

IMPORTANT INFORMATION ABOUT YOUR PLAN

- ▶ This schedule of benefits provides a listing of procedures covered by your plan. For procedures that require a copayment, the amount to be paid is shown in the column titled "Member Pays \$." You pay these copayments to the dental office at the time of service.
- ▶ You must select a United Concordia Primary Dental Office (PDO) to receive covered services. Your PDO will perform the below procedures or refer you to a specialty care dentist for further care. Treatment by an Out-of-Network dentist is not covered, except as described in the Certificate of Coverage.
- ▶ Only procedures listed on this Schedule of Benefits are Covered Services. For services not listed (not covered), You are responsible for the full fee charged by the dentist. Procedure codes and member Copayments may be updated to meet American Dental Association (ADA) Current Dental Terminology (CDT) in accordance with national standards.
- ▶ For a complete description of your plan, please refer to the Certificate of Coverage and the Schedule of Exclusions and Limitations in addition to this Schedule of Benefits.
- ▶ If you have any questions about your United Concordia dental plan, please call our Customer Service Department toll-free at 1-866-357-3304 or access our website at www.UnitedConcordia.com.

ADA Code	ADA Description	Member Pays \$	ADA Code	ADA Description	Member Pays \$
CLINICAL ORAL EVALUATIONS			TESTS AND EXAMINATIONS		
D0120	Periodic Oral Evaluation - Established Patient	5	D0460	Pulp Vitality Tests	0
D0140	Limited Oral Evaluation - Problem Focused	5	D0470	Diagnostic Casts	0
D0145	Oral Evaluation For A Patient Under 3 Years Of Age And Counseling With Primary Caregiver	5	ORAL PATHOLOGY LABORATORY		
D0150	Comprehensive Oral Evaluation - New Or Established Patient	5	D0601	Caries Risk Assessment And Documentation, With A Finding Of Low Risk	0
D0170	Re-Evaluation-Limited, Problem Focused (Established Patient; Not Post-Operative Visit)	5	D0602	Caries Risk Assessment And Documentation, With A Finding Of Moderate Risk	0
D0171	Re-Evaluation - Post-Operative Office Visit	0	D0603	Caries Risk Assessment And Documentation, With A Finding Of High Risk	0
D0180	Comprehensive Periodontal Evaluation	5	DENTAL PROPHYLAXIS		
RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation)			D1110	Prophylaxis, Adult	0
D0210	Intraoral - Complete Series Of Radiographic Images	0	D1120	Prophylaxis, Child	0
D0220	Intraoral- Periapical First Radiographic Image	0	TOPICAL FLUORIDE TREATMENT (office procedure)		
D0230	Intraoral- Periapical Each Additional Radiographic Image	0	D1206	Topical Application Of Fluoride Varnish	0
D0240	Intraoral - Occlusal Radiographic Image	0	D1208	Topical Application Of Flouride - Excluding Varnish	0
D0270	Bitewing - Single Radiographic Image	0	OTHER PREVENTIVE SERVICES		
D0272	Bitewings - Two Radiographic Images	0	D1330	Oral Hygiene Instruction	0
D0273	Bitewings - Three Radiographic Images	0	D1351	Sealant - Per Tooth	0
D0274	Bitewings - Four Radiographic Images	0	D1353	Sealant Repair - Per Tooth	0
D0277	Vertical Bitewings - 7 To 8 Radiographic Images	0	D1354	Application of Caries Arresting Medicament - Per Tooth	15
D0330	Panoramic Radiographic Image	0	D1355	Caries preventive medicament application - per tooth	15
D0340	2D Cephalometric Radiographic Image - Acquisition, Measurement And Analysis	0	SPACE MAINTENANCE (passive appliances)		
TESTS AND EXAMINATIONS			D1510	Space maintainer - fixed, unilateral - per quadrant	69
			D1516	Space Maintainer - Fixed - bilateral, maxillary	108

