

Schedule of Benefits 7/16/2011

Dental Codes	Refund Amount	Description
0120	28	Periodic oral evaluation
0140	42	Limited oral evaluation - focused problem
0150	46	Comprehensive oral evaluation
0160	80	Detailed and extensive oral evaluation: problem focused by report
0170	22	Re-evaluation limited, problem focused established patient not post operative
0180	60	Comprehensive oral evaluation - new or established patient
0210	82	Intraoral - complete series (including bitewings)
0220	16	Intraoral - periapical first film
0230	12	Intraoral - periapical each additional film
0240	26	Intraoral - occusal film
0250	34	Extraoral - first film
0260	28	extraoral - each additional film
0270	16	Bitewings - single film
0272	28	Bitewings - two films
0273	33	Bitewings - three films
0274	38	Bitewings - four films
0277	46	Vertical bitewings - 7-8 films
0290	80	Posterior - anterior or lateral skull and facial bone survey film
0310	120	Sialography
0322	210	Tomographic survey
0330	70	Panoramic film
0340	80	Cephalometric film
0350	32	Oral/facial images (including intra and extraoral images)
0360	215	cone beam CT - craniofacial data capture
0362	132	cone beam CT - two-dimensional image reconstruction using existing data, includes multiple images
0363	138	cone beam CT - three-dimensional image reconstruction using existing data, includes multiple images
0415	74	Bacteriologic studies for determination of pathologic agents
0416	74	Viral culture
0421	56	Genetic test for susceptibility to oral diseases
0425	48	Caries susceptibility tests
0431	28	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures
0460	34	Pulp vitality tests
0470	62	Diagnostic casts
0472	40	Accession of tissue, gross examination, preparation and transmission
0473	67	Accession of tissue, gross and microscopic exam, preparation and transmission of written report

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0474	83	surgical margins for presence of disease, preparation and transmission of written report
0475	95	Decalcification process
0476	148	Special stains for microorganisms
0477	148	Special stains not for microorganisms
0478	81	Immunohistochemical stains
0479	109	Tissue in-situ hybridization, including interpretation
0480	82	Processing and interpretation of cytologic smears, including the preparation
0481	81	Electron microscopy - diagnostic
0482	49	Direct immunofluorescence
0483	53	Indirect immunofluorescence
0484	77	Consultation on slides prepared elsewhere
0485	77	Consultation, including preparation of slides from biopsy material supplied by referring source
0486	72	Accession of brush biopsy sample, microscopic examination, preparation and transmission of written report
0501	116	Histopathologic examination
0502	106	Other oral pathology procedures, by report
0999	IR	Unspecified diagnostic procedure, by report

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Dental Codes	Refund Amount	Description
1110	54	Prophy - adult
1120	40	Prophy - child
1201	55	Topical application of flouride (including prophy - child)
1203	15	Topical application of flouride (excluding prophy - child)
1204	15	Topical application of flouride (excluding prophy - adult)
1205	70	Topical application of flouride (including prophy - adult)
1206	22	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients
1310	21	Nutritional counseling for control of dental disease
1320	0	Tobacco counseling
1330	0	Oral hygiene instructions
1351	15	Reimbursement through the age of 18 Only Sealant - per tooth
1510	200	Space maintainer: fixed - unilateral
1515	284	Space maintainer; fixed - bilateral
1520	246	Space maintainer, removable - unilateral
1525	314	Space maintainer; removable - bilateral
1550	50	Recementation of space maintainer
1555	48	Removal of fixed space maintainer

*******NOTE***** Reimbursement for sealants will only be covered through the age of 18. The plan no longer covers sealants on patients over the age 18.**

Orthodontics will be reimbursed at 15% beginning July 16th, 2011.

