



**UTAH CHILDREN'S HEALTH INSURANCE PROGRAM
PROCEDURE GUIDELINES
FOR GENERAL PRACTITIONERS**



Thank you for being a Premier Access provider. We appreciate your partnership in providing quality service to our members. This guide is for GENERAL PRACTITIONERS 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
		Email: ProviderRelations@PremierLife.com
	Provider Manual and administrative forms	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	General Dentist Contracted Fee (UT-GP)	Member's Maximum Copayment for Covered Services			
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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.	\$28.00	\$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.	\$49.00	\$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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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	\$0.00	\$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	\$0.00	\$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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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	\$0.00	\$2.70	\$10.80	\$0.00
D2140	Amalgam - One Surface Permanent	Basic	No	No		\$54.00	\$0.00	\$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	\$0.00	\$3.55	\$14.20	\$0.00
D2150	Amalgam Restoration - Two Surfaces Permanent	Basic	No	No		\$71.00	\$0.00	\$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	\$0.00	\$4.25	\$17.00	\$0.00
D2160	Amalgam Restoration - Three Surfaces Permanent	Basic	No	No		\$85.00	\$0.00	\$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	\$0.00	\$5.20	\$20.80	\$0.00
D2161	Amalgam Restoration - Four or More Surfaces Permanent	Basic	No	No		\$104.00	\$0.00	\$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	\$0.00	\$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	\$0.00	\$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	\$0.00	\$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	\$0.00	\$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	\$0.00	\$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	\$0.00	\$2.70	\$10.80	\$0.00
D2391	Resin-Based Composite - One Surface, Posterior - Permanent					\$79.00	\$0.00	\$2.70	\$10.80	\$0.00

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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	\$0.00	\$3.55	\$14.20	\$0.00
D2392	Resin-Based Composite - Two Surfaces, Posterior - Permanent					\$103.00	\$0.00	\$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	\$0.00	\$4.25	\$17.00	\$0.00
D2393	Resin-Based Composite - Three Surfaces, Posterior - Permanent					\$129.00	\$0.00	\$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	\$0.00	\$5.20	\$20.80	\$0.00
D2394	Resin-Based Composite – Four or More Surfaces, Posterior - Permanent					\$158.00	\$0.00	\$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	\$26.60	\$26.60	\$266.00	\$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	\$26.60	\$26.60	\$266.00	\$0.00

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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	\$26.60	\$26.60	\$266.00	\$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	\$25.80	\$25.80	\$258.00	\$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	\$25.80	\$25.80	\$258.00	\$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	\$25.80	\$25.80	\$258.00	\$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	\$26.15	\$26.15	\$261.50	\$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	\$26.15	\$26.15	\$261.50	\$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	\$0.00	\$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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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	\$0.00	\$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	\$0.00	\$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	\$0.00	\$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	\$0.00	\$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.	\$79.00	\$0.00	\$3.95	\$15.80	\$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.	\$84.00	\$0.00	\$4.20	\$16.80	\$0.00

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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.	\$72.00	\$0.00	\$3.60	\$14.40	\$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.	\$83.00	\$0.00	\$4.15	\$16.60	\$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.	\$90.00	\$0.00	\$4.50	\$18.00	\$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.	\$335.00	\$0.00	\$16.75	\$67.00	\$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.	\$409.00	\$0.00	\$20.45	\$81.80	\$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.	\$528.00	\$0.00	\$26.40	\$105.60	\$0.00
D3333	Internal root repair of perforation defects	Basic	Yes	Yes	Preauthorization is required. Preoperative x-rays required.	\$117.00	\$0.00	\$5.85	\$23.40	\$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.	\$453.00	\$0.00	\$22.65	\$90.60	\$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.	\$533.00	\$0.00	\$26.65	\$106.60	\$0.00

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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.	\$660.00	\$0.00	\$33.00	\$132.00	\$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.	\$177.00	\$0.00	\$8.85	\$35.40	\$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.	\$79.00	\$0.00	\$3.95	\$15.80	\$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.	\$244.00	\$0.00	\$12.20	\$48.80	\$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.	\$351.00	\$0.00	\$17.55	\$70.20	\$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).	\$390.00	\$0.00	\$19.50	\$78.00	\$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).	\$442.00	\$0.00	\$22.10	\$88.40	\$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.	\$149.00	\$0.00	\$7.45	\$29.80	\$0.00
D3430	Retrograde filling - per root	Basic	Yes	Yes	Preauthorization is required. X-rays required.	\$110.00	\$0.00	\$5.50	\$22.00	\$0.00
D3450	Root amputation - per root	Basic	Yes	Yes	Preauthorization is required. Pre-op and Post op X-rays required.	\$229.00	\$0.00	\$11.45	\$45.80	\$0.00
D3460	Endodontic endosseous implant	Basic	Yes	Yes	Preauthorization is required. X-rays required.	\$854.00	\$0.00	\$42.70	\$170.80	\$0.00

