

**FT/FT CLERK DENTAL SCHEDULE
EFFECTIVE 1/1/18**

Code	Description	Age From	Age To	Maximum amount allowed	Warning
D0110	INITIAL ORAL EXAMINATION	0	0	60.00	
D0120	PERIODIC ORAL EVALUATION	0	0	60.00	
D0130	EMERGENCY ORAL EXAMINATION	0	0	75.00	
D0140	LIMITED ORAL EVALUATION - PROBLEM - FOCUSED	0	0	82.00	
D0145	ORAL EVALUATION - PT UNDER AGE 3	0	3	60.00	
D0150	COMPREHENSIVE ORAL EVALUATION	0	0	100.00	
D0160	EXTENSIVE ORAL EXAM	0	0	100.00	
D0180	COMPREHENSIVE PERIODONTAL EVALUATION	0	0	60.00	
D0210	INTRAORAL-COMPLETE SERIES (INCLUDING BITEWINGS)	0	0	100.00	
D0220	INTRAORAL PERIAPICAL - FIRST FILM	0	0	20.00	
D0230	INTRAORAL PERIAPICAL - EACH ADDITIONAL FILM	0	0	20.00	
D0240	INTRAORAL OCCLUSAL	0	0	20.00	
D0270	BITEWING - SINGLE FILM	0	0	20.00	
D0272	BITEWING XRAYS - 2 FILMS	0	0	40.00	
D0273	BITEWING XRAY 3 FILMS	0	0	37.50	
D0274	BITEWING XRAYS - 4 FILMS	0	0	50.00	
D0330	PANORAMIC FILM	0	0	100.00	
D1110	PROPHYLAXIS-ADULT	0	0	105.00	
D1120	PROPHYLAXIS-CHILD	0	0	76.00	
D1201	TOPICAL FLUORIDE W/PROPHY - CHILD	0	17	45.00	
D1203	TOPICAL FLUORIDE W/O PROPHY - CHILD	0	17	45.00	
D1204	FLUORIDE	0	17	45.00	
D1206	TOPICAL FLUORIDE	0	17	45.00	
D1208	TOPICAL APPLICATION OF FLUORIDE	0	17	45.00	
D1351	TOPICAL SEALANTS PER TOOTH	0	17	42.00	
D1510	SPACE MAINTAINER FIXED	0	0	135.00	
D1515	SPACE MAINT FIXED BILATERAL	0	0	135.00	
D2140	AMALGAM-ONE SURFACE, PERMANENT	0	0	100.00	
D2150	AMALGAM-TWO SURFACES, PERMANENT	0	0	120.00	
D2160	AMALGAM-THREE SURFACES, PERMANENT	0	0	150.00	
D2161	AMALGAM-FOUR OR MORE SURFACES, PERMANENT	0	0	150.00	
D2330	RESIN-ONE SURFACE, ANTERIOR	0	0	100.00	
D2331	RESIN-TWO SURFACES, ANTERIOR	0	0	120.00	
D2332	RESIN - 3 SURFACES, ANTERIOR	0	0	150.00	
D2334	REINFORCEMENT PINS (UP TO 4 PER TOOTH)	0	0	28.00	
D2335	RESIN - 4 OR MORE SURFACES, ANTERIOR	0	0	150.00	
D2391	RESIN-BASED COMPOSITE- ONE SURFACE,POSTERIOR	0	0	100.00	

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D2392	RESIN-BASED COMPOSITE- TWO SURFACES, POSTERIOR	0	0	120.00
D2393	RESIN - 3 SURFACES, POSTERIOR	0	0	150.00
D2394	RESIN - 4 OR MORE SURFACES, POSTERIOR	0	0	150.00
D2510	ONE SURFACE INLAY METALLIC	0	0	120.00
D2520	TWO SURFACE INLAY METALLIC	0	0	160.00
D2530	THREE SURFACE INLAY METALLIC	0	0	200.00
D2542	TWO SURFACE ONLAY METALLIC	0	0	160.00
D2543	THREE SURFACE ONLAY METALLIC	0	0	200.00
D2544	FOUR SURFACE ONLAY METALLIC	0	0	200.00
D2610	ONE SURFACE INLAY PORCELAIN/CERAMIC	0	0	120.00
D2620	TWO SURFACE INLAY PORCELAIN/CERAMIC	0	0	160.00
D2630	THREE SURFACE INLAY PORCELAIN/CERAMIC	0	0	200.00
D2642	TWO SURFACE ONLAY PORCELAIN/CERAMIC	0	0	160.00
D2643	ONLAY PORC/CERAMIC 3 SURFACE	0	0	200.00
