



Plan ADA Codes and Co-Payments

Operating Engineers Health and
Welfare Fund Dental Plan

**ADA CODE***** ADA DESCRIPTION****8000C3
Member Co-pay****CLINICAL ORAL EVALUATIONS**

	D0120	Periodic oral examination - established patient	\$0
	D0140	Limited oral evaluation - problem focused	\$0
	D0145	Oral evaluation for patient under three years of age and counseling with primary caregiver	\$0
	D0150	Comprehensive oral evaluation - new or established patient	\$0
	D0160	Detailed and extensive oral evaluation - problem focused, by report	\$0
	D0170	Re-evaluation - limited, problem focused (established patient: not post-operative visit)	\$0
	D0171	Re-evaluation - post operative office visit	\$0
	D0180	Comprehensive periodontal evaluation - new or established patient	\$0
	D0190	Screening of a patient	\$0
	D0191	Assessment of a patient	\$0

RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation)

	D0210	Intraoral - complete series of radiographic images	\$0
	D0220	Intraoral - periapical radiographic image	\$0
	D0230	Intraoral - periapical each additional film	\$0
	D0240	Intraoral - occlusal radiographic	\$0
	D0250	Extra-oral single film	\$0
	D0270	Bitewing - single film	\$0
	D0272	Bitewings - two films	\$0
	D0273	Bitewings - three films	\$0
	D0274	Bitewings - four films	\$0
	D0277	Vertical bitewings - 7 to 8 films	\$0
	D0330	Panoramic film	\$0
	D0340	Cephalometric Film	\$0
	D0350	Oral/Facial Images	\$0

TESTS AND EXAMINATIONS

	D0419	Assessment of salivary flow by measurement	\$0
	D0460	Pulp vitality tests	\$0
	D0470	Diagnostic casts	\$0
	D0601	Caries risk assessment and documentation, with a finding of low risk	\$0
	D0602	Caries risk assessment and documentation, with a finding of moderate risk	\$0
	D0603	Caries risk assessment and documentation, with a finding of high risk	\$0
	D0701	Panoramic radiographic image- image capture only	\$0
	D0702	2-D cephalometric radiographic- image capture only	\$0
	D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only	\$0
	D0705	extra-oral posterior dental radiographic image capture only	\$0
	D0706	intraoral- occlusal radiographic image- image capture only	\$0

	D0707		intraoral- periapical radiographic image- image capture only	\$0
	D0708		intraoral- bitewing radiographic image- image capture only	\$0
	D0709		intraoral- complete series of radiographic images- image capture only	\$0
ORAL PATHOLOGY LABORATORY				
	D0472		Accession of tissue, gross examination, preparation and transmission of written report	\$0
	D0473		Accession of tissue, gross and microscopic examination, preparation and transmission of written report	\$0
	D0474		Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	\$0
	D0999		Unspecified diagnostic procedure, by report - includes office visit, per visit (in addition to other)	\$0
DENTAL PROPHYLAXIS				
	D1110		Prophylaxis - adult	\$0
			<i>D1110 and D1120 additional prophy exceeding two in a 12 month period</i>	\$0
	D1120		Prophylaxis - child	\$0
			<i>D1110 and D1120 additional prophy exceeding two in a 12 month period</i>	\$0
TOPICAL FLUORIDE TREATMENT (office procedure)				
	D1206		Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$0
	D1208		Topical application of fluoride- excluding varnish - child to age 19 limited to 2 per 12 month period	\$0
OTHER PREVENTIVE SERVICES				
	D1310		Nutritional Counseling for control of dental disease	\$0
	D1320		Tobacco counseling for the control and prevention of oral disease	\$0
	D1330		Oral hygiene instructions	\$0
	D1351		Sealant - per tooth	\$0
	D1352		Preventative resin restoration in a moderate to high caries risk patient - permanent tooth.	\$0
	D1353		Sealant repair - per tooth - limited to permanent molars through age 15	\$0
	D1354		Interim caries arresting medicament application - per tooth	\$0
	D1355		caries preventive medicament application - per tooth	\$0
SPACE MAINTENANCE (passive appliances)				
	D1510		Space maintainer - fixed - unilateral (excludes a distal shoe space maintainer)	\$0
	D1516		Space maintainer - fixed - bilateral - maxillary	\$0
	D1517		Space maintainer - fixed - bilateral - mandibular	\$0
	D1520		Space maintainer - removable - unilateral	\$0
	D1526		Space maintainer - removable - maxillary	\$0
	D1527		Space maintainer - removable - mandibular	\$0
	D1551		Re-cement or re-bond bilateral space maintainer	\$0
	D1552		Re-cement or re-bond unilateral space maintainer	\$0
	D1553		Re-cement or re-bond unilateral space maintainer - per quadrant	\$0

