

## Plan Comparison Summary

Code	Service	150-D	SGC 1028
D0120	Periodic oral examination	\$0	\$0
D0274	Bitewing x-rays - four films	\$0	\$0
D1110	Cleaning (routine) adult	\$0	\$0
	Additional cleaning (routine) child	Not Listed	\$35
D2140	Amalgam (silver) filling - 1 surface - anterior tooth	\$0	\$0
D2391	Composite (white) filling - 1 surface - anterior tooth	Not Listed	\$0
D2960	Labial veneer (resin laminate) - chairside	Not Listed	\$250
D3310	Root canal - anterior - per tooth	\$25	\$0
D3330	Root canal - molar, per tooth	\$25	\$0
D4341	Periodontal scaling and root planing - four or more teeth - per quadrant	\$0	\$0
D4381	Localized delivery of antimicrobial agents	Not Listed	\$60
D4910	Periodontal maintenance	Not Listed	\$0
	Additional periodontal maintenance	Not Listed	\$55
D6750	Porcelain crown fused to high noble metal	\$35	\$0
D7220	Removal of impacted tooth - soft tissue	\$0	\$0
D7288	Brush biopsy (oral cancer screening)	Not Listed	\$50
D8070	Comprehensive orthodontic treatment - child	Not Listed	\$1,300
D9220	Deep sedation / general anesthesia	\$0	\$165
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	Not Listed	\$15
D9241	Intravenous conscious sedation / analgesia	Not Listed	\$165
D9972	External bleaching - per arch	Not Listed	\$125

### SGX Highlights

#### SGX Plans

- Expanded preventive and diagnostic coverage such as brush biopsies (cancer screening) and additional cleanings
- Enhanced restorative, endodontic, periodontal, oral surgery and orthodontic services
- Cosmetic treatment such as bleaching and veneers
- Anesthesia, IV sedation and nitrous oxide benefits
- Specialty care is covered at the listed copay
- Adult fluoride is covered
- 25% Discount for non-listed services



# Dental Plan Comparison

Code	Service	150-D	SGC 1028
<b>Diagnostic Treatment</b>		<b>Co-pay</b>	<b>Co-pay</b>
D0120	Periodic oral evaluation - established patient	\$0	\$0
D0140	Limited oral evaluation - problem focused	\$0	\$0
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$0	\$0
D0150	Comprehensive oral evaluation - new or established patient	\$0	\$0
D0160	Detailed and extensive oral evaluation - problem focused, by report	Not Listed	\$0
D0170	Re-evaluation - limited, problem focused (established patient; not post operative visit)	Not Listed	\$0
D0180	Comprehensive periodontal evaluation - new or established patient	\$0	\$0
	Office visit - per visit (including all fees for sterilization and/or infection control)	\$0	\$0
D0210	X-rays intraoral - complete series - including bitewings	\$0	\$0
D0220	X-rays intraoral - periapical - first film	\$0	\$0
D0230	X-rays intraoral - periapical - each additional film	\$0	\$0
D0240	X-rays intraoral - occlusal film	\$0	\$0
D0250	X-rays extraoral - first film	\$0	\$0
D0260	X-rays extraoral - each additional film	\$0	\$0
D0270	X-rays bitewing - single film	\$0	\$0
D0272	X-rays bitewings - two films	\$0	\$0
D0273	X-rays bitewings - three films	\$0	\$0
D0274	X-rays bitewings - four films	\$0	\$0
D0277	Vertical Bitewings - 7 to 8 Films	Not Listed	\$0
D0330	X-rays panoramic film	\$0	\$0
D0350	Oral/facial photographic images	\$0	\$0
<b>Test and Examinations</b>			
D0415	Collection of microorganisms for culture and sensitivity	\$0	\$0
D0425	Caries susceptibility tests	Not Listed	\$0
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedure	Not Listed	\$50
D0460	Pulp vitality tests	\$0	\$0
D0470	Diagnostic Casts	Not Listed	\$0
D0472	Accession of tissue, gross examination, preparation and transmission of written report	Not Listed	\$0
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	Not Listed	\$0
D0474	Accession of tissue, gross and microscopic examination, including assesment of surgical margins for presence of disease, preparation and transmission of written report	Not Listed	\$0
D0486	Accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	Not Listed	\$0
<b>Preventive Services</b>			
D1110	Prophylaxis - adult (limit 2 per year)	\$0	\$0

