

IRON WORKERS BENEFIT TRUST SCHEDULE OF DENTAL SERVICES AND SUPPLIES

D0100-D0999 I. Diagnostic

Clinical Oral Evaluations

D0120	periodic oral evaluation – established patient*	\$ 66.50
D0140	limited oral evaluation – problem focused*	\$ 66.50
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver*	\$ 51.25
D0150	comprehensive oral evaluation – new or established patient*	\$ 66.50
D0160	detailed and extensive oral evaluation – problem focused, by report*	\$ 66.50
D0180	comprehensive periodontal evaluation – new or established patient*	\$ 66.50

*Subject to a maximum of three examinations separated by four consecutive months during any twelve-month period.

Diagnostic Imaging

D0210	intraoral – complete series of radiographic images	\$ 91.50
D0220	intraoral – periapical first radiographic image*	\$ 18.75
D0230	intraoral – periapical each additional radiographic image*	\$ 16.00
D0240	intraoral – occlusal radiographic image*	\$ 27.75
D0250	extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	\$ 36.25
D0251	extra-oral posterior dental radiographic image	\$ 36.25
D0270	bitewing – single radiographic image**	\$ 20.00
D0272	bitewings – two radiographic images**	\$ 32.25
D0273	bitewings – three radiographic images**	\$ 39.00
D0274	bitewings – four radiographic images**	\$ 45.00
D0277	vertical bitewings – 7 to 8 radiographic images**	\$ 68.00
D0330	panoramic radiographic image	\$ 76.50
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	\$ 94.75

*Not covered if done the same day as panoramic or intraoral complete series.

**Payable not more than once in any twelve-month period.

Tests and Examinations

D0460	pulp vitality tests	\$ 30.25
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D1000-D1999 II. Preventive

Dental Prophylaxis

D1110	prophylaxis – adult*	\$ 55.75
D1120	prophylaxis – child*	\$ 43.50

*Subject to a maximum of three treatments separated by four consecutive months during any twelve-month period.

Topical Fluoride Treatment (Office Procedure)

D1206	topical application of fluoride varnish*	\$ 38.75
D1208	topical application of fluoride – excluding varnish*	\$ 24.75

*Payable not more than once in any twelve-month period.

Other Preventive Services

D1351	sealant – per tooth	\$ 35.00
D1353	sealant repair – per tooth	\$ 35.00
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	\$ 58.00

Space Maintenance (Passive Appliances)

D1510	space maintainer – fixed - unilateral*	\$ 148.75
D1515	space maintainer – fixed - bilateral*	\$ 196.50
D1520	space maintainer – removable – unilateral*	\$ 178.50
D1525	space maintainer – removable – bilateral*	\$ 252.50
D1550	re-cement or re-bond space maintainer	\$ 32.25
D1555	removal of fixed space maintainer	\$ 29.75

*Allowance includes all adjustment, observation, and activation within six months following installation. Dentist must state reason for treatment.

D2000-D2999 III. Restorative

Amalgam Restorations (Including Polishing)

D2140	amalgam – one surface, primary or permanent	\$ 70.50
D2150	amalgam – two surfaces, primary or permanent	\$ 86.75
D2160	amalgam – three surfaces, primary or permanent	\$ 106.50
D2161	amalgam – four or more surfaces, primary or permanent	\$ 129.50

Resin-Based Composite Restorations – Direct

D2330	resin-based composite – one surface, anterior	\$ 71.25
D2331	resin-based composite – two surfaces, anterior	\$ 86.75
D2332	resin-based composite – three surfaces, anterior	\$ 106.25
D2335	resin-based composite – four or more surfaces or involving incisal angle (anterior)	\$ 125.50
D2390	resin-based composite crown, anterior	\$ 139.25