	D1556		Removal of fixed unilateral space maintainer - per quadrant	\$0
	D1557		Removal of fixed bilateral space maintainer maxillary	\$0
	D1558		Removal of fixed bilateral space maintainer mandibular	\$0
	D1575		Distal shoe space maintainer - fixed unilateral	\$0
AMALGAM RESTORATIONS (including polishing)				
	D2140		Amalgam - one surface, primary or permanent	\$0
	D2150		Amalgam - two surfaces, primary or permanent	\$0
	D2160		Amalgam - three surfaces, primary or permanent	\$0
	D2161		Amalgam - four or more surfaces, primary or permanent	\$0
RESIN-BASED COMPOSITE RESTORATIONS - DIRECT				
	D2330		Resin-based composite - one surface, anterior	\$0
	D2331		Resin-based composite - two surfaces, anterior	\$0
	D2332		Resin-based composite - three surfaces, anterior	\$0
	D2335		Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$0
	D2390		Resin-based composite crown, anterior	\$0
	D2391		Resin-based composite - one surface, posterior	\$0
	D2392		Resin-based composite - two surfaces, posterior	\$0
	D2393		Resin-based composite - three surfaces, posterior	\$0
	D2394		Resin-based composite - four or more surfaces, posterior	\$0
INLAY/ONLAY RESTORATIONS				
	D2510		Inlay - metallic - one surface	\$0
	D2520		Inlay - metallic - two surfaces	\$0
	D2530		Inlay - metallic - three or more surfaces	\$0
	D2542		Onlay - metallic - two surfaces	\$0
	D2543		Onlays - metallic - three surfaces	\$0
	D2544		Onlays - metallic - four or more surfaces	\$0
	D2610		Inlay - porcelain/ceramic - 1 surface	\$0
	D2620		Inlay - porcelain/ceramic - 2 surfaces	\$0
	D2630		Inlay - porcelain/ceramic - 3 or more surfaces	\$0
	D2642		Onlay, porcelain/ceramic - 2 surfaces	\$0
	D2643		Onlay, porcelain/ceramic - 3 surfaces	\$0
	D2651		Inlay - resin-based composite - 2 surfaces	\$0
	D2652		Inlay - resin-based composite - 3 or more surfaces	\$0
	D2662		Onlay - resin-based composite - 2 surfaces	\$0
	D2663		Onlay - resin-based composite - 3 surfaces	\$0
CROWNS - SINGLE RESTORATIONS ONLY				
	D2710		Crown - resin-based composite (indirect)	\$0
	D2712		Crown - 3/4 resin-based composite (indirect)	\$0
	D2720		Crown - resin with high noble metal	\$0
	D2721		Crown - resin with predominantly base metal	\$0
	D2722		Crown - resin with noble metal	\$0
	D2740		Crown - porcelain/ceramic	\$0
	D2750		Crown - porcelain fused to high noble metal	\$0

