



### GOLD PLAN FEE SCHEDULE –REGION 1

SERVICES FOR DENTAL CODES NOT LISTED WILL BE CHARGED AT THE PROVIDER'S USUAL AND CUSTOMARY RATE LESS 20%

Code	Description	Fee Schedule
D0120	periodic oral evaluation - established patient	\$35.00
D0140	limited oral evaluation - problem focused	\$35.00
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	* 20% discount
D0150	comprehensive oral evaluation - new or established patient	\$39.00
D0160	detailed and extensive oral evaluation – problem focused, by report	\$35.00
D0170	re-evaluation – limited, problem focused (established patient; not post-operative visit)	\$35.00
D0180	comprehensive periodontal evaluation – new or established patient	\$42.00
D0190	screening of a patient	* 20% discount
D0191	assessment of a patient	* 20% discount
D0210	intraoral - complete series of radiographic images	\$72.00
D0220	intraoral - periapical first radiographic image	\$20.00
D0230	intraoral - periapical each additional radiographic image	\$15.00
D0240	intraoral – occlusal radiographic image	\$33.00
D0250	extraoral – first radiographic image	\$54.00
D0260	extraoral – each additional radiographic image	\$45.00
D0270	bitewing – single radiographic image	\$21.00
D0272	bitewings - two radiographic images	\$31.00
D0273	bitewings – three radiographic images	* 20% discount
D0274	bitewings - four radiographic images	\$40.00
D0277	vertical bitewings – 7 to 8 radiographic images	\$40.00
D0290	posterior-anterior or lateral skull and facial bone survey radiographic image	* 20% discount
D0310	sialography	* 20% discount
D0320	temporomandibular joint arthrogram, including injection	* 20% discount
D0321	other temporomandibular joint radiographic images, by report	* 20% discount
D0322	tomographic survey	* 20% discount
D0330	panoramic radiographic image	\$65.00
D0340	cephalometric radiographic image	* 20% discount
D0350	oral/facial photographic image obtained intraorally or extraorally	* 20% discount
D0364	cone beam CT capture and interpretation with limited field of view-less than one whole jaw	* 20% discount
D0365	cone beam CT capture and interpretation with field of view of one full dental arch-mandible	* 20% discount
D0366	cone beam CT capture and interpretation with field of view of one full dental arch-maxilla, with or without cranium	* 20% discount
D0367	cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	* 20% discount
D0368	cone beam CT capture and interpretation for TMJ series including two or more exposures	* 20% discount
D0369	maxillofacial MRI capture and interpretation	* 20% discount
D0370	maxillofacial ultrasound capture and interpretation	* 20% discount
D0371	sialoendoscopy capture and interpretation	* 20% discount
D0380	cone beam CT image capture with limited field of view-less than one whole jaw	* 20% discount
D0381	cone beam CT image capture with field of view of one full dental arch-mandible	* 20% discount

\* The 20% discount is the amount you will pay less the Providers Usual and Customary Rate Fee (UCR). "Usual" refers to the normal rate charged for the service by the Provider rendering the treatment, and "customary" is defined as the usual rates of the Provider's competitors in that local area. The UCR fee can vary by location.



### GOLD PLAN FEE SCHEDULE –REGION 1

SERVICES FOR DENTAL CODES NOT LISTED WILL BE CHARGED AT THE PROVIDER'S USUAL AND CUSTOMARY RATE LESS 20%

Code	Description	Fee Schedule
D0382	cone beam CT image capture with field of view of one full dental arch-maxilla, with or without cranium	* 20% discount
D0383	cone beam CT image capture with field of view of both jaws, with or without cranium	* 20% discount
D0384	cone beam CT image capture for TMJ series including two or more exposures	* 20% discount
D0385	maxillofacial MRI image capture	* 20% discount
D0386	maxillofacial ultrasound image capture	* 20% discount
D0391	interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	* 20% discount
D0393	treatment simulation using 3D image volume	* 20% discount
D0394	digital subtraction of two or more images or image volumes of the same modality	* 20% discount
D0395	fusion of two or more 3D image volumes of one or more modalities	* 20% discount
D0415	collection of microorganisms for culture and sensitivity	* 20% discount
D0416	viral culture	* 20% discount
D0417	collection and preparation of saliva sample for laboratory diagnostic testing	* 20% discount
D0418	aqanalysis of saliva sample	* 20% discount
D0421	genetic test for susceptibility to oral diseases	* 20% discount
D0425	caries susceptibility tests	* 20% discount
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	* 20% discount
D0460	pulp vitality tests	* 20% discount
D0470	diagnostic casts	\$65.00
D0472	accession of tissue, gross examination, preparation and transmission of written report	* 20% discount
D0473	accession of tissue, gross and microscopic examination, preparation and transmission of written report	* 20% discount
D0474	accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	* 20% discount
D0475	decalcification procedure	* 20% discount
D0476	special stains for microorganisms	* 20% discount
D0477	special stains, not for microorganisms	* 20% discount
D0478	immunohistochemical stains	* 20% discount
D0479	tissue in-situ hybridization, including interpretation	* 20% discount
D0480	accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	* 20% discount
D0481	electron microscopy-diagnostic	* 20% discount
D0482	direct immunofluorescence	* 20% discount
D0483	indirect immunofluorescence	* 20% discount
D0484	consultation on slides prepared elsewhere	* 20% discount
D0485	consultation, including preparation of slides from biopsy material supplied by referring source	* 20% discount
D0486	laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	* 20% discount
D0502	other oral pathology procedures, by report	* 20% discount
D0601	caries risk assessment and documentation, with a finding of low risk	* 20% discount
D0602	caries risk assessment and documentation, with a finding of moderate risk	* 20% discount
D0603	caries risk assessment and documentation, with a finding of high risk	* 20% discount

\* The 20% discount is the amount you will pay less the Providers Usual and Customary Rate Fee (UCR). "Usual" refers to the normal rate charged for the service by the Provider rendering the treatment, and "customary" is defined as the usual rates of the Provider's competitors in that local area. The UCR fee can vary by location.



