

Air Conditioning and Refrigeration Industry

DENTAL FEE SCHEDULE - Delta Dental of California (1/1/2010)

CODE	DESCRIPTION	ALLOWANCE
00110	Initial Oral Examination	\$55.00
00120	Periodic Oral Evaluation	\$40.00
00130	Emergency Oral Examination	\$50.00
00140	Limited Oral Evaluation - Problem Focused	\$40.00
00145	Oral Evaluation For A Patient Under Three Year Of Age And Counseling With Primary Caregiver	\$39.00
00150	Comprehensive Oral Evaluation	\$50.00
00160	Detailed & Extensive Oral Evaluation	\$50.00
00170	Re-Evaluation - Limited Problem Focused	\$35.00
00180	Comprehensive Periodontal Evaluation-New Or Estab	\$50.00
00210	Intraoral - Complete Series (Incl Bitewings)	\$100.00
00220	Intraoral - Periapical First Film	\$28.00
00230	Intraoral - Periapical Each Add'l Film	\$15.00
00240	Intraoral - Occlusal Film	\$35.00
00250	Extraoral - First Film	\$10.00
00260	Extraoral - Each Additional Film	\$9.00
00270	Bitewing - Single Film	\$20.00
00272	Bitewings - Two Films	\$40.00
00273	Radiographs, 3 Bitewings	\$18.00
00274	Bitewings - Four Films	\$53.00
00277	Vertical Bitewings - 7 To 8 Films	\$53.00
00290	Posterior-Ant. Or Lat. Skull & Facial Bone Survey	\$30.00
00310	Sialography	\$54.00
00320	Temporomandibular Joint Arthrogram, Incl Injection	\$36.00
00321	Other Temporomandibular Joint, By Report	\$60.00
00322	Tomographic Survey	\$130.00
00330	Panoramic Film	\$79.00
00340	Cephalometric Film	\$100.00
00360	Ct - Craniofacial Data	\$130.00
00415	Bacteriologic Studies For Determination	\$50.00
00425	Caries Susceptibility Tests	\$18.00
00460	Pulp Vitality Tests	\$69.00
00470	Diagnostic Casts	\$100.00
00472	Accession Of Tissue, Gross Examination, Preparation And Transmission Of Written Report	\$67.00
00473	Accession Of Tissue, Gross And Microscopic Exam	\$18.00
00474	Accession Of Tissue, Gross And Microscopic Examination, Assessment Of Surgical Margins For Presence Of Disease, Preparation And Transmission Of Written Report	\$199.00
00484	Consultation On Slides Prepared Elsewhere	By Report
00485	Consultation, Including Preparation Of Slides From Biopsy Material Supplied By Referring Source	By Report
00502	Other Oral Pathology Procedures -- By Report	\$36.00
01110	Prophylaxis - Adult	\$69.00
01120	Prophylaxis - Child	\$55.00
01203	Topical Application Of Fluoride (Children)	\$45.00
01204	Topical Application Of Fluoride (Adult)	\$45.00
01206	Topical Fluoride Varnish; Therapeutic Application For Moderate To High Caries Risk Patients	\$22.00
01351	Sealant - Per Tooth	\$51.00
01510	Space Maintainer - Fixed - Unilateral	\$247.00
01515	Space Maintainer - Fixed - Bilateral	\$315.00
01520	Space Maintainer - Removable - Unilateral	\$150.00
01525	Space Maintainer - Removable - Bilateral	\$400.00
01550	Re-Cementation Of Space Maintainer	\$24.00
01555	Removal Of Fixed Space Maintainer	\$26.00

CODE	DESCRIPTION	ALLOWANCE
02140	Amalgam - 1 Surface, Primary	\$76.00
02150	Amalgam - 2 Surfaces, Primary	\$91.20
02160	Amalgam - 3 Surfaces, Primary	\$100.00
02161	Amalgam - 4 Or More Surfaces	\$116.00
02330	Resin-Based Composite - 1 Surface	\$100.00
