

K1V6, on the left, is the current 2009 DHMO copay charge schedule.

K1V7, on the right, is the upcoming 2010 DHMO copay charge schedule for comparison.

CIGNA Dental Care Patient Charge Schedule Comparison					
K1V6 VS K1V7					
Code	Procedure Description	K1-V6	Code	Procedure Description	K1-V7
<u>OFFICE VISIT FEE (Per Patient, Per Office Visit in Addition to Any Other Applicable Patient Charges)</u>			<u>OFFICE VISIT FEE (Per Patient, Per Office Visit in Addition to Any Other Applicable Patient Charges)</u>		
	Office Visit Fee	\$5.00		Office Visit Fee	\$5.00
<u>DIAGNOSTIC/PREVENTIVE</u>			<u>DIAGNOSTIC/PREVENTIVE - Oral Evaluations are Limited to a Combined Total of 4 of the Following Evaluations During a 12 Consecutive Month Period: Periodic Oral Evaluations (D0120), Comprehensive Oral Evaluations, (D0150), Comprehensive Periodontal Evaluations, (D0180), and Oral Evaluations for Patients Under Three Years of Age, (D0145).</u>		
D9310	Consultation (Normally Not The Same Dentist Who Provides The Treatment)	\$0.00	D9310	Consultation (Diagnostic Service Provided By Dentist or Physician Other Than Requesting Dentist or Physician)	\$0.00
D9430	Office Visit for Observation - No Other Services Performed	\$0.00	D9430	Office Visit for Observation - No Other Services Performed	\$0.00
D9450	Case Presentation, Detailed and Extensive Treatment Planning	\$0.00	D9450	Case Presentation, Detailed and Extensive Treatment Planning	\$0.00
D0120	Periodic Oral Evaluation	\$0.00	D0120	Periodic Oral Evaluation - Established Patient	\$0.00
D0140	Limited Oral Evaluation - Problem Focused	\$0.00	D0140	Limited Oral Evaluation - Problem Focused	\$0.00
D0145	Oral Evaluation for a Patient Under Three Years of Age and Counseling with Primary Caregiver	Not Covered	D0145	Oral Evaluation for a Patient Under Three Years of Age and Counseling with Primary Caregiver	\$0.00
D0150	Comprehensive Oral Evaluation - New or Established Patient	\$0.00	D0150	Comprehensive Oral Evaluation - New or Established Patient	\$0.00
D0160	Detailed and Extensive Oral Evaluation - Problem Focused, By Report	Not Covered	D0160	Detailed and Extensive Oral Evaluation - Problem Focused, By Report	Not Covered
D0170	Re-evaluation - Problem Focused (Not Post-Operative Visit)	\$0.00	D0170	Re-evaluation - Problem Focused (Not Post-Operative Visit)	\$0.00
D0210	X-Rays - Complete Series (including bitewings) (Limit 1 Every 3 Years)	\$0.00	D0210	X-Rays - Complete Series (Including Bitewings) (Limit 1 Every 3 Years)	\$0.00
D0220	X-Rays Intraoral Periapical, First Film	\$0.00	D0220	X-Rays Intraoral Periapical, First Film	\$0.00
D0230	X-Rays Intraoral Periapical, Each Additional Film	\$0.00	D0230	X-Rays Intraoral Periapical, Each Additional Film	\$0.00
D0240	X-Rays Intraoral - Occlusal Film	\$0.00	D0240	X-Rays Intraoral - Occlusal Film	\$0.00
D0270	X-Rays (Bitewing) - Single Film	\$0.00	D0270	X-Rays (Bitewing) - Single Film	\$0.00
D0272	X-Rays (Bitewings) - Two Films	\$0.00	D0272	X-Rays (Bitewings) - Two Films	\$0.00
D0273	X-Rays (Bitewings) - Three films	Not Covered	D0273	X-Rays (Bitewings) - Three films	\$0.00
D0274	X-Rays (Bitewings) - Four Films	\$0.00	D0274	X-Rays (Bitewings) - Four Films	\$0.00
D0277	X-Rays (Bitewings, Vertical) - 7 to 8 Films	\$0.00	D0277	X-Rays (Bitewings, Vertical) - 7 to 8 Films	\$0.00
D0330	X-Rays (Panoramic Film) - (Limit 1 every 3 years)	\$0.00	D0330	X-Rays (Panoramic Film) - (Limit 1 Every 3 years)	\$0.00
D0431	Oral Cancer Screening Using a Special Light Source	\$50.00	D0431	Oral Cancer Screening Using a Special Light Source	\$50.00
D0460	Pulp Vitality Tests	\$10.00	D0460	Pulp Vitality Tests	\$11.00
D0470	Diagnostic Casts	\$0.00	D0470	Diagnostic Casts	\$0.00
D0472	Pathology Report - Gross Examination of Lesion	\$0.00	D0472	Pathology Report - Gross Examination of Lesion (Only When Tooth Related)	\$0.00
D0473	Pathology Report - Microscopic Examination of Lesion	\$0.00	D0473	Pathology Report - Microscopic Examination of Lesion (Only When Tooth Related)	\$0.00
D0474	Pathology Report - Microscopic Examination of Lesion and Area	\$0.00	D0474	Pathology Report - Microscopic Examination of Lesion and Area (Only When Tooth Related)	\$0.00
D1110	Cleaning - Adult (Limit 1 Every 6 Months)	\$0.00	D1110	Cleaning (Prophylaxis) - Adult (Limit 2 Per Calendar Year)	\$0.00
	(Additional Cleaning, In Addition to the One Allowed Every 6 Months)	\$45.00		Additional Cleaning (Prophylaxis), In Addition to the Two Cleanings (Prophylaxes) Allowed Per Calendar	\$45.00
D1120	Cleaning - Child (Limit 1 Every 6 Months)	\$0.00	D1120	Cleaning (Prophylaxis) - Child (Limit 2 Per Calendar Year)	\$0.00
	(Additional Cleaning, In Addition to the One Allowed Every 6 Months)	\$30.00		Additional Cleaning (Prophylaxis), In Addition to the Two Cleanings (Prophylaxes) Allowed Per Calendar	\$30.00
D1203	Topical Fluoride Application - Child (Up to 19th Birthday) (Once in 6 Months)	\$0.00	D1203	Topical Fluoride Application - Child (Up to 19th Birthday) (Limited to 2 Per Calendar Year). There is	\$0.00

