

# TEAMSTERS HEALTH & WELFARE FUND of Philadelphia and Vicinity

## DENTAL Non-PPO ALLOWANCES

(Subject to a Yearly Maximum of \$2,000.00)

|         |                                                    | FUND<br>PYMT | FREQUENCY OF SERVICE                      |
|---------|----------------------------------------------------|--------------|-------------------------------------------|
| D0120   | PERIODIC EXAMINATION                               | 32.00        | Exams covered every 6 months              |
| D0140   | LIMITED ORAL EVALUATION                            | 30.00        |                                           |
| D0145   | COMPREHENSIVE EXAM PT. UNDER 3 YRS.                | 40.00        | Every 12 months                           |
| D0150   | COMPREHENSIVE ORAL EXAMINATION                     | 50.00        | Every 12 months                           |
| D0180   | COMPREHENSIVE PERIO EVALUATION                     | 55.00        | Every 12 months                           |
| D0210   | FULL MOUTH X-RAY                                   | 80.00        | Every 12 months                           |
| D0220   | FIRST PERIAPICAL FILM                              | 11.00        | Every 6 months                            |
| D0230   | EACH ADD'L PERIAPICAL                              | 8.00         | Every 6 months                            |
| D0240   | EACH INTRAORAL FILM                                | 14.00        | Every 6 months                            |
| D0250   | FIRST EXTRAORAL FILM                               | 20.00        | Every 6 months                            |
| D0260   | EACH ADD'L EXTRAORAL FILM                          | 25.00        | Every 6 months                            |
| D0270   | BITEWING - ONE FILM                                | 11.00        | Every 6 months                            |
| D0272   | BITEWINGS - TWO FILMS                              | 20.00        | Every 6 months                            |
| D0273   | BITEWINGS - THREE FILMS                            | 24.00        | Every 6 months                            |
| D0274   | BITEWINGS - FOUR FILMS                             | 35.00        | Every 6 months                            |
| D0277   | VERTICAL BITEWINGS                                 | 18.00        | Every 6 months                            |
| D0290   | SKULL & FACIAL FILMS                               | 20.00        | Every 6 months                            |
| D0310   | SIALOGRAPHY                                        | 50.00        | Every 6 months                            |
| D0320   | TEMPOROMANDIBULAR FILM                             | 70.00        | Every 6 months                            |
| D0330   | PANORAMIC FILM                                     | 64.00        | Every 12 months                           |
| D0340   | CEPHALOMETRIC FILM                                 | 55.00        | Every 12 months                           |
| D0425   | CARIES SUSCEPTIBILITY                              | 15.00        |                                           |
| D0460   | PULP VITALITY                                      | 18.00        |                                           |
| D0470   | STUDY MODELS                                       | 48.00        |                                           |
| D0502   | TEST & LAB EXAM                                    | 0.00         |                                           |
| D1110 - | ADULT PROPHYLAXIS                                  | 62.00        | Prophylaxi covered every 6 months         |
| D1120   | CHILD PROPHYLAXIS                                  | 60.00        | Every 6 months (up to age 15)             |
| D1208   | TOPICAL APPLICATION OF FLORIDE                     | 35.00        | Every 6 months (up to age 15)             |
| D1351   | SEALANT - PER QUADRANT (Molar Teeth Only)          | 30.00        | Every 18 months, from ages 6-14 years old |
| D1510   | SPACE MAINTAINER - FIXED UNILATERAL                | 156.00       | Up to age 14                              |
| D1516   | SPACE MAINTAINER - FIXED BILATERAL (MAXILLARY)     | 223.00       | Up to age 14                              |
| D1517   | SPACE MAINTAINER - FIXED BILATERAL (MANDIBULAR)    | 223.00       | Up to age 14                              |
| D1526   | SPACE MAINTAINER - REMOVABLE BILATERAL (MAXILLARY) | 190.00       | Up to age 14                              |
| D1527   | SPACE MAINTAINER - REMOVABLE BILATERAL             | 190.00       | Up to age 14                              |
| D2140   | AMALGAM - ADULT - 1 SURFACE                        | 45.00        | Every 12 months (Same Surface)            |
| D2150   | AMALGAM - ADULT - 2 SURFACES                       | 50.00        | Every 12 months (Same Surface)            |
| D2160   | AMALGAM - ADULT - 3 SURFACES                       | 60.00        | Every 12 months (Same Surface)            |
| D2161   | AMALGAM - ADULT - 4+ SURFACES                      | 70.00        | Every 12 months (Same Surface)            |
| D2330   | COMPOSITE/BONDING - 1 SURFACE                      | 55.00        | Every 12 months (Same Surface)            |
| D2331   | COMPOSITE/BONDING - 2 SURFACES                     | 70.00        | Every 12 months (Same Surface)            |
| D2332   | COMPOSITE/BONDING - 3 SURFACES                     | 75.00        | Every 12 months (Same Surface)            |
| D2335   | COMPOSITE/BONDING - 4+ SURFACE                     | 90.00        | Every 12 months (Same Surface)            |

