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PRODUCT: D0032094 (UHC Healthplex ASO Custom NY Only Plan 72P06)

Diagnostic Diagnostic oral evaluation \$0.00 D0120 periodic oral evaluation - problem focused \$0.00 D0140 for evaluation for a patient under three years of age and courselling with primary caregiver \$0.00 D0150 comprehensive oral evaluation reversal evaluation or problem-focused, by report \$0.00 D0160 detailed and extensive oral evaluation reversal evaluation or problem-focused, by report \$0.00 D0171 re-evaluation, initiated, problem focused \$0.00 D0171 re-evaluation, initiated, problem focused \$0.00 D0210 intraoral - comprehensive series of radiographic mages \$0.00 D0220 intraoral - peripacified intra radiographic image \$0.00 D0220 intraoral - peripacified and additional radiographic image \$0.00 D0221 bitewings - single radiographic image \$0.00 D0222 bitewings - two radiographic images \$0.00 D0223 bitewings - two radiographic images \$0.00 D0224 bitewings - two radiographic images \$0.00 D0227 bitewings - two radiographic images \$0.00 D0228 pa	ADA	Description	MEMBER PAYS
D0145 İmited oral evaluation - problem focused \$0.00 D0145 oral evaluation for a patient under three years of age and counseling with primary caregiver \$0.00 D0150 corprehensive oral evaluation - new or established patient \$0.00 D0170 re-evaluation, limited, problem focused \$0.00 D0171 re-evaluation, limited, problem focused \$0.00 D0210 increarial port problem focused \$0.00 D0210 intraoral - periapical first radiographic images \$0.00 D0220 intraoral - periapical each additional radiographic image \$0.00 D02210 intraoral - periapical each additional radiographic image \$0.00 D0222 bitewing - single radiographic image \$0.00 D0223 bitewing - rediographic image \$0.00 D0224 bitewings - three radiographic images \$0.00 D0227 bitewings - four radiographic images \$0.00 D0228 bitewings - four radiographic images \$0.00 D0229 bitewings - four radiographic images \$0.00 D0230 parise is a sassessment and documentation, with a finding of low risk	Diagno	stic	
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D1505 comprehensive oral evaluation - new or established patient \$0.00 D0160 detailed and extensive oral evaluation - problem-focused, by report \$0.00 D0170 re-evaluation, limited, problem focused \$0.00 D0171 re-evaluation - post-operative office visit \$0.00 D0220 intraoral - comprehensive series of radiographic images \$0.00 D0220 intraoral - periapical first radiographic image \$0.00 D0230 intraoral - periapical first radiographic image \$0.00 D0270 bitewings - the radiographic images \$0.00 D02720 bitewings - two radiographic images \$0.00 D0273 bitewings - two radiographic images \$0.00 D0274 bitewings - two radiographic images \$0.00 D0275 bitewings - two radiographic images \$0.00 D0276 bitewings - two radiographic images \$0.00 D0277 vertical bitewings - T to 8 radiographic images \$0.00 D0278 bitewings - T to 8 radiographic images \$0.00 D0279 diagnostic casts \$0.00 D0280 cari	D0140	limited oral evaluation - problem focused	\$0.00
D0160 detailed and extensive oral evaluation - problem-focused, by report \$0,00 D0170 re-evaluation, Initied, problem focused \$0,00 D0171 re-evaluation, post-portarive office visit \$0,00 D0210 intraoral - comprehensive series of radiographic images \$0,00 D0220 intraoral - periapical first radiographic image \$0,00 D0230 intraoral - periapical cach additional radiographic image \$0,00 D0270 bitewing - single radiographic image created using a stationary radiation source and detector \$0,00 D0271 bitewings - two radiographic images \$0,00 D0272 bitewings - three radiographic images \$0,00 D0273 vertical bitewings - tour radiographic images \$0,00 D0274 bitewings - tour radiographic images \$0,00 D0275 vertical bitewings - 7 to 8 radiographic images \$0,00 D0276 cerise risk assessment and documentation, with a finding of low risk \$0,00 D0601 carise risk assessment and documentation, with a finding of low risk \$0,00 D1020 prophylaxis - achild \$0,00 D1120 <td< td=""><td>D0145</td><td>oral evaluation for a patient under three years of age and counseling with primary caregiver</td><td>\$0.00</td></td<>	D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	\$0.00
D0170 re-evaluation, limited, problem focused \$0.00 D0171 re-evaluation - post-operative office visit \$0.00 D01201 intraoral - comprehensive series of radiographic images \$0.00 D0220 intraoral - periapical first radiographic image \$0.00 D0250 extraoral - 2D projection radiographic image \$0.00 D0270 bitewing- single radiographic images \$0.00 D0271 bitewings - two radiographic images \$0.00 D0272 bitewings - two radiographic images \$0.00 D0273 bitewings - two radiographic images \$0.00 D0274 bitewings - two radiographic images \$0.00 D0273 vertical bitewings - 7 to 8 radiographic images \$0.00 D0274 bitewings - two radiographic images \$0.00 D0275 vertical bitewings - 7 to 8 radiographic images \$0.00 D0276 caries radiographic image \$0.00 D0277 vertical bitewings - 7 to 8 radiographic images \$0.00 D0280 caries risk assessment and documentation, with a finding of low risk \$0.00 D0291 <t< td=""><td>D0150</td><td>comprehensive oral evaluation - new or established patient</td><td>\$0.00</td></t<>	D0150	comprehensive oral evaluation - new or established patient	\$0.00
D0171 re-evaluation - post-operative office visit \$0.00 D0210 intraoral - comprehensive series of radiographic images \$0.00 D0220 intraoral - periapical first radiographic image \$0.00 D0230 intraoral - periapical first radiographic image \$0.00 D0250 extraoral - 2D projection radiographic image \$0.00 D0272 bitewings - two radiographic images \$0.00 D0273 bitewings - two radiographic images \$0.00 D0274 bitewings - two radiographic images \$0.00 D0275 bitewings - four radiographic images \$0.00 D0276 bitewings - four radiographic images \$0.00 D0277 vertical bitewings - 7 to 8 radiographic images \$0.00 D0278 bitewings - four radiographic images \$0.00 D0279 vertical bitewings - 7 to 8 radiographic images \$0.00 D0270 derical stack assessment and documentation, with a finding of low risk \$0.00 D0271 derical stack assessment and documentation, with a finding of high risk \$0.00 D0202 caries risk assessment and documentation, with a finding of high risk </td <td>D0160</td> <td>detailed and extensive oral evaluation - problem-focused, by report</td> <td>\$0.00</td>	D0160	detailed and extensive oral evaluation - problem-focused, by report	\$0.00
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D0230 intraoral - periapical each additional radiographic image \$0.00 D0250 extraoral - 2D projection radiographic image created using a stationary radiation source and detector \$0.00 D0270 bitewings - single radiographic images \$0.00 D0273 bitewings - two radiographic images \$0.00 D0274 bitewings - four radiographic images \$0.00 D0277 vertical bitewings - 7 to 8 radiographic images \$0.00 D0277 vertical bitewings - 7 to 8 radiographic images \$0.00 D0301 panoramic radiographic images \$0.00 D0470 dagnostic casts \$0.00 D0601 caries risk assessment and documentation, with a finding of low risk \$0.00 D0602 caries risk assessment and documentation, with a finding of high risk \$0.00 D1003 prophylaxis - adult \$0.00 D1101 prophylaxis - adult \$0.00 D1202 topical application of fluoride varnish \$0.00 D1203 ropical application of fluoride varnish \$0.00 D1204 projecal application of fluoride varnish \$0.00 <	D0210	intraoral - comprehensive series of radiographic images	\$0.00
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D0274 bitewings - four radiographic images \$0.00 D0277 vertical bitewings - 7 to 8 radiographic images \$0.00 D0300 panoramic radiographic image \$0.00 D0470 diagnostic casts \$0.00 D0601 caries risk assessment and documentation, with a finding of low risk \$0.00 D0602 caries risk assessment and documentation, with a finding of moderate risk \$0.00 D0603 caries risk assessment and documentation, with a finding of high risk \$0.00 Preventive \$0.00 D1110 prophylaxis - adult \$0.00 D1120 prophylaxis - child \$0.00 D1206 topical application of fluoride varnish \$0.00 D1207 Topical application of fluoride - excluding varnish \$0.00 D1301 sealant - per tooth \$0.00 D1351 sealant repair - per tooth \$0.00 D1352 preventive resin restoration - permanent tooth \$0.00 D1353 sealant repair - per tooth \$0.00 D1354 application of caries arresting medicament application - per tooth \$0.00 <td>D0272</td> <td>bitewings - two radiographic images</td> <td>\$0.00</td>	D0272	bitewings - two radiographic images	\$0.00
D0277 vertical bitewings - 7 to 8 radiographic images \$0.00 D0330 panoramic radiographic image \$0.00 D0470 diagnostic casts \$0.00 D0601 caries risk assessment and documentation, with a finding of low risk \$0.00 D0602 caries risk assessment and documentation, with a finding of moderate risk \$0.00 D0603 caries risk assessment and documentation, with a finding of high risk \$0.00 Preventive D1110 prophylaxis - adult \$0.00 D1120 prophylaxis - adult \$0.00 D1206 topical application of fluoride varnish \$0.00 D1207 Topical application of fluoride - excluding varnish \$0.00 D1208 Topical application of fluoride - excluding varnish \$0.00 D1330 oral hygiene instructions \$0.00 D1351 sealant - per tooth \$0.00 D1352 preventive resin restoration - permanent tooth \$0.00 D1353 salant repair - per tooth \$0.00 D1354 application of caries arresting medicament application - per tooth \$0.00 </td <td>D0273</td> <td>bitewings - three radiographic images</td> <td>\$0.00</td>	D0273	bitewings - three radiographic images	\$0.00
D0330 panoramic radiographic image \$0.00 D0470 diagnostic casts \$0.00 D0601 caries risk assessment and documentation, with a finding of low risk \$0.00 D0602 caries risk assessment and documentation, with a finding of moderate risk \$0.00 Preventive D1110 prophylaxis - adult \$0.00 D1120 prophylaxis - child \$0.00 D1208 topical application of fluoride varnish \$0.00 D1208 topical application of fluoride - excluding varnish \$0.00 D1208 Topical application of fluoride - excluding varnish \$0.00 D1330 oral hygiene instructions \$0.00 D1331 sealant - per tooth \$0.00 D1352 preventive resin restoration - permanent tooth \$0.00 D1354 apalication of caries arresting medicament application - per tooth \$0.00 D1355 caries preventive medicament application - per tooth \$0.00 D1356 apace maintainer - fixed - bilateral, maxillary \$0.00 D1510 space maintainer - fixed - bilateral, maxillary \$0.00	D0274	bitewings - four radiographic images	\$0.00
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D0601 caries risk assessment and documentation, with a finding of low risk \$0.00 D0602 caries risk assessment and documentation, with a finding of moderate risk \$0.00 D0603 caries risk assessment and documentation, with a finding of high risk \$0.00 Preventive D1110 prophylaxis - adult \$0.00 D1202 prophylaxis - adult \$0.00 D1203 topical application of fluoride varnish \$0.00 D1204 Topical application of fluoride - excluding varnish \$0.00 D1303 oral hygiene instructions \$0.00 D1334 sealant - per tooth \$0.00 D1352 preventive resin restoration - permanent tooth \$0.00 D1353 sealant repair - per tooth \$0.00 D1354 application of caries arresting medicament application - per tooth \$0.00 D1355 caries preventive medicament application - per tooth \$0.00 D1560 space maintainer - fixed, unilateral - per quadrant \$0.00 D1516 space maintainer - fixed - bilateral, maxillary \$0.00 D1520 space maintainer - fixed -	D0330	panoramic radiographic image	\$0.00
