



Scheduled Plan

Reimbursement Information Sheet

The patient/member is ultimately responsible for verification as to the accuracy and appropriateness of all fees applicable to any Starmark network provider. Starmark urges all of its members to verify all fees for proposed treatment via the "Schedule of Benefits" or with the Starmark Member Services Department (877.760.2247).

The following reimbursement payments apply to any General Dentist or Specialist. Member is responsible for any balance due after reimbursement is applied. In Network services have maximum allowable charges for member.

Plan Design Summary: \$50.00 deductible (3 per family)/\$1500 maximum/1 year waiting period on major services.

No payment will be made for any expense or service not included in this list of Covered Dental Services.

Please see your Certificate of Coverage for all benefit, exclusion and limitation guidelines.

ADA Code	Description	Waiting Period	Maximum Benefit Allowance	Limitation
120	Periodic oral evaluation	None	\$20.00	Limited to one time in any six (6) consecutive month period.
140	Limited oral evaluation-problem focused	None	\$20.00	
150	Comprehensive oral evaluation-new or established patient	None	\$33.00	
160	Detailed and extensive oral evaluation-problem focused	None	\$20.00	
170	Re-evaluation-limited-problem focused	None	\$20.00	
9110	Palliative (emergency) treatment of dental pain - minor procedure	None	\$30.00	Paid as a separate benefit only if no definitive operative procedure, including sedative filling, is rendered during the visit.
9220	General anesthesia - first 30 minutes	12 months	\$73.00	Paid as a separate benefit only when medically necessary, as determined by the carrier, and when administered in conjunction with oral surgical procedures which are covered under the policy.
9221	General anesthesia - each additional 15 minutes	12 months	\$28.00	
9240	Intravenous sedation	12 months	\$78.00	
9241	Intravenous sedation - first 30 minutes	12 months	\$78.00	
9242	Intravenous sedation - each additional 15 minutes	12 months	\$28.00	
9610	Therapeutic drug injection, by report	None	\$17.00	None
210	X-Ray intraoral-complete series (including bitewings)	None	\$48.00	Limited to one occurrence of procedure 210 or 330 in any 60 consecutive month period. For benefit determination purposes, a full mouth series will be deemed to include bitewings and ten (10) or more periapical x-rays.

ADA Code	Description	Waiting Period	Maximum Benefit Allowance	Limitation
220	X-Ray intraoral-periapical first film	None	\$9.00	Limited to a maximum of four (4) films, which are not a part of a full mouth series in any 12 consecutive month period.
230	X-Ray intraoral-periapical each additional film	None	\$8.00	
240	X-Ray intraoral-occlusal film	None	\$13.00	Limited to two (2) films in any 12 consecutive month period.
250	X-Ray extraoral-first film	None	\$15.00	
260	X-Ray extraoral-each additional film	None	\$13.00	
270	X-Ray bitewing-single film	None	\$12.00	Limited to one (1) set in any twelve (12) consecutive month period
272	X-Ray bitewings-two films	None	\$18.00	
274	X-Ray-bitewings-four films	None	\$26.00	
277	Vertical bitewings-7 to 8 films	None	\$26.00	
330	Panoramic film (not to replace FMX)	None	\$40.00	Limited to one (1) occurrence of procedure 210 or 330 in any 60 consecutive month period. For benefit determination purposes, a full mouth series will be deemed to include bitewings and ten (10) or more periapical x-rays.
470	Diagnostic casts	12 months	\$32.00	Not covered for Orthodontic evaluation. Limited to one time in any 36 consecutive month period and only if diagnostic casts are required for extensive bilateral prosthetic dentistry other than dentures.
501	Histopathologic Exam	None	\$36.00	Payable only in conjunction with a covered biopsy procedure.
1110	Routine prophylaxis-adult	None	\$38.00	Limited to one prophylaxis or periodontal maintenance procedure in any six (6) consecutive month period.
1120	Routine prophylaxis-children under the age of 16	None	\$28.00	
1201	Topical application of fluoride (including prophylaxis)	None	\$43.00	Limited to one time in any twelve (12) consecutive month period.
1203	Topical application of fluoride (excluding prophylaxis)	None	\$16.00	Limited to children under the age of 16.
1351	Application of sealant per tooth	None	\$23.00	Limited to one time per tooth in any three (3) consecutive year period. Allowed only for unrestored permanent molar teeth for children under the age of 16.
1510	Space maintainer (fixed) unilateral	None	\$120.00	Limited to children under the age of 16. Benefit includes all adjustments made within six (6) months of installation.
1515	Space maintainer (fixed) bilateral	None	\$191.00	
1520	Space maintainer (removable) unilateral	None	\$115.00	
1525	Space maintainer (removable) bilateral	None	\$210.00	
1550	Recementation of space maintainer	None	\$25.00	

