

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 Certificate 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.
- ▶ For a complete description of your plan, please refer to the Certificate of Coverage and the Schedule of 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 \$
CLINICAL ORAL EVALUATIONS			RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation)		
D0120	Periodic Oral Evaluation - Established Patient	0	D0277	Vertical Bitewings - 7 To 8 Radiographic Images	0
D0140	Limited Oral Evaluation - Problem Focused	0	D0330	Panoramic Radiographic Image	0
D0145	Oral Evaluation For A Patient Under 3 Years Of Age And Counseling With Primary Caregiver	0	D0340	2D Cephalometric Radiographic Image - Acquisition, Measurement And Analysis	0
D0150	Comprehensive Oral Evaluation - New Or Established Patient	0	D0372	Intraoral Tomosynthesis - Comprehensive Series of Radiographic Images	0
D0160	Detailed And Extensive Oral Evaluation - Problem Focused, By Report	0	D0373	Intraoral Tomosynthesis – Bitewing Radiographic Image	0
D0170	Re-Evaluation-Limited, Problem Focused (Established Patient; Not Post-Operative Visit)	0	D0374	Intraoral Tomosynthesis – Periapical Radiographic Image	0
D0171	Re-Evaluation - Post-Operative Office Visit	0	TESTS AND EXAMINATIONS		
D0180	Comprehensive Periodontal Evaluation	0	D0396	3D Printing of a 3D Dental Surface Scan	0
RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation)			D0460	Pulp Vitality Tests	0
D0210	Intraoral - Comprehensive Series Of Radiographic Images	0	D0470	Diagnostic Casts	0
D0220	Intraoral- Periapical First Radiographic Image	0	ORAL PATHOLOGY LABORATORY		
D0230	Intraoral- Periapical Each Additional Radiographic Image	0	D0601	Caries Risk Assessment And Documentation, With A Finding Of Low Risk	0
D0240	Intraoral - Occlusal Radiographic Image	0	D0602	Caries Risk Assessment And Documentation, With A Finding Of Moderate Risk	0
D0270	Bitewing - Single Radiographic Image	0	D0603	Caries Risk Assessment And Documentation, With A Finding Of High Risk	0
D0272	Bitewings - Two Radiographic Images	0	DENTAL PROPHYLAXIS		
D0273	Bitewings - Three Radiographic Images	0	D1110	Prophylaxis, Adult	0
D0274	Bitewings - Four Radiographic Images	0	D1120	Prophylaxis, Child	0
			TOPICAL FLUORIDE TREATMENT (office procedure)		
			D1206	Topical Application Of Fluoride Varnish	0

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TOPICAL FLUORIDE TREATMENT (office procedure)				CROWNS - SINGLE RESTORATIONS ONLY		
D1208	Topical Application Of Flouride - Excluding Varnish	0		D2710	Crown-Resin-Based Composite (Indirect)	107
OTHER PREVENTIVE SERVICES				D2712	Crown - 3/4 Resin-Based Composite (Indirect)	118
D1301	Immunization Counseling	0		D2740	Crown, Porcelain/Ceramic	309
D1330	Oral Hygiene Instruction	0		D2750	Crown, Porcelain Fused To High Noble Metal	298 ◆
D1351	Sealant - Per Tooth	0		D2751	Crown-Porcelain Fused To Predominantly Base Metal	268
D1353	Sealant Repair - Per Tooth	0		D2752	Crown, Porcelain Fused To Noble Metal	286 ◆
D1354	Application of Caries Arresting Medicament - Per Tooth	15		D2753	Crown - porcelain fused to titanium and titanium alloys	286
D1355	Caries preventive medicament application - per tooth	15		D2780	Crown - 3/4 Cast High Noble Metal	305 ◆
SPACE MAINTENANCE (passive appliances)				D2781	Crown - 3/4 Cast Predominantly Base Metal	305
D1510	Space maintainer - fixed, unilateral - per quadrant	0		D2782	Crown - 3/4 Cast Noble Metal	305 ◆
D1516	Space Maintainer - Fixed - bilateral, maxillary	0		D2783	Crown - 3/4 Porcelain/Ceramic	305
D1517	Space Maintainer - Fixed - bilateral, mandibular	0		D2790	Crown, Full Cast High Noble Metal	291 ◆
D1520	Space maintainer - removable, unilateral - per quadrant	0		D2791	Crown - Full Cast Predominantly Base Metal	265
D1526	Space Maintainer - Removable - bilateral, maxillary	0		D2792	Crown, Full Cast Noble Metal	276 ◆