D0602 caries risk assessment and documentation, with a finding of moderate risk \$0.00 D0603 caries risk assessment and documentation, with a finding of high risk \$0.00 Preventive D1110 prophylaxis - adult \$0.00 D1202 prophylaxis - child \$0.00 D1208 topical application of fluoride varnish \$0.00 D1208 Topical application of fluoride - excluding varnish \$0.00 D1330 oral hygiene instructions \$0.00 D1331 sealant - per tooth \$0.00 D1352 preventive resin restoration - permanent tooth \$0.00 D1353 sealant repair - per tooth \$0.00 D1354 application of caries arresting medicament application - per tooth \$0.00 D1355 caries preventive medicament application - per tooth \$0.00 D1516 space maintainer - fixed, unilateral - per quadrant \$0.00 D1517 space maintainer - fixed - bilateral, maxillary \$0.00 D1520 space maintainer - removable, unilateral - per quadrant \$0.00 D1527 space maintainer - removable, bilateral	D0470	diagnostic casts	\$0.00
D0603 caries risk assessment and documentation, with a finding of high risk \$0,00 Preventive D1110 prophylaxis - adult \$0,00 D1120 prophylaxis - child \$0,00 D1206 topical application of fluoride varnish \$0,00 D1208 Topical application of fluoride - excluding varnish \$0,00 D1330 oral hygiene instructions \$0,00 D1351 sealant - per tooth \$0,00 D1352 preventive resin restoration - permanent tooth \$0,00 D1353 sealant repair - per tooth \$0,00 D1354 application of caries arresting medicament application - per tooth \$0,00 D1355 caries preventive medicament application - per tooth \$0,00 D1510 space maintainer - fixed, unilateral - per quadrant \$0,00 D1511 space maintainer - fixed - bilateral, maxillary \$0,00 D1520 space maintainer - fixed - bilateral, maxillary \$0,00 D1521 space maintainer - removable - bilateral, maxillary \$0,00 D1527 space maintainer - removable - bi	D0601	caries risk assessment and documentation, with a finding of low risk	\$0.00
Preventive D1110 prophylaxis - adult \$0.00 D1120 prophylaxis - child \$0.00 D1206 topical application of fluoride varnish \$0.00 D1208 Topical application of fluoride - excluding varnish \$0.00 D1330 oral hygiene instructions \$0.00 D1351 sealant - per tooth \$0.00 D1352 preventive resin restoration - permanent tooth \$0.00 D1353 sealant repair - per tooth \$0.00 D1354 application of caries arresting medicament application - per tooth \$0.00 D1355 caries preventive medicament application - per tooth \$0.00 D1510 space maintainer - fixed, unilateral - per quadrant \$0.00 D1511 space maintainer - fixed - bilateral, maxillary \$0.00 D1520 space maintainer - fixed - bilateral, mandibular \$0.00 D1526 space maintainer - removable - bilateral, maxillary \$0.00 D1527 space maintainer - removable - bilateral, maxillary \$0.00 D1528 space maintainer - removable - bilateral, maxillary \$0.00 <	D0602	caries risk assessment and documentation, with a finding of moderate risk	\$0.00
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D1208 Topical application of fluoride - excluding varnish \$0.00 D1330 oral hygiene instructions \$0.00 D1351 sealant - per tooth \$0.00 D1352 preventive resin restoration - permanent tooth \$0.00 D1353 sealant repair - per tooth \$0.00 D1354 application of caries arresting medicament application - per tooth \$0.00 D1355 caries preventive medicament application - per tooth \$0.00 D1510 space maintainer - fixed, unilateral - per quadrant \$0.00 D1516 space maintainer - fixed - bilateral, maxillary \$0.00 D1520 space maintainer - removable, unilateral - per quadrant \$0.00 D1520 space maintainer - removable - bilateral, maxillary \$0.00 D1521 space maintainer - removable - bilateral, maxillary \$0.00 D1527 space maintainer - removable - bilateral, mandibular \$0.00 D1527 space maintainer - removable - bilateral, mandibular \$0.00 D1528 space maintainer - removable - bilateral, mandibular \$0.00 D1529 space maintainer - removable - bilateral, mandibular	D1120	prophylaxis - child	\$0.00
D1330 oral hygiene instructions \$0.00 D1351 sealant - per tooth \$0.00 D1352 preventive resin restoration - permanent tooth \$0.00 D1353 sealant repair - per tooth \$0.00 D1354 application of caries arresting medicament application - per tooth \$0.00 D1355 caries preventive medicament application - per tooth \$0.00 D1510 space maintainer - fixed, unilateral - per quadrant \$0.00 D1516 space maintainer - fixed - bilateral, maxillary \$0.00 D1517 space maintainer - fixed - bilateral, mandibular \$0.00 D1520 space maintainer - removable, unilateral - per quadrant \$0.00 D1521 space maintainer - removable - bilateral, maxillary \$0.00 D1522 space maintainer - removable - bilateral, maxillary \$0.00 D1523 space maintainer - removable - bilateral, maxillary \$0.00 D1524 space maintainer - removable - bilateral, maxillary \$0.00 D1525 space maintainer - removable - bilateral, maxillary \$0.00 D1526 space maintainer - removable - bilateral, maxillary \$0.00 D1527 space maintainer - removable - bilateral, mandibular \$0.00 D1528 space maintainer - removable - bilateral, mandibular \$0.00 D1529 space maintainer - removable - bilateral, mandibular \$0.00	D1206	topical application of fluoride varnish	\$0.00
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D1352preventive resin restoration - permanent tooth\$0.00D1353sealant repair - per tooth\$0.00D1354application of caries arresting medicament application - per tooth\$0.00D1355caries preventive medicament application - per tooth\$0.00D1510space maintainer - fixed, unilateral - per quadrant\$0.00D1516space maintainer - fixed - bilateral, maxillary\$0.00D1517space maintainer - fixed - bilateral, mandibular\$0.00D1520space maintainer - removable, unilateral - per quadrant\$0.00D1526space maintainer - removable - bilateral, maxillary\$0.00D1527space maintainer - removable - bilateral, mandibular\$0.00D1701Pfizer-BioNTech Covid-19 vaccine administration - first dose\$0.00	D1330	oral hygiene instructions	\$0.00
D1353sealant repair - per tooth\$0.00D1354application of caries arresting medicament application - per tooth\$0.00D1355caries preventive medicament application - per tooth\$0.00D1510space maintainer - fixed, unilateral - per quadrant\$0.00D1516space maintainer - fixed - bilateral, maxillary\$0.00D1517space maintainer - fixed - bilateral, mandibular\$0.00D1520space maintainer - removable, unilateral - per quadrant\$0.00D1526space maintainer - removable - bilateral, maxillary\$0.00D1527space maintainer - removable - bilateral, mandibular\$0.00D1701Pfizer-BioNTech Covid-19 vaccine administration - first dose\$0.00	D1351	sealant - per tooth	\$0.00
D1354 application of caries arresting medicament application - per tooth D1355 caries preventive medicament application - per tooth D1510 space maintainer - fixed, unilateral - per quadrant D1516 space maintainer - fixed - bilateral, maxillary D1517 space maintainer - fixed - bilateral, mandibular D1520 space maintainer - removable, unilateral - per quadrant D1520 space maintainer - removable - bilateral, maxillary D1521 space maintainer - removable - bilateral, maxillary D1522 space maintainer - removable - bilateral, maxillary D1523 space maintainer - removable - bilateral, mandibular D1524 Space maintainer - removable - bilateral, mandibular D1525 Space maintainer - removable - bilateral, mandibular D1526 Space maintainer - removable - bilateral, mandibular D1527 Space maintainer - removable - bilateral, mandibular S0.00 D1501 Pfizer-BioNTech Covid-19 vaccine administration - first dose	D1352	preventive resin restoration - permanent tooth	\$0.00
D1355 caries preventive medicament application - per tooth D1510 space maintainer - fixed, unilateral - per quadrant D1516 space maintainer - fixed - bilateral, maxillary D1517 space maintainer - fixed - bilateral, mandibular D1520 space maintainer - removable, unilateral - per quadrant D1526 space maintainer - removable - bilateral, maxillary D1527 space maintainer - removable - bilateral, maxillary D1528 space maintainer - removable - bilateral, maxillary D1529 space maintainer - removable - bilateral, mandibular D1520 space maintainer - removable - bilateral, maxillary S0.00 D1521 space maintainer - removable - bilateral, mandibular S0.00 D1522 space maintainer - removable - bilateral, mandibular S0.00 D1523 space maintainer - removable - bilateral, mandibular S0.00	D1353	sealant repair - per tooth	\$0.00
D1510space maintainer - fixed, unilateral - per quadrant\$0.00D1516space maintainer - fixed - bilateral, maxillary\$0.00D1517space maintainer - fixed - bilateral, mandibular\$0.00D1520space maintainer - removable, unilateral - per quadrant\$0.00D1526space maintainer - removable - bilateral, maxillary\$0.00D1527space maintainer - removable - bilateral, mandibular\$0.00D1701Pfizer-BioNTech Covid-19 vaccine administration - first dose\$0.00	D1354	application of caries arresting medicament application - per tooth	\$0.00
D1516space maintainer - fixed - bilateral, maxillary\$0.00D1517space maintainer - fixed - bilateral, mandibular\$0.00D1520space maintainer - removable, unilateral - per quadrant\$0.00D1526space maintainer - removable - bilateral, maxillary\$0.00D1527space maintainer - removable - bilateral, mandibular\$0.00D1701Pfizer-BioNTech Covid-19 vaccine administration - first dose\$0.00	D1355	caries preventive medicament application - per tooth	\$0.00
D1517space maintainer - fixed - bilateral, mandibular\$0.00D1520space maintainer - removable, unilateral - per quadrant\$0.00D1526space maintainer - removable - bilateral, maxillary\$0.00D1527space maintainer - removable - bilateral, mandibular\$0.00D1701Pfizer-BioNTech Covid-19 vaccine administration - first dose\$0.00	D1510	space maintainer - fixed, unilateral - per quadrant	\$0.00
D1520space maintainer - removable, unilateral - per quadrant\$0.00D1526space maintainer - removable - bilateral, maxillary\$0.00D1527space maintainer - removable - bilateral, mandibular\$0.00D1701Pfizer-BioNTech Covid-19 vaccine administration - first dose\$0.00	D1516	space maintainer - fixed - bilateral, maxillary	\$0.00
D1526space maintainer - removable - bilateral, maxillary\$0.00D1527space maintainer - removable - bilateral, mandibular\$0.00D1701Pfizer-BioNTech Covid-19 vaccine administration - first dose\$0.00	D1517	space maintainer - fixed - bilateral, mandibular	\$0.00
D1527 space maintainer - removable - bilateral, mandibular \$0.00 D1701 Pfizer-BioNTech Covid-19 vaccine administration - first dose \$0.00	D1520	space maintainer - removable, unilateral - per quadrant	\$0.00
D1701 Pfizer-BioNTech Covid-19 vaccine administration - first dose \$0.00	D1526	space maintainer - removable - bilateral, maxillary	\$0.00
	D1527	space maintainer - removable - bilateral, mandibular	\$0.00
D1702 Pfizer-BioNTech Covid-19 vaccine administration - second dose \$0.00	D1701	Pfizer-BioNTech Covid-19 vaccine administration - first dose	\$0.00
	D1702	Pfizer-BioNTech Covid-19 vaccine administration - second dose	\$0.00
D1703 Moderna Covid-19 vaccine administration - first dose \$0.00	D1703	Moderna Covid-19 vaccine administration - first dose	\$0.00