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D3920	Hemisection (including any root removal), not including root canal therapy	Basic	Yes	Yes	Preauthorization is required. X-rays required.	\$174.00	\$0.00	\$8.70	\$34.80	\$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).	\$252.00	\$0.00	\$12.60	\$50.40	\$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).	\$112.00	\$0.00	\$5.60	\$22.40	\$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).	\$319.00	\$0.00	\$15.95	\$63.80	\$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).	\$185.00	\$0.00	\$9.25	\$37.00	\$0.00
D4245	Apically positioned flap	Basic	Yes	Yes	Preauthorization is required. X-rays required.	\$235.00	\$0.00	\$11.75	\$47.00	\$0.00
D4249	Clinical crown lengthening - hard tissue	Basic	Yes	Yes	Preauthorization is required, including applicable preoperative x-rays.	\$350.00	\$0.00	\$17.50	\$70.00	\$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).	\$533.00	\$0.00	\$26.65	\$106.60	\$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).	\$286.00	\$0.00	\$14.30	\$57.20	\$0.00
D4263	Bone replacement graft - first site in quadrant	Basic	Yes	Yes	Preauthorization is required, including applicable preoperative x-rays.	\$191.00	\$0.00	\$9.55	\$38.20	\$0.00
D4264	Bone replacement graft - each additional site in quadrant	Basic	Yes	Yes	Preauthorization is required, including applicable preoperative x-rays.	\$162.00	\$0.00	\$8.10	\$32.40	\$0.00
D4266	Guided tissue regeneration - resorbable barrier, per site	Basic	Yes	Yes	Preauthorization is required, including applicable preoperative x-rays.	\$196.00	\$0.00	\$9.80	\$39.20	\$0.00
D4267	Guided tissue regeneration - resorbable barrier, per site (includes membrane removal)	Basic	Yes	Yes	Preauthorization is required, including applicable preoperative x-rays.	\$252.00	\$0.00	\$12.60	\$50.40	\$0.00
D4270	Pedicle soft tissue graft procedure	Basic	Yes	Yes	Preauthorization is required, including applicable preoperative x-rays.	\$378.00	\$0.00	\$18.90	\$75.60	\$0.00
D4271	Free soft tissue graft procedure (including donor site surgery)	Basic	Yes	Yes	Preauthorization is required, including applicable preoperative x-rays.	\$392.00	\$0.00	\$19.60	\$78.40	\$0.00
D4273	Subepithelial connective tissue graft procedures, per tooth	Basic	Yes	Yes	Preauthorization is required, including applicable preoperative x-rays.	\$462.00	\$0.00	\$23.10	\$92.40	\$0.00
D4321	Provisional splinting - extracoronaral	Basic	Yes	Yes	Preauthorization is required, including applicable preoperative x-rays.	\$184.00	\$0.00	\$9.20	\$36.80	\$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	\$0.00	\$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	\$0.00	\$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.	\$83.00	\$0.00	\$4.15	\$16.60	\$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	\$0.00	\$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	\$0.00	\$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	\$0.00	\$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	\$0.00	\$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.	\$1,024.00	Refer to Procedure Guideline			
D6040	Surgical placement - eosteal implant	Major	Yes	Yes		\$3,525.00				
D6050	Surgical placement - transosteal implant	Major	Yes	Yes		\$2,629.00				
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	\$0.00	\$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.	\$70.00	\$0.00	\$3.50	\$14.00	\$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.	\$124.00	\$0.00	\$6.20	\$24.80	\$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.	\$156.00	\$0.00	\$7.80	\$31.20	\$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.	\$207.00	\$0.00	\$10.35	\$41.40	\$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.	\$244.00	\$0.00	\$12.20	\$48.80	\$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.	\$132.00	\$0.00	\$6.60	\$26.40	\$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)	\$1,095.00	\$0.00	\$54.75	\$219.00	\$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)	\$354.00	\$0.00	\$17.70	\$70.80	\$0.00
D7270	Reimplantation and/or Stabilization of Accidentally Erupted/Displaced Teeth and/or Alveous	Basic	No	Yes	Preoperative x-rays should be submitted with the claim. Requires a tooth code.	\$264.00	\$0.00	\$13.20	\$52.80	\$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.	\$225.00	\$0.00	\$11.25	\$45.00	\$0.00
D7283	Placement of device to facilitate eruption of impacted tooth	Basic	Yes	Yes	Preauthorization is required. X-rays required.	\$106.00	\$0.00	\$5.30	\$21.20	\$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.	\$470.00	\$0.00	\$23.50	\$94.00	\$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.	\$212.00	\$0.00	\$10.60	\$42.40	\$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.	\$145.00	\$0.00	\$7.25	\$29.00	\$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.	\$113.00	\$0.00	\$5.65	\$22.60	\$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.	\$209.00	\$0.00	\$10.45	\$41.80	\$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.	\$177.00	\$0.00	\$8.85	\$35.40	\$0.00
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	Basic	No	Yes	Operative report should be submitted with the claim.	\$1,159.00	\$0.00	\$57.95	\$231.80	\$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.	\$3,624.00	\$0.00	\$181.20	\$724.80	\$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	\$0.00	\$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	\$0.00	\$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.	\$462.00	\$0.00	\$23.10	\$92.40	\$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.	\$726.00	\$0.00	\$36.30	\$145.20	\$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.	\$505.00	\$0.00	\$25.25	\$101.00	\$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.	\$690.00	\$0.00	\$34.50	\$138.00	\$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.	\$479.00	\$0.00	\$23.95	\$95.80	\$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.	\$139.00	\$0.00	\$6.95	\$27.80	\$0.00
D7520	Extraoral incision and drainage of abscess (soft tissue)	Basic	No	No	Operative report should be submitted with the claim.	\$660.00	\$0.00	\$33.00	\$132.00	\$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.	\$238.00	\$0.00	\$11.90	\$47.60	\$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.	\$264.00	\$0.00	\$13.20	\$52.80	\$0.00
D7550	Partial osteotomy/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.	\$165.00	\$0.00	\$8.25	\$33.00	\$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.	\$1,308.00	\$0.00	\$65.40	\$261.60	\$0.00

