

CSEA Employee Benefit Fund January 2019 ADA Codes and Plan Fees

Code	PROCEDURE DESCRIPTION	State	Sunrise	Horizon	Equinox	Dutchess	UCS	UCS Ret	Retiree	Solstice
	DIAGNOSTIC									
D0120	periodic oral examination	40	34	42	45	48	38	30	32	31
D0140	limited oral examination (Does not look at 9110)	40	34	42	45	48	38	30	32	31
D0145	oral eval, child under age 3 & caregiver counsel	40	34	42	45	48	38	30	32	31
D0150	comprehensive oral examination	40	34	42	45	48	38	30	32	31
D0160	detailed and extensive oral exam	40	34	42	45	48	38	30	32	31
D0180	comprehensive periodontal evaluation	40	34	42	45	48	38	30	32	31
D0210	intraoral-complete series of radiographic images (includes BW)	90	85	85	100	110	85	80	45	70
D0220	intraoral-periapical first radiographic image	10	8	10	12	12	8	8	6	8
D0230	intraoral-periapical, additional image	10	8	10	12	12	8	8	6	8
D0240	intraoral-occlusal radiographic image	20	25	25	30	30	25	25	20	21
D0270	bitewing-1 radiographic image	10	10	10	10	12	10	8	8	8
D0272	bitewings-2 radiographic images	20	20	20	20	24	20	16	16	16
D0273	bitewings-3 radiographic images	30	30	30	30	36	30	24	24	24
D0274	bitewings-4 radiographic images	40	40	40	40	48	40	32	32	32
D0277	vertical bitewings-7-8 radiographic images	32	32	32	40	40	32	32	32	32
D0330	panoramic radiographic image (Does not include BWs)	90	85	85	100	110	85	80	45	70
D0340	2D cephalometric image	NC	NC	NC	100	100	85	80	NC	NC
D0460	pulp vitality tests	NC	NC	NC	20	20	20	6	NC	NC
	PREVENTIVE									
D1110	prophylaxis-adult	78	75	80	85	90	75	61	64	65
D1120	prophylaxis-child	63	60	65	70	75	60	39	50	50
D1208	topical application of fluoride (not varnish)	15	17	18	19	20	16	14	12	15
D1351	sealant-per tooth	25	24	25	26	28	22	17	25	23
D1510	space maintainer-fixed-unilateral/excludes a distal shoe maintainer	120	70	75	80	100	78	60	97	70
D1516	space maintainer-maxillary fixed-bilateral	176	125	150	160	180	144	144	146	140
D1517	space maintainer-mandibular fixed-bilateral	176	125	150	160	180	144	144	146	140
D1520	space maintainer-removable-unilateral	120	70	75	80	100	78	78	97	70
D1526	space maintainer-maxillary removable-bilateral	176	125	150	160	180	144	144	146	140
D1527	space maintainer-mandibular removable-bilateral	176	125	150	160	180	144	144	146	140
D1575	distal shoe space maintainer fixed unilateral	120	70	75	80	100	78	60	97	70
	RESTORATIVE									
	Amalgam Restorations									
D2140	amalgam-1 surface, primary or permanent	90	88	94	100	105	88	75	60	72
D2150	amalgam-2 surfaces, primary or permanent	115	110	120	125	130	110	90	80	87
D2160	amalgam-3 surfaces, primary or permanent	135	145	150	155	165	130	100	96	102
D2161	amalgam-4+ surfaces, primary or permanent	145	145	150	155	165	130	100	96	102
	Resin-based Composite Restorations									
D2330	resin-based composite-1 surface, anterior	90	95	100	105	110	95	80	82	80
D2331	resin-based composite-2 surfaces, anterior	130	125	135	140	145	120	95	102	92
D2332	resin-based composite-3 surfaces, anterior	145	155	165	175	185	150	110	118	110