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Dental Codes	7/16/2011 Refund Amount	Description
2110	27	Amalgam - one surface,
2120	33	Amalgam - two surfaces; primary
2130	41	Amalgam - three surfaces; primary
2131	52	Amalgam - four or more surfaces; primary
2140	45	Amalgam - one surface; permanent
2150	51	Amalgam - two surfaces; permanent
2160	62	Amalgam - three surfaces; permanent
2161	69	Amalgam - four or more surfaces; permanent
2330	53	Resin - based composite; one surface, anterior
2331	65	Resin - based composite; two surface, anterior
2332	76	Resin - based composite; three surface, anterior
2335	87	Resin - based composite; four or more surfaces or involving incisal angle
2390	123	Resin-based composite crown, anterior
2391	68	Resin - based composite; one surface, posterior
2392	93	Resin - based composite; two surfaces, posterior
2393	110	Resin - based composite; three surfaces, posterior
2394	121	Resin - based composite; four or more surfaces, posterior
2410	68	Gold foil - one surface
2420	76	Gold foil- two surfaces
2430	85	Gold foil - three surfaces
2510	41	Inlay - metallic; one surface
2520	48	Inlay - metallic; two surfaces
2530	56	Inlay - metallic; three or more surfaces
2542	53	Onlay - metallic; two surfaces
2543	65	Onlay - metallic; three surfaces
2544	74	Onlay - metallic; four or more surfaces
2610	51	Inlay - porcelain/ceramic; one surfaces
2620	62	Inlay - porcelain/ceramic; two surfaces
2630	71	Inlay - porcelain/ceramic; three or more surfaces
2642	98	Onay - porcelain/ceramic; two surfaces
2643	110	Onlay - porcelain/ceramic; three surfaces
2644	121	Onlay - porcelain/ceramic; four or more surfaces
2650	59	Inlay - resin based composite; one surface
2651	68	Inlay resin based composite; two surfaces
2652	79	Inlay - resin based composite; three or more surfaces
2662	85	Onlay - resin based composite; two surfaces
2663	93	Onlay - resin based composite; three surfaces
2664	107	Onlay - resin based composite; four or more surfaces
2710	165	Crown - resin (indirect)
2712	229	Crown - resin-based composite (indirect)

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2720	249	Crown - resin with high noble metal
2721	226	Crown - resin with predominantly base metal
2722	234	Crown - resin with noble metal
2740	259	Crown - porcelain/ceramic substrate
2750	257	Crown - porcelain fused to high noble metal
2751	236	Crown - porcelain fused to predominantly base metal
2752	246	Crown - porcelain fused to noble metal
2780	257	Crown - 3/4 cast high noble metal
2781	236	Crown - 3/4 cast predominantly base metal
2782	245	Crown - 3/4 cast noble metal
2783	259	Crown - 3/4 porcelain/ceramic
2790	254	Crown - full cast high noble metal
2791	231	Crown - full cast predominantly base metal
2792	240	Crown - full cast noble metal
2794	254	Crown - titanium
2799	41	Provisional crown
2910	15	Recement inlay
2915	14	recement cast or prefabricated post and core
2920	15	Recement crown
2930	59	Prefabricated stainless steel crown - primary tooth
2931	72	Prefabricated stainless steel crown - permanent tooth
2932	72	Prefabricated resin crown
2933	82	Prefabricated stainless steel crown with resin window
2934	88	Prefabricated esthetic coated stainless steel crown - primary tooth
2940	16	Sedative filling
2950	60	Core buildup, including any pins
2951	9	Pin retention - per tooth, in addition to restoration
2952	64	Cast post and core in addition to crown
2953	23	Each additional cast post - same tooth
2954	50	Prefabricated post and core in addition to crown
2955	40	Post removal (not in conjunction with endodontic therapy)
2957	12	Each additional prefabricated post - same tooth
2960	77	Labial veneer (resin laminate); chair side
2961	128	Labial veneer (resin laminate); laboratory
2962	153	Labial veneer (porcelain laminate); laboratory
2970	55	temporary crown (fractured tooth)
2971	IR	Additional procedures to construct new crown under existing partial denture framework
2975	114	Coping
2980	46	Crown repair; by report
2999	IR	Unspecified restorative procedure, by report

