



## **Rochester Laborers Local 435 Dental Benefits and Plan Design Group # 435**

### **Summary of Benefit Effective 1/1/2026**

**Annual Calendar Year Maximum** \$1,380 individual & \$2,760 Family

**No Deductible**

**Orthodontics:** Lifetime maximum \$2,760. Initial banding \$690, monthly \$103.50 for 20 months (dependent children only)

#### **In-Network:**

**Preventive, Basic, Major work paid at 100% of the Funds Fee Schedule**

#### **Out of Network:**

**Preventive, Basic, Major work paid at 100% of the Funds Fee Schedule, member pays the balance**

### **FREQUENCIES:**

- Any Examination or Consultations: twice per calendar year
- Prophylaxis: twice per calendar year (ages 14 and older are considered adults)
- Full mouth or Panoramic x-rays: One every 3 years
- Bitewings X-ray: twice per calendar year
- Sealants: 1<sup>st</sup> and 2<sup>nd</sup> permanent, decay free molars, once per lifetime per tooth, children through age 16
- Fluoride: Once per calendar year, up to age 19.
- Perio Scaling: twice per calendar year, all four quads can be done on the same day
- Perio Surgery: Once per 36 months
- Major work: 5-year replacement permanent teeth only (ages 12 and older)
- No missing tooth/ waiting period.

#### **Not covered:**

- **Implants and procedures directly associated with the Implant including the restoration and maintenance, TMJ**

CDT CODE	PROCEDURES	ALLOWANCE
D0110	Initial Exam	\$41.40
D0120	Periodic Oral Exam - Established Patient	\$34.50
D0130	Emergency Exam	\$30.36
D0140	Limited Oral Evaluation - Problem Focused	\$30.36
D0150	Comprehensive Oral Exam - New or Established Patient	\$41.40
D0160	Detailed and extensive oral evaluation- Problem focused, by report	\$41.40
D0170	Re-Evaluation - Limited, problem focused, established patient, not post-operative	\$41.40
D0180	Comprehensive periodontal evaluation new or established patient	\$40.80
D0210	Full mouth series - once per year	\$66.24
D0220	Periapical, single film	\$13.80
D0230	Periapical, each additional film	\$13.80
D0240	Occlusal film	\$27.60
D0250	Extraoral - First Film	\$48.30
D0260	Extraoral - Each additional film	\$20.70
D0270	Bitewing, single film	\$13.80
D0272	Bitewing, 2 films	\$20.70
D0273	Bitewing, 3 films	\$27.60
D0274	Bitewing, 4 films	\$34.50
D0277	Vertical Bitewings 7 to 9 Films	\$50.40
D0290	Posterior-Anterior or Lateral Skull and Facial Bone Survey	\$69.00
D0330	Panoramic radiographic image	\$62.10
D0340	Cephalometric Film	\$55.20
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	\$41.40
D0460	Pulp vitality test	\$41.40
D0470	Diagnostic casts	\$69.00
D0471	Diagnostic photos	\$41.40
D1110	Adult prophylaxis, up to four a year	\$55.20
D1120	Prophylaxis Child	\$48.30
D1203	Topical Application of Fluoride - Child	\$23.00
D1204	Topical Application of Fluoride - Adult	\$23.00
D1206	Topical application of fluoride varnish	\$28.14
D1208	Topical application of fluoride, excluding varnish	\$27.60
D1351	Sealant - per tooth	\$34.50
D1510	Space Maintainer - Fixed - Unilateral	\$213.90
D1515	Space Maintainer - Fixed - Bilateral	\$324.30
D1520	Space Maintainer - Removable - Unilateral	\$269.10
D1525	Space Maintainer - Removable - Bilateral	\$317.40
D1550	Re-Cementation of Space Maintainer	\$41.40
D2110	Amalgam - One Surface, Primary	\$75.90
D2120	Amalgam - Two Surfaces, Primary	\$103.50
D2130	Amalgam - Three Surfaces, Primary	\$117.30
D2131	Amalgam - Four Surfaces, Primary	\$144.30
D2140	Amalgam - One Surface, Primary or Permanent	\$75.90
D2150	Amalgam - Two Surfaces, Primary or Permanent	\$103.50
D2160	Amalgam - Three Surfaces, Primary or Permanent	\$117.30
D2161	Amalgam - Four Surfaces, Primary or Permanent	\$144.30
D2210	Silicate Cement Restoration	\$89.70
D2330	Resin-based composite - One surface -anterior	\$89.70
D2331	Resin-based composite - Two surfaces- anterior	\$117.30
D2332	Resin-based composite - Three surfaces - anterior	\$144.90
D2334	Pin Retention Exclusive Compos	\$48.30
D2335	Resin-based composite - 4 + surfaces or involving incisal angle, anterior	\$165.60
D2380	Resin - One Surface, Posterior Primary	\$89.70
D2381	Resin -Two Surfaces, Posterior Primary	\$124.20
D2382	Resin - Three Surfaces, Posterior Primary	\$158.70
D2385	Outdated Code. Description of 2391 is Resin-based Composite	\$89.70
D2386	Outdated Code. Description of 2392 is Resin-based Composite	\$124.20
D2387	Outdated Code. Description of 2393 is Resin-based Composite	\$158.70
D2390	Resin-based composite crown, anterior	\$144.90