### GOLD PLAN FEE SCHEDULE –REGION 1

SERVICES FOR DENTAL CODES NOT LISTED WILL BE CHARGED AT THE PROVIDER'S USUAL AND CUSTOMARY RATE LESS 20%

Code	Description	Fee Schedule
D0999	unspecified diagnostic procedure, by report	*20% discount
D1110	prophylaxis – adult	\$75.00
D1120	prophylaxis – child	\$54.00
D1206	topical application of fluoride varnish	* 20% discount
D1208	topical application of fluoride	\$25.00
D1310	nutritional counseling for control of dental disease	* 20% discount
D1320	tobacco counseling for the control and prevention of oral disease	* 20% discount
D1330	oral hygiene instructions	* 20% discount
D1351	sealant - per tooth	\$35.00
D1352	preventive resin restoration in a moderate to high caries risk patient-permanent tooth	* 20% discount
D1510	space maintainer - fixed - unilateral	\$204.00
D1515	space maintainer - fixed - bilateral	\$244.00
D1520	space maintainer - removable - unilateral	\$204.00
D1525	space maintainer - removable - bilateral	\$255.00
D1550	re-cementation of space maintainer	* 20% discount
D1555	removal of fixed space maintainer	* 20% discount
D1999	unspecified preventive procedure, by report	* 20% discount
D2140	amalgam - one surface, primary or permanent	\$74.00
D2150	amalgam - two surfaces, primary or permanent	\$88.00
D2160	amalgam - three surfaces, primary or permanent	\$101.00
D2161	amalgam - four or more surfaces, primary or permanent	\$107.00
D2330	resin-based composite - one surface, anterior	\$105.00
D2331	resin-based composite - two surfaces, anterior	\$140.00
D2332	resin-based composite - three surfaces, anterior	\$156.00
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$200.00
D2390	resin-based composite crown, anterior	* 20% discount
D2391	resin-based composite - one surface, posterior	\$120.00
D2392	resin-based composite - two surfaces, posterior	\$143.00
D2393	resin-based composite - three surfaces, posterior	\$156.00
D2394	resin-based composite - four or more surfaces, posterior	\$220.00
D2410	gold foil - one surface	* 20% discount
D2420	gold foil - two surfaces	* 20% discount
D2430	gold foil - three surfaces	* 20% discount
D2510	inlay - metallic - one surface	* 20% discount
D2520	inlay - metallic - two surfaces	\$575.00
D2530	inlay - metallic - three or more surfaces	\$645.00
D2542	onlay - metallic-two surfaces	\$675.00
D2543	onlay - metallic-three surfaces	\$710.00
D2544	onlay - metallic-four or more surfaces	\$720.00
D2610	inlay - porcelain/ceramic - one surface	* 20% discount
D2620	inlay - porcelain/ceramic - two surfaces	\$510.00
D2630	inlay - porcelain/ceramic - three or more surfaces	\$595.00
D2642	onlay - porcelain/ceramic - two surfaces	\$700.00

\* The 20% discount is the amount you will pay less the Providers Usual and Customary Rate Fee (UCR). "Usual" refers to the normal rate charged for the service by the Provider rendering the treatment, and "customary" is defined as the usual rates of the Provider's competitors in that local area. The UCR fee can vary by location.



### GOLD PLAN FEE SCHEDULE –REGION 1

SERVICES FOR DENTAL CODES NOT LISTED WILL BE CHARGED AT THE PROVIDER'S USUAL AND CUSTOMARY RATE LESS 20%

Code	Description	Fee Schedule
D2643	onlay - porcelain/ceramic - three surfaces	\$725.00
D2644	onlay - porcelain/ceramic - four or more surfaces	\$775.00
D2650	inlay - resin-based composite - one surface	* 20% discount
D2651	inlay - resin-based composite - two surfaces	* 20% discount
D2652	inlay - resin-based composite - three or more surfaces	* 20% discount
D2662	onlay - resin-based composite - two surfaces	* 20% discount
D2663	onlay - resin-based composite - three surfaces	* 20% discount
D2664	onlay - resin-based composite - four or more surfaces	* 20% discount
D2710	crown - resin-based composite (indirect)	\$711.00
D2712	crown - 3/4 resin-based composite (indirect)	* 20% discount
D2720	crown - resin with high noble metal	\$730.00
D2721	crown - resin with predominantly base metal	* 20% discount
D2722	crown - resin with noble metal	* 20% discount
D2740	crown – porcelain/ceramic substrate	\$855.00
D2750	crown - porcelain fused to high noble metal	\$775.00
D2751	crown - porcelain fused to predominantly base metal	\$710.00
D2752	crown - porcelain fused to noble metal	\$720.00
D2780	crown - 3/4 cast high noble metal	\$678.00
D2781	crown - 3/4 cast predominantly base metal	\$710.00
D2782	crown - 3/4 cast noble metal	\$710.00
D2783	crown - 3/4 porcelain/ceramic	\$710.00
D2790	crown - full cast high noble metal	\$765.00
D2791	crown - full cast predominantly base metal	\$725.00
D2792	crown - full cast noble metal	\$750.00
D2794	crown - titanium	* 20% discount
D2799	provisional crown – further treatment or completion of diagnosis necessary prior to final impression	* 20% discount
D2910	recement inlay, onlay, or partial coverage restoration	\$57.00
D2915	recement cast or prefabricated post and core	* 20% discount
D2920	recement crown	\$80.00
D2921	Reattachment of tooth fragment, incisal edge or cusp	* 20% discount
D2929	prefabricated porcelain/ceramic crown-primary tooth	* 20% discount
D2930	prefabricated stainless steel crown - primary tooth	\$175.00
D2931	prefabricated stainless steel crown - permanent tooth	\$219.00
D2932	prefabricated resin crown	\$221.00
D2933	prefabricated stainless steel crown with resin window	\$230.00
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	* 20% discount
D2940	protective restoration	* 20% discount
D2941	interim therapeutic restoration- primary dentition	* 20% discount
D2949	restorative foundation for an indirect restoration	* 20% discount
D2950	core buildup, including any pins when required	\$125.00
D2951	pin retention - per tooth, in addition to restoration	* 20% discount
D2952	cast post and core in addition to crown, indirectly fabricated	\$230.00

\* The 20% discount is the amount you will pay less the Providers Usual and Customary Rate Fee (UCR). "Usual" refers to the normal rate charged for the service by the Provider rendering the treatment, and "customary" is defined as the usual rates of the Provider's competitors in that local area. The UCR fee can vary by location.