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PRODUCT: D0032094 (UHC Healthplex ASO Custom NY Only Plan 72P06)

PRODUCT: D0032094 (UHC Healthplex ASO Custom NY Only Plan 72P06)		
ADA	Description	MEMBER PAYS
D1704	Moderna Covid-19 vaccine administration - second dose	\$0.00
D1705	AstraZeneca Covid-19 vaccine administration - first dose	\$0.00
D1706	AstraZeneca Covid-19 vaccine administration - second dose	\$0.00
D1707	Janssen Covid-19 vaccine administration	\$0.00
D1999	Unspecified preventive procedure, by report	\$0.00
Restora	ative	
D2140	amalgam - one surface, primary or permanent	\$0.00
D2150	amalgam - two surfaces, primary or permanent	\$0.00
D2160	amalgam - three surfaces, primary or permanent	\$0.00
D2161	amalgam - four or more surfaces, primary or permanent	\$0.00
D2330	resin-based composite - one surface, anterior	\$0.00
D2331	resin-based composite - two surfaces, anterior	\$0.00
D2332	resin-based composite - three surfaces, anterior	\$0.00
D2335	resin-based composite - four or more surfaces (anterior)	\$0.00
D2390	resin-based composite crown, anterior	\$0.00
D2391	resin-based composite - one surface, posterior	\$0.00
D2392	resin-based composite - two surfaces, posterior	\$0.00
D2393	resin-based composite - three surfaces, posterior	\$0.00
D2394	resin-based composite - four or more surfaces, posterior	\$0.00
D2410	gold foil - one surface	\$0.00
D2420	gold foil - two surfaces	\$0.00
D2430	gold foil - three surfaces	\$0.00
D2520	inlay - metallic - two surfaces	\$0.00
D2530	inlay - metallic - three or more surfaces	\$0.00
D2542	onlay metallic, two surfaces	\$0.00
D2543	onlay-metallic-three surfaces	\$0.00
D2544	onlay-metallic-four or more surfaces	\$0.00
D2610	inlay - porcelain/ceramic - one surface	\$0.00
D2620	inlay - porcelain/ceramic - two surfaces	\$0.00
D2630	inlay - porcelain/ceramic - three or more surfaces	\$0.00
D2650	inlay - composite/resin - one surface	\$0.00
D2651	inlay - composite/resin - two surfaces	\$0.00
D2652	inlay - composite/resin - three or more surfaces	\$0.00
D2662	onlay - composite/resin - two surfaces	\$0.00
D2664	onlay - composite/resin - four or more surfaces	\$0.00
D2710	crown,resin-based composite (indirect)	\$0.00
D2712	crown - 3/4 resin-based composite (indirect)	\$0.00
D2720	crown - resin with high noble metal	\$0.00
D2721	crown - resin with predominantly base metal	\$0.00
D2722	crown - resin with noble metal	\$0.00
D2740	crown - porcelain/ceramic	\$0.00
D2750	crown - porcelain fused to high noble metal	\$0.00
D2751	crown - porcelain fused to predominantly base metal	\$0.00
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ADA	Description	MEMBER PAYS
D2752	crown - porcelain fused to noble metal	\$0.00
D2753	crown - porcelain fused to titanium and titanium alloys	\$0.00
D2780	crown, 3/4 cast high noble metal	\$0.00
D2781	crown, 3/4 cast predominantly base metal	\$0.00
D2782	crown, 3/4 cast noble metal	\$0.00
D2790	crown - full cast high noble metal	\$0.00
D2791	crown - full cast predominantly base metal	\$0.00
D2792	crown - full cast noble metal	\$0.00
D2794	crown - titanium and titanium alloys	\$0.00
D2910	recement or re-bond inlay, onlay, veneer or partial coverage restoration	\$0.00
D2915	recement or re-bond cast indirectlty fabricated or prefabricated post and core	\$0.00
D2920	recement or re-bond crown	\$0.00
D2921	reattachment of tooth fragment, incisal edge or cusp	\$0.00
D2928	prefabricated porcelain/ceramic crown - permanent tooth	\$0.00
D2929	Prefabricated porcelain/ceramic crown - primary tooth	\$0.00
D2930	prefabricated stainless steel crown - primary tooth	\$0.00
D2931	prefabricated stainless steel crown - permanent tooth	\$0.00
D2932	prefabricated resin crown	\$0.00
D2933	prefabricated stainless steel crown with resin window	\$0.00
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	\$0.00
D2940	protective restoration	\$0.00
D2941	interim therapeutic restoration-primary dentition	\$0.00
D2949	restorative foundation for an indirect restoration	\$0.00
D2951	pin retention - per tooth, in addition to restoration	\$0.00
D2952	cast post and core in addition to crown	\$0.00
D2953	each additional indirectly fabricated post, same tooth	\$0.00
D2954	prefabricated post and core in addition to crown	\$0.00
D2955	post removal	\$0.00
D2957	each additional prefabricated post, same tooth	\$0.00
D2960	labial veneer (resin laminate) - direct	\$0.00
D2961	labial veneer (resin laminate) - indirect	\$0.00
D2971	additional procedures to customize a crown to fit under an existing partial dental framework	\$0.00
D2975	coping	\$0.00
D2981	inlay repair necessitated by restorative material failure	\$0.00
D2982	onlay repair necessitated by restorative material failure	\$0.00
D2983	veneer repair necessitated by restorative material failure	\$0.00
D2990	resin infiltration of incipient smooth surface lesions	\$0.00
D2999	unspecified restorative procedure, by report	\$0.00
D6085	interim implant crown	\$0.00
Endodo	ntics	
D3110	pulp cap - direct (excluding final restoration)	\$0.00
D3120	pulp cap - indirect (excluding final restoration)	\$0.00
D3220	therapeutic pulpotomy (excluding final restoration)	\$0.00
-		+3.00



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MEMBER PAYS

PRODUCT: D0032094 (UHC Healthplex ASO Custom NY Only Plan 72P06)

ADA

Description

ADA	Description	WEINDER PATS
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$0.00
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$0.00
D3310	endodontic therapy, anterior tooth (excluding final restoration)	\$0.00
D3320	endodontic therapy, premolar tooth (excluding final restoration)	\$0.00
D3330	endodontic therapy, molar tooth (excluding final restoration)	\$0.00
D3346	retreatment of previous root canal therapy - anterior	\$0.00
D3347	retreatment of previous root canal therapy - bicuspid	\$0.00
D3348	retreatment of previous root canal therapy - molar	\$0.00
D3410	Apicoectomy - anterior	\$0.00
D3421	Apicoectomy - premolar (first root)	\$0.00
D3425	Apicoectomy - molar (first root)	\$0.00
D3426	Apicoectomy (each additional root)	\$0.00
D3430	retrograde filling - per root	\$0.00
D3471	surgical repair of root resorption - anterior	\$0.00
D3472	surgical repair of root resorption - premolar	\$0.00
D3473	surgical repair of root resorption - molar	\$0.00
D3501	surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	\$0.00
D3502	surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	\$0.00
D3503	surgical exposure of root surface without apicoectomy or repair of root resorption - molar	\$0.00
D3911	intraorifice barrier	\$0.00
D3921	decoronation or submergence of an erupted tooth	\$0.00
Periodo	ontics	
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$0.00
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$0.00
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bound spaces per quadrant	\$0.00
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bound spaces per quadrant	\$0.00
D4245	apically positioned flap	\$0.00
D4249	clinical crown lengthening - hard tissue	\$0.00
D4260	osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$0.00
D4261	osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$0.00
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	\$0.00
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	\$0.00
D4265	biologic materials to aid in soft and osseous tissue regeneration, per site	\$0.00
D4266	guided tissue regeneration, natural teeth - resorbable barrier, per site	\$0.00
D4267	guided tissue regeneration, natural teeth - non-resorbable barrier, per site	\$0.00
D4268	surgical revision procedure, per tooth	\$0.00
D4270	pedicle soft tissue graft procedure	\$0.00
D4273	autogenous connective tissue graft procedure, per first tooth, implant or endentulous tooth position in graft	\$0.00
D4274	mesial/distal wedge procedure single tooth(when not perormed in conjunction with surgical procedures in the same area	\$0.00
D4275	non-autogenous connective tissue graft (including recipient site and donor material) first tooth implant	\$0.00
D4276	combined connective tissue and pedicle graft, per tooth	\$0.00
D4277	free soft tissue graft procedure (including recipient and donor surgical sites)first tooth, implant, or edentulous tooth	\$0.00
D4278	free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous position	\$0.00
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PRODUCT: D0032094 (UHC Healthplex ASO Custom NY Only Plan 72P06)