D2391	resin-based composite – one surface, posterior	\$ 76.50
D2392	resin-based composite – two surfaces, posterior	\$ 100.50
D2393	resin-based composite – three surfaces, posterior	\$ 129.50
D2394	resin-based composite – four or more surfaces, posterior	\$ 158.50
Gold Foil Restorations		
D2410	gold foil – one surface	\$ 131.00
D2420	gold foil – two surfaces	\$ 218.25
D2430	gold foil – three surfaces	\$ 378.50
Inlay/Onlay Restorations		
D2510	inlay – metallic – one surface	\$ 346.50
D2520	inlay – metallic – two surfaces	\$ 393.00
D2530	inlay – metallic – three or more surfaces	\$ 453.00
D2542	onlay – metallic – two surfaces	\$ 444.25
D2543	onlay – metallic – three surfaces	\$ 464.75
D2544	onlay – metallic – four or more surfaces	\$ 483.25
D2610	inlay – porcelain/ceramic – one surface	\$ 407.50
D2620	inlay – porcelain/ceramic – two surfaces	\$ 430.25
D2630	inlay – porcelain/ceramic – three or more surfaces	\$ 458.25
D2642	onlay – porcelain/ceramic – two surfaces	\$ 445.50
D2643	onlay – porcelain/ceramic – three surfaces	\$ 480.25
D2644	onlay – porcelain/ceramic – four or more surfaces	\$ 509.50
D2650	inlay – resin-based composite – one surface	\$ 267.75
D2651	inlay – resin-based composite – two surfaces	\$ 319.00
D2652	inlay – resin-based composite – three or more surfaces	\$ 335.50
D2662	onlay – resin-based composite – two surfaces	\$ 291.00
D2663	onlay – resin-based composite – three surfaces	\$ 342.50
D2664	onlay – resin-based composite – four or more surfaces	\$ 366.75
Crowns – Single Restorations Only		
D2710	crown – resin-based composite (indirect)*	\$ 206.75
D2720	crown – resin with high noble metal*	\$ 509.50
D2721	crown – resin with predominantly base metal*	\$ 477.50
D2722	crown – resin with noble metal*	\$ 488.00
D2740	crown – porcelain/ceramic substrate*	\$ 522.75
D2750	crown – porcelain fused to high noble metal*	\$ 506.75
D2751	crown – porcelain fused to predominantly base metal*	\$ 480.25
D2752	crown – porcelain fused to noble metal*	\$ 492.00
D2780	crown – ¾ cast high noble metal*	\$ 494.75
D2781	crown – ¾ cast predominantly base metal*	\$ 465.75
D2782	crown – ¾ cast noble metal*	\$ 481.00
D2783	crown – ¾ porcelain/ceramic*	\$ 508.75
D2790	crown – full cast high noble metal*	\$ 497.75
D2791	crown – full cast predominantly base metal*	\$ 471.50
D2792	crown – full cast noble metal*	\$ 480.25
D2799	provisional crown – further treatment or completion of diagnosis necessary prior to final impression	\$ 206.50
*If tooth is filled and crowned on the same day, the filling is not covered.		
Other Restorative Services		
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$ 50.75
D2920	re-cement or re-bond crown	\$ 51.25
D2929	prefabricated porcelain/ceramic crown – primary tooth*	\$ 150.00
D2930	prefabricated stainless steel crown – primary tooth*	\$ 140.00
D2931	prefabricated stainless steel crown – permanent tooth*	\$ 158.25
D2932	prefabricated resin crown*	\$ 168.75
D2933	prefabricated stainless steel crown with resin window*	\$ 193.25
D2940	protective restoration**	\$ 53.50
D2950	core buildup, including any pins when required	\$ 126.50
D2951	pin retention – per tooth, in addition to restoration	\$ 30.25
D2952	post and core in addition to crown, indirectly fabricated	\$ 211.00
D2953	each additional indirectly fabricated post – same tooth	\$ 105.50
D2954	prefabricated post and core in addition to crown	\$ 168.75
D2960	labial veneer (resin laminate) – chairside	\$ 407.75
D2961	labial veneer (resin laminate) – laboratory	\$ 462.50
D2962	labial veneer (porcelain laminate) – laboratory	\$ 502.75
D2980	crown repair necessitated by restorative material failure	\$ 94.00