### GOLD PLAN FEE SCHEDULE –REGION 1

SERVICES FOR DENTAL CODES NOT LISTED WILL BE CHARGED AT THE PROVIDER'S USUAL AND CUSTOMARY RATE LESS 20%

Code	Description	Fee Schedule
D2953	each additional indirectly fabricated post - same tooth	* 20% discount
D2954	prefabricated post and core in addition to crown	\$195.00
D2955	post removal	* 20% discount
D2957	each additional prefabricated post - same tooth	* 20% discount
D2960	labial veneer (resin laminate) - chairside	* 20% discount
D2961	labial veneer (resin laminate) - laboratory	* 20% discount
D2962	labial veneer (porcelain laminate) - laboratory	* 20% discount
D2970	temporary crown (fractured tooth)	* 20% discount
D2971	additional procedures to construct new crown under existing partial denture framework	* 20% discount
D2975	coping	* 20% discount
D2980	crown repair necessitated by restorative material failure	\$140.00
D2981	inlay repair necessitated by restorative material failure	* 20% discount
D2982	only repair necessitated by restorative material failure	* 20% discount
D2983	veneer repair necessitated by restorative material failure	* 20% discount
D2999	unspecified restorative procedure, by report	* 20% discount
D3110	pulp cap - direct (excluding final restoration)	\$65.00
D3120	pulp cap - indirect (excluding final restoration)	\$65.00
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$132.00
D3221	pulpal debridement, primary and permanent teeth	* 20% discount
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	* 20% discount
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$95.00
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$100.00
D3310	endodontic therapy, anterior (excluding final restoration)	\$430.00
D3320	endodontic therapy, bicuspid (excluding final restoration)	\$510.00
D3330	endodontic therapy, molar (excluding final restoration)	\$610.00
D3331	treatment of root canal obstruction; non-surgical access	* 20% discount
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	* 20% discount
D3333	internal root repair of perforation defects	* 20% discount
D3346	retreatment of previous root canal therapy - anterior	\$475.00
D3347	retreatment of previous root canal therapy - bicuspid	\$550.00
D3348	retreatment of previous root canal therapy - molar	\$675.00
D3351	apexification/recalcification-initial visit (apical closure/calific repair of perforations, root resorption, pulp space disinfection, etc.)	* 20% discount
D3352	apexification/recalcification-- interim medication replacement	* 20% discount
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calific repair of perforations, root resorption, etc.)	* 20% discount
D3355	pulpal regeneration- initial visit	* 20% discount
D3356	pulpal regeneration- interim medication replacement	* 20% discount
D3357	pulpal regeneration- completion of treatment	* 20% discount
D3410	apicoectomy- anterior	\$432.00
D3421	apicoectomy-- bicuspid (first root)	\$432.00

\* The 20% discount is the amount you will pay less the Providers Usual and Customary Rate Fee (UCR). "Usual" refers to the normal rate charged for the service by the Provider rendering the treatment, and "customary" is defined as the usual rates of the Provider's competitors in that local area. The UCR fee can vary by location.





### GOLD PLAN FEE SCHEDULE –REGION 1

SERVICES FOR DENTAL CODES NOT LISTED WILL BE CHARGED AT THE PROVIDER'S USUAL AND CUSTOMARY RATE LESS 20%

Code	Description	Fee Schedule
D3425	apicoectomy- molar (first root)	\$432.00
D3426	apicoectomy- (each additional root)	* 20% discount
D3427	periradicular surgery without apicoectomy	* 20% discount
D3428	bone graft in conjunction with periradicular surgery- per tooth, single site	* 20% discount
D3429	bone graft in conjunction with periradicular surgery- each additional contiguous tooth in same surgical site	*20% discount
D3430	retrograde filling - per root	\$67.00
D3431	biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	* 20% discount
D3432	guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	* 20% discount
D3450	root amputation - per root	\$125.00
D3460	endodontic endosseous implant	* 20% discount
D3470	intentional reimplantation (including necessary splinting)	* 20% discount
D3910	surgical procedure for isolation of tooth with rubber dam	* 20% discount
D3920	hemisection (including any root removal), not including root canal therapy	\$125.00
D3950	canal preparation and fitting of preformed dowel or post	* 20% discount
D3999	unspecified endodontic procedure, by report	* 20% discount
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$265.00
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$170.00
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	* 20% discount
D4230	anatomical crown exposure - four or more contiguous teeth per quadrant	* 20% discount
D4231	anatomical crown exposure - one to three teeth per quadrant	* 20% discount
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	* 20% discount
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	* 20% discount
D4245	apically positioned flap	* 20% discount
D4249	clinical crown lengthening - hard tissue	* 20% discount
D4260	osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$575.00
D4261	osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$395.00
D4263	bone replacement graft - first site in quadrant	* 20% discount
D4264	bone replacement graft - each additional site in quadrant	* 20% discount
D4265	biologic materials to aid in soft and osseous tissue regeneration	* 20% discount
D4266	guided tissue regeneration - resorbable barrier, per site	* 20% discount
D4267	guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	* 20% discount
D4268	surgical revision procedure, per tooth	* 20% discount
D4270	pedicle soft tissue graft procedure	* 20% discount
D4273	subepithelial connective tissue graft procedures, per tooth	* 20% discount

\* The 20% discount is the amount you will pay less the Providers Usual and Customary Rate Fee (UCR). "Usual" refers to the normal rate charged for the service by the Provider rendering the treatment, and "customary" is defined as the usual rates of the Provider's competitors in that local area. The UCR fee can vary by location.