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Subject to lifetime limit

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-- Root canal retreats by specialist only

|          |                                               | FUND<br>PYMT | FREQUENCY OF SERVICE           |
|----------|-----------------------------------------------|--------------|--------------------------------|
| D2391    | RESIN BASED COMP. 1 SURF/POST                 | 55.00        | Every 12 months (Same Surface) |
| D2392    | RESIN BASED COMP. 2 SURF/POST                 | 70.00        | Every 12 months (Same Surface) |
| D2393    | RESIN BASED COMP. 3 SURF/POST                 | 75.00        | Every 12 months (Same Surface) |
| D2394    | RESIN BASED COMP. 4 SURF/POST                 | 90.00        | Every 12 months (Same Surface) |
| D2410    | GOLD FOIL - 1 SURFACE                         | 44.00        |                                |
| D2420    | GOLD FOIL - 2 SURFACES                        | 125.00       |                                |
| D2430    | GOLD FOIL - 3 SURFACES                        | 145.00       |                                |
| D2510    | INLAY - 1 SURFACE                             | 90.00        | Inlays covered every 5 years   |
| D2520    | INLAY - 2 SURFACES                            | 145.00       | Inlays covered every 5 years   |
| D2530    | INLAY - 3 SURFACES                            | 150.00       | Inlays covered every 5 years   |
| D2610    | INLAY-PORCELAIN/CERAMIC                       | 55.00        |                                |
| D2710    | CROWN - ACRYLIC                               | 95.00        | Crowns covered every 5 years   |
| D2720    | CROWN - PLASTIC W/METAL                       | 245.00       | Crowns covered every 5 years   |
| D2740    | CROWN - PORCELAIN                             | 530.00       | Crowns covered every 5 years   |
| D2750    | CROWN - CERAMCO                               | 505.00       | Crowns covered every 5 years   |
| D2751    | CROWN PORC. FUSED BASE SINGLE                 | 505.00       | Crowns covered every 5 years   |
| D2752    | PORC. FUSED METAL CROWN                       | 505.00       | Crowns covered every 5 years   |
| D2783    | 3/4 PORC. LAMINATES                           | 145.00       | Crowns covered every 5 years   |
| D2790    | CROWN - FULL CAST HIGH NOBLE                  | 273.00       | Crowns covered every 5 years   |
| D2791    | CROWN - GOLD                                  | 220.00       | Crowns covered every 5 years   |
| D2910    | RECEMENT INLAY                                | 15.00        |                                |
| D2920    | RECEMENT CROWN                                | 48.00        |                                |
| D2930    | PREFAB STAINLESS STEEL CROWN/PRIMARY          | 90.00        | Crowns covered every 5 years   |
| D2931    | CROWN - STAINLESS STEEL                       | 156.00       | Crowns covered every 5 years   |
| D2933    | PREFAB STAINLESS STEEL CROWN                  | 156.00       | Crowns covered every 5 years   |
| D2940    | SEDATIVE FILLING                              | 23.00        |                                |
| D2950    | CROWN BUILD UP - PIN ADD'L                    | 116.00       |                                |
| D2951    | PIN RETENTION PER TOOTH                       | 15.00        |                                |
| D2952    | POST & CORE WITH CROWN                        | 201.00       |                                |
| D2954    | PREFAB POST & CORE                            | 140.00       |                                |
| D2962    | LABIAL VENEER PORC. LAMINATE                  | 500.00       |                                |
| D2970    | TEMPORARY CROWN                               | 0.00         |                                |
| D3110    | PULP CAP - DIRECT                             | 12.00        |                                |
| D3120    | PULP CAP- INDIRECT                            | 12.00        |                                |
| D3220    | VITAL PULPOTOMY                               | 65.00        |                                |
| D3221    | PULPAL DEBRIDEMENT                            | 40.00        |                                |
| D3230    | PULPAL THERAPY ANTERIOR                       | 156.00       |                                |
| D3240    | PULPAL THERAPY POSTERIOR                      | 40.00        |                                |
| D3310 -- | ROOT CANAL - 1 CANAL                          | 300.00       |                                |
| D3320 -- | ROOT CANAL - 2 CANALS                         | 325.00       |                                |
| D3330 -- | ROOT CANAL - 3 CANALS                         | 538.00       |                                |
| D3346 -- | RETREAT ROOT CANAL - ANTERIOR SPECIALIST ONLY | 300.00       |                                |
| D3347 -- | RETREAT ROOT CANAL - BICUSPID SPECIALIST ONLY | 325.00       |                                |
| D3348 -- | RETREAT ROOT CANAL - MOLAR SPECIALIST ONLY    | 538.00       |                                |
| D3410    | APICOECTOMY ANTERIOR                          | 305.00       |                                |
| D3421    | APICOECTOMY - BICUSPID                        | 305.00       |                                |
| D3425    | APICOECTOMY - MOLAR                           | 608.00       |                                |
| D3430    | RETROFILLING                                  | 40.00        |                                |
| D3450    | ROOT AMPUTATION - PER ROOT                    | 55.00        |                                |
| D3910    | RUBBER DAM - ROOT CANAL                       | 25.00        |                                |