02331	Resin-Based Composite - 2 Surfaces	\$115.20
02332	Resin-Based Composite - 3 Surfaces	\$144.00
02335	Resin-Based Composite - 4 Or More Surfaces	\$156.00
02390	Resin-Based Composite Crown, Anterior	\$78.00
02391	Resin-Based Composite - 1 Surface	\$105.60
02392	Resin-Based Composite - 2 Surface	\$136.00
02393	Resin-Based Composite - 3 Surfaces	\$156.00
02394	Resin-Based Composite - 4 Or More Sur	\$156.00
02410	Gold Foil -- One Surface	\$72.00
02420	Gold Foil -- Two Surfaces	By Report
02430	Gold Foil -- Three Surfaces	By Report
02510	Inlay - Metallic - 1 Surface	\$255.00
02520	Inlay - Metallic - 2 Surface	\$468.00
02530	Inlay - Metallic - 3 Surfaces	\$520.00
02542	Onlay-Metallic-2 Surfaces	\$370.00
02543	Onlay - Metallic-3 Surface	\$580.00
02544	Onlay - Metallic-4 Or More Surfaces	\$580.00
02610	Inlay - Porcelain/Ceramic - 1 Surface	\$90.00
02620	Inlay - Porcelain/Ceramic - 2 Surface	\$240.00
02630	Inlay - Porcelain/Ceramic - 3 Surface	\$300.00
02642	Onlay - Porcelain/Ceramic - 2 Surface	\$504.00
02643	Onlay - Porcelain/Ceramic - 3 Surface	\$560.00
02644	Onlay - Porcelain/Ceramic - 4 Surface	\$600.00
02650	Inlay - Resin-Based Composite	\$114.00
02651	Inlay - Resin-Based Composite	\$150.00
02652	Inlay - Resin-Based Composite	\$180.00
02662	Onlay - Resin-Based Composite	\$195.00
02663	Onlay -- Resin-Based Composite -- Three Surfaces	\$317.00
02664	Onlay -- Resin-Based Composite -- Four Or More Surfaces	\$302.00
02710	Crown - Resin (Indirect)	\$155.00
02712	Crown -- 3/4 Resin-Based Composite (Indirect)	\$162.00
02720	Crown - Resin With High Noble	\$310.00
02721	Crown - Resin With Predominantly Base Metal	\$296.00
02722	Crown - Resin With Noble Metal	\$302.00
02740	Crown - Porcelain/Ceramic Substrate	\$668.00
02750	Crown - Porcelain Fused To High Noble Metal	\$600.00
02751	Crown - Porcelain Fused To Predom Base Metal	\$548.80
02752	Crown - Porcelain Fused To Noble Metal	\$560.00
02780	Crown - 3/4 Cast High Noble Metal	\$580.00
02781	Crown - 3/4 Cast Predominantly Base Metal	\$550.00
02782	Crown - 3/4 Cast Noble Metal	\$550.00
02783	Crown - 3/4 Porcelain/Ceramic	\$600.00
02790	Crown - Full Cast High Noble Metal	\$577.60
02791	Crown - Full Cast Predominantly Base Metal	\$596.00
02792	Crown - Full Cast Noble Metal	\$544.00
02794	Crown -- Titanium	\$328.00
02910	Recement Inlay	\$64.00
02915	Recement Cast Or Prefabricated Post And Core	\$23.00
02920	Recement Crown	\$64.00
02930	Prefabricated Stainless Steel	\$158.40
02931	Prefabricated Stainless Steel	\$184.00
02932	Prefabricated Resin Crown	\$200.00
02933	Prefabricated Stainless Steel	\$132.00

CODE	DESCRIPTION	ALLOWANCE
02940	Sedative Filling	\$132.00
02950	Core Buildup, Including Any Pins	\$144.00
02951	Pin Retention - Per Tooth, In Addition To Restoration	\$132.00
02952	Cast Post And Core In Addition	\$235.20
02954	Prefabricated Post And Core In Addition To Crown	\$172.00
02955	Post Removal (Not In Conj. W/Endo Therapy)	\$138.00
02957	Each Additional Prefabricated Post - Same Tooth	\$48.00
02960	Labial Veneer (Resin Laminate)	\$260.00