### GOLD PLAN FEE SCHEDULE –REGION 1

SERVICES FOR DENTAL CODES NOT LISTED WILL BE CHARGED AT THE PROVIDER'S USUAL AND CUSTOMARY RATE LESS 20%

Code	Description	Fee Schedule
D4274	distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	* 20% discount
D4275	soft tissue allograft	* 20% discount
D4276	combined connective tissue and double pedicle graft, per tooth	* 20% discount
D4277	free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	* 20% discount
D4278	free soft tissue graft procedure (including donor site surgery), each contiguous tooth or edentulous tooth position in same graft site	* 20% discount
D4320	provisional splinting - intracoronal	* 20% discount
D4321	provisional splinting - extracoronal	* 20% discount
D4341	periodontal scaling and root planing - four or more teeth per quadrant	\$160.00
D4342	periodontal scaling and root planing - one to three teeth per quadrant	\$115.00
D4355	full mouth debridement to enable comprehensive evaluation and diagnosis	* 20% discount
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	* 20% discount
D4910	periodontal maintenance	* 20% discount
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	* 20% discount
D4921	gingival irrigation- per quadrant	* 20% discount
D4999	unspecified periodontal procedure, by report	* 20% discount
D5110	complete denture - maxillary	\$980.00
D5120	complete denture - mandibular	\$980.00
D5130	immediate denture - maxillary	\$875.00
D5140	immediate denture - mandibular	\$875.00
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$420.00
D5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$420.00
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$950.00
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$950.00
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	* 20% discount
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	* 20% discount
D5281	removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$516.00
D5410	adjust complete denture - maxillary	* 20% discount
D5411	adjust complete denture - mandibular	* 20% discount
D5421	adjust partial denture - maxillary	* 20% discount
D5422	adjust partial denture - mandibular	* 20% discount
D5510	repair broken complete denture base	\$89.00
D5520	replace missing or broken teeth - complete denture (each tooth)	\$33.00
D5610	repair resin denture base	\$89.00
D5620	repair cast framework	\$115.00

\* The 20% discount is the amount you will pay less the Providers Usual and Customary Rate Fee (UCR). "Usual" refers to the normal rate charged for the service by the Provider rendering the treatment, and "customary" is defined as the usual rates of the Provider's competitors in that local area. The UCR fee can vary by location.



### GOLD PLAN FEE SCHEDULE –REGION 1

SERVICES FOR DENTAL CODES NOT LISTED WILL BE CHARGED AT THE PROVIDER'S USUAL AND CUSTOMARY RATE LESS 20%

Code	Description	Fee Schedule
D5630	repair or replace broken clasp	\$115.00
D5640	replace broken teeth - per tooth	\$30.50
D5650	add tooth to existing partial denture	\$30.50
D5660	add clasp to existing partial denture	\$115.00
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	\$120.00
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	\$120.00
D5710	rebase complete maxillary denture	\$275.00
D5711	rebase complete mandibular denture	\$275.00
D5720	rebase maxillary partial denture	\$275.00
D5721	rebase mandibular partial denture	\$275.00
D5730	reline complete maxillary denture (chairside)	\$132.00
D5731	reline complete mandibular denture (chairside)	\$132.00
D5740	reline maxillary partial denture (chairside)	\$138.00
D5741	reline mandibular partial denture (chairside)	\$138.00
D5750	reline complete maxillary denture (laboratory)	\$230.00
D5751	reline complete mandibular denture (laboratory)	\$230.00
D5760	reline maxillary partial denture (laboratory)	\$230.00
D5761	reline mandibular partial denture (laboratory)	\$230.00
D5810	interim complete denture (maxillary)	* 20% discount
D5811	interim complete denture (mandibular)	* 20% discount
D5820	interim partial denture (maxillary)	\$310.00
D5821	interim partial denture (mandibular)	\$310.00
D5850	tissue conditioning, maxillary	\$72.50
D5851	tissue conditioning, mandibular	\$72.50
D5862	precision attachment, by report	* 20% discount
D5863	overdenture- complete maxillary	* 20% discount
D5864	overdenture- partial maxillary	* 20% discount
D5865	overdenture- complete mandibular	* 20% discount
D5866	overdenture- partial mandibular	* 20% discount
D5867	replacement of replaceable part of semi-precision or precision attachment (male or female component)	* 20% discount
D5875	modification of removable prosthesis following implant surgery	* 20% discount
D5899	unspecified removable prosthodontic procedure, by report	* 20% discount
D5911	facial moulage (sectional)	* 20% discount
D5912	facial moulage (complete)	* 20% discount
D5913	nasal prosthesis	* 20% discount
D5914	auricular prosthesis	* 20% discount
D5915	orbital prosthesis	* 20% discount
D5916	ocular prosthesis	* 20% discount
D5919	facial prosthesis	* 20% discount
D5922	nasal septal prosthesis	* 20% discount
D5923	ocular prosthesis, interim	* 20% discount
D5924	cranial prosthesis	* 20% discount

\* The 20% discount is the amount you will pay less the Providers Usual and Customary Rate Fee (UCR). "Usual" refers to the normal rate charged for the service by the Provider rendering the treatment, and "customary" is defined as the usual rates of the Provider's competitors in that local area. The UCR fee can vary by location.





