

<b>CODE</b>	<b>SERVICE</b>	<b>Service To Seniors (HMO) and OC Preferred (HMO)</b>	<b>Desert Preferred Choice (HMO)</b>
	Office visit charge – per visit	\$4.00	\$4.00
<b>NOTE:</b> The \$4.00 copayment is charged each visit and is in addition to any cost-sharing listed elsewhere in the chart that is applicable to the services you receive during the visit.			
<b>Diagnostic</b>			
Services when performed by a Dental Health Services general dentist.			
D0120	Periodic oral evaluation - established patient	\$0.00	\$0.00
D0140	Limited oral evaluation – problem focused	\$0.00	\$0.00
D0150	Comprehensive oral evaluation - new or established patient	\$0.00	\$0.00
D0160	Detailed and extensive oral evaluation - problem-focused, by report	\$0.00	\$0.00
D0170	Re-evaluation - limited, problem-focused (established patient, not post-operative visit)	\$0.00	\$0.00
D0171	Re-evaluation - post-operative office visit	\$0.00	\$0.00
D0180	Comprehensive periodontal evaluation - new or established patient	\$0.00	\$0.00
D0210	Intraoral - complete series of radiographic images	\$10.00	\$0.00
D0220	Intraoral - periapical, first radiographic image	\$0.00	\$0.00
D0230	Intraoral - periapical, each additional radiographic image	\$0.00	\$0.00
D0240	Intraoral - occlusal radiographic image	\$0.00	\$0.00
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	\$0.00	\$0.00
D0270	Bitewing - single radiographic image	\$0.00	\$0.00

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D0272	Bitewings - two radiographic images	\$0.00	\$0.00
D0273	Bitewings - three radiographic images	\$0.00	\$0.00
D0274	Bitewings - four radiographic images	\$0.00	\$0.00
D0277	Vertical bitewings - 7 - 8 radiographic images	\$0.00	\$0.00
D0330	Panoramic radiographic image	\$10.00	\$0.00
D0340	Cephalometric radiographic image	Not covered	Not covered
D0350	Oral/facial photographic images obtained intraorally or extraorally	Not covered	Not covered
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	\$5.00	\$5.00
D0415	Collection of microorganisms for culture and sensitivity	Not covered	Not covered
D0425	Caries susceptibility tests	Not covered	Not covered
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	Not covered	Not covered
D0460	Pulp vitality tests	\$0.00	\$0.00
D0470	Diagnostic casts	\$5.00	\$0.00
D0601	Caries risk assessment and documentation, with a finding of low risk	Not covered	Not covered
D0602	Caries risk assessment and documentation, with a find of moderate risk	Not covered	Not covered

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D0603	Caries risk assessment and documentation, with a find of high risk	Not covered	Not covered
<b>Preventive</b>			
Dental prophylaxis (teeth cleaning) includes shallow scaling and polishing - eligible every six months.			
Members, particularly those who have not kept up with their routine dental appointments (at least once every six (6) months) or have been diagnosed with periodontal disease, may find that they require services involving periodontal scaling and root planning or full-mouth debridement before routine care such as regular cleanings can or will be provided. Please see the benefit schedule below for copayments for these procedures.			
D1110	Prophylaxis – adult (limited to 1 per 6 months & additional at higher copayments)	\$10.00	\$0.00
D1110	Prophylaxis – adult (additional beyond 1 in 6 months)	Not covered	Not covered
D1206	Topical application of fluoride varnish	\$12.00	Not covered
D1208	Topical application of fluoride – excluding varnish	\$10.00	\$0.00
D1310	Nutritional counseling for control of dental disease	\$0.00	\$0.00
D1320	Tobacco counseling for the control and prevention of oral disease	\$0.00	\$0.00
D1330	Oral hygiene instructions	\$0.00	\$0.00
D1351	Sealant – per tooth	Not covered	Not covered
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	Not covered	Not covered
D1353	Sealant repair - per tooth	Not covered	Not covered
<b>Space Maintainers</b>			
D1510	Space maintainer - fixed, unilateral	\$50.00	\$50.00
D1515	Space maintainer - fixed, bilateral	\$70.00	\$70.00
D1520	Space maintainer - removable, unilateral	\$40.00	\$40.00

