



**UTAH CHILDREN'S HEALTH INSURANCE PROGRAM
PROCEDURE GUIDELINES
FOR SPECIALISTS (Other than Pedodontists)**



Thank you for being a Premier Access provider. We appreciate your partnership in providing quality service to our members. This guide is for SPECIALISTS (other than Pedodontists) serving Premier Access CHIP members. This guide provides the amount of the member's maximum copayment for covered services and procedure-level guidelines, including frequency limitations, preauthorization requirements and x-ray requirements.

In addition to the copayment listed, members may be charged up to the contracted fee for non-covered services and for expenses exceeding the Plan Year Maximum Benefit. Informed consent must be obtained prior to treatment. Any code not listed on the fee schedule has a maximum contracted fee of 70% of the provider's U&C. A non-covered service is one that is not included in the Schedule of Benefits or marked as non covered service. This includes services or treatments that do not meet criteria for medical necessity. Eligible services under the dental plan are payable in outpatient surgical facilities for children five years of age and younger or a child who is at high risk due to other medical diagnosis. Outpatient facility & anesthesia charges are payable under the medical plan. Dental charges are payable under the dental plan.

| | CHIP PLANS | | | |
|--|------------|---------|--|----------------------|
| | Plan A | Plan B | Plan C | Native American Plan |
| Plan Year Deductible Plan Year Deductible does not apply to Preventive and Orthodontic Procedure Categories. | \$0 | \$0 | \$50 per individual/ \$150 per family | \$0 |
| Plan Year Maximum Benefit "Plan Year" is July 1 to June 30 of each year. | \$1,000 | \$1,000 | \$1,000 | \$1,000 |
| Orthodontia Lifetime Maximum | \$1,000 | \$1,000 | \$1,000 | \$1,000 |

PLAN CONTACT INFORMATION

| DEPARTMENT | PURPOSE | CONTACT |
|------------------------------|--|---|
| Member Services | Check eligibility, verify benefits and covered services. | Phone: 877-854-4242 |
| | Check claims status or status of referral/preauthorization requests. | Email: CustomerService@PremierLife.com |
| Claims and Preauthorizations | Submit claims or preauthorization requests. | Electronic claims: UHIN, Apex and Emdeon Payer ID: CX110 |
| | Electronic attachments can be submitted through www.nea-fast.com . | Mail: P.O. Box 659010, Sacramento, CA 95865-9010 Fax: 877-679-7197 |
| Provider Services | Ask questions about your contract or obtain credentialing information | Phone: 888-620-2447 |
| | Provider Manual and administrative forms | Email: ProviderRelations@PremierLife.com www.PremierLife.com |

This Fee Schedule is for informational purposes only. Premier has no liability or obligation, either legal or equitable, to pay any amount as a result of using this Fee Schedule. This Fee Schedule does not guarantee benefits or coverage.

All claims are subject to Premier Master Policies, code editing software, preauthorization requirements, and/or other internal claims payment policies.

NON-DISCLOSURE: PROVIDER agrees that unless required by law, PROVIDER shall not disclose the reimbursement rates set forth in this exhibit without prior written consent of Premier.

| CODE | DESCRIPTION | PROCEDURE CATEGORY | PREAUTH REQUIRED | X-RAYS REQUIRED | PROCEDURE GUIDELINE | Specialist Contracted Fee (UT-SP) | Member's Maximum Copayment for Covered Services | | | |
|-------|--|--------------------|------------------|-----------------|---|-----------------------------------|---|--------|--------|----------------------|
| | | | | | | | PLAN A | PLAN B | PLAN C | NATIVE AMERICAN PLAN |
| D0120 | Periodic Exam | Preventive | No | No | Benefits are limited to two oral exams per plan year. This includes any combination of D0120, D0140, D145, D0150, D0160, D0170, D0180. | \$22.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| D0140 | Limited Oral Evaluation – Problem Focused | Preventive | No | No | Benefits are limited to two oral exams per plan year. This includes any combination of D0120, D0140, D145, D0150, D0160, D0170, D0180. | \$36.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| D0145 | Oral evaluation for a patient under three years of age and counseling with primary caregiver | Preventive | No | No | Benefits are limited to two oral exams per plan year. This includes any combination of D0120, D0140, D145, D0150, D0160, D0170, D0180. Benefits are limited to members through age 3. | \$35.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| D0150 | Comprehensive Oral Exam – New or Established Patient | Preventive | No | No | Benefits are limited to two oral exams per plan year. This includes any combination of D0120, D0140, D145, D0150, D0160, D0170, D0180. | \$38.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| D0160 | Detailed and Extensive Oral Evaluation – Problem Focused, by Report | Preventive | No | No | Benefits are limited to two oral exams per plan year. This includes any combination of D0120, D0140, D145, D0150, D0160, D0170, D0180. | \$22.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| D0170 | Re-evaluation - limited, problem focused (established patient; not post-operative visit). | Preventive | No | No | Benefits are limited to two oral exams per plan year. This includes any combination of D0120, D0140, D145, D0150, D0160, D0170, D0180. | \$25.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| D0180 | Comprehensive Periodontal Evaluation – New or Established Patient | Preventive | No | No | Benefits are limited to two oral exams per plan year. This includes any combination of D0120, D0140, D145, D0150, D0160, D0170, D0180. | \$39.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| D0210 | Intraoral-Complete Series | Preventive | No | No | Benefits are limited to once every five year period. Preauthorization is not required for examinations, x-rays or photographs. A complete series shall be at least 10 periapicals (D0230) and bitewings (D0272, D0274) or 8 periapicals (D0230), 2 occlusals (D0240) and bitewings (D0272, D0274) OR a panoramic film (D0330) plus bitewings (D0272, D0274) and a minimum of two periapicals (D0230). When multiple x-rays are taken on the same date of service or if an intraoral complete series including bitewings (D0210) has been paid in the last five years, the maximum payment shall not exceed the total fee allowed for an intraoral complete series. | \$66.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| D0220 | Intraoral-Periapical - First Film | Preventive | No | No | This procedure is payable once per provider per date of service. All additional periapicals shall be billed as D0230. Any periapicals billed with D0210 will be rebundled and considered part of the full mouth series. | \$13.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| D0230 | Intraoral-Periapical - Each Additional Film | Preventive | No | No | Any periapicals billed with D0210 will be rebundled and considered part of the full mouth series. | \$11.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| D0240 | Intraoral-Occlusal View, Maxillary or Mandibular, Each | Preventive | No | No | This procedure is payable once per arch per provider per date of service. | \$19.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| D0250 | Extraoral – First Film | Preventive | No | No | This procedure is payable once per provider per date of service. Additional extraoral shall be billed as D0260. Any extraorals billed with D0210 will be rebundled and considered part of the full mouth series. | \$25.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| D0260 | Extraoral – Each Additional Film | Preventive | No | No | This procedure is payable once per provider per date of service. Any extraorals billed with D0210 will be rebundled and considered part of the full mouth series. | \$22.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| D0270 | Bitewings, One Film | Preventive | No | No | Benefits are limited to one series of four films 2 times per plan year; Isolated bitewing or periapical films are allowed on an emergency or episodic basis. | \$13.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| D0272 | Bitewings, Two Films | Preventive | No | No | Benefits are limited to one series of four films 2 times per plan year; Isolated bitewing or periapical films are allowed on an emergency or episodic basis. | \$21.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| D0273 | Bitewings, Three Films | Preventive | No | No | Benefits are limited to one series of four films 2 times per plan year; Isolated bitewing or periapical films are allowed on an emergency or episodic basis. | \$25.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| D0274 | Bitewings, Four Films | Preventive | No | No | Benefits are limited to one series of four films 2 times per plan year; Isolated bitewing or periapical films are allowed on an emergency or episodic basis. | \$30.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| D0277 | Vertical Bitewings 7-8 Films | Preventive | No | No | Benefits are limited to 2 times per plan year. Applies to the frequency limitation for bitewings. | \$44.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| D0290 | Posterior-anterior or lateral skull and facial bone survey film | Preventive | No | No | Considered a benefit for trauma survey or pathology. Limited to a maximum of three films per date of service. | \$69.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| D0330 | Panoramic Film | Preventive | No | No | A benefit once in a 5 year period except when documented as essential for a follow up/post operative exam (e.g., after oral surgery). | \$62.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| D0340 | Cephalometric film | Preventive | No | No | Considered to be a benefit for orthodontic treatment. Limited to once in a 24 month period. | \$67.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| D0350 | Oral/facial photographic images | Preventive | No | No | Considered to be a benefit for orthodontic treatment. | \$32.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| D0460 | Pulp vitality tests | Preventive | No | No | Considered to be part of, and included in the fee for, oral evaluations and/or other definitive services on the same day. Considered for payment per visit for the purpose of diagnosing an emergency condition with supporting documentation. | \$26.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| D0470 | Diagnostic casts | Preventive | No | No | Considered to be a benefit for orthodontic treatment. Limited to once per enrollee. | \$57.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| D0472 | Accession of tissue, gross examination, preparation and transmission of written report | Preventive | No | No | Requires submission of a laboratory report for payment. | \$36.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

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|-------|--|--------------------|------------------|-----------------|--|-----------------------------------|---|--------|--------|----------------------|
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| D0473 | Accession of tissue, gross and microscopic examination, preparation and transmission of written report | Preventive | No | No | Requires submission of a laboratory report for payment. | \$76.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| D0474 | Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report | Preventive | No | No | Requires submission of a laboratory report for payment. | \$85.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| D1110 | Prophylaxis – Adult (age 13 and older) Benefits are limited to 2 per plan year. | Preventive | No | No | Not a benefit when performed on the same date of service with: D4210, D4211, D4260, D4261, D4341 or D4342. Periodontal maintenance (D4910) applies toward frequency limit. | \$46.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| D1120 | Prophylaxis - Child (age 12 and under) Benefits are limited to 2 per plan year. | Preventive | No | No | Not a benefit when performed on the same date of service with: D4210, D4211, D4260, D4261, D4341 or D4342. Periodontal maintenance (D4910) applies toward frequency limit. | \$32.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| D1203 | Topical Application of Fluoride Excluding Prophylaxis - Child | Preventive | No | No | Benefits are limited to 2 per plan year for children under the age of 13. This includes any combination of D1204 and D1206. | \$19.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| D1204 | Topical Application of Fluoride Excluding Prophylaxis - Adult | Preventive | No | No | Benefits are limited to 2 per plan year for children age 13 or over. This includes any combination of D1203 and D1206. | \$18.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| D1206 | Topical fluoride varnish; therapeutic application for moderate to high caries risk patients | Preventive | No | No | Benefits are limited to 2 per plan year for children under the age of 6. This includes any combination of D1203 and D1204. Shall be considered for payment for children age 6 or over with supporting documentation. | \$29.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| D1351 | Sealants | Basic | No | No | Benefits are limited to permanent molars, caries-free, without restorations and with the occlusal surface intact. Limited to enrollees through age 15. Requires a tooth code. Once per tooth every 24 months per provider regardless of surfaces placed. The original provider is responsible for any repair or replacement during the 24 month period. | \$26.00 | \$1.30 | \$1.30 | \$5.20 | \$0.00 |
| D1352 | Preventive resin restoration in a moderate to high caries risk patient - permanent tooth | Basic | No | No | Benefits are limited to permanent molars without restorations. Limited to enrollees through age 15. Requires a tooth code. Once per tooth every 24 months per provider regardless of surfaces placed. The original provider is responsible for any repair or replacement during the 24 month period. | \$33.00 | \$1.65 | \$1.65 | \$6.60 | \$0.00 |
| D1510 | Space Maintainer - Fixed-Unilateral Band Type | Preventive | No | Yes | Benefit only up to the age of 14. Limited to initial appliance only. This procedure does not require preauthorization. X-rays for payment - submit a diagnostic periapical or bitewing radiograph to document the presence of the erupting permanent tooth and to verify there is enough space to allow the eruption of the permanent tooth. Written documentation for payment - shall include the identification of the missing primary molar. Requires a quadrant code. A benefit once per quadrant per patient. Not a benefit when the permanent tooth is near eruption or is missing, for upper and lower anterior teeth, for orthodontic appliances, tooth guidance appliances, minor tooth movement or activating wires. Replacement space maintainers shall be considered for payment when documentation identifies an unusual circumstance (e.g., lost or non-repairable). The fee for space maintainers includes the band and loop. | \$163.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| D1515 | Space Maintainer – Fixed-Lingual or Palatal Bar Type | Preventive | No | Yes | Benefit only up to the age of 14. Limited to initial appliance only. This procedure does not require preauthorization. X-rays for payment - submit a diagnostic periapical or bitewing radiograph to document the presence of the erupting permanent tooth and to verify there is enough space to allow the eruption of the permanent tooth. Requires a quadrant code. A benefit once per quadrant per patient. Not a benefit when the permanent tooth is near eruption or is missing, for upper and lower anterior teeth, for orthodontic appliances, tooth guidance appliances, minor tooth movement or activating wires. Replacement space maintainers shall be considered for payment when documentation identifies an unusual circumstance (e.g., lost or non-repairable). | \$215.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| D1520 | Space Maintainer – Removable – Unilateral | Preventive | No | Yes | Benefit only up to the age of 14. Limited to initial appliance only. This procedure does not require preauthorization. X-rays for payment - submit a diagnostic periapical or bitewing radiograph to document the presence of the erupting permanent tooth and to verify there is enough space to allow the eruption of the permanent tooth. Written documentation for payment - shall include the identification of the missing primary molar. Requires a quadrant code. A benefit once per quadrant per patient. Not a benefit when the permanent tooth is near eruption or is missing, for upper and lower anterior teeth, for orthodontic appliances, tooth guidance appliances, minor tooth movement or activating wires. Replacement space maintainers shall be considered for payment when documentation identifies an unusual circumstance (e.g., lost or non-repairable). All clasps, rests and adjustments are included in the fee for this procedure. | \$196.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

