




**UFCW Local 1776 and Participating Employers Health and Welfare Fund
Dental Plan Fee Schedule Effective May 1, 2009**

	Participating Network Dental Plan				Non Par Dental Plan Fund Payment	Restrictions and/or Limits Apply
	Fund Value	Fund Payment	Patient Co-Payment	Fund Pediatric Payment		
D0100-D0999 I. Diagnostic						
Oral Evaluation						
D0120 Periodic oral examination	\$22	CAP	\$0	\$25	\$12	R
D0140 Limited oral evaluation - prob focused	\$32	CAP	\$0	\$40	\$19	
D0150 Comprehensive oral evaluation	\$36	CAP	\$0	\$40	\$19	R
D0160 Detail & extens oral evaluation-prob focused	BR	BR	BR		BR	R
D0170 Re-evaluation-limited, prob focused	\$22	CAP	\$0		\$12	R
D0180 Comprehensive periodontal eval	\$63	\$47	\$16		\$19	R
Radiographs						
D0210 Intraoral-comp series including/bw	\$76	CAP	\$0	\$63	\$50	R
D0220 Intraoral-periapical-first film	\$14	CAP	\$0	\$13	\$8	R
D0230 Intraoral-periapical-each additional film	\$10	CAP	\$0	\$10	\$5	R
D0240 Intraoral-occlusal film	\$22	CAP	\$0	\$25	\$12	R
D0250 Extraoral-first film	\$9	CAP	\$0	\$10	\$5	R
D0260 Extraoral-each additional film	\$9	CAP	\$0	\$10	\$5	R
D0270 Bitewing-single film	\$12	CAP	\$0	\$14	\$7	R
D0272 Bitewings-two films	\$22	CAP	\$0	\$25	\$12	R
D0274 Bitewings-four films	\$30	CAP	\$0	\$35	\$16	R
D0277 Veritcal bitewinges 7 to 8 films	\$30	CAP	\$0	\$30	\$16	R
D0290 Post-ant or lat skull & facial bone film	NC	NC	NC		NC	
D0310 Sialography	NC	NC	NC		NC	
D0320 Temporomand. joint films/incl injections	NC	NC	NC		NC	
D0321 Other temporomand joint films	NC	NC	NC		NC	
D0322 Tomographic survey	NC	NC	NC		NC	
D0330 Panoramic film	\$63	CAP	\$0	\$63	\$34	R


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D0340 Cephalometric film	BR	BR	BR		BR	R
D0350 Oralfacial images (inc intra and extraoral image)	BR	BR	BR		BR	R
Tests and Laboratory Examinations						
D0415 Bacter study-determine pato agents	NCS	NCS	NCS		NC	
D0425 Caries susceptibility tests	NCS	NCS	NCS		NC	
D0460 Pulp vitality tests	NCS	NCS	NCS		NC	R
D0470 Diagnostic casts	NCS	NCS	NCS		NC	R
D0472 Accession of tissue, gross exam, prep & trans	BR	BR	BR		BR	
D0473 Access of tissue, gross & micro exam, prep & tran	BR	BR	BR		BR	
D0474 Acess of tissue, gross & micro exam, inc assess of surg margins for presence of disease	BR	BR	BR		BR	
D0480 Processing & intrpretation of cytologic smears	BR	BR	BR		BR	
D0502 Other oral pathology procedures	BR	BR	BR		BR	
D0999 Unspecified diagnostic procedure	BR	BR	BR		BR	
D1000-D1999 II. Preventive						
Prophylaxis						
D1110 Prophylaxis-adult	\$47	CAP	\$0	\$47	\$25	R
D1120 Prophylaxis-child	\$32	CAP	\$0	\$40	\$19	R
Fluoride Treat (Office Procedure)						
D1201 Top app of fluor (incl prophy)- child	\$49	CAP	\$0	\$61	\$29	R
D1203 Top app of fluor (w/o prophy)-child	\$20	CAP	\$0	\$21	\$10	R
D1204 Top app of fluor (w/o prophy)-adult	NC	NC	NC		NC	


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D1205 Top app of fluor (incl prophy)-adult	NC	NC	NC		NC	
Other Preventive Services						
D1310 Nutrition counsel for control of dent disease	NCS	NCS	NCS		NC	
D1320 Tobac counsel-cont & prev of oral disease	NCS	NCS	NCS		NC	
D1330 Oral hygiene instructions	NCS	NCS	NCS		NC	
D1351 Sealant-per tooth	\$25	\$13	\$12		\$7	R
Space Maintenance (Passive Appliances)						
D1510 Space maintainer-fixed-unilateral	\$127	\$76	\$51		\$47	R
D1515 Space maintainer-fixed-bilateral	\$235	\$141	\$94		\$71	R
D1520 Space maint-removable-unilateral	\$127	\$76	\$51		\$47	R
D1525 Space maint-removable-bilateral	\$266	\$164	\$102		\$94	R
D1550 Recementation of space maintainer	\$32	CAP	\$0	\$32	\$20	R
D2000-D2999 III. Restorative						
Amalgam Restorations (Including Polishing)						
D2140 Amalgam-one surface, permanent/primary	\$58	CAP	\$0	\$63	\$31	R
D2150 Amalgam-two surfaces, permanent/primary	\$70	CAP	\$0	\$79	\$38	R
D2160 Amalgam-three surfaces, permanent/primary	\$83	CAP	\$0	\$93	\$44	R
D2161 Amalgam-four or more surf, primary/perm.	\$95	CAP	\$0	\$105	\$50	R
Resin-Based Composite Restorations -Direct						
D2330 Resin-based composite one surface, anterior	\$63	\$63	\$0		\$24	R