D1206	Topical Fluoride Varnish; Therapeutic Application for Moderate to High Caries Risk Patients	Not Covered
D1330	Oral Hygiene Instructions	\$0.00
D1351	Sealant - Per Tooth	\$10.00
D1510	Space Maintainer - Fixed Unilateral	\$95.00
D1515	Space Maintainer - Fixed Bilateral	\$155.00
D1520	Space Maintainer - Removable - Unilateral	Not Covered
D1525	Space Maintainer - Removable - Bilateral	Not Covered
D1550	Recementation of Space Maintainer	Not Covered
D1555	Removal of Fixed Space Maintainer	Not Covered

RESTORATIVE (Fillings)

D2140	Amalgam - One Surface, Primary or Permanent	\$0.00
D2150	Amalgam - Two Surfaces, Primary or Permanent	\$0.00
D2160	Amalgam - Three Surfaces, Primary or Permanent	\$0.00
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	\$0.00
D2330	Resin-Based Composite - One Surface, Anterior	\$0.00
D2331	Resin-Based Composite - Two Surfaces, Anterior	\$0.00
D2332	Resin-Based Composite - Three Surfaces, Anterior	\$0.00
D2335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle (Anterior)	\$75.00
D2390	Resin-Based Composite Crown, Anterior	\$75.00
D2391	Resin-Based Composite - One Surface, Posterior	\$40.00
D2392	Resin-Based Composite - Two Surfaces, Posterior	\$50.00
D2393	Resin-Based Composite - Three Surfaces, Posterior	\$70.00
D2394	Resin-Based Composite - Four or More Surfaces, Posterior	\$95.00

CROWN AND BRIDGE All charges for crown and bridge are per unit (each replacement or supporting tooth equals one unit) - Replacement limit 1 every 5 years.

D2510	Inlay - Metallic - One Surface	\$380.00
D2520	Inlay - Metallic - Two Surfaces	\$380.00
D2530	Inlay - Metallic - Three or More Surfaces	\$380.00
D2542	Onlay - Metallic - Two Surfaces	\$435.00
D2543	Onlay - Metallic - Three Surfaces	\$435.00
D2544	Onlay - Metallic - Four or More Surfaces	\$435.00
D2710	Crown - Resin (Laboratory)	Not Covered
D2720	Crown - Resin with High Noble Metal	Not Covered
D2721	Crown - Resin with Predominantly Base Metal	Not Covered
D2722	Crown - Resin with Noble Metal	Not Covered
D2740	Crown - Porcelain/Ceramic Substrate	\$465.00
D2750	Crown - Porcelain Fused to High Noble Metal	\$425.00
D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$380.00
D2752	Crown - Porcelain Fused to Noble Metal	\$405.00
D2780	Crown - 3/4 Cast High Noble Metal	\$425.00
D2781	Crown - 3/4 Cast Predominantly Base Metal	\$380.00
D2782	Crown - 3/4 Cast Noble Metal	\$405.00
D2790	Crown - Full Cast High Noble Metal	\$425.00
D2791	Crown - Full Cast Predominantly Base Metal	\$380.00
D2792	Crown - Full Cast Noble Metal	\$405.00
D2794	Crown - Titanium	\$425.00

D1206	Topical Fluoride Varnish; Therapeutic Application for Moderate to High Caries Risk Patients. Child	\$0.00
D1330	Oral Hygiene Instructions	\$0.00
D1351	Sealant - Per Tooth	\$10.00
D1510	Space Maintainer - Fixed Unilateral	\$95.00
D1515	Space Maintainer - Fixed Bilateral	\$155.00
D1520	Space Maintainer - Removable - Unilateral	Not Covered
D1525	Space Maintainer - Removable - Bilateral	Not Covered
D1550	Recementation of Space Maintainer	Not Covered
D1555	Removal of Fixed Space Maintainer	\$0.00

RESTORATIVE (Fillings)

D2140	Amalgam - One Surface, Primary or Permanent	\$0.00
D2150	Amalgam - Two Surfaces, Primary or Permanent	\$0.00
D2160	Amalgam - Three Surfaces, Primary or Permanent	\$0.00
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	\$0.00
D2330	Resin-Based Composite - One Surface, Anterior	\$0.00
D2331	Resin-Based Composite - Two Surfaces, Anterior	\$0.00
D2332	Resin-Based Composite - Three Surfaces, Anterior	\$0.00
D2335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle (Anterior)	\$80.00
D2390	Resin-Based Composite Crown, Anterior	\$80.00
D2391	Resin-Based Composite - One Surface, Posterior	\$42.00
D2392	Resin-Based Composite - Two Surfaces, Posterior	\$53.00
D2393	Resin-Based Composite - Three Surfaces, Posterior	\$74.00
D2394	Resin-Based Composite - Four or More Surfaces, Posterior	\$100.00

CROWN AND BRIDGE All charges for crown and bridge are per unit (each replacement or supporting tooth equals one unit) - Replacement limit 1 every 5 years.