D2981	inlay repair necessitated by restorative material failure	\$ 125.00
D2982	inlay repair necessitated by restorative material failure	\$ 139.00
D2983	veneer repair necessitated by restorative material failure	\$ 139.00
	*If tooth is filled and crowned on the same day, the filling is not covered.	
	**Payable in lieu of any other payment under the schedule during the same visit for the same tooth.	
D3000-D3999 IV. Endodontics		
Pulp Capping		
D3110	pulp cap – direct (excluding final restoration)	\$ 36.00
D3120	pulp cap – indirect (excluding final restoration)	\$ 29.75
Pulpotomy		
D3220	therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	\$ 85.00
D3221	pulpal debridement, primary and permanent teeth	\$ 93.25
Endodontic Therapy on Primary Teeth		
D3240	pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	\$ 138.49
Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-Up Care)		
D3310	endodontic therapy, anterior tooth (excluding final restoration)	\$ 359.00
D3320	endodontic therapy, bicuspid tooth (excluding final restoration)	\$ 438.50
D3330	endodontic therapy, molar (excluding final restoration)	\$ 566.25
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$ 276.25
Endodontic Retreatment		
D3346	retreatment of previous root canal therapy – anterior	\$ 483.25
D3347	retreatment of previous root canal therapy – bicuspid	\$ 569.50
D3348	retreatment of previous root canal therapy – molar	\$ 682.50
Apexification/Recalcification		
D3351	apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	\$ 283.25
Apicoectomy/Periradicular Services		
D3410	apicoectomy – anterior	\$ 410.75
D3421	apicoectomy – bicuspid (first root)	\$ 448.75
D3425	apicoectomy – molar (first root)	\$ 507.50
D3426	apicoectomy (each additional root)	\$ 169.25
D3430	retrograde filling – per root	\$ 124.25
D3450	root amputation – per root	\$ 252.00
Other Endodontic Procedures		
D3950	canal preparation and fitting of preformed dowel or post	\$ 174.66
D4000-D4999 V. Periodontics		
Surgical Services (Including Usual Postoperative Care)		
D4210	gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	\$ 431.50
D4211	gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	\$ 181.00
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$ 181.00
D4240	gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	\$ 509.50
D4241	gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	\$ 265.25
D4249	clinical crown lengthening – hard tissue	\$ 578.50
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$ 829.00
D4261	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	\$ 432.00
D4263	bone replacement graft – first site in quadrant	\$ 259.25
D4264	bone replacement graft – each additional site in quadrant	\$ 138.25
D4266	guided tissue regeneration – resorbable barrier, per site	\$ 302.50
D4267	guided tissue regeneration – non-resorbable barrier, per site (includes membrane removal)	\$ 388.75
D4268	surgical revision procedure, per tooth	\$ 755.00
D4270	pedicle soft tissue graft procedure	\$ 604.75
D4273	autogenous connective tissue graft procedure (including donor and recipient sites) first tooth, implant or edentulous tooth position	\$ 740.00
D4274	distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$ 209.00
D4275	non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in a graft	\$ 388.75
D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	\$ 630.75