Code	Service	150-D	SGC 1028
	Additional prophylaxis, adult (limit 2 additional per year)	Not Listed	\$45
D1120	Prophylaxis - child (limit 2 per year)	\$0	\$0
	Additional prophylaxis, child (limit 2 additional per year)	Not Listed	\$35
D1203	Topical application of fluoride (excluding prophylaxis) - child	\$0	\$0
D1204	Topical application of fluoride (excluding prophylaxis) - adult	Not Listed	\$0
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$0	\$0
D1310	Nutritional counseling for control of dental disease	Not Listed	\$0
D1320	Tobacco Counseling	Not Listed	\$0
D1330	Oral hygiene instructions	\$0	\$0
D1351	Sealant - per tooth	\$5	\$0
D1510	Space maintainer - fixed - unilateral	\$0	\$0
D1515	Space maintainer - fixed - bilateral	\$0	\$0
D1520	Space maintainer - removable - unilateral	\$0	\$0
D1525	Space maintainer - removable - bilateral	\$0	\$0
D1550	Recementation of space maintainer	Not Listed	\$0
D1555	Removal of fixed space maintainer	\$0	\$0
<b>Restorative Treatment</b>			
D2140	Amalgam - one surface, primary or permanent	\$0	\$0
D2150	Amalgam - two surfaces, primary or permanent	\$0	\$0
D2160	Amalgam - three surfaces, primary or permanent	\$0	\$0
D2161	Amalgam - four or more surfaces, primary or permanent	\$0	\$0
D2330	Resin-based composite - one surface, anterior	\$0	\$0
D2331	Resin-based composite - two surfaces, anterior	\$0	\$0
D2332	Resin-based composite - three surfaces, anterior	\$0	\$0
D2335	Resin-based composite - four or more surfaces or involving incisal angle, anterior	\$0	\$0
D2390	Resin-based composite crown, anterior	\$0	\$0
D2391	Resin-based composite, one surface, posterior	Not Listed	\$0
D2392	Resin-based composite, two surfaces, posterior	Not Listed	\$0
D2393	Resin-based composite, three surfaces, posterior	Not Listed	\$0
D2394	Resin-based composite, four or more surfaces, posterior	Not Listed	\$0
<b>Crowns - Per Unit</b>			
D2510	Inlay - metallic - one surface	Not Listed	\$0
D2520	Inlay - metallic - two surfaces	Not Listed	\$0
D2530	Inlay - metallic - three or more surfaces	Not Listed	\$0
D2542	Onlay - metallic - two surfaces	Not Listed	\$0
D2543	Onlay - metallic - three surfaces	Not Listed	\$0
D2544	Onlay - metallic - four or more surfaces	Not Listed	\$0
D2610	Inlay - porcelain/ceramic - one surface	Not Listed	\$50
D2620	Inlay - porcelain/ceramic - two surfaces	Not Listed	\$50
D2630	Inlay - porcelain/ceramic - three or more surfaces	Not Listed	\$50
D2642	onlay - porcelain/ceramic - two surfaces	Not Listed	\$50
D2643	Onlay - porcelain/ceramic - three surfaces	Not Listed	\$50
D2644	Onlay - porcelain/ceramic - four or more surfaces	Not Listed	\$50
D2650	Inlay - resin-based composite - one surface	Not Listed	\$0
D2651	Inlay - resin-based composite - two surfaces	Not Listed	\$0
D2652	Inlay - resin-based composite - three or more surfaces	Not Listed	\$0
D2662	Onlay - resin-based composite - two surfaces	Not Listed	\$0
D2663	Onlay - resin-based composite - three surfaces	Not Listed	\$0
D2664	Onlay - resin-based composite - four or more surfaces	Not Listed	\$0
D2710	Crown - resin-based composite (indirect)	Not Listed	\$0