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D2331 Resin-based composite- two surfaces-anterior	\$72	\$72	\$0		\$29	R
D2332 Resin-based composite-three surfaces-anterior	\$84	\$84	\$0		\$33	R
D2335 Resin-based composite-four or more surfaces	\$101	\$101	\$0		\$34	R
or involving incisal angle (anterior)						
D2390 Resin-based composite crown, anterior	\$125	CAP+	\$50	\$75	\$65	
D2391 Resin-based composite- one surface,posterior	\$83	CAP+	\$25	\$58	\$50	
D2392 Resin-based composite -two surfaces, posterior	\$95	CAP+	\$25	\$70	\$50	
D2393 Resin-based composite-three surfaces,post	\$107	CAP+	\$30	\$77	\$65	
D2394 Resin-based composite-four or more surf, post	\$115	CAP+	\$35	\$80	\$70	
Gold Foil Restorations						
D2410 Gold foil-one surface	NC	NC	NC		NC	
D2420 Gold foil-two surfaces	NC	NC	NC		NC	
D2430 Gold foil-three surfaces	NC	NC	NC		NC	
Inlay/Onlay Restorations						
D2510 Inlay-metallic-one surface	NC	NC	NC		NC	
D2520 Inlay-metallic-two surfaces	NC	NC	NC		NC	
D2530 Inlay-metallic-three or more surfaces	NC	NC	NC		NC	
D2542 On-lay metallic - two surfaces	BR	BR	BR		BR	
D2543 Onlay-metallic-three surfaces	BR	BR	BR		BR	
D2544 Onlay-metallic-four or more surfaces	BR	BR	BR		BR	
D2610 Inlay-porcelain/ceramic-one surface	NC	NC	NC		NC	
D2620 Inlay-porcelain/ceramic-two surfaces	NC	NC	NC		NC	
D2630 Inaly/porcelain/ceramic-three + surfaces	NC	NC	NC		NC	
D2642 Onlay-porcelain/ceramic-two surfaces	BR	BR	BR		BR	
D2643 Onlay-porcelain/ceramic-three surfaces	BR	BR	BR		BR	


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D2644 Onlay-porcelain/ceramic-four or more surfaces	BR	BR	BR		BR	
D2650 Inlay-composite /resin-one surface	NC	NC	NC		NC	
D2651 Inlay-composite/resin-two surfaces	NC	NC	NC		NC	
D2652 Inlay-composite/resin-three or more surfaces	NC	NC	NC		NC	
D2662 Onlay-composite/resin-two surfaces	BR	BR	BR		BR	
D2663 Onlay-composite/resin-three surfaces	BR	BR	BR		BR	
D2664 Onlay-compostie/resinfour or more surfaces	BR	BR	BR		BR	
Crowns-Single Restoration Only						
D2710 Crown- resin (indirect)	\$190	\$127	\$63		\$60	R
D2720 Crown-resin with high noble metal	\$511	\$330	\$181		\$179	R
D2721 Crown-resin with predom base metal	\$506	\$327	\$179		\$167	R
D2722 Crown-resin with noble metal	\$508	\$327	\$181		\$167	R
D2740 Crown-porcelain/ceramic substrate	\$475	\$285	\$190		\$170	R
D2750 Crown-porc fused to high noble metal	\$605	\$383	\$222		\$196	R
D2751 Crown-porc fused to pred base metal	\$475	\$298	\$177		\$179	R
D2752 Crown-porcelain fused to noble metal	\$605	\$383	\$222		\$196	R
D2780 Crown 3/4 cast high noble metal	BR	BR	BR		BR	R
D2781 Crown 3/4 cast predominantly base noble metal	BR	BR	BR		BR	R
D2782 Crown 3/4 cast noble metal	BR	BR	BR		BR	R
D2783 Crown 3/4 procelain/ceramic	BR	BR	BR		BR	R
D2790 Crown-full cast high noble metal	\$561	\$352	\$209		\$159	R
D2791 Crown-full cast predom base metal	\$380	\$240	\$140		\$143	R
D2792 Crown-full cast noble metal	\$542	\$340	\$202		\$159	R
D2799 Provisionl crown	BR	BR	BR		BR	R


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Other Restorative Services						
D2910 Recement inlay	NC	NC	NC		NC	
D2920 Recement crown	\$33	CAP	\$0	\$36	\$17	R
D2930 Prefab stainless steel crown-primary	\$128	\$85	\$43		\$39	R
D2931 Prefab stainless steel crown-perm	\$130	\$86	\$44		\$39	R
D2932 Prefabricated resin crown	\$146	\$107	\$39		\$38	R
D2933 Prefab stainless steel crown w/resin window	\$155	\$103	\$52		\$45	R
D2940 Sedative filling	\$32	CAP	\$0	\$29	\$17	R
D2950 Core buildup, including any pins	\$104	\$76	\$28		\$47	R
D2951 Pin retent-per tooth, in add to restor	\$16	\$13	\$3		\$7	R
D2952 Cast post and core in add to restor	\$159	\$114	\$45		\$71	R
D2953 each add'l cast post -same tooth	\$25	\$15	\$10		\$10	R
D2954 Prefab post & core in add to crown	\$166	\$122	\$44		\$64	R
D2955 Post removal (not in conj w/endodontic therapy)	BR	BR	BR		BR	R
D2957 Each add'l prefab post - same tooth	\$40	\$25	\$15		\$20	
D2960 Labial veneer (resin laminate)-chairside	BR	BR	BR		BR	R
D2961 Labial veneer (resin laminate)-laboratory	BR	BR	BR		BR	R
D2962 Labial veneer (porcelain laminate) -laboratory	BR	BR	BR		BR	R
D2970 Temporary crown (fractured tooth)	BR	BR	BR		BR	R
D2980 Crown repair	BR	BR	BR		BR	R
D2999 Unspecified restorative procedure	BR	BR	BR		BR	
D3000-D3999 IV. Endodontics						
Pulp Capping						
D3110 Pulp cap-direct (excl final restoration)	\$22	CAP	\$0	\$25	\$13	
D3120 Pulp cap-indirect (excl final rest)	NCS	NCS	NCS		NC	


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Pulpotomy						
D3220 Therapeutic pulpotomy (excl final rest)	\$71	\$54	\$17		\$35	R
D3221 Pulpal debridement, primary and permanent teeth	BR	BR	BR		BR	R
Endodontic Therapy on Primary Teeth						
D3230 Pulpal therapy (resorb filling)-ant, primary	\$95	\$63	\$32		\$40	
D3240 Pulpal therapy (resorb filling)-post, primary	\$95	\$63	\$32		\$40	
Endodontic Therapy(Including Treatment Plan, Clinical Procedures, and Follow-Up Care)						
D3310 Anterior(excluding final restoration)	\$306	\$227	\$79		\$143	R
D3320 Bicuspid(excluding final restoration)	\$422	\$321	\$101		\$170	R
D3330 Molar(excluding final restoration)	\$630	\$481	\$149		\$248	R
D3331 Treatment of root canal obstruct- non-surg access	BR	BR	BR		BR	
D3332 Incomp endo therapy, inoper or fracture tooth	BR	BR	BR		BR	
D3333 Internal root repair of perf defects	BR	BR	BR		BR	
Endodontic Treatment						
D3346 Retreat of prev root canal therapy-ant	\$306	\$227	\$79		\$143	R
D3347 Retreat of prev root can ther-bicuspid	\$365	\$269	\$96		\$170	R
D3348 Retreat of prev root canal ther-molar	\$526	\$401	\$125		\$248	R
Apexification/Recalcification Procedures						
D3351 Apexification/recalcification -intitial	\$87	\$64	\$23		\$40	R
D3352 Apexification/recalcification-interim	\$32	\$22	\$10		\$13	R