D4278	free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	\$ 315.50
D4283	autogenous connective tissue graft procedure (including donor and recipient sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$ 370.00
D4285	non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$ 157.75
Non-Surgical Periodontal Service		
D4320	provisional splinting – intracoronal	\$ 218.50
D4321	provisional splinting – extracoronal	\$ 191.00
D4341	periodontal scaling and root planing – four or more teeth per quadrant	\$ 120.75
D4342	periodontal scaling and root planing – one to three teeth per quadrant	\$ 65.50
D4355	full mouth debridement to enable comprehensive evaluation and diagnosis	\$ 79.00
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$ 73.75
Other Periodontal Services		
D4910	periodontal maintenance*	\$ 59.25
	*Subject to a maximum of three treatments separated by four consecutive months during any twelve-month period.	
D5000-D5899 VI. Prosthodontics (removable)		
Complete Dentures (Including Routine Post-Delivery Care)		
D5110	complete denture – maxillary	\$ 798.00
D5120	complete denture – mandibular	\$ 798.00
D5130	immediate denture – maxillary	\$ 870.50
D5140	immediate denture – mandibular	\$ 870.50
Partial Dentures (Including Routine Post-Delivery Care)		
D5211	maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	\$ 783.00
D5212	mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	\$ 783.00
D5213	maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$ 882.00
D5214	mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$ 882.00
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	\$ 783.00
D5222	immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	\$ 783.00
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$ 882.00
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$ 882.00
D5225	maxillary partial denture – flexible base (including any clasps, rests and teeth)	\$ 783.00
D5226	mandibular partial denture – flexible base (including any clasps, rests and teeth)	\$ 783.00
D5281	removable unilateral partial denture – one piece cast metal (including clasps and teeth)	\$ 514.00
Adjustments to Dentures		
D5410	adjust complete denture – maxillary	\$ 43.75
D5411	adjust complete denture – mandibular	\$ 43.75
D5421	adjust partial denture – maxillary	\$ 43.75
D5422	adjust partial denture – mandibular	\$ 43.75
Repairs to Complete Dentures		
D5510	repair broken complete denture base	\$ 87.45
D5520	replace missing or broken teeth – complete denture (each tooth)	\$ 72.75
Repairs to Partial Dentures		
D5610	repair resin denture base	\$ 94.75
D5620	repair cast framework	\$ 102.00
D5630	repair or replace broken clasp – per tooth	\$ 123.75
D5640	replace broken teeth - per tooth	\$ 80.25
D5650	add tooth to existing partial denture	\$ 109.25
D5660	add clasp to existing partial denture – per tooth	\$ 131.00
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	\$ 320.50
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	\$ 320.50
Denture Rebase Procedures		
D5710	rebase complete maxillary denture	\$ 324.00
D5711	rebase complete mandibular denture	\$ 324.00
D5720	rebase maxillary partial denture	\$ 306.00
D5721	rebase mandibular partial denture	\$ 306.00
Denture Reline Procedures		
D5730	reline complete maxillary denture (chairside)	\$ 182.75

D5731	reline complete mandibular denture (chairside)	\$ 182.75
D5740	reline maxillary partial denture (chairside)	\$ 167.50
D5741	reline mandibular partial denture (chairside)	\$ 167.50
D5750	reline complete maxillary denture (laboratory)	\$ 244.00
D5751	reline complete mandibular denture (laboratory)	\$ 244.00
D5760	reline maxillary partial denture (laboratory)	\$ 240.25
D5761	reline mandibular partial denture (laboratory)	\$ 240.25
Interim Prosthesis		
D5810	interim complete denture (maxillary)	\$ 415.25
D5811	interim complete denture (mandibular)	\$ 415.25
D5820	interim partial denture (maxillary)	\$ 316.75
D5821	interim partial denture (mandibular)	\$ 316.75
Other Removable Prosthetic Services		
D5850	tissue conditioning, maxillary	\$ 76.50
D5851	tissue conditioning, mandibular	\$ 76.50
D5862	precision attachment, by report	\$ 250.75
D5863	overdenture – complete maxillary	\$ 752.50
D5864	overdenture – partial maxillary	\$ 776.25
D5865	overdenture – complete mandibular	\$ 752.50
D5866	overdenture – partial mandibular	\$ 776.25
D5900-D5999 VII. Maxillofacial Prosthetics		
D5982	surgical stent	\$ 397.00
D6000-D6199 VIII. Implant Services		
Surgical Services		
D6010	surgical placement of implant body: endosteal implant *Lifetime per-tooth maximum covered all-inclusively with the implant and any crown, abutment, pins, and grafting.	\$ 1,333.75
Implant/Abutment Supported Removable Dentures		
D6110	implant/abutment supported removable denture for edentulous arch – maxillary	\$ 1,723.90
D6200-D6999 IX. Prosthodontics, fixed		
Fixed Partial Denture Pontics		
D6205	pontic – indirect resin based composite	\$ 644.13
D6210	pontic – cast high noble metal	\$ 509.25
D6211	pontic – cast predominantly base metal	\$ 477.25
D6212	pontic – cast noble metal	\$ 496.50
D6214	pontic – titanium	\$ 512.50
D6240	pontic – porcelain fused to high noble metal	\$ 503.00
D6241	pontic – porcelain fused to predominantly base metal	\$ 464.50
D6242	pontic – porcelain fused to noble metal	\$ 490.00
D6245	pontic – porcelain/ceramic	\$ 519.00
D6250	pontic – resin with high noble metal	\$ 496.50
D6251	pontic – resin with predominantly base metal	\$ 458.00
D6252	pontic – resin with noble metal	\$ 472.75
D6253	provisional pontic – further treatment or completion of diagnosis necessary prior to final impression	\$ 214.00
Fixed Partial Denture Retainers – Inlays/Onlays		
D6545	retainer – cast metal for resin bonded fixed prosthesis	\$ 211.50
D6548	retainer – porcelain/ceramic for resin bonded fixed prosthesis	\$ 232.50
D6549	resin retainer - for resin bonded fixed prosthesis	\$ 200.00
D6600	retainer inlay – porcelain/ceramic, two surfaces	\$ 419.50
D6601	retainer inlay – porcelain/ceramic, three or more surfaces	\$ 440.00
D6602	retainer inlay – cast high noble metal, two surfaces	\$ 448.50
D6603	retainer inlay – cast high noble metal, three or more surfaces	\$ 493.25
D6604	retainer inlay – cast predominantly base metal, two surfaces	\$ 439.50
D6605	retainer inlay – cast predominantly base metal, three or more surfaces	\$ 465.75
D6606	retainer inlay – cast noble metal, two surfaces	\$ 432.50
D6607	retainer inlay – cast noble metal, three or more surfaces	\$ 479.75
D6608	retainer onlay – porcelain/ceramic, two surfaces	\$ 456.25
D6609	retainer onlay – porcelain/ceramic, three or more surfaces	\$ 476.00
D6610	retainer onlay – cast high noble metal, two surfaces	\$ 483.50
D6611	retainer onlay – cast high noble metal, three or more surfaces	\$ 529.25
D6612	retainer onlay – cast predominantly base metal, two surfaces	\$ 481.00
D6613	retainer onlay – cast predominantly base metal, three or more surfaces	\$ 502.50
D6614	retainer onlay – cast noble metal, two surfaces	\$ 470.75
D6615	retainer onlay – cast noble metal, three or more surfaces	\$ 489.00