### GOLD PLAN FEE SCHEDULE –REGION 1

SERVICES FOR DENTAL CODES NOT LISTED WILL BE CHARGED AT THE PROVIDER'S USUAL AND CUSTOMARY RATE LESS 20%

Code	Description	Fee Schedule
D5925	facial augmentation implant prosthesis	* 20% discount
D5926	nasal prosthesis, replacement	* 20% discount
D5927	auricular prosthesis, replacement	* 20% discount
D5928	orbital prosthesis, replacement	* 20% discount
D5929	facial prosthesis, replacement	* 20% discount
D5931	obturator prosthesis, surgical	* 20% discount
D5932	obturator prosthesis, definitive	* 20% discount
D5933	obturator prosthesis, modification	* 20% discount
D5934	mandibular resection prosthesis with guide flange	* 20% discount
D5935	mandibular resection prosthesis without guide flange	* 20% discount
D5936	obturator prosthesis, interim	* 20% discount
D5937	trismus appliance (not for TMD treatment)	* 20% discount
D5951	feeding aid	* 20% discount
D5952	speech aid prosthesis, pediatric	* 20% discount
D5953	speech aid prosthesis, adult	* 20% discount
D5954	palatal augmentation prosthesis	* 20% discount
D5955	palatal lift prosthesis, definitive	* 20% discount
D5958	palatal lift prosthesis, interim	* 20% discount
D5959	palatal lift prosthesis, modification	* 20% discount
D5960	speech aid prosthesis, modification	* 20% discount
D5982	surgical stent	* 20% discount
D5983	radiation carrier	* 20% discount
D5984	radiation shield	* 20% discount
D5985	radiation cone locator	* 20% discount
D5986	fluoride gel carrier	* 20% discount
D5987	commissure splint	* 20% discount
D5988	surgical splint	* 20% discount
D5991	topical medicament carrier	* 20% discount
D5992	adjust maxillofacial prosthetic appliance, by report	* 20% discount
D5993	maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments, by report	* 20% discount
D5994	periodontal medicament carrier with peripheral seal- laboratory processed	* 20% discount
D5999	unspecified maxillofacial prosthesis, by report	* 20% discount
D6010	surgical placement of implant body: endosteal implant	* 20% discount
D6011	second stage implant surgery	* 20% discount
D6012	surgical placement of interim implant body for transitional prosthesis: endosteal implant	* 20% discount
D6013	surgical placement of mini implant	* 20% discount
D6040	surgical placement: eosteal implant	* 20% discount
D6050	surgical placement: transosteal implant	* 20% discount
D6051	interim abutment	* 20% discount
D6052	semi- precision attachment abutment	* 20% discount
D6053	implant/abutment supported removable denture for completely edentulous arch	* 20% discount
D6054	implant/abutment supported removable denture for partially edentulous arch	* 20% discount

\* The 20% discount is the amount you will pay less the Providers Usual and Customary Rate Fee (UCR). "Usual" refers to the normal rate charged for the service by the Provider rendering the treatment, and "customary" is defined as the usual rates of the Provider's competitors in that local area. The UCR fee can vary by location.



**GOLD PLAN FEE SCHEDULE –REGION 1**

SERVICES FOR DENTAL CODES NOT LISTED WILL BE CHARGED AT THE PROVIDER’S USUAL AND CUSTOMARY RATE LESS 20%

Code	Description	Fee Schedule
D6055	connecting bar - implant supported or abutment supported	* 20% discount
D6056	prefabricated abutment – includes modification and placement	* 20% discount
D6057	custom fabricated abutment - includes placement	* 20% discount
D6058	abutment supported porcelain/ceramic crown	* 20% discount
D6059	abutment supported porcelain fused to metal crown (high noble metal)	* 20% discount
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	* 20% discount
D6061	abutment supported porcelain fused to metal crown (noble metal)	* 20% discount
D6062	abutment supported cast metal crown (high noble metal)	* 20% discount
D6063	abutment supported cast metal crown (predominantly base metal)	* 20% discount
D6064	abutment supported cast metal crown (noble metal)	* 20% discount
D6065	implant supported porcelain/ceramic crown	* 20% discount
D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	* 20% discount
D6067	implant supported metal crown (titanium, titanium alloy, high noble metal)	* 20% discount
D6068	abutment supported retainer for porcelain/ceramic FPD	* 20% discount
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	* 20% discount
D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	* 20% discount
D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal)	* 20% discount
D6072	abutment supported retainer for cast metal FPD (high noble metal)	* 20% discount
D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	* 20% discount
D6074	abutment supported retainer for cast metal FPD (noble metal)	* 20% discount
D6075	implant supported retainer for ceramic FPD	* 20% discount
D6076	implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	* 20% discount
D6077	implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	* 20% discount
D6078	implant/abutment supported fixed denture for completely edentulous arch	* 20% discount
D6079	implant/abutment supported fixed denture for partially edentulous arch	* 20% discount
D6080	implant maintenance procedures, including when prostheses are removed and reinserted, including cleansing of prostheses and abutments	* 20% discount
D6090	repair implant supported prosthesis, by report	* 20% discount
D6091	replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	* 20% discount
D6092	recent implant/abutment supported crown	* 20% discount
D6093	recent implant/abutment supported fixed partial denture	* 20% discount
D6094	abutment supported crown - (titanium)	* 20% discount
D6095	repair implant abutment, by report	* 20% discount
D6100	implant removal, by report	* 20% discount
D6101	debridement of a periimplant defect and surface cleaning of exposed implant surfaces, including flap entry and closure	* 20% discount
D6102	debridement and osseous contouring of a periimplant defect; includes surface cleaning of exposed implant surfaces and flap entry and closure	* 20% discount

\* The 20% discount is the amount you will pay less the Providers Usual and Customary Rate Fee (UCR). "Usual" refers to the normal rate charged for the service by the Provider rendering the treatment, and "customary" is defined as the usual rates of the Provider's competitors in that local area. The UCR fee can vary by location.



