

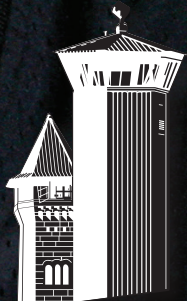
# CCPOA PRIMARY DENTAL

CCPOA's Fee-for-Service



## Procedure Code List

Effective May 2016



We have provided these payment allowances for informational purposes only and not as a guarantee of payment.

All claims for dental services are subject to review for medical necessity as well as other provisions and limitations of the Program. In addition, benefit payments are subject to the Program deductibles and co-insurance levels.

Covered dental services and supplies are only payable for Employees and Dependents eligible for this Dental program when dental services rendered.

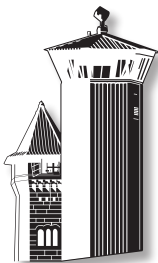
This response to your request for Program allowances does not provide an extension of eligibility nor does it guarantee the Employee or Dependent is eligible under the Program at the time of your request.

If you have any questions, please contact our Customer Service department.

# **We've Got You Covered.**

## **1-800-In-Unit-6**

**1-800-468-6486**



**CCPOA  
Benefit Trust Fund**

2515 Venture Oaks Way, Suite 200  
Sacramento, CA 95833-4235

**[www.ccpoabtf.org](http://www.ccpoabtf.org)**

## PREVENTIVES

NUMBER	DESCRIPTION	COST
<b>D0120</b>	Periodic Oral Evaluation	\$47.00
<b>D0140</b>	Limited Oral Evaluation	\$71.00
<b>D0150</b>	Comprehensive Oral Evaluation - New or Established Patient	\$83.00
<b>D0160</b>	Detailed and Extensive Oral Evaluation - Problem Focused, by Report	\$149.00
<b>D0170</b>	Re-Evaluation - Limited, Problem Focused (Established Patient; Not Post-Operative Visit)	\$67.00
<b>D0180</b>	Comprehensive Periodontal Evaluation	\$89.00
<b>D0210</b>	Intraoral - Complete Series (Including Bitewings)	\$126.00
<b>D0220</b>	Intraoral - Periapical First Film	\$27.00
<b>D0230</b>	Intraoral - Periapical Each Additional Film	\$23.00
<b>D0240</b>	Intraoral - Occlusal Film	\$40.00
<b>D0250</b>	Extraoral - First Film	\$62.00
<b>D0270</b>	Bitewing - Single Film	\$27.00
<b>D0272</b>	Bitewings - Two Films	\$43.00
<b>D0274</b>	Bitewings - Four Films	\$62.00
<b>D0277</b>	Vertical Bitewings - 7 to 8 Films	\$94.00
<b>D0290</b>	Posterior-Anterior or Lateral Skull and Facial Bone Survey Film	\$131.00
<b>D0330</b>	Panoramic Film	\$106.00
<b>D0340</b>	Cephalometric Film	\$119.00
<b>D0350</b>	Oral/Facial images (Includes Intra and Extraoral Images)	\$68.00
<b>D0415</b>	Bacteriologic Studies for the Determination of Pathologic Agents	\$172.00
<b>D0425</b>	Caries Susceptibility Tests	\$90.00
<b>D0460</b>	Pulp Vitality Test	\$53.00
<b>D0470</b>	Diagnostic Casts	\$103.00
<b>D0472</b>	Accession of Tissue Gross Examination, Preparation and Transmission of Written Report	\$113.00
<b>D0473</b>	Accession of Tissue Gross and Microscopic Examination, Preparation and Transmission of Written Report	\$157.00

**PREVENTIVES**

<b>NUMBER</b>	<b>DESCRIPTION</b>	<b>COST</b>
<b>D0474</b>	Accession of Tissue, Gross and Microscopic Examination, including Assessment of Surgical Margins	\$175.00
<b>D0480</b>	Processing and Interpretation of Cytologic Smears, including the Preparation and Transmission	\$171.00
<b>D0502</b>	Other Oral Pathology Procedures, by Report	\$170.00
<b>D1110</b>	Prophylaxis - Adult	\$87.00
<b>D1120</b>	Prophylaxis - Child	\$65.00
<b>D1206</b>	Topical Application of Flouride Varnish	\$40.00
<b>D1351</b>	Sealant - Per Tooth	\$51.00
<b>D1510</b>	Space Maintainer-fixed-unilateral.	\$309.00
<b>D1515</b>	Space Maintainer - Fixed- Bilateral	\$420.00
<b>D1520</b>	Space Maintainer - Removable- Unilateral	\$383.00
<b>D1525</b>	Space Maintainer –Removable-Bilateral	\$481.00
<b>D1550</b>	Re-Cementation of Space Maintainer	\$79.00