ADA	Description	MEMBER PAYS
D4323	splint - extra-coronal; natural teeth or prosthetic crowns	\$0.00
D4341	periodontal scaling and root planing - four or more teeth per quadrant	\$0.00
D4342	periodontal scaling and root planing - one - three teeth, per quadrant	\$0.00
D4346	scaling in presence of generalized moderate or severe gingival inflammation	\$0.00
D4355	full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	\$0.00
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$0.00
D4910	periodontal maintenance	\$0.00
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	\$0.00
Prosthe	odontics, Removable	
D5110	complete denture - maxillary	\$0.00
D5120	complete denture - mandibular	\$0.00
D5130	immediate denture - maxillary	\$0.00
D5140	immediate denture - mandibular	\$0.00
D5211	maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$0.00
D5212	mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$0.00
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests	\$0.00
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rest	\$0.00
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	\$0.00
D5222	immediate mandibular partial denture - resin base	\$0.00
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materi	\$0.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping mater	\$0.00
D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	\$0.00
D5226	mandibular partial denture - flexible base (including any retentive/clasping materials, rests, and teeth)	\$0.00
D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$0.00
D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$0.00
D5282	removable unil partial denture - one piece cast metal (includ retentive/clasping materials, rests, and teeth), maxillary	\$0.00
D5283	removable unil partial denture - one piece cast metal (incl. retentive/clasping materials, rests, and teeth), mandibular	\$0.00
D5284	removable unil. part denture - one piece flex. base (incl. retentive/clasping materials, rests, and teeth), per quadrant	\$0.00
D5286	removable unil. part denture - one piece resin (incl. retentive/clasping materials, rests, and teeth), per quadrant	\$0.00
D5410	adjust complete denture - maxillary	\$0.00
D5411	adjust complete denture - mandibular	\$0.00
D5421	adjust partial denture - maxillary	\$0.00
D5422	adjust partial denture - mandibular	\$0.00
D5511	repair broken complete denture base, mandibular	\$0.00
D5512	repair broken complete denture base, maxillary	\$0.00
D5520	replace missing or broken teeth - complete denture (each tooth)	\$0.00
D5611	repair resin partial denture base, mandibular	\$0.00
D5612	repair resin partial denture base, maxillary	\$0.00
D5621	repair cast partial framework, mandibular	\$0.00
D5622	repair cast partial framework, maxillary	\$0.00
D5630	repair or replace broken retentive/clasping materials - per tooth	\$0.00
D5640	replace broken teeth - per tooth	\$0.00
D5650	add tooth to existing partial denture	\$0.00
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MEMBER PAYS

PRODUCT: D0032094 (UHC Healthplex ASO Custom NY Only Plan 72P06)

ADA

Description

ADA	Description	IVIEIVIDER PATS
D5660	add clasp to existing partial denture - per tooth	\$0.00
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	\$0.00
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	\$0.00
D5710	rebase complete maxillary denture	\$0.00
D5711	rebase complete mandibular denture	\$0.00
D5720	rebase maxillary partial denture	\$0.00
D5721	rebase mandibular partial denture	\$0.00
D5725	rebase hybrid prosthesis	\$0.00
D5730	reline complete maxillary denture (direct)	\$0.00
D5731	reline complete mandibular denture (direct)	\$0.00
D5740	reline maxillary partial denture (direct)	\$0.00
D5741	reline mandibular partial denture (direct)	\$0.00
D5750	reline complete maxillary denture (indirect)	\$0.00
D5751	reline complete mandibular denture (indirect)	\$0.00
D5760	reline maxillary partial denture (indirect)	\$0.00
D5761	reline mandibular partial denture (indirect)	\$0.00
D5765	soft liner for complete or partial removable denture - indirect	\$0.00
D5810	interim complete denture (maxillary)	\$0.00
D5811	interim complete denture (mandibular)	\$0.00
D5821	interim partial denture (including retentive/clasping materials, rests, and teeth), (mandibular)	\$0.00
D5850	tissue conditioning, maxillary	\$0.00
D5851	tissue conditioning, mandibular	\$0.00
D5867	replacement of replaceable part of semi-precision or precision attachment per attachment	\$0.00
D5875	modification of removable prosthesis following implant surgery	\$0.00
D5876	add metal substructure to acrylic full denture (per arch)	\$0.00
D5899	unspecified removable prosthodontic procedure, by report	\$0.00
Maxillo	facial Prosthetics	
D5911	facial moulage (sectional)	\$0.00
D5912	facial moulage (complete)	\$0.00
D5913	nasal prosthesis	\$0.00
D5914	auricular prosthesis	\$0.00
D5915	orbital prosthesis	\$0.00
D5916	ocular prosthesis	\$0.00
D5919	facial prosthesis	\$0.00
D5922	nasal septal prosthesis	\$0.00
D5923	ocular prosthesis, interim	\$0.00
D5924	cranial prosthesis	\$0.00
D5925	facial augmentation implant prosthesis	\$0.00
D5926	nasal prosthesis, replacement	\$0.00
D5927	auricular prosthesis, replacement	\$0.00
D5928	orbital prosthesis, replacement	\$0.00
D5929	facial prosthesis, replacement	\$0.00
D5931	obturator prosthesis, surgical	\$0.00
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ADA	Description	MEMBER PAYS
D5932	obturator prosthesis, definitive	\$0.00
D5933	obturator prosthesis, modification	\$0.00
D5934	mandibular resection prosthesis with guide flange	\$0.00
D5935	mandibular resection prosthesis without guide flange	\$0.00
D5936	obturator prosthesis, interim	\$0.00
D5937	trismus appliance (not for TMD treatment)	\$0.00
D5951	feeding aid	\$0.00
D5952	speech aid prosthesis, pediatric	\$0.00
D5953	speech aid prosthesis, adult	\$0.00
D5954	palatal augmentation prosthesis	\$0.00
D5955	palatal lift prosthesis, definitive	\$0.00
D5958	palatal lift prosthesis, interim	\$0.00
D5959	palatal lift prosthesis, modification	\$0.00
D5960	speech aid prosthesis, modification	\$0.00
D5982	surgical stent	\$0.00
D5983	radiation carrier	\$0.00
D5984	radiation shield	\$0.00
D5985	radiation cone locator	\$0.00
D5986	fluoride gel carrier	\$0.00
D5987	commissure splint	\$0.00
D5988	surgical splint	\$0.00
Prostho	odontics, Fixed	
D6210	pontic - cast high noble metal	\$0.00
D6211	pontic - cast predominantly base metal	\$0.00
D6212	pontic - cast noble metal	\$0.00
D6240	pontic - porcelain fused to high noble metal	\$0.00
D6241	pontic - porcelain fused to predominantly base metal	\$0.00
D6242	pontic - porcelain fused to noble metal	\$0.00
D6243	pontic - porcelain fused to titanium and titanium alloys	\$0.00
D6245	pontic-porcelain/ceramic	\$0.00
D6250	pontic - resin with high noble metal	\$0.00
D6251	pontic - resin with predominantly base metal	\$0.00
D6252	pontic - resin with noble metal	\$0.00
D6545	retainer - cast metal for resin bonded fixed prosthesis	\$0.00
D6610	retainer onlay - cast high noble metal, two surfaces	\$0.00
D6710	retainer crown - indirect resin based composite (not to be used as a temporary or provisional crown)	\$0.00
D6720	retainer crown - resin with high noble metal	\$0.00
D6721	retainer crown - resin with predominantly base metal	\$0.00
D6722	retainer crown - resin with noble metal	\$0.00
D6740	retainer crown-porcelain/ceramic	\$0.00
D6750	retainer crown - porcelain fused to high noble metal	\$0.00
D6751	retainer crown - porcelain fused to predominantly base metal	\$0.00
D6752	retainer crown - porcelain fused to noble metal	\$0.00
DPL-56 (v	1.0)	Runtime: 9/19/2024



