

ATU Local 726

CPS Dental, Inc. Gold Plan Dental Fee Schedule

Annual Family Maximum is \$2500

ADA Code	Explanation of Code	Maximum Allowance	Limitations
0120	Periodic oral evaluation – established patient	\$50.00	Any combination evaluations covered. (2 per calendar year)
0140	Limited oral evaluation – problem focused	\$65.00	
0150	Comprehensive oral evaluation – new/establish patient	\$70.00	
0160	Detailed and extensive oral evaluation	\$70.00	
0170	Re-evaluation – limited, problem focused	\$40.00	
0171	Re-evaluation – post-operative office visit	\$45.00	
0180	Periodontal oral evaluation	\$70.00	
0210	Intraoral complete series - 14 or more films (including bitewings)	\$110.00	Once every 3 years (If D0330 Panoramic film is submitted with D0210 FMS in the same date and same claim, the D0330 codes will be considered inclusive to the D0210.)
0220	Intraoral - periapical first film	\$15.00	
0230	Intraoral - periapical each additional film	\$10.00	Second addl. x-ray 0230 to tenth addl. x -ray 0239
0240	Intraoral - occlusal film, each	\$35.00	
0250	Extraoral - 2D projection - first film	\$45.00	
0270	Single Bitewing x-ray	\$15.00	Twice per calendar year
0272	2 Bitewing x-rays	\$25.00	Twice per calendar year
0273	3 Bitewing x-rays	\$35.00	Once per calendar year
0274	4 Bitewing x-rays	\$50.00	Once per calendar year
0320	Temporomandibular joint arthrogram	\$110.00	
0321	Other temporomandibular joint radiographic images, by report	\$55.00	
0330	Panoramic film	\$100.00	Once per calendar year (If D0330 Panoramic film is submitted with D0210 FMS in the same date and same claim, the D0330 codes will be considered inclusive to the D0210.)
0340	Cephalometric film	\$60.00	
0350	2D oral/facial image	\$100.00	Once every 12 months with unlimited numbers of photos.

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0460	Pulp vitality test, per visit	\$40.00	
0470	Diagnostic photographs	\$60.00	
1110	Prophylaxis-adult	\$65.00	Twice per calendar year
1120	Prophylaxis-child (13 or younger)	\$60.00	
1206	Fluoride treatment with varnish	\$50.00	Twice per calendar year
1208	Fluoride treatment	\$50.00	
1351	Sealants per tooth	\$35.00	No age limit, posterior covered
1510	Space Maintainer – fixed – per quad	\$250.00	
1520	Space Maintainer – removable – per quad	\$270.00	
Amalgam Restorations (including polishing) (Silver)			
2140	Amalgam, primary or permanent - 1 surf	\$80.00	
2150	Amalgam, primary or permanent - 2 surf	\$105.00	
2160	Amalgam, primary or permanent - 3 surf	\$140.00	
2161	Amalgam, primary or permanent - 4 or more surfaces	\$155.00	
Resin-based Composite Restorations – Direct			
2330	Resin-1 Surface, anterior	\$105.00	
2331	Resin-2 Surfaces, anterior	\$125.00	
2332	Resin-3 Surfaces, anterior	\$170.00	
2335	Resin-4 or more surfaces or involving incisal angle (anterior)	\$200.00	
2391	Resin-1 Surface, posterior	\$110.00	
2392	Resin-2 Surfaces, posterior	\$123.00	
2393	Resin-3 Surfaces, posterior	\$165.00	
2394	Resin-4 or more surfaces, posterior	\$205.00	