D2644	FOUR SURFACE ONLAY PORCELAIN/CERAMIC	0	0	200.00
D2650	ONE SURFACE INLAY COMP/RESIN	0	0	120.00
D2651	TWO SURFACE INLAY COMP/RESIN	0	0	160.00
D2652	THREE SURFACE INLAY COMP/RESIN	0	0	200.00
D2662	TWO SURFACE ONLAY COMP/RESIN	0	0	160.00
D2663	THREE SURFACE ONLAY COMP/RESIN	0	0	200.00
D2664	FOUR SURFACE ONLAY COMP/RESIN	0	0	200.00
D2710	CROWN - RESIN BASED COMPOSITE INDIRECT	0	0	410.00
D2712	CROWN - 3/4 RESIN BASED COMPOSITE INDIRECT	0	0	410.00
D2720	CROWN - RESIN WITH HIGH NOBLE METAL	0	0	600.00
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	0	0	600.00
D2722	CROWN - RESIN WITH NOBLE METAL	0	0	600.00
D2740	CROWN - ALL CERAMIC	0	0	600.00
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	0	0	600.00
D2751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY METAL	0	0	600.00
D2752	CROWN - CERAMIC/PORCELAIN OVER METAL	0	0	600.00
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	0	0	600.00
D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	0	0	600.00
D2782	CROWN - 3/4 CAST NOBEL METAL	0	0	600.00
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	0	0	600.00
D2790	CROWN - FULL CAST HIGH NOBLE METAL	0	0	600.00
D2791	CROWN FULL CAST BASE METAL	0	0	600.00
D2792	CROWN - FULL CAST NOBEL METAL	0	0	600.00
D2794	CROWN - TITANIUM	0	0	600.00
D2920	RECEMENT CROWN	0	0	75.00
D2940	SEDATIVE FILLING	0	0	75.00

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D2950	CORE BUILDUP INC ANY PINS	0	0	175.00
D2951	PIN RETENTION IN ADDITION TO RESTORATION	0	0	100.00
D2952	CAST POST AND CORE IN ADDITION TO CROWN	0	0	175.00
D2953	CAST POST (PART OF CROWN)	0	0	175.00
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	0	0	175.00
D2957	CAST POST AND CORE PREFAB ADDITIONAL SAME TOOTH	0	0	175.00
D3220	PULPOTOMY	0	0	75.00
D3221	PULPAL DEBRIDEMENT	0	0	75.00
D3240	PULPAL THERAPY	0	0	75.00
D3310	ONE CANAL (EXCLUDING FINAL RESTORATION)	0	0	450.00
D3320	TWO CANALS (EXCLUDING FINAL RESTORATION)	0	0	500.00
D3330	THREE CANALS (EXCLUDING FINAL RESTORATION)	0	0	600.00
D3346	RETREATMENT ANTERIOR ROOT CANAL	0	0	250.00
D3347	RETREATMENT BICUSPID	0	0	250.00
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY	0	0	250.00
D3410	APICOECTOMY - ANTERIOR	0	0	250.00
D3420	APICOECTOMY WITH ENDODONTIC PROCEDURE PER ROOT	0	0	250.00
D3425	APICOECTOMY - MOLAR - FIRST ROOT	0	0	250.00
D3426	APICOECTOMY - EACH ADDITIONAL ROOT	0	0	250.00
D4210	GINGIVECTOMY OR GINGIVOPLASTY - PER QUADRANT	0	0	200.00
D4211	GINGIVECTOMY/PLASTY<4	0	0	50.00
D4212	GINGIVECTOMY	0	0	50.00
D4220	GINGIVAL CURETTAGE- PER QUADRANT	0	0	50.00
D4240	GINGIVAL FLAP PROC W/ PLANING - PER QUADRANT	0	0	200.00