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PRODU	PRODUCT: D0032094 (UHC Healthplex ASO Custom NY Only Plan 72P06)			
ADA	Description	MEMBER PAYS		
D6753	retainer crown - porcelain fused to titanium and titanium alloys	\$0.00		
D6790	retainer crown - full cast high noble metal	\$0.00		
D6791	retainer crown - full cast predominantly base metal	\$0.00		
D6792	retainer crown - full cast noble metal	\$0.00		
D6930	recement or re-bond fixed partial denture	\$0.00		
Oral Su	ırgery			
D7111	extraction, coronal remnants - primary tooth	\$0.00		
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$0.00		
D7210	extraction, erupted tooth req removal of bone, sectioning of tooth and including elevation of mucoperiosteal flap	\$0.00		
D7220	removal of impacted tooth - soft tissue	\$0.00		
D7230	removal of impacted tooth - partially bony	\$0.00		
D7240	removal of impacted tooth - completely bony	\$0.00		
D7241	removal of impacted tooth - completely bony, with unusual surgical	\$0.00		
D7250	removal of residual tooth roots (cutting procedure)	\$0.00		
D7251	coronectomy - intentional partial tooth removal, impacted teeth only	\$0.00		
D7261	primary closure of a sinus perforation	\$0.00		
D7280	exposure of an unerupted tooth	\$0.00		
D7283	placement of device to facilitate eruption of impacted tooth	\$0.00		
D7287	exfolliative cytological sample collection	\$0.00		
D7288	brush biopsy - transepithelial sample collection	\$0.00		
D7290	surgical repositioning of teeth	\$0.00		
D7291	transseptal fiberotomy/supra crestal fiberotomy, by report	\$0.00		
D7292	placement of temporary anchorage device (screw retained plate) requiring flap	\$0.00		
D7293	placement of temporary anchorage device requiring flap	\$0.00		
D7294	placement of temporary anchorage device without flap	\$0.00		
D7295	harvest of bone for use in autogenous grafting procedures	\$0.00		
D7296	corticotomy, one to three theeth or tooth spaces, per quadrant	\$0.00		
D7297	corticotomy, four or more teeth or tooth spaces, per quadrant	\$0.00		
D7298	removal of temporary anchorage device [screw retained plate], requiring flap	\$0.00		
D7299	removal of temporary anchorage device, requiring flap	\$0.00		
D7300	removal of temporary anchorage device without flap	\$0.00		
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$0.00		
D7311	alveoloplasty in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	\$0.00		
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$0.00		
D7321	alveoloplasty not in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	\$0.00		
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment	\$0.00		
D7410	excision of benign lesion up to 1.25 cm	\$0.00		
D7411	excision of benign lesion greater than 1.25 cm	\$0.00		
D7412	excision of benign lesion, complicated	\$0.00		
D7413	excision of malignant lesion up to 1.25 cm	\$0.00		
D7414	excision of malignant lesion greater than 1.25 cm	\$0.00		
D7415	excision of malignant lesion, complicated	\$0.00		
D7440	excision of malignant tumor-lesion diameter up to 1.25 cm	\$0.00		
DPL-56 (\		Runtime: 9/19/2024		
D. L JU (1	••••	Nantine. 3/ 13/2024		



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PRODUCT: D0032094 (UHC Healthplex ASO Custom NY Only Plan 72P06)

ADA	Description	MEMBER PAYS
D7441	excision of malignant tumor - lesion diameter greater than 1.25 cm	\$0.00
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$0.00
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$0.00
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$0.00
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$0.00
D7471	removal of lateral exostosis (maxilla or mandible)	\$0.00
D7472	removal of torus palatinus	\$0.00
D7473	removal of torus mandibularis	\$0.00
D7485	reduction of osseous tuberosity	\$0.00
D7490	radical resection of maxilla or mandible	\$0.00
D7510	incision and drainage of abscess - intraoral soft tissue	\$0.00
D7511	incicion and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$0.00
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$0.00
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$0.00
D7540	removal of reaction-producing foreign bodies - musculoskeletal system	\$0.00
D7550	partial ostectomy/sequestrectomy for removal of non-vital bone	\$0.00
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	\$0.00
D7610	maxilla - open reduction (teeth immobilized, if present)	\$0.00
D7620	maxilla - closed reduction (teeth immobilized, if present)	\$0.00
D7630	mandible - open reduction (teeth immobilized, if present)	\$0.00
D7640	mandible - closed reduction (teeth immobilized, if present)	\$0.00
D7650	malar and/or zygomatic arch - open reduction	\$0.00
D7660	malar and/or zygomatic arch - closed reduction	\$0.00
D7670	alveolus - closed reduction, may include stabilization of teeth	\$0.00
D7671	alveolus - open reduction, may include stabilization of teeth	\$0.00
D7680	facial bones - complicated reduction with fixation and multiple surgical approaches	\$0.00
D7710	maxilla - open reduction	\$0.00
D7720	maxilla - closed reduction	\$0.00
D7730	mandible - open reduction	\$0.00
D7740	mandible - closed reduction	\$0.00
D7750	malar and/or zygomatic arch - open reduction	\$0.00
D7760	malar and/or zygomatic arch - closed reduction	\$0.00
D7770	alveolus, open reduction stabilization of teeth	\$0.00
D7771	alveolus, closed reduction stabilization of teeth	\$0.00
D7780	facial bones - complicated reduction with fixation and multiple approaches	\$0.00
D7810	open reduction of dislocation	\$0.00
D7820	closed reduction of dislocation	\$0.00
D7830	manipulation under anesthesia	\$0.00
D7840	condylectomy	\$0.00
D7850	surgical discectomy, with/without implant	\$0.00
D7852	disc repair	\$0.00
D7854	synovectomy	\$0.00
D7856	myotomy	\$0.00
DPL-56 (\	1.0)	Runtime: 9/19/2024