ADA Code	ADA Description	Member Pays \$		ADA Code	ADA Description	Member Pays \$	
SPACE MAINTENANCE (passive appliances)				CROWNS - SINGLE RESTORATIONS ONLY			
D1517	Space Maintainer - Fixed - bilateral, mandibular	108		D2712	Crown - 3/4 Resin-Based Composite (Indirect)	119	
D1520	Space maintainer - removable, unilateral - per quadrant	86		D2740	Crown, Porcelain/Ceramic	450	
D1526	Space Maintainer - Removable - bilateral, maxillary	122		D2750	Crown, Porcelain Fused To High Noble Metal	420	◆
D1527	Space Maintainer - Removable - bilateral, mandibular	122		D2751	Crown-Porcelain Fused To Predominantly Base Metal	400	
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	12		D2752	Crown, Porcelain Fused To Noble Metal	410	◆
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	12		D2753	Crown - porcelain fused to titanium and titanium alloys	410	
D1553	Re-cement or re-bond bilateral space maintainer - per quadrant	12		D2790	Crown, Full Cast High Noble Metal	420	◆
D1556	Removal of fixed unilateral space maintainer - per quadrant	26		D2791	Crown - Full Cast Predominantly Base Metal	400	
D1557	Removal of fixed unilateral space maintainer - maxillary	26		D2792	Crown, Full Cast Noble Metal	410	◆
D1558	Removal of fixed unilateral space maintainer - mandibular	26		D2794	Crown - titanium and titanium alloys	400	
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant	69		D2799	Interim Crown - Further Treatment Or Completion Of Diagnosis Necessary Prior To Final Impression	97	
AMALGAM RESTORATIONS (including polishing)				OTHER RESTORATIVE SERVICES			
D2140	Amalgam - One Surface, Primary Or Permanent	9		D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	23	
D2150	Amalgam - Two Surfaces, Primary Or Permanent	12		D2915	Re-Cement Or Rebond Indirectly Fabricated Or Prefabricated Post And Core	25	
D2160	Amalgam - Three Surfaces, Primary Or Permanent	15		D2920	Re-Cement Or Re-Bond Crown	25	
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	17		D2930	Prefabricated Stainless Steel Crown - Primary Tooth	81	
RESIN-BASED COMPOSITE RESTORATIONS - DIRECT				D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	97	
D2330	Resin-Based Composite - One Surface, Anterior	20		D2949	Restorative Foundation For An Indirect Restoration	0	
D2331	Resin-Based Composite - Two Surfaces, Anterior	30		D2950	Core Buildup Including Any Pins When Required	75	
D2332	Resin-Based Composite - Three Surfaces, Anterior	35		D2951	Pin Retention - Per Tooth, In Addition To Restoration	13	
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle (Anterior)	42		D2952	Post And Core In Addition To Crown, Indirectly Fabricated	120	
D2391	Resin-Based Composite - One Surface, Posterior	45		D2953	Each Additional Indirectly Fabricated Post - Same Tooth	62	
D2392	Resin-Based Composite - Two Surfaces, Posterior	75		D2954	Prefabricated Post And Core In Addition To Crown	85	
D2393	Resin-Based Composite - Three Surfaces, Posterior	88		D2957	Each Additional Prefabricated Post - Same Tooth	44	
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	100		D2971	Additional Procedures To Customize a Crown to fit Under an Existing Partial Denture Framework	25	
INLAY/ONLAY RESTORATIONS				PULP CAPPING			
D2510	Inlay - Metallic - One Surface	222	◆	D3110	Pulp Cap - Direct (Excluding Final Restoration)	0	
D2520	Inlay - Metallic - Two Surfaces	248	◆	D3120	Pulp Cap - Indirect (Excluding Final Restoration)	0	
D2530	Inlay - Metallic - Three Or More Surfaces	307	◆	PULPOTOMY			
D2542	Onlay - Metallic-Two Surfaces	282	◆	D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	52	
D2543	Onlay - Metallic - Three Surfaces	330	◆	D3221	Pulpal Debridement, Primary And Permanent Teeth	26	
D2544	Onlay - Metallic - Four Or More Surfaces	363	◆	D3222	Partial Pulpotomy For Apexogenesis-Permanent Tooth With Incomplete Root Development	52	
CROWNS - SINGLE RESTORATIONS ONLY				ENDODONTIC THERAPY ON PRIMARY TEETH			
D2710	Crown-Resin-Based Composite (Indirect)	119					