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|-------|---|--------------------|------------------|-----------------|--|-----------------------------------|---|--------|---------|----------------------|
| | | | | | | | PLAN A | PLAN B | PLAN C | NATIVE AMERICAN PLAN |
| D1525 | Space Maintainer – Removable – Bilateral | Preventive | No | Yes | Benefit only up to the age of 14. Limited to initial appliance only. This procedure does not require preauthorization. X-rays for payment - submit a diagnostic periapical or bitewing radiograph to document the presence of the erupting permanent tooth and to verify there is enough space to allow the eruption of the permanent tooth. Requires an arch code. A benefit once per arch when there is a missing primary molar in both quadrants or when there are two missing primary molars in the same quadrant. Not a benefit when the permanent tooth is near eruption or is missing, for upper and lower anterior teeth, for orthodontic appliances, tooth guidance appliances, minor tooth movement or activating wires. Replacement space maintainers shall be considered for payment when documentation identifies an unusual circumstance (e.g., lost or non-repairable). All clasps, rests and adjustments are included in the fee for this procedure. | \$277.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| D1550 | Recementation Space Maintainer | Preventive | No | No | This procedure does not require preauthorization. Submission of x-rays, photographs or written documentation demonstrating medical necessity is not required for payment. Requires a quadrant code or arch code, as applicable. A benefit once per provider, per applicable quadrant or arch for patients under the age of 18. Additional requests beyond this frequency limitations shall be considered for payment when the medical necessity is documented and identifies unusual condition (such as displacement due to a sticky food item). | \$35.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| D1555 | Removal of fixed space maintainer | Preventive | No | No | This procedure does not require preauthorization. Benefit only up to the age of 14. Requires a quadrant code. | \$32.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| D2140 | Amalgam Restoration - One Surface Primary | Basic | No | No | This procedure does not require preauthorization. Requires a tooth code and surface code. A benefit once in a 24 month period. X-rays are not required with claim submission, but may be requested for claims review. Each unique tooth surface is only payable once per tooth per date of service. | \$54.00 | \$2.70 | \$2.70 | \$10.80 | \$0.00 |
| D2140 | Amalgam - One Surface Permanent | Basic | No | No | | \$54.00 | \$2.70 | \$2.70 | \$10.80 | \$0.00 |
| D2150 | Amalgam Restoration - Two Surfaces Primary | Basic | No | No | This procedure does not require preauthorization. Requires a tooth code and surface code. A benefit once in a 24 month period. X-rays are not required with claim submission, but may be requested for claims review. Each unique tooth surface is only payable once per tooth per date of service. | \$71.00 | \$3.55 | \$3.55 | \$14.20 | \$0.00 |
| D2150 | Amalgam Restoration - Two Surfaces Permanent | Basic | No | No | | \$71.00 | \$3.55 | \$3.55 | \$14.20 | \$0.00 |
| D2160 | Amalgam Restoration - Three Surfaces Primary | Basic | No | No | This procedure does not require preauthorization. Requires a tooth code and surface code. A benefit once in a 24 month period. X-rays are not required with claim submission, but may be requested for claims review. Each unique tooth surface is only payable once per tooth per date of service. | \$85.00 | \$4.25 | \$4.25 | \$17.00 | \$0.00 |
| D2160 | Amalgam Restoration - Three Surfaces Permanent | Basic | No | No | | \$85.00 | \$4.25 | \$4.25 | \$17.00 | \$0.00 |
| D2161 | Amalgam Restoration - Four or More Surfaces Primary | Basic | No | No | This procedure does not require preauthorization. Requires a tooth code and surface code. A benefit once in a 24 month period. X-rays are not required with claim submission, but may be requested for claims review. Each unique tooth surface is only payable once per tooth per date of service. | \$104.00 | \$5.20 | \$5.20 | \$20.80 | \$0.00 |
| D2161 | Amalgam Restoration - Four or More Surfaces Permanent | Basic | No | No | | \$104.00 | \$5.20 | \$5.20 | \$20.80 | \$0.00 |
| D2330 | Anterior Resin Restoration - One Surface | Basic | No | No | Primary and Permanent teeth: This procedure does not require preauthorization. Requires a tooth code and surface code. A benefit once in a 24 month period. X-rays are not required with claim submission, but may be requested for claims review. Each unique tooth surface is only payable once per tooth per date of service. | \$68.00 | \$3.40 | \$3.40 | \$13.60 | \$0.00 |
| D2331 | Anterior Resin Restoration - Two Surfaces | Basic | No | No | Primary and Permanent teeth: This procedure does not require preauthorization. Requires a tooth code and surface code. A benefit once in a 24 month period. X-rays are not required with claim submission, but may be requested for claims review. Each unique tooth surface is only payable once per tooth per date of service. | \$87.00 | \$4.35 | \$4.35 | \$17.40 | \$0.00 |
| D2332 | Anterior Resin Restoration - Three Surfaces | Basic | No | No | Primary and Permanent teeth: This procedure does not require preauthorization. Requires a tooth code and surface code. A benefit once in a 24 month period. X-rays are not required with claim submission, but may be requested for claims review. Each unique tooth surface is only payable once per tooth per date of service. | \$106.00 | \$5.30 | \$5.30 | \$21.20 | \$0.00 |
| D2335 | Anterior Resin Restoration - Four or More Surfaces or Incisal Angle | Basic | No | No | Primary and Permanent teeth: This procedure does not require preauthorization. Requires a tooth code and surface code. A benefit once in a 24 month period. X-rays are not required with claim submission, but may be requested for claims review. Each unique tooth surface is only payable once per tooth per date of service. | \$125.00 | \$6.25 | \$6.25 | \$25.00 | \$0.00 |
| D2390 | Resin-Based Composite Crown, Anterior | Basic | No | No | Primary and Permanent teeth: This procedure does not require preauthorization. Requires a tooth code and surface code. A benefit once in a 24 month period. X-rays are not required with claim submission, but may be requested for claims review. At least 4 unique tooth surfaces must be involved. | \$139.00 | \$6.95 | \$6.95 | \$27.80 | \$0.00 |
| D2391 | Resin-Based Composite - One Surface, Posterior - Primary | Basic | No | No | Benefits are limited to the corresponding amalgam benefit for primary and permanent teeth. Differences in fees between the two codes may be billed to the member as noncovered expense. This procedure does not require preauthorization. Requires a tooth code and surface code. A benefit once in a 24 month period. X-rays are not required with claim submission, but may be requested for claims review. Each unique tooth surface is only payable once per tooth per date of service. | \$79.00 | \$2.70 | \$2.70 | \$10.80 | \$0.00 |
| D2391 | Resin-Based Composite - One Surface, Posterior - Permanent | | | | | \$79.00 | \$2.70 | \$2.70 | \$10.80 | \$0.00 |

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| | | | | | | | PLAN A | PLAN B | PLAN C | NATIVE AMERICAN PLAN |
| D2392 | Resin-Based Composite - Two Surfaces, Posterior - Primary | Basic | No | No | Benefits are limited to the corresponding amalgam benefit for primary and permanent teeth. Differences in fees between the two codes may be billed to the member as noncovered expense. This procedure does not require preauthorization. Requires a tooth code and surface code. A benefit once in a 24 month period. X-rays are not required with claim submission, but may be requested for claims review. Each unique tooth surface is only payable once per tooth per date of service. | \$103.00 | \$3.55 | \$3.55 | \$14.20 | \$0.00 |
| D2392 | Resin-Based Composite - Two Surfaces, Posterior - Permanent | | | | | \$103.00 | \$3.55 | \$3.55 | \$14.20 | \$0.00 |
| D2393 | Resin-Based Composite - Three Surfaces, Posterior - Primary | Basic | No | No | Benefits are limited to the corresponding amalgam benefit for primary and permanent teeth. Differences in fees between the two codes may be billed to the member as noncovered expense. This procedure does not require preauthorization. Requires a tooth code and surface code. A benefit once in a 24 month period. X-rays are not required with claim submission, but may be requested for claims review. Each unique tooth surface is only payable once per tooth per date of service. | \$129.00 | \$4.25 | \$4.25 | \$17.00 | \$0.00 |
| D2393 | Resin-Based Composite - Three Surfaces, Posterior - Permanent | | | | | \$129.00 | \$4.25 | \$4.25 | \$17.00 | \$0.00 |
| D2394 | Resin-Based Composite – Four or More Surfaces, Posterior - Primary | Basic | No | No | Benefits are limited to the corresponding amalgam benefit for primary and permanent teeth. Differences in fees between the two codes may be billed to the member as noncovered expense. This procedure does not require preauthorization. Requires a tooth code and surface code. A benefit once in a 24 month period. X-rays are not required with claim submission, but may be requested for claims review. Each unique tooth surface is only payable once per tooth per date of service. | \$158.00 | \$5.20 | \$5.20 | \$20.80 | \$0.00 |
| D2394 | Resin-Based Composite – Four or More Surfaces, Posterior - Permanent | | | | | \$158.00 | \$5.20 | \$5.20 | \$20.80 | \$0.00 |
| D2510 | Inlay - metallic - one surface | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit for patients under the age of 13 or for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$438.00 | \$21.90 | \$21.90 | \$219.00 | \$0.00 |
| D2520 | Inlay - metallic - two surfaces | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit for patients under the age of 13 or for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$495.00 | \$24.75 | \$24.75 | \$247.50 | \$0.00 |
| D2530 | Inlay - metallic - three or more surfaces | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit for patients under the age of 13 or for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$569.00 | \$28.45 | \$28.45 | \$284.50 | \$0.00 |
| D2542 | Onlay - metallic - two surfaces | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit for patients under the age of 13 or for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$559.00 | \$27.95 | \$27.95 | \$279.50 | \$0.00 |
| D2543 | Onlay - metallic - three surfaces | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit for patients under the age of 13 or for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$584.00 | \$29.20 | \$29.20 | \$292.00 | \$0.00 |
| D2544 | Onlay - metallic - four or more surfaces | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit for patients under the age of 13 or for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$607.00 | \$30.35 | \$30.35 | \$303.50 | \$0.00 |
| D2710 | Crown - resin-based composite (indirect) | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit for patients under the age of 13 or for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$233.00 | \$11.65 | \$11.65 | \$116.50 | \$0.00 |
| D2712 | Crown - 3/4 resin-based composite (indirect) | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit for patients under the age of 13 or for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$233.00 | \$11.65 | \$11.65 | \$116.50 | \$0.00 |
| D2720 | Crown - resin with high noble metal | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit for patients under the age of 13 or for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$564.00 | \$28.20 | \$28.20 | \$282.00 | \$0.00 |
| D2721 | Crown - resin with predominantly base metal | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit for patients under the age of 13 or for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$529.00 | \$26.45 | \$26.45 | \$264.50 | \$0.00 |
| D2722 | Crown - resin with noble metal | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit for patients under the age of 13 or for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$540.00 | \$27.00 | \$27.00 | \$270.00 | \$0.00 |
| D2740 | Crown - porcelain/ceramic substrate Benefits limited to D2751. The difference in contracted fees for the procedure codes may be charged to the member as a noncovered expense. | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit for patients under the age of 13 or for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$578.00 | \$28.90 | \$28.90 | \$289.00 | \$0.00 |
| D2750 | Crown - porcelain fused to high noble metal Benefits are limited to D2751. The difference in contracted fees for the procedure codes may be charged to the member as a noncovered expense. | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit for patients under the age of 13 or for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$562.00 | \$28.10 | \$28.10 | \$281.00 | \$0.00 |