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Inlays Restorations - Once every 5 years			
2510	Inlay - metallic one surface	\$430.00	
2520	Inlay - metallic two surfaces	\$505.00	
2530	Inlay - metallic three or more surfaces	\$600.00	
2610	Inlay - porcelain/ceramic one surface	\$495.00	
2620	Inlay - porcelain/ceramic two surfaces	\$585.00	
2630	Inlay - porcelain/ceramic three or more surfaces	\$675.00	
Crowns – Single Restorations Only - Once every 5 years			
2710	Resin-based composite (indirect)	\$455.00	
2720	Resin with high noble metal	\$625.00	
2721	Resin with predominantly base metal	\$625.00	
2740	Porcelain/ceramic substrate	\$625.00	
2750	Porcelain fused to high noble metal	\$845.00	
2751	Porcelain fused to predominantly base metal	\$845.00	
2752	Porcelain fused to noble metal	\$845.00	
2780	3/4 cast - high noble metal	\$845.00	
2790	Full cast - high noble metal	\$845.00	
2791	Full cast - predominantly base metal	\$845.00	
2792	Full cast - noble metal	\$845.00	
2910	Recement or re-bond inlay, onlay or veneer	\$100.00	
2920	Recement or re-bond crown	\$100.00	
2930	Prefabricated stainless steel - primary tooth	\$215.00	
2931	Prefabricated stainless steel - permanent tth	\$215.00	
2932	Prefabricated resin crown	\$170.00	
2940	Protective restoration	\$90.00	

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2950	Core buildup, including any pins	\$145.00	
2952	Post and core in addition to crown	\$260.00	Once every 5 years
2954	Prefabricated post and core in addition to crown	\$260.00	Once every 5 years
2962	Labial veneer (porcelain laminate) - lab	\$580.00	
2980	Crown repair necessitated by restorative material failure	\$220.00	
Endodontics			
3110	Pulp cap – direct excl final restoration	\$85.00	
3120	Pulp cap – indirect excl final restoration	\$80.00	
3220	Therapeutic Pulpotomy, exclude final restoration	\$105.00	
3310	Root canal - anterior tooth	\$450.00	Once per tooth, lifetime
3320	Root canal - bicuspid tooth	\$615.00	
3330	Root canal - molar tooth	\$845.00	
3346	Retreatment root canal-anterior	\$625.00	
3347	Retreatment root canal-premolar	\$845.00	
3348	Retreatment root canal-molar	\$950.00	
3410	Apicoectomy, anterior root	\$405.00	
3421	Apicoectomy premolar, first root	\$520.00	
3425	Apicoectomy molar first root	\$600.00	
3426	Apicoectomy each additional root	\$205.00	
3430	Retrograde filling – per root	\$195.00	
3450	Root Amputation – per tooth	\$365.00	
3999	Unspecified endodontic procedure, by report	\$90.00	
Periodontics			
4210	Gingivectomy 4 or more teeth, per quad	\$390.00	Twice per calendar year
4211	Gingivectomy 1 to 3 teeth, per quad	\$230.00	

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ADA Code	Explanation of Code	Maximum Allowance	Limitations
4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$75.00	
4230	Anatomical crown exposure 4 or more teeth, per quad	\$300.00	
4231	Anatomical crown exposure, 1 to 3 teeth, per quad	\$215.00	
4240	Gingival flap procedure, including root planning 4 or more teeth, per quad	\$290.00	
4241	Gingival flap procedure, including root planning 1 to 3 teeth, per quad	\$225.00	
4260	Osseous surgery, 4 or more teeth/per quad	\$700.00	Once every 20 years
4261	Osseous surgery, 1 to 3 teeth/per quad	\$440.00	
4270	Pedicle soft tissue graft procedure	\$365.00	
4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	\$600.00	
4341	Perio Scaling and rt plan, 4+ teeth, per quad	\$130.00	All 4 quads can be done in the same date, twice per calendar year. Include a copy of perio charting when submitting claim.
4342	Perio Scaling and rt plan, 1-3 teeth, per quad	\$70.00	
4910	Periodontal maintenance	\$160.00	Twice per calendar year
4999	Unspecified perio procedure, by report	\$50.00	
Dentures - Once every 5 years			
5110	Complete Upper Denture	\$1,040.00	
5120	Complete Lower Denture	\$1,040.00	
5130	Complete Immediate Upper	\$1,040.00	
5140	Complete Immediate Lower	\$1,040.00	
5211	Upper Partial - resin base	\$765.00	
5212	Lower Partial - resin base	\$765.00	
5213	Upper Partial - case metal	\$895.00	
5214	Lower Partial - cast metal	\$895.00	