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Dental Codes	7/16/2011 Refund Amount	Description
3110	17	Pulp cap - direct (excluding final restoration)
3120	17	Pulp cap - indirect (excluding final restoration)
3220	37	Therapeutic pulpotomy (excluding final restoration) removal of pulp coronal
3221	25	Gross pulpal debridement, primary and permanent teeth
3230	54	Pulpal therapy (restorable filling) anterior primary tooth (excluding final restoration)
3240	60	Pulpal therapy (restorable filling) posterior, primary tooth (excluding final restoration)
3310	146	Anterior (excluding final restoration)
3320	176	Bicuspid (excluding final restoration)
3330	219	Molar (excluding final restoration)
3331	78	Treatment of root canal obstruction; non surgical access
3332	60	Incomplete endodontic therapy; inoperable or fractured tooth
3333	40	Internal root repair of perforation defects
3346	160	Retreatment of previous root canal therapy - anterior
3347	186	Retreatment of previous root canal therapy - bicuspid
3348	230	Retreatment of previous root canal therapy - molar
3351	73	Apexification/recalcification; initial visit (apical closure/calcification repair)
3352	52	Apexification/recalcification; interim medication replacement
3353	90	Apexification/recalcification; final visit (includes completed root canal)
3410	137	Apicoectomy/periradicular surgery - anterior
3421	154	Apicoectomy/periradicular surgery - bicuspid (first root)
3425	175	Apicoectomy/periradicular surgery - molar (first root)
3426	66	Apicoectomy/periradicular surgery - (each additional root)
3430	52	Retrograde filling - per root
3450	94	Root amputation - per root
3460	201	Endontic endosseous implant
3470	157	Intentional reimplantation (including necessary splinting)
3910	37	Surgical procedure for isolation of tooth with rubber dam
3920	92	Hemisection (including any root removal) not including root canal therapy
3950	50	Canal preperation and fitting of performed dowel or post
3999	IR	Unspecified endodontic procedure, by report

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Dental Codes	7/16/2011 Refund Amount	Description
4210	111	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant
4211	42	Gingivectomy or gingivoplasty - per tooth
4230	107	Anatomical crown exposure - four or more contiguous teeth per quadrant
4231	98	Anatomical crown exposure - one to three contiguous teeth per quadrant
4240	117	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant
4241	111	Gingival flap procedure, including root planning - one to three contiguous teeth or bounded teeth spaces per quadrant
4245	150	Apically positioned flap
4249	150	Clinical crown lengthening - hard tissue
4260	185	Osseous surgery (including flap entry and closure) - per quadrant
4261	153	Osseous surgery 1/3 teeth/quadrant
4263	111	Bone replacement graft - first site in quadrant
4264	81	Bone replacement graft - each additional sit in quadrant
4265	78	Biologic materials to aid in soft and osseour tissue regeneration
4266	139	Guided tissue regeneration - restorable barrier, per site
4267	155	Guided tissue regeneration - nonrestorable barrier, per site (including membrane removal)
4268	115	Surgical revision procedure, per tooth
4270	118	Pedicle soft tissue graft procedure
4271	128	Free soft tissue graft procedure (including donor site surgery)
4273	166	Supithelial connective tissue graft procedure (including donor site surgery)
4274	99	Distal or proximal wedge procedure(not performed in conjunction with surgical proc. in the same anatomical area)
4275	156	Soft tissue allograft
4276	189	Combined connective tissue and double pedicle graft, per tooth
4320	69	Provisional splinting - intracoronal
4321	62	Provisional splinting - extracoronal
4341	59	Periodontal scaling and root planning, per quadrant
4342	37	scale and root planning 1-3 quadrant
4355	38	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis
4381	32	Localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report
4910	49	Periodontal maintenance procedures (following active therapy)
4920	14	Unscheduled dressing change (by someone other than treating dentist)
4999	5	Unspecified periodontal procedure, by report

