

Building Trades Fee Schedule
as of 12/1/2015

CODE	DESCRIPTION	FEE
D0150	COMPREHENSIVE ORAL EXAM	\$39.00
D0210	X-RAYS-COMplete SERIES	\$72.00
D0220	X-RAYS-PERiapICAL 1ST FILM	\$21.00
D0230	X-RAYS-PERiapICAL EACH ADDL	\$11.00
D0240	X-RAYS-OCCLUSAL FILM	\$19.50
D0250	X-RAYS-EXTRAORAL 1ST FILM	\$33.35
D0270	X-RAYS-1 BITEWING	\$16.00
D0272	X-RAYS-2 BITEWINGS	\$23.00
D0274	X-RAYS-4 BITEWINGS	\$37.00
D0320	TMJ JOINT FILM-INCL INJECTION	\$210.40
D0321	OTHER TMJ JOINT FILMS-PR JOINT	\$33.00
D0330	X-RAYS-PANORAMIC FILM	\$46.00
D0360	CONE-BEAM CT-CRANIOFACIAL DATA	\$375.00
D0362	CONE-BEAM 2D MULTI IMAGE RECON	\$315.00
D0363	CONE-BEAM 3D MULTI IMAGE RECON	\$315.00
D0470	DIAGNOSTIC CASTS	\$41.40
D1110	DENTAL PROPHYLAXIS-ADULT(CLEANING)	\$70.00
D1120	PROPHYLAXIS-CHILD UNDER AGE 14(CLEANING)	\$55.00
D1203	FLUORIDE TRMNT-UNDER AGE 14	\$0.00
D1208	TOPICAL APPLICATION OF FLUORIDE-UNDER 14	\$17.00
D1351	SEALANT-PER TOOTH	\$48.00
D1510	SPACE MAINTAINER-FIXED UNILATE	\$133.00
D1515	SPACE MAINTAINER-FIXED BILATER	\$200.00
D1520	SPACE MAINTAINER-REMOV UNILATE	\$143.00
D1525	SPACE MAINTAINER REMOV BILATER	\$200.00
D2140	AMALGAM-1 SURFACE,PRIM.,PERM.	\$63.00
D2150	AMALGAM-2 SURFACES,PRIM.,PERM.	\$96.50
D2160	AMALGAM-3 SURFACES,PRIM.,PERM.	\$122.00
D2161	AMALGAM-4+SURFACES,PRIM.,PERM.	\$162.00
D2330	COMPOSITE-1 SURFACE,ANTERIOR	\$66.70
D2331	COMPOSITE-2 SURFACES,ANTERIOR	\$100.00
D2332	COMPOSITE-3 SURFACES,ANTERIOR	\$124.00
D2335	COMPOSITE-4+SURF/INCISAL,ANT.	\$166.50
D2391	COMPOSITE-1 SURFACE,POSTERIOR	\$67.00
D2392	COMPOSITE-2 SURFACES,POSTERIOR	\$100.00
D2393	COMPOSITE-3 SURFACES,POSTERIOR	\$124.00
D2394	COMPOSITE-4+SURFACES,POSTERIOR	\$166.50
D2510	INLAY METALLIC-1 SURFACE	\$172.50
D2520	INLAY METALLIC-2 SURFACES	\$287.50
D2530	INLAY METALLIC-3 OR MORE SURF	\$402.50
D2542	ONLAY METALLIC-2 SURFACES	\$287.50
D2720	CROWN-RESIN HIGH NOBLE METAL	\$624.00
D2740	CROWN-PORCELAIN/CERAMIC	\$624.00
D2752	CROWN-PORCELAIN NOBLE METAL	\$724.00
D2790	CROWN-FULL CAST HIGH NOBLE MTL	\$558.00
D2910	RECEMENT INLAY	\$49.50