D6634	retainer onlay – titanium	\$ 471.00
Fixed Partial Denture Retainers – Crowns		
D6710	retainer crown – indirect resin based composite	\$ 480.50
D6720	retainer crown – resin with high noble metal	\$ 560.50
D6721	retainer crown – resin with predominantly base metal	\$ 531.50
D6722	retainer crown – resin with noble metal	\$ 541.00
D6740	retainer crown – porcelain/ceramic	\$ 589.00
D6750	retainer crown – porcelain fused to high noble metal	\$ 574.00
D6751	retainer crown – porcelain fused to predominantly base metal	\$ 535.50
D6752	retainer crown – porcelain fused to noble metal	\$ 548.00
D6780	retainer crown – ¾ cast high noble metal	\$ 541.00
D6781	retainer crown – ¾ cast predominantly base metal	\$ 541.00
D6782	retainer crown – ¾ cast noble metal	\$ 502.50
D6783	retainer crown – ¾ porcelain/ceramic	\$ 557.25
D6790	retainer crown – full cast high noble metal	\$ 554.25
D6791	retainer crown – full cast predominantly base metal	\$ 525.25
D6792	retainer crown – full cast noble metal	\$ 544.50
D6794	retainer crown – titanium	\$ 544.50
D6793	provisional retainer crown – further treatment or completion of diagnosis necessary prior to final impression	\$ 227.25
Other Fixed Partial Denture Services		
D6930	re-cement or re-bond fixed partial denture	\$ 67.25
D6940	stress breaker	\$ 152.50
D7000-D7999 X. Oral and Maxillofacial Surgery		
Extractions (Includes Local Anesthesia, Suturing, If Needed, and Routine Postoperative Care)		
D7111	extraction, coronal remnants – deciduous tooth	\$ 86.00
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$ 112.25
Surgical Extractions (Includes Local Anesthesia, Suturing, If Needed, and Routine Postoperative Care)		
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$ 207.75
D7220	removal of impacted tooth – soft tissue	\$ 239.00
D7230	removal of impacted tooth – partially bony	\$ 318.00
D7240	removal of impacted tooth – completely bony	\$ 373.00
D7241	removal of impacted tooth – completely bony, with unusual surgical complications	\$ 469.00
D7250	surgical removal of residual tooth roots (cutting procedure)	\$ 201.50
D7251	coronectomy - intentional partial tooth removal	\$ 128.00
Other Surgical Procedures		
D7260	oroantral fistula closure	\$ 1,678.50
D7280	surgical access of an unerupted tooth	\$ 345.75
D7282	mobilization of erupted or malpositioned tooth to aid eruption	\$ 162.00
D7283	placement of device to facilitate eruption of impacted tooth	\$ 108.75
D7290	surgical repositioning of teeth	\$ 365.50
D7292	surgical placement of temporary anchorage device [screw retained plate] requiring flap; includes device removal	\$ 543.00
D7293	surgical placement of temporary anchorage device requiring flap; includes device removal	\$ 345.75
D7294	surgical placement of temporary anchorage device without flap; includes device removal	\$ 250.00
Alveoloplasty – Surgical Preparation of Ridge		
D7310	alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$ 222.25
D7311	alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$ 360.46
D7320	alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$ 321.00
Vestibuloplasty		
D7340	vestibuloplasty – ridge extension (secondary epithelialization)	\$ 1,777.50
D7350	vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	\$ 2,000.00
Excision of Bone Tissue		
D7473	removal of torus mandibularis	\$ 302.00
Surgical Incision		
D7510	incision and drainage of abscess – intraoral soft tissue	\$ 212.25
D7520	incision and drainage of abscess – extraoral soft tissue	\$ 1,011.25
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$ 364.50
D7540	removal of reaction producing foreign bodies, musculoskeletal system	\$ 403.25
D7550	partial ostectomy/sequestrectomy for removal of non-vital bone	\$ 251.75
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	\$ 1,999.50
Other Repair Procedures		