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D2712	Crown - 3/4 resin-based composite (indirect)	Not Listed	\$0
D2720	Crown - resin w/ high noble metal	Not Listed	\$0
D2721	Crown - resin w/ predominantly base metal	Not Listed	\$0
D2722	Crown - resin w/ noble metal	Not Listed	\$0
D2740	Crown - porcelain/ceramic substrate	\$35	\$0
D2750	Crown - porcelain fused to high noble metal	\$35	\$0
D2751	Crown - porcelain fused to predominantly base metal	\$35	\$0
D2752	Crown - porcelain fused to noble metal	\$35	\$0
D2780	Crown - 3/4 cast high noble metal	\$35	\$0
D2781	Crown - 3/4 cast predominantly base metal	\$35	\$0
D2782	Crown - 3/4 cast noble metal	\$35	\$0
D2783	Crown - 3/4 porcelain/ceramic	Not Listed	\$0
D2790	Crown - full cast high noble metal	\$35	\$0
D2791	Crown - full cast predominantly base metal	\$35	\$0
D2792	Crown - full cast noble metal	\$35	\$0
D2794	Crown - titanium	\$35	\$0
D2799	Provisional crown	Not Listed	\$0
D2910	Recement inlay, onlay, or partial coverage restoration	\$0	\$0
D2915	Recement cast or prefabricated post and core	\$0	\$0
D2920	Recement crown	\$0	\$0
D2930	Prefabricated stainless steel crown - primary tooth	\$0	\$0
D2931	Prefabricated stainless steel crown - permanent tooth	\$0	\$0
D2932	Prefabricated resin crown	Not Listed	\$0
D2933	Prefabricated stainless steel crown with resin window	Not Listed	\$0
D2940	Sedative filling	\$0	\$0
D2950	Core build up, including any pins	\$0	\$0
D2951	Pin retention - per tooth, in addition to restoration	\$0	\$0
D2952	Post and core in addition to crown, indirectly fabricated	\$0	\$0
D2953	Each additional indirectly fabricated post - same tooth	Not Listed	\$0
D2954	Prefabricated post and core in addition to crown	\$0	\$0
D2955	Post removal (not in conjunction with endodontic therapy)	Not Listed	\$10
D2957	Each additional prefabricated post- same tooth - base metal post, includes canal preparation	Not Listed	\$0
D2960	Labial Veneer (resin laminate) - chairside	Not Listed	\$250
D2961	Labial Veneer (resin laminate) - laboratory	Not Listed	\$300
D2962	Labial Veneer (porcelain laminate) - laboratory	Not Listed	\$350
D2970	Temporary crown (fractured tooth)	\$0	\$0
D2971	Additional procedures to construct new crown under existing partial denture framework	Not Listed	\$0
D2980	Crown Repair	Not Listed	\$0
	Complex full-mouth rehabilitation copy per unit for treatment involving 7 or more crowns	Not Listed	\$125 per unit
	Porcelain on molar restorations, in addition to the listed co-payment	\$75 per unit	\$75 per unit
	Maximum fees for noble and high noble metal, in addition to the listed co-payment	Additional charge	Not to exceed \$150 per unit
<b>Endodontics</b>			
D3110	Pulp cap - direct	\$0	\$0
D3120	Pulp cap - indirect	\$0	\$0
D3220	Therapeutic pulpotomy	\$0	\$0