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07858 intri reconstruction \$0.00 07865 arthroplasty \$0.00 07876 arthroplasty \$0.00 07871 non-minimal control path \$0.00 07872 arthroscopy- diagnosis, with or without biopsy \$0.00 07873 arthroscopy- disergoed and lysis of adhesione \$0.00 07876 arthroscopy- disergoelistining and stabilization \$0.00 07876 arthroscopy- debridement \$0.00 07878 arthroscopy- debridement \$0.00 07878 arthroscopy- debridement \$0.00 07878 arthroscopy- debridement \$0.00 07878 cociusal orthoic device, by report \$0.00 07891 cociusal orthoic device, by report \$0.00 07910 suture of recent small wounds up to 5 cm \$0.00 07911 complicated suture - up to 5 cm \$0.00 07912 collection and application of authologue blood concentrate product \$0.00 07921 collection and application of authologue blood concentrate product \$0.00 07940 collection and	ADA	Description	MEMBER PAYS
D7856 arthrocentesis 50.00 D7877 ontrocentesis 50.00 D7872 arthroscopy- (alangosis, with or without biopsy) 50.00 D7873 arthroscopy- (alangosis, with or without biopsy) 50.00 D7874 arthroscopy- (alangosis, with or without biopsy) 50.00 D7875 arthroscopy- (alangosis, with or without biopsy) 50.00 D7876 arthroscopy- (alangosis, with or without biopsy) 50.00 D7877 arthroscopy- (alangosis, with or without biopsy) 50.00 D7878 arthroscopy- (alangosis, with or without biopsy) 50.00 D7879 arthroscopy- (alangosis, with or without biopsy) 50.00 D7880 coclused orthout covered. 50.00 D7881 coclusiol orthout device adjustment 50.00 D7881 coclusiol orthout device adjustment 50.00 D7910 suture or recent small wounds up to 5 cm 50.00 D7911 complicated suture - greater than 5 cm 50.00 D7912 consplicated suture - greater than 5 cm 50.00 D7912 collection and application of autologous blood co	D7858	joint reconstruction	\$0.00
D7871 anthrocontosic lysis and lavage \$0.00 D7872 anthroscop: diagnosis, with or without biopsy \$0.00 D7873 anthroscopy: lavage and lysis of adhesions \$0.00 D7874 anthroscopy: lavage and lysis of adhesions \$0.00 D7875 anthroscopy: slovage and lysis of adhesions \$0.00 D7876 anthroscopy: slovage and stabilization \$0.00 D7877 anthroscopy: debridement \$0.00 D7878 anthroscopy: debridement \$0.00 D7880 coclusal orthotic device, by report \$0.00 D7891 coclusal orthotic device, by report \$0.00 D7892 usure of recent small wounds up to 5 cm \$0.00 D7911 complicated sulure - up to 5 cm \$0.00 D7912 complicated sulure - up to 5 cm \$0.00 D7921 conflicated sulure - up to 5 cm \$0.00 D7921 conflicated sulure - up to 5 cm \$0.00 D7922 placement of intra-socket biological dressing to ad in hemostasis or clost stabilization, per site \$0.00 D7932 placement of intra-socket biological dressing to ad	D7860	arthrotomy	\$0.00
D7871 non-arthroscopic lysis and lavage 50.00 D7872 arthroscopy- dagnosis, with or without biopsy 50.00 D7873 arthroscopy- isopace and spisior of path spisions 50.00 D7874 arthroscopy- shore pack pack pack pack pack pack pack pack	D7865	arthroplasty	\$0.00
D7872 anthroscopy - diagnosis, with or without biopsy \$0.00 D7873 anthroscopy, Isvage and lysis of adhesions \$0.00 D7874 anthroscopy, synovectomy \$0.00 D7875 anthroscopy, synovectomy \$0.00 D7876 anthroscopy, septioned and stabilization \$0.00 D7877 anthroscopy, debredment \$0.00 D7880 occlusal orthotic device, by report \$0.00 D7881 occlusal orthotic device adjustment \$0.00 D7892 unspecified TMD therapy, by report \$0.00 D7910 surre of recent small wounds up to 5 cm \$0.00 D7911 complicated suture - up to 5 cm \$0.00 D7912 complicated suture - up to 5 cm \$0.00 D7920 skin graft (identity defect covered, location and type of graft) \$0.00 D7921 complicated suture - up to 5 cm \$0.00 D7922 placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site \$0.00 D7921 placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site \$0.00 <td< td=""><td>D7870</td><td>arthrocentesis</td><td>\$0.00</td></td<>	D7870	arthrocentesis	\$0.00
D7873 anthroscopy; lavage and lysis of adhesions \$0.00 D7874 anthroscopy; disc repositioning and stabilization \$0.00 D7875 anthroscopy; discectomy \$0.00 D7876 anthroscopy; discectomy \$0.00 D7877 anthroscopy; deberdement \$0.00 D7878 anthroscopy; deberdement \$0.00 D7879 anthroscopy; deberdement \$0.00 D7880 coclusal orthotic device, by report \$0.00 D7891 unspecified TMD therapy, by report \$0.00 D7910 survive of rener small wounds by to 5 cm \$0.00 D7911 complicated suture - up to 5 cm \$0.00 D7912 complicated suture - up to 5 cm \$0.00 D7913 complicated suture - greater than 5 cm \$0.00 D7914 complicated suture - greater than 5 cm \$0.00 D7912 placement of Intra-socket biological dressing to aid in hemostasis or dot stabilization, per site \$0.00 D7921 placement of Intra-socket biological dressing to aid in hemostasis or dot stabilization, per site \$0.00 D7940 selectomy - mandibular	D7871	non-arthroscopic lysis and lavage	\$0.00
D7874 anthroscopy: discrepositioning and stabilization \$0.00 D7875 anthroscopy: sprovectomy \$0.00 D7876 anthroscopy: debridement \$0.00 D7881 coclusal orthoid device, by report \$0.00 D7881 coclusal orthoid device adjustment \$0.00 D7881 coclusal orthoid device adjustment \$0.00 D7891 suruse of recent small wounds up to 5 cm \$0.00 D7910 suruse of recent small wounds up to 5 cm \$0.00 D7911 complicated suruse - up to 5 cm \$0.00 D7912 skin graft (identify defect covered, location and type of graft) \$0.00 D7920 skin graft (identify defect covered, location and type of graft) \$0.00 D7921 collection and application of autologopus blood concentrate product \$0.00 D7922 placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site \$0.00 D7941 costeolomy- mandibular ram \$0.00 D7942 setectormy - mandibular ram \$0.00 D7943 cetectormy - body of mandible \$0.00 D7944	D7872	arthroscopy - diagnosis, with or without biopsy	\$0.00
D7875 arthroscopy: synovectomy \$0.00 D7876 arthroscopy: delocetomy \$0.00 D7877 arthroscopy: delocetomy \$0.00 D7880 occlusal orthotic device, by report \$0.00 D7889 usbegleded TMb therapy, by report \$0.00 D7910 suture of recent small wounds up to 5 cm \$0.00 D7911 complicated suture - up to 5 cm \$0.00 D7912 complicated suture - up to 5 cm \$0.00 D7920 skin graft (identify defect covered, location and type of graft) \$0.00 D7921 collection and application of autologous blood concentrate product \$0.00 D7922 placement of intra- socket biological dressing to aid in hemostasis or clot stabilization, per site \$0.00 D7924 costeolomy - mandibular rami \$0.00 D7941 costeolomy - mandibular rami with bone graft: includes obtaining the graft \$0.00 D7942 costeolomy - mandibular rami with bone graft: includes obtaining the graft \$0.00 D7943 costeolomy - mandibular rami with bone graft: includes obtaining the graft of maxilia - total \$0.00 D7944 LeFort II (maxili	D7873	arthroscopy: lavage and lysis of adhesions	\$0.00
D7876 arthroscopy: discectomy \$0.00 D7877 arthroscopy: debridement \$0.00 D7881 occlusal orthotic device, by report \$0.00 D7891 coclusal orthotic device adjustment \$0.00 D7892 unspecified TMD therapy, by report \$0.00 D7910 suture of recent small wounds up to 5 cm \$0.00 D7911 complicated suture - up to 5 cm \$0.00 D7912 complicated suture - greater than 5 cm \$0.00 D7921 collection and application of autologous blood concentrate product \$0.00 D7922 placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site \$0.00 D7941 osteotomy - mandibular rami \$0.00 D7942 osteotomy - mandibular rami with bone graft; includes obtaining the graft \$0.00 D7943 osteotomy - segmented or subapical - per sextant or quadrant \$0.00 D7944 osteotomy - segmented or subapical - per sextant or quadrant \$0.00 D7945 LeFort I (maxilla - total) \$0.00 D7946 LeFort I (maxilla - total) \$0.00 <td< td=""><td>D7874</td><td>arthroscopy: disc repositioning and stabilization</td><td>\$0.00</td></td<>	D7874	arthroscopy: disc repositioning and stabilization	\$0.00
D7877 anthroscopy: debridement \$0.00 D7880 occlusal orthotic device, by report \$0.00 D7881 occlusal orthotic device adjustment \$0.00 D7892 unspecified TMD therapy, by report \$0.00 D7910 suttre of recent small wounds up to 5 cm \$0.00 D7911 complicated suture - up to 5 cm \$0.00 D7912 complicated suture - up to 5 cm \$0.00 D7920 skin graft (identify defect covered, location and type of graft) \$0.00 D7921 collection and application of autologous blood concentrate product \$0.00 D7922 placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site \$0.00 D7940 osteotomy - mandibular rami \$0.00 D7941 osteotomy - mandibular rami with bone graft; includes obtaining the graft \$0.00 D7943 osteotomy - mandibular rami with bone graft; includes obtaining the graft \$0.00 D7944 osteotomy - mandibular rami with bone graft includes obtaining the graft \$0.00 D7945 osteotomy - body of mandibular rami with bone graft \$0.00 D7946 L	D7875	arthroscopy: synovectomy	\$0.00
D7881 coclusal orthotic device, by report \$0.00 D7881 coclusal orthotic device adjustment \$0.00 D7890 unspecified TMD therapy, by report \$0.00 D7910 suture of recent small wounds up to 5 cm \$0.00 D7911 complicated suture - up to 5 cm \$0.00 D7920 skin graft (identify defect covered, location and type of graft) \$0.00 D7921 collection and application of autologous blood concentrate product \$0.00 D7922 placement of intra-socket biological dressing to ad in hemostasis or clot stabilization, per site \$0.00 D7940 coteolomy - mandibular rami \$0.00 D7941 osteotomy - mandibular rami with bone graft, includes obtaining the graft \$0.00 D7943 osteotomy - segmented or subapical - per sextant or quadrant \$0.00 D7944 osteotomy - segmented or subapical - per sextant or quadrant \$0.00 D7945 osteotomy - mandibular rami with bone graft \$0.00 D7946 befort I (maxilla - stepla \$0.00 D7947 LeFort I (maxilla - stepla \$0.00 D7948 LeFort I (maxilla - stepla	D7876	arthroscopy: discectomy	\$0.00
D7881 colcusal orthotic device adjustment \$0.00 D7899 uspacellied TMD therapy, by report \$0.00 D7910 suture of recent small wounds up to 5 cm \$0.00 D7911 complicated suture - up to 5 cm \$0.00 D7912 complicated suture - greater than 5 cm \$0.00 D7920 skin graft (identify defect covered, location and type of graft) \$0.00 D7921 collection and application of autologous blood concentrate product \$0.00 D7922 placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site \$0.00 D7941 osteotomy - mandibular rami \$0.00 D7943 osteotomy - mandibular rami with bone graft; includes obtaining the graft \$0.00 D7944 osteotomy - segmented or subapical - per sextant or quadrant \$0.00 D7945 osteotomy - segmented or subapical - per sextant or quadrant \$0.00 D7946 LeFort I (maxilla - segmented) \$0.00 D7947 LeFort II or LeFort IIII (stepolasty of facial bones for midface hypoplasia or retrusion)-without bone graft \$0.00 D7948 LeFort II or LeFort III - with bone graft \$0.00	D7877	arthroscopy: debridement	\$0.00
D7899 unspecified TMD therapy, by report \$0.00 D7910 suture of recent small wounds up to 5 cm \$0.00 D7911 complicated suture - up to 5 cm \$0.00 D7920 skin graft (identify defect covered, location and type of graft) \$0.00 D7921 collection and application of autologous blood concentrate product \$0.00 D7922 placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site \$0.00 D7940 osteotomy- mandibular rami \$0.00 D7941 osteotomy- mandibular rami with bone graft; includes obtaining the graft \$0.00 D7943 osteotomy- mandibular rami with bone graft includes obtaining the graft \$0.00 D7944 osteotomy- mandibular rami with bone graft \$0.00 D7945 osteotomy- segmented or subapical - per sextant or quadrant \$0.00 D7946 osteotomy- mandibular rami with bone graft \$0.00 D7947 Lefort I (maxilla - segmented) \$0.00 D7948 Defort I (maxilla - segmented) \$0.00 D7949 Lefort II or Lefort IIII (setoplasty of facial bones for midiace hypoplasia or retrusion)-without bone graft \$0.00 </td <td>D7880</td> <td>occlusal orthotic device, by report</td> <td>\$0.00</td>	D7880	occlusal orthotic device, by report	\$0.00
D7910 stutre of recent small wounds up to 5 cm \$0.00 D7911 complicated suture - up to 5 cm \$0.00 D7920 complicated suture - greater than 5 cm \$0.00 D7921 collection and application of autologous blood concentrate product \$0.00 D7922 by pacement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site \$0.00 D7940 osteoplasty - for orthognathic deformities \$0.00 D7941 osteotomy - mandibular rami with bone graft; includes obtaining the graft \$0.00 D7943 osteotomy - mandibular rami with bone graft; includes obtaining the graft \$0.00 D7944 osteotomy - segmented or subapical - per sextant or quadrant \$0.00 D7945 osteotomy - body of mandible \$0.00 D7946 LeFort I (maxilla - total) \$0.00 D7947 LeFort II or LeFort III (setteplasty of facial bones for midface hypoplasia or retrusion)-without bone graft \$0.00 D7949 LeFort II or LeFort III with bone graft \$0.00 D7940 Seseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report \$0.00 D7951 sinus augmentation with bone or bone substitutes via a lateral open approach \$0.00 D7952 Repair of maxillodacial soft and/or hard tissue	D7881	occlusal orthotic device adjustment	\$0.00
D7911 complicated suture - up to 5 cm \$0.00 D7912 complicated suture - greater than 5 cm \$0.00 D7920 skin graft (identify defect covered, location and type of graft) \$0.00 D7921 collection and application of autologous blood concentrate product \$0.00 D7922 placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site \$0.00 D7940 osteoplasty - for orthognathic deformities \$0.00 D7941 osteotomy - mandibular rami \$0.00 D7943 osteotomy - mandibular rami with bone graft; includes obtaining the graft \$0.00 D7944 osteotomy - segmented or subapical - per sextant or quadrant \$0.00 D7945 osteotomy - body of mandible \$0.00 D7946 befort I (maxilla - segmented) \$0.00 D7947 befort I (maxilla - segmented) \$0.00 D7948 befort II or LeFort III or Septitions of facial bones for midface hypoplasia or retrusion)-without bone graft \$0.00 D7940 befort II or LeFort III with bone graft \$0.00 D7941 befort II or LeFort III with bone graft \$0.00 D795	D7899	unspecified TMD therapy, by report	\$0.00