ADA Code	ADA Description	Member Pays \$	ADA Code	ADA Description	Member Pays \$
ENDODONTIC THERAPY ON PRIMARY TEETH			SURGICAL SERVICES (including usual postoperative care)		
D3230	Pulpal Therapy (Resorbable Filling)- Anterior, Primary Tooth (Excluding Final Restoration)	104	D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	188
D3240	Pulpal Therapy (Resorbable Filling)- Posterior, Primary Tooth (Excluding Final Restoration)	123	D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	75
ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow-up care)			D4249	Clinical Crown Lengthening-Hard Tissue	259
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	200	D4260	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) – Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	360
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	250	D4261	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) – One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	144
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	335	D4263	Bone Replacement Graft - Retained Natural Tooth - First Site In Quadrant	130
ENDODONTIC RETREATMENT			D4264	Bone Replacement Graft - Retained Natural Tooth - Each Additional Site In Quadrant	120
D3346	Retreatment Of Previous Root Canal Therapy - Anterior	295	D4274	Mesial/Distal Wedge Procedure, Single Tooth (When Not Performed In Conjunction With Surgical Procedures In The Same Anatomical Area)	225
D3347	Retreatment Or Previous Root Canal Therapy - Premolar	340	NON-SURGICAL PERIODONTAL SERVICES		
D3348	Retreatment Of Previous Root Canal Therapy - Molar	428	D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	75
APICOECTOMY/PERIRADICULAR SERVICES			D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	19
D3410	Apicoectomy - Anterior	220	D4346	Scaling In Presence Of Generalized Moderate Or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation	58
D3421	Apicoectomy - Premolar (First Root)	240	D4355	Full Mouth Debridement To Enable a Comprehensive Oral Evaluation And Diagnosis on a Subsequent Visit	45
D3425	Apicoectomy - Molar (First Root)	240	D4381	Localized Delivery Of Antimicrobial Agents Via Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth	100
D3426	Apicoectomy (Each Additional Root)	97	OTHER PERIODONTAL SERVICES		
D3430	Retrograde Filling - Per Root	0	D4910	Periodontal Maintenance	58
D3450	Root Amputation - Per Root	143	D4921	Gingival Irrigation - Per Quadrant	25
D3471	Surgical repair of root resorption – anterior	240	COMPLETE DENTURES (including routine post delivery care)		
D3472	Surgical repair of root resorption – premolar	240	D5110	Complete Denture - Maxillary	375
D3473	Surgical repair of root resorption – molar	240	D5120	Complete Denture - Mandibular	375
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	240	D5130	Immediate Denture - Maxillary	400
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	240	D5140	Immediate Denture - Mandibular	400
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	240	PARTIAL DENTURES (including routine post-delivery care)		
OTHER ENDODONTIC PROCEDURES			D5211	Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests And Teeth)	300
D3920	Hemisection (Including Any Root Removal) Not Including Root Canal Therapy	130	D5212	Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests And Teeth)	300
D3921	Decoronation or submergence of an erupted tooth	60	MD/DC 2240 Current Dental Terminology ©2021 American Dental Association. All rights reserved. MD Base 14 (10/10)		
D3950	Canal Preparation And Fitting Of Preformed Dowel Or Post	0			
SURGICAL SERVICES (including usual postoperative care)					
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	207			
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	65			
D4212	Gingivectomy Or Gingivoplasty To Allow Access For Restorative Procedure, Per Tooth	0			