02961	Labial Veneer (Resin Laminate) -- Laboratory	\$264.00
02962	Labial Veneer (Porcelain Laminate)	\$600.00
02970	Temporary Crown (Fractured Tooth)	\$100.00
02971	Additional Procedures To Construct New Crown Under Existing Partial Denture Framework	\$57.00
02980	Crown Repair, By Report	\$64.00
02999	Unspecified Restorative Procedure, By Report	\$69.00
03110	Pulp Cap - Direct (Excluding Final Restoration)	\$59.20
03120	Pulp Cap - Indirect (Excluding Final Restoration)	\$68.00
03220	Therapeutic Pulpotomy (Excl Final Restoration)	\$120.00
03221	Pulpal Debridement, Primary & Permanent Teeth	\$120.00
03230	Pulpal Therapy (Resorbable Filling)	\$100.00
03240	Pulpal Therapy (Resorbable Filling)	\$120.00
03310	Anterior (Excluding Final Restoration)	\$460.00
03320	Bicuspid (Excluding Final Restoration)	\$520.00
03330	Molar (Excluding Final Restoration)	\$640.00
03331	Treatment Of Root Canal Obstruction; Non-Surgical Access	\$9.00
03332	Incomplete Endodontic Therapy; Inoperable, Unrestorable Or Fractured Tooth	\$159.00
03333	Internal Root Repair Of Perforation Defects	\$49.00
03346	Retreatment Of Previous Root Canal Anterior	\$320.00
03347	Retreatment Of Previous Root Canal Bicuspid	\$320.00
03348	Retreatment Of Previous Root Canal Molar	\$640.00
03351	Apexification/Recalcification -- Initial Visit (Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.)	\$105.00
03352	Apexification/Recalcification -- Interim Medication Replacement (Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.)	\$82.00
03353	Apexification/Recalcification -- Final Visit (Includes Completed Root Canal Therapy -- Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.)	\$207.00
03410	Apicoectomy/Periradicular Surgery	\$380.00
03421	Apicoectomy/Periradicular Surgery	\$380.00
03425	Apicoectomy/Periradicular Surgery	\$380.00
03426	Apicoectomy/Periradicular Surgery	\$184.20
03430	Retrograde Filling - Per Root	\$90.00
03450	Root Amputation - Per Root	\$280.00
03910	Surgical Procedure For Isolation Of Tooth W/Dam	\$24.00
03920	Hemisection (Including Any Root Removal)	\$105.00
03950	Canal Preparation And Fitting	\$105.00
04210	Gingivectomy Or Gingivoplasty	\$320.00
04211	Gingivectomy Or Gingivoplasty	\$97.60
04240	Gingival Flap Procedure, Incl Root Planing 4+Teeth	\$340.00
04241	Gingival Flap Procedure, Incl Root Planing 1-3 Teeth	\$204.00
04245	Apically Positioned Flap	\$139.00
04249	Clinical Crown Lengthening - Hard Tissue	\$580.00
04260	Osseous Surgery (Incl Flap Entry And Closure)	\$680.00
04261	Osseous Surgery (Incl Flap Entry And Closure)	\$195.00
04263	Bone Replacement Graft - First Site In Quadrant	\$450.00
04264	Bone Replacement Graft - Add'l Site In Quadrant	\$300.00
04265	Biologic Materials To Aid In Soft And Osseous Tissue Regeneration	\$134.00
04266	Guided Tissue Regeneration - Resorbable Barrier	\$270.00
04267	Guided Tissue Regeneration - Nonresorbable	\$260.00
04268	Surgical Revision Procedure, Per Tooth	\$270.00

CODE	DESCRIPTION	ALLOWANCE
04270	Pedicle Soft Tissue Graft Procedure	\$180.00
04271	Free Soft Tissue Graft Procedure	\$600.00