D1527	Space Maintainer - Removable - bilateral, mandibular	0		D2794	Crown - titanium and titanium alloys	268
D1556	Removal of fixed unilateral space maintainer - per quadrant	0		D2799	Interim Crown - Further Treatment Or Completion Of Diagnosis Necessary Prior To Final Impression	0
D1557	Removal of fixed unilateral space maintainer - maxillary	0		OTHER RESTORATIVE SERVICES		
D1558	Removal of fixed unilateral space maintainer - mandibular	0		D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	0
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant	0		D2915	Re-Cement Or Rebond Indirectly Fabricated Or Prefabricated Post And Core	0
AMALGAM RESTORATIONS (including polishing)				D2920	Re-Cement Or Re-Bond Crown	0
D2140	Amalgam - One Surface, Primary Or Permanent	0		D2930	Prefabricated Stainless Steel Crown - Primary Tooth	0
D2150	Amalgam - Two Surfaces, Primary Or Permanent	0		D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	0
D2160	Amalgam - Three Surfaces, Primary Or Permanent	0		D2940	Placement of Interim Direct Restoration	0
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	0		D2949	Restorative Foundation For An Indirect Restoration	0
RESIN-BASED COMPOSITE RESTORATIONS - DIRECT				D2950	Core Buildup Including Any Pins When Required	0
D2330	Resin-Based Composite - One Surface, Anterior	0		D2951	Pin Retention - Per Tooth, In Addition To Restoration	0
D2331	Resin-Based Composite - Two Surfaces, Anterior	0		D2952	Post And Core In Addition To Crown, Indirectly Fabricated	83
D2332	Resin-Based Composite - Three Surfaces, Anterior	0		D2953	Each Additional Indirectly Fabricated Post - Same Tooth	45
D2335	Resin-Based Composite - Four Or More Surfaces (Anterior)	0		D2954	Prefabricated Post And Core In Addition To Crown	0
INLAY/ONLAY RESTORATIONS				D2956	Removal of an Indirect Restoration on a Natural Tooth	20
D2510	Inlay - Metallic - One Surface	215	◆	D2957	Each Additional Prefabricated Post - Same Tooth	0
D2520	Inlay - Metallic - Two Surfaces	231	◆	D2971	Additional Procedures To Customize a Crown to fit Under an Existing Partial Denture Framework	25
D2530	Inlay - Metallic - Three Or More Surfaces	253	◆	D2991	Application of Hydroxyapatite Regeneration Medicament – per tooth	45
D2542	Onlay - Metallic-Two Surfaces	293	◆			
D2543	Onlay - Metallic - Three Surfaces	310	◆			
D2544	Onlay - Metallic - Four Or More Surfaces	326	◆			

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PULP CAPPING			OTHER ENDODONTIC PROCEDURES		
D3110	Pulp Cap - Direct (Excluding Final Restoration)	0	D3921	Decoronation or submergence of an erupted tooth	47
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	0	D3950	Canal Preparation And Fitting Of Preformed Dowel Or Post	0
PULPOTOMY			SURGICAL SERVICES (including usual postoperative care)		
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	0	D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	71
D3221	Pulpal Debridement, Primary And Permanent Teeth	0	D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	30
D3222	Partial Pulpotomy For Apexogenesis-Permanent Tooth With Incomplete Root Development	0	D4212	Gingivectomy Or Gingivoplasty To Allow Access For Restorative Procedure, Per Tooth	0
ENDODONTIC THERAPY ON PRIMARY TEETH			D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	90
D3230	Pulpal Therapy (Resorbable Filling)-Anterior, Primary Tooth (Excluding Final Restoration)	0	D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	38
D3240	Pulpal Therapy (Resorbable Filling)-Posterior, Primary Tooth (Excluding Final Restoration)	0	D4245	Apically Positioned Flap	121
ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow-up care)			D4249	Clinical Crown Lengthening-Hard Tissue	147
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	0	D4260	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) – Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	180