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5225	Upper partial - flexible base	\$875.00	
5226	Lower partial - flexible base	\$875.00	
5282	Removable unilateral partial denture, one piece cast metal (including clasps and teeth), Upper	\$650.00	
5283	Removable unilateral partial denture, one piece cast metal (including clasps and teeth), Lower	\$650.00	
Repair of Prosthetics			
5410/5411	Adjust complete denture - upper/lower	\$95.00	
5421/5422	Adjust partial denture - upper/lower	\$95.00	
5511	Repair broken complete denture - Upper	\$195.00	
5512	Repair broken complete denture - Lower	\$195.00	
5520	Replace missing or broken teeth, complete denture, each tooth	\$150.00	
5611/5612	Repair resin partial denture upper/lower	\$140.00	
5630	Repair or replace broken retentive clasping materials, per tooth	\$195.00	
5640	Replace one tooth in partial denture	\$130.00	
5650	Add tooth to existing partial denture, per tooth	\$170.00	Not involving clasp or abutment
5660	Add clasp to existing partial denture, per tooth	\$215.00	Involving clasp or abutment
5670	Replace all teeth and acrylic on cast metal framework, upper	\$260.00	
5671	Replace all teeth and acrylic on cast metal framework, lower	\$260.00	
5710	Rebase upper complete denture	\$205.00	
5711	Rebase lower complete denture	\$205.00	
5720	Rebase upper partial denture	\$215.00	
5721	Rebase lower partial denture	\$215.00	
5730	Reline upper complete denture, chairside	\$245.00	
5731	Reline lower complete denture, chairside	\$245.00	
5740	Reline partial upper denture, chairside	\$260.00	

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ADA Code	Explanation of Code	Maximum Allowance	Limitations
5741	Reline partial lower denture, chairside	\$260.00	
5750	Reline complete denture upper	\$390.00	
5751	Reline complete denture lower	\$390.00	
5760/5761	Reline partial denture upper/lower	\$390.00	
5820	Interim partial denture upper	\$560.00	
5821	Interim partial denture lower	\$560.00	
5862	Precision attachment, by report	\$530.00	
Fixed Partial Denture - Pontic - Once every 5 years			
6210	Cast high noble metal	\$845.00	
6212	Cast noble metal	\$715.00	
6240	Porcelain fused to high noble metal	\$845.00	
6241	Porcelain fused to predominantly base metal	\$755.00	
6242	Porcelain fused to noble metal	\$755.00	
6245	Porcelain/ceramic	\$715.00	
6250	Resin with high noble metal	\$755.00	
6251	Resin with predominantly base metal	\$715.00	
6252	Resin with noble metal	\$715.00	
Fixed Partial Denture Retainers - Inlays/Onlays - Once every 5 years			
6602	Cast high noble metal – two surfaces	\$845.00	
6603	Cast high noble metal – three or more surfaces	\$845.00	
6604	Cast predominantly base metal – two surfaces	\$845.00	
6605	Cast predominantly base metal – three or more surfaces	\$845.00	
6606	Cast noble metal – two surfaces	\$845.00	

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ADA Code	Explanation of Code	Maximum Allowance	Limitations
6607	Cast noble metal – two or more surfaces	\$845.00	
Fixed Partial Denture Retainers - Crowns - Once every 5 years			
6720	Plastic processed to metal	\$845.00	
6721	Resin with predominantly base metal	\$815.00	
6722	Resin with noble metal	\$815.00	
6740	Porcelain/ceramic	\$845.00	
6750	Porcelain fused to high noble metal	\$845.00	
6751	Porcelain fused to base metal	\$845.00	
6752	Porcelain fused to noble metal	\$845.00	
6780	3/4 cast high noble metal	\$845.00	
6781	3/4 cast predominantly base metal	\$600.00	
6782	3/4 cast noble metal	\$845.00	
6790	Full cast high noble metal	\$845.00	
6791	Full cast predominantly base metal	\$600.00	
6792	Full cast noble metal	\$600.00	
6930	Recement fixed partial denture	\$120.00	
6940	Stress breaker	\$250.00	
Extractions -- Routine-Surgical			
7111	Extraction - coronal remnants – primary tooth	\$100.00	
7140	Extraction - erupted tooth or exposed root	\$120.00	
7210	Extraction - erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated.	\$170.00	
7220	Removal of impacted tooth - soft tissue	\$250.00	
7230	Removal of impacted tooth - partially bony	\$320.00	
7240	Removal of impacted tooth - completely bony	\$400.00	