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| | | | | | | | PLAN A | PLAN B | PLAN C | NATIVE AMERICAN PLAN |
| D2751 | Porcelain/Predominantly Base Metal Crown | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit for patients under the age of 13 or for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$532.00 | \$26.60 | \$26.60 | \$266.00 | \$0.00 |
| D2752 | Porcelain/Noble Metal Crown <i>Benefit limited to D2751. The difference in contracted fees for the procedure codes may be charged to the member as a noncovered expense.</i> | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit for patients under the age of 13 or for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$544.00 | \$27.20 | \$27.20 | \$272.00 | \$0.00 |
| D2780 | Crown - 3/4 cast high noble metal <i>Benefits are limited to D2781. The difference in contracted fees for the procedure codes may be charged to the member as a noncovered expense.</i> | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit for patients under the age of 13 or for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$548.00 | \$27.40 | \$27.40 | \$274.00 | \$0.00 |
| D2781 | Crown - 3/4 cast predominantly base metal | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. Not a benefit for patients under the age of 13 or for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$516.00 | \$25.80 | \$25.80 | \$258.00 | \$0.00 |
| D2782 | Crown - 3/4 cast noble metal <i>Benefit limited to D2781. The difference in contracted fees for the procedure codes may be charged to the member as a noncovered expense.</i> | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit for patients under the age of 13 or for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$532.00 | \$26.60 | \$26.60 | \$266.00 | \$0.00 |
| D2783 | Crown - 3/4 porcelain/ceramic <i>Benefit limited to D2781. The difference in contracted fees for the procedure codes may be charged to the member as a noncovered expense.</i> | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit for patients under the age of 13 or for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$563.00 | \$28.15 | \$28.15 | \$281.50 | \$0.00 |
| D2790 | Crown - full cast high noble metal <i>Benefit limited to D2791. The difference in contracted fees for the procedure codes may be charged to the member as a noncovered expense.</i> | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit for patients under the age of 13 or for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$551.00 | \$27.55 | \$27.55 | \$275.50 | \$0.00 |
| D2791 | Crown - full cast predominantly base metal | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit for patients under the age of 13 or for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$523.00 | \$26.15 | \$26.15 | \$261.50 | \$0.00 |
| D2792 | Crown - full cast noble metal <i>Benefit limited to D2791. The difference in contracted fees for the procedure codes may be charged to the member as a noncovered expense.</i> | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit for patients under the age of 13 or for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$532.00 | \$26.60 | \$26.60 | \$266.00 | \$0.00 |
| D2794 | Crown - titanium | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit for patients under the age of 13 or for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$564.00 | \$28.20 | \$28.20 | \$282.00 | \$0.00 |
| D2910 | Recement inlay, onlay or partial coverage restoration | Major | Yes | Yes | Requires a tooth code. The original provider is responsible for all recementations within the first 12 months following the initial placement of prefabricated or laboratory processed crowns. Not a benefit within 12 months of recementation by the same provider. | \$46.00 | \$2.30 | \$2.30 | \$23.00 | \$0.00 |
| D2915 | Recement cast or prefabricated post and core | Major | No | No | Requires a tooth code. A benefit once in a 12 month period, per provider. | \$46.00 | \$2.30 | \$2.30 | \$23.00 | \$0.00 |
| D2920 | Crown (Recementation) | Major | No | No | Requires a tooth code. The original provider is responsible for all recementations within the first 12 months following the initial placement of prefabricated or laboratory processed crowns. Not a benefit within 12 months of recementation by the same provider. | \$47.00 | \$2.35 | \$2.35 | \$23.50 | \$0.00 |
| D2930 | Stainless Steel Crown (Primary) Prefabricated | Basic | No | Yes | Not a benefit for primary teeth near exfoliation. Crowns will be covered only if there is not enough retentive quality left in the tooth to hold a filling. D2950 is not permitted on a primary tooth. The treating provider will be responsible for any replacements necessary within 24 month period following placement. | \$128.00 | \$6.40 | \$6.40 | \$25.60 | \$0.00 |
| D2931 | Stainless Steel Crown (Permanent) Prefabricated | Major | No | Yes | Crowns will be covered only if there is not enough retentive quality left in the tooth to hold a filling. D2950 and D2954 may be billed in conjunction with a permanent tooth when dentally necessary. The treating provider will be responsible for any replacements necessary within 24 month period following placement. | \$145.00 | \$7.25 | \$7.25 | \$72.50 | \$0.00 |

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| | | | | | | | PLAN A | PLAN B | PLAN C | NATIVE AMERICAN PLAN |
| D2932 | Prefabricated resin crown | Major | No | Yes | Primary teeth: This procedure does not require preauthorization. Requires a tooth code. Permanent teeth only: When a resin crown is used as a temporary restoration while the final restoration is being fabricated it is considered to be included in the fee for the completed restoration. | \$155.00 | \$7.75 | \$7.75 | \$77.50 | \$0.00 |
| D2933 | Stainless Steel Crown With Resin Window Prefabricated | Basic | No | Yes | Not a benefit for primary teeth near exfoliation. Crowns will be covered only if there is not enough retentive quality left in the tooth to hold a filling. D2950 and D2954 may be billed in conjunction with a permanent tooth when dentally necessary. The treating provider will be responsible for any replacements necessary within 24 months. | \$128.00 | \$6.40 | \$6.40 | \$25.60 | \$0.00 |
| D2934 | Pre-fabricated esthetic coated stainless steel crown primary | Basic | No | Yes | Not a benefit for primary teeth near exfoliation. Crowns will be covered only if there is not enough retentive quality left in the tooth to hold a filling. D2950 and D2954 may be billed in conjunction with a permanent tooth when dentally necessary. The treating provider will be responsible for any replacements necessary within 24 month period following placement. | \$178.00 | \$8.90 | \$8.90 | \$35.60 | \$0.00 |
| D2940 | Protective restoration | Basic | No | No | This procedure cannot be prior authorized. Written documentation for payment shall include the rationale for the placement of the sedative filling and why a permanent restoration could not be placed. Requires a tooth code. A benefit once per tooth in a six month period, per provider. Not a benefit when performed on the same of service with a permanent restoration or crown for the same tooth. This procedure is for a temporary restoration intended to relieve pain and is not to be used as a base or liner under a restoration. | \$49.00 | \$2.45 | \$2.45 | \$9.80 | \$0.00 |
| D2950 | Core buildup, involving and including any pins. | Major | Yes | Yes | Fee is included under crowns except in the exceptional instance where extensive build-up is needed (by written report and substantiating radiographic support). Amalgam or plastic build-up including pins. Permitted on permanent teeth, as dentally necessary. Include with preauthorization request for crown. Preauthorization is not required on stainless steel crowns. | \$125.00 | \$6.25 | \$6.25 | \$62.50 | \$0.00 |
| D2951 | Pin retention - per tooth, in addition to restoration (<i>Pin retention per tooth, when necessary & final restore is amalgam, plastic or resin). Fee should be for pin retention only. Restoration should be listed separately.</i>) | Basic | No | No | This is included in the cost of the prefabricated or laboratory crown and cannot be billed separately. This procedure does not require preauthorization. Requires a tooth code. A benefit for permanent teeth only when billed with an amalgam or composite restoration on the same date of service. Once per tooth regardless of the number of pins. Covered for a posterior restoration when the destruction involves three or more connected surfaces and at least one cusp, or for an anterior restoration when extensive coronal destruction involves the incisal angle. | \$27.00 | \$1.35 | \$1.35 | \$5.40 | \$0.00 |
| D2952 | Post and core in addition to crown, indirectly fabricated | Major | Yes | Yes | Covered with prefabricated or laboratory processed crowns when medically necessary for retention of the crown on root canal treated permanent teeth. Include with preauthorization request for crown. Preauthorization is not required on stainless steel crowns. | \$190.00 | \$9.50 | \$9.50 | \$95.00 | \$0.00 |
| D2954 | Prefabricated Post and Core in Addition to Crown | Major | Yes | Yes | Covered with prefabricated or laboratory processed crowns when medically necessary for retention of the crown on root canal treated permanent teeth. Include with preauthorization request for crown. Preauthorization is not required on stainless steel crowns. | \$155.00 | \$7.75 | \$7.75 | \$77.50 | \$0.00 |
| D2960 | Labial veneer (resin laminate) - chairside | Major | Yes | Yes | Permanent Anterior teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit for patients under the age of 13. Not a benefit for cosmetic purposes. | \$359.00 | \$17.95 | \$17.95 | \$179.50 | \$0.00 |
| D2961 | Labial veneer (resin laminate) - laboratory | Major | Yes | Yes | Permanent Anterior teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit for patients under the age of 13. Not a benefit for cosmetic purposes. | \$407.00 | \$20.35 | \$20.35 | \$203.50 | \$0.00 |
| D2962 | Labial veneer (porcelain laminate) - laboratory | Major | Yes | Yes | Permanent Anterior teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit for patients under the age of 13. Not a benefit for cosmetic purposes. | \$442.00 | \$22.10 | \$22.10 | \$221.00 | \$0.00 |
| D3220 | Therapeutic Pulpotomy (in Addition to Restoration) Per Treatment | Basic | No | No | This procedure does not require preauthorization. Submission of x-rays, photographs or written documentation demonstrating medical necessity is not required for payment. Requires a tooth code. A benefit for primary teeth only, limited to once per tooth. Not a benefit for a tooth near exfoliation, a tooth with a necrotic pulp or a periapical lesion, or for a tooth that is non restorable. This procedure is for the surgical removal of the entire portion of the pulp coronal to the dentinocemental junction with the aim of maintaining the vitality of the remaining radicular portion by means of an adequate dressing. | \$87.00 | \$4.35 | \$4.35 | \$23.80 | \$0.00 |
| D3221 | Pulpal debridement, primary and permanent teeth | Basic | No | No | This procedure does not require preauthorization. Submission of x-rays, photographs or written documentation demonstrating medical necessity is not required for payment. Requires a tooth code. A benefit for permanent or for over retained primary teeth with no permanent successor. Limited to once per tooth. Not a benefit on the same date of service with any additional services, same tooth. This procedure is for the relief of acute pain prior to conventional root canal therapy and is not a benefit for root canal therapy visits. Procedure used in pulp exposure in permanent teeth with immature root development with healthy pulp in root canal. Performed in teeth with limited pathology and no apex formation. | \$94.00 | \$4.70 | \$4.70 | \$26.80 | \$0.00 |

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| | | | | | | | PLAN A | PLAN B | PLAN C | NATIVE AMERICAN PLAN |
| D3222 | Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development | Basic | No | No | This procedure does not require preauthorization. Submission of x-rays, photographs or written documentation demonstrating medical necessity is not required for payment. Requires a tooth code. A benefit for permanent or for over retained primary teeth with no permanent successor. once per tooth. Not a benefit on the same date of service with any additional services, same tooth. this procedure is for the relief of acute pain prior to conventional root canal therapy and is not a benefit for root canal therapy visits. Procedure used in pulp exposure in permanent teeth with immature root development with healthy pulp in root canal. Performed in teeth with limited pathology and no apex formation. | \$79.00 | \$3.95 | \$3.95 | \$21.40 | \$0.00 |
| D3230 | Pulpal Therapy – Anterior, Primary Tooth | Basic | No | No | This procedure does not require preauthorization. Submission of x-rays, photographs, or written documentation demonstrating medical necessity is not required for payment. Requires a tooth code. A benefit once per primary tooth. Not a benefit for primary tooth near exfoliation, with a therapeutic pulpotomy (excluding final restoration) (D3220), same date of service, same tooth, or with pulpal debridement, primary and permanent tooth (D3221), same date of service, same tooth. | \$91.00 | \$4.55 | \$4.55 | \$24.60 | \$0.00 |
| D3240 | Pulpal Therapy – Post, Primary Tooth | Basic | No | No | This procedure does not require preauthorization. Submission of x-rays, photographs, or written documentation demonstrating medical necessity is not required for payment. Requires a tooth code. A benefit once per primary tooth. Not a benefit for primary tooth near exfoliation, with a therapeutic pulpotomy (excluding final restoration) (D3220), same date of service, same tooth, or with pulpal debridement, primary and permanent tooth (D3221), same date of service, same tooth. | \$99.00 | \$4.95 | \$4.95 | \$27.00 | \$0.00 |
| D3310 | Root Canal Anterior | Basic | Yes | Yes | Preauthorization is required. X-rays for preauthorization - submit arch and periapical x-rays. Requires a tooth code. A benefit once per tooth for initial root canal therapy. For root canal therapy retreatment use D3346. The fee for this procedure includes all treatment and post treatment x-rays, any temporary restoration and/or occlusal seal. Post-operative x-rays required with claim. | \$369.00 | \$18.45 | \$18.45 | \$101.00 | \$0.00 |
| D3320 | Root Canal - Bicuspid | Basic | Yes | Yes | Preauthorization is required. X-rays for preauthorization - submit arch and periapical x-rays. Requires a tooth code. A benefit once per tooth for initial root canal therapy. For root canal therapy retreatment use D3347. The fee for this procedure includes all treatment and post treatment x-rays, any temporary restoration and/or occlusal seal. Post-operative x-rays required with claim. | \$450.00 | \$22.50 | \$22.50 | \$122.80 | \$0.00 |
| D3330 | Root Canal - Molar (Three Canals) | Basic | Yes | Yes | Preauthorization is required. X-rays for preauthorization - submit arch and periapical x-rays. Requires a tooth code. A benefit once per tooth for initial root canal therapy. For root canal therapy retreatment use D3348. Not a benefit for 3rd molars unless the 3rd molar is in the 1st or 2nd molar position or is an abutment for an existing fixed partial denture or removable partial denture with cast clasps or rests. The fee for this procedure includes all treatment and post treatment x-rays, any temporary restoration and/or occlusal seal. Post-operative x-rays required with claim. | \$581.00 | \$29.05 | \$29.05 | \$158.60 | \$0.00 |
| D3333 | Internal root repair of perforation defects | Basic | Yes | Yes | Preauthorization is required. Preoperative x-rays required. | \$128.00 | \$6.40 | \$6.40 | \$34.40 | \$0.00 |
| D3346 | Retreatment of previous root canal therapy – anterior Retreatment of root canals is a covered benefit only if clinical or radiographic signs of abscess formation are present and/or the patient is experiencing symptoms. Removal or retreatment of silver points, overfills, underfills, incomplete fills, or broken instruments lodged in a canal, in the absence of pathology, is not a covered benefit. | Basic | Yes | Yes | Retreatment of root canals is a covered benefit only if clinical or radiographic signs of abscess formation are present and/or the patient is experiencing symptoms. Removal or retreatment of silver points, overfills, underfills, incomplete fills, or broken instruments lodged in a canal, in the absence of pathology, is not a covered benefit. Preauthorization is required. X-rays for preauthorization - submit arch and periapical radiographs. Written documentation should include the rationale for retreatment if not evident from radiographs. Requires a tooth code. Not a benefit to the original provider within 12 months of initial treatment or for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position or is an abutment for an existing fixed or partial denture or removable partial denture with cast clasps or rests. The fee for this procedure includes all treatment and post treatment radiographs, any temporary restoration and/or occlusal seal. Post-operative x-rays required with claim. | \$498.00 | \$24.90 | \$24.90 | \$135.60 | \$0.00 |
| D3347 | Retreatment of previous root canal therapy – bicuspid | Basic | Yes | Yes | Retreatment of root canals is a covered benefit only if clinical or radiographic signs of abscess formation are present and/or the patient is experiencing symptoms. Removal or retreatment of silver points, overfills, underfills, incomplete fills, or broken instruments lodged in a canal, in the absence of pathology, is not a covered benefit. Preauthorization is required. X-rays for preauthorization - submit arch and periapical x-rays. Written documentation should include the rationale for retreatment if not evident from x-rays. Requires a tooth code. Not a benefit to the original provider within 12 months of initial treatment or for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position or is an abutment for an existing fixed or partial denture or removable partial denture with cast clasps or rests. The fee for this procedure includes all treatment and post treatment x-rays, any temporary restoration and/or occlusal seal. Post-operative x-rays required with claim. | \$586.00 | \$29.30 | \$29.30 | \$159.60 | \$0.00 |