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D1525	Space maintainer - removable, bilateral	\$50.00	\$50.00
D1550	Re-cementation of space maintainer	\$0.00	\$0.00
D1555	Re-cement or re-bond space maintainer	\$0.00	\$0.00
<b>Amalgam Restorations - Primary or Permanent</b>			
D2140	Amalgam - one surface, primary or permanent	\$25.00	\$25.00
D2150	Amalgam - two surfaces, primary or permanent	\$30.00	\$30.00
D2160	Amalgam - three surfaces, primary or permanent	\$35.00	\$35.00
D2161	Amalgam - four or more surfaces, primary or permanent	\$40.00	\$40.00
<b>Resin-based Composite Restorations</b>			
D2330	Resin-based composite - one surface, anterior	\$30.00	\$30.00
D2331	Resin-based composite - two surfaces, anterior	\$40.00	\$40.00
D2332	Resin-based composite - three surfaces, anterior	\$45.00	\$45.00
D2335	Resin-based composite - four or more surfaces, or involving incisal angle (anterior)	\$50.00	\$50.00
D2390	Resin-based composite crown, anterior	\$120.00	\$120.00
D2391	Resin-based composite - one surface, posterior	\$110.00	\$110.00
D2392	Resin-based composite - two surfaces, posterior	\$130.00	\$130.00
D2393	Resin-based composite - three surfaces, posterior	\$150.00	\$150.00
D2394	Resin-based composite - four or more surfaces, posterior	\$180.00	\$180.00

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<b>Crowns – single restoration only</b>			
<i>Additional charge of \$275 for specialized crowns such as Lava, Captek, Empress, Procera, etc.</i>			
D2510	Inlay - metallic, one surface	\$230.00	\$230.00
D2520	Inlay - metallic, two surfaces	\$230.00	\$230.00
D2530	Inlay - metallic, three or more surfaces	\$230.00	\$230.00
D2542	Onlay - metallic, two surfaces	\$230.00	\$230.00
D2543	Onlay - metallic, three surfaces	\$230.00	\$230.00
D2544	Onlay - metallic, four or more surfaces	\$230.00	\$230.00
D2610	Inlay - porcelain/ceramic, one surface	\$310.00	\$310.00
D2620	Inlay - porcelain/ceramic, two surfaces	\$330.00	\$330.00
D2630	Inlay - porcelain/ceramic, three or more surfaces	\$330.00	\$330.00
D2642	Onlay - porcelain/ceramic, two surfaces	\$330.00	\$330.00
D2643	Onlay - porcelain/ceramic, three surfaces	\$330.00	\$330.00
D2644	Onlay - porcelain/ceramic, four or more surfaces	\$330.00	\$330.00
D2650	Inlay - resin-based composite, one surface	\$230.00	\$230.00
D2651	Inlay - resin-based composite, two surfaces	\$250.00	\$250.00
D2652	Inlay - resin-based composite, three or more surfaces	\$250.00	\$250.00
D2662	Onlay - resin-based composite, two surfaces	\$250.00	\$250.00
D2663	Onlay - resin-based composite, three surfaces	\$250.00	\$250.00
D2664	Onlay - resin-based composite, four or more surfaces	\$250.00	\$250.00

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D2710	Crown - resin-based composite (indirect)	\$150.00	\$150.00
D2712	Crown - 3/4 resin-based composite (indirect)	\$150.00	\$150.00
D2720	Crown - resin with high noble metal	\$400.00	\$400.00
D2721	Crown - resin with predominantly base metal	\$250.00	\$250.00
D2722	Crown - resin with noble metal	\$375.00	\$375.00
D2740	Crown - porcelain/ceramic substrate	\$530.00	\$530.00
D2750	Crown - porcelain fused to high noble metal	\$530.00	\$530.00
D2751	Crown - porcelain fused to predominantly base metal	\$380.00	\$380.00
D2752	Crown - porcelain fused to noble metal	\$505.00	\$505.00
D2780	Crown - 3/4 cast high noble metal	\$480.00	\$480.00
D2781	Crown - 3/4 cast predominantly base metal	\$330.00	\$330.00
D2782	Crown - 3/4 cast noble metal	\$455.00	\$455.00
D2783	Crown - 3/4 porcelain/ceramic	\$380.00	\$380.00
D2790	Crown - full cast, high noble metal	\$530.00	\$530.00
D2791	Crown - full cast predominantly base metal	\$330.00	\$330.00
D2792	Crown - full cast, noble metal	\$455.00	\$455.00
D2794	Crown - titanium	\$480.00	\$480.00
D2799	Provisional crown - further treatment or completion of diagnosis necessary prior to final impression	\$200.00	\$200.00