D2510	Inlay - Metallic - One Surface	\$390.00
D2520	Inlay - Metallic - Two Surfaces	\$390.00
D2530	Inlay - Metallic - Three or More Surfaces	\$390.00
D2542	Onlay - Metallic - Two Surfaces	\$450.00
D2543	Onlay - Metallic - Three Surfaces	\$450.00
D2544	Onlay - Metallic - Four or More Surfaces	\$450.00
D2710	Crown - Resin (Laboratory)	Not Covered
D2720	Crown - Resin with High Noble Metal	Not Covered
D2721	Crown - Resin with Predominantly Base Metal	Not Covered
D2722	Crown - Resin with Noble Metal	Not Covered
D2740	Crown - Porcelain/Ceramic Substrate	\$480.00
D2750	Crown - Porcelain Fused to High Noble Metal	\$440.00
D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$390.00
D2752	Crown - Porcelain Fused to Noble Metal	\$415.00
D2780	Crown - 3/4 Cast High Noble Metal	\$440.00
D2781	Crown - 3/4 Cast Predominantly Base Metal	\$390.00
D2782	Crown - 3/4 Cast Noble Metal	\$415.00
D2790	Crown - Full Cast High Noble Metal	\$440.00
D2791	Crown - Full Cast Predominantly Base Metal	\$390.00
D2792	Crown - Full Cast Noble Metal	\$415.00
D2794	Crown - Titanium	\$440.00

D2910	Recent Inlay, Onlay or Veneer	\$40.00	D2910	Recent Inlay, Onlay or Veneer	\$41.00
D2915	Recent Cast or Prefabricated Post and Core	\$40.00	D2915	Recent Cast or Prefabricated Post and Core	\$41.00
D2920	Recent Crown	\$40.00	D2920	Recent Crown	\$41.00
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$95.00	D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$98.00
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	\$95.00	D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	\$98.00
D2932	Prefabricated Resin Crown	\$120.00	D2932	Prefabricated Resin Crown	\$125.00
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$150.00	D2933	Prefabricated Stainless Steel Crown with Resin Window	\$155.00
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$150.00	D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$155.00
D2940	Sedative Filling	\$10.00	D2940	Sedative Filling	\$11.00
D2950	Core Buildup, Including Any Pins	\$120.00	D2950	Core Buildup, Including Any Pins	\$125.00
D2951	Pin Retention - Per Tooth, In Addition to Restoration	\$10.00	D2951	Pin Retention - Per Tooth, In Addition to Restoration	\$11.00
D2952	Cast Post and Core, In Addition to Crown	\$150.00	D2952	Cast Post and Core, In Addition to Crown	\$155.00
D2953	Each Additional Cast Post - Same Tooth	Not Covered	D2953	Each Additional Cast Post - Same Tooth	Not Covered
D2954	Prefabricated Post and Core In Addition to Crown	\$120.00	D2954	Prefabricated Post and Core In Addition to Crown	\$125.00
D2957	Each Additional Prefabricated Post - Same Tooth - Base Metal Post	Not Covered	D2957	Each Additional Prefabricated Post - Same Tooth - Base Metal Post	Not Covered
D2960	Labial Veneer (Resin Laminate) - Chairside	\$80.00	D2960	Labial veneer (Resin Laminate) - Chairside	\$85.00
D2970	Temporary Crown - Fractured Tooth	Not Covered	D2970	Temporary Crown - Fractured Tooth	Not Covered
D2980	Crown Repair	Not Covered	D2980	Crown Repair	Not Covered
D6210	Pontic - Cast High Noble Metal	\$425.00	D6210	Pontic - Cast High Noble Metal	\$440.00
D6211	Pontic - Cast Predominantly Base Metal	\$380.00	D6211	Pontic - Cast Predominantly Base Metal	\$390.00
D6212	Pontic - Cast Noble Metal	\$405.00	D6212	Pontic - Cast Noble Metal	\$415.00
D6214	Pontic Titanium	\$425.00	D6214	Pontic Titanium	\$440.00
D6240	Pontic - Porcelain Fused to High Noble Metal	\$425.00	D6240	Pontic - Porcelain Fused to High Noble Metal	\$440.00
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$380.00	D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$390.00
D6242	Pontic - Porcelain Fused to Noble Metal	\$405.00	D6242	Pontic - Porcelain Fused to Noble Metal	\$415.00
D6245	Pontic - Porcelain/Ceramic	\$420.00	D6245	Pontic - Porcelain/Ceramic	\$435.00
D6250	Pontic - Resin with High Noble Metal	Not Covered	D6250	Pontic - Resin with High Noble Metal	Not Covered
D6251	Pontic - Resin with Predominantly Base Metal	Not Covered	D6251	Pontic - Resin with Predominantly Base Metal	Not Covered
D6252	Pontic - Resin with Noble Metal	Not Covered	D6252	Pontic - Resin with Noble Metal	Not Covered
D6602	Inlay - Cast High Noble Metal, Two Surfaces	\$425.00	D6602	Inlay - Cast High Noble Metal, Two Surfaces	\$440.00
D6603	Inlay - Cast High Noble Metal, Three or More Surfaces	\$425.00	D6603	Inlay - Cast High Noble Metal, Three or More Surfaces	\$440.00
D6604	Inlay - Cast Predominantly Base Metal, Two Surfaces	\$380.00	D6604	Inlay - Cast Predominantly Base Metal, Two Surfaces	\$390.00
D6605	Inlay - Cast Predominantly Base Metal, Three or More Surfaces	\$380.00	D6605	Inlay - Cast Predominantly Base Metal, Three or More Surfaces	\$390.00
D6606	Inlay - Cast Noble Metal, Two Surfaces	\$405.00	D6606	Inlay - Cast Noble Metal, Two Surfaces	\$415.00
D6607	Inlay - Cast Noble Metal, Three or More Surfaces	\$405.00	D6607	Inlay - Cast Noble Metal, Three or More Surfaces	\$415.00
D6610	Onlay - Cast High Noble Metal, Two Surfaces	\$425.00	D6610	Onlay - Cast High Noble Metal, Two Surfaces	\$440.00
D6611	Onlay - Cast High Noble Metal, Three or More Surfaces	\$425.00	D6611	Onlay - Cast High Noble Metal, Three or More Surfaces	\$440.00
D6612	Onlay - Cast Predominantly Base Metal, Two Surfaces	\$380.00	D6612	Onlay - Cast Predominantly Base Metal, Two Surfaces	\$390.00
D6613	Onlay - Cast Predominantly Base Metal, Three or More Surfaces	\$380.00	D6613	Onlay - Cast Predominantly Base Metal, Three or More Surfaces	\$390.00
D6614	Onlay - Cast Noble Metal, Two Surfaces	\$405.00	D6614	Onlay - Cast Noble Metal, Two Surfaces	\$415.00
D6615	Onlay - Cast Noble Metal, Three or More Surfaces	\$405.00	D6615	Onlay - Cast Noble Metal, Three or More Surfaces	\$415.00
D6624	Inlay Titanium	\$425.00	D6624	Inlay Titanium	\$440.00
D6634	Onlay Titanium	\$425.00	D6634	Onlay Titanium	\$440.00
D6720	Crown - Resin with High Noble Metal	Not Covered	D6720	Crown - Resin with High Noble Metal	Not Covered