04273	Subepithelial Connective Tissue Graft Procedure	\$680.00
04274	Distal Or Proximal Wedge Procedure (When Not Performed In Conjunction With Surgical Procedures In The Same Anatomical Area)	\$248.00
04275	Soft Tissue Allograft	\$366.00
04276	Combined Connective Tissue And Double Pedicle Graft, Per Tooth	\$450.00
04320	Provisional Splinting - Intracoronaral	\$60.00
04321	Provisional Splinting - Extracoronaral	\$80.00
04341	Periodontal Scaling And Root Planing Per Quad	\$140.00
04342	Periodontal Scaling And Root Planing 1-3 Teeth	\$140.00
04355	Full Mouth Debridement To Enable Comp Eval & Dx	\$76.00
04381	Localized Delivery Of Chemotherapy Agent	\$39.00
04910	Periodontal Maintenance	\$81.60
04920	Unscheduled Dressing Change (Other Than Dentist)	\$21.00
05110	Complete Denture - Maxillary	\$839.20
05120	Complete Denture - Mandibular	\$760.00
05130	Immediate Denture - Maxillary	\$760.00
05140	Immediate Denture - Mandibular	\$760.00
05211	Maxillary Partial Denture - Resin Base Incl Clasps	\$395.00
05212	Mandibular Partial Denture - Resin Incl Clasps	\$395.00
05213	Axillary Partial Denture - Cast Metal Framework	\$1,000.00
05214	Mandibular Partial Denture - Cast Metal Framework	\$1,040.00
05225	Max Pd Flexible Base	\$760.00
05226	Mand Pd Flexible Base	\$760.00
05281	Removable Unilateral Partial Denture	\$113.00
05410	Adjust Complete Denture - Maxillary	\$39.00
05411	Adjust Complete Denture -- Mandibular	\$25.00
05421	Adjust Partial Denture - Maxillary	\$80.00
05422	Adjust Partial Denture - Mandibular	\$77.60
05510	Repair Broken Complete Denture	\$128.00
05520	Replace Missing Or Broken Teet	\$80.00
05610	Repair Resin Denture Base	\$100.00
05620	Repair Cast Framework	\$120.00
05630	Repair Or Replace Broken Clasp	\$130.40
05640	Replace Broken Teeth - Per Tooth On Denture	\$104.00
05650	Add Tooth To Existing Partial	\$144.00
05660	Add Clasp To Existing Partial	\$140.00
05670	Replace All Teeth And Acrylic On Cast Metal Framework (Maxillary)	\$185.00
05671	Replace All Teeth And Acrylic On Cast Metal Framework (Mandibular)	\$146.00
05710	Rebase Complete Maxillary Denture	\$183.00
05711	Rebase Complete Mandibular Denture	\$163.00
05720	Rebase Maxillary Partial Denture	\$183.00
05721	Rebase Mandibular Partial Denture	\$165.00
05730	Reline Complete Maxillary Denture	\$147.20
05731	Reline Complete Mandibular Denture (Chairside)	\$95.00
05740	Reline Maxillary Partial Denture	\$147.20
05741	Reline Mandibular Partial Denture (Chairside)	\$92.00
05750	Reline Complete Maxillary Denture	\$280.00
05751	Reline Complete Mandibular Denture	\$280.00
05760	Reline Maxillary Partial Denture	\$280.00
05761	Reline Mandibular Partial Denture	\$280.00
05820	Interim Partial Denture (Mandibular)	\$185.00
05821	Interim Partial Denture (Maxillary)	\$185.00
05850	Tissue Conditioning, Maxillary	\$128.00
05851	Tissue Conditioning, Mandibular	\$98.40
05860	Overdenture -- Complete -- By Report	\$1,283.00
05861	Overdenture - Partial, By Report	\$98.40

CODE	DESCRIPTION	ALLOWANCE
05867	Replacement Of Replaceable Part Of Semi-Precision	\$98.00