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| | | | | | | | PLAN A | PLAN B | PLAN C | NATIVE AMERICAN PLAN |
| D3348 | Retreatment of previous root canal therapy – molar | Basic | Yes | Yes | Retreatment of root canals is a covered benefit only if clinical or radiographic signs of abscess formation are present and/or the patient is experiencing symptoms. Removal or retreatment of silver points, overfills, underfills, incomplete fills, or broken instruments lodged in a canal, in the absence of pathology, is not a covered benefit. Preauthorization is required. X-rays for preauthorization - submit arch and periapical x-rays. Written documentation should include the rationale for retreatment if not evident from x-rays. Requires a tooth code. Not a benefit to the original provider within 12 months of initial treatment or for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position or is an abutment for an existing fixed or partial denture or removable partial denture with cast clasps or rests. The fee for this procedure includes all treatment and post treatment x-rays, any temporary restoration and/or occlusal seal. Post-operative x-rays required with claim. | \$726.00 | \$36.30 | \$36.30 | \$198.00 | \$0.00 |
| D3351 | Apexification/recalcification/pulpal regeneration - initial visit (apical closure/calific repair of perforations, root resorption, pulp space disinfection, etc.) | Basic | Yes | Yes | Preauthorization is required. X-rays for preauthorization. | \$194.00 | \$9.70 | \$9.70 | \$52.40 | \$0.00 |
| D3352 | Apexification/recalcification/pulpal regeneration - interim medication replacement (apical closure/calific repair of perforations, root resorption, pulp space disinfection, etc.) | Basic | Yes | Yes | Preauthorization is required. X-rays for preauthorization. | \$87.00 | \$4.35 | \$4.35 | \$23.80 | \$0.00 |
| D3353 | Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calific repair of perforations, root resorption, etc.) | Basic | Yes | Yes | Preauthorization is required. X-rays for preauthorization. | \$268.00 | \$13.40 | \$13.40 | \$72.80 | \$0.00 |
| D3410 | Apicoectomy/periradicular surgery – anterior | Basic | Yes | Yes | Preauthorization is required. X-rays for preauthorization - submit arch and periapical x-rays demonstrating the medical necessity. Written documentation for preauthorization if the medical necessity is not evident from x-rays, documentation shall include the rationale for treatment. Requires a tooth code. A benefit for permanent anterior teeth only. Not a benefit to the original provider within 90 days of root canal therapy. or to the original provider within 24 months of a prior apicoectomy/ periradicular surgery. The fee for this procedure includes the placement of retrograde filling material, all treatment and post treatment x-rays. | \$386.00 | \$19.30 | \$19.30 | \$105.20 | \$0.00 |
| D3421 | Apicoectomy/periradicular surgery – bicuspid (first root) | Basic | Yes | Yes | Preauthorization is required. X-rays for preauthorization - submit arch and periapical x-rays demonstrating the medical necessity. Written documentation for preauthorization if the medical necessity is not evident from x-rays, documentation shall include the rationale for treatment. Requires a tooth code. A benefit for permanent bicuspid teeth only. Not a benefit to the original provider within 90 days of root canal therapy. or to the original provider within 24 months of a prior apicoectomy/ periradicular surgery. The fee for this procedure includes the placement of retrograde filling material, all treatment and post treatment x-rays. If more than one root is treated, use apicoectomy/periradicular surgery - each additional root (D3426). | \$429.00 | \$21.45 | \$21.45 | \$117.00 | \$0.00 |
| D3425 | Apicoectomy/periradicular surgery – molar (first root) | Basic | Yes | Yes | Preauthorization is required. X-rays for preauthorization - submit arch and periapical x-rays demonstrating the medical necessity. Written documentation for preauthorization if the medical necessity is not evident from x-rays, documentation shall include the rationale for treatment. Requires a tooth code. A benefit for permanent 1st and 2nd molar teeth only. Not a benefit to the original provider within 90 days of root canal therapy, or to the original provider within 24 months of a prior apicoectomy/ periradicular surgery. Not a benefit for 3rd molars, unless the 3rd molar is in the 1st or 2nd molar position or is an abutment for an existing fixed partial denture/removable partial denture with cast clasps or rests. The fee for this procedure includes the placement of retrograde filling material, all treatment and post treatment x-rays. If more than one root is treated, use apicoectomy/periradicular surgery - each additional root (D3426). | \$486.00 | \$24.30 | \$24.30 | \$132.40 | \$0.00 |
| D3426 | Apicoectomy/periradicular surgery (each additional root) | Basic | Yes | Yes | Preauthorization is required. X-rays for preauthorization - submit arch and periapical x-rays demonstrating the medical necessity. Written documentation for preauthorization if the medical necessity is not evident from x-rays, documentation shall include the rationale for treatment. Requires a tooth code. A benefit for permanent teeth only. Not a benefit to the original provider within 90 days of root canal therapy, or to the original provider within 24 months of a prior apicoectomy/ periradicular surgery. Not a benefit for 3rd molars, unless the 3rd molar is in the 1st or 2nd molar position or is an abutment for an existing fixed partial denture/removable partial denture with cast clasps or rests. Only payable the same date of service as procedures D3421 or D3425. The fee for this procedure includes the placement of retrograde filling material, all treatment and post treatment x-rays. | \$164.00 | \$8.20 | \$8.20 | \$44.80 | \$0.00 |
| D3430 | Retrograde filling - per root | Basic | Yes | Yes | Preauthorization is required. X-rays required. | \$120.00 | \$6.00 | \$6.00 | \$32.00 | \$0.00 |
| D3450 | Root amputation - per root | Basic | Yes | Yes | Preauthorization is required. Pre-op and Post op X-rays required. | \$251.00 | \$12.55 | \$12.55 | \$67.80 | \$0.00 |
| D3460 | Endodontic endosseous implant | Basic | Yes | Yes | Preauthorization is required. X-rays required. | \$939.00 | \$46.95 | \$46.95 | \$255.80 | \$0.00 |

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|-------|--|--------------------|------------------|-----------------|--|-----------------------------------|---|---------|----------|----------------------|
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| D3920 | Hemisection (including any root removal), not including root canal therapy | Basic | Yes | Yes | Preauthorization is required. X-rays required. | \$191.00 | \$9.55 | \$9.55 | \$51.80 | \$0.00 |
| D4210 | Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant | Basic | Yes | No | Preauthorization is required. Photographs of the involved area required. Shall include a definitive periodontal diagnosis. A current and complete periodontal evaluation chart is required for preauthorization except in cases of pseudopockets as a result of gingival hyperplasia, which is demonstrated on a photograph. Requires a quadrant code (4 or more teeth). | \$277.00 | \$13.85 | \$13.85 | \$75.40 | \$0.00 |
| D4211 | Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant | Basic | Yes | No | Preauthorization is required. Photographs of the involved area required. Shall include a definitive periodontal diagnosis. A current and complete periodontal evaluation chart is required for preauthorization except in cases of pseudopockets as a result of gingival hyperplasia, which is demonstrated on a photograph. Requires a quadrant code (1 to 3 teeth). | \$123.00 | \$6.15 | \$6.15 | \$33.40 | \$0.00 |
| D4240 | Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant | Basic | Yes | No | Preauthorization is required. Photographs of the involved area required. Shall include a definitive periodontal diagnosis. A current and complete periodontal evaluation chart is required for preauthorization. Requires a quadrant code (4 or more teeth). | \$351.00 | \$17.55 | \$17.55 | \$95.80 | \$0.00 |
| D4241 | Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant | Basic | Yes | No | Preauthorization is required. Photographs of the involved area required. Shall include a definitive periodontal diagnosis. A current and complete periodontal evaluation chart is required for preauthorization. Requires a quadrant code (1 to 3 teeth). | \$203.00 | \$10.15 | \$10.15 | \$55.00 | \$0.00 |
| D4245 | Apically positioned flap | Basic | Yes | Yes | Preauthorization is required. X-rays required. | \$259.00 | \$12.95 | \$12.95 | \$71.00 | \$0.00 |
| D4249 | Clinical crown lengthening - hard tissue | Basic | Yes | Yes | Preauthorization is required, including applicable preoperative x-rays. | \$385.00 | \$19.25 | \$19.25 | \$105.00 | \$0.00 |
| D4260 | Osseous surgery (including flap entry and closure) – four or more contiguous teeth or bounded teeth spaces per quadrant | Basic | Yes | Yes | Preauthorization is required. Preoperative x-rays are required. Shall include a definitive periodontal diagnosis. A current and complete periodontal evaluation chart is required for preauthorization. Requires a quadrant code (4 or more teeth). | \$586.00 | \$29.30 | \$29.30 | \$159.60 | \$0.00 |
| D4261 | Osseous surgery (including flap entry and closure) – one to three contiguous teeth or bounded teeth spaces per quadrant | Basic | Yes | Yes | Preauthorization is required. Preoperative x-rays are required. Shall include a definitive periodontal diagnosis. A current and complete periodontal evaluation chart is required for preauthorization. Requires a quadrant code (1 to 3 teeth). | \$314.00 | \$15.70 | \$15.70 | \$85.20 | \$0.00 |
| D4263 | Bone replacement graft - first site in quadrant | Basic | Yes | Yes | Preauthorization is required, including applicable preoperative x-rays. | \$210.00 | \$10.50 | \$10.50 | \$57.20 | \$0.00 |
| D4264 | Bone replacement graft - each additional site in quadrant | Basic | Yes | Yes | Preauthorization is required, including applicable preoperative x-rays. | \$178.00 | \$8.90 | \$8.90 | \$48.40 | \$0.00 |
| D4266 | Guided tissue regeneration - resorbable barrier, per site | Basic | Yes | Yes | Preauthorization is required, including applicable preoperative x-rays. | \$215.00 | \$10.75 | \$10.75 | \$58.20 | \$0.00 |
| D4267 | Guided tissue regeneration - resorbable barrier, per site (includes membrane removal) | Basic | Yes | Yes | Preauthorization is required, including applicable preoperative x-rays. | \$277.00 | \$13.85 | \$13.85 | \$75.40 | \$0.00 |
| D4270 | Pedicle soft tissue graft procedure | Basic | Yes | Yes | Preauthorization is required, including applicable preoperative x-rays. | \$416.00 | \$20.80 | \$20.80 | \$113.60 | \$0.00 |
| D4271 | Free soft tissue graft procedure (including donor site surgery) | Basic | Yes | Yes | Preauthorization is required, including applicable preoperative x-rays. | \$431.00 | \$21.55 | \$21.55 | \$117.40 | \$0.00 |
| D4273 | Subepithelial connective tissue graft procedures, per tooth | Basic | Yes | Yes | Preauthorization is required, including applicable preoperative x-rays. | \$509.00 | \$25.45 | \$25.45 | \$139.40 | \$0.00 |
| D4321 | Provisional splinting - extracoronaral | Basic | Yes | Yes | Preauthorization is required, including applicable preoperative x-rays. | \$202.00 | \$10.10 | \$10.10 | \$54.80 | \$0.00 |
| D4341 | Periodontal Root Planing, Per Quadrant Benefits are limited to four quadrant treatments in any 24 consecutive months. | Basic | Yes | Yes | Preauthorization is required. Preoperative x-rays are required. Shall include a definitive periodontal diagnosis and a minimum of one 4mm+ pocket on each diseased tooth. A current and complete periodontal evaluation chart is required for preauthorization. Requires a quadrant code (4 or more teeth). | \$125.00 | \$6.25 | \$6.25 | \$25.00 | \$0.00 |
| D4342 | Periodontal Scaling, One to Three Teeth, Per Quadrant Benefits are limited to four quadrant treatments in any 24 consecutive months. | Basic | Yes | Yes | Preauthorization is required. Preoperative x-rays are required. Shall include a definitive periodontal diagnosis and a minimum of one 4mm+ pocket on each diseased tooth. A current and complete periodontal evaluation chart is required for preauthorization. Requires a quadrant code. | \$70.00 | \$3.50 | \$3.50 | \$14.00 | \$0.00 |
| D4355 | Full Mouth Debridement | Basic | Yes | No | Preauthorization is required. Subgingival calculus must be present. May be done in conjunction with prophyl. | \$91.00 | \$4.55 | \$4.55 | \$24.60 | \$0.00 |
| D4910 | Periodontal Recall (Periodontal Prophylaxis) Following Active Periodontal Therapy Maintenance Procedures after Active Therapy After Three Months (Includes Any Examination Evaluation, Curettage, Root Planning and/or Polishing As May Be Necessary) | Basic | No | No | Following active periodontal therapy. Maintenance procedures after three months (includes any examination, evaluation, curettage, root planing, and/or polishing as may be necessary). Benefits are limited to 2 per plan year following active periodontal therapy. Prophylaxis (D1110/D1120) applies toward frequency limitation. | \$75.00 | \$3.75 | \$3.75 | \$15.00 | \$0.00 |
| D5110 | Complete denture - maxillary Additional fees may be charged to the member for actual lab fees. | Major | Yes | Yes | Preauthorization is required. X-rays for all opposing natural teeth required. A benefit once in a 5 year period (D5110, D5130, D5860). All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure. | \$683.00 | \$34.15 | \$34.15 | \$341.50 | \$0.00 |
| D5120 | Complete denture - mandibular Additional fees may be charged to the member for actual lab fees. | Major | Yes | Yes | Preauthorization is required. X-rays for all opposing natural teeth required. A benefit once in a 5 year period (D5120, D5140, D5860). All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure. | \$683.00 | \$34.15 | \$34.15 | \$341.50 | \$0.00 |