D7912 complicated suture - greater than 5 cm \$0.00 D7920 skin graft (identify defect cowered, location and type of graft) \$0.00 D7921 collection and application of autologous blood concentrate product \$0.00 D7922 placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site \$0.00 D7940 osteoplasty - for orthognathic deformities \$0.00 D7941 osteotomy - mandibular rami \$0.00 D7942 osteotomy - mandibular rami with bone graft; includes obtaining the graft \$0.00 D7943 osteotomy - segmented or subapical - per sextant or quadrant \$0.00 D7944 osteotomy - segmented or subapical - per sextant or quadrant \$0.00 D7945 osteotomy - segmented or subapical - per sextant or quadrant \$0.00 D7946 Defort I (maxilla - total) \$0.00 D7947 LeFort I (maxilla - total) \$0.00 D7948 LeFort II or LeFort III or L	D7910	suture of recent small wounds up to 5 cm	\$0.00
D7920 skin graft (identify defect covered, location and type of graft) \$0.00 D7921 collection and application of autologous blood concentrate product \$0.00 D7922 placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site \$0.00 D7940 osteolormy - mandibular rami \$0.00 D7941 osteotomy - mandibular rami with bone graft; includes obtaining the graft \$0.00 D7942 osteotomy - segmented or subapical - per sextant or quadrant \$0.00 D7943 osteotomy - body of mandible \$0.00 D7944 LeFort I (maxilla - total) \$0.00 D7945 LeFort I (maxilla - segmented) \$0.00 D7946 LeFort I I or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion)-without bone graft \$0.00 D7947 LeFort II or LeFort III (wisteoplasty of facial bones for midface hypoplasia or retrusion)-without bone graft \$0.00 D7948 LeFort II or LeFort III (with bone graft \$0.00 D7950 Oscoous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report \$0.00 D7951 sinus augmentation with bone or bone substitutes via a lateral open approach </td <td>D7911</td> <td>complicated suture - up to 5 cm</td> <td>\$0.00</td>	D7911	complicated suture - up to 5 cm	\$0.00
D7921 collection and application of autologous blood concentrate product \$0.00 D7922 placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site \$0.00 D7940 osteoplasty - for orthognathic deformities \$0.00 D7941 osteotomy - mandibular rami \$0.00 D7943 osteotomy - mandibular rami with bone graft; includes obtaining the graft \$0.00 D7944 osteotomy - segmented or subapical - per sextant or quadrant \$0.00 D7945 osteotomy - body of mandible \$0.00 D7946 LeFort I (maxilla - total) \$0.00 D7947 LeFort I (maxilla - segmented) \$0.00 D7948 LeFort I I or LeFort III of LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion)-without bone graft \$0.00 D7949 LeFort II or LeFort III - with bone graft \$0.00 D7951 sinus augmentation with bone or bone substitutes via a lateral open approach \$0.00 D7952 sinus augmentation via a vertical approach \$0.00 D7953 Bone replacement graft for ridge preservation - per site \$0.00 D7954 buccal / labail frenectomy (frenulectomy)	D7912	complicated suture - greater than 5 cm	\$0.00
D7922 placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site \$0.00 D7940 osteoplasty - for orthognathic deformities \$0.00 D7941 osteotomy - mandibular rami \$0.00 D7943 osteotomy - mandibular rami with bone graft; includes obtaining the graft \$0.00 D7944 osteotomy - segmented or subapical - per sextant or quadrant \$0.00 D7945 osteotomy - body of mandible \$0.00 D7946 LeFort I (maxilla - total) \$0.00 D7947 LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion)-without bone graft \$0.00 D7949 LeFort II or LeFort III - with bone graft \$0.00 D7949 LeFort II or LeFort III - with bone graft \$0.00 D7950 Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report \$0.00 D7951 sinus augmentation via a vertical approach \$0.00 D7952 sinus augmentation via a vertical approach \$0.00 D7953 Ropair of maxillofacial soft and/or hard tissue defect \$0.00 D7964 buccal / labial frenectomy (frenulectomy) <td>D7920</td> <td>skin graft (identify defect covered, location and type of graft)</td> <td>\$0.00</td>	D7920	skin graft (identify defect covered, location and type of graft)	\$0.00
D7940 osteoplasty - for orthognathic deformities \$0.00 D7941 osteotomy - mandibular rami \$0.00 D7943 osteotomy - mandibular rami with bone graft; includes obtaining the graft \$0.00 D7944 osteotomy - segmented or subapical - per sextant or quadrant \$0.00 D7945 osteotomy - body of mandible \$0.00 D7946 LeFort I (maxilla - total) \$0.00 D7947 LeFort I (maxilla - segmented) \$0.00 D7948 LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion)-without bone graft \$0.00 D7949 LeFort II or LeFort III - with bone graft \$0.00 D7951 sinus augmentation with bone or bone substitutes via a lateral open approach \$0.00 D7952 sinus augmentation via a vertical approach \$0.00 D7953 Bone replacement graft for ridge preservation - per site \$0.00 D7954 Lecal / labial frenectomy (frenulectomy) \$0.00 D7955 Repair of maxillofacial soft and/or hard tissue defect \$0.00 D7961 buccal / labial frenectomy (frenulectomy) \$0.00 D7970 excision of	D7921	collection and application of autologous blood concentrate product	\$0.00
D7941 osteotomy - mandibular rami \$0.00 D7943 osteotomy - mandibular rami with bone graft; includes obtaining the graft \$0.00 D7944 osteotomy - segmented or subapical - per sextant or quadrant \$0.00 D7945 osteotomy - body of mandible \$0.00 D7946 LeFort I (maxilla - total) \$0.00 D7947 LeFort I (maxilla - segmented) \$0.00 D7948 LeFort II or LeFort III (Steoplasty of facial bones for midface hypoplasia or retrusion)-without bone graft \$0.00 D7949 LeFort II or LeFort III - with bone graft \$0.00 D7950 Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report \$0.00 D7951 sinus augmentation with bone or bone substitutes via a lateral open approach \$0.00 D7952 sinus augmentation via a vertical approach \$0.00 D7953 Bone replacement graft for ridge preservation - per site \$0.00 D7954 Leport II or Lefort III (site opical approach \$0.00 D7955 Repair of maxillofacial soft and/or hard tissue defect \$0.00 D7961 buccal / labial frenectomy (frenulectomy) \$0	D7922	placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	\$0.00
D7943 osteotomy - mandibular rami with bone graft; includes obtaining the graft \$0.00 D7944 osteotomy - segmented or subapical - per sextant or quadrant \$0.00 D7945 osteotomy - body of mandible \$0.00 D7946 LeFort I (maxilla - total) \$0.00 D7947 LeFort II (maxilla - segmented) \$0.00 D7948 LeFort II or LeFort III or LeFort III osteoplasty of facial bones for midface hypoplasia or retrusion)-without bone graft \$0.00 D7949 LeFort I II or LeFort III or LeFort III osteoplasty of facial bones for midface hypoplasia or retrusion)-without bone graft \$0.00 D7940 LeFort II or LeFort III or LeFort	D7940	osteoplasty - for orthognathic deformities	\$0.00
D7944 osteotomy - segmented or subapical - per sextant or quadrant \$0.00 D7945 osteotomy - body of mandible \$0.00 D7946 LeFort I (maxilla - total) \$0.00 D7947 LeFort I (rexilla - segmented) \$0.00 D7948 LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion)-without bone graft \$0.00 D7949 LeFort II or LeFort III - with bone graft of the mandible or maxilla - autogenous or nonautogenous, by report \$0.00 D7950 Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report \$0.00 D7951 sinus augmentation with bone or bone substitutes via a lateral open approach \$0.00 D7952 sinus augmentation via a vertical approach \$0.00 D7953 Bone replacement graft for ridge preservation - per site \$0.00 D7954 buccal / labial frenectomy (frenulectomy) \$0.00 D7961 buccal / labial frenectomy (frenulectomy) \$0.00 D7962 ingual frenectomy (frenulectomy) \$0.00 D7970 excision of hyperplastic tissue - per arch \$0.00 D7971 excision of pericoronal gingiva <td>D7941</td> <td>osteotomy - mandibular rami</td> <td>\$0.00</td>	D7941	osteotomy - mandibular rami	\$0.00
D7945 osteotomy - body of mandible \$0.00 D7946 LeFort I (maxilla - total) \$0.00 D7947 LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion)-without bone graft \$0.00 D7949 LeFort II or LeFort III - with bone graft \$0.00 D7950 Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report \$0.00 D7951 sinus augmentation with bone or bone substitutes via a lateral open approach \$0.00 D7952 sinus augmentation via a vertical approach \$0.00 D7953 Bone replacement graft for ridge preservation - per site \$0.00 D7955 Repair of maxillofacial soft and/or hard tissue defect \$0.00 D7961 buccal / labial frenectomy (frenulectomy) \$0.00 D7962 lingual frenectomy (frenulectomy) \$0.00 D7963 frenuloplasty \$0.00 D7964 excision of hyperplastic tissue - per arch \$0.00 D7970 excision of pericoronal gingiva \$0.00 D7971 surgical reduction of fibrous tuberosity \$0.00 D7980 surgical sia	D7943	osteotomy - mandibular rami with bone graft; includes obtaining the graft	\$0.00
D7946 LeFort I (maxilla - total) \$0.00 D7947 LeFort I (maxilla - segmented) \$0.00 D7948 LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion)-without bone graft \$0.00 D7949 LeFort II or LeFort III - with bone graft \$0.00 D7950 Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report \$0.00 D7951 sinus augmentation with bone or bone substitutes via a lateral open approach \$0.00 D7952 sinus augmentation via a vertical approach \$0.00 D7953 Bone replacement graft for ridge preservation - per site \$0.00 D7955 Repair of maxillofacial soft and/or hard tissue defect \$0.00 D7961 buccal / labial frenectomy (frenulectomy) \$0.00 D7962 lingual frenectomy (frenulectomy) \$0.00 D7963 frenuloplasty \$0.00 D7970 excision of hyperplastic tissue - per arch \$0.00 D7971 excision of pericoronal gingiva \$0.00 D7972 surgical reduction of fibrous tuberosity \$0.00 D7980 surgical s	D7944	osteotomy - segmented or subapical - per sextant or quadrant	\$0.00
D7947LeFort I (maxilla - segmented)\$0.00D7948LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion)-without bone graft\$0.00D7949LeFort II or LeFort III - with bone graft\$0.00D7950Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report\$0.00D7951sinus augmentation with bone or bone substitutes via a lateral open approach\$0.00D7952sinus augmentation via a vertical approach\$0.00D7953Bone replacement graft for ridge preservation - per site\$0.00D7955Repair of maxillofacial soft and/or hard tissue defect\$0.00D7961buccal / labial frenectomy (frenulectomy)\$0.00D7962lingual frenectomy (frenulectomy)\$0.00D7963frenuloplasty\$0.00D7970excision of hyperplastic tissue - per arch\$0.00D7971excision of pericoronal gingiva\$0.00D7972surgical reduction of fibrous tuberosity\$0.00D7979non-surgical sialolithotomy\$0.00D7980surgical sialolithotomy\$0.00D7981excision of salivary gland, by report\$0.00	D7945	osteotomy - body of mandible	\$0.00
D7948LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion)-without bone graft\$0.00D7949LeFort II or LeFort III - with bone graft\$0.00D7950Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report\$0.00D7951sinus augmentation with bone or bone substitutes via a lateral open approach\$0.00D7952sinus augmentation via a vertical approach\$0.00D7953Bone replacement graft for ridge preservation - per site\$0.00D7955Repair of maxillofacial soft and/or hard tissue defect\$0.00D7961buccal / labial frenectomy (frenulectomy)\$0.00D7962lingual frenectomy (frenulectomy)\$0.00D7963frenuloplasty\$0.00D7970excision of hyperplastic tissue - per arch\$0.00D7971excision of pericoronal gingiva\$0.00D7972surgical reduction of fibrous tuberosity\$0.00D7979non-surgical sialolithotomy\$0.00D7980surgical sialolithotomy\$0.00D7981excision of salivary gland, by report\$0.00	D7946	LeFort I (maxilla - total)	\$0.00
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D7950Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report\$0.00D7951sinus augmentation with bone or bone substitutes via a lateral open approach\$0.00D7952sinus augmentation via a vertical approach\$0.00D7953Bone replacement graft for ridge preservation - per site\$0.00D7955Repair of maxillofacial soft and/or hard tissue defect\$0.00D7961buccal / labial frenectomy (frenulectomy)\$0.00D7962lingual frenectomy (frenulectomy)\$0.00D7963frenuloplasty\$0.00D7970excision of hyperplastic tissue - per arch\$0.00D7971excision of pericoronal gingiva\$0.00D7972surgical reduction of fibrous tuberosity\$0.00D7980surgical sialolithotomy\$0.00D7980surgical sialolithotomy\$0.00D7981excision of salivary gland, by report\$0.00	D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion)-without bone graft	\$0.00
D7951sinus augmentation with bone or bone substitutes via a lateral open approach\$0.00D7952sinus augmentation via a vertical approach\$0.00D7953Bone replacement graft for ridge preservation - per site\$0.00D7955Repair of maxillofacial soft and/or hard tissue defect\$0.00D7961buccal / labial frenectomy (frenulectomy)\$0.00D7962lingual frenectomy (frenulectomy)\$0.00D7963frenuloplasty\$0.00D7970excision of hyperplastic tissue - per arch\$0.00D7971excision of pericoronal gingiva\$0.00D7972surgical reduction of fibrous tuberosity\$0.00D7979non-surgical sialolithotomy\$0.00D7980surgical sialolithotomy\$0.00D7981excision of salivary gland, by report\$0.00	D7949	LeFort II or LeFort III - with bone graft	\$0.00
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D7953Bone replacement graft for ridge preservation - per site\$0.00D7955Repair of maxillofacial soft and/or hard tissue defect\$0.00D7961buccal / labial frenectomy (frenulectomy)\$0.00D7962lingual frenectomy (frenulectomy)\$0.00D7963frenuloplasty\$0.00D7970excision of hyperplastic tissue - per arch\$0.00D7971excision of pericoronal gingiva\$0.00D7972surgical reduction of fibrous tuberosity\$0.00D7979non-surgical sialolithotomy\$0.00D7980surgical sialolithotomy\$0.00D7981excision of salivary gland, by report\$0.00	D7951	sinus augmentation with bone or bone substitutes via a lateral open approach	\$0.00
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D7972surgical reduction of fibrous tuberosity\$0.00D7979non-surgical sialolithotomy\$0.00D7980surgical sialolithotomy\$0.00D7981excision of salivary gland, by report\$0.00	D7970	excision of hyperplastic tissue - per arch	\$0.00
D7979non-surgical sialolithotomy\$0.00D7980surgical sialolithotomy\$0.00D7981excision of salivary gland, by report\$0.00	D7971	excision of pericoronal gingiva	\$0.00
D7980 surgical sialolithotomy \$0.00 D7981 excision of salivary gland, by report \$0.00	D7972	surgical reduction of fibrous tuberosity	\$0.00
D7981 excision of salivary gland, by report \$0.00	D7979	non-surgical sialolithotomy	\$0.00
D7981 excision of salivary gland, by report \$0.00	D7980	surgical sialolithotomy	\$0.00
			\$0.00
	DPL-56 (v	1.0)	Runtime: 9/19/2024



