



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	Assement 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 obtianed 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 broker 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 - titaninium 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 tooth	\$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 TISSUE				
	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.westerndentalbenefits.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:
92868
ex. "Orange" or "92868"

State:
CA

Select Plan:
7740

Languages Spoken:
Spanish

Specialty:
Orthodontist
Specialty Referral Required From Your General Dentist

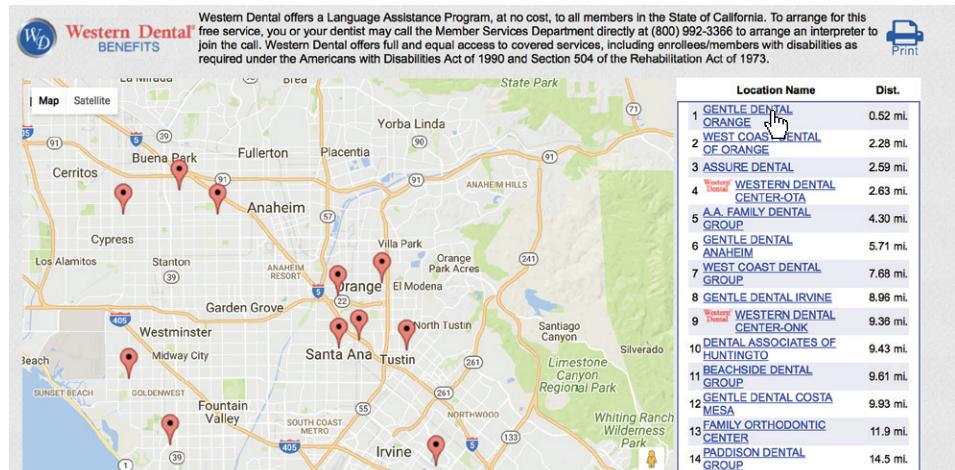
SUBMIT



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.



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