ADA Code	Description	Waiting Period	Maximum Benefit Allowance	Limitation
8210	Removable appliance therapy	None	\$103.00	Limited to one time per person. Limited to children under the age of 16.
8220	Fixed appliance therapy	None	\$103.00	
2110	Amalgam - one surface, primary	None	\$31.00	Benefits for the replacement of an existing amalgam restoration are only payable if at least 24 months have passed since the existing amalgam was placed.
2120	Amalgam - two surfaces, primary	None	\$37.00	
2130	Amalgam - three surfaces, primary	None	\$46.00	
2131	Amalgam - four or more surfaces, primary	None	\$54.00	
2140	Amalgam-one surface-permanent	None	\$36.00	
2150	Amalgam-two surfaces- permanent	None	\$44.00	
2160	Amalgam-three surfaces-permanent	None	\$52.00	
2161	Amalgam-four or more surfaces-permanent	None	\$63.00	
2210	Silicate cement - per restoration	None	\$22.00	Benefits for the replacement of an existing silicate restoration are only payable if at least 24 months have passed since the existing filling was placed.
2330	Resin-based composite-one surface, anterior	None	\$40.00	Restorations which involve either the mesial or distal surface will be considered single surface restorations unless the incisal angle is also involved. Benefits for the replacement of an existing composite restoration are payable only if 24 months have passed since the existing filling was placed. Benefits for composite resin restoration on posterior teeth will be based on the benefit for the corresponding amalgam restoration.
2331	Resin-based composite-two surfaces, anterior	None	\$50.00	
2332	Resin-based composite-three surfaces, anterior	None	\$65.00	
2335	Resin-based composite-four or more surfaces or involving incisal angle, anterior	None	\$76.00	
2337	Resin-based composite crown, anterior - permanent	None	\$76.00	
2380	Resin-based composite-one surface, posterior - primary	None	\$31.00	
2381	Resin-based composite-two surfaces, posterior - primary	None	\$37.00	
2382	Resin-based composite-three or more surfaces, posterior - primary	None	\$46.00	
2385	Resin-one surface, posterior-permanent	None	\$36.00	
2386	Resin - two surfaces, posterior-permanent	None	\$44.00	
2387	Resin - three surfaces, posterior-permanent	None	\$52.00	
2388	Resin - four or more surfaces, posterior-permanent	None	\$63.00	
2510	Inlay-metallic-one surface	12 months	\$136.00	Covered only when the tooth cannot be restored by an amalgam or composite filling, and then only if more than seven (7) years have elapsed since last placement.
2520	Inlay-metallic-two surfaces	12 months	\$164.00	
2530	Inlay-metallic-three or more surfaces	12 months	\$182.00	
2542	Onlay-metallic-two surfaces	12 months	\$164.00	
2543	Onlay-metallic-three surfaces	12 months	\$197.00	
2544	Onlay-metallic-four or more surfaces	12 months	\$206.00	
2610	Inlay-porcelain/ceramic-one surface	12 months	\$162.00	
2620	Inlay-porcelain/ceramic-two surfaces	12 months	\$168.00	
2630	Inlay-porcelain/ceramic-three or more surfaces	12 months	\$189.00	
2642	Onlay-porcelain/ceramic-two surfaces	12 months	\$136.00	
2643	Onlay-porcelain/ceramic-three surfaces	12 months	\$208.00	
2644	Onlay-porcelain/ceramic-four or more surfaces	12 months	\$214.00	
2650	Inlay-composite/resin-one surface (laboratory processed)	12 months	\$132.00	
2651	Inlay-composite/resin-two surfaces (laboratory processed)	12 months	\$149.00	