Please note this schedule represents member cost share, and does not include information regarding coverage, plan paid supplements, authorization requirements, or frequency limitations. To obtain benefits not listed, please contact customer service.

All documents regarding the recruitment and contracting of providers, payment arrangements and detailed product information (including but not limited to the application, attachments, contract and supplemental documentation) are confidential proprietary information that may not be disclosed to any other individual and/or third party without the express written consent of Healthplex.

PRODUCT: D0032094 (UHC Healthplex ASO Custom NY Only Plan 72P06)

ADA	Description	MEMBER PAYS
D7982	sialodochoplasty	\$0.00
D7983	closure of salivary fistula	\$0.00
D7990	emergency tracheotomy	\$0.00
D7991	coronoidectomy	\$0.00
D7993	surgical placement of craniofacial implant - extra oral	\$0.00
D7994	surgical placement: zygomatic implant	\$0.00
D7995	synthetic graft - mandible or facial bones, by report	\$0.00
D7996	implant-mandible for augmentation purposes (excluding alveolar ridge), by report	\$0.00
D7997	appliance removal (not by dentist who placed appliance), includes removal of archbar	\$0.00
D7999	unspecified oral surgery procedure, by report	\$0.00
Orthodo	ontics	
D8010	limited orthodontic treatment of the primary dentition	\$0.00
D8020	limited orthodontic treatment of the transitional dentition	\$0.00
D8030	limited orthodontic treatment of the adolescent dentition	\$0.00
D8070	comprehensive orthodontic treatment of the transitional dentition	\$0.00
D8080	comprehensive orthodontic treatment of the adolescent dentition	\$0.00
D8681	removable orthodontic retainer adjustment	\$0.00
D8696	repair of orthodontic appliance - maxillary	\$0.00
D8697	repair of orthodontic appliance - mandibular	\$0.00
D8698	re-cement or re-bond fixed retainer - maxillary	\$0.00
D8699	re-cement or re-bond fixed retainer - mandibular	\$0.00
D8701	repair of fixed retainer, includes reattachment - maxillary	\$0.00
D8702	repair of fixed retainer, includes reattachment - mandibular	\$0.00
D8703	replacement of lost or broken retainer - maxillary	\$0.00
D8704	replacement of lost or broken retainer - mandibular	\$0.00
D8999	unspecified orthodontic procedure, by report	\$0.00
Adjunct	tive General Services	
D9110	palliative treatment of dental pain - per visit	\$0.00
D9120	fixed partial denture sectioning	\$0.00
D9215	local anesthesia in conjunction with operative or surgical procedures	\$0.00
D9219	evaluation for moderate sedation, deep sedation or general anesthesia	\$0.00
D9222	deep sedation/general anesthesia - first 15 minutes	\$0.00
D9223	deep sedation/general anesthesia-each 15 minute increment	\$0.00
D9230	inhalation of nitrous oxide/anxiolysis analgesia	\$0.00
D9239	intravenous moderate (conscious) sedation/anesthesia - first 15 minutes	\$0.00
D9243	intravenous moderate (conscious) sedation/analgesia-each 15 minute increment	\$0.00
D9248	non-intravenous conscious sedation. This includes non-iv minimal and moderate sedation.	\$0.00
D9310	consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	\$0.00
D9311	consultation with a medical health care professional	\$0.00
D9410	house/extended care facility call	\$0.00
D9440	office visit - after regularly scheduled hours	\$0.00
D9450	case presentation, subsequent to detailed and extensive treatment planning	\$0.00



Please note this schedule represents member cost share, and does not include information regarding coverage, plan paid supplements, authorization requirements, or frequency limitations. To obtain benefits not listed, please contact customer service.

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PRODUCT: D0032094 (UHC Healthplex ASO Custom NY Only Plan 72P06)

ADA	Description	MEMBER PAYS
D9610	therapeutic parenteral drug, single administration	\$0.00
D9612	therapeutic parenteral drugs, two or more administrations, different medications	\$0.00
D9613	infiltration of sustained release therapeutic drug per quadrant	\$0.00
D9910	application of desensitizing medicament	\$0.00
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	\$0.00
D9912	pre-visit patient screening	\$0.00
D9920	behavior management, by report	\$0.00
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	\$0.00
D9932	cleaning and inspection of removable complete denture, maxillary	\$0.00
D9933	cleaning and inspection of removable complete denture, mandibular	\$0.00
D9934	cleaning and inspection of removable partial denture, maxillary	\$0.00
D9935	cleaning and inspection of removable partial denture, mandibular	\$0.00
D9941	fabrication of athletic mouthguard	\$0.00
D9942	repair and/or reline of occlusal guards	\$0.00
D9943	occlusal guard adjustment	\$0.00
D9948	adjustment of custom sleep apnea appliance	\$0.00
D9949	repair of custom sleep apnea appliance	\$0.00
D9950	occlusion analysis - mounted case	\$0.00
D9951	occlusal adjustment - limited	\$0.00
D9952	occlusal adjustment - complete	\$0.00
D9961	duplicate/copy patient's records	\$0.00
D9970	enamel microabrasion	\$0.00
D9971	odontoplasty - per tooth	\$0.00
D9972	external bleaching-per arch-performed in office	\$0.00
D9973	external bleaching-per tooth	\$0.00
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	\$0.00
D9985	Sales tax	\$0.00
D9986	missed appointment	\$0.00
D9987	cancelled appointment	\$0.00
D9990	certified translation or sign-language services - per visit	\$0.00
D9991	dental case management-addressing appointment compliance barriers	\$0.00
D9992	dental case management-care coordination	\$0.00
D9993	dental case management-motivational interviewing	\$0.00
D9994	dental case management-patient education to improve oral health literacy	\$0.00
D9995	teledentistry - synchronous; real-time encounter	\$0.00
D9996	teledentistry-asynchronous; information stored and forwarded to dentist for subsequent review	\$0.00
D9997	dental case management - patients with special health care needs	\$0.00
D9999	unspecified adjunctive procedure, by report	\$0.00