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<b>Other Restorative Services</b>			
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$25.00	\$20.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$25.00	\$20.00
D2920	Re-cement or re-bond crown	\$25.00	\$20.00
D2921	Reattachment of tooth fragment, incisal edge or cusp	\$50.00	\$50.00
D2929	Prefabricated porcelain/ceramic crown - primary tooth	\$60.00	\$60.00
D2930	Prefabricated stainless steel crown - primary tooth	\$60.00	\$60.00
D2931	Prefabricated stainless steel crown - permanent tooth	\$60.00	\$60.00
D2932	Prefabricated resin crown	\$60.00	\$60.00
D2933	Prefabricated stainless steel crown with resin window	\$80.00	\$80.00
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	\$80.00	\$80.00
D2940	Protective restoration	\$0.00	\$0.00
D2941	Interim therapeutic restoration – primary dentition	Not covered	Not covered
D2949	Restorative foundation for an indirect restoration	\$0.00	\$0.00
D2950	Core buildup, including any pins when required	\$30.00	\$30.00
D2951	Pin retention - per tooth, in addition to restoration	\$20.00	\$20.00
D2952	Post and core in addition to crown, indirectly fabricated	\$70.00	\$70.00
D2953	Each additional indirectly fabricated post - same tooth	\$0.00	\$0.00

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D2954	Prefabricated post and core in addition to crown	\$55.00	\$55.00
D2955	Post removal (not in conjunction with endodontic therapy)	\$55.00	\$55.00
D2957	Each additional pre-fabricated post - same tooth	\$0.00	\$0.00
D2960	Labial veneer (resin laminate) - chairside	\$240.00	\$240.00
D2961	Labial veneer (resin laminate) -laboratory	\$280.00	\$280.00
D2962	Labial veneer (porcelain laminate) (laboratory)	\$360.00	\$360.00
D2971	Additional procedures to construct new crown under existing partial denture framework	\$25.00	\$25.00
D2975	Coping	\$230.00	\$230.00
D2990	Resin Infiltration of Incipient smooth surface lesions	\$10.00	\$10.00
<b>Endodontics</b>			
D3110	Pulp cap - direct (excluding final restoration)	\$12.00	\$12.00
D3120	Pulp cap - indirect (excluding final restoration)	\$6.00	\$6.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$17.00	\$17.00
D3221	Pulpal debridement - primary and permanent teeth	\$17.00	\$17.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$17.00	\$17.00



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D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$60.00	\$60.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$70.00	\$70.00
<b>Root Canal Therapy</b>			
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$150.00	\$150.00
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	\$220.00	\$220.00
D3330	Endodontic therapy, molar (excluding final restoration)	\$425.00	\$425.00
D3331	Treatment of root canal obstruction - non-surgical access	\$50.00	\$50.00
D3332	Incomplete endodontic therapy: inoperable, unrestorable, or fractured tooth	\$80.00	\$80.00
D3333	Internal root repair of perforation defects	\$50.00	\$50.00
D3346	Retreatment of previous root canal therapy - anterior	\$200.00	\$200.00
D3347	Retreatment of previous root canal therapy - bicuspid	\$320.00	\$320.00
D3348	Retreatment of previous root canal therapy – molar	Not covered	Not covered
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$35.00	\$35.00
D3352	Apexification/recalcification - interim medication replacement	\$35.00	\$35.00