D4241	GINIVAL FLAP 1 TO 3 TEETH PER QUAD	0	0	25.00
D4250	MUCO-GINGIVAL SURGERY - PER QUADRANT	0	0	200.00
D4260	OSSEOUS SURGERY - 4 OR MORE TEETH PER QUADRANT	0	0	300.00
D4261	OSSEOUS SURGERY - 3 TEETH PER QUADRANT	0	0	200.00
D4263	BONE REPLACEMENT GRAFT - FIRST SITE	0	0	37.50
D4264	BONE REPLACEMENT GRAFT - EACH ADDITIONAL	0	0	37.50
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE-PER QUAD	0	0	200.00
D4271	FREE SOFT TISSUE GRAFT PROCEDURE - PER QUADRANT	0	0	200.00
D4273	SUPEPITHELIAL CONNECTIVE TISSUE GRAFT	0	0	200.00
D4277	FREE SOFT TISSUE GRAFT	0	0	200.00
D4320	PROVISIONAL SPLINTING, INTRACORONAL	0	0	70.00
D4321	PROVISIONAL SPLINTING, EXTRACORONAL	0	0	70.00
D4341	PERIODONTAL SCALING\ROOT PLANNING-4 OR MORE TEETH	0	0	50.00
D4342	PERIOSCALE&RTPLAN 1-3 TEETH/QUAD	0	0	50.00
D4346	SCALING GINGIVAL INFLAMMATION	0	0	50.00
D4355	FULL MOUTH DEBRIDEMENT	0	0	50.00

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D4910	PERIODONTAL MAINT PROCEDURES	0	0	50.00
D5110	COMPLETE DENTURE - MAXILLARY	0	0	525.00
D5120	COMPLETE DENTURE - MANDIBULAR	0	0	525.00
D5130	IMMEDIATE DENTURE - MAXILLARY	0	0	525.00
D5140	IMMEDIATE DENTURE - MANDIBULAR	0	0	525.00
D5211	PARTIAL RESIN UPPER	0	0	550.00
D5212	PARTIAL RESIN LOWER	0	0	550.00
D5213	UPPER PARTIAL-CAST METAL BASE	0	0	550.00
D5214	MANDIBULAR PARTIAL CAST DENTURE	0	0	550.00
D5218	LOWER - WITH TWO CHROME CLASP	0	0	550.00
D5225	MAXILLARY PARTIAL DENT FLEX BASE	0	0	550.00
D5226	MANDIBULAR PARTIAL DENTURE	0	0	550.00
D5230	LOWER - WITH GOLD LINGUAL BAR	0	0	550.00
D5231	LOWER - WITH CHROME LINGUAL BAR	0	0	550.00
D5240	LOWER - WITH GOLD LINGUAL BAR	0	0	550.00
D5241	LOWER - WITH CHROME LINGUAL BAR	0	0	550.00
D5250	UPPER - WITH GOLD PALATAL BAR	0	0	550.00
D5261	UPPER - WITH CHROME PALATAL BAR	0	0	550.00
D5280	PARTIAL REMOVABLE UNILATERAL	0	0	240.00
D5281	PARTIAL REMOVABLE UNILATERAL	0	0	240.00
D5292	FULL CAST PARTIAL - WITH TWO	0	0	550.00
D5293	FULL CAST PARTIAL - WITH TWO	0	0	550.00
D5294	FULL CAST PARTIAL - WITH TWO	0	0	550.00
D5510	REPAIR DENTURE BASE	0	0	70.00
D5520	REPLACE MISSING OR BROKEN TEETH	0	0	60.00
D5600	REPAIR BODY OF BROKEN DENTURE	0	0	70.00
D5610	REPAIR ACRYLIC SADDLE OR BASE	0	0	70.00
D5620	REPAIR CAST FRAMEWORK	0	0	60.00
D5630	REPAIR OR REPLACE BROKEN CLASP	0	0	60.00
D5640	REPLACE BROKEN TEETH - PER TOOTH	0	0	60.00
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	0	0	60.00
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	0	0	60.00
D5670	REPLACE TEETH AND ACRYLIC ON METAL FRAMEWORK	0	0	68.00
D5680	REPLACE BROKEN CLASP	0	0	68.00
D5710	REBASE COMPLETE UPPER DENTURE	0	0	150.00
D5711	REBASE COMPLETE LOWER DENTURE	0	0	150.00