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D3353 Apexification/recalcification-final	\$32	\$22	\$10		\$13	R
Apicoectomy/Periradicular Services						
D3410 Apicoectomy/Periradicular surgery-ant	\$380	\$253	\$127		\$159	R
D3421 Apico/Peri surgery-bicuspid (first root)	\$413	\$275	\$138		\$159	R
D3425 Apico/Peri surgery-molar (first root)	\$430	\$286	\$144		\$159	R
D3426 Apico/PeriR surgery- (each add root)	\$125	\$101	\$24		\$27	R
D3430 Retrograde filling-per root	\$95	\$83	\$12		\$51	
D3450 Root amputation-per root	\$152	\$114	\$38		\$71	
D3460 Endodontic endosseous implant	NC	NC	NC		NC	
D3470 Intentional reimplant (incl necessary splint)	BR	BR	BR		BR	
Other Endodontic Procedures						
D3910 Surg proc for isolation of tooth w/rubber dam	NC	NC	NC		NC	
D3920 Hemisection (incl any root removal)	\$152	\$114	\$38		\$71	R
D3950 Canal prep & fit-preform dowel or post	\$32	\$23	\$9		\$14	R
D3999 Unspecified endodontic procedure	BR	BR	BR		BR	R
D4000-D4999 V. Periodontics						
Surgical Services(Including Usual Postoperative Services)						
D4210 Gingivect/gingivoplasty 4 or more contiguous teeth or bounded teeth spaces per quad	\$306	\$227	\$79		\$143	R
D4211 Gingivect/gingivoplasty -one to three teeth, teeth, per quad	\$200	\$150	\$50		\$107	R


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D4240 Ging flap proc, incl root plan, 4 or more contiguous teeth or bounded teeth spaces per quad	\$365	\$269	\$96		\$170	R
D4241 Gingival flap procedure, inc root planing one to three teeth, per quad	\$200	\$150	\$50		\$128	R
D4245 Apically positioned flap	\$425	\$300	\$125		\$190	
D4249 Clinical crown lengthening -hard tissue	\$450	\$315	\$135		\$160	
D4260 Oss surg (incl flap & closure)-per quad four or more contiguous teeth or bounded teeth spaces per quad	\$620	\$462	\$158		\$235	R
D4261 Osseous surgery inc flap entry & closure one to three teeth,per quad	\$310	\$210	\$100		\$148	
D4263 Bone replacement graft -first site in quad	BR	BR	BR		BR	
D4264 Bone replace graft-each add site in quad	BR	BR	BR		BR	
D4265 Biologic materials to aid in soft & osseous tissue regeneration	BR	BR	BR		BR	
D4266 Guided tissue regen-resorb barr, per site	BR	BR	BR		BR	
D4267 Guided tiss regen-nonresorb bar, per site	BR	BR	BR		BR	
D4268 Surgical revision procedure, per tooth	BR	BR	BR		BR	
D4270 Pedicle soft tissue graft procedure	\$316	\$240	\$76		\$151	R
D4271 Free soft tiss graft (incl donor site surgery)	\$337	\$250	\$87		\$157	R
D4273 Subepithelial connective tissue graft proc	BR	BR	BR		BR	
D4274 Distal or proximal wedge procedure	BR	BR	BR		BR	
D4275 Soft tissue Allograft	BR	BR	BR		BR	
D4276 Combined connect tiss & double pedicle graft	BR	BR	BR		BR	
Adjunctive Periodontal Services						
D4320 Provisional splinting-intracoronal	NC	NC	NC		NC	
D4321 Provisional splinting-extracoronal	NC	NC	NC		NC	


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D4341 Perio scaling & root plan four or more contiguous teeth or bounded teeth spaces per quad	\$115	\$60	\$55		\$27	R
D4342 Periodontal scaling and root planing - one to three teeth, per quadrant	\$58	\$30	\$28		\$25	R
D4355 Full mouth debrid-enable perio eval & diag	BR	BR	BR		BR	
D4381 Local delivery of chemotherapeutic agents	NC	NC	NC		NC	
Other Periodontal Services						
D4910 Perio maint proc (follow act therapy)	\$63	\$45	\$18		\$23	R
D4920 Unsched dress change (not treat dent)	\$58	\$25	\$33		\$15	R
D4999 Unspecified periodontal procedure	BR	BR	BR		BR	
D5000-D5899 VI. Prosthodontics (removable)						
Complete Dentures (Including Routine Post Delivery Care)						
D5110 Complete denture-maxillary	\$580	\$375	\$205		\$171	R
D5120 Complete denture-mandibular	\$580	\$375	\$205		\$171	R
D5130 Immediate denture-maxillary	\$580	\$375	\$205		\$171	R
D5140 Immediate denture-mandibular	\$580	\$375	\$205		\$171	R
Partial Dentures (Including Routine Postdelivery Care)						
D5211 Maxillary partial denture-resin base	\$400	\$251	\$149		\$99	R
D5212 Mandibular partial denture-resin base	\$400	\$251	\$149		\$99	R
D5213 Max part dent-cast metal frame-resin base	\$665	\$475	\$190		\$261	R
D5214 Mand part dent-cast metal frame-resin base	\$665	\$475	\$190		\$261	R
D5281 Removable unilateral partial denture	\$380	\$235	\$145		\$115	R