**RESTORATIVES**

<b>D2140</b>	Amalgam - One Surface, Primary or Permanent	\$119.00
<b>D2150</b>	Amalgam - Two Surfaces, Primary or Permanent	\$151.00
<b>D2160</b>	Amalgam - Three Surfaces, Primary or Permanent	\$185.00
<b>D2161</b>	Amalgam - Four or More Surfaces, Primary or Permanent	\$218.00
<b>D2330</b>	Resin-Based Composite - One Surface, Anterior	\$140.00
<b>D2331</b>	Resin-Based Composite - Two Surfaces, Anterior	\$175.00
<b>D2332</b>	Resin-Based Composite - Three Surfaces, Anterior	\$212.00
<b>D2335</b>	Resin-Based Composite - Four or More Surfaces OR Involving Incisal Angle (Anterior)	\$266.00
<b>D2390</b>	Resin-Based Composite Crown, Anterior	\$385.00
<b>D2391</b>	Resin-Based Composite - One Surface, Posterior	\$152.00

**RESTORATIVES**

<b>NUMBER</b>	<b>DESCRIPTION</b>	<b>COST</b>
<b>D2392</b>	Resin-Based Composite - Two Surfaces, Posterior	\$198.00
<b>D2393</b>	Resin-Based Composite - Three Surfaces, Posterior	\$248.00
<b>D2394</b>	Resin-Based Composite - Four or More Surfaces, Posterior	\$297.00
<b>D2410</b>	Gold Foil - One Surface	\$474.00
<b>D2420</b>	Gold Foil - Two Surfaces	\$535.00
<b>D2430</b>	Gold Foil - Three Surfaces	\$608.00
<b>D2510</b>	Inlay - Metallic - One Surface	\$634.00
<b>D2520</b>	Inlay - Metallic - Two Surfaces	\$688.00
<b>D2530</b>	Inlay - Metallic - Three or More Surfaces	\$744.00
<b>D2542</b>	Onlay - Metallic - Two Surfaces	\$766.00
<b>D2543</b>	Onlay - Metallic - Three Surfaces	\$794.00
<b>D2544</b>	Onlay - Metallic - Four or More Surfaces	\$825.00
<b>D2610</b>	Inlay - Porcelain/Ceramic - One Surface	\$693.00
<b>D2620</b>	Inlay - Porcelain/Ceramic - Two Surface	\$734.00
<b>D2630</b>	Inlay - Porcelain/Ceramic - Three or More Surfaces	\$773.00
<b>D2642</b>	Onlay - Porcelain/Ceramic - Two Surfaces	\$791.00
<b>D2643</b>	Onlay - Porcelain/Ceramic - Three Surfaces	\$818.00
<b>D2644</b>	Onlay - Porcelain/Ceramic - Four or More Surfaces	\$838.00
<b>D2650</b>	Inlay - Resin Based Composite - One Surface	\$661.00
<b>D2651</b>	Inlay - Resin Based Composite - Two Surfaces	\$683.00
<b>D2652</b>	Inlay - Resin Based Composite - Three or More Surfaces	\$713.00
<b>D2662</b>	Onlay - Resin Based Composite - Two Surfaces	\$738.00
<b>D2663</b>	Onlay - Resin Based Composite - Three Surfaces	\$755.00
<b>D2664</b>	Onlay - Resin Based Composite - Four or More Surfaces	\$780.00