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ADA Code	Explanation of Code	Maximum Allowance	Limitations
7250	Surgical removal of residual tooth roots	\$250.00	
7260	Oroantral fistula closure	\$465.00	
7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$415.00	
7272	Tooth transplantation	\$470.00	
7280	Surgical exposure of impacted or unerupted tooth	\$340.00	
7285	Incisional biopsy of oral tissue – hard (bone, tooth)	\$340.00	
7286	Incisional biopsy of oral tissue – soft	\$210.00	
7290	Surgical repositioning of teeth	\$300.00	
7310	Alveoloplasty in conjunction with extraction - 4 or more teeth, per quad	\$200.00	
7311	Alveoloplasty in conjunction with extraction - 1 - 3 teeth, per quad	\$170.00	
7320	Alveoloplasty not in conjunction with extraction – 4 or more teeth, per quad	\$285.00	
7321	Alveoloplasty not in conjunction with extraction – 1 - 3 teeth, per quad	\$285.00	
7340	Vestibuloplasty – ridge extension (secondary epithelialization)	\$530.00	
7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	\$845.00	
Excision of Soft Tissue, Intra-osseous Lesions and Bone Tissue			
7410	Excision of benign lesion, up to 1.25 cm	\$420.00	
7411	Excision of benign lesion, over 1.25 cm	\$550.00	
7440	Excision of malignant tumor - lesion diameter up to 1.25cm	\$340.00	
7441	Excision of malignant tumor - lesion diameter over 1.25cm	\$635.00	
7450	Removal of odontogenic cyst or tumor up to 1.25cm	\$300.00	
7451	Removal of odontogenic cyst or tumor over 1.25cm	\$300.00	

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7460	Removal of non-odontogenic cyst or tumor up to 1.25cm	\$310.00	
7461	Removal of non-odontogenic cyst or tumor over 1.25cm	\$420.00	
7471	Removal of lateral exostosis (maxilla or mandible) upper or lower	\$460.00	
7490	Radical resection of maxilla or mandible	\$3,874.00	
Surgical Incision			
7510	Incision and drainage of abscess, intra-oral soft tissue	\$140.00	
7520	Incision and drainage of abscess, extra-oral soft tissue	\$230.00	
7530	Removal of foreign body from soft tissue (mucosa, skin, or subcutaneous alveolar tissue)	\$250.00	
7540	Removal of reaction producing foreign bodies, musculoskeletal system (may include, but not limited to, removal of splinters, pieces of wire, etc., from muscle and/or bone)	\$325.00	
7550	Partial ostectomy/Sequestrectomy for removal of non-vital bone (removal of loose or sloughed-off dead bone caused by infection or reduced blood supply)	\$415.00	
Treatment of Closed Fractures			
7610	Maxilla – open reduction (teeth immobilized, if present)	\$1,976.00	
7620	Maxilla – closed reduction (teeth immobilized, if present)	\$1,400.00	
7630	Mandible - open reduction (teeth immobilized, if present)	\$2,390.00	
7640	Mandible - closed reduction (teeth immobilized, if present)	\$1,245.00	
7650	Malar and/or zygomatic arch-open reduction	\$1,400.00	
7660	Malar and/or zygomatic arch-closed reduction	\$962.00	
7670	Alveolus – closed reduction, may include stabilization of teeth	\$1,925.00	
7671	Alveolus – open reduction, may include stabilization of teeth	\$1,925.00	
7680	Facial bones – complicated reduction with fixation and multiple surgical approaches	\$3,170.00	