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D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/ calcific repair of perforation, root resorption, etc.)	\$35.00	\$35.00
D3355	Pulpal regeneration – initial visit	Not covered	Not covered
D3356	Pulpal regeneration – interim medication replacement	Not covered	Not covered
D3357	Pulpal regeneration – completion of treatment	Not covered	Not covered
D3410	Apicoectomy – anterior	Not covered	Not covered
D3421	Apicoectomy – bicuspid (first root)	Not covered	Not covered
D3425	Apicoectomy – molar (first root)	Not covered	Not covered
D3426	Apicoectomy (each additional root)	Not covered	Not covered
D3427	Periradicular surgery without apicoectomy	Not covered	Not covered
D3430	Retrograde filling – per root	Not covered	Not covered
D3920	Hemisection (including any root removal), not including root canal therapy	Not covered	Not covered
D3950	Canal preparation and fitting of pre-formed dowel or post	\$55.00	\$55.00
<b>Periodontics</b>			
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$150.00	\$150.00
D4211	Gingivectomy/gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$60.00	\$60.00

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D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$60.00	\$60.00
D4230	Anatomical crown exposure – four or more contiguous teeth per quadrant	Not covered	Not covered
D4231	Anatomical crown exposure – one to three teeth per quadrant	Not covered	Not covered
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$250.00	\$250.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$200.00	\$200.00
D4245	Apically positioned flap	Not covered	Not covered
D4249	Clinical crown lengthening – hard tissue	Not covered	Not covered
D4260	Osseous surgery (including flap entry and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	Not covered	Not covered
D4261	Osseous surgery (including flap entry and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	Not covered	Not covered
D4263	Bone replacement graft – first site in quadrant	Not covered	Not covered
D4264	Bone replacement graft – each additional site in quadrant	Not covered	Not covered
D4266	Guided tissue regeneration – resorbable barrier, per site	Not covered	Not covered

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D4267	Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)	Not covered	Not covered
D4268	Surgical revision procedure, per tooth	Not covered	Not covered
D4270	Pedicle soft tissue graft procedure	Not covered	Not covered
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	Not covered	Not covered
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	\$445.00	\$445.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$100.00	\$100.00
D4320	Provisional splinting – intracoronal	Not covered	Not covered
D4321	Provisional splinting – extracoronal	Not covered	Not covered
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$50.00	\$50.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$25.00	\$25.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$50.00	\$50.00

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D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$50.00	\$50.00
D4910	Periodontal maintenance (limited to 1 every 3 months)	\$75.00	\$75.00
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	Not covered	Not covered
D4921	Gingival irrigation – per quadrant	\$25.00	\$25.00
D4999	Unspecified periodontal procedure, by report	\$0.00	\$0.00
<b>Dentures</b>			
Replacement will be made of any existing appliance (denture, etc.) only if it is unsatisfactory and cannot be made satisfactory. Prosthetic appliances will be replaced only after five years have elapsed from the time of delivery. Lost or stolen removable appliances are the responsibility of the enrollee.			
<i>Dentures and partials include four months free adjustments. Additional charges apply for upgraded/ specialized teeth such as IPN, porcelain, etc.</i>			
D5110	Complete denture - maxillary (upper)	\$450.00	\$350.00
D5120	Complete denture - mandibular (lower)	\$450.00	\$350.00
D5130	Immediate denture - maxillary (upper)	\$460.00	\$360.00
D5140	Immediate denture - mandibular (lower)	\$460.00	\$360.00
D5211	Maxillary partial denture (upper) - resin base (including clasps, rests and teeth)	\$300.00	\$200.00
D5212	Mandibular partial denture (lower) - resin base (including clasps, rests and teeth)	\$300.00	\$200.00

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D5213	Maxillary partial denture (upper) - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$480.00	\$380.00
D5214	Mandibular partial denture (lower) - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$480.00	\$380.00
D5221	Immediate maxillary partial denture (upper) - resin base (including any conventional clasps, rests and teeth)	\$510.00	\$410.00
D5222	Immediate mandibular partial denture (lower) - resin base (including any conventional clasps, rests and teeth)	\$510.00	\$410.00
D5223	Immediate maxillary partial denture (upper) - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$510.00	\$410.00
D5224	Immediate mandibular partial denture (lower) - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$510.00	\$410.00
D5225	Maxillary partial denture (upper) - flexible base (including any clasps, rests and teeth)	\$680.00	\$580.00
D5226	Mandibular partial denture (lower) - flexible base (including any clasps, rests and teeth)	\$680.00	\$580.00