CDT CODE	PROCEDURES	ALLOWANCE
D2391	Resin-based composite - One Surface- posterior	\$89.70
D2392	Resin-based composite- Two Surfaces - posterior	\$124.20
D2393	Resin-based composite - Three Surfaces- posterior	\$158.70
D2394	Resin-based composite - Four or more Surfaces - posterior	\$184.80
D2410	Gold Foil One Surface	\$75.90
D2420	Gold Foil Two Surfaces	\$103.50
D2430	Gold Foil Three Surfaces	\$117.30
D2510	Inlay - Metallic - One Surface	\$430.92
D2520	Inlay - Metallic - Two Surfaces	\$503.70
D2530	Inlay - Metallic - Three or more Surfaces	\$519.66
D2542	Onlay - Metallic - Two Surface	\$535.62
D2543	Onlay - Metallic - Three Surfaces	\$576.00
D2544	Onlay - Metallic - Four or more Surfaces	\$576.00
D2610	Inlay - porcelain/ceramic - One Surface	\$486.46
D2620	Inlay - porcelain/ceramic - Two Surfaces	\$521.57
D2630	Inlay - porcelain/ceramic - Three Surfaces	\$542.00
D2642	Onlay - porcelain/ceramic - Two Surfaces	\$561.79
D2643	Onlay - porcelain/ceramic - Three Surfaces	\$579.02
D2644	Onlay - porcelain/ceramic - Four or more Surfaces	\$596.26
D2650	Inlay Resin-Based Composite - One Surface	\$444.96
D2651	Inlay Resin-Based Composite Two Surface	\$469.86
D2652	Inlay Resin-Based Composite Three or more Surfaces	\$497.32
D2662	Onlay Resin-Based Composite - Two Surfaces	\$514.55
D2663	Onlay Resin-Based Composite Three Surfaces	\$566.40
D2664	Onlay Resin-Based Composite Four or more Surfaces	\$538.81
D2710	Crown - Resin-Based Composite (indirect)	\$473.69
D2711	Plastic Refab Crown	\$195.60
D2712	Crown - Resin-based Composite (indirect)	\$549.02
D2720	Crown - resin with high noble metal	\$576.74
D2721	Crown- resin with predominantly base metal	\$540.65
D2722	Crown - resin with noble metal	\$561.91
D2740	Crown - porcelain/ceramic substrate	\$625.07
D2750	Crown - porcelain fused to high noble metal	\$608.32
D2751	Crown- porcelain fused to predominantly based metal	\$572.70
D2752	Crown - porcelain fused to noble metal	\$593.40
D2780	Crown 3/4 Cast High Noble Metal	\$574.16
D2781	Crown 3/4 Cast Predominantly Base Metal	\$596.71
D2782	Crown 3/4 Cast Noble Metal	\$572.87
D2783	Crown 3/4 Porcelain/Ceramic	\$585.12
D2790	Crown Full cast high noble metal	\$610.25
D2791	Crown - Full Cast Predominantly Base Metal	\$605.74
D2792	Crown Full Cast noble metal	\$574.16
D2794	Crown - Titanium	\$610.25
D2810	Gold (3/4 Cast) Crown	\$576.00
D2841	Glass Core	\$172.50
D2900	Replace Facing	\$158.70
D2910	Recement Inlay, Onlay or Partial Coverage Restoration	\$55.20
D2915	Recement Cast of Prefabricated Post and Core	\$55.20
D2920	Recement Crown	\$55.20
D2921	Recement Bridge	\$75.90
D2930	Prefabricated stainless steel crown - Primary tooth	\$144.90
D2931	Prefabricated stainless steel crown - Permanent tooth	\$165.60
D2932	Prefabricated Resin Crown	\$195.60
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$144.90
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary	\$144.90
D2950	Core buildup, including any pins when required	\$172.50
D2951	Pin Retention Per Tooth, In addition to Restoration.	\$48.30
D2952	Post and Core In Additiona to Crown, Indirectly Fabricated	\$255.30
D2954	Prefabricated post and core in addition to crown	\$200.10