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Dental Codes	7/16/2011 Refund Amount	Description
5110	228	Complete denture - maxillary
5120	227	Complete denture - mandibular
5130	237	Immediate denture - maxillary
5140	237	Immediate denture - mandibular
5211	173	Maxillary partial denture - resin based (including any conventional clasps, rests and teeth)
5212	175	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)
5213	241	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
5214	237	Mandibular partial denture - cast metal framework with resin dentures bases (including any conventional clasps, rests and teeth)
5225	205	Maxillary partial denture - flexible base (including any clasps, rests and teeth)
5226	205	Mandibular partial denture - flexible base (including any clasps, rests and teeth)
5281	138	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)
5410	13	Adjust complete denture - maxillary
5411	13	Adjust complete denture - mandibular
5421	13	Adjust partial denture - maxillary
5422	13	Adjust partial denture - mandibular
5510	28	Repair broken complete denture base
5520	25	Replace missing or broken teeth - complete denture (each tooth)
5610	28	Replace resin denture base
5620	42	Repair cast framework
5630	37	Repair or replace broken clasp
5640	24	Replace broken teeth -per tooth
5650	32	Add tooth to existing partial denture
5660	40	Add clasp to existing partial denture
5670	104	Replace all teeth and acrylic on cast metal framework (maxillary)
5671	107	Replace all teeth and acrylic on cast metal framework (mandibular)
5710	85	Rebase complete maxillary denture
5711	86	Replace complete mandibular denture
5720	82	rebase maxillary partial denture
5721	82	Rebase mandibular partial denture
5730	51	Reline complete maxillary denture (chairside)
5731	51	Reline complete mandibular denture (chairside)
5740	51	Reline maxillary partial denture (chairside)
5741	49	Reline mandibular partial denture (chairside)
5750	70	Reline complete maxillary denture (laboratory)
5751	70	Reline complete mandibular denture (laboratory)
5760	69	Reline maxillary partial denture (laboratory)
5761	69	Reline mandibular partial denture (laboratory)
5810	114	Interim complete denture (maxillary)
5811	114	Interim complete denture (mandibular)
5820	97	Interim partial denture (maxillary)
5821	98	Interim partial denture (mandibular)
5850	25	Tissue conditioning, maxillary
5851	25	Tissue conditioning, mandibular

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5860	270	Overdenture - complete, by report
5861	267	Overdenture - partial, by report
5862	90	Precision attachment, by report
5867	46	Replacement of replaceable part of semi - precision attachment (male or female component)
5875	55	Modification of removable prosthesis following implant surgery
5899	IR	unspecified removable prosthodontic procedure, by report
5911	IR	Facial moulage (sectional)
5912	IR	Facial moulage (complete)
5913	IR	Nasal prosthesis
5914	IR	Auricular prosthesis
5915	IR	Orbital prosthesis
5916	IR	Ocular prosthesis
5919	IR	Ocular prosthesis
5922	IR	Nasal septal prosthesis
5923	IR	Ocular prosthesis, interim
5924	IR	Cranial prosthesis
5925	IR	Facial augmentation implant prosthesis
5926	IR	Nasal prosthesis, replacement
5927	IR	Auricular prosthesis, replacement
5928	IR	Orbital prosthesis, replacement
5929	IR	Facial prosthesis replacement
5931	IR	Obturator prosthesis, surgical
5932	IR	Obturator prosthesis, definitive
5933	IR	Obturator prosthesis, modification
5934	IR	Mandibular resection prosthesis with guide flange
5935	IR	Mandibular resection without guide flange
5936	IR	Obturator prosthesis, interim
5937	105	Trismus appliance (not for TMD treatment)
5951	IR	Feeding aid
5952	IR	Speech aid prosthesis, pediatric
5953	IR	Speech aid prosthesis, adult
5954	IR	Palatal augmentation prosthesis
5955	IR	Palatal lift prosthesis, definitive
5958	IR	Palatal lift prosthesis, interim
5959	IR	Palatal lift prosthesis, modification
5960	IR	Speech aid prosthesis, modification
5982	62	Surgical stent
5983	IR	Radiation carrier
5984	IR	Radiation shield
5985	IR	Radiation cone locator
5986	26	Fluoride gel carrier
5987	IR	Commissure splint
5988	122	Surgical splint
5999	IR	Unspecified maxillofacial prosthesis, by report