ADA Code	Description	Waiting Period	Maximum Benefit Allowance	Limitation
2652	Inlay-composite/resin-three or more surfaces (laboratory processed)	12 months	\$159.00	Covered only when the tooth cannot be restored by an amalgam or composite filling, and then only if more than seven (7) years have elapsed since last placement.
2662	Onlay-composite/resin-two surfaces (laboratory processed)	12 months	\$161.00	
2663	Onlay-composite/resin-three surfaces (laboratory processed)	12 months	\$180.00	
2664	Onlay-composite/resin-four or more surfaces (laboratory processed)	12 months	\$187.00	
2710	Crown-resin (laboratory)	12 months	\$79.00	Covered only when the tooth cannot be restored by an amalgam or composite filling, and then only if more than seven (7) years have elapsed since the last placement. For persons under 16 years of age, benefits for crowns on vital teeth are limited to resin or stainless steel crowns.
2720	Crown-resin with high noble metal	12 months	\$144.00	
2721	Crown-resin with predominantly base metal	12 months	\$144.00	
2722	Crown-resin with noble metal	12 months	\$144.00	
2740	Crown-porcelain/ceramic substrate	12 months	\$215.00	
2750	Crown-porcelain fused to high noble metal	12 months	\$187.00	
2751	Crown-porcelain fused to predominantly base metal	12 months	\$187.00	
2752	Crown-porcelain fused to noble metal	12 months	\$187.00	
2780	Crown- $\frac{3}{4}$ cast high noble metal	12 months	\$205.00	
2781	Crown- $\frac{3}{4}$ cast predominantly base metal	12 months	\$205.00	
2782	Crown- $\frac{3}{4}$ cast noble metal	12 months	\$205.00	
2783	Crown- $\frac{3}{4}$ porcelain/ceramic	12 months	\$205.00	
2790	Crown-full cast high noble metal	12 months	\$192.00	
2791	Crown-full cast predominantly base metal	12 months	\$192.00	
2792	Crown-full cast noble metal	12 months	\$192.00	
2810	Crown - $\frac{3}{4}$ cast metallic	12 months	\$205.00	
2910	Recement inlay	None	\$16.00	None
2920	Recement crown	None	\$18.00	None
2930	Prefabricated stainless steel crown-primary tooth	None	\$76.00	Covered only when the tooth cannot be restored by a filling and then only one (1) time in a three (3) year period. Limited to children under the age of 16.
2931	Prefabricated stainless steel crown-permanent tooth	None	\$97.00	
2932	Prefabricated resin crown	None	\$80.00	
2933	Prefabricated stainless steel crown with resin window	None	\$96.00	
2940	Sedative filling	None	\$32.00	Not payable in addition to palliative treatment on the same date.
2951	Pin retention - per tooth, in addition to restoration	None	\$10.00	Covered only in conjunction with an amalgam or composite restoration. Payable one time per restoration regardless of the number of pins used.