CDT CODE	PROCEDURES	ALLOWANCE
D2960	Labial Veneer (Resin Laminate) - Chairside	\$309.19
D2961	Labial Veneer (Resin Laminate) - Laboratory	\$463.80
D2962	Labial Veneer (Porcelain Laminate) - Laboratory	\$552.00
D2970	Temporary Crown - Broken Tooth	\$165.60
D2980	Crown repair necessitated by restorative material failure	\$75.90
D3110	Pulp cap- direct (excluding final restoration)	\$41.40
D3120	Pulp cap- indirect (excluding final restoration)	\$34.50
D3220	Therapeutic pulpotomy (excluding final restoration)	\$103.50
D3221	Pulpal debridement, primary and permanent teeth	\$112.80
D3230	Pulpal therapy (restorable filling) anterior-primary tooth	\$141.38
D3240	Pulpal therapy (restorable filling) posterior-primary tooth	\$160.96
D3310	Endodontic therapy, anterior tooth	\$420.90
D3320	Endodontic therapy, bicuspid tooth	\$462.30
D3330	Endodontic therapy, molar	\$538.20
D3334	Root Canals 4 Canals	\$538.20
D3335	Root Canal Traditional	\$538.20
D3340	4 Canals	\$538.20
D3346	Retreatment of previous root canal therapy - anterior	\$440.16
D3347	Retreatment of previous root canal therapy- bicuspid *limit 1 per year, unless authorized*	\$508.70
D3348	Retreatment of previous root canal therapy- molar *limit 1 per year, unless authorized*	\$579.60
D3351	Apexification/Recalcification/Pupal Regeneration - Initial	\$110.40
D3352	Apexification/Recalcification/Pupal Regeneration - Interim	\$55.20
D3410	Apicoectomy/periapical surgery - anterior	\$393.30
D3421	Apicoectomy/periapical surgery - bicuspid - 1st root	\$396.00
D3425	Apicoectomy/periapical surgery - molar - 1st root	\$476.93
D3430	Retrograde filling - per root	\$103.50
D3450	Root Amputation - Per Root	\$227.70
D3920	Hemisection (including any Root Removal), Not Including Root	\$262.20
D3960	Bleaching Discolored Tooth	\$296.70
D4110	Periodontic Exam	\$40.80
D4210	Gingivectomy or gingivoplasty - 4 or more contiguous teeth	\$282.90
D4211	Gingivectomy or gingivoplasty - 1-3 contiguous teeth	\$169.74
D4240	Gingival flap procedure, including root planning -4 or more contiguous teeth	\$393.30
D4241	Gingival flap procedure, including root planning -1-3 contiguous teeth	\$256.68
D4245	Apically Position Flap	\$449.64
D4249	Clinical crown lengthening on hard tissue	\$338.10
D4250	Mucogingival Surgery	\$393.30
D4259	Osseous surgery Flap Sextant	\$331.20
D4260	Osseous surgery (including elevation of full thickness flap and closure), 4 or more contiguous teeth or tooth bounded	\$552.00
D4261	Osseous surgery (including elevation of full thickness flap and closure), 1-3 teeth or tooth bounded	\$331.20
D4262	Bone Graft Multiple Sites	\$269.92
D4263	Bone-replacement graft, retained natural tooth, 1st time in quadrant	\$339.60
D4264	Bone replacement graft, retained natural tooth, each additional site in quadrant	\$269.92
D4266	Guided tissue regeneration - resorbable barrier - per site	\$345.94
D4270	Pedicle soft tissue graft procedure	\$469.20
D4271	Free soft tissue graft procedures (including donor site surge)	\$483.00
D4272	Vestibuloplasty	\$392.70
D4273	Subepithelial connective Tissue graft procedures, per tooth	\$605.21
D4274	Distal or Proximal Wedge Procedure (When not performed in	\$376.92
D4275	Soft tissue Allograft	\$547.48
D4276	Combined connective tissue and double pedical graft, per tooth	\$615.16
D4277	Free Soft Tissue Graft, 1st tooth/Implant	\$483.00
D4278	Free Soft Tissue Graft Procedure	\$483.00
D4320	Provisional splinting - intercoronal	\$200.10
D4321	Provisional splinting - Extracoronal	\$241.50
D4330	Occlusal Adjustment Limited	\$94.80
D4331	Occlusal Adjustment Complete	\$12.30
D4340	Perio Scaling & RT Plan - Initial	\$89.70
D4341	Periodontal scaling & root planning per quad 4 or more teeth	\$117.30