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|           |                                                  | FUND<br>PYMT | <u>FREQUENCY OF SERVICE</u>            |
|-----------|--------------------------------------------------|--------------|----------------------------------------|
| D3920     | HEMISECTION                                      | 275.00       |                                        |
| D3950     | CANAL/PULP ENLARGEMENT                           | 50.00        |                                        |
| D4210     | GINGIVECTOMY - PER QUADRANT                      | 50.00        |                                        |
| D4240     | GINGIVAL FLAP 4 OR MORE TEETH                    | 50.00        |                                        |
| D4249     | CROWN LENGTHENING                                | 200.00       |                                        |
| D4260     | OSSEOUS SURGERY                                  | 255.00       |                                        |
| D4261     | OSSEOUS GRAFT - SINGLE SITE                      | 210.00       |                                        |
| D4263     | BONE REPLACE GRAFT/1st IN QUAD                   | 180.00       |                                        |
| D4270     | PEDICAL SOFT TISSUE GRAFT                        | 275.00       |                                        |
| D4277     | FREE SOFT TISSUE GRAFT 1st TOOTH                 | 240.00       |                                        |
| D4278     | FREE SOFT TISSUE GRAFT EACH ADD'L TOOTH          | 240.00       |                                        |
| D4320     | INTRACORNAL PROV. SPLINT                         | 80.00        |                                        |
| D4321     | EXTRACORNAL PROV. SPLINT                         | 50.00        |                                        |
| D4341     | SCALING - 12 TEETH OR LESS                       | 115.00       | Not within 90 days of prophyl          |
| D4342 * - | PERIO SCALING RT PLANNING 1-3                    | 85.00        | Not within 90 days of prophyl          |
| D4355     | FULL MOUTH DEBRIDEMENT                           | 95.00        | Not within 90 days of prophyl/allowed  |
| D4910 * - | PERIODONTAL MAINTENANCE                          | 70.00        |                                        |
| D4920     | UNSCHEDULED DRESSING CHANGE                      | 10.00        |                                        |
| D5110     | FULL UPPER DENTURE- MAXILLARY                    | 750.00       | Dentures/Bridges covered every 5 years |
| D5120     | FULL LOWER DENTURE - MANDIBULAR                  | 750.00       | Dentures/Bridges covered every 5 years |
| D5130     | IMMEDIATE DENTURE - MAXILLARY                    | 620.00       | Dentures/Bridges covered every 5 years |
| D5140     | IMMEDIATE DENTURE - MANDIBULAR                   | 620.00       | Dentures/Bridges covered every 5 years |
| D5211     | MAXILLARY PARTIAL DENTURE - RESIN BASE           | 450.00       | Dentures/Bridges covered every 5 years |
| D5212     | MANDIBULAR PARTIAL DENTURE - RESIN BASE          | 450.00       | Dentures/Bridges covered every 5 years |