**RESTORATIVES**

<b>NUMBER</b>	<b>DESCRIPTION</b>	<b>COST</b>
<b>D2710</b>	Crown - Resin (Indirect)	\$698.00
<b>D2720</b>	Crown - Resin with High Noble Metal	\$830.00
<b>D2721</b>	Crown - Resin with Predominantly Base Metal	\$790.00
<b>D2722</b>	Crown - Resin with Noble Metal	\$810.00
<b>D2740</b>	Crown - Porcelain/Ceramic Substrate	\$881.00
<b>D2750</b>	Crown - Porcelain Fused to High Noble Metal	\$853.00
<b>D2751</b>	Crown - Porcelain Fused to Predominantly Base Metal	\$796.00
<b>D2752</b>	Crown - Porcelain Fused to Noble Metal	\$826.00
<b>D2780</b>	Crown - 3/4 Cast, High Noble Metal	\$838.00
<b>D2781</b>	Crown - 3/4 Cast, Predominantly Base Metal	\$819.00
<b>D2782</b>	Crown - 3/4 Cast, Noble Metal	\$826.00
<b>D2783</b>	Crown - Porcelain/Ceramic	\$861.00
<b>D2790</b>	Crown - Full Cast, High Noble Metal	\$848.00
<b>D2791</b>	Crown - Full Cast, Predominantly Base Metal	\$776.00
<b>D2792</b>	Crown - Full Cast, Noble Metal	\$812.00
<b>D2799</b>	Provisional Crown	\$336.00
<b>D2910</b>	Re-Cement Inlay	\$82.00
<b>D2920</b>	Re-Cement Crown	\$83.00
<b>D2930</b>	Prefabricated Stainless Steel Crown - Primary Tooth	\$210.00
<b>D2931</b>	Prefabricated Stainless Steel Crown - Permanent Tooth	\$252.00
<b>D2932</b>	Prefabricated Resin Crown	\$274.00
<b>D2933</b>	Prefabricated Stainless Steel Crown with Resin Window	\$285.00
<b>D2940</b>	Sedative Filling	\$88.00
<b>D2950</b>	Core Buildup, Including any Pins	\$210.00
<b>D2951</b>	Pin Retention - Per Tooth, in Addition to Restoration	\$54.00
<b>D2952</b>	Cast Post and Core in Addition to Crown	\$326.00

<b>RESTORATIVES</b>		
<b>NUMBER</b>	<b>DESCRIPTION</b>	<b>COST</b>
<b>D2953</b>	Each Additional Cast Post - Same Tooth	\$235.00
<b>D2954</b>	Prefabricated Post and Core in Addition to Crown	\$262.00
<b>D2955</b>	Post Removal (Not in Conjunction with Endodontic Therapy)	\$224.00
<b>D2957</b>	Each Additional Prefabricated Post - Same Tooth	\$150.00
<b>D2960</b>	Labial Veneer (Resin Laminate) - Chairside	\$501.00
<b>D2961</b>	Labial Veneer (Resin Laminate) - Laboratory	\$754.00
<b>D2962</b>	Labial Veneer (Porcelain Laminate) - Laboratory	\$881.00
<b>D2980</b>	Crown Repair by Report	\$225.00
<b>ENDODONTICS</b>		
<b>D3220</b>	Therapeutic Pulpotomy (Excluding Final Restoration) Removal of Pulp Coronal to the Dentinocemental Junction	\$171.00
<b>D3221</b>	Pulp Debridement, Primary and Permanent Teeth	\$194.00
<b>D3230</b>	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)	\$232.00
<b>D3240</b>	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	\$266.00
<b>D3310</b>	Anterior (Excluding Final Restoration)	\$632.00
<b>D3320</b>	Bicuspid (Excluding Final Restoration)	\$735.00
<b>D3330</b>	Molar (Excluding Final Restoration)	\$887.00
<b>D3331</b>	Treatment of Root Canal Obstruction; Non-Surgical Access	\$486.00
<b>D3332</b>	Incomplete Endodontic Therapy; Inoperable or Fractured Tooth	\$376.00
<b>D3333</b>	Internal Root Repair of Perforation Defects	\$279.00
<b>D3346</b>	Retreatment of Previous Root Canal Therapy - Anterior	\$732.00
<b>D3347</b>	Retreatment of Previous Root Canal Therapy - Bicuspid	\$833.00
<b>D3348</b>	Retreatment of Previous Root Canal Therapy - Molar	\$991.00
<b>D3351</b>	Apexification/Recalcification - Initial Visit (Apical Closure/Calcific Repair of Perforations, Root Resorption)	\$307.00