D5720	REBASE PARTIAL UPPER DENTURE	0	0	150.00
D5721	REBASE PARTIAL LOWER DENTURE	0	0	150.00
D5730	RELINE COMPLETE UPPER DENTURE - OFFICE	0	0	150.00
D5731	RELINE COMPLETE LOWER DENTURE - OFFICE	0	0	150.00

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D5740	RELIN PARTIAL UPPER DENTURE - OFFICE	0	0	150.00	
D5741	RELIN PARTIAL LOWER DENTURE - OFFICE	0	0	150.00	
D5750	RELIN FULL UPPER DENTURE	0	0	150.00	
D5751	RELIN COMPLETE MANDIBULAR	0	0	150.00	
D5760	RELIN MAXILLARY PARTIAL(UPPER)	0	0	150.00	
D5761	RELIN MANDIBULAR PARTIAL(LOWER)	0	0	150.00	
D5860	OVERDENTURE - COMPLETE MAXILLARY	0	0	525.00	
D5865	OVERDENTURE COMPLETE MANDIBULAR	0	0	525.00	
D6057	CUSTOM ABUTMENT INCLUDES PLACEMENT	0	0	600.00	
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	0	0	600.00	
D6059	ABUTMENT SUPP PFM	0	0	600.00	
D6060	ABUTMENT PORCELAIN PREDOM METAL CROWN	0	0	600.00	
D6071	FPD ABUTMENT RETAINER	0	0	600.00	
D6210	BRIDGE PONTIC	0	0	600.00	
D6240	PONTIC PORCELAIN FUSED TO HNOB	0	0	600.00	
D6241	PORCELAIN FUSED TO NOBLE METAL	0	0	600.00	
D6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL	0	0	600.00	
D6245	PONTIC PORC CERAMIC	0	0	600.00	
D6520	INLAY - METALLIC TWO SURFACES	0	0	160.00	
D6545	RETAINER MARYLAND BRIDGE	0	0	600.00	
D6602	INLAY CAST HIGH NOBLE METAL TWO SURFACE	0	0	160.00	
D6720	RETAINER CRN-RES W/HI NOB MET	0	0	600.00	
D6740	ABUT ALL PORC CERAMIC	0	0	600.00	
D6750	RETAINER CRN-PORC FUSED HI NOB	0	0	600.00	
D6751	RETAINER CRWN - PORC FUSE BASE MET	0	0	600.00	
D6752	CROWN - PORCELAIN FUSED TO NOBLE METAL	0	0	600.00	
D6790	CROWN FULL CAST HIGH NOBLE METAL	0	0	600.00	
D6930	RECEMENT FIXED PARTIAL DENTURE	0	0	60.00	
D6972	PREFAB POST/CORE + BRDG RETAINER	0	0	175.00	
D6973	CORE BUILDUP	0	0	175.00	
D6980	FIXED PARTIAL DENTURE REPAIR	0	0	60.00	
D7111	SINGLE TOOTH EXTRACTION	0	0	125.00	
D7120	EACH ADDITIONAL TOOTH EXTRACTION	0	0	125.00	
D7140	EXTRACTION ERUPTED TOOTH OR ROOT REMOVAL	0	0	125.00	
D7210	SURGICAL EXTRACTION	0	0	0.00	PAYABLE UNDER MAJOR MEDICAL - PAYABLE AT 80% OF USUAL & CUSTOMARY ONCE DEDUCTIBLE HAS BEEN SATISFIED

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D7220	SOFT TISSUE IMPACTION	0	0	0.00	PAYABLE UNDER MAJOR MEDICAL - PAYABLE AT 80% OF USUAL & CUSTOMARY ONCE DEDUCTIBLE HAS BEEN SATISFIED
D7230	PARTIAL BONY IMPACTION	0	0	0.00	PAYABLE UNDER MAJOR MEDICAL - PAYABLE AT 80% OF USUAL & CUSTOMARY ONCE DEDUCTIBLE HAS BEEN SATISFIED
D7240	REMOVAL OF IMPACTED TOOTH	0	0	0.00	PAYABLE UNDER MAJOR MEDICAL - PAYABLE AT 80% OF USUAL & CUSTOMARY ONCE DEDUCTIBLE HAS BEEN SATISFIED
D7241	REMOVAL OF IMPACTED TOOTH UNUSUAL SURGICAL COMP	0	0	0.00	PAYABLE UNDER MAJOR MEDICAL - PAYABLE AT 80% OF USUAL & CUSTOMARY ONCE DEDUCTIBLE HAS BEEN SATISFIED