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D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$250.00	\$150.00
<b>Denture Adjustments &amp; Repairs</b>			
Replacement will be made of any existing appliance (denture, etc.) only if it is unsatisfactory and cannot be made satisfactory. Prosthetic appliances will be replaced only after five years have elapsed from the time of delivery. Lost or stolen removable appliances are the responsibility of the enrollee.			
D5410	Adjust complete denture - maxillary (upper)	\$0.00	\$0.00
D5411	Adjust complete denture - mandibular (lower)	\$0.00	\$0.00
D5421	Adjust partial denture - maxillary (upper)	\$0.00	\$0.00
D5422	Adjust partial denture - mandibular (lower)	\$0.00	\$0.00
D5510	Repair broken complete denture base	\$30.00	\$30.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$20.00	\$20.00
D5610	Repair resin denture base	\$30.00	\$30.00
D5620	Repair cast framework	\$50.00	\$50.00
D5630	Repair or replace broken clasp - per tooth	\$40.00	\$40.00
D5640	Replace broken teeth - per tooth	\$20.00	\$20.00
D5650	Add tooth to existing partial denture	\$20.00	\$20.00
D5660	Add clasp to existing partial denture - per tooth	\$30.00	\$30.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary) - upper	\$220.00	\$220.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular) - lower	\$220.00	\$220.00
D5710	Rebase complete maxillary (upper) denture	\$140.00	\$140.00

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D5711	Rebase complete mandibular (lower) denture	\$140.00	\$140.00
D5720	Rebase maxillary (upper) partial denture	\$140.00	\$140.00
D5721	Rebase mandibular (lower) partial denture	\$140.00	\$140.00
D5730	Reline complete maxillary (upper) denture (chairside)	\$80.00	\$80.00
D5731	Reline complete mandibular (lower) denture (chairside)	\$80.00	\$80.00
D5740	Reline maxillary (upper) partial denture (chairside)	\$80.00	\$80.00
D5741	Reline mandibular (lower) partial denture (chairside)	\$80.00	\$80.00
D5750	Reline complete maxillary (upper) denture (laboratory)	\$140.00	\$140.00
D5751	Reline complete mandibular (lower) denture (laboratory)	\$140.00	\$140.00
D5760	Reline maxillary (upper) partial denture (laboratory)	\$140.00	\$140.00
D5761	Reline mandibular (lower) partial denture (laboratory)	\$140.00	\$140.00
D5810	Interim complete denture - maxillary (upper)	\$140.00	\$140.00
D5811	Interim complete denture - mandibular (lower)	\$140.00	\$140.00
D5820	Interim partial denture - maxillary (upper)	\$140.00	\$140.00
D5821	Interim partial denture - mandibular (lower)	\$140.00	\$140.00
D5850	Tissue conditioning - maxillary (upper)	\$40.00	\$40.00
D5851	Tissue conditioning - mandibular (lower)	\$40.00	\$40.00
D5863	Overdenture – complete maxillary	Not covered	Not covered
D5864	Overdenture – partial maxillary	Not covered	Not covered



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D5865	Overdenture – complete mandibular	Not covered	Not covered
D5866	Overdenture – partial mandibular	Not covered	Not covered
<b>Bridges</b>			
<i>Additional charge of \$275 for specialized crowns such as Lava, Captek, Empress, Procera, etc.</i>			
D6205	Pontic - indirect resin-based composite	\$230.00	\$230.00
D6210	Pontic - cast high noble metal	\$480.00	\$480.00
D6211	Pontic - cast predominantly base metal	\$330.00	\$330.00
D6212	Pontic - cast noble metal	\$455.00	\$455.00
D6214	Pontic - titanium	\$480.00	\$480.00
D6240	Pontic - porcelain fused to high noble metal	\$530.00	\$530.00
D6241	Pontic - porcelain fused to predominantly base metal	\$380.00	\$380.00
D6242	Pontic - porcelain fused to noble metal	\$505.00	\$505.00
D6245	Pontic - porcelain/ceramic	\$380.00	\$380.00
D6250	Pontic - resin with high noble metal	\$380.00	\$380.00
D6251	Pontic - resin with predominantly base metal	\$230.00	\$230.00
D6252	Pontic - resin with noble metal	\$355.00	\$355.00
D6253	Provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	\$200.00	\$200.00
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$180.00	\$180.00
D6548	Retainer - porcelain/ceramic for resin-bonded fixed prosthesis	\$180.00	\$180.00
D6549	Resin retainer - for resin bonded fixed prosthesis	\$180.00	\$180.00