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D2335	resin-based composite-4+ surfaces or involving incisal angle	145	155	165	175	185	150	110	118	110
D2390	resin-based composite crown, anterior	200	155	160	180	200	180	180	200	147
D2391	resin-based composite-1 surface, posterior	90	95	100	105	110	95	80	82	80
D2392	resin-based composite-2 surfaces, posterior	130	125	135	140	145	120	95	102	92
D2393	resin-based composite-3 surfaces, posterior	145	155	165	175	185	150	110	118	110
D2394	resin-based composite-4+ surfaces, posterior	145	155	165	175	185	150	110	118	110
	Inlay/Onlay Restorations									
D2510	inlay-metallic-1 surface	178	243	250	275	300	250	150	178	243
D2520	inlay-metallic-2 surfaces	208	293	370	395	420	370	270	208	293
D2530	inlay-metallic-3+ surfaces	250	307	382	410	440	382	288	250	307
D2542	onlay-metallic-2 surfaces	208	293	370	395	420	370	270	208	293
D2543	onlay-metallic-3 surfaces	250	307	382	410	440	382	288	250	307
D2544	onlay-metallic-4+ surfaces	250	307	382	410	440	382	288	250	307
D2610	inlay-porcelain/ceramic-1 surface	178	243	250	275	300	250	150	178	243
D2620	inlay-porcelain/ceramic-2 surfaces	208	293	370	395	420	370	270	208	293
D2630	inlay-porcelain/ceramic-3+ surfaces	250	307	382	410	440	382	288	250	307
D2642	onlay-porcelain/ceramic-2 surfaces	208	293	370	395	420	370	270	208	293
D2643	onlay-porcelain/ceramic-3 surfaces	250	307	382	410	440	382	288	250	307
D2644	onlay-porcelain/ceramic-4+ surfaces	250	307	382	410	440	382	288	250	307
D2650	inlay-resin-based composite-1 surface	178	243	250	275	300	250	150	178	243
D2651	inlay-resin-based composite-2 surfaces	208	293	370	395	420	370	270	208	293
D2652	inlay-resin-based composite-3+ surfaces	250	307	382	410	440	382	288	250	307
D2662	onlay-resin-based composite-2 surfaces	208	293	370	395	420	370	270	208	293
D2663	onlay-resin-based composite-3 surfaces	250	307	382	410	440	382	288	250	307
D2664	onlay-resin-based composite-4+ surfaces	250	307	382	410	440	382	288	250	307
	Crowns									
D2710	crown-resin based composite (indirect)	200	155	160	180	200	180	180	200	147
D2720	crown-resin with high noble metal	490	375	425	450	460	370	325	490	357
D2721	crown-resin with pred. base metal	490	375	425	450	460	370	325	490	357
D2722	crown-resin with noble metal	490	375	425	450	460	370	325	490	357
D2740	crown-porcelain/ceramic	725	725	750	775	800	675	340	535	650
D2750	crown-porcelain fused to high noble metal	725	725	750	775	800	675	465	620	650
D2751	crown-porcelain fused to base metal	725	725	750	775	800	675	465	620	650
D2752	crown-porcelain fused to noble metal	725	725	750	775	800	675	465	620	650
D2780	crown-3/4 cast high noble metal	425	425	430	455	475	430	325	280	425
D2781	crown-3/4 cast base metal	425	425	430	455	475	430	325	280	425
D2782	crown-3/4 cast noble metal	425	425	430	455	475	430	325	280	425
D2790	crown-full cast high noble metal	610	575	625	650	675	500	382	495	545
D2791	crown-full cast base metal	610	575	625	650	675	500	382	495	545
D2792	crown-full cast noble metal	610	575	625	650	675	500	382	495	545
D2794	crown-titanium	725	725	750	775	800	675	465	575	650
D2910	re-cement inlay, onlay or partial coverage restoration	NC	NC	NC	20	20	20	12	NC	NC
D2920	re-cement crown	30	30	35	40	45	30	26	32	28