### GOLD PLAN FEE SCHEDULE –REGION 1

SERVICES FOR DENTAL CODES NOT LISTED WILL BE CHARGED AT THE PROVIDER'S USUAL AND CUSTOMARY RATE LESS 20%

Code	Description	Fee Schedule
D6103	bone graft for repair of periimplant defect - not including flap entry and closure or, when indicated, placement of a barrier membrane or biologic materials to aid in osseous regeneration	* 20% discount
D6104	bone graft at time of implant placement	* 20% discount
D6190	radiographic/surgical implant index, by report	* 20% discount
D6194	abutment supported retainer crown for FPD - (titanium)	* 20% discount
D6199	unspecified implant procedure, by report	* 20% discount
D6205	pontic - indirect resin based composite	* 20% discount
D6210	pontic - cast high noble metal	\$594.00
D6211	pontic - cast predominantly base metal	\$462.00
D6212	pontic - cast noble metal	\$525.60
D6214	pontic - titanium	* 20% discount
D6240	pontic - porcelain fused to high noble metal	\$650.00
D6241	pontic - porcelain fused to predominantly base metal	\$588.00
D6242	pontic - porcelain fused to noble metal	\$588.00
D6245	pontic - porcelain/ceramic	* 20% discount
D6250	pontic - resin with high noble metal	\$588.00
D6251	pontic - resin with predominantly base metal	\$588.00
D6252	pontic - resin with noble metal	\$594.00
D6253	provisional pontic – further treatment or completion of diagnosis necessary prior to final impression	* 20% discount
D6545	retainer - cast metal for resin bonded fixed prosthesis	\$465.00
D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$465.00
D6600	inlay - porcelain/ceramic, two surfaces	\$465.00
D6601	inlay - porcelain/ceramic, three or more surfaces	\$585.00
D6602	inlay - cast high noble metal, two surfaces	\$465.00
D6603	inlay - cast high noble metal, three or more surfaces	\$465.00
D6604	inlay - cast predominantly base metal, two surfaces	\$465.00
D6605	inlay - cast predominantly base metal, three or more surfaces	\$585.00
D6606	inlay - cast noble metal, two surfaces	\$465.00
D6607	inlay - cast noble metal, three or more surfaces	\$585.00
D6608	onlay -porcelain/ceramic, two surfaces	\$389.00
D6609	onlay - porcelain/ceramic, three or more surfaces	\$489.00
D6610	onlay - cast high noble metal, two surfaces	\$389.00
D6611	onlay - cast high noble metal, three or more surfaces	\$489.00
D6612	onlay - cast predominantly base metal, two surfaces	\$389.00
D6613	onlay - cast predominantly base metal, three or more surfaces	\$489.00
D6614	onlay - cast noble metal, two surfaces	\$389.00
D6615	onlay - cast noble metal, three or more surfaces	\$489.00
D6624	inlay - titanium	* 20% discount
D6634	onlay - titanium	* 20% discount
D6710	crown - indirect resin based composite	* 20% discount
D6720	crown - resin with high noble metal	\$660.00

\* The 20% discount is the amount you will pay less the Providers Usual and Customary Rate Fee (UCR). "Usual" refers to the normal rate charged for the service by the Provider rendering the treatment, and "customary" is defined as the usual rates of the Provider's competitors in that local area. The UCR fee can vary by location.



### GOLD PLAN FEE SCHEDULE –REGION 1

SERVICES FOR DENTAL CODES NOT LISTED WILL BE CHARGED AT THE PROVIDER'S USUAL AND CUSTOMARY RATE LESS 20%

Code	Description	Fee Schedule
D6721	crown - resin with predominantly base metal	\$402.00
D6722	crown - resin with noble metal	\$420.00
D6740	crown - porcelain/ceramic	\$678.00
D6750	crown - porcelain fused to high noble metal	\$775.00
D6751	crown - porcelain fused to predominantly base metal	\$710.00
D6752	crown - porcelain fused to noble metal	\$678.00
D6780	crown - 3/4 cast high noble metal	\$678.00
D6781	crown - 3/4 cast predominantly base metal	\$678.00
D6782	crown - 3/4 cast noble metal	\$678.00
D6783	crown - 3/4 porcelain/ceramic	\$678.00
D6790	crown - full cast high noble metal	\$678.00
D6791	crown - full cast predominantly base metal	\$546.00
D6792	crown - full cast noble metal	\$552.00
D6793	provisional retainer crown – further treatment or completion of diagnosis necessary prior to final impression	* 20% discount
D6794	crown - titanium	* 20% discount
D6920	connector bar	* 20% discount
D6930	recement fixed partial denture	\$61.00
D6940	stress breaker	\$121.00
D6950	precision attachment	\$172.00
D6975	coping	\$250.00
D6980	fixed partial denture repair necessitated by restorative material failure	\$118.50
D6985	pediatric partial denture, fixed	* 20% discount
D6999	unspecified fixed prosthodontic procedure, by report	* 20% discount
D7111	extraction, coronal remnants - deciduous tooth	\$90.00
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$126.00
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$160.00
D7220	removal of impacted tooth - soft tissue	\$180.00
D7230	removal of impacted tooth - partially bony	\$240.00
D7240	removal of impacted tooth - completely bony	\$275.00
D7241	removal of impacted tooth - completely bony, with unusual surgical complications	* 20% discount
D7250	surgical removal of residual tooth roots (cutting procedure)	\$185.00
D7251	coronectomy - intentional partial tooth removal	* 20% discount
D7260	oroantral fistula closure	* 20% discount
D7261	primary closure of a sinus perforation	* 20% discount
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	* 20% discount
D7272	tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	* 20% discount
D7280	surgical access of an unerupted tooth	\$185.00
D7282	mobilization of erupted or malpositioned tooth to aid eruption	* 20% discount
D7283	placement of device to facilitate eruption of impacted tooth	* 20% discount
D7285	biopsy of oral tissue - hard (bone, tooth)	\$213.00

\* The 20% discount is the amount you will pay less the Providers Usual and Customary Rate Fee (UCR). "Usual" refers to the normal rate charged for the service by the Provider rendering the treatment, and "customary" is defined as the usual rates of the Provider's competitors in that local area. The UCR fee can vary by location.



### GOLD PLAN FEE SCHEDULE –REGION 1

SERVICES FOR DENTAL CODES NOT LISTED WILL BE CHARGED AT THE PROVIDER'S USUAL AND CUSTOMARY RATE LESS 20%

Code	Description	Fee Schedule
D7286	biopsy of oral tissue - soft	\$185.00
D7287	exfoliative cytological sample collection	* 20% discount
D7288	brush biopsy - transepithelial sample collection	* 20% discount
D7290	surgical repositioning of teeth	* 20% discount
D7291	transseptal fiberotomy/supra crestal fiberotomy, by report	* 20% discount
D7292	surgical placement: temporary anchorage device [screw retained plate] requiring surgical flap	* 20% discount
D7293	surgical placement: temporary anchorage device requiring surgical flap	* 20% discount
D7294	surgical placement: temporary anchorage device without surgical flap	* 20% discount
D7295	harvest of bone for use in autogenous grafting procedure	* 20% discount
D7310	alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	* 20% discount
D7311	alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	* 20% discount
D7320	alveoplasty not in conjunction with extractions -four or more teeth or tooth spaces, per quadrant	\$185.00
D7321	alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	* 20% discount
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	* 20% discount
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	* 20% discount
D7410	excision of benign lesion up to 1.25 cm	* 20% discount
D7411	excision of benign lesion greater than 1.25 cm	* 20% discount
D7412	excision of benign lesion, complicated	* 20% discount
D7413	excision of malignant lesion up to 1.25 cm	* 20% discount
D7414	excision of malignant lesion greater than 1.25 cm	* 20% discount
D7415	excision of malignant lesion, complicated	* 20% discount
D7440	excision of malignant tumor - lesion diameter up to 1.25 cm	* 20% discount
D7441	excision of malignant tumor - lesion diameter greater than 1.25 cm	* 20% discount
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	* 20% discount
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	* 20% discount
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	* 20% discount
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	* 20% discount
D7465	destruction of lesion(s) by physical or chemical method, by report	* 20% discount
D7471	removal of lateral exostosis (maxilla or mandible)	\$278.50
D7472	removal of torus palatinus	\$278.50
D7473	removal of torus mandibularis	\$278.50
D7485	surgical reduction of osseous tuberosity	* 20% discount
D7490	radical resection of maxilla or mandible	* 20% discount
D7510	incision and drainage of abscess - intraoral soft tissue	\$143.00
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	* 20% discount
D7520	incision and drainage of abscess - extraoral soft tissue	\$314.50