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Adjustments to Removable Prostheses						
D5410 Adjust complete denture-maxillary	\$14	CAP	\$0	\$14	\$6	R
D5411 Adjust complete denture-mandibular	\$14	CAP	\$0	\$14	\$6	R
D5421 Adjust partial denture-maxillary	\$14	CAP	\$0	\$14	\$6	R
D5422 Adjust partial denture-mandibular	\$14	CAP	\$0	\$14	\$6	R
Repairs to Complete Dentures						
D5510 Repair complete denture base	\$76	\$64	\$12		\$28	R
D5520 Replace missing or broken teeth-comp denture	\$63	\$53	\$10		\$21	R
Repairs to Partial Dentures						
D5610 Repair resin denture base	\$63	\$52	\$11		\$28	R
D5620 Repair cast framework	BR	BR	BR		BR	
D5630 Repair or replace broken clasp	\$89	\$78	\$11		\$34	R
D5640 Replace broken teeth-per tooth	\$63	\$53	\$10		\$21	R
D5650 Add tooth to existing partial denture	\$76	\$62	\$14		\$28	R
D5660 Add clasp to existing partial denture	\$95	\$74	\$21		\$35	R
D5670 Replace all teeth and acrylic on cast metal framework (maxillary)	BR	BR	BR		BR	
D5671 Replace all teeth and acrylic on cast metal framework (mandibular)	BR	BR	BR		BR	
Denture Rebase Procedures						
D5710 Rebase complete maxillary denture	\$156	\$127	\$29		\$79	R
D5711 Rebase complete mandibular denture	\$156	\$127	\$29		\$79	R

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D5720 Rebase maxillary partial denture	\$156	\$127	\$29		\$79	R
D5721 Rebase mandibular partial denture	\$156	\$127	\$29		\$79	R
Denture Reline Procedures						
D5730 Reline complete max denture (chairside)	\$99	\$72	\$27		\$45	R
D5731 Reline complete mand denture (chairside)	\$99	\$72	\$27		\$45	R
D5740 Reline maxillary partial denture (chairside)	\$99	\$72	\$27		\$45	R
D5741 Reline mand partial denture (chairside)	\$99	\$72	\$27		\$45	R
D5750 Reline complete maxillary denture (lab)	\$159	\$129	\$30		\$74	R
D5751 Reline complete mandibular denture (lab)	\$159	\$129	\$30		\$74	R
D5760 Reline maxillary partial denture (lab)	\$159	\$129	\$30		\$74	R
D5761 Reline mandibular partial denture (lab)	\$159	\$129	\$30		\$74	R
Other Removable Prosthetic Services						
D5810 Interim complete denture (maxillary)	NC	NC	NC		NC	
D5811 Interim complete denture (mandibular)	NC	NC	NC		NC	
D5820 Interim partial denture (maxillary)	NC	NC	NC		NC	
D5821 Interim partial denture (mandibular)	NC	NC	NC		NC	
D5850 Tissue conditioning, maxillary	\$51	\$40	\$11		\$24	R
D5851 Tissue conditioning, mandibular	\$51	\$40	\$11		\$24	R
D5860 Overdenture-complete	\$506	\$316	\$190		\$159	R
D5861 Overdenture-partial	\$665	\$475	\$190		\$255	R
D5862 Precision attachment	NC	NC	NC		NC	
D5867 Replacement of replaceable part of semi-precision attachment	NC	NC	NC		NC	
D5875 Modification of removalbe prosthesis following implant surgery	NC	NC	NC		NC	


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D5899 Unspec removable prosthodontic procedure	BR	BR	BR		BR	
D5900- D5999 VII. Maxillofacial Prosthetics						
D5911 Facial mouldage (sectional)	NC	NC	NC		NC	
D5912 Facial mouldage (complete)	NC	NC	NC		NC	
D5913 Nasal prosthesis	NC	NC	NC		NC	
D5914 Auricular prosthesis	NC	NC	NC		NC	
D5915 Orbital prosthesis	NC	NC	NC		NC	
D5916 Ocular prosthesis	NC	NC	NC		NC	
D5919 Facial prosthesis	NC	NC	NC		NC	
D5922 Nasal septal prosthesis	NC	NC	NC		NC	
D5923 Ocular prosthesis, interim	NC	NC	NC		NC	
D5924 Cranial prosthesis	NC	NC	NC		NC	
D5925 Facial augmentation implant prosthesis	NC	NC	NC		NC	
D5926 Nasal prosthesis, replacement	NC	NC	NC		NC	
D5927 Auricular prosthesis, replacement	NC	NC	NC		NC	
D5928 Orbital prosthesis, replacement	NC	NC	NC		NC	
D5929 Facial prosthesis, replacement	NC	NC	NC		NC	
D5931 Obturator prosthesis, surgical	NC	NC	NC		NC	
D5932 Obturator prosthesis, definitive	NC	NC	NC		NC	
D5933 Obturator prosthesis, modification	NC	NC	NC		NC	
D5934 Mand resection prosthesis w/guide flange	NC	NC	NC		NC	
D5935 Mand resection prosthesis w/o guide flange	NC	NC	NC		NC	
D5936 Obturator prosthesis, interim	NC	NC	NC		NC	
D5937 Trismus appliance(not for TMD treatment)	NC	NC	NC		NC	
D5951 Feeding aid	NC	NC	NC		NC	
D5952 Speech aid prosthesis, pediatric	NC	NC	NC		NC	
D5953 Speech aid prosthesis, adult	NC	NC	NC		NC	


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D5954 Palatal augmentation prosthesis	NC	NC	NC		NC	
D5955 Palatal lift prosthesis, definitive	NC	NC	NC		NC	
D5958 Palatal lift prosthesis, interim	NC	NC	NC		NC	
D5959 Palatal lift prosthesis, modification	NC	NC	NC		NC	
D5960 Speech aid prosthesis, modification	NC	NC	NC		NC	
D5982 Surgical stent	NC	NC	NC		NC	
D5983 Radiation carrier	NC	NC	NC		NC	
D5984 Radiation shield	NC	NC	NC		NC	
D5985 Radiation cone locator	NC	NC	NC		NC	
D5986 Fluoride gel carrier	NC	NC	NC		NC	
D5987 Commissure splint	NC	NC	NC		NC	
D5988 Surgical splint	NC	NC	NC		NC	
D5999 Unspecified maxl prosthesis	NC	NC	NC		NC	
D6000- D6199 VIII. Implant Services						
D6010 Surg place-implant body: endosteal implant	NC	NC	NC		NC	
D6020 Abut placement or sub: endosteal implant	NC	NC	NC		NC	
D6040 Surgical placement: eosteal implant	NC	NC	NC		NC	
D6050 Surgical placement: transosteal implant	NC	NC	NC		NC	
D6053 Implant/abutment supported remov denture	NC	NC	NC		NC	
D6054 Implant/abut supported remov dent	NC	NC	NC		NC	
D6055 Dental implant support connect bar	NC	NC	NC		NC	
D6056 Prefabricated abutment	NC	NC	NC		NC	
D6057 Custom abutment	NC	NC	NC		NC	
D6058 Abutment supported porc/ceram crown	NC	NC	NC		NC	
D6059 Abutment supported porc fused to met crown	NC	NC	NC		NC	
D6060 Abut supported porcel fused met crown	NC	NC	NC		NC	
D6061 Abut supported porc fused met crown (noble)	NC	NC	NC		NC	