	D2751		Crown - porcelain fused to predominantly base metal	\$0
	D2752		Crown - porcelain fused to noble metal	\$0
	D2753		Crown- porcelain fused to titanium or titanium alloy	\$0
	D2780		Crown - 3/4 cast high noble metal	\$0
	D2781		Crown - 3/4 cast predominantly base metal	\$0
	D2782		Crown - 3/4 cast noble metal	\$0
	D2783		Crown - 3/4 porcelain/ceramic	\$0
	D2790		Crown - full cast high noble metal	\$0
	D2791		Crown - full cast predominantly base metal	\$0
	D2792		Crown - full cast noble metal	\$0
	D2794		Crown - titanium	\$0
	D2799		Provisional crown - To be used at least 6 months during healing	\$0
OTHER RESTORATIVE SERVICES				
	D2910		Recement inlay, onlay, or partial coverage restoration	\$0
	D2915		Recement cast or prefabricated post and core	\$0
	D2920		Recement crown	\$0
	D2928		prefabricated porcelain/ceramic crown - permanent tooth	\$0
	D2930		Prefabricated stainless steel crown - primary tooth	\$0
	D2931		Prefabricated stainless steel crown - permanent tooth	\$0
	D2932		Prefabricated resin crown	\$0
	D2933		Prefabricated stainless steel crown with resin window	\$0
	D2934		Prefabricated esthetic coated stainless steel crown - primary tooth	\$0
	D2940		Sedative filling	\$0
	D2950		Core buildup, involving and including any pins	\$0
	D2951		Pin retention - per tooth, in addition to restoration	\$0
	D2952		Post and core in addition to crown, indirectly fabricated	\$0
	D2953		Each additional indirectly fabricated post - same tooth	\$0
	D2954		Prefabricated post and core in addition to crown	\$0
	D2955		Post removal (not in conjunction with endodontic therapy)	\$0
	D2957		Each additional prefabricated post - same tooth	\$0
	D2962		Labial veneer - porcelain laminate (laboratory)	\$0
			Rebond Veneer	\$0
	D2971		Additional procedures to construct new crown under existing partial denture framework	\$0
	D2980		Crown repair, by report	\$0
PULP CAPPING				
	D3110		Pulp cap - direct (excluding final restoration)	\$0
	D3120		Pulp cap - indirect (excluding final restoration)	\$0
PULPOTOMY				
	D3220		Therapeutic pulpotomy (excluding final restoration)	\$0
	D3221		Pulpal debridement, primary and permanent teeth	\$0
ENDODONTIC THERAPY ON PRIMARY TEETH				

	D3230		Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$0
	D3240		Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$0
ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow-up care)				
	D3310		Anterior (excluding final restoration)	\$0
	D3320		Endodontic therapy, premolar tooth (excluding final restoration)	\$0
	D3330		Endodontic therapy, molar tooth (excluding final restoration)	\$0
	D3331		Treatment of root canal obstruction; non-surgical access	\$0
	D3332		Incomplete endodontic therapy; inoperable, unrestorable or fracture tooth	\$0
	D3333		Internal root repair of perforation defects	\$0
ENDODONTIC RETREATMENT				
	D3346		Retreatment of previous root canal therapy - anterior	\$0
	D3347		Retreatment of previous root canal therapy - premolar	\$0
	D3348		Retreatment of previous root canal therapy - molar	\$0
APEXIFICATION / RECALCIFICATION				
APICOECTOMY/PERIRADICULAR SERVICES				
	D3410		Apicoectomy- anterior	\$0
	D3421		Apicoectomy premolar (first root)	\$0
	D3425		Apicoectomy/periradicular surgery - molar (first root)	\$0
	D3426		Apicoectomy (each additional root)	\$0
	D3428		Bone graft in conjunction with periradicular surgery - per tooth, single site	\$0
	D3429		Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site	\$0
	D3430		Retrograde filling - per root	\$0
	D3450		Root amputation - per root	\$0
	D3471		Surgical repair of root resorption-anterior	\$0
	D3472		Surgical repair of root resorption-premolar	\$0
	D3473		Surgical repair of root resorption-molar	\$0
	D3501		Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	\$0
	D3502		Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	\$0
	D3503		Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	\$0
OTHER ENDODONTIC PROCEDURES				
	D3910		Surgical procedure for isolation of tooth with rubber dam	\$0
	D3920		Hemisection (including any root removal), not including root canal therapy	\$0
	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 bounded teeth spaces per quadrant	\$0
	D4211		Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	\$0