CDT CODE	PROCEDURES	ALLOWANCE
D4342	Periodontal scaling & root planning per quad 1-3 teeth	\$70.38
D4345	Perio Sscaling with Inflammation	\$89.70
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$89.70
D4360	Special Perio Appliance Incl Occulusal Guarn	\$342.00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle, per tooth	\$34.79
D4910	Periodontal maintenance	\$82.80
D4911	Perio Maint. Follow ther - Entire Mouth	\$82.80
D4920	Unscheduled Dressing Change (by Someone other than Treating	\$48.30
D4921	Gingival Irrigation Per Quad	\$20.96
D5110	Complete upper denture Maxillary	\$800.40
D5120	Complete lower denture Mandibular	\$862.50
D5130	Immediate denture Maxillary	\$621.00
D5140	Immediate denture Mandibular	\$959.10
D5211	Maxillary Partial Denture - Resin Base	\$779.70
D5212	Mandibular Partial Denture - Resin Base	\$848.70
D5213	Maxillary Partial Denture - Cast Metal	\$841.50
D5214	Mandibular Partial Denture - Cast Metal	\$841.50
D5295	Par Den U or T Full Cast w/2 Clasps	\$841.50
D5410	Adjust Complete Denture - Maxillary	\$48.30
D5411	Complete lower denture adjustment	\$48.30
D5415	Den Adjust Comp or Part U or L	\$48.30
D5421	Upper partial denture adjustment	\$48.30
D5422	Lower partial denture adjustment	\$48.30
D5510	Repair broken complete denture base	\$89.10
D5520	Replace missing or broken tooth, complete denture	\$68.64
D5610	Repair resin partial denture base	\$103.50
D5620	Repair cast framework	\$103.50
D5630	Repair/replace broken clasp	\$110.40
D5640	Replace broken teeth, per tooth	\$75.90
D5650	Add tooth to partial	\$89.70
D5651	Each additional tooth to Partial	\$89.70
D5660	Add clasp to partial	\$110.40
D5670	Replace all teeth and acrylic on Cast metal Framework (Maxil)	\$297.56
D5671	Replace all teeth and acrylic on Cast metal Framework (Mandi)	\$300.08
D5680	Replace Brokern Clasp with new clasp	\$110.40
D5690	Each additional Clasp	\$110.40
D5710	Rebase complete upper denture	\$289.80
D5711	Rebase complete lower denture	\$289.80
D5720	Rebase upper partial denture	\$248.40
D5721	Rebase lower partial denture	\$186.30
D5730	Reline complete upper denture, chairside	\$172.50
D5731	Reline complete lower denture, chairside	\$172.50
D5740	Reline partial upper denture	\$172.50
D5741	Reline partial lower denture	\$151.50
D5750	Reline complete upper denture, lab	\$207.00
D5751	Reline complete lower denture, lab	\$241.50
D5760	Reline complete upper or lower denture, lab	\$213.90
D5761	Reline partial upper or lower denture, lab	\$207.00
D5810	Interim complete denture (maxillar1)	\$400.20
D5811	Interim complete denture (mandibular)	\$400.20
D5820	Interim partial upper denture	\$317.40
D5821	Interim partial lower denture	\$296.70
D5850	Tissue conditioning, maxillary	\$103.50
D5851	Tissue conditioning, mandibular	\$103.50
D5860	Overdenture - Complete, by report	\$1,683.60
D5861	Overdenture - partial, by report	\$1,365.60
D5899	Unspecified removable prosthodontlc procedure, by report	\$301.43
D5982	Surgical stent	\$12.30
D6053	Implant/Abutement Supported Reovable Denture for Completely	\$12.30