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	Participating Network Dental Plan				Non Par Dental Plan Fund Payment	Restrictions and/or Limits Apply
	Fund Value	Fund Payment	Patient Co-Payment	Fund Pediatric Payment		
D6062 Abut supporte cast met crown (high nob)	NC	NC	NC		NC	
D6063 Abut supp cast met crown (pred base met)	NC	NC	NC		NC	
D6064 Abut support cast metal crown (noble)	NC	NC	NC		NC	
D6065 Implant supported porc/cera crown	NC	NC	NC		NC	
D6066 Implant supported porc fused to met crown	NC	NC	NC		NC	
D6067 Implant supported met crown	NC	NC	NC		NC	
D6068 Abut supported retainer for porc/ceramic FPD	NC	NC	NC		NC	
D6069 Abut supported retainer	NC	NC	NC		NC	
D6070 Abut support retainer for porc fused to met FPD	NC	NC	NC		NC	
D6071 Abut support retainer for porc fused to met FPD	NC	NC	NC		NC	
D6072 Abut support retainer for cast metal FPD	NC	NC	NC		NC	
D6073 Abut support retainer for cast metal FPD	NC	NC	NC		NC	
D6074 Abut support retainer for cast metal FPD	NC	NC	NC		NC	
D6075 Implant supported retainer for ceramic FPD	NC	NC	NC		NC	
D6076 Implt support retainer for porc dused to met FPD	NC	NC	NC		NC	
D6077 Implant sup retainer for cast metal FPD	NC	NC	NC		NC	
D6078 Implant/abut support fixed denture	NC	NC	NC		NC	
D6079 Implant/abut support fixed denture for part arch	NC	NC	NC		NC	
D6080 Implant maintenance procedures	NC	NC	NC		NC	
D6090 Repair implant support prosthesis	NC	NC	NC		NC	
D6095 Repair implant abutment	NC	NC	NC		NC	
D6100 Implant removal, by report	NC	NC	NC		NC	
D6199 Unspecified implant procedure	NC	NC	NC		NC	
D6200 -D6999 IX. Prosthodontics, fixed (each abutment and each pontic constitute a unit in a fixed partial denture)						
Fixed Partial Denture Pontics						
D6210 Pontic-cast high noble metal	\$392	\$235	\$157		\$147	R


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	Participating Network Dental Plan				Non Par Dental Plan Fund Payment	Restrictions and/or Limits Apply
	Fund Value	Fund Payment	Patient Co-Payment	Fund Pediatric Payment		
D6211 Pontic-cast predominantly base metal	\$348	\$209	\$139		\$131	R
D6212 Pontic -cast noble metal	\$392	\$235	\$157		\$147	R
D6240 Pontic-porcelain fused to high noble metal	\$519	\$329	\$190		\$196	R
D6241 Pontic-porc fused to predom base metal	\$475	\$298	\$177		\$179	R
D6242 Pontic-porcelain fused to noble metal	\$519	\$329	\$190		\$196	R
D6245 Ponyic porcelain/ceramic	\$519	\$329	\$190		\$196	
D6250 Pontic-resin with high noble metal	\$430	\$266	\$164		\$167	R
D6251 Pontic -resin with predom base metal	\$399	\$247	\$152		\$155	R
D6252 Pontic-resin with noble metal	\$390	\$247	\$143		\$155	R
D6253 Provisional pontic	BR	BR	BR		BR	R
Fixed Partial Denture Retainers-Inlays/Onlays						
D6545 Retainer-cast metal resin bond fix prothesis	\$190	\$127	\$63		\$79	R
D6548 Retainer porcel/ceram for resin bonded fix prosth	\$190	\$127	\$63		\$79	R
D6600 Inlay - porcelain/ceramic, two surfaces	BR	BR	BR		BR	R
D6601 Inlay - porcelain/ceramic, three or more surfaces	BR	BR	BR		BR	R
D6602 Inlay - cast high noble metal, two surface	BR	BR	BR		BR	R
D6603 Inlay - cast high noble metal, three or more surf	BR	BR	BR		BR	R
D6604 Inlay - cast predom bas metal, two surface	BR	BR	BR		BR	R
D6605 Inlay - cast predom base metal, three or more surf	BR	BR	BR		BR	R
D6606 Inlay - cast noble metal, two surface	BR	BR	BR		BR	R
D6607 Inlay - cast noble metal, three or more surface	BR	BR	BR		BR	R
D6608 Onlay - porcelain/ceramic, two surface	BR	BR	BR		BR	R
D6609 Onlay - porcelain/ceeramic, three or more surface	BR	BR	BR		BR	R
D6610 Onlay - cast high noble metal, two surfaces	BR	BR	BR		BR	R
D6611 Onlay - cast high noble meta, three or more surf	BR	BR	BR		BR	R
D6612 Onlay - cast predom base metal, two surfaces	BR	BR	BR		BR	R
D6613 Onlay - cast predom base metal, three or more sur	BR	BR	BR		BR	R