	D4240		Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	\$0
	D4241		Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant	\$0
	D4245		Apically positioned flap	\$0
	D4249		Clinical crown lengthening - hard tissue	\$0
	D4260		Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	\$0
	D4261		Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant	\$0
	D4263		Bone replacement graft - first site in quadrant	\$0
	D4264		Bone replacement graft - each additional site in quadrant	\$0
	D4274		Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$0
NON-SURGICAL PERIODONTAL SERVICES				
	D4341		Periodontal scaling and root planing - four or more teeth per quadrant	\$0
	D4342		Periodontal scaling and root planing - one to three teeth per quadrant	\$0
	D4346		Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	\$0
	D4355		Full mouth debridement to enable comprehensive evaluation and diagnosis on a subsequent visit	\$0
	D4381		Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth (up to 2 teeth per quad)	\$0
OTHER PERIODONTAL SERVICES				
	D4910		Periodontal maintenance	\$0
	D4921		Gingival Irrigation - Per Quadrant	\$0
COMPLETE DENTURES (including routine post-delivery care)				
	D5110		Complete denture - maxillary	\$0
	D5120		Complete denture - mandibular	\$0
	D5130		Immediate denture - maxillary	\$0
	D5140		Immediate denture - mandibular	\$0
PARTIAL DENTURES (including routine post-delivery care)				
	D5211		Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$0
	D5212		Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$0
	D5213		Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$0
	D5214		Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$0
	D5221		Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$0
	D5222		Immediate mandibular partial denture- resin base (including any conventional clasps, rests and teeth)	\$0

	D5223		Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps)	\$0
	D5224		Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps)	\$0
	D5225		Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$0
	D5226		Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$0
	D5282		Removable unilateral partial denture - one piece cast metal (including clasps and teeth) -maxillary	\$0
	D5283		Removable unilateral partial denture - one piece cast metal (including clasps and teeth) -mandibular	\$0
	D5284		Removable unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant	\$0
	D5286		Removable unilateral partial denture - one piece resin (including clasps and teeth) per quadrant	\$0
ADJUSTMENTS TO DENTURES				
	D5410		Adjust complete denture - maxillary	\$0
	D5411		Adjust complete denture - mandibular	\$0
	D5421		Adjust partial denture - maxillary	\$0
	D5422		Adjust partial denture - mandibular	\$0
REPAIRS TO COMPLETE DENTURES				
	D5511		Repair broken complete denture base, mandibular	\$0
	D5512		Repair broken complete denture base, maxillary	\$0
	D5520		Replace missing or broken teeth - complete denture (each tooth)	\$0
REPAIRS TO PARTIAL DENTURES				
	D5611		Repair resin partial denture base, mandibular	\$0
	D5612		Repair resin partial denture base, maxillary	\$0
	D5621		Repair cast partial framework, mandibular	\$0
	D5622		Repair cast partial framework, maxillary	\$0
	D5630		Repair or replace broken clasp- per tooth	\$0
	D5640		Replace broken teeth - per tooth	\$0
	D5650		Add tooth to existing partial denture	\$0
	D5660		Add clasp to existing partial denture - per tooth	\$0
	D5670		Replace all teeth and acrylic on cast metal framework (maxillary)	\$0
	D5671		Replace all teeth and acrylic on cast metal framework (mandibular)	\$0
DENTURE REBASE PROCEDURES				
	D5710		Rebase complete maxillary denture	\$0
	D5711		Rebase complete mandibular denture	\$0
	D5720		Rebase maxillary partial denture	\$0
	D5721		Rebase mandibular partial denture	\$0
DENTURE RELINE PROCEDURES				
	D5730		Reline complete maxillary denture (chairside)	\$0
	D5731		Reline complete mandibular denture (chairside)	\$0
	D5740		Reline maxillary partial denture (chairside)	\$0