**ENDODONTICS**

<b>NUMBER</b>	<b>DESCRIPTION</b>	<b>COST</b>
<b>D3352</b>	Apexification/Recalcification - Interim Medication Replacement (Apical Closure/ Calcific Repair of Perforations, Root Resorption, etc.)	\$219.00
<b>D3353</b>	Apexification/Recalcification - Final Visit (Includes Completed Root Canal Therapy Apical Closure)	\$463.00
<b>D3410</b>	Apicoectomy/Periradicular Surgery - Anterior	\$599.00
<b>D3421</b>	Apicoectomy/Periradicular Surgery - Bicuspid (First Root)	\$670.00
<b>D3425</b>	Apicoectomy/Periradicular Surgery - Molar (First Root)	\$758.00
<b>D3426</b>	Apicoectomy/Periradicular Surgery - (Each Additional Root)	\$330.00
<b>D3430</b>	Retrograde Filling - Per Root	\$238.00
<b>D3450</b>	Root Amputation - Per Root	\$419.00
<b>D3920</b>	Hemisection (Including any Root Removal,) Not Including Root Canal Therapy	\$404.00

**PERIODONTICS**

<b>D4210</b>	Gingivectomy or Gingivoplasty - Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	\$546.00
<b>D4211</b>	Gingivectomy or Gingivoplasty - One to Three Teeth Per Quadrant	\$236.00
<b>D4240</b>	Gingival Flap Procedure, Including Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	\$635.00
<b>D4241</b>	Gingival Flap Procedure, Including Root Planing - One to Three Teeth Per Quadrant	\$533.00
<b>D4245</b>	Apically Positioned Flap	\$718.00
<b>D4249</b>	Clinical Crown Lengthening - Hard Tissue	\$643.00
<b>D4260</b>	Osseous Surgery (Including Flap Entry and Closure) - Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	\$918.00
<b>D4261</b>	Osseous Surgery (Including Flap Entry and Closure) - One to Three Teeth, Per Quadrant	\$748.00
<b>D4263</b>	Bone Replacement Graft - First Site in Quadrant	\$567.00
<b>D4264</b>	Bone Replacement Graft - Each Additional Site in Quadrant	\$433.00
<b>D4265</b>	Biologic Materials to Aid in Soft and Osseous Tissue Regeneration	\$448.00



<b>ENDODONTICS</b>		
<b>NUMBER</b>	<b>DESCRIPTION</b>	<b>COST</b>
<b>D4266</b>	Guided Tissue Regeneration - Resorbable Barrier, Per Site	\$708.00
<b>D4267</b>	Guided Tissue Regeneration - Nonresorbable Barrier, Per Site (Includes Membrane Removal)	\$815.00
<b>D4268</b>	Surgical Revision Procedure, Per Tooth	\$703.00
<b>D4270</b>	Pedicle Soft Tissue Graft Procedure	\$716.00
<b>D4273</b>	Subepithelial Connective Tissue Graft Procedures	\$922.00
<b>D4275</b>	Soft Tissue Allograft	\$840.00
<b>D4276</b>	Combined Connective Tissue and Double Pedicle Graft	\$943.00
<b>D4321</b>	Provisional Splinting Extracoronary	\$398.00
<b>D4341</b>	Periodontal Scaling and Root Planing - Four or More Contiguous Teeth or Bounded Teeth Space	\$221.00
<b>D4342</b>	Periodontal Scaling and Root Planing - One to Three Teeth, Per Quadrant	\$156.00
<b>D4910</b>	Periodontal Maintenance	\$121.00
<b>PROSTHODONTICS</b>		
<b>D5110</b>	Complete Denture - Maxillary	\$1,300.00
<b>D5120</b>	Complete Denture - Mandibular	\$1,301.00
<b>D5130</b>	Immediate Denture - Maxillary	\$1,388.00
<b>D5140</b>	Immediate Denture - Mandibular	\$1,394.00
<b>D5211</b>	Maxillary Partial Denture - Resin Base (Including any Conventional Clasps, Rests and Teeth)	\$1,007.00
<b>D5212</b>	Mandibular Partial Denture - Resin Base (Including any Conventional Clasps, Rests and Teeth)	\$1,007.00
<b>D5213</b>	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)	\$1,359.00
<b>D5214</b>	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)	\$1,363.00