ADA Code	Description	Waiting Period	Maximum Benefit Allowance	Limitation
2950	Core buildup, including any pins	12 months	\$50.00	Only those procedures required to obtain adequate resistance and retention for crown placement will be covered. Procedures involving replacement of tooth structure for purposes of pulpal insulation, undercut elimination, casting bulk reduction, or for any purposes other than obtaining adequate retention are not covered. The benefit for a core buildup includes all pins and/or prefabricated posts.
2952	Cast post and core in addition to crown	12 months	\$68.00	Covered only for endodontically treated teeth requiring a cast restoration for restorative purposes.
2954	Prefabricated post and core in addition to crown	12 months	\$60.00	
2980	Crown repair, by report	None	\$36.00	Limited to repairs performed more than 12 months after initial insertion.
3220	Therapeutic pulpotomy (excluding final restoration)	12 months	\$32.00	Payable for deciduous teeth only.
3221	Gross pulpal debridement, primary and permanent teeth	12 months	\$32.00	
3230	Pulp therapy (resorbable filling) -anterior, primary tooth	12 months	\$43.00	Includes all pre-operative, operative and post-operative x-rays, bacteriologic cultures, diagnostic tests, local anesthesia and routine follow-up care. Payable once per tooth.
3240	Pulpal therapy (resorbable filling) - posterior, primary	12 months	\$45.00	
3310	Root canal - anterior	12 months	\$133.00	
3320	Root canal - bicuspid	12 months	\$156.00	
3330	Root canal - molar	12 months	\$196.00	
3351	Apexification/recalcification-initial visit	12 months	\$48.00	
3352	Apexification/recalcification - interim medication replacement	12 months	\$24.00	
3353	Apexification/recalcification-final visit	12 months	\$24.00	Includes all pre-operative, operative and post operative x-rays, bacteriologic cultures, diagnostic tests, local anesthesia, and routine follow-up care. A maximum of three (3) visits per tooth payable.
3410	Apicoectomy/periradicular surgery-anterior	12 months	\$158.00	Includes all pre-operative, operative, and post operative x-rays, bacteriologic cultures, diagnostic tests, local anesthesia, and routine follow-up care.
3421	Apicoectomy/periradicular surgery-bicuspid (first root)	12 months	\$150.00	
3425	Apicoectomy/periradicular surgery-molar (first root)	12 months	\$160.00	
3426	Apicoectomy/periradicular surgery (each additional root)	12 months	\$59.00	
3430	Retrograde filling-per root	12 months	\$39.00	
3450	Root amputation-per root	12 months	\$85.00	
3920	Hemisection (including any root removal) not including root canal	12 months	\$71.00	Fixed bridgework replacing the extracted portion of a hemisected tooth is not covered. Procedure includes local anesthesia and routine post-operative care.

ADA Code	Description	Waiting Period	Maximum Benefit Allowance	Limitation
4210	Gingivectomy/gingivoplasty-per quadrant	12 months	\$87.00	Only one periodontal surgical procedure is covered per area of the mouth in any 36 consecutive month period.
4211	Gingivectomy/gingivoplasty- per tooth	12 months	\$34.00	
4220	Gingival curettage, surgical, per quadrant, by report	12 months	\$47.00	Only one periodontal surgical procedure is covered per area of the mouth in any 36 consecutive month period. Curettage is not payable if performed on the same treatment date as prophylaxis.
4240	Gingival flap procedure, including root planing - per quadrant	12 months	\$112.00	Only one periodontal surgical procedure is covered per area of the mouth in any 36 consecutive month period.
4249	Clinical crown lengthening-hard tissue	12 months	\$169.00	None
4250	Mucogingival surgery - per quadrant	12 months	\$123.00	Only one periodontal surgical procedure is covered per area of the mouth in any 36 consecutive month period.
4260	Osseous surgery - per quadrant	12 months	\$217.00	Only one periodontal surgical procedure is covered per area of the mouth in any 36 consecutive month period. Not payable as a discrete procedure if performed during the same operative session as osseous surgery.
4263	Bone replacement graft-first site in quadrant	12 months	\$79.00	
4264	Bone replacement graft-each additional site in quadrant	12 months	\$51.00	None
4266	Guided tissue regeneration-resorbable barrier, per site, per tooth	12 months	\$99.00	Only one periodontal surgical procedure is covered per area of the mouth in any 36 consecutive month period. Not payable as a discrete procedure if performed during the same operative session as osseous surgery.
4267	Guided tissue regeneration-nonresorbable barrier, per site, per tooth	12 months	\$108.00	
4270	Pedicle soft tissue graft procedure	12 months	\$149.00	None
4271	Free soft tissue graft procedure (including donor site surgery)	12 months	\$188.00	None
4273	Subepithelial connective tissue graft procedure (including donor site surgery)	12 months	\$179.00	None
4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	12 months	\$68.00	None
4341	Periodontal scaling and root planing- per quadrant	12 months	\$48.00	Limited to one time per quadrant of the mouth in any 36 consecutive month period.
4910	Periodontal maintenance procedures (following active therapy)	12 months	\$26.00	Payable only if at least six (6) months have passed since the completion of active periodontal surgery. Only one periodontal maintenance procedure or adult prophylaxis is payable in any six (6) consecutive month period. This procedure includes an allowance for an exam as well as scaling and root planing.