	D5741		Reline mandibular partial denture (chairside)	\$0
	D5750		Reline complete maxillary denture (laboratory)	\$0
	D5751		Reline complete mandibular denture (laboratory)	\$0
	D5760		Reline maxillary partial denture (laboratory)	\$0
	D5761		Reline mandibular partial denture (laboratory)	\$0
OTHER REMOVABLE PROSTHETIC SERVICES				
	D5810		Interim complete denture (maxillary)	\$0
	D5811		Interim complete denture (mandibular)	\$0
	D5820		Interim partial denture (maxillary)	\$0
	D5821		Interim partial denture (mandibular)	\$0
	D5850		Tissue conditioning, maxillary	\$0
	D5851		Tissue conditioning, mandibular	\$0
IMPLANT SERVICES				
	D6010		Surgical placement of implant body: endosteal implant	\$1,400
	D6058		Abutment supported porcelain/ceramic crown	\$960
	D6059		Abutment supported porcelain fused to metal crown (high noble metal)	\$965
	D6060		Abutment supported porcelain fused to metal crown (predominantly base metal)	\$915
	D6061		Abutment supported porcelain fused to metal crown (noble metal)	\$930
	D6062		Abutment supported cast metal crown (high noble metal)	\$925
	D6063		Abutment supported cast metal crown (predominantly base metal)	\$800
	D6064		Abutment supported cast metal crown (noble metal)	\$840
	D6065		Implant supported porcelain/ceramic crown	\$955
	D6066		Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$935
	D6067		Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$910
	D6068		Abutment supported retainer for porcelain/ceramic FPD	\$975
	D6069		Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$965
	D6070		Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$915
	D6071		Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$930
	D6072		Abutment supported retainer for cast metal FPD (high noble metal)	\$950
	D6073		Abutment supported retainer for cast metal FPD (predominantly base metal)	\$860
	D6074		Abutment supported retainer for cast metal FPD (noble metal)	\$925
	D6081		Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	\$0
	D6094		Abutment supported crown - (titanium)	\$600
	D6191		Semi-precision abutment - placement	\$368
	D6192		Semi-precision attachment - placement	\$368
	D6194		Abutment supported retainer crown for FPD (titanium)	\$500

	D6195		Abutment supported retainer - porcelain fused to titanium or titanium alloy	\$0
FIXED PARTIAL DENTURE PONTICS				
	D6205		Pontic - indirect resin based composite not to be used as a temporary or provisional prosthesis	\$0
	D6210		Pontic - cast high noble metal	\$0
	D6211		Pontic - cast predominantly base metal	\$0
	D6212		Pontic - cast noble metal	\$0
	D6214		Pontic - titanium	\$0
	D6240		Pontic - porcelain fused to high noble metal	\$0
	D6241		Pontic - porcelain fused to predominantly base metal	\$0
	D6242		Pontic - porcelain fused to noble metal	\$0
	D6243		Pontic - porcelain fused to titanium or titanium alloys	\$0
	D6245		Pontic - porcelain/ceramic	\$0
	D6250		Pontic - resin with high noble metal	\$0
	D6251		Pontic - resin with predominantly base metal	\$0
	D6252		Pontic - resin with noble metal	\$0
FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS				
	D6545		Retainer - cast metal for resin bonded fixed prosthesis	\$0
FIXED PARTIAL DENTURE RETAINERS - CROWNS				
	D6710		Crown - indirect resin based composite	\$0
	D6720		Crown - resin with high noble metal	\$0
	D6721		Crown - resin with predominantly base metal	\$0
	D6722		Crown - resin with noble metal	\$0
	D6740		Crown - porcelain/ceramic	\$0
	D6750		Crown - porcelain fused to high noble metal	\$0
	D6751		Crown - porcelain fused to predominantly base metal	\$0
	D6752		Crown - porcelain fused to noble metal	\$0
	D6753		Retainer crown - porcelain fused to titanium or titanium alloys	\$0
	D6780		Crown - 3/4 cast high noble metal	\$0
	D6781		Crown - 3/4 cast predominantly base metal	\$0
	D6782		Crown - 3/4 cast noble metal	\$0
	D6783		Crown - 3/4 cast porcelain/ceramic	\$0
	D6784		Retainer crown 3/4 - titanium and titanium alloys	\$0
	D6790		Crown - full cast high noble metal	\$0
	D6791		Crown - full cast predominantly base metal	\$0
	D6792		Crown - full cast noble metal	\$0
	D6794		Crown - titanium	\$0
OTHER FIXED PARTIAL DENTURE SERVICES				
	D6930		Recement fixed partial denture	\$0
	D6940		Stress breaker	\$0
	D6980		Fixed partial denture repair, by report	\$0
EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)				
	D7111		Extraction, coronal remnants - primary tooth	\$0