CODE	DESCRIPTION	PROCEDURE CATEGORY	PREAUTH REQUIRED	X-RAYS REQUIRED	PROCEDURE GUIDELINE	General Dentist Contracted Fee (UT-GP)	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	\$0.00	\$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	\$0.00	\$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	\$0.00	\$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>	\$375.00	Member copay is 5% of initial banding and ongoing maintenance, until the Ortho Lifetime Maximum is reached. (See NOTE under Procedure Guidelines)	Member copay is 50% of initial banding and ongoing maintenance, until the Ortho Lifetime Maximum is reached. (See NOTE under Procedure Guidelines)	Member has no copay for initial banding and ongoing maintenance, until the Ortho Lifetime Maximum is reached. (See NOTE under Procedure Guidelines)	
D8020	Limited orthodontic treatment of the transitional dentition	Ortho	No	No		\$375.00				
D8030	Limited orthodontic treatment of the adolescent dentition	Ortho	No	No		\$375.00				
D8040	Limited orthodontic treatment of the adult dentition	Ortho	No	No		\$375.00				
D8050	Interceptive orthodontic treatment of the primary dentition	Ortho	No	No		\$1,195.00				
D8060	Interceptive orthodontic treatment of the transitional dentition	Ortho	No	No		\$1,195.00				
D8070	Comprehensive orthodontic treatment of the transitional dentition	Ortho	No	No		\$2,500.00				
D8080	Comprehensive orthodontic treatment of the adolescent dentition	Ortho	No	No		\$2,500.00				
D8090	Comprehensive orthodontic treatment of the adult dentition	Ortho	No	No		\$2,700.00				
D8210	Removable appliance therapy	Ortho	No	No		Benefit limited to once per lifetime.				
D8220	Fixed appliance therapy	Ortho	No	No	Benefit limited to once per lifetime.	\$250.00	\$12.50	\$12.50	\$125.00	\$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	\$0.00	\$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	\$0.00	\$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	\$0.00	\$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	\$0.00	\$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	\$0.00	\$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.		Specialist Only	Specialist Only	Specialist Only	Specialist Only
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	Basic	No	No		\$28.00	\$0.00	\$1.40	\$5.60	\$0.00
D9440	Office Visit - After Regularly Scheduled Hours	Basic	No	No		\$66.00	\$0.00	\$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	\$0.00	\$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	\$0.00	\$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.