D6721	Crown - Resin with Predominantly Base Metal	Not Covered
D6722	Crown - Resin with Noble Metal	Not Covered
D6740	Crown - Porcelain/Ceramic	\$465.00
D6750	Crown - Porcelain Fused to High Noble Metal	\$425.00
D6751	Crown - Porcelain Fused to Predominantly Base Metal	\$380.00
D6752	Crown - Porcelain Fused to Noble Metal	\$405.00
D6780	Crown - 3/4 Cast High Noble Metal	\$425.00
D6781	Crown - 3/4 Cast Predominantly Base Metal	\$380.00
D6782	Crown - 3/4 Cast Noble Metal	\$405.00
D6790	Crown - Full Cast High Noble Metal	\$425.00
D6791	Crown - Full Cast Predominantly Base Metal	\$380.00
D6792	Crown - Full Cast Noble Metal	\$405.00
D6794	Crown Titanium	\$425.00
	Complex Rehabilitation - ADDITIONAL CHARGE PER UNIT FOR MULTIPLE CROWN UNITS/COMPLEX REHABILITATION	\$125.00
	(6 OR MORE UNITS OF CROWN AND/OR BRIDGE IN SAME TREATMENT PLAN REQUIRES COMPLEX REHABILITATION FOR EACH UNIT - ASK YOUR DENTIST FOR THE GUIDELINES)	
D6930	Recement Fixed Partial Denture	\$55.00
D6940	Stress Breaker	Not Covered
D6970	Cast Post and Core, In Addition to Fixed Partial Denture Retainer	Not Covered
D6972	Prefabricated Post and Core In Addition to Fixed Partial Denture Retainer- Base Metal Post	Not Covered
D6973	Core Buildup For Retainer, Including Any Pins	Not Covered
D6976	Each Additional Cast Post - Same Tooth	Not Covered
D6977	Each Additional Prefabricated Post - Same Tooth	Not Covered
D6980	Fixed Partial Denture Repair	Not Covered
<u>ENDODONTICS (Root Canal Treatment, Excluding Final Restorations)</u>		
D3110	Pulp Cap - Direct (Excluding Final Restoration)	\$10.00
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	\$10.00
D3220	Pulpotomy - Removal of Pulp, Not Part of a Root Canal	\$55.00
D3221	Pulpal Debridement (Not to be used when root canal is done on the same day)	\$55.00
D3222	Partial Pulpotomy for Apexogenesis-Permanent Tooth with Incomplete Root Development	Not Covered
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)	Not Covered
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	Not Covered
D3310	Anterior Root Canal (Permanent Tooth) (Excluding Final Restoration)	\$175.00
D3320	Bicuspid Root Canal (Permanent Tooth) (Excluding Final Restoration)	\$205.00
D3330	Molar Root Canal (Permanent Tooth) (Excluding Final Restoration)	\$280.00
D3331	Treatment of Root Canal Obstruction; Non-Surgical Access	\$75.00
D3332	Incomplete Endodontic Therapy; Inoperable or Fractured Tooth	\$75.00
D3333	Internal Root Repair of Perforation Defects	\$75.00

D6721	Crown - Resin with Predominantly Base Metal	Not Covered
D6722	Crown - Resin with Noble Metal	Not Covered
D6740	Crown - Porcelain/Ceramic	\$480.00
D6750	Crown - Porcelain Fused to High Noble Metal	\$440.00
D6751	Crown - Porcelain Fused to Predominantly Base Metal	\$390.00
D6752	Crown - Porcelain Fused to Noble Metal	\$415.00
D6780	Crown - 3/4 Cast High Noble Metal	\$440.00
D6781	Crown - 3/4 Cast Predominantly Base Metal	\$390.00
D6782	Crown - 3/4 Cast Noble Metal	\$415.00
D6790	Crown - Full Cast High Noble Metal	\$440.00
D6791	Crown - Full Cast Predominantly Base Metal	\$390.00
D6792	Crown - Full Cast Noble Metal	\$415.00
D6794	Crown Titanium	\$440.00
	Complex Rehabilitation - ADDITIONAL CHARGE PER UNIT FOR MULTIPLE CROWN UNITS/COMPLEX REHABILITATION	\$130.00
	(6 OR MORE UNITS OF CROWN AND/OR BRIDGE IN SAME TREATMENT PLAN REQUIRES COMPLEX REHABILITATION FOR EACH UNIT - ASK YOUR DENTIST FOR THE GUIDELINES)	
D6930	Recement Fixed Partial Denture	\$57.00
D6940	Stress Breaker	Not Covered
D6970	Cast Post and Core, In Addition to Fixed Partial Denture Retainer	Not Covered
D6972	Prefabricated Post and Core In Addition to Fixed Partial Denture Retainer- Base Metal Post	Not Covered
D6973	Core Buildup For Retainer, Including Any Pins	Not Covered
D6976	Each Additional Cast Post - Same Tooth	Not Covered
D6977	Each Additional Prefabricated Post - Same Tooth	Not Covered
D6980	Fixed Partial Denture Repair	Not Covered
<u>ENDODONTICS (Root Canal Treatment, Excluding Final Restorations)</u>		
D3110	Pulp Cap - Direct (Excluding Final Restoration)	\$11.00
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	\$11.00
D3220	Pulpotomy - Removal of Pulp, Not Part of a Root Canal	\$62.00
D3221	Pulpal Debridement (Not to be used when root canal is done on the same day)	\$62.00
D3222	Partial Pulpotomy for Apexogenesis-Permanent Tooth with Incomplete Root Development	\$62.00
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)	Not Covered
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	Not Covered
D3310	Anterior Root Canal (Permanent Tooth) (Excluding Final Restoration)	\$195.00
D3320	Bicuspid Root Canal (Permanent Tooth) (Excluding Final Restoration)	\$230.00
D3330	Molar Root Canal (Permanent Tooth) (Excluding Final Restoration)	\$315.00
D3331	Treatment of Root Canal Obstruction; Non-Surgical Access	\$84.00
D3332	Incomplete Endodontic Therapy; Inoperable or Fractured Tooth	\$84.00
D3333	Internal Root Repair of Perforation Defects	\$84.00