CSEA Employee Benefit Fund January 2019 ADA Codes and Plan Fees

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D2930	prefab. stainless steel crown-primary	80	75	75	75	75	56	56	80	56
D2950	core buildup, including pins	NC	NC	NC	75	75	65	56	NC	NC
D2951	pin retention	20	20	20	22	26	20	18	20	20
D2952	post and core, indirectly fabricated	140	150	155	160	165	120	102	100	100
D2954	prefab. post and core	140	150	155	160	165	120	102	100	100
	<u>ENDODONTICS</u>									
D3110	pulp cap-direct	NC	NC	NC	20	20	20	16	NC	NC
D3120	pulp cap-indirect	NC	NC	NC	20	20	20	16	NC	NC
D3220	therapeutic pulpotomy	90	60	65	70	75	55	31	31	55
D3310	anterior root canal therapy	650	550	600	625	675	495	214	435	450
D3320	premolar root canal therapy	750	650	650	775	825	625	268	475	475
D3330	molar root canal therapy	900	775	800	925	975	775	377	535	565
D3410	apicoectomy-anterior	575	400	600	620	630	400	150	100	380
D3421	apicoectomy-premolar	575	400	600	620	630	400	150	100	380
D3425	apicoectomy-molar	575	400	600	620	630	400	150	100	380
D3426	apicoectomy-each additional root	200	125	150	175	200	125	100	100	120
D3430	retrograde filling (PER ROOT)	125	100	125	130	135	100	50	50	100
	<u>PERIODONTICS</u>									
D4210	gingivectomy-per quadrant, 4+ teeth	350	325	350	375	400	320	230	250	300
D4211	gingivectomy-per quadrant, 1-3 teeth	250	200	200	220	225	190	154	200	150
D4260	osseous surgery-per quadrant, 4+ teeth	700	650	675	725	750	625	390	350	525
D4263	perio related bone replacement graft	250	250	250	250	250	250	250	250	250
D4261	osseous surgery-per quadrant, 1-3 teeth	550	350	375	425	450	410	260	265	400
D4341	perio scaling and root planing, 4+ teeth	60	100	100	100	100	90	27	50	90
D4342	perio scaling and root planing, 1-3 teeth	40	50	50	50	50	45	18	27	45
D4346	scaling in presence of gingival inflammation full mouth	78	75	80	85	90	75	61	64	65
D4910	periodontal maintenance procedures	78	75	80	85	90	75	61	64	65
	<u>PROSTHODONTICS (REMOVABLE)</u>									
	<u>Complete dentures-permanent</u>									
D5110	complete maxillary denture	900	900	925	950	950	700	420	600	650
D5120	complete mandibular denture	900	900	925	950	950	700	420	600	650
D5130	immediate maxillary denture	900	900	925	950	950	700	420	600	650
D5140	immediate mandibular denture	900	900	925	950	950	700	420	600	650
	<u>Partial dentures</u>									
D5211	maxillary partial denture-resin base	900	900	925	950	950	700	450	600	650
D5212	mandibular partial denture-resin	900	900	925	950	950	700	450	600	650
D5213	maxillary partial denture-cast metal	900	900	925	950	950	700	450	600	650
D5214	mandibular partial denture-cast metal	900	900	925	950	950	700	450	600	650
D5221	immediate maxillary partial denture-resin base	900	900	925	950	950	700	450	600	650
D5222	immediate mandibular partial denture-resin base	900	900	925	950	950	700	450	600	650
D5223	immediate maxillary partial denture-cast metal-resin base	900	900	925	950	950	700	450	600	650