	D7140		Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$0
SURGICAL EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)				
	D7210		Surgical removal of erupted tooth requiring elevation of mucoperosteal flap and removal of bone and/or section of tooth	\$0
	D7220		Removal of impacted tooth - soft tissue	\$0
	D7230		Removal of impacted tooth - partially bony	\$0
	D7240		Removal of impacted tooth - completely bony	\$0
	D7241		Removal of impacted tooth - completely bony, with unusual surgical complications	\$0
	D7250		Surgical removal of residual tooth roots (cutting procedure)	\$0
OTHER SURGICAL PROCEDURES				
	D7270		Tooth reimplantation and/or stabilization of accidentally evulsed o	\$0
	D7280		Surgical access of an unerupted tooth	\$0
	D7283		Placement of device to facilitate eruption of impacted tooth	\$0
	D7285		Biopsy of oral tissue - hard (bone, tooth)	\$0
	D7286		Biopsy of oral tissue - soft (all others)	\$0
	D7288		Brush biopsy - transepithelial sample collection	\$0
ALVEOLOPLASTY (surgical preparation of ridge for dentures)				
	D7310		Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$0
	D7311		Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$0
	D7320		Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$0
	D7321		Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$0
SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS				
	D7450		Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm	\$0
EXCISION OF BONE TISSU				
	D7471		Removal of lateral exostosis (maxilla or mandible)	\$0
	D7485		Surgical reduction of osseous tuberosity	\$0
SURGICAL INCISION				
	D7510		Incision and drainage of abscess - intraoral soft tissue	\$0
	D7520		Incision and drainage of abscess - extraoral soft tissue	\$0
OTHER REPAIR PROCEDURES				
	D7922		Placement of intra - socket biological dressing to aid in hemostasis or clot stabilization or clot stabilization, per site	\$0
	D7953		Bone replacement graft for ridge preservation - per site	\$0
	D7961		buccal/labial frenectomy	\$0
	D7962		lingual frenectomy	\$0
	D7963		Frenuloplasty	\$0
	D7970		Excision of hyperplastic tissue - per arch	\$0
	D7971		Excision of pericoronal gingiva	\$0
COMPREHENSIVE ORTHODONTIC TREATMENT				
	D8010		Limited orthodontic treatment of the primary dentition	\$750

	D8020		Limited orthodontic treatment of the transitional dentition	\$750
	D8030		Limited orthodontic treatment of the adolescent dentition	\$750
	D8040		Limited orthodontic treatment of the adult dentition	\$750
	D8050		Interceptive orthodontic treatment of the primary dentition	\$950
	D8060		Interceptive orthodontic treatment of the transitional dentition	\$950
	D8070		Comprehensive orthodontic treatment of the transitional dentition	\$750
	D8080		Comprehensive orthodontic treatment of the adolescent dentition	\$750
	D8090		Comprehensive orthodontic treatment of the adult dentition	\$750
OTHER ORTHODONTIC SERVICES				
			Orthodontic material upgrade - gold or clear brackets	\$210
			Invisalign or any similar product	\$350
	D8660		Pre-orthodontic treatment visit	\$0
	D8670		Periodic orthodontic treatment visit	\$0
	D8680		Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$150
	D8681		Removable orthodontic retainer adjustment	\$0
	D8999		Orthodontic records fee	\$275
UNCLASSIFIED TREATMENT				
	D9110		Palliative (emergency) treatment of dental pain - minor procedure	\$0
ANESTHESIA				
	D9210		Local anesthesia not in conjunction with operative or surgical procedures	\$0
	D9211		Regional block anesthesia	\$0
	D9212		Trigeminal division block anesthesia	\$0
	D9215		Local anesthesia	\$0
	D9222		Deep sedation/general anesthesia - first 15 minutes	\$0
	D9223		Deep sedation/general anesthesia - each 15 minute increment	\$0
	D9230		Analgesia, anxiolysis, inhalation of nitrous oxide	\$0
	D9239		Intravenous conscious sedation/analgesia - first 15 minutes	\$0
	D9243		Intravenous conscious sedation/analgesia - 15 minute increment	\$0
PROFESSIONAL CONSULTATION				
	D9310		Consultation - (diagnostic service provided by dentist or physician other than requesting dentist or physician)	\$0
PROFESSIONAL VISITS				
	D9430		Office visit for observation (during regularly scheduled hours) - no other services performed	\$0
	D9440		Office visit, after regularly scheduled hours	\$0
MISCELLANEOUS SERVICES				
	D9910		Application of desensitizing medicament	\$0
	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