## PERIODONTICS

NUMBER	DESCRIPTION	COST
<b>D5281</b>	Removable Unilateral Partial Denture One Piece Cast Metal (Including Clasps and Teeth)	\$760.00
<b>D5410</b>	Adjust Complete Denture - Maxillary	\$69.00
<b>D5411</b>	Adjust Complete Denture - Mandibular	\$68.00
<b>D5421</b>	Adjust Partial Denture - Maxillary	\$68.00
<b>D5422</b>	Adjust Partial Denture - Mandibular	\$69.00
<b>D5510</b>	Repair Broken Complete Denture Base	\$160.00
<b>D5520</b>	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	\$144.00
<b>D5610</b>	Repair Resin Denture Base	\$159.00
<b>D5620</b>	Repair Cast Framework	\$229.00
<b>D5630</b>	Repair or Replace Broken Clasp	\$206.00
<b>D5640</b>	Replace Broken Teeth - Per Tooth	\$142.00
<b>D5650</b>	Add Tooth to Existing Partial Denture	\$172.00
<b>D5660</b>	Add Clasp to Existing Partial Denture	\$210.00
<b>D5670</b>	Replace All Teeth and Acrylic on Cast Metal Framework (Maxillary)	\$550.00
<b>D5671</b>	Replace All Teeth and Acrylic on Cast Metal Framework (Mandibular)	\$553.00
<b>D5710</b>	Rebase Complete Maxillary Denture	\$458.00
<b>D5711</b>	Rebase Complete Mandibular Denture	\$458.00
<b>D5720</b>	Rebase Maxillary Partial Denture	\$436.00
<b>D5721</b>	Rebase Mandibular Partial Denture	\$436.00
<b>D5730</b>	Reline Complete Maxillary Denture (Chairside)	\$292.00
<b>D5731</b>	Reline Complete Mandibular Denture (Chairside)	\$291.00
<b>D5740</b>	Reline Maxillary Partial Denture (Chairside)	\$281.00
<b>D5741</b>	Reline Mandibular Partial Denture (Chairside)	\$286.00
<b>D5750</b>	Reline Complete Maxillary Denture (Laboratory)	\$366.00
<b>D5751</b>	Reline Complete Mandibular Denture (Laboratory)	\$367.00

## PROSTHODONTICS

NUMBER	DESCRIPTION	COST
<b>D5760</b>	Reline Maxillary Partial Denture (Laboratory)	\$362.00
<b>D5761</b>	Reline Mandibular Partial Denture (Laboratory)	\$362.00
<b>D5820</b>	Interim Partial Denture (Maxillary)	\$525.00
<b>D5821</b>	Interim Partial Denture (Mandibular)	\$525.00
<b>D5850</b>	Tissue Conditioning, Maxillary	\$156.00
<b>D5851</b>	Tissue Conditioning, Mandibular	\$158.00
<b>D5863</b>	Overdenture - Complete Maxillary	\$1593.00
<b>D5864</b>	Overdenture - Partial Maxillary	\$1558.00
<b>D5865</b>	Overdenture - Complete Mandibular	\$1593.00
<b>D5866</b>	Overdenture - Partial Mandibular	\$1558.00
<b>D5867</b>	Replacement of Replaceable Part of Semi-Precision or Precision Attachment (Male or Female)	\$287.00
<b>D5875</b>	Modification of Removable Prosthesis Following Implant Surgery	\$303.00
<b>D6210</b>	Pontic - Cast High Noble Metal	\$838.00
<b>D6211</b>	Pontic - Cast Predominantly Base Metal	\$789.00
<b>D6212</b>	Pontic - Cast Noble Metal	\$812.00
<b>D6240</b>	Pontic - Porcelain Fused to High Noble Metal	\$853.00
<b>D6241</b>	Pontic - Porcelain Fused to Predominantly Base Metal	\$794.00
<b>D6242</b>	Pontic - Porcelain Fused to Noble Metal	\$826.00
<b>D6245</b>	Pontic - Porcelain/Ceramic	\$873.00
<b>D6250</b>	Pontic - Resin with High Noble Metal	\$837.00
<b>D6251</b>	Pontic - Resin with Predominantly Base Metal	\$822.00
<b>D6252</b>	Pontic - Resin with Noble Metal	\$830.00
<b>D6253</b>	Provisional Pontic	\$547.00
<b>D6545</b>	Retainer - Cast Metal for Resin Bonded Fixed Prosthesis	\$630.00