<b>CODE</b>	<b>SERVICE</b>	<b>Service To Seniors (HMO) and OC Preferred (HMO)</b>	<b>Desert Preferred Choice (HMO)</b>
D6600	Inlay - porcelain/ceramic, two surfaces	\$280.00	\$280.00
D6601	Inlay - porcelain/ceramic, three or more surfaces	\$280.00	\$280.00
D6602	Retainer Inlay - cast high noble metal, two surfaces	\$380.00	\$380.00
D6603	Retainer Inlay - cast high noble metal, three or more surfaces	\$380.00	\$380.00
D6604	Retainer Inlay - cast predominantly base metal, two surfaces	\$230.00	\$230.00
D6605	Retainer Inlay - cast predominantly base metal, three or more surfaces	\$230.00	\$230.00
D6606	Retainer Inlay - cast noble metal, two surfaces	\$355.00	\$355.00
D6607	Retainer Inlay - cast noble metal, three or more surfaces	\$355.00	\$355.00
D6608	Retainer Onlay - porcelain/ceramic, two surfaces	\$280.00	\$280.00
D6609	Retainer Onlay - porcelain/ceramic, three or more surfaces	\$280.00	\$280.00
D6610	Retainer Onlay - cast high noble metal, two surfaces	\$380.00	\$380.00
D6611	Retainer Onlay - cast high noble metal, three or more surfaces	\$380.00	\$380.00
D6612	Retainer Onlay - cast predominantly base metal, two surfaces	\$230.00	\$230.00
D6613	Retainer Onlay - cast predominantly base metal, three or more surfaces	\$230.00	\$230.00
D6614	Retainer Onlay - cast noble metal, two surfaces	\$355.00	\$355.00

<b>CODE</b>	<b>SERVICE</b>	<b>Service To Seniors (HMO) and OC Preferred (HMO)</b>	<b>Desert Preferred Choice (HMO)</b>
D6615	Retainer Onlay - cast noble metal, three or more surfaces	\$355.00	\$355.00
D6624	Retainer Inlay - titanium	\$380.00	\$380.00
D6634	Retainer Onlay - titanium	\$380.00	\$380.00
D6710	Retainer Crown - indirect resin-based composite	\$230.00	\$230.00
D6720	Retainer Crown - resin with high noble metal	\$380.00	\$380.00
D6721	Retainer Crown - resin with predominantly base metal	\$230.00	\$230.00
D6722	Retainer Crown - resin with noble metal	\$355.00	\$355.00
D6740	Retainer Crown - porcelain/ceramic	\$530.00	\$530.00
D6750	Retainer Crown - porcelain fused to high noble metal	\$530.00	\$530.00
D6751	Retainer Crown - porcelain fused to predominantly base metal	\$380.00	\$380.00
D6752	Retainer Crown - porcelain fused to noble metal	\$505.00	\$505.00
D6780	Retainer Crown - 3/4 cast high noble metal	\$480.00	\$480.00
D6781	Retainer Crown - 3/4 cast predominantly base metal	\$330.00	\$330.00
D6782	Retainer Crown - 3/4 cast noble metal	\$455.00	\$455.00
D6783	Retainer Crown - 3/4 porcelain/ceramic	\$380.00	\$380.00
D6790	Retainer Crown - full cast high noble metal	\$530.00	\$530.00
D6791	Retainer Crown - full cast predominantly base metal	\$330.00	\$330.00
D6792	Retainer Crown - full cast noble metal	\$330.00	\$330.00

<b>CODE</b>	<b>SERVICE</b>	<b>Service To Seniors (HMO) and OC Preferred (HMO)</b>	<b>Desert Preferred Choice (HMO)</b>
D6793	Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	\$200.00	\$200.00
D6794	Retainer Crown - titanium	\$480.00	\$480.00
D6930	Re-cement or re-bond fixed partial denture	\$20.00	\$20.00
<b>Oral Surgery</b>			
D7111	Extraction - coronal remnants, deciduous tooth	\$30.00	\$30.00
D7140	Extraction - erupted tooth or exposed root (elevation and/or forceps removal)	\$35.00	\$35.00
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$100.00	\$100.00
D7220	Removal of impacted tooth – soft tissue	Not covered	Not covered
D7230	Removal of impacted tooth – partially bony	Not covered	Not covered
D7240	Removal of impacted tooth – completely bony	Not covered	Not covered
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	Not covered	Not covered
D7250	Surgical removal of residual tooth roots (cutting procedure)	Not covered	Not covered
D7251	Coronectomy – intentional partial tooth removal	Not covered	Not covered
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$250.00	\$250.00
D7280	Surgical access of an unerupted tooth	Not covered	Not covered