CSEA Employee Benefit Fund January 2019 ADA Codes and Plan Fees

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D5224	immediate mandibular partial denture-cast metal-resin base	900	900	925	950	950	700	450	600	650
D5225	maxillary partial denture-flexible base	900	900	925	950	950	700	450	600	650
D5226	mandibular partial denture-flexible base	900	900	925	950	950	700	450	600	650
D5282	maxillary removable unilateral partial denture	350	350	400	425	450	300	210	300	300
D5283	mandibular removable unilateral partial denture	350	350	400	425	450	300	210	300	300
	Adjustments to dentures									
D5410	adjust complete maxillary denture	NC	NC	NC	50	50	30	12	NC	NC
D5411	adjust complete mandibular denture	NC	NC	NC	50	50	30	12	NC	NC
D5421	adjust partial maxillary denture	NC	NC	NC	50	50	30	12	NC	NC
D5422	adjust partial mandibular denture	NC	NC	NC	50	50	30	12	NC	NC
	Repairs to complete dentures									
D5511	repair broken complete mandibular denture base	125	100	100	125	125	100	42	125	75
D5512	repair broken complete maxillary denture base	125	100	100	125	125	100	42	125	75
D5520	replace missing or broken teeth (4/YR)	60	60	60	60	75	50	42	50	50
	Repairs to partial dentures									
D5611	repair resin partial mandibular denture base	125	90	90	125	125	100	42	125	75
D5612	repair resin partial maxillary denture base	125	90	90	125	125	100	42	125	75
D5621	repair cast partial mandibular framework	125	90	90	125	125	100	42	125	75
D5622	repair cast partial maxillary framework	125	90	90	125	125	100	42	125	75
D5630	repair or replace broken clasp per tooth (4/YR)	60	65	65	75	85	71	71	50	55
D5640	replace broken tooth (4/YR)	60	60	60	60	75	50	42	50	50
D5650	add tooth to existing partial per tooth (4/YR)	60	60	60	60	75	50	42	50	50
D5660	add clasp to existing partial (4/YR)	60	65	65	75	85	71	71	50	55
	Denture rebase procedures									
D5710	rebase complete maxillary denture	250	200	200	225	250	169	94	235	164
D5711	rebase complete mandibular denture	250	200	200	225	250	169	94	235	164
	Denture reline procedures									
D5730	reline complete maxillary denture (chairside)	175	175	180	190	200	154	150	150	150
D5731	reline complete mandibular denture (chairside)	175	175	180	190	200	154	150	150	150
D5740	reline partial maxillary denture (chairside)	175	175	180	190	200	154	150	150	150
D5741	reline partial mandibular denture (chairside)	175	175	180	190	200	154	150	150	150
D5750	reline complete maxillary denture (lab)	175	175	180	190	200	154	150	150	150
D5751	reline complete mandibular denture (lab)	175	175	180	190	200	154	150	150	150
D5760	reline partial maxillary denture (lab)	175	175	180	190	200	154	150	150	150
D5761	reline partial mandibular denture (lab)	175	175	180	190	200	154	150	150	150
	Interim prosthesis-temporary									
D5810	interim complete maxillary denture	175	200	220	NC	NC	NC	NC	144	166
D5811	interim complete mandibular denture	175	200	220	NC	NC	NC	NC	144	166
D5820	interim partial maxillary denture	175	200	220	230	250	NC	NC	120	144
D5821	interim partial mandibular denture	175	200	220	230	250	NC	NC	120	144
	Other Removable Prosthetic Services									
D5863	overdenture-complete maxillary	900	900	925	950	950	700	450	600	650