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D3221	Pulpal debridement, primary and permanent teeth	Not Listed	\$0
D3230	Pulpal therapy with resorbable filling - primary anterior tooth	Not Listed	\$0
D3240	Pulpal therapy with resorbable filling - primary posterior tooth	Not Listed	\$0
D3310	Root canal - anterior, per tooth	\$25	\$0
D3320	Root canal - bicuspid, per tooth	\$25	\$0
D3330	Root canal - molar, per tooth	\$25	\$0
D3331	Treatment of root canal obstruction, non-surgical access	Not Listed	\$0
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$25	\$0
D3333	Internal root repair of perforation defects	Not Listed	\$0
D3346	Retreatment of root canal - anterior, per tooth	\$25	\$0
D3347	Retreatment of root canal - bicuspid, per tooth	\$25	\$0
D3348	Retreatment of root canal - molar, per tooth	\$25	\$0
D3351	Apexification/recalcification - initial visit	\$0	\$0
D3352	Apexification/recalcification - interim visit	Not Listed	\$0
D3353	Apexification/recalcification - final visit	Not Listed	\$0
D3410	Apicoectomy/periradicular surgery - anterior	\$100	\$0
D3421	Apicoectomy/periradicular surgery - bicuspid, 1st root	\$100	\$0
D3425	Apicoectomy/periradicular surgery - molar, 1st root	\$100	\$0
D3426	Apicoectomy/periradicular surgery - each additional root	\$100	\$0
D3430	Retrograde filling - per root	\$100	\$0
D3450	Root amputation - per root	Not Listed	\$0
D3910	Surgical procedure for isolation of tooth/ rubber dam	Not Listed	\$19
D3920	Hemisection - including root removal (excluding root canal therapy)	Not Listed	\$0
D3950	Canal preparation and fitting of performed dowel or post	Not Listed	\$15
<b>Periodontics</b>			
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces - per quadrant	\$30	\$0
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces - per quadrant	\$23	\$0
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces - per quadrant	\$200	\$0
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces - per quadrant	\$150	\$0
D4245	Apically positioned flap	Not Listed	\$0
D4249	Clinical crown lengthening - hard tissue	Not Listed	\$0
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces - per quadrant	\$200	\$0
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces - per quadrant	\$150	\$0
D4263	Bone replacement graft - first site in quadrant	Not Listed	\$0
D4264	Bone replacement graft - each additional site in quadrant	Not Listed	\$0
D4265	Biologic materials to aid in soft and osseous tissue regeneration	Not Listed	\$95
D4266	Guided tissue regeneration - resorbable barrier, per site	Not Listed	\$215
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	Not Listed	\$255
D4270	Pedicle soft tissue graft procedure	Not Listed	\$0
D4271	Free soft tissue graft procedure (including donor site surgery)	Not Listed	\$0
D4273	Subepithelial connective tissue graft procedure, per tooth	Not Listed	\$75
D4274	Distal or proximal wedge procedure - separate procedure	Not Listed	\$0
D4275	Soft tissue allograft	Not Listed	\$125

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D4320	Provisional splinting - intracoronal	Not Listed	\$85
D4321	Provisional splinting - extracoronal	Not Listed	\$75
D4341	Periodontal scaling and root planing - four or more teeth - per quadrant	\$0	\$0
D4342	Periodontal scaling and root planing - one to three teeth, per quadrant	\$0	\$0
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	Not Listed	\$0
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	Not Listed	\$60
D4910	Periodontal maintenance procedures - following active periodontal therapy	Not Listed	\$0
	Additional periodontal Maintenance procedures (limit 2 additional per year)	Not Listed	\$55
	Periodontal charting for planning treatment of periodontal disease	Included in other procedures	\$0
	Periodontal hygiene instruction	Included in other procedures	\$0
<b>Removable Prosthodontics</b>			
D5110	Complete upper denture	\$35	\$0
D5120	Complete lower denture	\$35	\$0
D5130	Immediate upper denture	\$35	\$0
D5140	Immediate lower denture	\$35	\$0
D5211	Upper partial - resin base (including clasps, rests and teeth)	\$35	\$0
D5212	Lower partial - resin base (including clasps, rests and teeth)	\$35	\$0
D5213	Upper partial - cast metal base with resin saddles (including clasps, rests and teeth)	\$35	\$0
D5214	Lower partial - cast metal base with resin saddles (including clasps, rests and teeth)	\$35	\$0
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	Not Listed	\$0
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	Not Listed	\$0
D5281	Removable unilateral partial denture one piece cast metal (including clasps and teeth)	Not Listed	\$125
D5410	Adjust complete denture - upper	\$0	\$0
D5411	Adjust complete denture - lower	\$0	\$0
D5421	Adjust partial denture - upper	\$0	\$0
D5422	Adjust partial denture - lower	\$0	\$0
D5510	Repair broken complete denture base	\$0	\$0
D5520	Replace missing or broken teeth	\$0	\$0
D5610	Repair resin denture base	\$0	\$0
D5620	Repair cast framework	\$0	\$0
D5630	Repair or replace broken clasp	\$0	\$0
D5640	Replace broken teeth - per tooth	\$0	\$0
D5650	Add tooth to existing partial denture	\$0	\$0
D5660	Add clasp to existing partial denture	\$0	\$0
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	Not Listed	\$0
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	Not Listed	\$0
D5710	Rebase complete upper denture	\$20	\$0
D5711	Rebase complete lower denture	\$20	\$0

