



Dental Benefits

Your Choices

Dental coverage is available to all individuals who are eligible for State health benefits. United Concordia offers two dental plans from which to choose:

-  **Dental Health Maintenance Organization (DHMO) plan**
-  **Dental Preferred Provider Organization (DPPO) plan**

Both the DHMO and DPPO plans offer a preventive benefit called The Smile for Health® Maternity Dental Benefit. This benefit provides pregnant women with an additional cleaning during the course of pregnancy, regardless of whether they have met the cleaning limitation. This benefit helps control periodontal disease, which has been linked to premature births and low birthweight babies and also helps address a common condition known as pregnancy gingivitis.

How the Plans Work

THE DHMO PLAN

When you enroll, you must select a Primary Dental Office (PDO) from the United Concordia DHMO network of participating dentists. The DHMO allows you to select a different PDO for each member of your family. Your PDO will provide, or coordinate, all of your dental care services, including referrals to specialists.

What's Covered – DHMO Plan

Feature	Benefit Coverage (In-Network Services Only)
Annual deductible	None
Annual maximum	None
Preventive and diagnostic services , including exams, X-rays, cleanings, sealants, fluoride treatments, treatment of pain, other preventive care services	You pay \$0
Restorative services , including restoration of teeth, space maintainers, extraction of teeth, endodontic (root canal) services, periodontal services (including surgical and non-surgical services), oral surgery, general anesthesia	You pay according to the DHMO Benefit Schedule*
Major Restorative services , including crowns, inlays, onlays, bridges, dentures, denture repair, implants	You pay according to the DHMO Benefit Schedule*
Orthodontia (for adults and children through age 26), including evaluation and consultation, orthodontic treatment, orthodontic retention	You pay according to the DHMO Benefit Schedule*

You may change your primary provider site selection at anytime during the plan year by contacting United Concordia. The DHMO plan will only pay benefits for in-network coverage, unless it is an out-of-area emergency (see page 47).

PLEASE NOTE: It is highly recommended that you contact your dental provider before enrolling in dental benefits and before each annual Open Enrollment period to be sure he/she still participates in the plan you have selected. The State cannot guarantee the continued participation of a particular provider in any of the benefit plans. If your dentist discontinues participation in the plan, is terminated from the network, or closes his/her practice to new patients, you will not be allowed to change your plan or withdraw from the plan until the next Open Enrollment period. If this happens, contact your dental plan to select another provider.

Predetermination of Benefits

There is no requirement for you or your dentist to seek predetermination of benefits before treatment starts. However, you are encouraged to do so for major dental procedures so that you and your dentist will know exactly what will be covered and what you will need to pay out-of-pocket.

* Review the Schedule of Benefits carefully on pages 48-51 for the fee schedule amounts associated with each type of dental service. Services not listed on the Schedule of Benefits provided by the plan are not covered. The Schedule of Benefits for the DHMO plan is located on pages 48-51 as well as the State's website at www.dbm.maryland.gov, click on Health Benefits. They are also available on the United Concordia website.

Out-of-Area Emergencies

The United Concordia DHMO will pay a maximum of \$50, subject to your fee schedule, for emergency dental services when you are traveling out of the area (more than 50 miles from your dentist’s office). To receive payment for out-of-area emergency care, you must submit a bill itemizing the charges and services performed, and forward the claim to United Concordia for processing.

DHMO Network

If you live in an area or move to an area that is not in the DHMO network of dentists, please contact United Concordia to determine other options. To enroll in the DHMO plan, you must reside within the Maryland service area (MD, DC, VA, DE, WV, PA). In addition, you may request that the plan evaluate the dentist of your choice for inclusion in the network. However, there is no guarantee that a provider that you request will choose to participate in the plan network. In the DHMO plan, you can only receive coverage for services from a DHMO plan provider.

THE DPPO PLAN

The DPPO plan is also available through United Concordia. Under this Plan, you do not have to select a PDO. You may choose to receive services from any dentist of your choice whenever you need care. If you use an out-of-network dentist, you will need to submit a claim form for reimbursement and may be billed by the dentist for the amount charged that exceeds the allowed amount. No referrals are needed for specialty care. Orthodontia services are only covered for eligible children age 26 and younger.