D3346	Retreatment of Previous Root Canal Therapy Anterior	\$230.00
D3347	Retreatment of Previous Root Canal Therapy Bicuspid	\$265.00
D3348	Retreatment of Previous Root Canal Therapy Molar	\$335.00
D3410	Apicoectomy/Periradicular Surgery Anterior	\$210.00
D3421	Apicoectomy/Periradicular Surgery - Bicuspid (First Root)	\$235.00
D3425	Apicoectomy/Periradicular Surgery - Molar (First Root)	\$260.00
D3426	Apicoectomy/Periradicular Surgery (Each Additional Root)	\$85.00
D3430	Retrograde Filling - Per Root	\$55.00
D3450	Root Amputation - Per Root (Not Covered in Conjunction with Procedure D3920)	Not Covered

PERIODONTICS (Treatment of Supporting Tissues [Gum and Bone] of the Teeth)

D0180	Comprehensive Periodontal Evaluation - New or Established Patient	\$30.00
D4210	Gingivectomy or Gingivoplasty - 4 or More Teeth, Per Quadrant	\$140.00
D4211	Gingivectomy or Gingivoplasty - 1 to 3 Teeth, Per Quadrant	\$70.00
D4240	Gingival Flap, Including Root Planing - 4 or More Teeth, Per Quadrant	\$180.00
D4241	Gingival Flap, Including Root Planing - 1 to 3 Teeth, Per Quadrant	\$95.00
D4245	Apically Positioned Flap	\$180.00
D4249	Clinical Crown Lengthening - Hard Tissue	\$195.00
D4260	Osseous Surgery - 4 or More Teeth or Bounded Spaces, Per Quadrant	\$335.00
D4261	Osseous Surgery - 1 to 3 Teeth, Per Quadrant	\$185.00
D4263	Bone Replacement Graft - First Site in Quadrant	\$260.00
D4264	Bone Replacement Graft - Each Additional Site in Quadrant	\$200.00
D4266	Guided Tissue Regeneration - Resorbable Barrier, Per Site	\$340.00
D4267	Guided Tissue Regeneration - Nonresorbable Barrier, Per Site (Includes Membrane Removal)	\$385.00
D4270	Pedicle Soft Tissue Graft Procedure	\$230.00
D4271	Free Soft Tissue Graft Procedure (Including Donor Site Surgery)	\$240.00
D4275	Soft Tissue Allograft	\$240.00
D4341	Periodontal Scaling and Root Planing, Four or More Teeth or Bounded Teeth Spaces Per Quadrant	\$70.00
D4342	Periodontal Scaling and Root Planing- One to Three Teeth, Per Quadrant (Limit 4 Quadrants per	\$35.00
D4355	Full Mouth Debridement to Allow Evaluation and Diagnosis (1 Per Lifetime)	\$50.00
D4381	Localized Delivery of Chemotherapeutic Agents, Per Tooth, By Report	\$25.00
D4910	Periodontal Maintenance (Limit of 2 Within the First 12 Months After Active Therapy)	\$40.00
D9940	Occlusal Guard - By Report	\$155.00
D9951	Occlusal Adjustment Limited	\$30.00
D9952	Occlusal Adjustment Complete	\$160.00

PROSTHETICS (Removable Tooth Replacement - Dentures) (Includes Up to 4 Adjustments Within First 6 Months After Insertion - Replacement Limit 1 Every 5 Years)

D3346	Retreatment of Previous Root Canal Therapy Anterior	\$260.00
D3347	Retreatment of Previous Root Canal Therapy Bicuspid	\$295.00
D3348	Retreatment of Previous Root Canal Therapy Molar	\$375.00
D3410	Apicoectomy/Periradicular Surgery Anterior	\$235.00
D3421	Apicoectomy/Periradicular Surgery - Bicuspid (First Root)	\$265.00
D3425	Apicoectomy/Periradicular Surgery - Molar (First Root)	\$290.00
D3426	Apicoectomy/Periradicular Surgery (Each Additional Root)	\$95.00
D3430	Retrograde Filling - Per Root	\$62.00
D3450	Root Amputation - Per Root (Not Covered in Conjunction with Procedure D3920)	Not Covered

PERIODONTICS (Treatment of Supporting Tissues [Gum and Bone] of the Teeth) Periodontal Regenerative