ADA Code	Description	Waiting Period	Maximum Benefit Allowance	Limitation
5110	Complete denture-maxillary	12 months	\$270.00	There are no additional benefits for personalized dentures or overdentures. Payment will not be made for any denture until it is accepted by the patient. Limited to one time per arch per five (5) years.
5120	Complete denture - mandibular	12 months	\$258.00	
5130	Immediate denture-maxillary	12 months	\$270.00	
5140	Immediate denture - mandibular	12 months	\$241.00	
5211	Maxillary partial denture - resin base	12 months	\$184.00	There are no additional benefits for precision or semi-precision attachments. The benefit for a partial denture includes any clasps and rests and all teeth. Limited to one partial denture per arch per five (5) years unless there is a Necessary extraction of an additional Functioning Natural Tooth
5212	Mandibular partial denture - resin base	12 months	\$203.00	
5213	Maxillary partial denture - cast metal framework with resin denture bases	12 months	\$266.00	
5214	Mandibular partial denture - cast metal framework with resin denture bases	12 months	\$272.00	
5281	Removable unilateral partial denture - one piece cast metal	12 months	\$149.00	
5410	Adjust complete denture-maxillary	None	\$14.00	
5411	Adjust complete denture-mandibular	None	\$12.00	
5421	Adjust partial denture-maxillary	None	\$14.00	
5422	Adjust partial denture-mandibular	None	\$14.00	Only covered one time in any 12 consecutive month period, and only if performed more than 12 months after the insertion of the denture.
5510	Repair broken complete denture base	None	\$25.00	
5520	Replace missing or broken teeth-complete denture (each tooth)	None	\$26.00	Limited to repairs performed more than 12 months after initial insertion.
5610	Repair resin denture base	None	\$32.00	
5620	Repair cast framework	None	\$30.00	
5630	Repair or replace broken clasp	None	\$31.00	
5640	Replace broken teeth-per tooth	None	\$29.00	
5650	Add tooth to existing partial denture	None	\$36.00	
5660	Add clasp to existing partial denture	None	\$35.00	
5710	Rebase complete maxillary denture	12 months	\$88.00	Limited to Rebasing done more than 12 months after the initial insertion, then not more than one time in any 36 consecutive month period.
5711	Rebase complete mandibular denture	12 months	\$89.00	
5720	Rebase maxillary partial denture	12 months	\$82.00	
5721	Rebase mandibular partial denture	12 months	\$86.00	
5730	Reline complete maxillary denture (chairside)	12 months	\$50.00	Limited to Relining done more than 12 months after the initial insertion, then not more than one time in any 36 consecutive month period.
5731	Reline complete mandibular denture (chairside)	12 months	\$47.00	
5740	Reline maxillary partial denture (chairside)	12 months	\$46.00	
5741	Reline mandibular partial denture (chairside)	12 months	\$46.00	
5750	Reline complete maxillary denture (laboratory)	12 months	\$78.00	
5751	Reline complete mandibular denture (laboratory)	12 months	\$71.00	
5760	Reline maxillary partial denture (laboratory)	12 months	\$75.00	
5761	Reline mandibular partial denture (laboratory)	12 months	\$73.00	