ADA Code	ADA Description	Member Pays \$	ADA Code	ADA Description	Member Pays \$
PARTIAL DENTURES (including routine post-delivery care)			REPAIRS TO PARTIAL DENTURES		
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	425	D5611	Repair Resin Partial Denture Base, Mandibular	60
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	425	D5612	Repair Resin Partial Denture Base, Maxillary	60
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	300	D5621	Repair Cast Partial Framework, Mandibular	75
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	300	D5622	Repair Cast Partial Framework, Maxillary	75
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	425	D5630	Repair Or Replace Broken Retentive Clasping Materials - Per Tooth	75
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	425	D5640	Replace Broken Teeth-Per Tooth	60
D5225	Maxillary Partial Denture - Flexible Base (Including Retentive/Clasping materials, Rests And Teeth)	489	D5650	Add Tooth To Existing Partial Denture	75
D5226	Mandibular Partial Denture - Flexible Base (Including Retentive/Clasping materials, Rests And Teeth)	489	D5660	Add Clasp To Existing Partial Denture - Per Tooth	75
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	300	D5670	Replace All Teeth And Acrylic On Cast Metal Framework (Maxillary)	276
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	300	D5671	Replace All Teeth And Acrylic On Cast Metal Framework (Mandibular)	276
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary	195	DENTURE REBASE PROCEDURES		
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular	195	D5710	Rebase Complete Maxillary Denture	155
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant	195	D5711	Rebase Complete Mandibular Denture	155
D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant	195	D5720	Rebase Maxillary Partial Denture	140
ADJUSTMENTS TO DENTURES			D5721	Rebase Mandibular Partial Denture	140
D5410	Adjust Complete Denture - Maxillary	24	D5725	Rebase hybrid prosthesis	140
D5411	Adjust Complete Denture - Mandibular	24	DENTURE RELINE PROCEDURES		
D5421	Adjust Partial Denture - Maxillary	24	D5730	Reline Complete Maxillary Denture (direct)	90
D5422	Adjust Partial Denture - Mandibular	24	D5731	Reline Complete Mandibular Denture (direct)	90
REPAIRS TO COMPLETE DENTURES			D5740	Reline Maxillary Partial Denture (direct)	80
D5511	Repair Broken Complete Denture Base, Mandibular	60	D5741	Reline Mandibular Partial Denture (direct)	80
D5512	Repair Broken Complete Denture Base, Maxillary	60	D5750	Reline Complete Maxillary Denture (indirect)	130
D5520	Replace Missing Or Broken Teeth-Complete Denture (Each Tooth)	50	D5751	Reline Complete Mandibular Denture (indirect)	130
			D5760	Reline Maxillary Partial Denture (indirect)	130
			D5761	Reline Mandibular Partial Denture (indirect)	130
			D5765	Soft liner for complete or partial removable denture – indirect	90
			OTHER REMOVABLE PROSTHETIC SERVICES		
			D5850	Tissue Conditioning, Maxillary	55
			D5851	Tissue Conditioning, Mandibular	55
			D5863	Overdenture - Complete Maxillary	375
			D5864	Overdenture - Partial Maxillary	425
			D5865	Overdenture - Complete Mandibular	375
			D5866	Overdenture - Partial Mandibular	425
			FIXED PARTIAL DENTURE PONTICS		
			D6205	Pontic - Indirect Resin Based Composite	475
			D6210	Pontic-Cast High Noble Metal	420 ◆
			D6211	Pontic-Cast Predominantly Base Metal	400
			D6212	Pontic-Cast Noble Metal	410 ◆
			D6214	Pontic - titanium and titanium alloys	400
			D6240	Pontic-Porcelain Fused To High Noble Metal	420 ◆

ADA Code	ADA Description	Member Pays \$
----------	-----------------	----------------

FIXED PARTIAL DENTURE PONTICS		
D6241	Pontic-Porcelain Fused To Predominantly Base Metal	400
D6242	Pontic-Porcelain Fused To Noble Metal	410 ◆
D6243	Pontic - porcelain fused to titanium and titanium alloys	410
D6245	Pontic - Procelain/Ceramic	475

FIXED PARTIAL DENTURE RETAINERS - CROWNS		
--	--	--

D6710	Retainer Crown - Indirect Resin Based Composite	475
D6740	Retainer Crown - Porcelain/Ceramic	475
D6750	Retainer Crown, Porcelain Fused To High Noble Metal	420 ◆
D6751	Retainer Crown - Porcelain Fused To Predominantly Base Metal	400
D6752	Retainer Crown, Porcelain Fused To Noble Metal	410 ◆
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	410
D6790	Retainer Crown, Full Cast High Noble Metal	420 ◆
D6791	Retainer Crown, Full Cast Predominantly Base Metal	400
D6792	Retainer Crown, Full Cast Noble Metal	410 ◆
D6794	Retainer crown - titanium and titanium alloys	400

OTHER FIXED PARTIAL DENTURE SERVICES		
--------------------------------------	--	--

D6930	Re-Cement Or Re-Bond Fixed Partial Denture	42
-------	--	----

EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)		
--	--	--

D7111	Extraction, Coronal Remnants - Primary Tooth	14
D7140	Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)	35

SURGICAL EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)		
---	--	--

D7210	Extraction, Erupted Tooth Requiring Removal Of Bone And/Or Sectioning Of Tooth, And Including Elevation Of Mucoperiosteal Flap If Indicated	60
D7220	Removal Of Impacted Tooth - Soft Tissue	78
D7230	Removal Of Impacted Tooth - Partially Bony	100
D7240	Removal Of Impacted Tooth - Completely Bony	130
D7241	Removal Of Impacted Tooth - Completely Bony, With Unusual Surgical Complications	151
D7250	Removal Of Residual Tooth Roots (Cutting Procedure)	76
D7251	Coronectomy-Intentional Partial Tooth Removal	130