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| D5130 | Immediate denture – maxillary Additional fees may be charged to the member for actual lab fees. | Major | Yes | Yes | Preauthorization is required. X-rays for all remaining natural teeth required. Limited to once per lifetime per patient. Not a benefit as a temporary denture. Subsequent complete dentures are not a benefit within a five year period of an immediate denture. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure. | \$744.00 | \$37.20 | \$37.20 | \$372.00 | \$0.00 |
| D5140 | Immediate denture – mandibular Additional fees may be charged to the member for actual lab fees. | Major | Yes | Yes | Preauthorization is required. X-rays for all remaining natural teeth required. Limited to once per lifetime per patient. Not a benefit as a temporary denture. Subsequent complete dentures are not a benefit within a five year period of an immediate denture. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure. | \$744.00 | \$37.20 | \$37.20 | \$372.00 | \$0.00 |
| D5211 | Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) Additional fees may be charged to the member for actual lab fees. | Major | Yes | Yes | Preauthorization is required. X-rays for all remaining natural teeth and abutment teeth required. A benefit once in a 5 year period. A benefit when replacing a permanent anterior tooth/ teeth and/ or the arch lacks posterior balanced occlusion. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure. | \$576.00 | \$28.80 | \$28.80 | \$288.00 | \$0.00 |
| D5212 | Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) Additional fees may be charged to the member for actual lab fees. | Major | Yes | Yes | Preauthorization is required. X-rays for all remaining natural teeth and abutment teeth required. A benefit once in a 5 year period. A benefit when replacing a permanent anterior tooth/ teeth and/ or the arch lacks posterior balanced occlusion. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure. | \$670.00 | \$33.50 | \$33.50 | \$335.00 | \$0.00 |
| D5213 | Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) Additional fees may be charged to the member for actual lab fees. | Major | Yes | Yes | Preauthorization is required. X-rays for all remaining natural teeth and abutment teeth required. A benefit once in a 5 year period. A benefit when opposing full denture and the arch lacks posterior balanced occlusion. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure. | \$755.00 | \$37.75 | \$37.75 | \$377.50 | \$0.00 |
| D5214 | Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) Additional fees may be charged to the member for actual lab fees. | Major | Yes | Yes | Preauthorization is required. X-rays for all remaining natural teeth and abutment teeth required. A benefit once in a 5 year period. A benefit when opposing full denture and the arch lacks posterior balanced occlusion. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure. | \$755.00 | \$37.75 | \$37.75 | \$377.50 | \$0.00 |
| D5225 | Maxillary partial denture - flexible base (including any clasps, rests and teeth) | Major | Yes | Yes | Preauthorization is required. X-rays for all remaining natural teeth and abutment teeth required. A benefit once in a 5 year period. A benefit when opposing full denture and the arch lacks posterior balanced occlusion. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure. | \$586.00 | \$29.30 | \$29.30 | \$293.00 | \$0.00 |
| D5226 | Mandibular partial denture - flexible base (including any clasps, rests and teeth) | Major | Yes | Yes | Preauthorization is required. X-rays for all remaining natural teeth and abutment teeth required. A benefit once in a 5 year period. A benefit when opposing full denture and the arch lacks posterior balanced occlusion. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure. | \$670.00 | \$33.50 | \$33.50 | \$335.00 | \$0.00 |
| D5281 | Removable Unilateral Partial Denture – One Piece Cast Metal | Major | Yes | Yes | Preauthorization is required. X-rays for all remaining natural teeth and abutment teeth required. A benefit once in a 5 year period. A benefit when opposing full denture and the arch lacks posterior balanced occlusion. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure. | \$445.00 | \$22.25 | \$22.25 | \$222.50 | \$0.00 |
| D5410 | Adjust complete denture - maxillary | Major | No | No | Not a benefit on the same date of service or within 6 months of denture, reline or repair. | \$36.00 | \$1.80 | \$1.80 | \$18.00 | \$0.00 |
| D5411 | Adjust complete denture - mandibular | Major | No | No | Not a benefit on the same date of service or within 6 months of denture, reline or repair. | \$36.00 | \$1.80 | \$1.80 | \$18.00 | \$0.00 |
| D5421 | Adjust partial denture - maxillary | Major | No | No | Not a benefit on the same date of service or within 6 months of denture, reline or repair. | \$36.00 | \$1.80 | \$1.80 | \$18.00 | \$0.00 |
| D5422 | Adjust partial denture - mandibular | Major | No | No | Not a benefit on the same date of service or within 6 months of denture, reline or repair. | \$36.00 | \$1.80 | \$1.80 | \$18.00 | \$0.00 |
| D5510 | Repair broken complete denture base Additional fees may be charged to the member for actual lab fees. | Basic | No | No | All adjustments made for six months after the date of repair, by the same provider and same arch, are included in the fee for this procedure. | \$72.00 | \$3.60 | \$3.60 | \$14.40 | \$0.00 |
| D5520 | Replace missing or broken teeth- complete denture (each tooth) Additional fees may be charged to the member for actual lab fees. | Major | No | No | All adjustments made for six months after the date of repair, by the same provider and same arch, are included in the fee for this procedure. | \$59.00 | \$2.95 | \$2.95 | \$29.50 | \$0.00 |
| D5610 | Repair resin denture base Additional fees may be charged to the member for actual lab fees. | Basic | No | No | All adjustments made for six months after the date of repair, by the same provider and same arch, are included in the fee for this procedure. | \$74.00 | \$3.70 | \$3.70 | \$14.80 | \$0.00 |
| D5630 | Repair or replace broken clasp Additional fees may be charged to the member for actual lab fees. | Basic | No | No | All adjustments made for six months after the date of repair, by the same provider and same arch, are included in the fee for this procedure. | \$100.00 | \$5.00 | \$5.00 | \$20.00 | \$0.00 |
| D5640 | Replace broken teeth - per tooth Additional fees may be charged to the member for actual lab fees. | Major | No | No | All adjustments made for six months after the date of repair, by the same provider and same arch, are included in the fee for this procedure. | \$64.00 | \$3.20 | \$3.20 | \$32.00 | \$0.00 |

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| D5650 | Add tooth to existing partial denture Additional fees may be charged to the member for actual lab fees. | Major | No | No | All adjustments made for six months after the date of repair, by the same provider and same arch, are included in the fee for this procedure. | \$88.00 | \$4.40 | \$4.40 | \$44.00 | \$0.00 |
| D5660 | Add clasp to existing partial denture Additional fees may be charged to the member for actual lab fees. | Major | No | No | All adjustments made for six months after the date of repair, by the same provider and same arch, are included in the fee for this procedure. | \$106.00 | \$5.30 | \$5.30 | \$53.00 | \$0.00 |
| D5710 | Rebase complete maxillary denture Additional fees may be charged to the member for actual lab fees. | Major | No | No | Limited to once per 12 month period. All adjustments made for six months after the date of reline, by the same provider and same arch, are included in the fee for this procedure. | \$263.00 | \$13.15 | \$13.15 | \$131.50 | \$0.00 |
| D5711 | Rebase complete mandibular denture Additional fees may be charged to the member for actual lab fees. | Major | No | No | Limited to once per 12 month period. All adjustments made for six months after the date of reline, by the same provider and same arch, are included in the fee for this procedure. | \$251.00 | \$12.55 | \$12.55 | \$125.50 | \$0.00 |
| D5720 | Rebase maxillary partial denture Additional fees may be charged to the member for actual lab fees. | Major | No | No | Limited to once per 12 month period. All adjustments made for six months after the date of reline, by the same provider and same arch, are included in the fee for this procedure. | \$248.00 | \$12.40 | \$12.40 | \$124.00 | \$0.00 |
| D5721 | Rebase mandibular partial denture Additional fees may be charged to the member for actual lab fees. | Major | No | No | Limited to once per 12 month period. All adjustments made for six months after the date of reline, by the same provider and same arch, are included in the fee for this procedure. | \$248.00 | \$12.40 | \$12.40 | \$124.00 | \$0.00 |
| D5730 | Reline complete maxillary denture (chairside) | Major | No | No | Limited to once per 12 month period. All adjustments made for six months after the date of reline, by the same provider and same arch, are included in the fee for this procedure. | \$148.00 | \$7.40 | \$7.40 | \$74.00 | \$0.00 |
| D5731 | Reline complete mandibular denture (chairside) | Major | No | No | Limited to once per 12 month period. All adjustments made for six months after the date of reline, by the same provider and same arch, are included in the fee for this procedure. | \$148.00 | \$7.40 | \$7.40 | \$74.00 | \$0.00 |
| D5740 | Reline maxillary partial denture (chairside) | Major | No | No | Limited to once per 12 month period. All adjustments made for six months after the date of reline, by the same provider and same arch, are included in the fee for this procedure. | \$136.00 | \$6.80 | \$6.80 | \$68.00 | \$0.00 |
| D5741 | Reline mandibular partial denture (chairside) | Major | No | No | Limited to once per 12 month period. All adjustments made for six months after the date of reline, by the same provider and same arch, are included in the fee for this procedure. | \$136.00 | \$6.80 | \$6.80 | \$68.00 | \$0.00 |
| D5750 | Reline complete maxillary denture (laboratory) Additional fees may be charged to the member for actual lab fees. | Major | No | No | Limited to once per 12 month period. All adjustments made for six months after the date of reline, by the same provider and same arch, are included in the fee for this procedure. | \$197.00 | \$9.85 | \$9.85 | \$98.50 | \$0.00 |
| D5751 | Reline complete mandibular denture (laboratory) Additional fees may be charged to the member for actual lab fees. | Major | No | No | Limited to once per 12 month period. All adjustments made for six months after the date of reline, by the same provider and same arch, are included in the fee for this procedure. | \$197.00 | \$9.85 | \$9.85 | \$98.50 | \$0.00 |
| D5760 | Reline maxillary partial denture (laboratory) Additional fees may be charged to the member for actual lab fees. | Major | No | No | Limited to once per 12 month period. All adjustments made for six months after the date of reline, by the same provider and same arch, are included in the fee for this procedure. | \$195.00 | \$9.75 | \$9.75 | \$97.50 | \$0.00 |
| D5761 | Reline mandibular partial denture (laboratory) Additional fees may be charged to the member for actual lab fees. | Major | No | No | Limited to once per 12 month period. All adjustments made for six months after the date of reline, by the same provider and same arch, are included in the fee for this procedure. | \$195.00 | \$9.75 | \$9.75 | \$97.50 | \$0.00 |
| D5820 | Interim partial denture (maxillary) | Major | Yes | No | A stayplate or other temporization service is a benefit only to replace extracted permanent anterior teeth during the healing period and includes all teeth and clasps. Replacement of a stayplate or other temporization services is not a benefit. | \$242.00 | \$12.10 | \$12.10 | \$121.00 | \$0.00 |
| D5821 | Interim partial denture (mandibular) | Major | Yes | No | A stayplate or other temporization service is a benefit only to replace extracted permanent anterior teeth during the healing period and includes all teeth and clasps. Replacement of a stayplate or other temporization services is not a benefit. | \$257.00 | \$12.85 | \$12.85 | \$128.50 | \$0.00 |
| D5850 | Tissue conditioning, maxillary | Major | No | No | Limited to two per denture. | \$62.00 | \$3.10 | \$3.10 | \$31.00 | \$0.00 |
| D5851 | Tissue conditioning, mandibular | Major | No | No | Limited to two per denture. | \$62.00 | \$3.10 | \$3.10 | \$31.00 | \$0.00 |