| D5213     | MAXILLARY PARTIAL DENTURE                        | 600.00       | Dentures/Bridges covered every 5 years |
| D5214     | MANDIBULAR PARTIAL DENTURE                       | 600.00       | Dentures/Bridges covered every 5 years |
| D5282     | REMOVABLE UNILATERAL PARTIAL DENTURE (MAXILLARY) | 50.00        |                                        |
| D5283     | REMOVABLE UNILATERAL PARTIAL DENTURE             | 50.00        |                                        |
| D5410     | ADJUST FULL DENTURE - MAXILLARY                  | 20.00        |                                        |
| D5411     | ADJUST COMPLETE DENTURE- MANDIBULAR              | 20.00        |                                        |
| D5421     | ADJUST PARTIAL DENTURE - MAXILLARY               | 20.00        |                                        |
| D5422     | ADJUST PARTIAL DENTURE - MANDIBULAR              | 20.00        |                                        |
| D5610     | REPAIR BROKEN DENTURE                            | 75.00        |                                        |
| D5640     | REPLACE BROKEN TOOTH                             | 82.00        |                                        |
| D5650     | ADD TOOTH TO PARTIAL DENTURE                     | 82.00        |                                        |
| D5660     | ADD'L CLASP FOR PARTIAL DENTURE                  | 112.00       |                                        |
| D5730     | RELINE COMPLETE MAXILLARY DENTURE                | 56.00        |                                        |
| D5731     | RELINE COMPLETE MANDIBULAR DENTURE               | 56.00        |                                        |
| D5740     | RELINE PARTIAL MAXILLARY DENTURE                 | 50.00        |                                        |
| D5741     | RELINE PARTIAL MANDIBULAR DENTURE                | 50.00        |                                        |
| D5750     | RELINE COMPLETE MAXILLARY DENTURE (LAB)          | 95.00        |                                        |
| D5751     | RELINE COMPLETE MANDIBULAR DENTURE (LAB)         | 95.00        |                                        |
| D5760     | RELINE PARTIAL MAXILLARY DENTURE (LAB)           | 125.00       |                                        |
| D5761     | RELINE PARTIAL MANDIBULAR DENTURE (LAB)          | 125.00       |                                        |
| D5810     | TEMPORARY FULL MAXILLARY DENTURE                 | 0.00         |                                        |
| D5820     | TEMPORARY PARTIAL MANDIBULAR DENTURE             | 0.00         |                                        |
| D5850     | TISSUE CONDITIONING MAXILLARY                    | 35.00        |                                        |
| D5851     | TISSUE CONDITIONING MANDIBULAR                   | 35.00        |                                        |
| D6010     | SURGICAL PLACE. IMPLANT                          | 775.00       | Consultant Review                      |
| D6050     | SURGICAL PLACE. TRANSOSTEAL IMPLANT              | 275.00       | Consultant Review                      |