When you use an in-network DPPO dentist, the in-network dentist will directly bill the plan for the amount the plan will pay, and will bill you for the amount you are required to pay under the plan.

What’s Covered – DPPO Plan

Feature	Benefit Coverage (In-Network and Out-of-Network Services)
Annual deductible	\$50 per individual; \$150 per family Only applies to Class II and Class III services
Annual maximum	\$1,500 per participant; only applies to Class II and Class III services
Class I: Preventive services , initial periodic and emergency examinations, radiographs, prophylaxis (adult and child), fluoride treatments, sealants, emergency palliative treatment	Plan pays 100% of allowed amount
Class II: Basic Restorative services , including composite/resin fillings, inlays, endodontic services, periodontal services, oral surgery services, general anesthesia, prosthodontic maintenance, relines and repairs to bridges, and dentures, space maintainers	Plan pays 70% of allowed amount, after deductible
Class III: Major services , including crowns and bridges, dentures (complete and partial), fixed prosthetics, implants	Plan pays 50% of allowed amount, after deductible
Class IV: Orthodontia [for eligible child(ren) only, age 26 or younger], diagnostic, active, retention treatment	Plan pays 50% of allowed amount, up to \$2,000 lifetime maximum

For More Information

If you have questions about the dental plans, refer to the inside cover of this book for phone numbers and websites of United Concordia.

United Concordia– Concordia Plus Schedule of Benefits (Plan ST11)

- This schedule of benefits provides a list of procedures covered by your Plan. For procedures that require a Copayment the amount to be paid is shown in the column titled "Member Pays \$." You pay these Copayments to the dental office at the time of service.
- You must select a United Concordia Primary Dental Office (PDO) to receive Covered Services. Your PDO will perform the below procedures or refer You to a Specialty Care Dentist for further care. Treatment by an Out of Network Dentist is not covered, except as described in the Certificate of Coverage.
- Only procedures listed on this Schedule of Benefits are Covered Services. For services not listed (not covered),

You are responsible for the full fee charged by the dentist. Procedure codes and member Copayments may be updated to meet American Dental Association (ADA) Current Dental Terminology (CDT) in accordance with national standards.

- For a complete description of Your Plan, please refer to the Certificate of Coverage and the Schedule of Exclusions and Limitations in addition to this Schedule of Benefits.
- If You have any questions about Your United Concordia Dental Plan, please call Our Customer Service Department toll free at 1-888-638-3384 or access Our Website at www.unitedconcordia.com/statemd.

ADA CODE	ADA DESCRIPTION	MEMBER PAYS \$
CLINICAL ORAL EVALUATIONS		
D0120	Periodic oral evaluation - established patient	0
D0140	Limited oral evaluation - problem focused	0
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	0
D0150	Comprehensive oral evaluation - new or established patient	0
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	0
D0180	Comprehensive periodontal evaluation - new or established patient	0
RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation)		
D0210	Intraoral - complete series (including bitewings)	0
D0220	Intraoral - periapical first film	0
D0230	Intraoral - periapical each additional film	0
D0240	Intraoral - occlusal 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
TESTS AND EXAMINATIONS		
D0460	Pulp vitality tests	0
D0470	Diagnostic casts	0
DENTAL PROPHYLAXIS		
D1110	Prophylaxis - adult	0
D1120	Prophylaxis - child	0
TOPICAL FLUORIDE TREATMENT (office procedure)		
D1203	Topical application of fluoride - child	0
D1204	Topical application of fluoride - adult	0
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	0
OTHER PREVENTIVE SERVICES		
D1330	Oral hygiene instructions	0
D1351	Sealant - per tooth	0

ADA CODE	ADA DESCRIPTION	MEMBER PAYS \$
SPACE MAINTENANCE (passive appliances)		
D1510	Space maintainer - fixed - unilateral	0
D1515	Space maintainer - fixed - bilateral	0
D1520	Space maintainer - removable - unilateral	0
D1555	Removal of fixed space maintainer	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)	70
D2391	Resin-based composite - one surface, posterior	40
D2392	Resin-based composite - two surfaces, posterior	60
D2393	Resin-based composite - three surfaces, posterior	72
D2394	Resin-based composite - four or more surfaces, posterior	84
INLAY/ONLAY RESTORATIONS		
D2510	Inlay - metallic - one surface	60
D2520	Inlay - metallic - two surfaces	100
D2530	Inlay - metallic - three or more surfaces	120
D2542	Onlay - metallic - two surfaces	20
D2543	Onlay - metallic - three surfaces	30
D2544	Onlay - metallic - four or more surfaces	50
CROWNS - SINGLE RESTORATIONS ONLY		
D2710	Crown - resin-based composite (indirect)	77
D2712	Crown - 3/4 resin-based composite (indirect)	86
D2740	Crown - porcelain/ceramic substrate	270
D2750	Crown - porcelain fused to high noble metal	276
D2751	Crown - porcelain fused to predominantly base metal	258