05982	Surgical Stent	\$60.00
05988	Surgical Splint	\$350.00
06010	Surgical Placement Of Implant	\$1,175.00
06020	Abutment Placement Or Substitu	\$312.00
06040	Surgical Placement: Epostea I	\$1,214.00
06050	Surgical Placement: Transostea	\$1,149.00
06053	Implant/Abutment Supported Rem	\$737.00
06054	Implant/Abutment Supported Rem	\$939.00
06055	Dental Implant Supported Conne	\$675.00
06056	Prefabricated Abutment	\$292.00
06057	Custom Abutment	\$410.00
06058	Abutment Supported Porcelain/C	\$635.00
06059	Abutment Supported Porcelain F	\$752.00
06060	Abutment Supported Porcelain F	\$657.00
06061	Abutment Supported Porcelain F	\$670.00
06062	Abutment Supported Cast Metal	\$606.00
06063	Abutment Supported Cast Metal	\$255.00
06064	Abutment Supported Cast Metal	\$572.00
06065	Implant Supported Porcelain/Ce	\$781.00
06066	Implant Supported Porcelain Fu	\$744.00
06067	Implant Supported Metal Crown	\$768.00
06068	Abutment Supported Retainer Fo	\$667.00
06069	Abutment Supported Retainer Fo	\$787.00
06071	Abutment Supported Retainer Fo	\$638.00
06072	Abutment Supported Retainer Fo	\$751.00
06073	Abutment Supported Retainer Fo	\$600.00
06075	Implant Supported Retainer For	\$800.00
06076	Implant Supported Retainer For	\$922.00
06078	Implant/Abutment Supported Fix	\$5,403.00**
06079	Implant/Abutment Supported Fix	\$3,669.00**
06094	Abutment Supported Crown -- (Titanium)	\$484.00
06190	Radiograph/Surgery Implant	\$28.00
06194	Abutment Supported Retainer Crown For FPD -- (Titanium)	By Report
06205	Pontic -- Indirect Resin Based Composite	By Report
06210	Pontic - Cast High Noble Metal	\$560.00
06211	Pontic - Cast Predominantly Base Metal	\$480.00
06212	Pontic - Cast Noble Metal	\$504.00
06214	Pontic -- Titanium	\$358.00
06240	Pontic - Porcelain Fused To High Noble Metal	\$560.00
06241	Pontic - Porcelain Fused To Predominantly Base Metal	\$540.00
06242	Pontic - Porcelain Fused To Noble Metal	\$548.00
06245	Pontic - Porcelain/Ceramic	\$600.00
06250	Pontic - Resin With High Noble Metal	\$310.00
06251	Pontic - Resin With Predominantly Base Metal	\$296.00
06252	Pontic - Resin With Noble Metal	\$302.00
06253	Provisional Pontic	\$72.00
06545	Retainer - Cast Metal For Resin Bonded Fixed Prosthesis	\$118.80
06600	Inlay -- Porcelain/Ceramic, Two Surfaces	\$201.00
06601	Inlay -- Porcelain/Ceramic, Three Or More Surfaces	\$277.00
06602	Inlay -- Cast High Noble Metal, Two Surfaces	\$236.00
06603	Inlay -- Cast High Noble Metal, Three Or More Surfaces	\$301.00
06604	Inlay -- Cast Predominantly Base Metal, Two Surfaces	\$238.00
06605	Inlay -- Cast Predominantly Base Metal, Three Or More Surfaces	\$347.00
06606	Inlay -- Cast Noble Base Metal, Two Surfaces	\$291.00
06607	Inlay -- Cast Noble Base Metal, Three Or More Surfaces	\$390.00
06608	Onlay -- Porcelain/Ceramic, Two Surfaces	By Report
06609	Onlay -- Porcelain/Ceramic, Three Or More Surfaces	\$348.00

CODE	DESCRIPTION	ALLOWANCE
06610	Onlay -- Cast High Noble Metal, Two Surfaces	\$332.00
06611	Onlay -- Cast High Noble Metal, Three Or More Surfaces	\$326.00
06612	Onlay -- Cast Predominantly Base Metal, Two Surfaces	\$360.00