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Dental Codes	7/16/2011 Refund Amount	Description
6010	321	Surgical replacement of implant body; endosteal implant
6012	278	Surgical placement of interim implant body for transitional prosthesis: endosteal implant
6020	141	Abutment placement of substitution; endosteal implant
6040	1280	Surgical placement; eosteal implant
6050	935	Surgical placement; transosteal implant
6053	431	Implant/abutment supported fixed denture for completely edentulous arch
6054	430	Implant/abutment supported removable denture for partially edentulous arch
6055	338	Dental implant supported connecting bar
6056	64	Prefabricated abutment
6057	140	Custom abutment
6058	269	Abutment supported porcelain/ceramic crown
6059	278	Abutment supported porcelain fused to metal crown (high noble metal)
6060	278	Abutment supported porcelain fused to metal crown (predominantly base metal)
6061	231	Abutment supported porcelain fused to metal crown (noble metal)
6062	269	Abutment supported cast metal crown (high noble metal)
6063	233	Abutment supported cast metal crown (predominantly base metal)
6064	254	Abutment supported cast metal crown (noble metal)
6065	316	Implant supported porcelain/ceramic crown
6066	310	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)
6067	270	Implant supported metal crown (titanium, titanium alloy, high noble metal)
6068	268	Abutment supported retainer for porcelain /ceramic FPD
6069	266	Abutment supported retainer for porcelain fused to metal FDP (high noble metal)
6070	237	Abutment supported retainer for porcelain fused to metal FDP (predominantly base metal)
6071	252	Abutment supported retainer for porcelain fused to metal FDP (noble metal)
6072	257	Abutment supported retainer for cast metal FPD (high noble metal)
6073	244	Abutment supported retainer for cast metal FPD (predominantly base metal)
6074	254	Abutment supported retainer for cast metal FPD (noble metal)
6075	196	Implant supported retainer for ceramic FPD
6076	184	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy or high noble metal)
6077	174	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)
6078	300	Implant/abutment supported fixed denture for completely edentulous arch
6079	263	Implant/abutment supported fixed denture for partially edentulous arch
6080	37	Implant maintenance procedures, including removal prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis
6090	115	Repair implant supported prosthesis, by report
6094	291	Abutment supported crown - (titanium)
6095	119	Repair implant abutment, by report
6100	122	Implant removal, by report
6194	332	Abutment supported retainer crown for FPD - (titanium)
6199	IR	Unspecified implant removal, by report
6210	248	Pontic - cast high noble metal
6211	231	Pontic - cast predominantly base metal
6212	239	Pontic - cast noble metal
6214	273	Pontic - titanium
6240	252	Pontic - porcelain fused to high noble metal

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6241	234	Pontic - porcelain fused to predominantly base metal
6242	244	Pontic - porcelain fused to noble metal
6245	246	Pontic - porcelain/ceramic
6250	248	Pontic - resin with high noble metal
6251	231	Pontic - resin with predominantly base metal
6252	242	Pontic - resin with noble metal
6253	115	Provisional pontic
6545	93	Retainer - case metal for resin bonded fixed prosthesis
6548	98	Retainer - porcelain/ceramic for resin bonded fixed prosthesis
6600	168	Inlay - Porcelain/ceramic, two surfaces
6601	181	Inlay - Porcelain/ceramic, three or more surfaces
6602	170	Inlay - cast high noble metal, two surfaces
6603	182	Inlay - cast high noble metal, three or more surfaces
6604	161	Inlay - cast predominantly base metal, two surfaces
6605	176	Inlay - cast predominantly base metal, three or more surfaces
6606	166	Inlay - cast noble metal, two surfaces
6607	179	Inlay - cast noble metal, three or more surfaces
6608	181	Onlay - porcelain/ceramic, two surfaces
6609	193	Onlay - porcelain/ceramic, three or more surfaces
6610	176	Onlay - cast high noble metal, two surfaces
6611	195	Onlay - cast high noble metal, three or more surfaces
6612	177	Onlay - cast predominantly base metal, two surfaces
6613	190	Onlay - cast predominantly base metal, three or more surfaces
6614	183	Onlay - cast noble metal, two surfaces
6615	194	Onlay - cast noble metal, three or more surfaces
6624	185	inlay - titanium
6634	193	Onlay - titanium
6710	269	Crown - indirect resin based composite
6720	248	Crown- resin with high noble metal
6721	234	Crown - resin with predominantly base metal
6722	244	Crown - resin with noble metal
6740	254	Crown - porcelain/ceramic
6750	254	Crown - porcelain fused to high noble metal
6751	234	Crown - porcelain fused to predominantly base metal
6752	246	Crown - porcelain fused to noble metal
6780	248	Crown - 3/4 cast high noble metal
6781	244	Crown - 3/4 cast predominantly base metal
6782	244	Crown - 3/4 cast noble metal
6783	248	Crown - 3/4 porcelain/ceramic
6790	250	Crown - full cast high noble metal
6791	231	Crown - full cast predominantly base metal
6792	240	Crown - full cast noble metal
6793	75	Provisional retainer crown
6794	232	Crown - titanium
6920	133	Connector bar
6930	22	Recement fixed partial denture
6940	60	Stress breaker