D7960	frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	\$ 217.00
D7963	frenuloplasty	\$ 997.22
D7971	excision of pericoronal gingiva	\$ 153.00
D8000-D8999 XI. Orthodontics		
Minor Treatment to Control Harmful Habits		
D8210	removable appliance therapy*	\$ 187.50
	*Limited to an inhibiting appliance to correct thumb sucking for children under six years of age. Allowance includes all adjustment, observation, and activation within six months following installation. Dentist must state reason for treatment.	
D9000-D9999 XII. Adjunctive General Services		
Unclassified Treatment		
D9110	palliative (emergency) treatment of dental pain - minor procedure*	\$ 57.75
D9120	fixed partial denture sectioning	\$ 65.25
	*Limit of one visit per condition. Dentist must state reason for treatment.	
Anesthesia		
D9211	regional block anesthesia	\$ 26.25
D9212	trigeminal division block anesthesia	\$ 52.50
D9223	deep sedation/general anesthesia – each 15 minute increment	\$ 107.00
D9243	intravenous moderate (conscious) sedation/analgesia – each 15 minute increment	\$ 84.00
Professional Consultation		
D9310	consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician*	\$ 120.00
	*Allowance only for a case presentation by a specialist after diagnostic procedures have been performed by a general dentist.	
Professional Visits		
D9430	office visit for observation (during regularly scheduled hours) – no other services performed*	\$ 37.50
D9440	office visit – after regularly scheduled hours*	\$ 75.00
	*Allowance is for medication, observation, and temporary correction of accidental injuries to natural teeth or supporting structures (post-operative visits and visits where a permanent corrective procedure is performed are not included). Payable in lieu of any other payment under the schedule during the same visit.	
Drugs		
D9610	therapeutic parenteral drug, single administration	\$ 24.50
D9612	therapeutic parenteral drugs, two or more administrations, different medications	\$ 49.00
D9630	other drugs and/or medicaments, by report	\$ 24.50
Miscellaneous Services		
D9910	application of desensitizing medicament	\$ 26.25
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	\$ 42.00
D9940	occlusal guard, by report*	\$ 187.50
D9951	occlusal adjustment – limited	\$ 73.50
D9952	occlusal adjustment – complete	\$ 412.50
	*Allowance includes all adjustment, observation, and activation within six months following installation. Dentist must state reason for treatment.	

The Trustees will determine a maximum amount, consistent with the amounts listed, for a dental service or supply not listed on the Schedule, such determination in each case, to take into account the nature and complexity of the procedure involved and the exclusions and other restrictions applicable.