**PROSTHODONTICS**

<b>NUMBER</b>	<b>DESCRIPTION</b>	<b>COST</b>
<b>D6548</b>	Retainer - Porcelain/Ceramic for Resin Bonded Fixed Prosthesis	\$744.00
<b>D6600</b>	Inlay - Porcelain/Ceramic - Two Surfaces	\$779.00
<b>D6601</b>	Inlay - Porcelain/Ceramic - Three or More Surfaces	\$830.00
<b>D6602</b>	Inlay - Cast High Noble Metal, Two Surfaces	\$797.00
<b>D6603</b>	Inlay - Cast High Noble Metal, Three or More Surfaces	\$834.00
<b>D6604</b>	Inlay - Cast Predominantly Base Metal, Two Surfaces	\$778.00
<b>D6605</b>	Inlay - Cast Predominantly Base Metal, Three or More Surfaces	\$829.00
<b>D6606</b>	Inlay - Cast Noble Metal, Two Surfaces	\$771.00
<b>D6607</b>	Inlay - Cast Noble Metal, Three or More Surfaces	\$830.00
<b>D6608</b>	Onlay - Porcelain/Ceramic, Two Surfaces	\$830.00
<b>D6609</b>	Onlay - Porcelain/Ceramic, Three or More Surfaces	\$890.00
<b>D6610</b>	Onlay - Cast High Noble Metal, Two Surfaces	\$838.00
<b>D6611</b>	Onlay - Cast High Noble Metal, Three or More Surfaces	\$890.00
<b>D6612</b>	Onlay - Cast Predominantly Base Metal, Two Surfaces	\$818.00
<b>D6613</b>	Onlay - Cast Predominantly Base Metal, Three or More Surfaces	\$873.00
<b>D6614</b>	Onlay - Cast Noble Metal, Two Surfaces	\$830.00
<b>D6615</b>	Onlay - Cast Noble Metal, Three or More Surfaces	\$881.00
<b>D6720</b>	Crown - Resin with High Noble Metal	\$837.00
<b>D6721</b>	Crown - Resin with Predominantly Base Metal	\$811.00
<b>D6722</b>	Crown - Resin with Noble Metal	\$827.00
<b>D6740</b>	Crown - Porcelain/Ceramic	\$888.00
<b>D6750</b>	Crown - Porcelain Fused to High Noble Metal	\$859.00
<b>D6751</b>	Crown - Porcelain Fused to Predominantly Base Metal	\$793.00
<b>D6752</b>	Crown - Porcelain Fused to Noble Metal	\$825.00
<b>D6780</b>	Crown - 3/4 Cast, High Noble Metal	\$838.00

## PROSTHODONTICS

NUMBER	DESCRIPTION	COST
<b>D6781</b>	Crown - 3/4 Cast, Predominantly Base Metal	\$824.00
<b>D6782</b>	Crown - 3/4 Cast, Noble Metal	\$830.00
<b>D6783</b>	Crown - 3/4 Cast, Porcelain/Ceramic	\$870.00
<b>D6790</b>	Crown - Full Cast, High Noble Metal	\$838.00
<b>D6791</b>	Crown - Full Cast, Predominantly Base Metal	\$792.00
<b>D6792</b>	Crown - Full Cast, Noble Metal	\$810.00
<b>D6793</b>	Provisional Retainer Crown	\$383.00
<b>D6930</b>	Recement Fixed Partial Denture	\$132.00
<b>D6950</b>	Precision Attachment	\$502.00
<b>D6980</b>	Fixed Partial Denture Repair, by Report	\$294.00
<b>D6985</b>	Pediatric Partial Denture, Fixed	\$713.00
<b>D7111</b>	Coronal Remnants - Deciduous Tooth	\$116.00
<b>D7140</b>	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$147.00
<b>D7210</b>	Surgical Removal of Erupted Tooth requiring Elevation of Mucoperiosteal Flap and Removal Of Bone and/or Section of Tooth	\$239.00
<b>D7220</b>	Removal of Impacted Tooth - Soft Tissue	\$275.00
<b>D7230</b>	Removal of Impacted Tooth - Partially Bony	\$349.00
<b>D7240</b>	Removal of Impacted Tooth - Completely Bony	\$425.00
<b>D7241</b>	Removal of Impacted Tooth - Completely Bony, with Unusual Surgical Complications	\$503.00
<b>D7250</b>	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	\$263.00
<b>D7261</b>	Primary Closure of a Sinus Perforation	\$655.00
<b>D7270</b>	Tooth Reimplantation and/or Stabilization of Accidently Evulsed or Displaced Tooth	\$472.00
<b>D7272</b>	Tooth Transplantation (Includes Reimplantation from One Site to Another and Splinting and/or stabilization)	\$638.00
<b>D7280</b>	Surgical Access of an Unerupted Tooth	\$415.00