\* The 20% discount is the amount you will pay less the Providers Usual and Customary Rate Fee (UCR). "Usual" refers to the normal rate charged for the service by the Provider rendering the treatment, and "customary" is defined as the usual rates of the Provider's competitors in that local area. The UCR fee can vary by location.





### GOLD PLAN FEE SCHEDULE –REGION 1

SERVICES FOR DENTAL CODES NOT LISTED WILL BE CHARGED AT THE PROVIDER'S USUAL AND CUSTOMARY RATE LESS 20%

Code	Description	Fee Schedule
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	* 20% discount
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	* 20% discount
D7540	removal of reaction producing foreign bodies, musculoskeletal system	* 20% discount
D7550	partial ostectomy/sequestrectomy for removal of non-vital bone	* 20% discount
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	* 20% discount
D7610	maxilla - open reduction (teeth immobilized, if present)	* 20% discount
D7620	maxilla - closed reduction (teeth immobilized, if present)	* 20% discount
D7630	mandible - open reduction (teeth immobilized, if present)	* 20% discount
D7640	mandible - closed reduction (teeth immobilized, if present)	* 20% discount
D7650	malar and/or zygomatic arch - open reduction	* 20% discount
D7660	malar and/or zygomatic arch - closed reduction	* 20% discount
D7670	alveolus- closed reduction may include stabilization of teeth	* 20% discount
D7671	alveolus, open reduction may include stabilization of teeth	* 20% discount
D7680	facial bones - complicated reduction with fixation and multiple surgical approaches	* 20% discount
D7710	maxilla open reduction	* 20% discount
D7720	maxilla - closed reduction	* 20% discount
D7730	mandible - open reduction	* 20% discount
D7740	mandible - closed reduction	* 20% discount
D7750	malar and/or zygomatic arch - open reduction	* 20% discount
D7760	malar and/or zygomatic arch - closed reduction	* 20% discount
D7770	alveolus - open reduction stabilization of teeth	* 20% discount
D7771	alveolus, closed reduction stabilization of teeth	* 20% discount
D7780	facial bones - complicated reduction with fixation and multiple surgical approaches	* 20% discount
D7810	open reduction of dislocation	* 20% discount
D7820	closed reduction of dislocation	* 20% discount
D7830	manipulation under anesthesia	* 20% discount
D7840	condylectomy	* 20% discount
D7850	surgical discectomy, with/without implant	* 20% discount
D7852	disc repair	* 20% discount
D7854	synovectomy	* 20% discount
D7856	myotomy	* 20% discount
D7858	joint reconstruction	* 20% discount
D7860	arthrotomy	* 20% discount
D7865	arthroplasty	* 20% discount
D7870	arthrocentesis	* 20% discount
D7871	non-arthroscopic lysis and lavage	* 20% discount
D7872	arthroscopy - diagnosis, with or without biopsy	* 20% discount
D7873	arthroscopy - surgical: lavage and lysis of adhesions	* 20% discount
D7874	arthroscopy - surgical: disc repositioning and stabilization	* 20% discount
D7875	arthroscopy - surgical: synovectomy	* 20% discount
D7876	arthroscopy - surgical: discectomy	* 20% discount
D7877	arthroscopy - surgical: debridement	* 20% discount

\* The 20% discount is the amount you will pay less the Providers Usual and Customary Rate Fee (UCR). "Usual" refers to the normal rate charged for the service by the Provider rendering the treatment, and "customary" is defined as the usual rates of the Provider's competitors in that local area. The UCR fee can vary by location.



### GOLD PLAN FEE SCHEDULE –REGION 1

SERVICES FOR DENTAL CODES NOT LISTED WILL BE CHARGED AT THE PROVIDER'S USUAL AND CUSTOMARY RATE LESS 20%

Code	Description	Fee Schedule
D7880	occlusal orthotic device, by report	* 20% discount
D7899	unspecified TMD therapy, by report	* 20% discount
D7910	suture of recent small wounds up to 5 cm	* 20% discount
D7911	complicated suture - up to 5 cm	* 20% discount
D7912	complicated suture - greater than 5 cm	* 20% discount
D7920	skin graft (identify defect covered, location and type of graft)	* 20% discount
D7921	collection and application of autologous blood concentrate product	* 20% discount
D7940	osteoplasty - for orthognathic deformities	* 20% discount
D7941	osteotomy - mandibular rami	* 20% discount
D7943	osteotomy - mandibular rami with bone graft; includes obtaining the graft	* 20% discount
D7944	osteotomy - segmented or subapical	* 20% discount
D7945	osteotomy - body of mandible	* 20% discount
D7946	LeFort I (maxilla - total)	* 20% discount
D7947	LeFort I (maxilla - segmented)	* 20% discount
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion)-without bone graft	* 20% discount
D7949	LeFort II or LeFort III - with bone graft	* 20% discount
D7950	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	* 20% discount
D7951	sinus augmentation with bone or bone substitutes via a lateral open approach	* 20% discount
D7952	sinus augmentation via a vertical approach	* 20% discount
D7953	bone replacement graft for ridge preservation - per site	* 20% discount
D7955	repair of maxillofacial soft and/or hard tissue defect	* 20% discount
D7960	frenulectomy also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	\$156.00
D7963	frenuloplasty	* 20% discount
D7970	excision of hyperplastic tissue - per arch	\$222.50
D7971	excision of pericoronal gingiva	\$140.00
D7972	surgical reduction of fibrous tuberosity	* 20% discount
D7980	sialolithotomy	* 20% discount
D7981	excision of salivary gland, by report	* 20% discount
D7982	sialodochoplasty	* 20% discount
D7983	closure of salivary fistula	* 20% discount
D7990	emergency tracheotomy	* 20% discount
D7991	coronoidectomy	* 20% discount
D7995	synthetic graft - mandible or facial bones, by report	* 20% discount
D7996	implant-mandible for augmentation purposes (excluding alveolar ridge), by report	* 20% discount
D7997	appliance removal (not by dentist who placed appliance), includes removal of archbar	* 20% discount
D7998	intraoral placement of a fixation device not in conjunction with a fracture	* 20% discount
D7999	unspecified oral surgery procedure, by report	* 20% discount
D8010	limited orthodontic treatment of the primary dentition	* 20% discount
D8020	limited orthodontic treatment of the transitional dentition	* 20% discount
D8030	limited orthodontic treatment of the adolescent dentition	* 20% discount