06613	Onlay -- Cast Predominantly Base Metal, Three Or More Surfaces	\$408.00
06614	Onlay -- Cast Noble Metal, Two Surfaces	By Report
06615	Onlay -- Cast Noble Metal, Three Or More Surfaces	\$287.00
06624	Inlay -- Titanium	By Report
06634	Onlay -- Titanium	\$615.00
06710	Crown -- Indirect Resin Based Composite	By Report
06720	Crown - Resin With High Noble Metal	\$310.00
06721	Crown - Resin With Predominantly Base Metal	\$296.00
06722	Crown - Resin With Noble Metal	\$302.00
06740	Crown - Porcelain/Ceramic	\$600.00
06750	Crown - Porcelain Fused To High Noble Metal	\$560.00
06751	Crown - Porcelain Fused To Predominantly Base Metal	\$540.00
06752	Crown - Porcelain Fused To Noble Metal	\$540.00
06780	Crown - 3/4 Cast High Noble Metal	\$580.00
06781	Crown -- 3/4 Cast Predominantly Base Metal	\$309.00
06782	Crown -- 3/4 Cast Noble Metal	\$360.00
06783	Crown -- 3/4 Porcelain/Ceramic	\$689.00
06790	Crown - Full Cast High Noble Metal	\$556.00
06791	Crown - Full Cast Predominantly Base Metal	\$520.00
06792	Crown - Full Cast Noble Metal	\$336.00
06793	Provisional Retainer Crown	\$85.00
06794	Crown -- Titanium	\$338.00
06930	Recement Fixed Partial Denture	\$80.00
06940	Stress Breaker	\$79.00
06950	Precision Attachment	\$164.00
06970	Post And Core In Addition To Fixed Partial Denture Retainer, Indirectly Fabricated	\$100.00
06972	Prefabricated Post And Core In Add. To Fixed Partial Denture	\$192.00
06973	Core Build Up For Retainer, Including Any Pins	\$160.00
06977	Each Additional Prefabricated Post -- Same Tooth	By Report
06980	Fixed Partial Denture Repair	\$300.00
07111	Coronal Remnants - Deciduous Tooth	\$81.00
07140	Extraction, Erupted Tooth Or Exposed Root	\$80.00
07210	Surgical Removal Of Erupted Tooth	\$156.00
07220	Removal Of Impacted Tooth - Soft Tissue	\$180.00
07230	Removal Of Impacted Tooth - Partially Bony	\$228.00
07240	Removal Of Impacted Tooth - Completely Bony	\$260.00
07241	Removal Of Impacted Tooth - Completely Bony W/Unusual	\$280.00
07250	Surgical Removal Of Residual Tooth Roots (Cutting Proc.)	\$117.60
07260	Oroantral Fistula Closure	\$240.00
07261	Primary Closure Of A Sinus Perforation	\$276.00
07270	Tooth Reimplantation And/Or Stabilization Of Accidentally Evulsed Or Displaced Tooth	\$164.00
07280	Surgical Access Of An Unerupted Tooth	\$360.00
07282	Mobilization Of Erupted Or Malpositioned Tooth To Aid Eruption	\$153.00
07285	Biopsy Of Oral Tissue - Hard (Bone Tooth)	\$90.00
07286	Biopsy Of Oral Tissue - Soft (All Others)	\$200.00
07310	Alveoloplasty In Conjunction With Extractions-Per Quad	\$93.00
07311	Alveoloplasty In Conjunction With Extractions -- One To Three Teeth Or Tooth Spaces, Per Quadrant	\$22.00
07320	Alveoloplasty Not In Conjunction W/Extractions-Per Quad	\$96.00
07321	Alveoloplasty Not In Conjunction With Extractions -- One To Three Teeth Or Tooth Spaces, Per Quadrant	\$82.00
07340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)	\$120.00
07350	Vestibuloplasty -- Ridge Extension (Including Soft Tissue Graft, Muscle Reattachment, Revision Of Soft Tissue Attachment And Management Of Hypertrophied And Hy	\$492.00