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CODE	DESCRIPTION	FEE
D2920	RECEMENT CROWN	\$49.50
D2930	STAINLESS STEEL CROWN-PRIMARY	\$133.40
D2931	STAINLESS STEEL CROWN-PERMANEN	\$133.40
D2951	PIN RETENTION-PER TOOTH	\$33.50
D2952	CAST POST AND CORE	\$178.00
D2955	POST REMOVAL	\$201.00
D3110	PULP CAP-DIRECT	\$40.00
D3120	PULP CAP-INDIRECT	\$40.00
D3220	THERAPEUTIC PULPOTOMY	\$100.00
D3310	ROOT CANAL-ANTERIOR	\$345.00
D3320	ROOT CANAL-BICUSPID	\$402.50
D3330	ROOT CANAL-MOLAR	\$517.00
D3346	RETREAT ROOT CANAL-ANTERIOR	\$402.50
D3347	RETREAT ROOT CANAL-BICUSPID	\$517.00
D3348	RETREAT ROOT CANAL-MOLAR	\$632.50
D3410	APICOECTOMY-ANTERIOR	\$233.00
D3421	APICOECTOMY-BICUSPID,1ST ROOT	\$249.50
D3425	APICOECTOMY-MOLAR,1ST ROOT	\$267.00
D3426	APICOECTOMY-EACH ADDL ROOT	\$82.50
D3430	RETROGRADE FILLING-PER ROOT	\$120.50
D4210	GINGIVECTOMY/PLASTY-PER QUAD	\$172.50
D4211	GINGIVECTOMY/PLASTY-1-3 TEETH	\$86.25
D4249	CLINICAL CROWN LENGTHENING-HARD TISSUE	\$345.00
D4260	OSSEOUS SURGERY-PER QUAD	\$517.50
D4263	BONE REPLACEMENT GRFT-1ST SITE	\$285.00
D4264	BONE REPLACEMENT GRFT-EA.ADDL.	\$201.00
D4270	PEDICLE SOFT TISSUE GRFT PROC.	\$258.00
D4341	PERIO SCALING/RT PLANNING-QUAD	\$72.45
D4910	PERIO MAINTENANCE	\$91.00
D5110	COMPLETE DENTURE-MAXILLARY	\$690.00
D5120	COMPLETE DENTURE-MANDIBULAR	\$690.00
D5211	PRTL DENT-MAX W/CLASPS-RESIN	\$414.00
D5212	PRTL DENT-MAND W/CLASPS-RESIN	\$414.00
D5213	PRTL DENT-MAX W/CLASPS-CAST	\$609.00
D5214	PRTL DENT-MAND W/CLASPS-CAST	\$609.00
D5281	REMOVABLE UNILATERAL PRTL-1TTH	\$143.75
D5410	ADJUST COMPLETE DENTURE-MAX	\$74.75
D5411	ADJUST COMPLETE DENTURE-MAND	\$74.75
D5421	ADJUST PARTIAL DENTURE-MAX	\$74.75
D5422	ADJUST PARTIAL DENTURE-MAND	\$74.75
D5510	REPAIR BRKN COMPLETE DENT BASE	\$100.00
D5520	REPLACE MISS/BRKN TTH-COMP DNT	\$66.70
D5610	REPAIR RESIN DENTURE BASE	\$100.00
D5640	REPLACE BROKEN TEETH-PER TOOTH	\$100.00
D5650	ADD TOOTH TO PARTIAL DENTURE	\$100.00
D5660	ADD CLASP TO PARTIAL DENTURE	\$150.00