<b>CODE</b>	<b>SERVICE</b>	<b>Service To Seniors (HMO) and OC Preferred (HMO)</b>	<b>Desert Preferred Choice (HMO)</b>
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	Not covered	Not covered
D7285	Biopsy of oral tissue – hard (bone, tooth)	Not covered	Not covered
D7286	Biopsy of oral tissue – soft	Not covered	Not covered
D7288	Brush biopsy – transepithelial sample collection	Not covered	Not covered
D7311	Alveoloplasty in conjunction with extractions - one to three teeth, or teeth spaces, per quadrant	\$80.00	\$80.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$80.00	\$80.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth, or teeth spaces, per quadrant	\$80.00	\$80.00
D7510	Incision and drainage of abscess - intraoral soft tissue	\$10.00	\$10.00
D7511	Incision and drainage of abscess - intraoral software - complicated (includes drainage of multiple fascial spaces)	\$100.00	\$100.00
D7960	Frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	Not covered	Not covered
D7963	Frenuloplasty	Not covered	Not covered
D7970	Excision of hyperplastic tissue – per arch	Not covered	Not covered
D7971	Excision of pericoronal gingival	Not covered	Not covered

<b>CODE</b>	<b>SERVICE</b>	<b>Service To Seniors (HMO) and OC Preferred (HMO)</b>	<b>Desert Preferred Choice (HMO)</b>
<b>Other Services</b>			
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$10.00	\$10.00
D9120	Fixed partial denture sectioning	\$40.00	\$40.00
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$0.00	\$0.00
D9211	Regional block anesthesia	\$0.00	\$0.00
D9212	Trigeminal division block anesthesia	\$0.00	\$0.00
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$0.00	\$0.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$20.00	\$20.00
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	\$0.00	Not covered
D9440	Office visit - after regularly scheduled hours	\$50.00	\$50.00
D9450	Case presentation - detailed and extensive treatment planning	\$0.00	\$0.00
D9610	Therapeutic parenteral drug, single administration	\$15.00	\$15.00
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	\$30.00	\$30.00
D9630	Other drugs and/or medicaments, by report	\$25.00	\$25.00
D9910	Application of desensitizing medicament	\$20.00	\$20.00

<b>CODE</b>	<b>SERVICE</b>	<b>Service To Seniors (HMO) and OC Preferred (HMO)</b>	<b>Desert Preferred Choice (HMO)</b>
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	\$20.00	\$20.00
D9932	Cleaning and inspection of removable complete denture, maxillary (upper)	\$40.00	\$40.00
D9933	Cleaning and inspection of removable complete denture, mandibular (lower)	\$40.00	\$40.00
D9934	Cleaning and inspection of removable partial denture, maxillary (upper)	\$40.00	\$40.00
D9935	Cleaning and inspection of removable partial denture, mandibular (lower)	\$40.00	\$40.00
D9940	Occlusal guard - by report	\$180.00	\$180.00
D9941	Fabrication of athletic mouthguard	\$100.00	\$100.00
D9942	Repair and/or reline of occlusal guard	\$90.00	\$90.00
D9951	Occlusal adjustment – limited	Not covered	Not covered
D9952	Occlusal adjustment – complete	Not covered	Not covered
D9970	Enamel microabrasion	Not covered	Not covered
D9971	Odontoplasty 1 – 2 teeth; includes removal of enamel projections	Not covered	Not covered
D9972	External bleaching - per arch	\$200.00	\$200.00
D9973	External bleaching - per tooth	\$100.00	\$100.00
D9974	Internal bleaching - per tooth	\$100.00	\$100.00
D9975	External bleaching for home application, per arch; Includes materials and fabrication of custom trays	\$200.00	\$200.00