CDT CODE	PROCEDURES	ALLOWANCE
D6054	Implant/Abutement Supported Reovable Denture for Partially	\$841.50
D6210	Pontic - cast high noble metal	\$586.50
D6211	Pontic - cast predominantly base metal	\$517.50
D6212	Pontic - cast noble metal	\$531.30
D6214	Pontic - titanium and titanium alloys	\$586.50
D6240	Pontic, porcelain fused to high noble metal	\$552.00
D6241	Pontic, porcelain fused to predominatly base metal	\$538.20
D6242	Pontic, porcelain fused to noble metal	\$538.20
D6245	Pontic, porcelain and ceramic	\$586.50
D6250	Pontic, resin with high noble metal	\$572.50
D6251	Pontic, resin with predominantly base metal	\$540.56
D6252	Pontic, resin with noble metal	\$553.56
D6545	Retainer- cast metal for resin bonded fixed prosthesis	\$331.20
D6548	Retainer• porcelain/ceramic for resin bonded fixed prosthesis	\$331.20
D6600	Inlay - Porecelain/Ceramic. Two surfaces	\$535.88
D6601	Inlay - Porecelain/Ceramic. Three or more surfaces	\$571.24
D6602	Inlay - Cast High Nobel Metal, Two Surfaces	\$558.90
D6603	Inlay - Cast High Nobel Metal, Three of more Surfaces	\$607.20
D6604	Inlay - Cast Predominately Base Metal Two Surfaces	\$530.84
D6605	Inlay - Cast Predominately Base Metal Three of more Surfaces	\$564.92
D6606	Inlay - Cast Noble Metal, Two Surfaces	\$530.84
D6607	Inlay - Cast Noble Metal, Three of more surfaces	\$566.18
D6608	Onlay - Porcelain/Ceramic, Two Surfaces	\$568.72
D6609	Onlay - Porcelain/Ceramic, Three or more Surfaces	\$615.42
D6610	Onlay - Cast High Nobel Metal, Two Surfaces	\$586.38
D6611	Onlay - Cast High Nobel Metal, Three or more Surfaces	\$618.58
D6612	Onlay - Cast Predominately base metal, two surfaces	\$561.13
D6613	Onlay- cast predominantly base metal, three or more surfaces	\$609.11
D6614	Onlay- cast noble metal, two surfaces	\$566.82
D6615	Onlay - cast noble metal, three or more surfaces	\$610.37
D6624	Inlay- titanium	\$601.54
D6634	Onlay- titanium	\$635.62
D6710	Crown - indirect resin based composite	\$556.09
D6720	Crown - resin with high noble metal	\$572.50
D6721	Crown - resin with predominantly base metal	\$557.35
D6722	Crown• resin with noble metal	\$565.80
D6740	Crown, porcelain/ceramic	\$603.72
D6750	Crown, porcelain fused to high noble metal	\$572.70
D6751	Crown, porcelain fused to predominatly base metal	\$538.20
D6752	Crown, porcelain fused to noble metal	\$572.70
D6780	Crown - 3/4 cast high noble metal	\$510.30
D6781	Crown• 3/4 cast predominantly base metal	\$562.40
D6782	Crown - 3/4 cast noble metal	\$562.40
D6783	Crown - 3/4 porcelain/ceramic	\$594.59
D6790	Crown - full cast high noble metal	\$582.05
D6791	Crown - full cast predominantly base metal	\$531.28
D6792	Crown • full cast noble metal	\$551.71
D6794	Crown- titanium and titanium alloys	\$552.95
D6930	Re-cement or re-bond fixed partial denture	\$75.90
D6970	Post and Core In Additiona to Fixed Partial Denture retainer	\$255.30
D6972	Prefabricated Post and Core in addition to Fixed Partial Den	\$200.10
D6973	Core Build Up for Retainer, Including any pins	\$172.50
D7110	Single Tooth Extraction	\$91.20
D7111	Extraction, coronal remnants, deciduous tooth	\$91.20
D7115	Single Extraction General Anesthesia	\$193.20
D7120	Additional Tooth	\$91.20
D7130	Root Removal Exposed Roots	\$91.20
D7140	Extraction, erupted tooth or exposed root	\$91.20
D7210	Surgical removal of residual tooth roots cutting procedure	\$158.70