D7250	SURGICAL REMOVAL ROOT TIP - APICOECTOMY	0	0	250.00	
D7280	SURGICAL ACCES UNERUPTED TOOTH	0	0	0.00	WILL BE SUBMITTED TO MEDICAL PLAN FOR CONSIDERATION
D7286	BIOPSY OF ORAL TISSUE	0	0	0.00	PAYABLE UNDER MAJOR MEDICAL - PAYABLE AT 80% OF USUAL & CUSTOMARY ONCE DEDUCTIBLE HAS BEEN SATISFIED
D7310	ALVEOLOPLASTY	0	0	25.00	
D7340	VESTIBULOPLASTY RDG EXTENS	0	0	0.00	MUST CALL FOR PRIOR AUTHORIZATION 1- 800-999-3309 UNDER MEDICAL PLAN
D7410	RADICAL EXCISION-LESION DIAMETER UP TO 1.25 CM	0	0	0.00	PAYABLE UNDER MAJOR MEDICAL - PAYABLE AT 80% OF USUAL & CUSTOMARY ONCE DEDUCTIBLE HAS BEEN SATISFIED
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	0	0	0.00	PAYABLE UNDER MAJOR MEDICAL - PAYABLE AT 80% OF USUAL & CUSTOMARY ONCE DEDUCTIBLE HAS BEEN SATISFIED
D7412	EXCISION OF BENIGN LESION, COMPLICATED	0	0	0.00	PAYABLE UNDER MAJOR MEDICAL - PAYABLE AT 80% OF USUAL & CUSTOMARY ONCE DEDUCTIBLE HAS BEEN SATISFIED

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D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM	0	0	0.00	PAYABLE UNDER MAJOR MEDICAL - PAYABLE AT 80% OF USUAL & CUSTOMARY ONCE DEDUCTIBLE HAS BEEN SATISFIED
D7414	EXCISION OF MALIGNANT LESION GREATER THAN 1.25 cm	0	0	0.00	PAYABLE UNDER MAJOR MEDICAL - PAYABLE AT 80% OF USUAL & CUSTOMARY ONCE DEDUCTIBLE HAS BEEN SATISFIED
D7415	EXCISION OF MALIGNANT LESION, COMPLICATED	0	0	0.00	PAYABLE UNDER MAJOR MEDICAL - PAYABLE AT 80% OF USUAL & CUSTOMARY ONCE DEDUCTIBLE HAS BEEN SATISFIED
D7440	EXCISION OF MALIGNANT LESION DIAM <= 1.25 CM	0	0	0.00	PAYABLE UNDER MAJOR MEDICAL - PAYABLE AT 80% OF USUAL & CUSTOMARY ONCE DEDUCTIBLE HAS BEEN SATISFIED
D7441	EXCISION OF MALIGNANT LESION DIAM > 1.25 CM	0	0	0.00	PAYABLE UNDER MAJOR MEDICAL - PAYABLE AT 80% OF USUAL & CUSTOMARY ONCE DEDUCTIBLE HAS BEEN SATISFIED
D7450	REMOVAL OF ODONTOGENIC LESION DIAM <= 1.25 CM	0	0	0.00	PAYABLE UNDER MAJOR MEDICAL - PAYABLE AT 80% OF USUAL & CUSTOMARY ONCE DEDUCTIBLE HAS BEEN SATISFIED
D7451	REMOVAL OF ODONTOGENIC LESION DIAM > 1.25 CM	0	0	0.00	PAYABLE UNDER MAJOR MEDICAL - PAYABLE AT 80% OF USUAL & CUSTOMARY ONCE DEDUCTIBLE HAS BEEN SATISFIED
D7460	REMOVAL OF NONODONTOGENIC LESION DIAM <= 1.25 CM	0	0	0.00	PAYABLE UNDER MAJOR MEDICAL - PAYABLE AT 80% OF USUAL & CUSTOMARY ONCE DEDUCTIBLE HAS BEEN SATISFIED
D7461	REMOVAL OF NONODONTOGENIC LESION DIAM > 1.25 CM	0	0	0.00	PAYABLE UNDER MAJOR MEDICAL - PAYABLE AT 80% OF USUAL & CUSTOMARY ONCE DEDUCTIBLE HAS BEEN SATISFIED
D7530	REMOVE FOREIGN BODY FROM TISSUE	0	0	75.00	
D7560	MAX SINUSOTOMY	0	0	0.00	REQUIRES PRIOR AUTHORIZATION - CALL 1- 800-999-3309