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|       |                                            | FUND<br>PYMT | <u>FREQUENCY OF SERVICE</u> |
|-------|--------------------------------------------|--------------|-----------------------------|
| D6210 | PONTIC - CAST HIGH NOBLE METAL             | 475.00       | Every 5 years               |
| D6211 | PONTIC CAST PRED. BASE/METAL               | 440.00       | Every 5 years               |
| D6240 | PONTIC - PORC. FUSED TO HIGH NOBLE METAL   | 554.00       | Every 5 years               |
| D6241 | PONTIC - PORC. FUSED TO BASE METAL         | 501.00       | Every 5 years               |
| D6242 | PONTIC PORC. FUSED TO NOBLE                | 531.00       | Every 5 years               |
| D6250 | PONTIC - RESIN w/HIGH NOBLE METAL          | 475.00       | Every 5 years               |
| D6251 | PONTIC - RESIN w/BASE METAL                | 396.00       | Every 5 years               |
| D6545 | RETAINER CAST MENTAL/RESIN BONDED PROS.    | 74.00        | Every 5 years               |
| D6720 | CROWN - RESIN w/HIGH NOBLE METAL           | 261.00       | Every 5 years               |
| D6721 | CROWN - RESIN w/PREDOMINANTLY BASE METAL   | 261.00       | Every 5 years               |
| D6750 | CROWN - PORC. FUSED HIGH NOBLE METAL       | 584.00       | Every 5 years               |
| D6751 | CROWN - PORC. FUSED TO PRED. BASE METAL    | 511.00       | Every 5 years               |
| D6752 | CROWN - PORC. FUSED NOBLE METAL            | 550.00       | Every 5 years               |
| D6780 | CROWN - 3/4 CAST HIGH NOBLE METAL          | 145.00       | Every 5 years               |
| D6790 | CROWN - FULL CAST HIGH NOBLE METAL         | 295.00       | Every 5 years               |
| D6930 | RECEMENT BRIDGE                            | 25.00        |                             |
| D6940 | STRESS BREAKER                             | 75.00        |                             |
| D6950 | PRECISION ATTACHMENT                       | 200.00       |                             |
| D7111 | CORONAL REMNANTS                           | 20.00        |                             |
| D7140 | SIMPLE EXTRACTION                          | 20.00        |                             |
| D7210 | SURG EXTRACTION SINGLE TOOTH               | 20.00        |                             |
| D7220 | REMOVAL OF IMPACTED TOOTH - SOFT TISSUE    | 45.00        |                             |
| D7230 | REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY | 150.00       |                             |
| D7240 | REMOVE IMPACTED TOOTH FULL BONY            | 0.00         |                             |
| D7250 | REMOVAL RETAINED ROOT                      | 20.00        |                             |
| D7260 | ORAL ANTRAL - FISTULA CLOSE                | 300.00       |                             |
| D7270 | TOOTH REIMPLANTATION                       | 75.00        |                             |
| D7272 | TOOTH TRANSPLANTATION                      | 125.00       |                             |
| D7280 | SURG. ACCESS TO UNERUPTED TOOTH            | 95.00        |                             |
| D7285 | BIOPSY & EXAM - HARD                       | 25.00        |                             |
| D7286 | BIOPSY & EXAM - SOFT                       | 24.00        |                             |
| D7290 | SURG. REPOSITIONING TEETH                  | 125.00       |                             |
| D7310 | ALVEOPLASTY w/ EXTRACTION                  | 50.00        |                             |
| D7320 | ALVEOPLASTY w/o EXTRACTION                 | 65.00        |                             |
| D7340 | VESTIBULOPLASTY - RIDGE EXTENSION          | 45.00        |                             |
| D7410 | EXCISION OF BENIGN LESION - UP TO 1.25 cm  | 75.00        |                             |
| D7411 | EXCISION OF BENIGN LESION - OVER 1.25 cm   | 100.00       |                             |
| D7490 | RADICAL RESECTION OF MANDIBLE W/GRAFT      | 725.00       |                             |
| D7510 | I & D ABSCESS INTRAORAL                    | 15.00        |                             |
| D7520 | I & D ABSCESS EXTRAORAL                    | 100.00       |                             |
| D7530 | REMOVAL FOREIGN BODY                       | 75.00        |                             |
| D7540 | REMOVAL REACTIVE LESION TO FOREIGN BODY    | 25.00        |                             |
| D7550 | SEQUESTRECTOMY/OSTEO.                      | 125.00       |                             |
| D7610 | FRAC-SIMPLE-MAX-OPEN RED                   | 425.00       |                             |
| D7620 | FRAC-SIMPLE-MAX-CLOSED RED                 | 175.00       |                             |
| D7630 | FRAC-SIMPLE-MAND-OPEN RED                  | 675.00       |                             |
| D7640 | FRAC-SIMPLE-MAND-CLOSED RED                | 225.00       |                             |
| D7710 | REDUCTION                                  | 675.00       |                             |
| D7770 | FRAC-ALVEOLUS-OPEN RED                     | 325.00       |                             |
| D7810 | OPEN REDUCTION DISLOCATION                 | 375.00       |                             |