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	Participating Network Dental Plan				Non Par Dental Plan Fund Payment	Restrictions and/or Limits Apply
	Fund Value	Fund Payment	Patient Co-Payment	Fund Pediatric Payment		
D6614 Onlay - cast noble metal, two surface	BR	BR	BR		BR	R
D6615 Onlay - cast noble metal, three or more surf	BR	BR	BR		BR	R
Fixed Partial Denture Retainers - Crowns						
D6720 Crown-resin with high noble metal	\$430	\$266	\$164		\$167	R
D6721 Crown-resin with predom base metal	\$440	\$272	\$168		\$150	R
D6722 Crown-resin with noble metal	\$412	\$247	\$165		\$155	R
D6740 Crown Porcelain/ceramic	\$605	\$383	\$222		\$196	R
D6750 Crown-porcelain fused to high noble metal	\$526	\$333	\$193		\$196	R
D6751 Crown-porc fused to predom base metal	\$605	\$383	\$222		\$179	R
D6752 Crown-porcelain fused to noble metal	\$605	\$383	\$222		\$196	R
D6780 Crown-3/4 cast high noble metal	\$400	\$242	\$158		\$139	R
D6781 Crown 3/4 cast pred base metal	\$327	\$182	\$125		\$99	R
D6782 Crown 3/4 cast noble metal	\$367	\$222	\$145		\$139	R
D6783 Crown 3/4 porc/ceramic	\$367	\$222	\$145		\$139	R
D6790 Crown-full cast high noble metal	\$392	\$235	\$157		\$147	R
D6791 Crown-full cast predom base metal	\$348	\$209	\$139		\$131	R
D6792 Crown-full cast noble metal	\$392	\$235	\$157		\$147	R
D6793 Provisional retainer crown	BR	BR	BR		BR	R
Other Fixed Partial Denture Services						
D6920 Connector bar	BR	BR	BR		BR	
D6930 Recement fixed partial denture	\$32	CAP	\$0	\$32	\$17	R
D6940 Stress breaker	NC	NC	NC		NC	
D6950 Precision attachment	NC	NC	NC		NC	
D6970 Cast post & core add to fix part dent retain	\$171	\$127	\$44		\$71	R
D6971 Cast post-part of fixed part denture retainer	\$63	\$45	\$18		\$33	R


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	Participating Network Dental Plan				Non Par Dental Plan Fund Payment	Restrictions and/or Limits Apply
	Fund Value	Fund Payment	Patient Co-Payment	Fund Pediatric Payment		
D6972 Prefab post & core add to fix part dent retain	\$139	\$101	\$38		\$75	R
D6973 Core build up for retainer, incl any pins	\$104	\$78	\$26		\$46	R
D6975 Coping-metal	BR	BR	BR		BR	R
D6976 Each add'l cast post - same tooth	BR	BR	BR		BR	R
D6977 Each add'l prefab post -same tooth	BR	BR	BR		BR	R
D6980 Fixed partial denture repair	BR	BR	BR		BR	R
D6985 Pediatric partial denture, fixed	BR	BR	BR		BR	R
D6999 Unspec fixed prosthodontic procedure	BR	BR	BR		BR	R
D7000 - D7999 X. Oral and Maxillofacial Surgery						
Extractions(Includes Local Anesthesia, Suturing, if needed, and Routine Post Operative Care)						
D7111 Coronal remnants - deciduous tooth	\$45	\$36	\$9		\$18	R
D7140 Extraction, erupted tooth or exposed root	\$76	\$61	\$15		\$29	
Surgical Extractions (Includes Local Anesthesia, Suturing, if needed, and Routine Postoperative Care)						
D7210 Surgical removal of erupted tooth	\$167	\$128	\$39		\$59	R
D7220 Removal of impacted tooth-soft tissue	\$153	\$114	\$39		\$59	R
D7230 Removal of impacted tooth-partially bony	\$199	\$153	\$46		\$70	R
D7240 Removal of impacted tooth-complete bony	\$245	\$163	\$82		\$87	R
D7241 Remov of impact tooth-bony w/unusual surg	\$235	\$152	\$83		\$95	R
D7250 Surg removal of residual tooth roots(cutting)	\$167	\$123	\$44		\$49	R
Other Surgical Procedures						
D7260 Oroantral fistula closure	\$365	\$269	\$96		\$180	R


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	Participating Network Dental Plan				Non Par Dental Plan Fund Payment	Restrictions and/or Limits Apply
	Fund Value	Fund Payment	Patient Co-Payment	Fund Pediatric Payment		
D7261 Primary closure of a sinus perforation	BR	BR	BR		B	R


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	Participating Network Dental Plan				Non Par Dental Plan Fund Payment	Restrictions and/or Limits Apply
	Fund Value	Fund Payment	Patient Co-Payment	Fund Pediatric Payment		
D7270 Tooth reimplantation &/or stabilization	\$167	\$122	\$44		\$77	R
D7272 Tooth transplantation (incl reimplat & stabil)	\$169	\$125	\$44		\$79	R
D7280 Surg exp-imp or unerupt tooth-ortho reason	\$194	\$143	\$51		\$90	R
D7281 Surg exp of imp or unerupt tooth-aid eruption	\$167	\$123	\$44		\$77	R
D7282 Mobilization of erupted or malposition tooth	BR	BR	BR		BR	R
D7285 Biopsy of oral tissue-hard	\$109	\$81	\$28		\$51	R
D7286 Biopsy of oral tissue-soft	\$109	\$81	\$28		\$51	R
D7287 Cytology sample collection	BR	BR	BR		BR	R
D7290 Surgical repositioning of teeth	\$161	\$118	\$43		\$75	R
D7291 Transseptal fiberotomy	BR	BR	BR		BR	
Alveoplasty-Surgical Preparation of Ridge for Dentures						
D7310 Alveoloplasty-conj w/ extractions-per quad	\$104	\$77	\$27		\$40	R
D7320 Alveoloplasty-not in conj w/extract-per quad	\$166	\$122	\$44		\$64	R
Vestibuloplasty						
D7340 Vestib-ridge extension(second epithelial)	\$222	\$164	\$58		\$103	R
D7350 Vestibuloplasty-ridge extension	\$642	\$475	\$167		\$299	R
D7410 Radical excision-lesion diam up to 1.25 cm	\$139	\$102	\$37		\$64	R
D7411 Excision of benign lesion greater than 1.25cm	BR	BR	BR		BR	R
D7412 Excision of benign lesion, complicated	BR	BR	BR		BR	R
D7413 Excision of malignant lision up to 1.25 cm	BR	BR	BR		BR	R
D7414 Excision of malignant lision greater than 1/25 cm	BR	BR	BR		BR	R
D7415 Excision of malignant lesion, complicated	BR	BR	BR		BR	R
D7465 Destruction of lesion by physical or chem method	\$253	\$244	\$9		\$115	R