CDT CODE	PROCEDURES	ALLOWANCE
D7220	Removal of impacted tooth, soft tissue	\$207.00
D7225	Extraction Surg Soft Tissue	\$207.00
D7230	Removal of impacted tooth, partially bony	\$241.50
D7235	Extraction Surg Partial Bony	\$241.50
D7240	Removal of impacted tooth, completely bony	\$296.70
D7241	Removal of impacted tooth, bony w/ unusual surgical complications	\$324.30
D7242	Complete Bony Extraction Unusual	\$324.30
D7245	Extraction Surg Complete Bony Impact	\$324.30
D7250	Surgical removal of residual tooth roots cutting procedure	\$165.60
D7251	Coronectomy Intentional Partial Tooth Removal	\$91.20
D7260	Oroantral Fistula Closure	\$772.80
D7270	Tooth re-implantation and/or stabilization	\$241.50
D7280	Surgical access of an unerupted tooth	\$331.20
D7281	Surgical Exp Impact/Unerupted TTH to Aid Erupt	\$296.70
D7282	mobilization of erupted or malpositioned tooth to aid eruption	\$296.70
D7283	placement of device to facilitate eruption of impacted tooth	\$600.00
D7284	Orthodontic Adjustment	\$103.50
D7285	Incisional biopsy of oral tissue, hard (bone or tooth)	\$289.80
D7286	Incisional biopsy of oral tissue, soft	\$179.40
D7310	Alveoplasty in conjunction with extractions, 4 or more teeth or spaces, per quadrant	\$138.00
D7311	Alveoplasty in conjunction with extractions, 1 to 3 teeth or spaces, per quadrant	\$82.80
D7320	Alveoplasty not in conjunction with extractions, 4 or more teeth or spaces, per quadrant	\$241.50
D7321	Alveoplasty not in conjunction with extractions, 1 to 3 teeth or spaces, per quadrant	\$144.90
D7340	Vestibuloplasty - Ridge Extension (Secondary Epith)	\$392.70
D7410	Excision of benign lesion, up to 1.25 cm	\$255.30
D7411	Excision of benign lesion, greater than 1.25 cm	\$398.40
D7431	Excision of benign Tumor over 1/2 inch	\$398.40
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$213.90
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$296.70
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$269.10
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$381.34
D7464	Reduction of tuberosity	\$335.74
D7465	Destruction of lesion(s) by physical or chemical method, by report	\$173.86
D7470	Removal Exostosis Max or Mand	\$297.54
D7471	Removal of lateral exostosis (maxilla or mandible)	\$297.54
D7472	Removal of torus palatinus	\$379.62
D7473	Removal of torus mandibularis	\$352.84
D7485	Reduction of osseous tuberosity	\$335.74
D7510	Incision & drainage of intraoral abscess	\$117.30
D7511	incision and drainage of abscess• Intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$117.30
D7520	Incision & drainage of abscess extraoral soft tissue	\$117.30
D7880	Occlusal orthotic device	\$342.00
D7910	Suture of recent small wounds upto 5 cm	\$151.80
D7911	Complicated suture - up to 5 cm	\$151.80
D7912	complicated suture - greater than 5 cm	\$151.80
D7953	Bone replacement graft for ridge preservation, per site	\$233.96
D7960	Frenulectomy, separate procedure no incidental to another procedure	\$234.60
D7963	Frenuloplasty	\$234.60
D7970	Palliative (emergency) treatment of dental main, minor procedure	\$172.50
D7971	Excision of pericoronal gingiva	\$242.82
D7972	Surgical reduction of fibrous tuberosity	\$354.54
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$2,067.90
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$690.00
D8110	Fixed or Cemented Appliance - Therapy	\$338.10
D8120	Removable Appliance Therapy	\$374.40
D8210	Removable Appliance Therapy	\$338.10
D8220	Fixed Appliance Therapy	\$374.40
D8670	Periodic orthodontic treatment visit	\$103.50
D9110	Fixed partial denture sectioning	\$69.00

CDT CODE	PROCEDURES	ALLOWANCE
D9210	Local anesthesia not in conjunction with operative <i>or</i> surgical procedures	\$34.50
D9211	Regional block anesthesia	\$13.80
D9215	Trigeminal division block anesthesia	\$13.80
D9220	Deep Sedation/General Anesthesia - First 30 minutes	\$193.20
D9221	Deep Sedation/General Anesthesia - Each additional 15 minutes	\$89.70
D9230	Inhalation of Nitrous Oxide/Anxiolysis, Analgesia	\$41.40
D9241	Intravenous Conscious Sedation/Analgesia First 30 Minutes	\$151.80
D9242	Intravenous Conscious Sedation/Analgesia Each Additional 15 Minutes	\$69.84
D9243	Consultation	\$83.87
D9310	Non-intravenous conscious sedation	\$75.90
D9430	Office visit for observation (during regularly scheduled hours)- no other services performed	\$41.40
D9440	Office visit- after regularly scheduled hours	\$75.90
D9910	Application of desensitizing medicament	\$20.70
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	\$25.80
D9940	Occlusal guard- by report	\$342.00
D9951	Occlusal guard adjustment complete	\$94.80