D0180	Comprehensive Periodontal Evaluation - New or Established Patient	\$30.00
D4210	Gingivectomy or Gingivoplasty - 4 or More Teeth, Per Quadrant	\$155.00
D4211	Gingivectomy or Gingivoplasty - 1 to 3 Teeth, Per Quadrant	\$78.00
D4240	Gingival Flap, Including Root Planing - 4 or More Teeth, Per Quadrant	\$200.00
D4241	Gingival Flap, Including Root Planing - 1 to 3 Teeth, Per Quadrant	\$105.00
D4245	Apically Positioned Flap	\$200.00
D4249	Clinical Crown Lengthening - Hard Tissue	\$220.00
D4260	Osseous Surgery - 4 or More Teeth or Bounded Spaces, Per Quadrant	\$375.00
D4261	Osseous Surgery - 1 to 3 Teeth, Per Quadrant	\$205.00
D4263	Bone Replacement Graft - First Site in Quadrant	\$290.00
D4264	Bone Replacement Graft - Each Additional Site in Quadrant	\$225.00
D4266	Guided Tissue Regeneration - Resorbable Barrier, Per Site	\$380.00
D4267	Guided Tissue Regeneration - Nonresorbable Barrier, Per Site (Includes Membrane Removal)	\$430.00
D4270	Pedicle Soft Tissue Graft Procedure	\$260.00
D4271	Free Soft Tissue Graft Procedure (Including Donor Site Surgery)	\$270.00
D4275	Soft Tissue Allograft	\$270.00
D4341	Periodontal Scaling and Root Planing - 4 or More Teeth Per Quadrant (Limit 4 Quadrants per	\$78.00
D4342	Periodontal Scaling and Root Planing - 1 to 3 Teeth, Per Quadrant (Limit 4 Quadrants per	\$39.00
D4355	Full Mouth Debridement to Allow Evaluation and Diagnosis (1 Per Lifetime)	\$56.00
D4381	Localized Delivery of Chemotherapeutic Agents, Per Tooth, By Report	\$45.00
D4910	Periodontal Maintenance (Limited to 2 Per Calendar Year) Only Covered After Active Therapy.	\$45.00
D9940	Occlusal Guard - By Report (Limit 1 Per 24 Months)	\$175.00
D9951	Occlusal Adjustment Limited	\$34.00
D9952	Occlusal Adjustment Complete	\$180.00

PROSTHETICS (Removable Tooth Replacement - Dentures) (Includes Up to 4 Adjustments Within First 6 Months After Insertion - Replacement Limit 1 Every 5 Years)

D5110	Full Upper Denture	\$535.00
D5120	Full Lower Denture	\$535.00
D5130	Immediate Full Upper Denture	\$535.00
D5140	Immediate Full Lower Denture	\$535.00
D5211	Upper Partial Denture - Resin Base (Including Clasps, Rests and Teeth)	\$475.00
D5212	Lower Partial Denture - Resin Base (Including Clasps, Rests and Teeth)	\$475.00
D5213	Upper Partial Denture - Metal (Including Clasps, Rests and Teeth)	\$615.00
D5214	Lower Partial Denture - Metal (Including Clasps, Rests and Teeth)	\$615.00
D5225	Upper Partial Denture - Flexible (Including Clasps, Rests and Teeth)	\$475.00
D5226	Lower Partial Denture - Flexible (Including Clasps, Rests and Teeth)	\$475.00
D5410	Adjust Complete Denture Upper	\$35.00
D5411	Adjust Complete Denture Lower	\$35.00
D5421	Adjust Partial Denture Upper	\$35.00
D5422	Adjust Partial Denture Lower	\$35.00

REPAIRS TO PROSTHETICS

D5510	Repair Broken Complete Denture Base	\$70.00
D5520	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	\$65.00
D5610	Repair Resin Denture Base	\$70.00
D5620	Repair Cast Framework	Not Covered
D5630	Repair or Replace Broken Clasp	\$85.00
D5640	Replace Broken Teeth - Per Tooth	\$70.00
D5650	Add Tooth to Existing Partial Denture	\$70.00
D5660	Add Clasp to Existing Partial Denture	\$85.00

DENTURE RELINING (Limit 1 Every 36 Months)

D5710	Rebase Complete Upper Denture	\$195.00
D5711	Rebase Complete Lower Denture	\$195.00
D5720	Rebase Upper Partial Denture	\$195.00
D5721	Rebase Lower Partial Denture	\$195.00
D5730	Reline Complete Upper Denture (Chairside)	\$110.00
D5731	Reline Complete Lower Denture (Chairside)	\$110.00
D5740	Reline Upper Partial Denture (Chairside)	\$110.00
D5741	Reline Lower Partial Denture (Chairside)	\$110.00
D5750	Reline Complete Upper Denture (Laboratory)	\$165.00
D5751	Reline Complete Lower Denture (Laboratory)	\$165.00
D5760	Reline Upper Partial Denture (Laboratory)	\$165.00
D5761	Reline Lower Partial Denture (Laboratory)	\$165.00

INTERIM DENTURES (Limit 1 Every 5 years)

D5810	Interim Complete Denture (Upper)	\$250.00
D5811	Interim Complete Denture (Lower)	\$250.00
D5820	Interim Partial Denture (Upper)	\$220.00
D5821	Interim Partial Denture (Lower)	\$220.00
D5850	Tissue Conditioning, Upper	Not Covered
D5851	Tissue Conditioning, Lower	Not Covered

ORAL SURGERY (Includes Routine Post-Operative Treatment)

Surgical Removal of Impacted Tooth - Not Covered for Ages Below 15 Unless Pathology (Disease) Exists.

D7111	Extraction of Coronal Remnants - Deciduous Tooth	\$10.00
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$10.00
D7210	Surgical Removal of Erupted Tooth - Removal of Bone and/or Section of Tooth	\$40.00
D7220	Removal of Impacted Tooth - Soft Tissue	\$35.00

D5110	Full Upper Denture	\$590.00
D5120	Full Lower Denture	\$590.00
D5130	Immediate Full Upper Denture	\$590.00
D5140	Immediate Full Lower Denture	\$590.00
D5211	Upper Partial Denture - Resin Base (Including Clasps, Rests and Teeth)	\$525.00
D5212	Lower Partial Denture - Resin Base (Including Clasps, Rests and Teeth)	\$525.00
D5213	Upper Partial Denture - Metal (Including Clasps, Rests and Teeth)	\$675.00
D5214	Lower Partial Denture - Metal (Including Clasps, Rests and Teeth)	\$675.00
D5225	Upper Partial Denture - Flexible (Including Clasps, Rests and Teeth)	\$525.00
D5226	Lower Partial Denture - Flexible (Including Clasps, Rests and Teeth)	\$525.00
D5410	Adjust Complete Denture Upper	\$39.00
D5411	Adjust Complete Denture Lower	\$39.00
D5421	Adjust Partial Denture Upper	\$39.00
D5422	Adjust Partial Denture Lower	\$39.00