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6950	90	Precision attachment
6970	63	Cast post and core in addition to fixed partial denture retainer
6971	58	Cast post as part of fixed partial denture retainer
6972	49	Prefabricated post and core in addition to fixed partial denture retainer
6973	42	Core build up for retainer, including any pins
6975	102	Coping - metal
6976	20	Each additional cast post - same tooth
6977	14	Each additional prefabricated post -same tooth
6980	52	Fixed partial denture repair, by report
6985	157	Pediatric partial denture, fixed
6999	IR	Unspecified, fixed prosthodontic procedure, by report

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Dental Codes	7/16/2011 Refund Amount	Description
7111	27	Coronal remnants - deciduous tooth
7120	29	Each additional tooth
7130	39	Root removal - exposed roots
7140	31	Single tooth
7210	58	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap
7220	68	removal of impacted tooth - soft tissue
7230	87	Removal of impacted tooth - partially bony
7240	104	Removal of impacted tooth - fully bony
7241	125	Removal of impacted tooth - completely bony, with unusual surgical
7250	60	Surgical removal of residual tooth roots (cutting procedure)
7260	139	Oroantral fistula closure
7261	120	Primary closure of sinus perforation
7270	104	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced
7272	144	Tooth transplantation (includes reimplantation from one site to another)
7280	96	Surgical exposure of impacted or unerupted tooth for orthodontic reasons
7282	84	Mobilization of erupted or malpositioned tooth to aid eruption
7283	86	Placement of device to facilitate eruption of impacted tooth
7285	75	Biopsy of oral tissue - hard (bone, tooth)
7286	61	Biopsy of oral tissue - soft (all others)
7287	24	Exfoliative cytological sample collection
7288	27	Brush biopsy - transepithelial sample collection
7290	92	Surgical repositioning of teeth
7291	55	Transseptal fiberotomy, by report
7292	337	Surgical placement: temporary anchorage device, screw retained plate
7293	259	Surgical placement: temporary anchorage device, with surgical flap
7294	193	Surgical placement: temporary anchorage device, without surgical flap
7310	60	Alveoloplasty in conjunction with extractions - 4 or more teeth
7311	49	Alveoloplasty not in conjunction with extractions - 1 to 3 teeth
7320	84	Alveoloplasty not in conjunction with extractions - per quadrant
7321	70	Alveoloplasty not in conjunction with extractions
7340	137	Vestibuloplasty - ridge extension (secondary epithelialization)
7350	283	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle)
7410	84	Radical excision - lesion diameter up to 1.25cm
7411	97	Excision of benign lesion greater than 1.25 cm
7412	129	Excision of benign lesion, complicated
7413	111	Excision of malignant lesion up to 1.25 cm
7414	161	Excision of malignant lesion greater than 1.25 cm
7415	196	Excision of malignant lesion, complicated
7440	112	Excision of malignant tumor - lesion diameter up to 1.25cm
7441	192	Excision of malignant tumor - lesion diameter greater than 1.25cm
7450	102	Removal of odontogenic cyst or tumor - lesion diameter up to 1.25cm
7451	137	Removal of odontogenic cyst or tumor - lesion diameter greater than 1.25cm
7460	98	Removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25cm
7461	134	Removal of nonodontogenic cyst or tumor - lesion diameter greater than 1.25cm
7465	66	Destruction of lesions by physical or chemical method by report
7471	125	Removal of lateral exostosis
7472	118	Removal of torus palatinus