\* The 20% discount is the amount you will pay less the Providers Usual and Customary Rate Fee (UCR). "Usual" refers to the normal rate charged for the service by the Provider rendering the treatment, and "customary" is defined as the usual rates of the Provider's competitors in that local area. The UCR fee can vary by location.



## GOLD PLAN FEE SCHEDULE –REGION 1

SERVICES FOR DENTAL CODES NOT LISTED WILL BE CHARGED AT THE PROVIDER'S  
USUAL AND CUSTOMARY RATE LESS 20%

Code	Description	Fee Schedule
D8040	limited orthodontic treatment of the adult dentition	* 20% discount
D8050	interceptive orthodontic treatment of the primary dentition	* 20% discount
D8060	interceptive orthodontic treatment of the transitional dentition	* 20% discount
D8070	comprehensive orthodontic treatment of the transitional dentition	* 20% discount
D8080	comprehensive orthodontic treatment of the adolescent dentition	* 20% discount
D8090	comprehensive orthodontic treatment of the adult dentition	* 20% discount
D8210	removable appliance therapy	\$225.00
D8220	fixed appliance therapy	\$225.00
D8660	pre-orthodontic treatment visit	* 20% discount
D8670	periodic orthodontic treatment visit (as part of contract)	* 20% discount
D8680	orthodontic retention (removal of appliances, construction and placement of retainer(s))	* 20% discount
D8690	orthodontic treatment (alternative billing to a contract fee)	* 20% discount
D8691	repair of orthodontic appliance	* 20% discount
D8692	replacement of lost or broken retainer	* 20% discount
D8693	rebonding or recementing of fixed retainers	* 20% discount
D8694	repair of fixed retainers, includes reattachment	* 20% discount
D8999	unspecified orthodontic procedure, by report	* 20% discount
D9110	palliative (emergency) treatment of dental pain - minor procedure	\$79.00
D9120	fixed partial denture sectioning	* 20% discount
D9210	local anesthesia not in conjunction with operative or surgical procedures	* 20% discount
D9211	regional block anesthesia	* 20% discount
D9212	trigeminal division block anesthesia	* 20% discount
D9215	local anesthesia in conjunction with operative or surgical procedures	* 20% discount
D9220	deep sedation/general anesthesia - first 30 minutes	\$195.00
D9221	deep sedation/general anesthesia - each additional 15 minutes	* 20% discount
D9230	inhalation of nitrous oxide/anxiolysis, analgesia	* 20% discount
D9241	intravenous conscious sedation/analgesia - first 30 minutes	* 20% discount
D9242	intravenous conscious sedation/analgesia - each additional 15 minutes	* 20% discount
D9248	non-intravenous conscious sedation	* 20% discount
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$55.00
D9410	house/extended care facility call	* 20% discount
D9420	hospital or ambulatory surgical center call	* 20% discount
D9430	office visit for observation (during regularly scheduled hours)	\$45.00
D9440	office visit - after regularly scheduled hours	\$75.00
D9450	case presentation, detailed and extensive treatment planning	* 20% discount
D9610	therapeutic parenteral drugs, single administration	* 20% discount
D9612	therapeutic parenteral drugs, two or more administrations, different medications	* 20% discount
D9630	other drugs and/or medicaments, by report	* 20% discount
D9910	application of desensitizing medicament	* 20% discount
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	* 20% discount
D9920	behavior management, by report	* 20% discount
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	* 20% discount

\* The 20% discount is the amount you will pay less the Providers Usual and Customary Rate Fee (UCR). "Usual" refers to the normal rate charged for the service by the Provider rendering the treatment, and "customary" is defined as the usual rates of the Provider's competitors in that local area. The UCR fee can vary by location.



**GOLD PLAN FEE SCHEDULE –REGION 1**

SERVICES FOR DENTAL CODES NOT LISTED WILL BE CHARGED AT THE PROVIDER'S USUAL AND CUSTOMARY RATE LESS 20%

<b>Code</b>	<b>Description</b>	<b>Fee Schedule</b>
D9940	occlusal guard, by report	\$245.00
D9941	fabrication of athletic mouthguard	* 20% discount
D9942	repair and/or reline of occlusal guard	* 20% discount
D9950	occlusion analysis - mounted case	* 20% discount
D9951	occlusal adjustment - limited	* 20% discount
D9952	occlusal adjustment - complete	\$245.00
D9970	enamel microabrasion	* 20% discount
D9971	odontoplasty 1 - 2 teeth; includes removal of enamel projections	* 20% discount
D9972	external bleaching - per arch – performed in office	* 20% discount
D9973	external bleaching - per tooth	* 20% discount
D9974	internal bleaching - per tooth	\$75.00
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	* 20% discount
D9999	unspecified adjunctive procedure, by report	* 20% discount

\* The 20% discount is the amount you will pay less the Providers Usual and Customary Rate Fee (UCR). "Usual" refers to the normal rate charged for the service by the Provider rendering the treatment, and "customary" is defined as the usual rates of the Provider's competitors in that local area. The UCR fee can vary by location.