ADA CODE	ADA DESCRIPTION	MEMBER PAYS \$
CROWNS - SINGLE RESTORATIONS ONLY (Continued)		
D2752	Crown - porcelain fused to noble metal	270
D2780	Crown - 3/4 cast high noble metal	228
D2781	Crown - 3/4 cast predominantly base metal	228
D2782	Crown - 3/4 cast noble metal	228
D2783	Crown - 3/4 porcelain/ceramic	228
D2790	Crown - full cast high noble metal	228
D2791	Crown - full cast predominantly base metal	258
D2792	Crown - full cast noble metal	264
D2794	Crown - titanium	290

OTHER RESTORATIVE SERVICES		
D2910	Recement inlay, onlay, or partial coverage restoration	15
D2920	Recement crown	15
D2930	Prefabricated stainless steel crown - primary tooth	48
D2931	Prefabricated stainless steel crown - permanent tooth	56
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	48
D2940	Protective restoration	0
D2950	Core buildup, including any pins	100
D2951	Pin retention - per tooth, in addition to restoration	10
D2952	Post and core in addition to crown, indirectly fabricated	108
D2953	Each additional indirectly fabricated post - same tooth	45
D2954	Prefabricated post and core in addition to crown	108
D2957	Each additional prefabricated post - same tooth	45
D2970	Temporary crown (fractured tooth)	65
D2971	Additional procedures to construct new crown under existing partial denture framework	25

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) - removal of pulp coronal to the dentinocemental junction and application of medicament	25
D3221	Pulpal debridement, primary and permanent teeth	15
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	25

ENDODONTIC THERAPY ON PRIMARY TEETH		
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	40
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	55

ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow-up care)		
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	108
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	144
D3330	Endodontic therapy, molar (excluding final restoration)	198

ENDODONTIC RETREATMENT		
D3346	Retreatment of previous root canal therapy - anterior	198
D3347	Retreatment of previous root canal therapy - bicuspid	234
D3348	Retreatment of previous root canal therapy - molar	288

ADA CODE	ADA DESCRIPTION	MEMBER PAYS \$
APICOECTOMY/PERIRADICULAR SERVICES		
D3410	Apicoectomy/periradicular surgery - anterior	107
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	107
D3425	Apicoectomy/periradicular surgery - molar (first root)	107
D3426	Apicoectomy/periradicular surgery (each additional root)	41
D3450	Root amputation - per root	50

OTHER ENDODONTIC PROCEDURES		
D3920	Hemisection (including any root removal), not including root canal therapy	41

SURGICAL SERVICES (including usual postoperative care)		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces—per quadrant	125
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	50
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	135
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	54
D4245	Apically positioned flap	110
D4249	Clinical crown lengthening - hard tissue	105
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	210
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	110
D4263	Bone replacement graft - first site in quadrant	115
D4271	Free soft tissue graft procedure (including donor site surgery)	100
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	45
D4275	Soft tissue allograft	100
D4276	Combined connective tissue and double pedicle graft, per tooth	100

NON-SURGICAL PERIODONTAL SERVICES		
D4320	Provisional splinting - intracoronal	40
D4321	Provisional splinting - extracoronal	40
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	60
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	16
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	50
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, per report	100

OTHER PERIODONTAL SERVICES		
D4910	Periodontal maintenance	30

COMPLETE DENTURES (including routine post-delivery care)		
D5110	Complete denture - maxillary	264
D5120	Complete denture - mandibular	264
D5130	Immediate denture - maxillary	288
D5140	Immediate denture - mandibular	288