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	Participating Network Dental Plan				Non Par Dental Plan Fund Payment	Restrictions and/or Limits Apply
	Fund Value	Fund Payment	Patient Co-Payment	Fund Pediatric Payment		
Surgical excision of Intra-osseous lesions						
D7440 Excision of mal tumor-lesion up to 1.25 cm	\$316	\$279	\$37		\$147	R
D7441 Excision of mal tumor-lesion >1.25 cm	\$443	\$406	\$37		\$200	R
D7450 Remov odonto cyst/ tumor-lesion to 1.25 cm	\$141	\$105	\$36		\$66	R
D7451 Remov odonto cyst/tumor-lesion >1.25 cm	\$268	\$215	\$53		\$125	R
D7460 Remov nonodont cyst/tumor-up to 1.25 cm	\$141	\$114	\$27		\$65	R
D7461 Remov nonodont cyst/tumor-lesin >1.25 cm	\$268	\$240	\$28		\$126	R
Excision of Bone Tissue						
D7471 Removal of lateral exostosis (max or mand)	BR	BR	BR		BR	R
D7472 Removal of torus palatinus	BR	BR	BR		BR	R
D7473 Removal of torus mandibularis	BR	BR	BR		BR	R
D7485 Surgical reduction of osseous tuberosity	BR	BR	BR		BR	R
D7490 Radical resection of mandible w/bone graft	BR	BR	BR		BR	R
Surgical Incision						
D7510 Incision & drain of abscess-intra soft tissue	\$78	\$58	\$20		\$30	R
D7520 Incision & drain of abscess-extra soft tissue	\$159	\$147	\$12		\$73	R
D7530 Remov foreign body, skin, or subcutaneous	BR	BR	BR		BR	
D7540 Removal of reaction-producing foreign bodies	BR	BR	BR		BR	
D7550 Sequestrectomy for osteomyelitis	BR	BR	BR		BR	
D7560 Max sinusot-remov tooth frag, foreign body	BR	BR	BR		BR	
Treatment of Fracture-Simple						
D7610 Maxilla-open reduction(teeth immobilized)	BR	BR	BR		BR	


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	Participating Network Dental Plan				Non Par Dental Plan Fund Payment	Restrictions and/or Limits Apply
	Fund Value	Fund Payment	Patient Co-Payment	Fund Pediatric Payment		
D7620 Maxilla-closed reduction(teeth immobilized)	BR	BR	BR		BR	
D7630 Mand-open reduction(teeth immobilized)	BR	BR	BR		BR	
D7640 Mand-closed reduction(teeth immobilized)	BR	BR	BR		BR	
D7650 Malar and/or zygomatic arch-open reduct	BR	BR	BR		BR	
D7660 Malar and/or zygomatic arch-closed reduct	BR	BR	BR		BR	
D7670 Alveolus-stabilization of teeth, open reduct	BR	BR	BR		BR	
D7671 Alveolus - open reduct, may inc stabilization	BR	BR	BR		BR	
D7680 Facial bones-complicat reduction w/fixation	BR	BR	BR		BR	
Treatment of Fractures-Compound						
D7710 Maxilla-open reduction	BR	BR	BR		BR	
D7720 Maxilla-closed reduction	BR	BR	BR		BR	
D7730 Mandible-open reduction	BR	BR	BR		BR	
D7740 Mandible-closed reduction	BR	BR	BR		BR	
D7750 Malar and/or zygomatic arch-open reduct	BR	BR	BR		BR	
D7760 Malar and/or zygomatic arch-closed reduct	BR	BR	BR		BR	
D7770 Alveolus-stabilization of teeth, open reduct	BR	BR	BR		BR	
D7771 Alveolus, closed reduction stab of teeth	BR	BR	BR		BR	
D7780 Facial bones-complicat reduction w/fixation	BR	BR	BR		BR	
Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions.						
D7810 Open reduction of dislocation	BR	BR	BR		BR	
D7820 Closed reduction of dislocation	BR	BR	BR		BR	
D7830 Manipulation under anesthesia	BR	BR	BR		BR	
D7840 Condylectomy	BR	BR	BR		BR	
D7850 Surgical discectomy, w or w/o implant	BR	BR	BR		BR	
D7852 Disc repair	BR	BR	BR		BR	


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	Fund Value	Fund Payment	Patient Co-Payment	Fund Pediatric Payment		
D7854 Synovectomy	BR	BR	BR		BR	
D7856 Myotomy	BR	BR	BR		BR	
D7858 Joint reconstruction	BR	BR	BR		BR	
D7860 Arthrotomy	BR	BR	BR		BR	
D7865 Arthroplasty	BR	BR	BR		BR	
D7870 Arthrocentesis	BR	BR	BR		BR	
D7871 Non-Arthroscopic lysis and lavage	BR	BR	BR		BR	
D7872 Arthroscopy-diagnosis, w or w/o biopsy	BR	BR	BR		BR	
D7873 Arthroscop-surg: lavage & lysis of adhesions	BR	BR	BR		BR	
D7874 Arthroscop-surg: disc reposit & stabilization	BR	BR	BR		BR	
D7875 Arthroscopy-surgical: synovectomy	BR	BR	BR		BR	
D7876 Arthroscopy-surgical: discectomy	BR	BR	BR		BR	
D7877 Arthroscopy-surgical: debridgement	BR	BR	BR		BR	
D7880 Occlusal orthotic device	BR	BR	BR		BR	
D7899 Unspecified TMD therapy	BR	BR	BR		BR	
Repair of Traumatic Wounds						
D7910 Suture of recent small wounds up to 5 cm	\$85	\$62	\$23		\$39	R
Complicated Suturing(Reonstruction Requiring Delicate Handling of Tissues and Wide Undermining for Meticulous Closure)						
D7911 Complicated suture-up to 5 cm	BR	BR	BR		BR	
D7912 Complicated suture-greater than 5 cm	BR	BR	BR		BR	
Other Repair Procedures						
D7920 Skin graft(ident defect cover, locat, & type)	BR	BR	BR		BR	
D7940 Osteoplasty-for orthognathic deformities	BR	BR	BR		BR	