CSEA Employee Benefit Fund January 2019 ADA Codes and Plan Fees

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D5864	overdenture-partial maxillary	900	900	925	950	950	700	450	600	650
D5865	overdenture-complete mandibular	900	900	925	950	950	700	450	600	650
D5866	overdenture-partial mandibular	900	900	925	950	950	700	450	600	650
	IMPLANT SERVICES									
D6010	surgical placement of implant body, endosteal	1,000	1,000	1,000	1,000	1,000	1,000	NC	NC	NC
D6056	prefabricated abutment	250	250	250	250	250	250	NC	NC	NC
D6057	custom abutment	250	250	250	250	250	250	NC	NC	NC
D6058	abutment supported porcelain/ceramic crown	725	725	750	775	800	675	340	535	650
D6059	abutment supported porcelain/metal (high noble) crown	725	725	750	775	800	675	465	620	650
D6060	abutment supported porcelain/metal (base) crown	725	725	750	775	800	675	465	620	650
D6061	abutment supported porcelain/metal (noble) crown	725	725	750	775	800	675	465	620	650
D6062	abutment supported cast metal crown (high noble)	610	575	625	650	675	500	382	495	545
D6063	abutment supported cast metal crown (base)	610	575	625	650	675	500	382	495	545
D6064	abutment supported cast metal crown (noble)	610	575	625	650	675	500	382	495	545
D6065	implant supported porcelain/ceramic crown	725	725	750	775	800	675	340	535	650
D6066	implant supported porcelain/metal crown	725	725	750	775	800	675	465	620	650
D6067	implant supported metal crown	610	575	625	650	675	500	382	495	545
D6068	abutment supported retainer for porcelain/ceramic FPD	725	725	750	775	800	675	340	535	650
D6069	abutment supported retainer for porcelain/metal FPD	725	725	750	775	800	675	465	620	650
D6070	abutment supported retainer for porcelain/metal FPD	725	725	750	775	800	675	465	620	650
D6071	abutment supported retainer for porcelain/metal FPD	725	725	750	775	800	675	465	620	650
D6072	abutment supported retainer for metal FPD	610	575	625	650	675	500	382	495	545
D6073	abutment supported retainer for metal FPD	610	575	625	650	675	500	382	495	545
D6074	abutment supported retainer for metal FPD	610	575	625	650	675	500	382	495	545
D6075	implant supported retainer for ceramic FPD	725	725	750	775	800	675	340	535	650
D6076	implant supported retainer for porcelain/metal FPD	725	725	750	775	800	675	465	620	650
D6077	implant supported retainer for cast metal FPD	610	575	625	650	675	500	382	495	545
D6092	re-cement implant/abutment supported crown	40	30	35	40	45	30	26	32	28
D6093	re-cement implant/abutment supported fixed partial denture	80	65	65	75	80	50	42	42	40
D6094	implant/abutment supported crown-titanium	725	725	750	775	800	675	465	575	650
D6104	bone replacement graft at time of implant placement	350	350	350	350	350	350	350	350	350
D6110	implant supported removable maxillary denture (edent)	900	900	925	950	950	700	420	600	650
D6111	implant supported removable mandibular denture (edent)	900	900	925	950	950	700	420	600	650
D6112	implant supported removable maxillary denture (partial)	900	900	925	950	950	700	450	600	650
D6113	implant supported removable mandibular denture (partial)	900	900	925	950	950	700	450	600	650
D6114	implant supported fixed maxillary denture (edent)	900	900	925	950	950	700	420	600	650
D6115	implant supported fixed mandibular denture (edent)	900	900	925	950	950	700	420	600	650
D6116	implant supported fixed maxillary denture (partial)	900	900	925	950	950	700	450	600	650
D6117	implant supported fixed mandibular denture (partial)	900	900	925	950	950	700	450	600	650
D6118	implant/abutment supported interim fixed mandibular denture	175	200	220	NC	NC	NC	NC	144	166
D6119	implant/abutment supported interim fixed maxillary denture	175	200	220	NC	NC	NC	NC	144	166
D6194	abutment supported retention crown-titanium	725	725	750	775	800	675	465	575	650

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	PROSTHODONTICS, FIXED									
	Fixed partial denture pontics									
D6210	pontic-cast high noble metal	500	450	500	525	525	425	164	275	400
D6211	pontic-cast base metal	500	450	500	525	525	425	164	275	400
D6212	pontic-cast noble metal	500	450	500	525	525	425	164	275	400
D6214	pontic-titanium	600	550	600	625	650	525	340	450	500
D6240	pontic-porcelain fused to high noble metal	600	550	600	625	650	525	340	455	500
D6241	pontic-porcelain fused to base metal	600	550	600	625	650	525	340	455	500
D6242	pontic-porcelain fused to noble metal	600	550	600	625	650	525	340	455	500
D6245	pontic-porcelain/ceramic	600	550	600	625	650	525	340	455	500
D6250	pontic-resin with high noble metal	258	300	375	400	425	346	270	258	300
D6251	pontic-resin with base metal	258	300	375	400	425	346	270	258	300
D6252	pontic-resin with noble metal	258	300	375	400	425	346	270	258	300
	Fixed partial denture retainers (abutments)									
	(inlays/onlays)									
D6545	retainer-cast metal for resin bonded	290	250	275	285	300	235	149	220	230
D6548	retainer-porcelain/ceramic for resin bonded	290	250	275	285	300	235	149	220	230
D6600	inlay-porcelain/ceramic, 2 surfaces	208	293	370	395	420	370	270	208	293
D6601	inlay-porcelain/ceramic, 3+ surfaces	250	307	382	410	440	382	288	250	307
D6602	inlay-high noble metal, 2 surfaces	208	293	370	395	420	370	270	208	293
D6603	inlay-high noble metal, 3+ surfaces	250	307	382	410	440	382	288	250	307
D6604	inlay-base metal, 2 surfaces	208	293	370	395	420	370	270	208	293
D6605	inlay-base metal, 3+ surfaces	250	307	382	410	440	382	288	250	307
D6606	inlay-noble metal, 2 surfaces	208	293	370	395	420	370	270	208	293
D6607	inlay-noble metal, 3+ surfaces	250	307	382	410	440	382	288	250	307
D6624	inlay-titanium	250	307	382	410	440	382	288	250	307
D6608	onlay-porcelain/ceramic, 2 surfaces	208	293	370	395	420	370	270	208	293
D6609	onlay-porcelain/ceramic, 3+ surfaces	250	307	382	410	440	382	288	250	307
D6610	onlay-high noble metal, 2 surfaces	208	293	370	395	420	370	270	208	293
D6611	onlay-high noble metal, 3+ surfaces	250	307	382	410	440	382	288	250	307
D6612	onlay-base metal, 2 surfaces	208	293	370	395	420	370	270	208	293
D6613	onlay-base metal, 3+ surfaces	250	307	382	410	440	382	288	250	307
D6614	onlay-noble metal, 2 surfaces	208	293	370	395	420	370	270	208	293
D6615	onlay-noble metal, 3+ surfaces	250	307	382	410	440	382	288	250	307
D6634	onlay-titanium	250	307	382	410	440	382	288	250	307
	Fixed partial denture retainers (abutments)									
	(crown-abutments)									
D6720	crown-resin, high noble metal	490	375	425	450	460	370	325	490	357
D6721	crown-resin, base metal	490	375	425	450	460	370	325	490	357
D6722	crown-resin, noble metal	490	375	425	450	460	370	325	490	357
D6740	crown-porcelain/ceramic	725	725	750	775	800	675	340	535	650
D6750	crown-porcelain fused to high noble metal	725	725	750	775	800	675	465	620	650