	D9944		Occlusal guard - hard appliance, full arch	\$0
	D9945		Occlusal guard - soft appliance, full arch	\$0
	D9946		Occlusal guard - hard appliance, partial arch	\$0
	D9951		Occlusal adjustment - limited	\$0
	D9952		Occlusal adjustment - complete	\$0
	D9972		External bleaching - per arch - take home trays	\$0
	D9975		External bleaching for home application, per arch; includes materials and fabrication of custom trays	\$0
NON CLINICAL PROCEDURES				
	D9986		Missed appointment	\$0
	D9987		Cancelled appointment	\$0
	D9990		Certified Translation or Sign Language Services - per visit	\$0
	D9997		Dental case management - patients with special health care needs	\$0

Member Services
800-992-3366

FINDING A PARTICIPATING PROVIDER

Search our network of providers to find one who meets your needs. You can find the names, addresses, telephone numbers, hours of operation, provider codes, spoken languages, and new member acceptance status by searching our online provider directory.

Start your search at www.westerndentalsbenefits.com

Step 1:
Enter either
(a) your County,
(b) city and state, or
(c) Zip code.

Step 2:
Select Plan

Step 3:
Select Language Spoken

Step 4:
Select Specialty

Western Dental BENEFITS

Enter Your County, City, and State, or Zipcode:

County, City or Zip:
ex. "Orange" or "92868"

State:

Select Plan:

Languages Spoken:

Specialty:
Specialty Referral Required From Your General Dentist

SUBMIT

To report provider directory inaccuracies; for Members, contact our IRU Department at (800) 992-3366; for Non-Members/Public, contact Provider Relations at (800) 811-5111; via email at providerdirectoryupdate@westerndental.com; or using the online notification link on this website.

[Inaccuracy \(Member\)](#) [Provider Update](#)
[Inaccuracy \(Non-Member\)](#)

Step 5:
From the list of results, click on a provider for more information.

Western Dental offers a Language Assistance Program, at no cost, to all members in the State of California. To arrange for this free service, you or your dentist may call the Member Services Department directly at (800) 992-3366 to arrange an interpreter to join the call. Western Dental offers full and equal access to covered services, including enrollees/members with disabilities as required under the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973.

	Location Name	Dist.
1	GENTLE DENTAL ORANGE	0.52 mi.
2	WEST COAST DENTAL OF ORANGE	2.28 mi.
3	ASSURE DENTAL	2.59 mi.
4	WESTERN DENTAL CENTER-OTA	2.63 mi.
5	A.A. FAMILY DENTAL GROUP	4.30 mi.
6	GENTLE DENTAL ANAHEIM	5.71 mi.
7	WEST COAST DENTAL GROUP	7.68 mi.
8	GENTLE DENTAL IRVINE	8.96 mi.
9	WESTERN DENTAL CENTER-ONK	9.36 mi.
10	DENTAL ASSOCIATES OF HUNTINGTO	9.43 mi.
11	REACHSIDE DENTAL GROUP	9.61 mi.
12	GENTLE DENTAL COSTA MESA	9.93 mi.
13	FAMILY ORTHODONTIC CENTER	11.9 mi.
14	PADDISON DENTAL GROUP	14.5 mi.

Step 6:
The pop-up window provides full contact information, hours of operation, and provider code. Click for directions or plan information.

GENTLE DENTAL ORANGE, Orange County
424 SOUTH MAIN STREET HIJ
ORANGE, CA 92868

[Directions](#) [Dentists and Plans](#)

Phone: 714.639.1922
Languages Spoken: SPANISH, ENGLISH

Facility Number: 2475

Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
8:00AM 5:00PM	8:00AM 5:00PM	10:00AM 7:00PM	8:00AM 5:00PM	7:00AM 3:00PM	Closed	Closed

To report a directory Inaccuracy please click on the applicable link below:
[Inaccuracy \(Member\)](#) [Provider Update](#)
[Inaccuracy \(Non-Member\)](#)