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CODE	DESCRIPTION	FEE
D5710	REBASE COMPLETE DENTURE-MAX	\$266.80
D5711	REBASE COMPLETE DENTURE-MAND	\$266.80
D5720	REBASE PARTIAL DENTURE-MAX	\$200.10
D5721	REBASE PARTIAL DENTURE-MAND	\$200.10
D5730	RELIN COMPLETE DENT-MAX-CHAIR	\$166.75
D5731	RELIN COMPLETE DENT-MAND-CHAIR	\$166.75
D5740	RELIN PARTIAL DENT-MAX-CHAIR	\$166.75
D5741	RELIN PARTIAL DENT-MAND-CHAIR	\$166.75
D5750	RELIN COMPLETE DENT-MAX-LAB	\$256.80
D5751	RELIN COMPLETE DENT-MAND-LAB	\$256.80
D5760	RELIN PARTIAL DENT-MAX-LAB	\$200.10
D5761	RELIN PARTIAL DENT-MAND-LAB	\$200.10
D5810	INTERIM COMPLETE DENTURE-MAX	\$284.00
D5811	INTERIM COMPLETE DENTURE-MAND	\$284.00
D5820	INTERIM PARTIAL DENTURE-MAX	\$284.00
D5821	INTERIM PARTIAL DENTURE-MAND	\$284.00
D5850	TISSUE CONDITIONING-MAXILLARY	\$74.75
D5851	TISSUE CONDITIONING-MANDIBULAR	\$74.75
D6010	SURG.PLCMT.IMPLANT BODY-ENDOST	\$862.50
D6011	SECOND STAGE IMPLANT SURGERY	\$306.00
D6012	SURGICAL PLACEMENT INTERIM IMPLANT BODY	\$862.50
D6013	SURGICAL PLACEMENT OF MINI IMPLANT	\$862.50
D6040	SURG.PLCMT.EPOSTEAL IMPLANT	\$862.50
D6050	SURG.PLCMT.TRANSOSTEAL IMPLANT	\$862.50
D6051	INTERIM ABUTMENT-INCL.PLACEMENT/REMOVAL	\$345.00
D6052	SEMI-PRECISION ATTACHMENT ABUTMENT	\$345.00
D6053	IMPLANT/ABUTMENT-RMVBLE DENT.COMP.EDENT.	\$690.00
D6054	IMPLANT/ABUTMENT-RMVBLE DENT-PRT.EDENT	\$690.00
D6055	CONNECTING BAR	\$425.50
D6056	PREFAB.IMPLANT ABUTMENT	\$295.00
D6057	CUSTOM IMPLANT ABUTMENT	\$402.50
D6058	ABUT.SUPPORT.PORCE/CERAMIC-CRN	\$400.00
D6059	ABUT.SUPPORT.PORCE.HIGH NOB.CR	\$500.00
D6060	ABUT.SUPPORT.PORCE.METAL CROWN	\$500.00
D6061	ABUT.SUPPORT.PORC.NOBLE.MTL.CR	\$500.00
D6062	ABUT.SUPPORT.CAST HIGH NOB.CRN	\$333.50
D6063	ABUT.SUPPORT.CAST METAL CROWN	\$333.50
D6064	ABUT.SUPPORT.CAST NOBLE MTL.CR	\$333.50
D6065	IMPLANT SUPPORT.PORCE/CERAM.CR	\$400.20
D6066	IMPLANT SUPPORT.PORCE.METAL CR	\$500.00
D6067	IMPLANT SUPPORTED METAL CROWN	\$333.50
D6068	ABUT.SUPPORT.RET.PORCE/CER.FPD	\$400.00
D6069	ABUT.SUPP.RET.PORC.HIGH NB.RFD	\$500.00
D6070	ABUT.SUPP.RET.PORC.METAL FPD	\$500.00
D6071	ABUT.SUPP.RET.PORCE.NB.MTL.FPD	\$500.00
D6072	ABUT.SUPPORT.RET.CAST MTL.FPD	\$333.50

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CODE	DESCRIPTION	FEE
D6073	ABUT.SUPPORT.RET.CAST MTL.FPD	\$333.50
D6074	ABUT.SUPPORT.RET.CAST MTL.FPD	\$333.50
D6075	IMPLANT SUPP.RET.CERAMIC FPD	\$400.00
D6076	IMPLANT SUPP.RET.PORCE.MTL.FPD	\$500.00
D6077	IMPLANT SUPP.RET.CAST MTL.FPD	\$333.50
D6078	IMPLANT/ABUT.DENT.COMPL.EDENTU	\$690.00
D6079	IMPLANT/ABUT.DENT.PRTL.EDENTUL	\$690.00
D6080	IMPLANT MAINTENANCE-CLEANSING	\$59.00
D6090	REPAIR IMPLANT SUPPORT.PROSTHE	\$110.40
D6091	REPL.ATTACH.IMPLANT SUPP.PROS.	\$110.40
D6092	RECEMENT IMPLANT SUPPORT.BRDGE	\$40.00
D6093	RECEMENT IMPLANT SUPPORT.BRDGE	\$62.10
D6094	ABUT.SUPPORTED CROWN-TITANIUM	\$500.00
D6095	REPAIR IMPLANT ABUTMENT	\$468.00
D6100	IMPLANT REMOVAL	\$325.45
D6101	DEBRIDEMENT PERI-IMPLANT DEFECT/SURFACES	\$260.00
D6102	DEBRIDEMENT/OSSEOUS CONTOURING PERI-IMPL	\$260.00
D6103	BONE GRAFT FOR REPAIR PERI-IMPLANT DEFEC	\$260.00
D6104	BONE GRAFT AT TIME OF IMPLANT PLACEMENT	\$260.00
D6190	RADIOGRAPHIC/SURG.IMPLANT INDE	\$135.00
D6194	ABUT.SUPPORT.RET.CR.FPD.TITANI	\$500.00
D6199	UNSPECIFIED IMPLANT PROCEDURE	\$0.00
D6242	PONTIC-PORCELAIN NOBLE METAL	\$557.75
D6252	PONTIC-RESIN NOBLE METAL	\$457.00
D6545	RETAINER-MARYLAND BRIDGE ABUT	\$349.00
D6720	ABUTMENT-RESIN HIGH NOBLE MTL	\$624.45
D6740	ABUTMENT-PORCELAIN/CERAMIC	\$502.50
D6752	ABUTMENT-PORCELAIN NOBLE METAL	\$724.50
D6790	ABUTMENT-FULL CAST HIGH NOBLE	\$557.75
D6930	RECEMENT FIXED PARTIAL DENTURE	\$66.70
D6940	STRESS BREAKER	\$74.75
D7140	EXTRACTION-ERUPTED TTH,EXPOSED	\$69.00
D7210	SURGICAL REMOVAL ERUPTED TOOTH	\$103.50
D7220	REMOVAL ERUPTED TTH-SOFT TISS	\$129.00
D7230	REMOVAL ERUPTED TTH-PRTL BONY	\$207.00
D7240	REMOVAL ERUPTED TTH-FULL BONY	\$345.00
D7260	OROANTRAL FISTULA CLOSURE	\$400.20
D7270	TOOTH REIMPLANTATION	\$155.75
D7280	SURG.ACCESS OF UNERUPTED TOOTH	\$333.50
D7285	BIOPSY OF ORAL TISSUE-HARD	\$133.40
D7286	BIOPSY OF ORAL TISSUE-SOFT	\$100.00
D7310	ALVEOLOPLASTY W/EXT-PER QUAD	\$100.00
D7320	ALVEOLOPLASTY W/OUT EXT-QUAD	\$166.00
D7340	VESTIBULOPLASTY	\$500.00
D7410	EXCISION BENIGN LESION<1.25 CM	\$116.00
D7411	EXCISION BENIGN LESION>1.25 CM	\$194.00