REPAIRS TO PROSTHETICS

D5510	Repair Broken Complete Denture Base	\$77.00
D5520	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	\$72.00
D5610	Repair Resin Denture Base	\$77.00
D5620	Repair Cast Framework	Not Covered
D5630	Repair or Replace Broken Clasp	\$94.00
D5640	Replace Broken Teeth - Per Tooth	\$77.00
D5650	Add Tooth to Existing Partial Denture	\$77.00
D5660	Add Clasp to Existing Partial Denture	\$94.00

DENTURE RELINING (Limit 1 Every 36 Months)

D5710	Rebase Complete Upper Denture	\$215.00
D5711	Rebase Complete Lower Denture	\$215.00
D5720	Rebase Upper Partial Denture	\$215.00
D5721	Rebase Lower Partial Denture	\$215.00
D5730	Reline Complete Upper Denture (Chairside)	\$120.00
D5731	Reline Complete Lower Denture (Chairside)	\$120.00
D5740	Reline Upper Partial Denture (Chairside)	\$120.00
D5741	Reline Lower Partial Denture (Chairside)	\$120.00
D5750	Reline Complete Upper Denture (Laboratory)	\$180.00
D5751	Reline Complete Lower Denture (Laboratory)	\$180.00
D5760	Reline Upper Partial Denture (Laboratory)	\$180.00
D5761	Reline Lower Partial Denture (Laboratory)	\$180.00

INTERIM DENTURES (Limit 1 Every 5 years)

D5810	Interim Complete Denture (Upper)	\$275.00
D5811	Interim Complete Denture (Lower)	\$275.00
D5820	Interim Partial Denture (Upper)	\$240.00
D5821	Interim Partial Denture (Lower)	\$240.00
D5850	Tissue Conditioning, Upper	Not Covered
D5851	Tissue Conditioning, Lower	Not Covered

ORAL SURGERY (Includes Routine Post-Operative Treatment)

Surgical Removal of Impacted Tooth - Not Covered for Ages Below 15 Unless Pathology (Disease) Exists.

D7111	Extraction of Coronal Remnants - Deciduous Tooth	\$11.00
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$11.00
D7210	Surgical Removal of Erupted Tooth - Removal of Bone and/or Section of Tooth	\$45.00
D7220	Removal of Impacted Tooth - Soft Tissue	\$39.00

D7230	Removal of Impacted Tooth - Partially Bony	\$70.00
D7240	Removal of Impacted Tooth - Completely Bony	\$95.00
D7241	Removal of Impacted Tooth - Completely Bony, Unusual Complications	\$95.00
D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	\$40.00
D7260	Oroantral Fistula Closure	\$95.00
D7261	Primary Closure of a Sinus Perforation	\$95.00
D7270	Tooth Stabilization of Accidentally Evulsed or Displaced Tooth	\$10.00
D7280	Surgical Access of an Unerupted Tooth (Excluding Wisdom Teeth)	\$10.00
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	\$5.00
D7285	Biopsy of Oral Tissue - Hard (Bone, Tooth) (Tooth Related - Not allowed when in conjunction with	\$60.00
D7286	Biopsy of Oral Tissue - Soft (All Others) (Tooth Related - Not allowed when in conjunction with	\$50.00
D7287	Exfoliative Cytological Sample Collection	Not Covered
D7288	Brush Biopsy - Transepithelial Sample Collection	\$60.00
D7310	Alveoloplasty with Extractions - Per Quadrant	\$45.00
D7311	Alveoloplasty with Extractions - Localized, Per Quadrant	\$25.00
D7320	Alveoloplasty not in Conjunction with Extractions - Per Quadrant	\$60.00
D7321	Alveoloplasty not in Conjunction with Extractions - Localized, Per Quadrant	\$30.00
D7450	Removal of Benign Odontogenic Cyst or Tumor - Up to 1.25cm	\$10.00
D7451	Removal of Benign Odontogenic Cyst or Tumor - Greater Than 1.25cm	\$10.00
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	\$10.00
D7472	Removal of Torus Palatinus	\$10.00
D7473	Removal of Torus Mandibularis	\$10.00
D7485	Surgical Reduction of Osseous Tuberosity	\$60.00
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$10.00
D7511	Incision and Drainage of Abscess - Intraoral Soft Tissue Complicated	\$15.00
D7960	Frenulectomy (Frenectomy or Frenotomy) - Separate procedure	\$10.00
D7963	Frenuloplasty	\$15.00

ORTHODONTICS (Tooth Movement)

Orthodontic Treatment (Maximum benefit of 24 months of interceptive and/or comprehensive treatment. Atypical cases or cases beyond 24 months require an additional payment by the patient.)

D8050	Interceptive Orthodontic Treatment of the Primary Dentition (Banding)	\$395.00
D8060	Interceptive Orthodontic Treatment of the Transitional Dentition (Banding)	\$395.00
D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition (Banding)	\$425.00
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition (Banding)	\$425.00
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition (Banding)	\$425.00
D8660	Pre-Orthodontic Treatment Visit	\$55.00