ADA CODE	ADA DESCRIPTION	MEMBER PAYS \$
PARTIAL DENTURES (including routine post-delivery care)		
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	174
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	174
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	270
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	270
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	350
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	350
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	78
ADJUSTMENTS TO DENTURES		
D5410	Adjust complete denture - maxillary	7
D5411	Adjust complete denture - mandibular	7
D5421	Adjust partial denture - maxillary	7
D5422	Adjust partial denture - mandibular	7
REPAIRS TO COMPLETE DENTURES		
D5510	Repair broken complete denture base	21
D5520	Replace missing or broken teeth - complete denture (each tooth)	28
REPAIRS TO PARTIAL DENTURES		
D5610	Repair resin denture base	23
D5620	Repair cast framework	33
D5630	Repair or replace broken clasp	23
D5640	Replace broken teeth - per tooth	18
D5650	Add tooth to existing partial denture	23
D5660	Add clasp to existing partial denture	33
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	147
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	147
DENTURE REBASE PROCEDURES		
D5710	Rebase complete maxillary denture	55
D5711	Rebase complete mandibular denture	55
D5720	Rebase maxillary partial denture	48
D5721	Rebase mandibular partial denture	48
DENTURE RELINE PROCEDURES		
D5730	Reline complete maxillary denture (chairside)	40
D5731	Reline complete mandibular denture (chairside)	40
D5740	Reline maxillary partial denture (chairside)	40
D5741	Reline mandibular partial denture (chairside)	40
D5750	Reline complete maxillary denture (laboratory)	55
D5751	Reline complete mandibular denture (laboratory)	55
D5760	Reline maxillary partial denture (laboratory)	55
D5761	Reline mandibular partial denture (laboratory)	55
INTERIM PROSTHESIS		
D5810	Interim complete denture (maxillary)	125
D5811	Interim complete denture (mandibular)	125
D5820	Interim partial denture (maxillary)	105
D5821	Interim partial denture (mandibular)	105

ADA CODE	ADA DESCRIPTION	MEMBER PAYS \$
OTHER REMOVABLE PROSTHETIC SERVICES		
D5850	Tissue conditioning, maxillary	25
D5851	Tissue conditioning, mandibular	25
SURGICAL SERVICES		
D6010	Surgical placement of implant body: endosteal implant	1,983
D6040	Surgical placement: eosteal implant	1,983
D6050	Surgical placement: transosteal implant	1,783
D6100	Implant removal, by report	172
IMPLANT SUPPORTED PROSTHETICS		
D6058	Abutment supported porcelain/ceramic crown	1,030
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	1,030
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	970
D6061	Abutment supported porcelain fused to metal crown (noble metal)	985
D6062	Abutment supported cast metal crown (high noble metal)	1,036
D6063	Abutment supported cast metal crown (predominantly base metal)	925
D6064	Abutment supported cast metal crown (noble metal)	985
D6065	Implant supported porcelain/ceramic crown	1,030
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1,030
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	1,036
D6094	Abutment supported crown – (titanium)	987
OTHER IMPLANT SERVICES		
D6092	Recement implant/abutment supported crown	66
D6095	Repair implant abutment, by report	166
FIXED PARTIAL DENTURE PONTICS		
D6205	Pontic - indirect resin based composite	290
D6210	Pontic - cast high noble metal	276
D6211	Pontic - cast predominantly base metal	258
D6212	Pontic - cast noble metal	264
D6214	Pontic - titanium	297
D6240	Pontic - porcelain fused to high noble metal	276
D6241	Pontic - porcelain fused to predominantly base metal	258
D6242	Pontic - porcelain fused to noble metal	264
D6245	Pontic - porcelain/ceramic	258
FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS		
D6610	Onlay - cast high noble metal, two surfaces	150
D6612	Onlay - cast predominantly base metal, two surfaces	100
D6614	Onlay - cast noble metal, two surfaces	125
FIXED PARTIAL DENTURE RETAINERS - CROWNS		
D6710	Crown - indirect resin based composite	290
D6740	Crown - porcelain/ceramic	258
D6750	Crown - porcelain fused to high noble metal	276
D6751	Crown - porcelain fused to predominantly base metal	258
D6752	Crown - porcelain fused to noble metal	264
D6790	Crown - full cast high noble metal	276
D6791	Crown - full cast predominantly base metal	258
D6792	Crown - full cast noble metal	264
D6794	Crown - titanium	290