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7473	116	Removal of torus mandibularis
7485	107	Surgical reduction of osseous tuberosity
7490	2064	Removal of foreign body, skin, or subcutaneous alveolar tissue
7510	42	Removal of reaction producing foreign bodies, musculoskeletal system
7511	51	Incision and drainage of abscess - interoral soft tissue
7521	87	Incision and drainage of abscess - extraoral soft tissue
7530	66	Removal of foreign body from mucosa, skin or subcutaneous alveolar tissue
7540	102	Removal of reaction producing foreign bodies, musculoskeletal system
7550	99	Partial ostectomy/sequestrectomy for removal of non-vital bone
7560	204	Maxillary sinusotomy for removal of tooth fragment or foreign body
7910	IR	Suture of recent small wounds up to 5 cm
7911	IR	Complicated suture up to 5 cm
7912	IR	Complicated suture greater than 5 cm
7920	388	Skin graft
7940	505	Osteoplasty - for orthognathic deformities
7941	1667	Osteotomy - mandibular rami
7943	1483	Osteotomy - mandibular rami with bone graft
7944	1293	Osteotomy - segmented or subapical/per quadrant or sextant
7945	1324	Osteotomy - body of mandible
7946	1590	LeFort I (maxilla - total)
7947	1565	LeFort I (maxilla - segmented)
7948	1799	LeFort II or LeFort III (osteoplasty of facial bones or midface hypoplasia)
7949	2110	LeFort II or LeFort III with bone graft
7950	424	Osseous, osteoperiosteal or cartilage graft of the mandible or facial bones
7951	431	Sinus augmentation with bone or bone substitutes
7953	78	Bone replant graft
7955	219	Repair of maxillofacial soft and hard tissue defect
7960	73	Frenulectomy (frenectomy or frenotomy) - separate procedure
7963	81	Frenuloplasty
7970	78	Excision of hyperplastic tissue - per arch
7971	37	Excision of pericoronal gingiva
7972	111	Surgical reduction of fibrous tuberosity
7980	104	Sialolithotomy
7981	431	Excision of salivary gland, by report
7982	254	Sialodochoplasty
7983	131	Closure of salivary fistula
7990	IR	Emergency tracheotomy
7991	731	Coronoidectomy
7995	IR	Synthetic graft, mandible or facial bones, by report
7996	IR	Implant - mandible for augmentation purposes
7997	IR	Appliance removal (not by dentist who placed appliance)
7998	300	Intraoral placement of a fixation device not in conjunction with a fracture
7999	IR	Unspecified oral surgery procedure, by report

Schedule of Benefits - 7/16/2011

Dental Codes	7/16/2011 Refund Amount	Description
9110	24	Palliative (emergency) treatment of dental pain - minor procedure
9120	30	Fixed partial denture sectioning
9210	14	Local anesthesia not in conjunction with operative or surgical procedures
9211	19	Region block anesthesia
9212	39	Trigeminal division block anesthesia
9215	13	Local anesthesia not in conjunction with operative or surgical procedures
9220	76	General anesthesia - first 30 min
9221	31	General anesthesia - each additional 15 min
9230	14	Analgesia, anxiolysis, inhalation of nitrous oxide
9241	73	Intravenous sedation/analgesia - first 30 min
9242	28	Intravenous sedation/analgesia - each additional 15 min
9248	34	Non - intravenous conscious sedation
9310	24	Consultation (diagnostic service provided by dentist or physician other than
9410	37	Hose/extended care facility call
9420	40	Hospital call
9430	15	Office visit for observation (during regularly scheduled hours)
9440	29	Office visit after regularly scheduled hours
9450	21	Case presentation; detailed and extensive treatment planning
9610	18	Therapeutic drug injection, by report
9612	25	Therapeutic parenteral drugs, two or more injections different medications
9630	8	Other drugs and/ or medications, by report
9910	14	Application of desensitizing medicament
9911	15	Application of desensitizing resin for cervical and/or root surface, per tooth
9920	24	Behavior management, by report
9930	25	Treatment of complications (post - surgical) -- unusual circumstances, by report
9940	90	Occlusal guard, by report
9941	32	Fabrication of athletic mouthguard
9942	37	Repair or relines of occlusal guard
9950	41	Occlusion analysis, mounted case
9951	22	Occlusal adjustment - limited
9952	96	Occlusal adjustment - complete
9970	27	Enamel microabrasion
9971	14	Odontoplasty 1-2 teeth, includes removal of enamel projections
9972	0	NOT APPLICABLE
9973	0	NOT APPLICABLE
9974	0	NOT APPLICABLE
9999	5	infection control/sterilization