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ADA Code	Explanation of Code	Maximum Allowance	Limitations
Treatment of Open Fractures			
7710	Maxilla – open reduction (Incision required to reduce fracture.)	\$2,185.00	
7720	Maxilla – closed reduction	\$1,350.00	
7730	Mandible – open reduction (Incision required to reduce fracture.)	\$2,285.00	
7740	Mandible – closed reduction	\$1,440.00	
7750	Malar and/or zygomatic arch-open reduction (Incision required to reduce fracture.)	\$2,105.00	
7760	Malar and/or zygomatic arch-closed reduction	\$1,455.00	
7770	Alveolus – open reduction, may include stabilization of teeth	\$1,400.00	
7771	Alveolus – closed reduction, may include stabilization of teeth	\$820.00	
Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunction.			
7810	Open reduction of dislocation (Access to TMJ via surgical opening.)	\$1,990.00	
7820	Closed reduction of dislocation (Joint manipulated into place, no surgical exposure.)	\$325.00	
7840	Condylectomy (Removal of all or portion of the mandibular condyle)	\$2,535.00	
7850	Surgical discectomy, with or without implant (Excision of the intra-articular disc of a joint.)	\$2,315.00	
Other Oral Surgery			
7910	Suture of soft tissue injury	\$235.00	
7911	Complicated suture – up to 5cm	\$355.00	
7912	Complicated suture – over 5cm	\$485.00	
7960	Frenulectomy	\$300.00	
7970	Excision of hyperplastic tissue, per arch	\$380.00	
7971	Excision of pericoronal gingiva	\$115.00	
7980	Surgical Sialolithotomy	\$520.00	

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ADA Code	Explanation of Code	Maximum Allowance	Limitations
7983	Closure of salivary fistula	\$635.00	
7990	Emergency tracheotomy	\$640.00	
Orthodontics Dentition – For dependent children up to their 19th birthday.			
8070	Comprehensive orthodontic treatment of the transitional dentition - Initial Insertion appliance	\$1,500.00	8070 or 8080 - Once per lifetime
8080	Comprehensive orthodontic treatment of the adolescent dentition - Initial Insertion appliance	\$1,500.00	
8670	Periodic orthodontic treatment - active monthly adjustment	\$150.00	Maximum 24 months allowed
8680	Orthodontic retention (removal of appliance, constr. and placement of a set of retainers)	\$900.00	\$450 upper arch \$450 lower arch
Miscellaneous			
8220	Minor treatment to control harmful habits – fixed appliance therapy (Fixed indicates patient cannot remove appliance; includes appliances for thumb sucking and tongue thrusting.)	\$520.00	
9110	Emergency palliative treatment (per visit)	\$100.00	
9222	Deep sedation/general anesthesia – first 15 minutes	\$155.00	
9223	Deep sedation/general anesthesia – each additional 15 minutes	\$155.00	
9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$95.00	
9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	\$190.00	
9243	Intravenous moderate (conscious) sedation/analgesia - each additional 15 minutes	\$190.00	
9310	Professional consultation (consultant – diagnostic service provided by dentist or physician other than requesting dentist or physician)	\$130.00	If exam is submitted with D9310, the exam codes will be considered inclusive to the D9310.
9311	Consultation with a medical health care professional	\$130.00	

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ADA Code	Explanation of Code	Maximum Allowance	Limitations
9410	House calls	\$170.00	
9420	Hospital calls	\$175.00	
9440	Office visit – after regularly scheduled hours	\$75.00	
9910	Application of desensitizing medic (per visit)	\$120.00	
9930	Treatment of complications (post-surgical) - unusual circumstances, by report	\$130.00	
9944	Occlusal guard, hard appliance, full arch	\$300.00	Once per calendar year
9945	Occlusal guard, soft appliance, full arch	\$300.00	
9951	Occlusal adjustment – limited	\$130.00	2 per calendar year
9952	Occlusal adjustment – complete	\$325.00	

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