ADA CODE	ADA DESCRIPTION	MEMBER PAYS \$
OTHER FIXED PARTIAL DENTURE SERVICES		
D6930	Recement fixed partial denture	17
EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)		
D7111	Extraction, coronal remnants - deciduous tooth	8
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	20
SURGICAL EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)		
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	27
D7220	Removal of impacted tooth - soft tissue	45
D7230	Removal of impacted tooth - partially bony	55
D7240	Removal of impacted tooth - completely bony	65
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	80
D7250	Surgical removal of residual tooth roots (cutting procedure)	35
D7251	Coronectomy - intentional partial tooth removal	65
OTHER SURGICAL PROCEDURES		
D7280	Surgical access of an unerupted tooth	52
D7283	Placement of device to facilitate eruption of impacted tooth	13
D7285	Biopsy of oral tissue - hard (bone, tooth)	35
D7286	Biopsy of oral tissue - soft	28
D7288	Brush biopsy - transepithelial sample collection	45
ALVEOLOPLASTY (surgical preparation of ridge for dentures)		
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	23
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	30
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	30
SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS		
D7450	Removal of benign odontogenic cyst or tumor -lesion diameter up to 1.25 cm	60
EXCISION OF BONE TISSUE		
D7471	Removal of lateral exostosis (maxilla or mandible)	60
D7472	Removal of torus palatinus	60
D7473	Removal of torus mandibularis	60
D7485	Surgical reduction of osseous tuberosity	60
SURGICAL INCISION		
D7510	Incision and drainage of abscess - intraoral soft tissue	35
OTHER REPAIR PROCEDURES		
D7960	Frenulectomy – also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	53
D7963	Frenuloplasty	27
D7972	Surgical reduction of fibrous tuberosity	60
LIMITED ORTHODONTIC TREATMENT		
D8010	Limited orthodontic treatment of the primary dentition	380
D8020	Limited orthodontic treatment of the transitional dentition	405
D8030	Limited orthodontic treatment of the adolescent dentition	430
D8040	Limited orthodontic treatment of the adult dentition	455

ADA CODE	ADA DESCRIPTION	MEMBER PAYS \$
INTERCEPTIVE ORTHODONTIC TREATMENT		
D8050	Interceptive orthodontic treatment of the primary dentition	650
D8060	Interceptive orthodontic treatment of the transitional dentition	750
COMPREHENSIVE ORTHODONTIC TREATMENT		
D8070	Comprehensive orthodontic treatment of the transitional dentition	1,800
D8080	Comprehensive orthodontic treatment of the adolescent dentition	1,950
D8090	Comprehensive orthodontic treatment of the adult dentition	2,200
MINOR TREATMENT TO CONTROL HARMFUL HABITS		
D8210	Removable appliance therapy	390
D8220	Fixed appliance therapy	370
OTHER ORTHODONTIC SERVICES		
D8680	Orthodontic retention [removal of appliances, construction and placement of retainer(s)]	150
*	Orthodontic records fee	150
UNCLASSIFIED TREATMENT		
D9110	Palliative (emergency) treatment of dental pain - minor procedure	15
ANESTHESIA		
D9210	Local anesthesia not in conjunction with operative or surgical procedures	20
D9211	Regional block anesthesia	26
D9212	Trigeminal division block anesthesia	15
D9215	Local anesthesia in conjunction with operative or surgical procedures	18
D9220	Deep sedation/general anesthesia - first 30 minutes	205
D9221	Deep sedation/general anesthesia - each additional 15 minutes	103
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	205
D9242	Intravenous conscious sedation/analgesia -each additional 15 minutes	100
PROFESSIONAL CONSULTATION		
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	20
PROFESSIONAL VISITS		
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	0
D9440	Office visit, after regularly scheduled hours	30
DRUGS		
D9630	Other drugs and/or medicaments, by report	20
MISCELLANEOUS SERVICES		
D9951	Occlusal adjustment - limited	20
D9952	Occlusal adjustment - complete	45
FOOTNOTES		
* Please report under code D8999 "Unspecified orthodontic procedure, by report." Records include all diagnostic procedures, such as cephalometric films, full mouth x-rays, models, and treatment plans.		