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D5720	Rebase upper partial denture	\$20	\$0
D5721	Rebase lower partial denture	\$20	\$0
D5730	Reline complete upper denture (chairside)	\$10	\$0
D5731	Reline complete lower denture (chairside)	\$10	\$0
D5740	Reline upper partial denture (chairside)	\$10	\$0
D5741	Reline lower partial denture (chairside)	\$10	\$0
D5750	Reline complete upper denture (laboratory)	\$10	\$0
D5751	Reline complete lower denture (laboratory)	\$10	\$0
D5760	Reline upper partial denture (laboratory)	\$10	\$0
D5761	Reline lower partial denture (laboratory)	\$10	\$0
D5810	Interim Complete Denture (maxillary)	Not Listed	\$100
D5811	Interim complete denture (mandibular)	Not Listed	\$100
D5820	Interim partial denture - upper	\$10	\$0
D5821	Interim partial denture - lower	\$10	\$0
D5850	Tissue conditioning - upper	Not Listed	\$0
D5851	Tissue conditioning - lower	Not Listed	\$0
D5862	Precision attachment, by report	Not Listed	\$160
<b>Crowns / Fixed Bridges - Per Unit</b>			
D6210	Pontic- cast high noble metal	\$35	\$0
D6211	Pontic - cast predominantly base metal	\$35	\$0
D6212	Pontic - cast noble metal	\$35	\$0
D6214	Pontic - titanium	\$35	\$50
D6240	Pontic - porcelain fused to high noble metal	\$35	\$0
D6241	Pontic - porcelain fused to predominantly base metal	\$35	\$0
D6242	Pontic - porcelain fused to noble metal	\$35	\$0
D6245	Pontic - porcelain/ceramic	Not Listed	\$0
D6250	Pontic - resin with high noble metal	\$35	\$0
D6251	Pontic - Resin With Predominantly Base Metal	\$35	\$0
D6252	Crown - retainer - porcelain fused to high noble	\$35	\$0
D6253	Provisional Pontic	Not Listed	\$0
D6545	Retainer - cast metal for acid etch fixed prosthesis	Not Listed	\$50
D6600	Inlay - porcelain/ceramic, two surfaces	Not Listed	\$50
D6601	Inlay - porcelain/ceramic, three or more surfaces	Not Listed	\$50
D6602	Inlay - cast high noble metal, two surfaces	Not Listed	\$0
D6603	Inlay - cast high noble metal, three or more surfaces	Not Listed	\$0
D6604	Inlay - cast predominantly base metal, two surfaces	Not Listed	\$0
D6605	Inlay - cast predominantly base metal, three or more surfaces	Not Listed	\$0
D6606	Inlay - cast noble metal, two surfaces	Not Listed	\$0
D6607	Inlay - cast noble metal, three or more surfaces	Not Listed	\$0
D6608	Onlay - porcelain/ceramic, two surfaces	Not Listed	\$50
D6609	Onlay - porcelain/ceramic, three or more surfaces	Not Listed	\$50
D6610	Onlay - cast high noble metal, two surfaces	Not Listed	\$0
D6611	Onlay - cast high noble metal, three or more surfaces	Not Listed	\$0
D6612	Onlay - cast predominantly base metal, two surfaces	Not Listed	\$0
D6613	Onlay - cast predominantly base metal, three or more surfaces	Not Listed	\$0
D6614	Onlay - cast noble metal, two surfaces	Not Listed	\$0
D6615	Onlay - cast noble metal, three or more surfaces	Not Listed	\$0
D6710	Crown - indirect resin based composite	Not Listed	\$50
D6720	Crown - resin with high noble metal	\$35	\$0
D6721	Crown - Resin With Predominantly Base Metal	\$35	\$0
D6722	Crown - resin with noble metal	\$35	\$0
D6740	Crown - porcelain/ceramic substrate	Not Listed	\$0