07410	Excision Of Benign Lesion Up To 1.25cm	\$90.00

CODE	DESCRIPTION	ALLOWANCE
07411	Excision Of Benign Lesion Greater Than 1.25 Cm	\$240.00
07412	Excision Of Benign Lesion, Complicated	\$77.00
07413	Excision Of Malignant Lesion Up To 1.25 Cm	By Report
07414	Excision Of Malignant Lesion Greater Than 1.25 Cm	By Report
07415	Excision Of Malignant Lesion, Complicated	By Report
07440	Excision Of Malignant Tumor - Up To 1.25cm	\$135.00
07441	Excision Of Malignant Tumor - Over 1.25cm	\$216.00
07450	Removal Of Benign Odontogenic Cyst/Tumor Up To 1.25cm	\$90.00
07451	Removal Of Benign Odontogenic Cyst/Tumor Over 1.25cm	\$180.00
07460	Removal Of Benign Nonodontogenic Cyst Or Tumor Up To 1.25cm	\$90.00
07461	Removal Of Benign Nonodontogenic Cyst Or Tumor Over 1.25cm	\$180.00
07465	Dest Of Lesion(S) By Electrosurgery, Chemo Or Cryotherapy	\$42.00
07471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	\$244.00
07472	Removal Of Torus Palatinus	\$342.00
07473	Removal Of Torus Mandibularis	\$216.00
07480	Partial Ostectomy (Gutting Or Saucerization)	\$216.00
07485	Surgical Reduction Of Osseous Tuberosity	\$197.00
07490	Radical Resection Of Maxilla Or Mandible	\$771.00
07510	Incision And Drainage Of Abscess, Intraoral	\$300.00
07511	Incision And Drainage Of Abscess -- Intraoral Soft Tissue -- Complicated (Includes Drainage Of Multiple Fascial Spaces)	\$115.00
07520	Incision And Drainage Of Abscess, Extraoral	\$68.00
07521	Incision And Drainage Of Abscess -- Extraoral Soft Tissue -- Complicated (Includes Drainage Of Multiple Fascial Spaces)	By Report
07530	Removal Of Foreign Body From Mucosa, Skin Or Alveolar Tissue	\$60.00
07540	Removal Of Reaction Producing Foreign Bodies Musculoskeletal	\$90.00
07550	Partial Ostectomy/Sequestrectomy For Osteomyelitis	\$150.00
07560	Maxillary Sinusotomy For Removal Of Tooth Fragment Or F/B	\$240.00
07610	Maxilla - Open Reduction (Teeth Immobilized, If Present)	\$1,260.00
07620	Maxilla - Closed Reduction (Teeth Immobilized If Present)	\$750.00
07630	Mandible - Open Reduction (Teeth Immobilized If Present)	\$1,260.00
07640	Mandible - Closed Reduction (Teeth Immobilized If Present)	\$750.00
07650	Malar And/Or Zygomatic Arch -Open Reduction	\$750.00
07660	Malar And/Or Zygomatic Arch -Closed Reduction	\$333.00
07670	Alveolus - Closed Reduction, May Include Stabilization Of Teeth	\$750.00
07671	Alveolus -- Open Reduction, May Include Stabilization Of Teeth	By Report
07680	Facial Bones - Complicated Reduction W/Fixation And Multiple Surg	\$1,590.00
07710	Maxilla - Open Reduction	\$1,260.00
07720	Maxilla - Closed Reduction	\$750.00
07730	Mandible - Open Reduction	\$1,260.00
07740	Mandible - Closed Reduction	\$750.00
07750	Malar And/Or Zygomatic Arch -Open Reduction	\$990.00
07760	Malar And/Or Zygomatic Arch -Closed Reduction	\$582.00
07770	Alveolus - Open Reduction Splinting Stabilization Of Teeth	\$582.00
07771	Alveolus -- Closed Reduction Stabilization Of Teeth	\$437.00
07780	Facial Bones - Complicated Reduction W/Fixation And Multiple Surg	\$1,590.00
