTIC TREATMENT VISIT	\$0.00	BY REPORT
D8670	PERIODIC ORTHODONTIC TX VISIT	\$0.00	BY REPORT
D8680	ORTHODONTIC RETENTION	\$0.00	BY REPORT
D8695	REMOVE FIXED ORTHODONTIC APPLIANCE	\$0.00	BY REPORT
D8699	RE-CEMENT/RE-BOND FIXED RETAINER MAND	\$0.00	NOT COVERED
D8703	REPLACE LOST/BROKEN RETAINER MAX	\$0.00	NOT COVERED
D9110	PALLIATVE TX DENTAL PAIN-MINOR PROC	\$66.00	
D9120	FIXED PARTIAL DENTURE SECTIONING	\$215.00	
D9130	TMJ DYSFUNCTION NON-INVASIVE THERAPY	\$0.00	NOT COVERED
D9210	LOC ANES-NOT CONJUNC W/OP/SURG PROC	\$0.00	BY REPORT
D9215	LOCAL ANESTH CONJUNCT OP/SURG PROC	\$0.00	BY REPORT
D9222	DEEP SEDATION/GENERAL ANES 15 MIN	\$137.00	
D9223	DEEP SEDATION/GENERL ANES-EA 15 MIN	\$135.00	
D9230	INHAL NITROUS OXID/ANALG ANXIOLYSIS	\$70.00	
D9239	IV MOD SEDATION FIRST 15 MIN	\$98.00	
D9243	IV MOD SEDATION/ANALGESIA-EA 15 MIN	\$97.00	
D9244	MINIMAL SEDATION SINGLE DRUG ENTERAL	\$0.00	BY REPORT
D9245	ADMIN OF MOD SEDATION – ENTERAL	\$0.00	BY REPORT
D9246	MOD SEDATION NON-IV FIRST 15 MIN	\$0.00	BY REPORT
D9247	MOD SEDATION NON-IV EACH 15 MIN	\$0.00	BY REPORT
D9310	CNSLT DX DENT/PHY NOT REQ DENT/PHY	\$73.00	
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	\$40.00	
D9440	OV-AFTER REGULARLY SCHEDULED HOURS	\$86.00	
D9450	CASE PRSATION DTL&EXT TX PLANNING	\$0.00	BY REPORT
D9610	TX PARENTAL DRUG 1 ADMIN	\$0.00	BY REPORT
D9612	TX PARENTERAL RX 2/> ADMIN DIFF MED	\$0.00	BY REPORT
D9613	SUSTAINED RELEASE DRUG PER QUADRANT	\$0.00	NOT COVER
D9630	DRUGS/MEDICAMNTS DISP OFFC HOME USE	\$26.00	
D9910	APPLICATION DESENZT MEDICAMENT	\$0.00	BY REPORT
D9911	APPLIC DESENZT RSN CERV&/ROOT-TOOTH	\$0.00	BY REPORT
D9930	TX COMPS - UNUSUL CIRCUMSTANCES RPT	\$40.00	