CSEA Employee Benefit Fund January 2019 ADA Codes and Plan Fees

Code	PROCEDURE DESCRIPTION	State	Sunrise	Horizon	Equinox	Dutchess	UCS	UCS Ret	Retiree	Solstice
D6751	crown-porcelain fused to base metal	725	725	750	775	800	675	465	620	650
D6752	crown-porcelain fused to noble metal	725	725	750	775	800	675	465	620	650
D6780	crown-3/4 cast, high noble metal	425	425	430	455	475	430	325	280	425
D6781	crown-3/4 cast, base metal	425	425	430	455	475	430	325	280	425
D6782	crown-3/4 cast, noble metal	425	425	430	455	475	430	325	280	425
D6790	crown-full cast, high noble metal	610	575	625	650	675	500	382	495	545
D6791	crown-full cast, base metal	610	575	625	650	675	500	382	495	545
D6792	crown-full cast, noble metal	610	575	625	650	675	500	382	495	545
D6794	crown-titanium	725	725	750	775	800	675	465	575	650
	Other fixed partial denture services									
D6930	re-cement fixed partial denture (bridge)	80	65	65	75	80	50	42	42	40
	ORAL AND MAXILLOFACIAL SURGERY									
	Extractions									
D7111	extract coronal remnants-primary tooth	75	80	90	100	110	80	50	65	80
D7140	extraction, erupted tooth or exposed root	110	110	120	140	160	100	50	95	90
D7210	extraction, erupted tooth requiring removal of bone	175	160	180	200	220	140	79	140	125
D7220	removal of soft tissue impacted	300	250	275	325	325	230	90	171	225
D7230	removal of partially bony impacted	400	300	350	375	425	250	126	245	240
D7240	removal of completely bony impacted	500	375	400	425	525	315	175	355	300
D7241	removal of complicated	500	375	400	425	525	315	175	355	300
D7250	removal of residual tooth roots	160	160	180	200	220	140	60	140	125
	Other surgical procedures									
D7280	exposure of an unerupted tooth	200	NC	NC	275	300	120	120	NC	NC
D7285	incisional biopsy of oral tissue-hard	190	140	140	150	175	120	65	60	110
D7286	incisional biopsy of oral tissue-soft	190	140	140	150	175	120	65	60	110
	Alveoloplasty									
D7310	in conjunction w/extractions, 4+ teeth or spaces	135	150	150	160	160	135	47	80	150
D7311	in conjunction w/extractions, 1-3 teeth or spaces	100	100	100	110	110	100	24	40	100
D7320	no extractions, 4+ teeth or spaces	135	150	150	160	160	135	86	80	150
D7321	no extractions, 1-3 teeth or spaces	100	100	100	110	110	100	43	40	100
	Removal of tumors, cysts, neoplasms									
D7410	excision benign lesion up to 1.25 cm	200	195	200	200	200	200	NC	90	200
D7411	excision benign lesion greater than 1.25 cm	200	195	200	200	200	200	NC	90	200
D7412	excision benign lesion, complicated	200	195	200	200	200	200	NC	90	200
D7413	excision malignant lesion up to 1.25 cm	200	195	200	200	200	200	NC	90	200
D7414	excision malignant lesion greater than 1.25cm	200	195	200	200	200	200	NC	90	200
D7415	excision malignant lesion, complicated	200	195	200	200	200	200	NC	90	200
D7440	excision malignant tumor up to 1.25 cm	200	195	200	200	200	200	NC	90	200
D7441	excision malignant tumor greater than 1.25 cm	200	195	200	200	200	200	NC	90	200
D7450	removal of odontogenic cyst up to 1.25 cm	200	195	200	200	200	200	NC	90	200
D7451	removal of odontogenic cyst greater than 1.25 cm	200	195	200	200	200	200	NC	90	200
	Excision of bone tissue									