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| D6010 | Surgical placement of implant body; endosteal implant | Major | Yes | Yes | For implant procedures, an allowance will be made towards the cost of the appliance actually placed on the implant (crown, bridge, partial or complete denture). If such an allowance is made payment will not be made for any replacement until 5 years have elapsed. | \$1,127.00 | Refer to Procedure Guideline | | | |
| D6040 | Surgical placement - eosteal implant | Major | Yes | Yes | | \$3,877.00 | | | | |
| D6050 | Surgical placement - transosteal implant | Major | Yes | Yes | | \$2,892.00 | | | | |
| D6053 | Implant/abutment supported removable denture for completely edentulous arch | Major | Yes | Yes | | \$797.00 | | | | |
| D6054 | Implant/abutment supported removable denture for partially edentulous arch | Major | Yes | Yes | | \$797.00 | | | | |
| D6055 | Connecting bar - implant supported or abutment supported | Major | Yes | Yes | | \$315.00 | | | | |
| D6056 | Prefabricated abutment - includes placement | Major | Yes | Yes | | \$214.00 | | | | |
| D6057 | Custom abutment - includes placement | Major | Yes | Yes | | \$267.00 | | | | |
| D6058 | Abutment supported porcelain/ceramic crown | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit before bone growth is complete. Not a benefit for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$612.00 | \$30.60 | \$30.60 | \$306.00 | \$0.00 |
| D6059 | Abutment supported porcelain fused to metal crown (noble metal) | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit before bone growth is complete. Not a benefit for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$604.00 | \$30.20 | \$30.20 | \$302.00 | \$0.00 |
| D6060 | Abutment supported porcelain fused to metal crown (predominantly base metal) | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit before bone growth is complete. Not a benefit for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$570.00 | \$28.50 | \$28.50 | \$285.00 | \$0.00 |
| D6061 | Abutment supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal) | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit before bone growth is complete. Not a benefit for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$582.00 | \$29.10 | \$29.10 | \$291.00 | \$0.00 |
| D6062 | Abutment supported cast metal crown (high noble metal) | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit before bone growth is complete. Not a benefit for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$580.00 | \$29.00 | \$29.00 | \$290.00 | \$0.00 |
| D6063 | Abutment supported cast metal crown (predominantly base metal) | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit before bone growth is complete. Not a benefit for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$504.00 | \$25.20 | \$25.20 | \$252.00 | \$0.00 |
| D6064 | Abutment supported cast metal crown (noble metal) | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit before bone growth is complete. Not a benefit for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$528.00 | \$26.40 | \$26.40 | \$264.00 | \$0.00 |
| D6065 | Implant supported porcelain/ceramic crown | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit before bone growth is complete. Not a benefit for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$603.00 | \$30.15 | \$30.15 | \$301.50 | \$0.00 |
| D6066 | Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal) | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit before bone growth is complete. Not a benefit for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$586.00 | \$29.30 | \$29.30 | \$293.00 | \$0.00 |
| D6067 | Implant supported metal crown (titanium, titanium alloy, high noble metal) | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit before bone growth is complete. Not a benefit for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$569.00 | \$28.45 | \$28.45 | \$284.50 | \$0.00 |
| D6068 | Abutment supported retainer for porcelain/ceramic FPD | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit before bone growth is complete. Not a benefit for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$607.00 | \$30.35 | \$30.35 | \$303.50 | \$0.00 |
| D6069 | Abutment supported retainer for porcelain fused to metal FPD (high noble metal) | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit before bone growth is complete. Not a benefit for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$604.00 | \$30.20 | \$30.20 | \$302.00 | \$0.00 |
| D6070 | Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit before bone growth is complete. Not a benefit for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$570.00 | \$28.50 | \$28.50 | \$285.00 | \$0.00 |

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| D6071 | Abutment supported retainer for porcelain fused to metal FPD (noble metal) | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit before bone growth is complete. Not a benefit for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$582.00 | \$29.10 | \$29.10 | \$291.00 | \$0.00 |
| D6072 | Abutment supported retainer for case metal FPD (high noble metal) | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit before bone growth is complete. Not a benefit for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$589.00 | \$29.45 | \$29.45 | \$294.50 | \$0.00 |
| D6073 | Abutment supported retainer for cast metal FPD (predominantly base metal) | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit before bone growth is complete. Not a benefit for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$537.00 | \$26.85 | \$26.85 | \$268.50 | \$0.00 |
| D6074 | Abutment supported retainer for cast metal FPD (noble metal) | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit before bone growth is complete. Not a benefit for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$572.00 | \$28.60 | \$28.60 | \$286.00 | \$0.00 |
| D6075 | Implant supported retainer for ceramic FPD | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit before bone growth is complete. Not a benefit for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$603.00 | \$30.15 | \$30.15 | \$301.50 | \$0.00 |
| D6076 | Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal) | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit before bone growth is complete. Not a benefit for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$586.00 | \$29.30 | \$29.30 | \$293.00 | \$0.00 |
| D6077 | Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal) | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit before bone growth is complete. Not a benefit for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$569.00 | \$28.45 | \$28.45 | \$284.50 | \$0.00 |
| D6078 | Implant/abutment supported fixed denture for completely edentulous arch | Major | Yes | Yes | An allowance will be made towards the cost of the appliance actually placed on the implant (crown, bridge, partial or complete denture). If such an allowance is made payment will not be made for any replacement until 5 years have elapsed. | 70% of billed U&C | 5% of contracted fee | 5% of contracted fee | 50% of contracted fee | \$0.00 |
| D6079 | Implant/abutment supported fixed denture for partially edentulous arch | Major | Yes | Yes | An allowance will be made towards the cost of the appliance actually placed on the implant (crown, bridge, partial or complete denture). If such an allowance is made payment will not be made for any replacement until 5 years have elapsed. | 70% of billed U&C | 5% of contracted fee | 5% of contracted fee | 50% of contracted fee | \$0.00 |
| D6092 | Recement implant/abutment supported crown | Major | Yes | Yes | Permanent teeth only. Preauthorization is required. Preoperative x-rays required. Requires a tooth code. A benefit once in a five-year period. Not a benefit before bone growth is complete. Not a benefit for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position. | \$46.00 | \$2.30 | \$2.30 | \$23.00 | \$0.00 |
| D6093 | Recement implant/abutment supported fixed partial denture | Major | Yes | Yes | Requires an arch code. The original provider is responsible for all recementations within the first 12 months following the initial placement. Not a benefit within 12 months of recementation by the same provider. | \$74.00 | \$3.70 | \$3.70 | \$37.00 | \$0.00 |
| D6210 | Pontic - cast high noble metal | Major | Yes | Yes | Benefits are limited to D6211. The difference in contracted fees for the procedure codes may be charged to the member as a noncovered expense. Preauthorization is required. X-rays required. Not a benefit under the age of 16. A benefit once in a five-year period. | \$512.00 | \$24.00 | \$24.00 | \$240.00 | \$0.00 |
| D6211 | Pontic - cast predominantly base metal | Major | Yes | Yes | Preauthorization is required. X-rays required. Not a benefit under the age of 16. A benefit once in a five-year period. | \$480.00 | \$24.00 | \$24.00 | \$240.00 | \$0.00 |
| D6212 | Pontic - cast noble metal | Major | Yes | Yes | Benefits are limited to D6211. The difference in contracted fees for the procedure codes may be charged to the member as a noncovered expense. Preauthorization is required. X-rays required. Not a benefit under the age of 16. A benefit once in a five-year period. | \$500.00 | \$24.00 | \$24.00 | \$240.00 | \$0.00 |
| D6214 | Pontic - titanium | Major | Yes | Yes | Preauthorization is required. X-rays required. Not a benefit under the age of 16. A benefit once in a five-year period. | \$515.00 | \$25.75 | \$25.75 | \$257.50 | \$0.00 |
| D6240 | Pontic - porcelain fused to high noble metal | Major | Yes | Yes | Benefits are limited to D6241. The difference in contracted fees for the procedure codes may be charged to the member as a noncovered expense. Preauthorization is required. X-rays required. Not a benefit under the age of 16. A benefit once in a five-year period. | \$506.00 | \$23.40 | \$23.40 | \$234.00 | \$0.00 |
| D6241 | Pontic - Porcelain Predominantly Base Metal | Major | Yes | Yes | Preauthorization is required. X-rays required. Not a benefit under the age of 16. A benefit once in a five-year period. | \$468.00 | \$23.40 | \$23.40 | \$234.00 | \$0.00 |
| D6242 | Pontic - Porcelain Noble Metal | Major | Yes | Yes | Benefits are limited to D6241. The difference in contracted fees for the procedure codes may be charged to the member as a noncovered expense. Preauthorization is required. X-rays required. Not a benefit under the age of 16. A benefit once in a five-year period. | \$493.00 | \$23.40 | \$23.40 | \$234.00 | \$0.00 |
| D6250 | Pontic - resin with high noble metal | Major | Yes | Yes | Benefits are limited to D6251. The difference in contracted fees for the procedure codes may be charged to the member as a noncovered expense. Preauthorization is required. X-rays required. Not a benefit under the age of 16. A benefit once in a five-year period. | \$500.00 | \$23.05 | \$23.05 | \$230.50 | \$0.00 |
| D6251 | Pontic - resin with predominately base metal | Major | Yes | Yes | Preauthorization is required. X-rays required. Not a benefit under the age of 16. A benefit once in a five-year period. | \$461.00 | \$23.05 | \$23.05 | \$230.50 | \$0.00 |
| D6252 | Pontic - resin with noble metal | Major | Yes | Yes | Preauthorization is required. X-rays required. Not a benefit under the age of 16. A benefit once in a five-year period. | \$476.00 | \$23.80 | \$23.80 | \$238.00 | \$0.00 |
| D6545 | Retainer - cast metal for resin bonded fixed prosthesis | Major | Yes | Yes | Preauthorization is required. X-rays required. Not a benefit under the age of 16. A benefit once in a five-year period. | \$195.00 | \$9.75 | \$9.75 | \$97.50 | \$0.00 |
| D6602 | Inlay - cast high noble metal, two surfaces | Major | Yes | Yes | Preauthorization is required. X-rays required. Not a benefit under the age of 16. A benefit once in a five-year period. | \$452.00 | \$22.60 | \$22.60 | \$226.00 | \$0.00 |

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| D6603 | Inlay - cast high noble metal, three or more surfaces | Major | Yes | Yes | Preauthorization is required. X-rays required. Not a benefit under the age of 16. A benefit once in a five-year period. | \$497.00 | \$24.85 | \$24.85 | \$248.50 | \$0.00 |
| D6604 | Inlay - predominantly base metal, two surfaces | Major | Yes | Yes | Preauthorization is required. X-rays required. Not a benefit under the age of 16. A benefit once in a five-year period. | \$443.00 | \$22.15 | \$22.15 | \$221.50 | \$0.00 |
| D6605 | Inlay - predominantly base metal, three or more surfaces | Major | Yes | Yes | Preauthorization is required. X-rays required. Not a benefit under the age of 16. A benefit once in a five-year period. | \$469.00 | \$23.45 | \$23.45 | \$234.50 | \$0.00 |
| D6606 | Inlay - cast high noble metal, two surfaces | Major | Yes | Yes | Preauthorization is required. X-rays required. Not a benefit under the age of 16. A benefit once in a five-year period. | \$436.00 | \$21.80 | \$21.80 | \$218.00 | \$0.00 |
| D6607 | Inlay - cast noble metal, three or more surfaces | Major | Yes | Yes | Preauthorization is required. X-rays required. Not a benefit under the age of 16. A benefit once in a five-year period. | \$483.00 | \$24.15 | \$24.15 | \$241.50 | \$0.00 |
| D6610 | Onlay - cast high noble metal, two surfaces | Major | Yes | Yes | Benefits are limited to D6612. The difference in contracted fees for the procedure codes may be charged to the member as a noncovered expense. Preauthorization is required. X-rays required. Not a benefit under the age of 16. A benefit once in a five-year period. | \$487.00 | \$24.25 | \$24.25 | \$242.50 | \$0.00 |
| D6611 | Onlay - cast high noble metal, three or more surfaces | Major | Yes | Yes | Benefits are limited to D6613. The difference in contracted fees for the procedure codes may be charged to the member as a noncovered expense. Preauthorization is required. X-rays required. Not a benefit under the age of 16. A benefit once in a five-year period. | \$533.00 | \$25.30 | \$25.30 | \$253.00 | \$0.00 |
| D6612 | Onlay - cast predominantly base metal, two surfaces | Major | Yes | Yes | Preauthorization is required. X-rays required. Not a benefit under the age of 16. A benefit once in a five-year period. | \$485.00 | \$24.25 | \$24.25 | \$242.50 | \$0.00 |
| D6613 | Onlay - cast predominantly base metal, three or more surfaces | Major | Yes | Yes | Preauthorization is required. X-rays required. Not a benefit under the age of 16. A benefit once in a five-year period. | \$506.00 | \$25.30 | \$25.30 | \$253.00 | \$0.00 |
| D6614 | Onlay - cast noble metal, two surfaces | Major | Yes | Yes | Preauthorization is required. X-rays required. Not a benefit under the age of 16. A benefit once in a five-year period. | \$475.00 | \$23.75 | \$23.75 | \$237.50 | \$0.00 |
| D6615 | Onlay - cast noble metal, three or more surfaces | Major | Yes | Yes | Preauthorization is required. X-rays required. Not a benefit under the age of 16. A benefit once in a five-year period. | \$493.00 | \$24.65 | \$24.65 | \$246.50 | \$0.00 |
| D6624 | Inlay - titanium | Major | Yes | Yes | Preauthorization is required. X-rays required. Not a benefit under the age of 16. A benefit once in a five-year period. | \$452.00 | \$22.60 | \$22.60 | \$226.00 | \$0.00 |
| D6634 | Onlay - titanium | Major | Yes | Yes | Preauthorization is required. X-rays required. Not a benefit under the age of 16. A benefit once in a five-year period. | \$475.00 | \$23.75 | \$23.75 | \$237.50 | \$0.00 |
| D6720 | Crown - resin with high noble metal | Major | Yes | Yes | Benefits are limited to D6721. The difference in contracted fees for the procedure codes may be charged to the member as a noncovered expense. Preauthorization is required. X-rays required. Not a benefit under the age of 16. A benefit once every five-year period from date of last placement except when the crown is no longer functional as determined by the Plan. | \$563.00 | \$26.75 | \$26.75 | \$267.50 | \$0.00 |
| D6721 | Crown - resin with predominantly base metal | Major | Yes | Yes | Preauthorization is required. X-rays required. Not a benefit under the age of 16. A benefit once every five-year period from date of last placement except when the crown is no longer functional as determined by the Plan. | \$535.00 | \$26.75 | \$26.75 | \$267.50 | \$0.00 |
| D6722 | Crown - resin with noble metal | Major | Yes | Yes | Benefits are limited to D6721. The difference in contracted fees for the procedure codes may be charged to the member as a noncovered expense. Preauthorization is required. X-rays required. Not a benefit under the age of 16. A benefit once every five-year period from date of last placement except when the crown is no longer functional as determined by the Plan. | \$545.00 | \$26.75 | \$26.75 | \$267.50 | \$0.00 |
| D6750 | Crown - porcelain fused to high noble metal | Major | Yes | Yes | Benefits are limited to D6751. The difference in contracted fees for the procedure codes may be charged to the member as a noncovered expense. Preauthorization is required. X-rays required. Not a benefit under the age of 16. A benefit once every five-year period from date of last placement except when the crown is no longer functional as determined by the Plan. | \$576.00 | \$26.95 | \$26.95 | \$269.50 | \$0.00 |
| D6751 | Crown - Porcelain Predom Base Metal | Major | Yes | Yes | Preauthorization is required. X-rays required. Not a benefit under the age of 16. A benefit once every five-year period from date of last placement except when the crown is no longer functional as determined by the Plan. | \$539.00 | \$26.95 | \$26.95 | \$269.50 | \$0.00 |
| D6752 | Crown - Porcelain Noble Metal | Major | Yes | Yes | Benefits are limited to D6751. The difference in contracted fees for the procedure codes may be charged to the member as a noncovered expense. Preauthorization is required. X-rays required. Not a benefit under the age of 16. A benefit once every five-year period from date of last placement except when the crown is no longer functional as determined by the Plan. | \$552.00 | \$26.95 | \$26.95 | \$269.50 | \$0.00 |
| D6780 | Crown - 3/4 cast high noble metal | Major | Yes | Yes | Benefits are limited to D6781. The difference in contracted fees for the procedure codes may be charged to the member as a noncovered expense. Preauthorization is required. X-rays required. Not a benefit under the age of 16. A benefit once every five-year period from date of last placement except when the crown is no longer functional as determined by the Plan. | \$545.00 | \$27.25 | \$27.25 | \$272.50 | \$0.00 |