OTHER SURGICAL PROCEDURES		
---------------------------	--	--

D7280	Exposure Of An Unerupted Tooth	121
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	30
D7288	Brush Biopsy - Transepithelial Sample Collection	45

ALVEOLOPLASTY (surgical preparation of ridge for dentures)		
--	--	--

ADA Code	ADA Description	Member Pays \$
----------	-----------------	----------------

ALVEOLOPLASTY (surgical preparation of ridge for dentures)		
D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	60
D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	76
D7321	Alveoloplasty Not In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant	30

SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS		
--	--	--

D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Lesion Diameter Up To 1.25 Cm	81
-------	---	----

OTHER REPAIR PROCEDURES		
-------------------------	--	--

D7961	Buccal / labial frenectomy (frenulectomy)	108
D7962	Lingual frenectomy (frenulectomy)	108
D7963	Frenuloplasty	54

LIMITED ORTHODONTIC TREATMENT		
-------------------------------	--	--

D8010	Limited Orthodontic Treatment Of Primary Dentition	750
D8020	Limited Orthodontic Treatment Of Transitional Dentition	750
D8030	Limited Orthodontic Treatment Of Adolescent Dentition	750
D8040	Limited Orthodontic Treatment Of The Adult Dentition	750

COMPREHENSIVE ORTHODONTIC TREATMENT		
-------------------------------------	--	--

D8070	Comprehensive Orthodontic Treatment Of Transitional Dentition	2900
D8080	Comprehensive Orthodontic Treatment Of Adolescent Dentition	2900
D8090	Comprehensive Orthodontic Treatment Of Adult Dentition	2900

MINOR TREATMENT TO CONTROL HARMFUL HABITS		
---	--	--

D8210	Removable Appliance Therapy For Control Of Harmful Habits	375
D8220	Fixed Appliance Therapy For Control Of Harmful Habits	375

OTHER ORTHODONTIC SERVICES		
----------------------------	--	--

D8680	Orthodontic Retention (Removal Of Appliances, Construction And Placement Of Retainer(S))	275
†	Orthodontic Records Fee	250

UNCLASSIFIED TREATMENT		
------------------------	--	--

D9110	Palliative (Emergency) Treatment Of Dental Pain, Minor Procedures	26
-------	---	----

PROFESSIONAL CONSULTATION		
---------------------------	--	--

D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician Other Than Requesting Dentist Or Physician	43
D9311	Consultation With A Medical Health Care Professional	0

PROFESSIONAL VISITS		
---------------------	--	--

D9430	Office Visit For Observation (During Regularly Scheduled Hours) - No Other Services Performed	0
D9440	Office Visit After Regularly Scheduled Hours	54

ADA Code	ADA Description	Member Pays \$
MISCELLANEOUS SERVICES		
D9932	Cleaning And Inspection Of Removable Complete Denture, Maxillary	0
D9933	Cleaning And Inspection Of Removable Complete Denture, Mandibular	0
D9934	Cleaning And Inspection Of Removable Partial Denture, Maxillary	0
D9935	Cleaning And Inspection Of Removable Partial Denture, Mandibular	0
D9986	Missed Appointment	11
D9987	Cancelled appointment	11
D9990	Certified translation or sign-language services - per visit	0
D9991	Dental Case Management - Addressing Appointment Compliance Barriers	0
D9992	Dental Case Management - Care Coordination	0
D9993	Dental Case Management - Motivational Interviewing	0
D9994	Dental Case Management - Patient Education To Improve Oral Health Literacy	0
D9995	Teledentistry - Synchronous; Real-Time Encounter	0
D9996	Teledentistry - Asynchronous; Information Stored and Forwarded to Dentist for Subsequent Review	0
D9997	Dental care management - patients with special health care needs	0

FOOTNOTES

- ◆ Charges for the use of precious (high noble) or semi precious (noble) metal are not included in the copayment for crowns, bridges, pontics, inlays and onlays. The decision to use these materials is a cooperative effort between the provider and the patient, based on the professional advice of the provider. Providers are expected to charge no more than an additional \$125 for these materials.
- ⊕ Please Report Under Code D8999 "Unspecified Orthodontic Procedure, By Report." Records Include All Diagnostic Procedures, Such As Cephalometric Films, Full Mouth X-Rays, Models, And Treatment Plans.