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	0	D4261	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) – One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	74
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	167	D4274	Mesial/Distal Wedge Procedure, Single Tooth (When Not Performed In Conjunction With Surgical Procedures In The Same Anatomical Area)	102
ENDODONTIC RETREATMENT			D4286	Removal of Non-Resorbable Barrier	0
D3346	Retreatment Of Previous Root Canal Therapy - Anterior	0	NON-SURGICAL PERIODONTAL SERVICES		
D3347	Retreatment Or Previous Root Canal Therapy - Premolar	0	D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	0
D3348	Retreatment Of Previous Root Canal Therapy - Molar	261	D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	0
APICOECTOMY/PERIRADICULAR SERVICES			D4346	Scaling In Presence Of Generalized Moderate Or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation	0
D3410	Apicoectomy - Anterior	109	D4355	Full Mouth Debridement To Enable a Comprehensive Periodontal Evaluation And Diagnosis on a Subsequent Visit	0
D3421	Apicoectomy - Premolar (First Root)	171	D4381	Localized Delivery Of Antimicrobial Agents Via Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth	100
D3425	Apicoectomy - Molar (First Root)	182	OTHER PERIODONTAL SERVICES		
D3426	Apicoectomy (Each Additional Root)	68	D4910	Periodontal Maintenance	0
D3450	Root Amputation - Per Root	96			
D3471	Surgical repair of root resorption – anterior	182			
D3472	Surgical repair of root resorption – premolar	182			
D3473	Surgical repair of root resorption – molar	182			
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	182			
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	182			
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	182			
OTHER ENDODONTIC PROCEDURES					
D3920	Hemisection (Including Any Root Removal) Not Including Root Canal Therapy	82			

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OTHER PERIODONTAL SERVICES			PARTIAL DENTURES (including routine post-delivery care)		
D4921	Gingival Irrigation with a medicinal agent - Per Quadrant	25	D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant	212
COMPLETE DENTURES (including routine post delivery care)			D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant	212
D5110	Complete Denture - Maxillary	314	ADJUSTMENTS TO DENTURES		
D5120	Complete Denture - Mandibular	314	D5410	Adjust Complete Denture - Maxillary	0
D5130	Immediate Denture - Maxillary	325	D5411	Adjust Complete Denture - Mandibular	0
D5140	Immediate Denture - Mandibular	325	D5421	Adjust Partial Denture - Maxillary	0
PARTIAL DENTURES (including routine post-delivery care)			D5422	Adjust Partial Denture - Mandibular	0
D5211	Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests And Teeth)	259	REPAIRS TO COMPLETE DENTURES		
D5212	Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests And Teeth)	303	D5511	Repair Broken Complete Denture Base, Mandibular	0
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	342	D5512	Repair Broken Complete Denture Base, Maxillary	0
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	341	D5520	Replace Missing Or Broken Teeth- Complete Denture Per Tooth	0
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	259	REPAIRS TO PARTIAL DENTURES		
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	303	D5611	Repair Resin Partial Denture Base, Mandibular	0
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	342	D5612	Repair Resin Partial Denture Base, Maxillary	0
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	341	D5621	Repair Cast Partial Framework, Mandibular	0
D5225	Maxillary Partial Denture - Flexible Base (Including Retentive/Clasping materials, Rests And Teeth)	392	D5622	Repair Cast Partial Framework, Maxillary	0