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	Fund Value	Fund Payment	Patient Co-Payment	Fund Pediatric Payment		
D7941 Osteotomy-ramus, closed	BR	BR	BR		BR	
D7943 Osteotomy-ramus, open with bone graft	BR	BR	BR		BR	
D7944 Ost-segment or subapic-per sextant or quad	BR	BR	BR		BR	
D7945 Osteotomy-body of mandible	BR	BR	BR		BR	
D7946 LeFort I(maxilla-total)	BR	BR	BR		BR	
D7947 LeFort I(maxilla-segmented)	BR	BR	BR		BR	
D7948 LeFort II or III-without bone graft	BR	BR	BR		BR	
D7949 LeFort II or III-with bone graft	BR	BR	BR		BR	
D7950 Oss, osteoperioste, or cartilage graft	BR	BR	BR		BR	
D7955 Repair of max soft & hard tissue defect	BR	BR	BR		BR	
D7960 Frenulectomy-separate procedure	\$167	\$123	\$44		\$77	R
D7970 Excision of hyperplastic tissue, per arch	\$177	\$140	\$37		\$81	R
D7971 Excision of pericoronal gingiva	\$253	\$216	\$37		\$117	R
D7980 Sialolithotomy	BR	BR	BR		BR	
D7981 Excision of salivary gland	BR	BR	BR		BR	
D7982 Sialodochoplasty	BR	BR	BR		BR	
D7983 Closure of salivary fistula	BR	BR	BR		BR	
D7990 Emergency tracheotomy	BR	BR	BR		BR	
D7991 Coronoidectomy	BR	BR	BR		BR	
D7995 Synthetic graft-mand or facial bones	BR	BR	BR		BR	
D7996 Implant-mandible for augmentation purp	BR	BR	BR		BR	
D7997 Appliance removal (not by dent who placed applic)	BR	BR	BR		BR	
D7999 Unspecified oral surgery procedure	BR	BR	BR		BR	


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	Fund Value	Fund Payment	Patient Co-Payment	Fund Pediatric Payment		
8000-8999 XI. Orthodontics						
Limited Orthodontic Treatment						
D8010 Limited ortho treat of the primary definition	BR	BR	BR		BR	
D8020 Limited ortho treat of the transitional definition	BR	BR	BR		BR	
D8030 Limited ortho treat of the adolescent definition	BR	BR	BR		BR	
D8040 Limited ortho treat of the adult definition	BR	BR	BR		BR	
Interceptive Orthodontic Treatment						
Comprehensive Orthodontic Treatment						
D8070 Comprehensive orth treat of transitional definition	BR	BR	BR		BR	R
D8080 Comprehensive orth treat of adolescent definition	\$3,289	\$1,961	\$1,328		\$1,058	R
D8090 Comprehensive orth treat of adult definition	\$3,289	\$1,961	\$1,328		\$1,058	R
Minor Treatment to Control Harmful Habits						
D8210 Removable appliance therapy	\$209	\$114	\$95		\$71	R
D8220 Fixed appliance therapy	\$177	\$95	\$82		\$59	R
Other Orthodontic Services						
D8660 Pre-orthodontic treatment visit	BR	BR	BR		BR	
D8670 Periodic orthodontic treatment visit	BR	BR	BR		BR	
D8680 Orthodontic retention	BR	BR	BR		BR	
D8690 Ortho treat, (alternative bill to contract fee)	BR	BR	BR		BR	
D8691 Repair of orthodontic appliance	NC	NC	NC		NC	


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	Fund Value	Fund Payment	Patient Co-Payment	Fund Pediatric Payment		
D8692 Replacement of lost or broken retainer	NC	NC	NC		NC	
D8999 Unspecified orthodontic procedure	BR	BR	BR		BR	
9000-9999 XII. Adjunctive General Services						
Unclassified Treatment						
D9110 Palliative treat of dental pain-minor proc	\$28	CAP	\$0	\$32	\$15	R
Anesthesia						
D9210 Local anesth not in conj w/oper or surg proc	NC	NC	NC		NC	
D9211 Regional block anesthesia	NC	NC	NC		NC	
D9212 Trigeminal division block anesthesia	NC	NC	NC		NC	
D9215 Local anesthesia	NCS	NC	NCS	NCS	NC	
D9220 Deep sedation/general anes-first 30 minutes	\$170	\$133	\$37		\$62	R
D9221 Deep sedation/general anes-each add'l 15 min	\$58	\$45	\$13		\$32	R
D9230 Analgesia	BR	BR	BR		BR	
D9241 Intravenous conscious sedation - first 30min	NC	NC	NC		NC	
D9242 Intrav conscious sed/anal -each add'l 15 min	NC	NC	NC		NC	
D9248 Non-intravenous conscious sedation	NC	NC	NC		NC	
Professional Consultation						
D9310 Consultation (Diag serv provided by dentist or physician other than practionioner prov treat)	\$63	\$32	\$31		\$25	R

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	Fund Value	Fund Payment	Patient Co-Payment	Fund Pediatric Payment		
Professional Visits						
D9410 House call	\$101	\$68	\$33		\$47	R
D9420 Hospital call	\$101	\$68	\$33		\$47	R
D9430 Office visit for observation (regular hours) No other services performed	BR	BR	BR		BR	R
D9440 Office visit(after regular hours)	\$38	\$28	\$10		\$17	R
D9450 Case presentation detailed/extensive tx plan	NC	NC	NC		NC	
Drugs						
D9610 Therapeutic drug injection	NC	NC	NC		NC	R
D9630 Other drugs and/or medicaments	NC	NC	NC		NC	R
Miscellaneous Services						
D9910 Application of desensitizing medicament	\$20	CAP	\$0	\$20	\$9	R
D9911 Application of desensit resin for cervical and/or and/or root surface, per tooth	\$20	CAP	\$0	\$20	\$9	R
D9920 Behavior management	BR	BR	BR		BR	R
D9930 Treat complications(post-surgical)	BR	BR	BR		BR	R
D9940 Occlusal guard	NC	NC	NC		NC	
D9941 Fabrication of athletic mouthguard	NC	NC	NC		NC	
D9950 Occlusion analysis-mounted case	NC	NC	NC		NC	
D9951 Occlusal adjustment-limited	NC	NC	NC		NC	
D9952 Occlusal adjustment-complete	NC	NC	NC		NC	
D9970 Enamel microabrasion	BR	BR	BR		BR	R
D9971 Odontoplasty 1-2 teeth/ inc remov	BR	BR	BR		BR	R
D9972 External bleaching - per arch	NC	NC	NC		NC	

**UFCW Local 1776 and Participating Employers Health and Welfare Fund
Dental Plan Fee Schedule Effective May 1, 2009**

	Participating Network Dental Plan				Non Par Dental Plan Fund Payment	Restrictions and/or Limits Apply
	Fund Value	Fund Payment	Patient Co-Payment	Fund Pediatric Payment		
D9973 External bleaching - per tooth	NC	NC	NC		NC	
D9974 Internal bleaching - peer tooth	NC	NC	NC		NC	
D9997 Broken appointment	NC	NC	NC		NC	R
D9999 Unspecified adjunctive procedure	BR	BR	BR		BR	BR