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|-------|-----------------------------------------------|----------------------|----------------------------------------------------------------|
| D7820 | CLOSED REDUCTION DISLOCATION                  | 25.00                |                                                                |
| D7830 | MANIPULATION UNDER ANESTHESIA                 | 25.00                |                                                                |
| D7840 | CONDYLECTOMY                                  | 725.00               |                                                                |
| D7850 | MENISECTOMY                                   | 675.00               |                                                                |
| D7860 | ANTHROTOMY                                    | 725.00               |                                                                |
| D7870 | ARTHROCENTESIS                                | 20.00                |                                                                |
| D7910 | RECENT SUTURE SMALL WOUND - UP TO 5 cm        | 55.00                |                                                                |
| D7911 | SUTURE-COMPLEX WOUND TO 5 cm                  | 105.00               |                                                                |
| D7912 | COMPLICATED SUTURE - GREATER THAN 5 cm        | 105.00               |                                                                |
| D7920 | SKIN GRAFT                                    | 425.00               |                                                                |
| D7940 | OSTEOPLASTY                                   | 750.00               |                                                                |
| D7950 | OSSEOUS GRAFT                                 | 725.00               |                                                                |
| D7955 | REPAIR OF MAX. SOFT AND/OR HARD TISSUE DEFECT | 25.00                |                                                                |
| D7960 | FRENULECTOMY                                  | 175.00               |                                                                |
| D7970 | EXC. OF HYPERPLASTIC TISSUE - PER ARCH        | 60.00                |                                                                |
| D7980 | SIALOLITHOTOMY                                | 225.00               |                                                                |
| D7981 | EXCISION SALIVARY GLAND                       | 475.00               |                                                                |
| D7982 | SIALODOCHOPLASTY                              | 150.00               |                                                                |
| D7983 | CLOSURE SALIVARY FISTULA                      | 50.00                |                                                                |
| D7990 | EMERGENCY TRACHEOTOMY                         | 275.00               |                                                                |
| D8080 | COMPREHENSIVE ORTHO. TREATMENT- ADOLESCENT    | 4,400.00             | From ages 10 - 18 years                                        |
| D8210 | REMOVABLE APPLIANCE THERAPY                   | 175.00               |                                                                |
| D9110 | PALLIATIVE EMERGENCY TREATMENT                | 32.00                |                                                                |
| D9210 | LOCAL ANESTHESIA - NON SURGICAL               | 25.00                | One per quadrant per day                                       |
| D9211 | REGIONAL BLOCK ANESTHESIA                     | 32.00                | One per quadrant per day                                       |
| D9212 | TRIGEMINAL DIVISON BLOCK ANES                 | 32.00                | One per quadrant per day                                       |
| D9215 | LOCAL ANESTHESIA                              | 25.00                | One per quadrant per day                                       |
| D9222 | GENERAL ANESTHESIA (15 MINS.)                 | 115.00               | One unit per date of service                                   |
| D9223 | GENERAL ANESTHESIA (ADD'L 15 MINS.)           | 115.00               | Max of 2 units per date of service<br>(includes D9222 service) |
| D9230 | ANALGESIA                                     | 40.00                |                                                                |
| D9248 | NON IV CONSCIOUS SEDATION                     | 0.00                 |                                                                |
| D9310 | CONSULTATION - SPECIALIST                     | 50.00                |                                                                |
| D9610 | THERAPEUTIC DRUG INJECTION                    | 20.00                |                                                                |
| D9630 | EMERGENCY PRESCRIPTION                        | 16.00                |                                                                |
| D9910 | APPLICATION DESENSITIZING MED                 | 11.00                |                                                                |
| D9944 | OCCLUSAL GUARDS - HARD APPLIANCE              | 425.00               | Once per lifetime - Predetermination only                      |
| D9945 | OCCLUSAL GUARDS - SOFT APPLIANCE              | 425.00               | Once per lifetime - Predetermination only                      |
| D9951 | OCCLUSAL ADJUSTMENT - LIMITED                 | 50.00                | One per quadrant per day                                       |
| D9952 | OCCLUSAL ADJUSTMENT - COMPL.                  | 75.00                | One per quadrant per day                                       |

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