07810	Open Reduction Of Dislocation	\$840.00
07820	Closed Reduction Of Dislocation	\$168.00
07830	Manipulation Under Anesthesia	\$168.00
07840	Condylectomy	\$126.00
07850	Surgical Discectomy, With/Without Implant By Report	\$126.00
07860	Arthrotomy	\$126.00
07870	Arthrocentesis	\$84.00
07880	Occlusal Orthotic Device, By Report	\$115.80
07910	Suture Of Recent Small Wounds Up To 5 Cm	\$99.00
07911	Complicated Suture - Up To 5 Cm	\$168.00
07912	Complicated Suture - Greater Than 5 Cm	\$267.00
07920	Skin Grafts (Identify Defect Covered, Location And Type Of Graft)	By Report

CODE	DESCRIPTION	ALLOWANCE
07950	Osseous, Osteoperiosteal, Or Cartilage Graft Of Mand By Report	\$600.00
07960	Frenulectomy (Frenectomy Or Frenotomy) Separate Procedure	\$180.00
07963	Frenuloplasty	\$232.00
07970	Excision Of Hyperplastic Tissue-Per Arch	\$132.00
07971	Excision Of Pericoronar Gingiva	\$132.00
07972	Surgical Reduction Of Fibrous Tuberosity	\$67.00
07980	Sialolithotomy	\$480.00
07981	Excision Of Salivary Gland, By Report	\$501.00
07982	Sialodochoplasty	\$582.00
07983	Closure Of Salivary Fistula	\$501.00
07990	Emergency Tracheotomy	\$333.00
07991	Coronoidectomy	\$840.00
07998	Intraoral Placement Of A Fixation Device Not In Conjunction With A Fracture	\$487.00
09110	Palliative (Emergency) Treatment Of Dental Pain	\$77.60
09120	Fixed Partial Denture Sectioning	\$45.00
09210	Local Anesthesia Not In Conjunction With Operative Or Surgical Procedures	\$4.00
09211	Regional Block Anesthesia	\$0.00
09212	Trigeminal Division Block Anesthesia	\$0.00
09215	Local Anesthesia	\$2.00
09220	Deep Sedation/General Anesthesia - 1st ½ Hr.	\$200.00
09221	Deep Sedation/General Anesthesia, Ea. Add'l 15 Minutes	\$60.00
09230	Analgesia, Anxiolysis, Inhalation Of Nitrous Oxide	\$48.00
09310	Consultation Per Session	\$96.00
09410	House/Extended Care Facility Call	\$30.00
09420	Hospital Call	\$27.00
09430	Office Visit For Observation-Reg. Hours No Other Services Perfor(\$44.00
09440	Office Visit - After Regularly Scheduled Hours	\$80.00
09450	Case Presentation, Detailed And Extensive Treatment Planning	\$62.00
09610	Therapeutic Drug Injection, By Report	\$18.00
09612	Therapeutic Parenteral Drugs, Two Or More Administrations, Different Medications	\$34.00
09930	Treatment Of Complications (Post-Surgical) -- Unusual Circumstances, By Report	\$34.00
09940	Occlusal Guard, By Report	\$250.00
09942	Nightguard-Soft Guard	\$90.00
09951	Occlusal Adjustment - Limited	\$23.40
09952	Occlusal Adjustment - Complete	\$112.00
09971	Odontoplasty 1 - 2 Teeth; Incl	\$75.00
	** Amounts are subject to Annual Maximum of \$1,750	
ORTHODONTIC BENEFITS		
	<i>For Smooth processing of your orthodontic claims</i>	
	<i>You can visit any license orthodontist. However; your out-of-pocket costs may be lower if you use a Delta Dental contracted orthodontist.</i>	
08080	Comprehensive orthodontic treatment of the adolescent dentition	
08090	Comprehensive orthodontic treatment of the adult dentition	
	Orthodontic Benefits: 100%	
	Orthodontic Maximum: \$2,400 Lifetime	