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CODE	DESCRIPTION	FEE
D7412	EXCISION BENIGN LESION-COMPLIC	\$194.00
D7471	REMOVAL OF EXOSTOSIS-PER SITE	\$150.00
D7510	INCISION & DRAINAGE-INTRAORAL	\$83.00
D7520	INCISION & DRAIANGE-EXTRAORAL	\$200.00
D7530	REMOVE FOREIGN BODY-SOFT TISS	\$97.75
D7540	REMOVE FOREIGN BODY FROM BONE	\$446.00
D7550	SEQUESTRECTOMY/PRTL OSTECTOMY	\$333.50
D7560	MAXILLARY SINUSOTOMY	\$446.00
D7640	SIMPLE FRACTURE-MAND-CLOSED	\$517.50
D7850	SURG.DISCECTOMY-W/OR W/OUT IMP	\$900.00
D7871	NON-ARTHROSCOPIC LYSIS/LAVAGE	\$90.00
D7910	SUTURE OF RECENT SMALL WOUND	\$133.40
D7950	OSSEOUS/OSTEOP.CARTILAGE GRFT.	\$498.00
D7951	SINUS AUGMENT.BONE SUBSTITUTES	\$498.00
D7953	BONE REPLACE.GRFT.RIDGE PRESER	\$120.00
D7955	REPAIR MAXILLOFAC.SOFT/HARD TI	\$687.00
D7960	FRENULECTOMY-(FRENECTOMY)	\$233.00
D7970	EXCISION HYPERPLASTIC TIS-ARCH	\$266.00
D7980	SIALOLITHOTOMY	\$333.50
D7983	CLOSURE OF SALIVARY FISTULA	\$201.00
D8210	ORTHO-REMOVABLE APPLIANCE	\$90.00
D8220	FIXED APPLIANCE/DIAGNOSTIC	\$168.00
D8670	ORTHO TX-QUARTERLY-UP TO LIFETIME MAX	\$862.00
D9110	PALLIATIVE TREATMENT	\$33.00
D9220	DEEP SED/GEN ANESTH-1ST 30 MIN	\$183.00
D9221	DEEP SED/GEN ANESTH-EA.ADDL.15	\$66.75
D9241	I.V.SEDATION/ANALGESIA-1ST 30	\$200.00
D9242	I.V.SED/ANALGESIA-EA.ADD.15MIN	\$100.00
D9310	CONSULTATION BY SPECIALIST	\$107.00
D9430	OFFICE VISIT-DURING REG HOURS	\$24.00
D9440	OFFICE VISIT-AFTER REG HOURS	\$33.00
D9610	THERAPEUTIC DRUG INJECTION	\$38.00
D9930	TREATMENT OF COMPLICATIONS	\$13.00
D9940	OCCLUSAL GUARD/TMJ APPLIANCE	\$172.00
D9951	OCCLUSAL ADJUSTMENT-LIMITED	\$78.00

COMMENTS:

NO ANNUAL MAX

PROSTHETICS ARE PAYABLE ONCE EVERY 5 YEARS

FLUORIDE TREATMENTS ARE PAYABLE FOR PATIENT'S 13 YEARS OF AGE AND YOUNGER.