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| D6781 | Crown - 3/4 cast predominantly base metal | Major | Yes | Yes | Preauthorization is required. X-rays required. Not a benefit under the age of 16. A benefit once every five-year period from date of last placement except when the crown is no longer functional as determined by the Plan. | \$545.00 | \$27.25 | \$27.25 | \$272.50 | \$0.00 |
| D6782 | Crown - 3/4 cast noble metal | Major | Yes | Yes | Benefits are limited to D6781. The difference in contracted fees for the procedure codes may be charged to the member as a noncovered expense. Preauthorization is required. X-rays required. Not a benefit under the age of 16. A benefit once every five-year period from the date of last placement except when the crown is no longer functional as determined by the Plan. | \$506.00 | \$27.25 | \$27.25 | \$272.50 | \$0.00 |
| D6790 | Crown - full cast high noble metal | Major | Yes | Yes | Benefits are limited to D6791. The difference in contracted fees for the procedure codes may be charged to the member as a noncovered expense. Preauthorization is required. X-rays required. Not a benefit under the age of 16. A benefit once every five-year period from the date of last placement except when the crown is no longer functional as determined by the Plan. | \$558.00 | \$26.45 | \$26.45 | \$264.50 | \$0.00 |
| D6791 | Crown - full cast predominantly base metal | Major | Yes | Yes | Preauthorization is required. X-rays required. Not a benefit under the age of 16. A benefit once every five-year period from the date of last placement except when the crown is no longer functional as determined by the Plan. | \$529.00 | \$26.45 | \$26.45 | \$264.50 | \$0.00 |
| D6792 | Crown - full cast noble metal | Major | Yes | Yes | Benefits are limited to D6791. The difference in contracted fees for the procedure codes may be charged to the member as a noncovered expense. Preauthorization is required. X-rays required. Not a benefit under the age of 16. A benefit once every five-year period from the date of last placement except when the crown is no longer functional as determined by the Plan. | \$549.00 | \$26.45 | \$26.45 | \$264.50 | \$0.00 |
| D6794 | Crown - titanium | Major | Yes | Yes | Preauthorization is required. X-rays required. Not a benefit under the age of 16. A benefit once in a five-year period. | \$549.00 | \$27.45 | \$27.45 | \$274.50 | \$0.00 |
| D6930 | Recement fixed partial denture | Major | Yes | Yes | Preauthorization is required. X-rays required. Not a benefit under the age of 16. A benefit once in a five-year period. | \$61.00 | \$3.05 | \$3.05 | \$30.50 | \$0.00 |
| D6940 | Stress breaker | Major | Yes | No | Coverage for simple stress breaker such as a keyway. Covered only in connection with fixed prosthodontics. More complex or precision attachments are considered optional. | \$146.00 | \$7.30 | \$7.30 | \$73.00 | \$0.00 |
| D6970 | Cast post and core, in addition to retainer | Major | Yes | Yes | Preauthorization is required. X-rays required. Not a benefit under the age of 16. A benefit once in a five-year period. | \$167.00 | \$8.35 | \$8.35 | \$83.50 | \$0.00 |
| D6972 | Prefabricated post and core in addition to fixed partial denture retainer base metal post; includes canal preparation | Major | Yes | Yes | Preauthorization is required. X-rays required. Not a benefit under the age of 16. A benefit once in a five-year period. | \$137.00 | \$6.85 | \$6.85 | \$68.50 | \$0.00 |
| D6973 | Core buildup for retainer, including any pins | Major | Yes | Yes | Preauthorization is required. X-rays required. Not a benefit under the age of 16. A benefit once in a five-year period. | \$116.00 | \$5.80 | \$5.80 | \$58.00 | \$0.00 |
| D7111 | Coronal Remnants - Deciduous Tooth | Basic | No | No | X-rays are not required. Requires a tooth code. Not a benefit for asymptomatic teeth. | \$53.00 | \$2.65 | \$2.65 | \$10.60 | \$0.00 |
| D7140 | Extraction, Erupted Tooth or Exposed Root | Basic | No | No | X-rays are not required. Requires a tooth code. Not a benefit for asymptomatic teeth. Ortho-only extractions are covered. | \$77.00 | \$3.85 | \$3.85 | \$21.00 | \$0.00 |
| D7210 | Surgical Removal of an Erupted Tooth | Basic | No | Yes | Preoperative x-rays should be submitted with the claim. A benefit when the removal of any erupted tooth requires the elevation of mucoperiosteal flap and the removal of substantial alveolar one or sectioning of the tooth. The surgical removal of impacted teeth is a covered benefit only when evidence of pathology exists. Ortho-only extractions are covered. | \$136.00 | \$6.80 | \$6.80 | \$36.80 | \$0.00 |
| D7220 | Removal of Impacted Tooth (Soft Tissue) | Basic | No | Yes | The surgical removal of impacted teeth is a covered benefit only when evidence of pathology exists. Preoperative x-rays should be submitted with the claim. A benefit when the major or the entire occlusal surface is covered by mucogingival soft tissue. The surgical removal of impacted teeth is a covered benefit only when evidence of pathology exists. Ortho-only extractions are covered. | \$172.00 | \$8.60 | \$8.60 | \$47.20 | \$0.00 |
| D7230 | Removal of Impacted Tooth (Partially Bony) | Basic | No | Yes | The surgical removal of impacted teeth is a covered benefit only when evidence of pathology exists. Preoperative x-rays should be submitted with the claim. A benefit when the removal of any impacted tooth requires the elevation of a mucoperiosteal flap and the removal of substantial alveolar bone. One of the proximal heights of contour of the crown shall be covered by bone. The surgical removal of impacted teeth is a covered benefit only when evidence of pathology exists. Ortho-only extractions are covered. | \$228.00 | \$11.40 | \$11.40 | \$62.40 | \$0.00 |
| D7240 | Removal of Impacted Tooth (Complete Bony) | Basic | No | Yes | The surgical removal of impacted teeth is a covered benefit only when evidence of pathology exists. Preoperative x-rays should be submitted with the claim. A benefit when the removal of any impacted tooth requires the elevation of a mucoperiosteal flap and the removal of substantial alveolar bone covering most or all of the crown. The surgical removal of impacted teeth is a covered benefit only when evidence of pathology exists. Ortho-only extractions are covered. | \$268.00 | \$13.40 | \$13.40 | \$72.80 | \$0.00 |

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| D7250 | Removal of Residual Root Totally Covered by Bone | Basic | No | Yes | Preoperative x-rays should be submitted with the claim. A benefit when the root is completely covered by alveolar bone. Not a separate fee/benefit to the provider performing the initial tooth extraction. | \$145.00 | \$7.25 | \$7.25 | \$39.40 | \$0.00 |
| D7260 | Oroantral fistula closure | Basic | Yes | Yes | Preoperative x-rays should be submitted with the claim, along with additional written documentation (surgical report) | \$1,205.00 | \$60.25 | \$60.25 | \$329.00 | \$0.00 |
| D7261 | Primary closure of a sinus perforation | Basic | Yes | Yes | Preoperative x-rays should be submitted with the claim, along with additional written documentation (surgical report) | \$389.00 | \$19.45 | \$19.45 | \$105.80 | \$0.00 |
| D7270 | Reimplantation and/or Stabilization of Accidentally Evulsed/Displaced Teeth and/or Alveous | Basic | No | Yes | Preoperative x-rays should be submitted with the claim. Requires a tooth code. | \$290.00 | \$14.50 | \$14.50 | \$78.80 | \$0.00 |
| D7280 | Surgical access of an unerupted tooth | Basic | No | Yes | Preoperative x-rays should be submitted with the claim. Preauthorization is recommended but not required. The procedure is limited to patients in active orthodontic treatment and the fee includes any orthodontic attachments. | \$248.00 | \$12.40 | \$12.40 | \$68.00 | \$0.00 |
| D7283 | Placement of device to facilitate eruption of impacted tooth | Basic | Yes | Yes | Preauthorization is required. X-rays required. | \$117.00 | \$5.85 | \$5.85 | \$32.20 | \$0.00 |
| D7285 | Biopsy of oral tissues - hard (bone, tooth) | Basic | No | Yes | Pathology report should be submitted with the claim. Treatment includes the fee for the resection of hard tissue. | \$517.00 | \$25.85 | \$25.85 | \$141.00 | \$0.00 |
| D7286 | Biopsy of oral tissues - soft | Basic | No | Yes | Pathology report should be submitted with the claim. Treatment includes the fee for the resection of tumors and the resection of cysts. | \$233.00 | \$11.65 | \$11.65 | \$63.40 | \$0.00 |
| D7310 | Alveoloplasty (in Addition to Removal of Teeth) Per Quadrant | Basic | No | Yes | Preoperative x-rays must be submitted with claim. Requires a quadrant code. Not a benefit on the same date of service with two or more surgical extractions. | \$160.00 | \$8.00 | \$8.00 | \$44.00 | \$0.00 |
| D7311 | Alveoloplasty in Conjunction with Extractions – One to Three Teeth | Basic | No | Yes | Preoperative x-rays must be submitted with claim. Not a benefit on the same date of service with two or more surgical extractions. | \$124.00 | \$6.20 | \$6.20 | \$33.60 | \$0.00 |
| D7320 | Alveoloplasty No Extraction - Per Quadrant | Basic | No | Yes | Preoperative x-rays must be submitted with claim if photographs do not demonstrate need. Requires a quadrant code. Not a benefit within 6 months following extractions in the same quadrant performed by the same provider. | \$230.00 | \$11.50 | \$11.50 | \$62.80 | \$0.00 |
| D7321 | Alveoloplasty not with Extractions – One to Three Teeth | Basic | No | Yes | Preoperative x-rays must be submitted with claim if photographs do not demonstrate need. Not a benefit within 6 months following extractions in the same quadrant performed by the same provider. | \$195.00 | \$9.75 | \$9.75 | \$53.40 | \$0.00 |
| D7340 | Vestibuloplasty - ridge extension (secondary epithelialization) | Basic | No | Yes | Operative report should be submitted with the claim. | \$1,275.00 | \$63.75 | \$63.75 | \$347.80 | \$0.00 |
| D7350 | Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue) | Basic | No | Yes | Operative report should be submitted with the claim. Bone or other hard tissue or synthetic grafts used to augment the vestibuloplasty are not a benefit. A frenectomy can not be charged as a separate benefit. | \$3,986.00 | \$199.30 | \$199.30 | \$1,086.80 | \$0.00 |
| D7410 | Excision of benign lesion up to 125 cm | Basic | No | Yes | Operative and pathology reports should be submitted with the claim. Pre-op and Post operative x-rays must be submit with the claim. | \$462.00 | \$23.10 | \$23.10 | \$92.40 | \$0.00 |
| D7411 | Excision of benign lesion greater than 125 cm | Basic | No | Yes | Operative and pathology reports should be submitted with the claim. | \$789.00 | \$39.45 | \$39.45 | \$157.80 | \$0.00 |
| D7450 | Removal of benign odontogenic cyst or tumor - lesion diameter up to 125cm | Basic | No | Yes | Preoperative x-rays indicating the location of the cyst and a pathology report must be submitted with claim. | \$508.00 | \$25.40 | \$25.40 | \$138.40 | \$0.00 |
| D7451 | Removal of benign odontogenic cyst or tumor - lesion diameter greater than 125cm | Basic | No | Yes | Preoperative x-rays indicating the location of the cyst and a pathology report must be submitted with claim. | \$799.00 | \$39.95 | \$39.95 | \$218.20 | \$0.00 |
| D7460 | Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 125cm | Basic | No | Yes | Preoperative x-rays indicating the location of the cyst and a pathology report must be submitted with claim. | \$556.00 | \$27.80 | \$27.80 | \$152.00 | \$0.00 |
| D7461 | Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 125cm | Basic | No | Yes | Preoperative x-rays indicating the location of the cyst and a pathology report must be submitted with claim. | \$759.00 | \$37.95 | \$37.95 | \$207.00 | \$0.00 |
| D7471 | Removal of lateral exostosis (maxilla or mandible) | Basic | No | Yes | Preoperative x-rays must be submitted with claim. Please identify the quadrant treated by abbreviation in the area for the oral cavity. | \$527.00 | \$26.35 | \$26.35 | \$143.80 | \$0.00 |
| D7510 | Intraoral incision and drainage of abscess (Soft Tissue) | Basic | No | No | Written documentation required. Requires a quadrant code. Limited to once per quadrant per date of service. Not covered as a separate charge if any other definitive treatment is performed on the same date of service. Fee includes incision, placement and removal of a surgical draining device. | \$153.00 | \$7.65 | \$7.65 | \$41.80 | \$0.00 |
| D7520 | Extraoral incision and drainage of abscess (soft tissue) | Basic | No | No | Operative report should be submitted with the claim. | \$726.00 | \$36.30 | \$36.30 | \$198.00 | \$0.00 |
| D7530 | Removal of foreign body from mucosa, skin or subcutaneous alveolar tissue | Basic | No | No | Identify the nature of the foreign body on the claim. | \$262.00 | \$13.10 | \$13.10 | \$71.60 | \$0.00 |
| D7540 | Removal of reaction-producing foreign bodies, musculoskeletal system | Basic | No | Yes | Preoperative x-rays must be submitted with claim. Identify the nature of the foreign body on the claim. | \$291.00 | \$14.55 | \$14.55 | \$79.80 | \$0.00 |
| D7550 | Partial ostectomy/sequestrectomy for removal of non-vital bone | Basic | No | Yes | Preoperative x-rays must be submitted with claim. Should be submitted to the Medical Carrier prior to submitting to the dental carrier for payment. | \$181.00 | \$9.05 | \$9.05 | \$49.00 | \$0.00 |
| D7560 | Maxillary sinusotomy for removal of tooth fragment or foreign body | Basic | No | Yes | Preoperative x-rays and an operative report must be submitted with claim. Should be submitted to the Medical Carrier prior to submitting to the dental carrier for payment. | \$1,439.00 | \$71.95 | \$71.95 | \$392.60 | \$0.00 |