D7880	OCCLUSAL ORTHOTIC DEVICE	0	0	180.00	

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D7950	OSSEOUS GRAFT	0	0	200.00	
D7953	BONE REPLT GRFT RIDGE	0	0	37.50	
D8060	INTERCEPTIVE ORTHO APPLICANCES & TX	0	0	0.00	COVERAGE FOR ADJUSTMENT VISITS BEGINNING 6 MONTHS AFTER PLACEMENT ADJUSTMENT VISITS COVERED AT \$100 - ALLOWED UP TO ONCE PER MONTH FOR ACTUAL DATES SEEN - \$2500 LIFETIME MAXIMUM FOR ORTHODONTIC
D8080	COMPREHENSIVE ORTHO ADOLESCENT	0	0	500.00	COVERAGE FOR ADJUSTMENT VISITS BEGINNING 6 MONTHS AFTER PLACEMENT ADJUSTMENT VISITS COVERED AT \$100 - ALLOWED UP TO ONCE PER MONTH FOR ACTUAL DATES SEEN - \$2500 LIFETIME MAXIMUM FOR ORTHODONTIC
D8090	COMPREHENSIVE ORTHODONTIC - ADULT	0	0	500.00	BEGINNING 6 MONTHS AFTER PLACEMENT ADJUSTMENT VISITS COVERED AT \$100 - ALLOWED UP TO ONCE PER MONTH FOR ACTUAL DATES SEEN - \$2500 LIFETIME MAXIMUM FOR ORTHODONTIC
D8210	REMOVABLE APPLIANCE	0	0	200.00	
D8220	FIXED OR CEMENTED APPLIANCE	0	0	500.00	
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT	0	0	100.00	
D8690	ORTHODONTIC TREATMENT	0	0	100.00	
D8691	REPAIR OF ORTHODONTIC APPLIANCE	0	0	0.00	
D9110	PALLIATIVE TREATMENT OF DENTAL PAIN	0	0	75.00	
D9200	GENERAL ANESTHESIA	0	0	0.00	PAYABLE UNDER MAJOR MEDICAL - PAYABLE AT 80% OF USUAL & CUSTOMARY ONCE DEDUCTIBLE HAS BEEN SATISFIED
D9220	GENERAL ANESTHESIA-FIRST 30 MINUTES	0	0	0.00	PAYABLE UNDER MAJOR MEDICAL - PAYABLE AT 80% OF USUAL & CUSTOMARY ONCE DEDUCTIBLE HAS BEEN SATISFIED
D9221	GENERAL ANESTHESIA-EACH ADDITIONAL 15 MINUTES	0	0	0.00	PAYABLE UNDER MAJOR MEDICAL - PAYABLE AT 80% OF USUAL & CUSTOMARY ONCE DEDUCTIBLE HAS BEEN SATISFIED

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D9223	GEN ANESTH - EACH 15 MIN	0	0	0.00	MUST BE SUBMITTED UNDER THE MAJOR MEDICAL BENEFIT FOR COVERAGE
D9230	ANALGESIA,ANXIOLYSIS,INHALATION OF NITROUS OXIDE	0	0	76.00	
D9240	INTRAVENOUS SEDATION	0	0	0.00	PAYABLE UNDER MAJOR MEDICAL - PAYABLE AT 80% OF USUAL & CUSTOMARY ONCE DEDUCTIBLE HAS BEEN SATISFIED
D9241	IV SEDATION 1ST 30 MIN	0	0	0.00	PAYABLE UNDER MAJOR MEDICAL - PAYABLE AT 80% OF USUAL & CUSTOMARY ONCE DEDUCTIBLE HAS BEEN SATISFIED
D9242	IV SED ADDT'L UNIT	0	0	0.00	PAYABLE UNDER MAJOR MEDICAL - PAYABLE AT 80% OF USUAL & CUSTOMARY ONCE DEDUCTIBLE HAS BEEN SATISFIED
D9243	IV SEDATION 15 MINUTES	0	0	0.00	PAYABLE UNDER MAJOR MEDICAL - PAYABLE AT 80% OF USUAL & CUSTOMARY ONCE DEDUCTIBLE HAS BEEN SATISFIED
D9310	CONSULTATION	0	0	82.00	
D9940	OCCLUSAL GUARD	0	0	180.00	
D9951	OCCLUSAL ADJUSTMENT - LIMITED	0	0	50.00	
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	0	0	50.00	