D5226	Mandibular Partial Denture - Flexible Base (Including Retentive/Clasping materials, Rests And Teeth)	391	D5630	Repair Or Replace Broken Retentive Clasping Materials - Per Tooth	0
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	259	D5640	Replace Missing or Broken Teeth- Partial Denture-Per Tooth	0
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	303	D5650	Add Tooth To Existing Partial Denture-Per Tooth	0
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary	212	D5660	Add Clasp To Existing Partial Denture - Per Tooth	0
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular	212	D5670	Replace All Teeth And Acrylic On Cast Metal Framework (Maxillary)	224
			D5671	Replace All Teeth And Acrylic On Cast Metal Framework (Mandibular)	223
			DENTURE REBASE PROCEDURES		
			D5710	Rebase Complete Maxillary Denture	0
			D5711	Rebase Complete Mandibular Denture	0
			D5720	Rebase Maxillary Partial Denture	0
			D5721	Rebase Mandibular Partial Denture	0
			D5725	Rebase hybrid prosthesis	0
			DENTURE RELINE PROCEDURES		
			D5730	Reline Complete Maxillary Denture (direct)	0
			D5731	Reline Complete Mandibular Denture (direct)	0
			D5740	Reline Maxillary Partial Denture (direct)	0
			D5741	Reline Mandibular Partial Denture (direct)	0

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DENTURE RELINE PROCEDURES				FIXED PARTIAL DENTURE RETAINERS - CROWNS			
D5750	Reline Complete Maxillary Denture (indirect)	0		D6782	Retainer Crown - 3/4 Cast Noble Metal	289	◆
D5751	Reline Complete Mandibular Denture (indirect)	0		D6783	Retainer Crown - 3/4 Porcelain/Ceramic	289	
D5760	Reline Maxillary Partial Denture (indirect)	0		D6784	Retainer crown 3/4 - titanium and titanium alloys	289	
D5761	Reline Mandibular Partial Denture (indirect)	0		D6790	Retainer Crown, Full Cast High Noble Metal	295	◆
D5765	Soft liner for complete or partial removable denture – indirect	0		D6791	Retainer Crown, Full Cast Predominantly Base Metal	263	
OTHER REMOVABLE PROSTHETIC SERVICES				D6792	Retainer Crown, Full Cast Noble Metal	287	◆
D5850	Tissue Conditioning, Maxillary	33		D6794	Retainer crown - titanium and titanium alloys	263	
D5851	Tissue Conditioning, Mandibular	33		OTHER FIXED PARTIAL DENTURE SERVICES			
D5863	Overdenture - Complete Maxillary	314		D6930	Re-Cement Or Re-Bond Fixed Partial Denture	34	
D5864	Overdenture - Partial Maxillary	342		EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)			
D5865	Overdenture - Complete Mandibular	314		D7111	Extraction, Coronal Remnants - Primary Tooth	0	
D5866	Overdenture - Partial Mandibular	341		D7140	Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)	0	
FIXED PARTIAL DENTURE PONTICS				SURGICAL EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)			
D6205	Pontic - Indirect Resin Based Composite	263		D7210	Extraction, Erupted Tooth Requiring Removal Of Bone And/Or Sectioning Of Tooth, And Including Elevation Of Mucoperiosteal Flap If Indicated	47	
D6210	Pontic-Cast High Noble Metal	294	◆	D7220	Removal Of Impacted Tooth - Soft Tissue	65	
D6211	Pontic-Cast Predominantly Base Metal	269		D7230	Removal Of Impacted Tooth - Partially Bony	89	
D6212	Pontic-Cast Noble Metal	282	◆	D7240	Removal Of Impacted Tooth - Completely Bony	103	
D6214	Pontic - titanium and titanium alloys	270		D7241	Removal Of Impacted Tooth - Completely Bony, With Unusual Surgical Complications	110	
D6240	Pontic-Porcelain Fused To High Noble Metal	295	◆	D7250	Removal Of Residual Tooth Roots (Cutting Procedure)	49	
D6241	Pontic-Porcelain Fused To Predominantly Base Metal	262		D7251	Coronectomy-Intentional Partial Tooth Removal, impacted teeth only	103	
D6242	Pontic-Porcelain Fused To Noble Metal	284	◆	D7259	Nerve Dissection	20	
D6243	Pontic - porcelain fused to titanium and titanium alloys	284		OTHER SURGICAL PROCEDURES			
D6245	Pontic - Porcelain/Ceramic	263		D7280	Exposure Of An Unerupted Tooth	89	
FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS				D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	24	
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces	292	◆	D7284	Excisional biopsy of minor salivary glands	245	
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	292		D7288	Brush Biopsy - Transepithelial Sample Collection	45	
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	292	◆	ALVEOLOPLASTY (surgical preparation of ridge for dentures)			
FIXED PARTIAL DENTURE RETAINERS - CROWNS				D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	45	
D6710	Retainer Crown - Indirect Resin Based Composite	266		D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	55	
D6740	Retainer Crown - Porcelain/Ceramic	266					
D6750	Retainer Crown, Porcelain Fused To High Noble Metal	297	◆				
D6751	Retainer Crown - Porcelain Fused To Predominantly Base Metal	265					
D6752	Retainer Crown, Porcelain Fused To Noble Metal	285	◆				
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	285					
D6780	Retainer Crown, 3/4 Cast High Noble Metal	289	◆				
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	289					

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ALVEOLOPLASTY (surgical preparation of ridge for dentures)			MISCELLANEOUS SERVICES		
D7321	Alveoloplasty Not In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant	24	D9934	Cleaning And Inspection Of Removable Partial Denture, Maxillary	0
SURGICAL INCISION			D9935	Cleaning And Inspection Of Removable Partial Denture, Mandibular	0
D7509	Marsupialization of Odontogenic Cyst	245	D9986	Missed Appointment	15
OTHER REPAIR PROCEDURES			D9987	Cancelled appointment	15
D7961	Buccal / labial frenectomy (frenulectomy)	81	D9990	Certified translation or sign-language services - per visit	0
D7962	Lingual frenectomy (frenulectomy)	81	D9991	Dental Case Management - Addressing Appointment Compliance Barriers	0
D7963	Frenuloplasty	40	D9992	Dental Case Management - Care Coordination	0
LIMITED ORTHODONTIC TREATMENT			D9993	Dental Case Management - Motivational Interviewing	0
D8010	Limited Orthodontic Treatment Of Primary Dentition	599	D9994	Dental Case Management - Patient Education To Improve Oral Health Literacy	0
D8020	Limited Orthodontic Treatment Of Transitional Dentition	759	D9995	Teledentistry - Synchronous; Real-Time Encounter	0
D8030	Limited Orthodontic Treatment Of Adolescent Dentition	1071	D9996	Teledentistry - Asynchronous; Information Stored and Forwarded to Dentist for Subsequent Review	0
D8040	Limited Orthodontic Treatment Of The Adult Dentition	927	D9997	Dental care management - patients with special health care needs	0
COMPREHENSIVE ORTHODONTIC TREATMENT			FOOTNOTES		
D8070	Comprehensive Orthodontic Treatment Of Transitional Dentition	3190	◆ 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.		
D8080	Comprehensive Orthodontic Treatment Of Adolescent Dentition	3454			
D8090	Comprehensive Orthodontic Treatment Of Adult Dentition	3540			
MINOR TREATMENT TO CONTROL HARMFUL HABITS					
D8210	Removable Appliance Therapy For Control Of Harmful Habits	433			
D8220	Fixed Appliance Therapy For Control Of Harmful Habits	537			
OTHER ORTHODONTIC SERVICES					
D8680	Orthodontic Retention (Removal Of Appliances, Construction And Placement Of Retainer(S))	343			
UNCLASSIFIED TREATMENT					
D9110	Palliative Treatment Of Dental Pain - per visit	0			
PROFESSIONAL CONSULTATION					
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician Other Than Requesting Dentist Or Physician	0			
D9311	Consultation With A Medical Health Care Professional	0			
PROFESSIONAL VISITS					
D9430	Office Visit For Observation (During Regularly Scheduled Hours) - No Other Services Performed	0			
MISCELLANEOUS SERVICES					
D9932	Cleaning And Inspection Of Removable Complete Denture, Maxillary	0			
D9933	Cleaning And Inspection Of Removable Complete Denture, Mandibular	0			