D7230	Removal of Impacted Tooth - Partially Bony	\$78.00
D7240	Removal of Impacted Tooth - Completely Bony	\$105.00
D7241	Removal of Impacted Tooth - Completely Bony, Unusual Complications (Narrative Required)	\$105.00
D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	\$45.00
D7260	Oroantral Fistula Closure	\$105.00
D7261	Primary Closure of a Sinus Perforation	\$105.00
D7270	Tooth Stabilization of Accidentally Evulsed or Displaced Tooth	\$11.00
D7280	Surgical Access of an Unerupted Tooth (Excluding Wisdom Teeth)	\$11.00
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	\$6.00
D7285	Biopsy of Oral Tissue - Hard (Bone, Tooth) (Tooth Related - Not allowed when in conjunction with	\$67.00
D7286	Biopsy of Oral Tissue - Soft (All Others) (Tooth Related - Not allowed when in conjunction with	\$56.00
D7287	Exfoliative Cytological Sample Collection	\$67.00
D7288	Brush Biopsy - Transepithelial Sample Collection	\$67.00
D7310	Alveoloplasty in Conjunction with Extractions - 4 or More Teeth or Tooth Spaces - Per Quadrant	\$50.00
D7311	Alveoloplasty in Conjunction with Extractions - 1 to 3 Teeth or Tooth Spaces - Per Quadrant	\$28.00
D7320	Alveoloplasty Not in Conjunction with Extractions - 4 or More Teeth or Tooth Spaces - Per Quadrant	\$67.00
D7321	Alveoloplasty Not in Conjunction with Extractions - 1 to 3 Teeth or Tooth Spaces - Per Quadrant	\$34.00
D7450	Removal of Benign Odontogenic Cyst or Tumor - Up to 1.25cm	\$11.00
D7451	Removal of Benign Odontogenic Cyst or Tumor - Greater Than 1.25cm	\$11.00
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	\$11.00
D7472	Removal of Torus Palatinus	\$11.00
D7473	Removal of Torus Mandibularis	\$11.00
D7485	Surgical Reduction of Osseous Tuberosity	\$67.00
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$11.00
D7511	Incision and Drainage of Abscess - Intraoral Soft Tissue Complicated	\$17.00
D7960	Frenulectomy (Frenectomy or Frenotomy) - Separate Procedure	\$11.00
D7963	Frenuloplasty	\$17.00

ORTHODONTICS (Tooth Movement)

Orthodontic Treatment (Maximum benefit of 24 months of interceptive and/or comprehensive treatment. Atypical cases or cases beyond 24 months require an additional payment by the patient.)

D8050	Interceptive Orthodontic Treatment of the Primary Dentition (Banding)	\$435.00
D8060	Interceptive Orthodontic Treatment of the Transitional Dentition (Banding)	\$435.00
D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition (Banding)	\$470.00
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition (Banding)	\$470.00
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition (Banding)	\$470.00
D8660	Pre-Orthodontic Treatment Visit	\$61.00

D8670	Periodic Orthodontic Treatment Visit (As Part of Contract)	
	Children (Up to 19th Birthday):	
	24 Month Treatment Fee	\$1,700.00
	Charge Per Month for 24 Months	\$70.83
	Adults:	
	24 Month Treatment Fee	\$2,100.00
	Charge Per Month for 24 Months	\$87.50
D8680	Orthodontic Retention (Removal of Appliances, Construction and Placement of Retainer(s))	\$315.00
D8999	Unspecified Orthodontic Procedure, By Report (Orthodontic Treatment Plan and Records)	\$160.00

ADJUNCTIVE SERVICES

D9211	Regional Block Anesthesia	Not Covered
D9212	Trigeminal Division Block Anesthesia	Not Covered
D9215	Local Anesthesia	Not Covered

GENERAL ANESTHESIA/IV SEDATION - General Anesthesia is covered when performed by an oral surgeon when medically necessary for covered procedures listed on the Patient Charge Schedule. IV Sedation is covered when performed by a periodontist or oral surgeon when medically necessary for covered procedures listed on the Patient Charge Schedule.

D9220	General Anesthesia - First 30 Minutes	\$145.00
D9221	General Anesthesia - Additional 15 Minutes	\$65.00
D9241	I.V. Conscious Sedation - First 30 Minutes	\$145.00
D9242	I.V. Conscious Sedation - Additional 15 Minutes	\$65.00

EMERGENCY SERVICES

D9110	Palliative (Emergency) Treatment of Dental Pain - Minor Procedure	\$0.00
D9440	Office Visit - After Regularly Scheduled Hours	\$50.00

MISCELLANEOUS SERVICES

D9972	External Bleaching - Per Arch	Not Covered
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D8670	Periodic Orthodontic Treatment Visit (As Part of Contract)	
	Children (Up to 19th Birthday):	
	24 Month Treatment Fee	\$1,872.00
	Charge Per Month for 24 Months	\$78.00
	Adults:	
	24 Month Treatment Fee	\$2,184.00
	Charge Per Month for 24 Months	\$91.00
D8680	Orthodontic Retention (Removal of Appliances, Construction and Placement of Retainer(s))	\$345.00
D8999	Unspecified Orthodontic Procedure, By Report (Orthodontic Treatment Plan and Records)	\$175.00

ADJUNCTIVE SERVICES

D9211	Regional Block Anesthesia	Not Covered
D9212	Trigeminal Division Block Anesthesia	Not Covered
D9215	Local Anesthesia	Not Covered

GENERAL ANESTHESIA/IV SEDATION - General Anesthesia is covered when performed by an oral surgeon when medically necessary for covered procedures listed on the Patient Charge Schedule. IV Sedation is covered when performed by a Periodontist or Oral Surgeon when medically necessary for covered procedures listed on the Patient Charge Schedule. Plan limitation for this benefit is one hour per appointment. There is no coverage for general anesthesia or intravenous sedation when used for the purpose of anxiety control or patient management.

D9220	General Anesthesia - First 30 Minutes	\$160.00
D9221	General Anesthesia - Additional 15 Minutes	\$73.00
D9241	I.V. Conscious Sedation - First 30 Minutes	\$160.00
D9242	I.V. Conscious Sedation - Additional 15 Minutes	\$73.00

EMERGENCY SERVICES

D9110	Palliative (Emergency) Treatment of Dental Pain - Minor Procedure	\$0.00
D9440	Office Visit - After Regularly Scheduled Hours	\$50.00

MISCELLANEOUS SERVICES

D9972	External Bleaching - Per Arch	\$175.00
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