PROPHYS, FLUORIDE TREATMENTS & 4 BITEWINGS PAYABLE ONCE EVERY 6 MONTHS

FULL MOUTH SERIES X-RAYS & PANOREX X-RAYS PAYABLE ONCE EVERY 3 YEARS

SPACE MAINTAINERS ARE LIMITED TO DEPENDENTS UNDER AGE 16

DENTURE ADJUSTMENTS, RELINES & REBASES ARE PAYABLE 6 MONTHS AFTER

INSERTION DATE, OTHERWISE ARE INCLUDED IN THE INSERTION FEE

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CODE	DESCRIPTION	FEE
	THERE IS NO COVERAGE TO REPLACE BRIDGES & DENTURES IF THE MISSING	_
	TEETH WERE EXTRACTED BEFORE THE MEMBER'S COVERAGE WAS IN EFFECT W/DDS	_
	ALL CLAIMS MUST BE SUBMITTED WITHIN 12 MONTHS OF THE BEGINNING SERVICE	_
	DATE FOR COVERAGE-ALL SERVICE DATES EXCEEDING THE 12 MONTH LIMITATION	_
	WILL NOT BE COVERED.	_
	***DR'S OFFICE MUST CALL DDS MONTHLY TO VERIFY PATIENT'S ELIGIBILITY.	_
	***EFFECTIVE 12-1-15 THE PER PATIENT LIFETIME ORTHODONTIC MAXIMUM HAS BEEN	_
	INCREASED FROM \$3000.00 TO \$3600.00. THE FUND PAYS \$862.00 PER QUARTER UP TO	_
	THE PATIENTS LIFETIME MAXIMUM. ORTHODONTIC COVERAGE IS FOR DEPENDENT CHILDREN	_
	ONLY BETWEEN THE AGES OF 8 AND THE PATIENT'S 19TH BIRTHDAY.	_
	*****EFFECTIVE 1-1-09 SOME IMPLANT SERVICES HAVE BEEN ADDED TO THE	_
	FEE SCHEDULE. PANEL DENTISTS ARE NOT REQUIRED TO ACCEPT THE IMPLANT	_
	SERVICES AS PAYMENT IN FULL.	_
	****EFFECTIVE 1/1/2015 THE ANNUAL IMPLANT MAXIMUM HAS BEEN INCREASED FROM	_
	\$750.00 TO \$3000.00 PER PATIENT. THE INCREASE APPLIES TO DATES OF SERVICE ON OR	_
	AFTER 1/1/2015 ONLY.	_
	****THE FOLLOWING IMPLANT CODES ARE PAYABLE ONCE PER 5 YEARS:	_
	6010,6040,6050,6055,6056,6057,6058,6059,6060,6061,6062,6063,6064,6065,	_
	6066,6067,6068,6069,6070,6071,6072,6073,6074,6075,6076,6077,6091,6094,	_
	6190 AND 6194.	_
	****THE FOLLOWING IMPLANT REPLATED CODES ARE PAYABLE ONCE PER 12 MOS:	_
	4263,4264,4270,6080,6090,6093,7950,7951,7953 AND 7955.	_
	****THE FOLLOWING IMPLANT RELATED CODES ARE PAYABLE ONCE PER 6 MONTHS: 6092	_
	****THE FOLLOWING IMPLANT RELATED CODES ARE PAYABLE ONCE PER 24 MONTHS: 6095	_
	****THE FOLLOWING IMPLANT & IMPLANT RELATED CODES HAVE BEEN ADDED AS OF 1/1/2015	_
	AND ARE PAYABLE ONCE EVERY 5 YEARS: 6011,6012,6013,6051,6052,6053,6054,6078,6079	_
	****THE FOLLOWING IMPLANT RELATED CODES HAVE BEEN ADDED AS OF 1/1/2015 AND ARE	_
	PAYABLE ONCE PER 12 MONTHS: 6101,6102,6103 & 6104.	_
	****CODE 6199 HAS BEEN ADDED AS OF 1/1/2015 & IS PAYABLE ON A BY REPORT" BASIS."	_