| CODE | DESCRIPTION | PROCEDURE CATEGORY | PREAUTH REQUIRED | X-RAYS REQUIRED | PROCEDURE GUIDELINE | Specialist Contracted Fee (UT-SP) | Member's Maximum Copayment for Covered Services | | | |
|-------|---|--------------------|------------------|-----------------|--|---------------------------------------|--|---|--|----------------------|
| | | | | | | | PLAN A | PLAN B | PLAN C | NATIVE AMERICAN PLAN |
| D7960 | Frenulectomy - separate procedure | Basic | No | Yes | Preoperative photographs required. Written documentation including rationale demonstrating medical necessity and the specific treatment area. Requires arch code and is limited to once per arch per date of service. | \$142.00 | \$7.10 | \$7.10 | \$28.40 | \$0.00 |
| D7970 | Excision of hyperplastic tissue - per arch | Basic | No | No | Arch is required to be submitted on the claim. | \$283.00 | \$14.15 | \$14.15 | \$56.60 | \$0.00 |
| D7971 | Excision of Pericoronal Gingiva | Basic | No | Yes | Preoperative x-rays required. Written documentation including rationale demonstrating medical necessity. This procedure is included within the fee for any other treatment performed to the same tooth on the same date of service and should not be billed separately. | \$100.00 | \$5.00 | \$5.00 | \$20.00 | \$0.00 |
| D8010 | Limited orthodontic treatment of the primary dentition | Ortho | No | No | <p>Payment based on initial banding and ongoing treatment costs (e.g. monthly, quarterly).</p> <p>NOTE: Once the Ortho Lifetime Maximum is reached, the member is responsible for all remaining charges, up to the Contracted fee.</p> | \$500.00 | <p>Member copay is 5% of initial banding and ongoing maintenance, until the Ortho Lifetime Maximum is reached. (See NOTE under Procedure Guidelines)</p> | <p>Member copay is 50% of initial banding and ongoing maintenance, until the Ortho Lifetime Maximum is reached. (See NOTE under Procedure Guidelines)</p> | <p>Member has no copay for initial banding and ongoing maintenance, until the Ortho Lifetime Maximum is reached. (See NOTE under Procedure Guidelines)</p> | |
| D8020 | Limited orthodontic treatment of the transitional dentition | Ortho | No | No | | \$500.00 | | | | |
| D8030 | Limited orthodontic treatment of the adolescent dentition | Ortho | No | No | | \$500.00 | | | | |
| D8040 | Limited orthodontic treatment of the adult dentition | Ortho | No | No | | \$500.00 | | | | |
| D8050 | Interceptive orthodontic treatment of the primary dentition | Ortho | No | No | | \$1,950.00 | | | | |
| D8060 | Interceptive orthodontic treatment of the transitional dentition | Ortho | No | No | | \$1,950.00 | | | | |
| D8070 | Comprehensive orthodontic treatment of the transitional dentition | Ortho | No | No | | \$3,800.00 | | | | |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition | Ortho | No | No | | \$3,800.00 | | | | |
| D8090 | Comprehensive orthodontic treatment of the adult dentition | Ortho | No | No | | \$4,200.00 | | | | |
| D8210 | Removable appliance therapy | Ortho | No | No | | Benefit limited to once per lifetime. | | | | \$375.00 |
| D8220 | Fixed appliance therapy | Ortho | No | No | Benefit limited to once per lifetime. | \$375.00 | \$18.75 | \$18.75 | \$250.00 | \$0.00 |
| D8660 | Pre-orthodontic treatment visit | Ortho | No | No | | \$50.00 | \$2.50 | \$2.50 | \$25.00 | \$0.00 |
| D9110 | Palliative (Emergency) Treatment of Dental Pain | Basic | No | No | Limited to once per date of service when no other treatment is performed. | \$50.00 | \$2.50 | \$2.50 | \$10.00 | \$0.00 |
| D9220 | Anesthesia, General, One Half Hour | Basic | No | No | A benefit only in conjunction with covered oral surgery or select endodontic (D3425, D3426) and periodontal surgical procedure (D4260). The difference in contracted fee may be billed to the member as a noncovered expense. Documentation of medical necessity is required. | \$202.00 | \$10.10 | \$10.10 | \$40.40 | \$0.00 |
| D9221 | Anesthesia, General, Each Additional 15 Minutes | Basic | No | No | A benefit only in conjunction with covered oral surgery or select endodontic (D3425, D3426) and periodontal surgical procedure (D4260). The difference in contracted fee may be billed to the member as a noncovered expense. Documentation of medical necessity is required. | \$84.00 | \$4.20 | \$4.20 | \$16.80 | \$0.00 |
| D9241 | Intravenous Conscious Sedation/Analgesia – First 30 Minutes | Basic | No | No | A benefit only in conjunction with covered oral surgery or select endodontic (D3425, D3426) and periodontal surgical procedure (D4260). The difference in contracted fee may be billed to the member as a noncovered expense. Documentation of medical necessity is required. | \$159.00 | \$7.95 | \$7.95 | \$31.80 | \$0.00 |
| D9242 | Intravenous Conscious Sedation/Analgesia – Each Additional 15 Minutes | Basic | No | No | A benefit only in conjunction with covered oral surgery or select endodontic (D3425, D3426) and periodontal surgical procedure (D4260). The difference in contracted fee may be billed to the member as a noncovered expense. Documentation of medical necessity is required. | \$67.00 | \$3.35 | \$3.35 | \$13.40 | \$0.00 |
| D9310 | Special Consultation (Specialist Only – Separate Fee Only if Patient Not Treated by Consultant) | Preventive | No | No | Specialist Only - separate fee only if patient is not treated by the consulting specialist. | \$104.00 | \$5.20 | \$5.20 | \$20.80 | \$0.00 |
| D9430 | Office visit for observation (during regularly scheduled hours) – no other services performed | Basic | No | No | | \$28.00 | \$1.40 | \$1.40 | \$5.60 | \$0.00 |
| D9440 | Office Visit - After Regularly Scheduled Hours | Basic | No | No | | \$66.00 | \$3.30 | \$3.30 | \$13.20 | \$0.00 |
| D9930 | Treatment of complications (post-surgical) - unusual circumstances, by report | Basic | No | No | Documentation describing the complications is required for payment. | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| D9940 | Occlusal Guard, by Report | Basic | No | No | Documentation describing dental necessity is required for payment. | \$163.00 | \$8.15 | \$8.15 | \$32.60 | \$0.00 |
| D9951 | Occlusal adjustment - limited | Basic | No | No | Requires a quadrant code. Limited to patients age 13 and over and natural teeth. Not a benefit within 30 days of any definitive treatment in same or opposing quadrant. | \$48.00 | \$2.40 | \$2.40 | \$9.60 | \$0.00 |

This Fee Schedule is for informational purposes only. Premier has no liability or obligation, either legal or equitable, to pay any amount as a result of using this Fee Schedule. This Fee Schedule does not guarantee benefits or coverage.

All claims are subject to Premier Master Policies, code editing software, preauthorization requirements, and/or other internal claims payment policies.

NON-DISCLOSURE: PROVIDER agrees that unless required by law, PROVIDER shall not disclose the reimbursement rates set forth in this exhibit without prior written consent of Premier.

UT CHIP PROCEDURE GUIDELINES - REVISION SUMMARY

03/01/2011 Revision:

Procedure code 4342: Under **Other Criteria** column, removal of "4 or more teeth" to correctly reflect procedure description. Procedure code is applicable for 1 to 3 teeth.

Procedure codes 9220, 9221, 9241, 9242: Under **Other Criteria** column, added "Documentation of medical necessity is required."

07/01/2011 Revision (due to new plan year):

Added new covered procedures:

| | | | | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| D0145 | D1352 | D2712 | D2962 | D5225 | D6055 | D6064 | D6073 | D6214 | D6634 | D7350 | D7530 | D8050 |
| D0290 | D1555 | D2720 | D3333 | D5226 | D6056 | D6065 | D6074 | D6545 | D6794 | D7410 | D7540 | D8060 |
| D0350 | D2510 | D2721 | D3351 | D5820 | D6057 | D6066 | D6075 | D6602 | D6940 | D7411 | D7550 | D8070 |
| D0460 | D2520 | D2722 | D3352 | D5821 | D6058 | D6067 | D6076 | D6603 | D7260 | D7450 | D7560 | D8080 |
| D0472 | D2530 | D2794 | D3353 | D6010 | D6059 | D6068 | D6077 | D6604 | D7261 | D7451 | D7970 | D8090 |
| D0473 | D2542 | D2910 | D3450 | D6040 | D6060 | D6069 | D6078 | D6605 | D7283 | D7460 | D8010 | D8210 |
| D0474 | D2543 | D2932 | D3460 | D6050 | D6061 | D6070 | D6079 | D6606 | D7285 | D7461 | D8020 | D8220 |
| D1204 | D2544 | D2960 | D3920 | D6053 | D6062 | D6071 | D6092 | D6607 | D7286 | D7471 | D8030 | D8660 |
| D1206 | D2710 | D2961 | D4245 | D6054 | D6063 | D6072 | D6093 | D6624 | D7340 | D7520 | D8040 | D9930 |

Deleted codes, no longer covered.

| | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| D2610 | D2642 | D2953 | D2999 | D4275 | D5620 | D6245 | D6740 | D6977 | D7290 |
| D2620 | D2643 | D2957 | D3110 | D4276 | D5899 | D6608 | D6783 | D6999 | D7511 |
| D2630 | D2644 | D2970 | D3120 | D4320 | D6205 | D6609 | D6976 | D7241 | D9248 |

Codes with Modified Coverage Category and/or Procedure Guidelines

| | | | | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| D0210 | D1525 | D2335 | D2933 | D3320 | D3426 | D5211 | D5640 | D5751 | D6242 | D6614 | D6780 | D6972 |
| D0330 | D2140 | D2390 | D2934 | D3330 | D3430 | D5212 | D5650 | D5760 | D6250 | D6615 | D6781 | D6973 |
| D0470 | D2150 | D2391 | D3220 | D3346 | D4341 | D5213 | D5660 | D5761 | D6251 | D6720 | D6782 | D7280 |
| D1203 | D2160 | D2392 | D3221 | D3347 | D4342 | D5214 | D5710 | D6210 | D6252 | D6721 | D6790 | D9220 |
| D1351 | D2161 | D2393 | D3222 | D3348 | D5110 | D5510 | D5711 | D6211 | D6610 | D6722 | D6791 | D9221 |
| D1510 | D2330 | D2394 | D3230 | D3410 | D5120 | D5520 | D5720 | D6212 | D6611 | D6750 | D6792 | D9241 |
| D1515 | D2331 | D2930 | D3240 | D3421 | D5130 | D5610 | D5721 | D6240 | D6612 | D6751 | D6930 | D9242 |
| D1520 | D2332 | D2931 | D3310 | D3425 | D5140 | D5630 | D5750 | D6241 | D6613 | D6752 | D6970 | |

08/08/2011 Revision

Plan Year Deductible (first page): Revised from "Plan Year Deductible does not apply to services in the Preventive Coverage Category." to "Plan Year Deductible does not apply to Preventive and Orthodontic Procedure Categories."

Revision to Member Copay columns for orthodontic procedures D8010 - D8090 for clarification of member's responsibility.