CSEA Employee Benefit Fund January 2019 ADA Codes and Plan Fees

Code	PROCEDURE DESCRIPTION	State	Sunrise	Horizon	Equinox	Dutchess	UCS	UCS Ret	Retiree	Solstice
D7471	removal of lateral exostosis-per site	300	200	200	200	200	200	NC	200	200
D7472	removal of torus palatinus	300	200	200	200	200	200	NC	200	200
D7473	removal of torus mandibularis	300	200	200	200	200	200	NC	200	200
	Surgical incision									
D7510	incision and drainage, intraoral	125	125	125	125	125	125	42	40	125
D7953	bone replacement graft at time of extraction	250	250	250	250	250	250	250	250	250
D7960	frenulectomy	250	200	225	225	250	200	114	100	200
	ORTHODONTICS									
	Limited orthodontic treatment									
D8010	limited tx of the primary dentition	300	500	500	500	500	300	300	NC	300
D8020	limited tx of the transitional dentition	300	500	500	500	500	300	300	NC	300
D8030	limited tx of the adolescent dentition	300	500	500	500	500	300	300	NC	300
D8040	limited tx of the adult dentition	300	500	500	500	500	300	300	NC	300
	Interceptive orthodontic treatment									
D8050	interceptive tx of the primary dentition	300	500	500	500	500	300	300	NC	300
D8060	interceptive tx of the transitional dentition	300	500	500	500	500	300	300	NC	300
	Comprehensive orthodontic treatment									
D8070	comprehensive tx of the transitional dentition	1000	950	975	1000	1000	808	540	NC	650
D8080	comprehensive tx of the adolescent dentition	1000	950	975	1000	1000	808	540	NC	650
D8090	comprehensive tx of the adult dentition	1000	950	975	1000	1000	808	540	NC	650
	Minor treatment to control habits									
D8210	removable appliance therapy	300	500	500	500	500	300	300	NC	300
D8220	fixed appliance therapy	300	500	500	500	500	300	300	NC	300
	Other orthodontic services									
D8670	periodic orthodontic tx visit (24 months)	150	135	150	155	160	125	85	NC	80
D8680	orthodontic retention	300	300	300	300	300	300	NC	NC	300
	ADJUNCTIVE GENERAL SERVICES									
D9110	palliative treatment (Does not look at D0140)	60	50	58	60	64	50	30	45	40
	Anesthesia									
D9222	deep sedation /general anesthesia first 15 min	100	100	100	100	100	100	100	100	100
D9223	deep sedation /general anesthesia each subsequent 15 min	100	100	100	100	100	100	100	100	100
D9239	intravenous moderate conscious sedation first 15 min	100	100	100	100	100	100	100	100	100
D9243	intravenous moderate conscious sedation each subsequent 15 min	100	100	100	100	100	100	100	100	100
	Professional visits									
D9310	professional consultation	100	100	100	100	100	100	100	100	100
	Miscellaneous services									
D9951	occlusal adjustment-limited	NC	NC	NC	50	50	50	35	NC	NC
D9952	occlusal adjustment-complete	NC	NC	NC	175	175	175	140	NC	NC
	NC depicts non-covered procedures									

Frequency limits may apply - see Provider Guide for plan details.
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