**PROSTHODONTICS**

<b>NUMBER</b>	<b>DESCRIPTION</b>	<b>COST</b>
<b>D7285</b>	Biopsy of Oral Tissue - Hard (Bone, Tooth)	\$354.00
<b>D7286</b>	Biopsy of Oral Tissue - Soft (All Others)	\$268.00
<b>D7287</b>	Cytology Sample Collection	\$150.00
<b>D7290</b>	Surgical Repositioning of Teeth	\$434.00
<b>D7291</b>	Transseptal Fiberotomy/Supra Crestal Fiberotomy, by Report	\$265.00
<b>D7310</b>	Alveoloplasty in Conjunction with Extractions - Per Quadrant	\$258.00
<b>D7320</b>	Alveoloplasty Not in Conjunction with Extractions - Per Quadrant	\$376.00
<b>D7350</b>	Vestibuloplasty - Ridge Extension (Including Soft Tissue Grafts, Muscle Reattachment, Revision)	\$1,982.00
<b>D7450</b>	Removal of Begin Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 CM	\$473.00
<b>D7451</b>	Removal of Begin Odontogenic Cyst or Tumor - Lesion Diameter Greater than 1.25 CM	\$626.00
<b>D7510</b>	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$201.00
<b>D7520</b>	Incision and Drainage of Abscess - Extraoral Soft Tissue	\$370.00
<b>D7960</b>	Frenulectomy (Frenectomy of Frenotomy) Separate Procedure	\$387.00
<b>D7970</b>	Excision of Hyperplastic Tissue - per Arch	\$441.00
<b>D7971</b>	Excision of Pericoronal Gingiva	\$214.00

**ORTHODONTICS**

**D8160** ALL ORTHODONTIC TREATMENT - 50% of Billed Charges up to Plan Maximum of \$1,000.00 per person, per lifetime

**ADJUNCTIVE GENERAL SURGERY**

<b>D9110</b>	Palliative (Emergency) Treatment of Dental Plan - Minor Procedure	\$120.00
<b>D9223</b>	Deep Sedation/General Anesthesia each 15 minute increment	\$165.00
<b>D9243</b>	Intravenous Moderate (Conscious) Sedation/ Analgesia each 15 minute increment	\$177.00

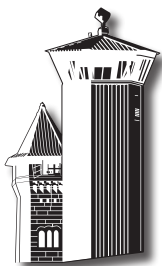
**ORAL AND MAXOFACIAL SURGERY**

<b>NUMBER</b>	<b>DESCRIPTION</b>	<b>COST</b>
<b>D9310</b>	Consultation (Diagnostic Service Provided by Dentist or Physician other than Practitioner Provider)	\$115.00
<b>D9410</b>	House/Extended Care Facility Call	\$220.00
<b>D9420</b>	Hospital Call	\$267.00
<b>D9430</b>	Office Visit for Observation (During Regularly Scheduled Hours) - No Other Services Performed	\$72.00
<b>D9440</b>	Office Visit - After Regularly Scheduled Hours	\$164.00

**We've Got You Covered.**

**1-800-In-Unit-6**

**1-800-468-6486**



**CCPOA  
Benefit Trust Fund**

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