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D6750	Crown - porcelain fused to high noble metal	\$35	\$0
D6751	Crown - porcelain fused to predominantly base metal	\$35	\$0
D6752	Crown - porcelain fused to noble metal	\$35	\$0
D6780	Crown - 3/4 cast high noble metal	\$35	\$0
D6781	Crown - 3/4 cast predominantly base metal	\$35	\$0
D6782	Crown - 3/4 cast noble metal	\$35	\$0
D6783	Crown - 3/4 porcelain/ceramic	Not Listed	\$0
D6790	Crown - full cast high noble metal	\$35	\$0
D6791	Crown - full cast predominantly base metal	\$35	\$0
D6792	Crown - full cast noble metal	\$35	\$0
D6794	Crown - titanium	\$35	\$50
D6930	Recement bridge	\$0	\$0
D6940	Stress breaker	\$0	\$0
D6950	Precision attachment, by report	Not Listed	\$195
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	\$0	\$0
D6972	Prefabricated post and core in addition to bridge retainer	\$0	\$0
D6973	Core build up for retainer, including any pins	\$0	\$0
D6976	Each additional indirectly fabricated post - same tooth	Not Listed	\$0
D6977	Each additional prefabricated post, same tooth	Not Listed	\$0
D6980	Fixed partial denture repair, by report	Not Listed	\$0
	Complex full-mouth rehabilitation copy per unit for treatment involving 7 or more crowns	Not Listed	\$125 per unit
	Additional fee for porcelain on molar restorations	\$75 per unit	\$75 per unit
	Maximum additional fees for noble and high noble metal	Additional charge	Not to exceed \$150 per unit
<b>Oral Surgery</b>			
D7111	Extraction, coronal remnants - deciduous tooth	Not Listed	\$0
D7140	Extraction - erupted tooth or exposed root (elevation and/or forceps removal)	\$0	\$0
D7210	Surgical removal of erupted tooth	\$0	\$0
D7220	Extraction - removal of impacted tooth - soft tissue	\$0	\$0
D7230	Extraction - removal of impacted tooth - partially bony	\$0	\$0
D7240	Extraction - removal of impacted tooth - completely bony	\$0	\$0
D7241	Extraction - removal of impacted tooth - completely bony, with unusual surgical complications	Not Listed	\$0
D7250	Surgical extraction - removal of residual tooth roots	\$0	\$0
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	Not Listed	\$0
D7280	Surgical exposure of impacted unerupted tooth	Not Listed	\$0
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	Not Listed	\$0
D7283	Placement of device to facilitate eruption of impacted tooth	Not Listed	\$0
D7285	Biopsy of oral tissue - hard	\$0	\$0
D7286	Biopsy of oral tissue - soft	\$0	\$0
D7287	Exfoliative cytological sample collection	Not Listed	\$50
D7288	Brush biopsy - transepithelial sample collection	Not Listed	\$50
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$0	\$0
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$0	\$0



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D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$0	\$0
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$0	\$0
D7450	Removal of benign odontogenic cyst or tumor - up to 1.25 cm	Not Listed	Not Listed
D7471	Removal of lateral exostosis (maxilla or mandible)	Not Listed	\$0
D7472	Removal of torus palatinus	Not Listed	\$0
D7473	Removal of torus mandibularis	Not Listed	\$0
D7485	Surgical reduction of osseous tuberosity	Not Listed	\$60
D7510	Incision and drainage of abscess - intraoral soft tissue	\$0	\$0
D7511	Incision and drainage of abscess - intraoral soft tissue, complicated	\$0	\$15
D7520	Incision and drainage of abscess - extraoral soft tissue	Not Listed	\$15
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	Not Listed	\$15
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	Not Listed	Not Listed
D7910	Suture of recent small wounds up to 5 cm	Not Listed	\$15
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$0	\$0
D7963	Frenuloplasty	\$0	\$0
D7970	Excision of hyperplastic tissue	Not Listed	\$0
D7971	Excision of pericoronal gingiva	Not Listed	\$0
D7972	Surgical reduction of fibrous tuberosity	Not Listed	Not Listed
<b>Orthodontics</b>			
D8010	Limited orthodontic treatment of the primary dentition	Not Listed	\$950
D8020	Limited orthodontic treatment of the transitional dentition	Not Listed	\$950
D8030	Limited orthodontic treatment of the adolescent dentition	Not Listed	\$950
D8040	Limited orthodontic treatment of the adult dentition	Not Listed	\$950
D8050	Interceptive orthodontic treatment of the primary dentition	Not Listed	25% Discount
D8060	Interceptive orthodontic treatment of the transitional dentition	Not Listed	25% Discount
D8070	Comprehensive orthodontic treatment of the transitional dentition (full treatment case - including fixed/removable appliances)	Not Listed	\$1,300
D8080	Comprehensive orthodontic treatment of the adolescent dentition (full treatment case - including fixed/removable appliances)	\$400	\$1,300
D8090	Comprehensive orthodontic treatment of the adult dentition (full treatment case - including fixed/removable appliances)	Not Listed	\$1,400
D8210	Removable Appliance Therapy	Not Listed	25% Discount
D8220	Fixed Appliance Therapy	Not Listed	25% Discount
D8660	Consultation	Not Listed	\$25
D8670	Periodic Orthodontic Treatment Visit (as part of contract)	Not Listed	\$0
D8680	Retention phase (including fee for fixed/removable retainers and monthly visits for 24 months)	Not to exceed \$250	\$250
D8693	Rebonding or recementing; and/or repair, as required of fixed retainers	\$0	\$0
	Orthodontic treatment plan and records (pre x-rays, photos, study models)	Not Listed	\$250 - pre, post records and planning
	Ortho visits beyond 24 months active treatment or retention	Not Listed	\$25
<b>Adjunctive General Services</b>			
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$0	\$0
D9120	Fixed partial denture sectioning	\$0	\$0
D9210	Local anesthesia not in conjunction with operative or surgical procedure	Not Listed	\$0

Code	Service	150-D	SGC 1028
D9211	Regional Block Anesthesia	Not Listed	\$0
D9212	Trigeminal Division Block Anesthesia	Not Listed	\$0
D9215	Local anesthesia	\$0	\$0
D9220	Deep sedation/general anesthesia - first 30 minutes	\$0	\$165
D9221	Deep sedation/general anesthesia - each additional 15 minutes	Not Listed	\$80
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	Not Listed	\$15
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	Not Listed	\$165
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	Not Listed	\$80
D9248	Non-intravenous conscious sedation	Not Listed	\$15
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$0	\$0
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$0	\$0
D9440	Office visit - after regularly scheduled hours	\$20	\$20
D9450	Case Presentation, Detailed and Extensive Treatment Planning	Not Listed	\$0
D9610	Therapeutic parenteral drug, single administration	Not Listed	\$15
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	Not Listed	\$25
D9630	Other drugs and/or medicaments by report	Not Listed	\$15
D9910	Application of desensitizing medicament	Not Listed	\$15
D9940	Occlusal Guard, by report	Not Listed	\$85
D9942	Repair and/or relines of occlusal guard	Not Listed	\$40
D9951	Occlusal adjustment - limited	Not Listed	\$0
D9952	Occlusal adjustment - complete	\$0	\$0
D9972	External bleaching, per arch	Not Listed	\$125
	Unspecified adjunctive procedure, by report - includes failed appointment without 24-hour notice	\$10	Not to exceed \$10