ADA Code	Description	Waiting Period	Maximum Benefit Allowance	Limitation
5850	Tissue conditioning, maxillary	None	\$23.00	Payable only if at least 12 months have elapsed since the insertion of a full or partial denture and only once in any 36 consecutive month period.
5851	Tissue conditioning, mandibular	None	\$24.00	
6010	Surgical placement of implant body: endosteal implant	12 months	\$357.00	Benefits for the replacement of an existing full or partial denture are payable only if the existing prosthesis is more than five (5) years old, is not serviceable, and cannot be repaired. Benefits for the replacement of an existing implant or fixed bridge are payable only if the existing prosthesis is more than seven (7) years old, is not serviceable, and cannot be repaired.
6020	Abutment placement or substitution: endosteal implant	12 months	\$168.00	
6100	Implant removal, by report	12 months	\$37.00	Limited to the removal of an endosteal implant which was placed while the patient was covered under the Policy, is not serviceable, and cannot be repaired. Benefits for the replacement of an existing implant or implant-supported prosthesis are payable only if the existing prosthesis is more than seven (7) years old, is not serviceable, and cannot be repaired.
6210	Pontic-cast high noble metal	12 months	\$189.00	Benefits for the replacement of an existing fixed bridge are payable only if the existing bridge is more than seven (7) years old, is not serviceable, and cannot be repaired unless there is a Necessary Extraction of an additional Functioning Natural Tooth which was not an abutment to an existing denture that is less than five (5) years old or an existing bridge that is less than seven (7) years old.
6211	Pontic-cast predominantly base metal	12 months	\$189.00	
6212	Pontic-cast noble metal	12 months	\$189.00	
6240	Pontic-porcelain fused to high noble metal	12 months	\$183.00	
6241	Pontic-porcelain fused to predominantly base metal	12 months	\$183.00	
6242	Pontic-porcelain-noble metal	12 months	\$183.00	
6245	Pontic-porcelain/ceramic	12 months	\$183.00	
6250	Pontic-resin with high noble metal	12 months	\$175.00	
6251	Pontic-resin with predominantly base metal	12 months	\$175.00	
6252	Pontic-resin with noble metal	12 months	\$175.00	
6519	Inlay/onlay - porcelain ceramic	12 months	\$143.00	
6520	Inlay - metallic - two surfaces	12 months	\$143.00	
6530	Inlay - metallic - three or more surfaces	12 months	\$191.00	
6543	Onlay - metallic - three surfaces	12 months	\$197.00	
6544	Onlay - metallic - four or more surfaces	12 months	\$206.00	

ADA Code	Description	Waiting Period	Maximum Benefit Allowance	Limitation
6545	Retainer - cast metal for resin bonded fixed prosthesis	12 months	\$81.00	Benefits for the replacement of an existing resin bonded bridge are payable only if the existing resin bonded bridge is more than five (5) years old, is not serviceable, and cannot be repaired.
6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	12 months	\$81.00	Benefits for the replacement of an existing fixed bridge are payable only if the existing bridge is more than seven (7) years old, is not serviceable, and cannot be repaired unless there is a Necessary extraction of an additional Functioning Natural Tooth which was not an abutment to an existing denture that is less than five (5) years old or an existing bridge that is less than seven (7) years old.
6720	Crown-resin with high noble metal	12 months	\$158.00	
6721	Crown-resin with predominantly base metal	12 months	\$158.00	
6722	Crown-resin with noble metal	12 months	\$158.00	
6750	Crown-porcelain fused to high noble metal	12 months	\$191.00	
6751	Crown-porcelain fused to predominantly base metal	12 months	\$191.00	
6752	Crown-porcelain fused to noble metal	12 months	\$191.00	
6780	Crown ¾ cast high noble metal	12 months	\$189.00	
6781	Crown ¾ cast predominantly base metal	12 months	\$189.00	
6782	Crown ¾ cast noble metal	12 months	\$189.00	
6783	Crown ¾ porcelain/ceramic	12 months	\$189.00	
6790	Crown full cast high noble metal	12 months	\$189.00	
6791	Crown full cast predominantly base metal	12 months	\$189.00	
6792	Crown full cast noble metal	12 months	\$189.00	
6930	Recent fixed partial denture	None	\$25.00	None
6970	Cast post and core in addition to fixed partial denture retainer	12 months	\$68.00	Covered only for endodontically treated teeth which require a crown for restorative purposes or in order to serve as a retainer to a covered fixed or removable partial denture.
6971	Cast post as part of fixed partial denture retainer	12 months	\$191.00	
6972	Prefabricated post and core in addition to fixed partial denture retainer	12 months	\$55.00	
6973	Core build up for retainer, including any pins	12 months	\$42.00	Only those procedures required to obtain adequate resistance and retention for placement of a retainer that is covered under the Policy will be covered. Procedures involving replacement of tooth structure for purposes of pulpal insulation, undercut elimination, casting bulk reduction, or for any other purposes other than obtaining adequate retention are not covered. The benefit for a core buildup includes all pins and/or prefabricated posts.
6980	Fixed partial denture repair, by report	None	\$40.00	Limited to repairs performed more than 12 months after initial insertion.

ADA Code	Description	Waiting Period	Maximum Benefit Allowance	Limitation
7110	Single tooth (extraction)	None	\$40.00	The benefit includes an allowance for local anesthesia and routine post-operative care.
7120	Each additional tooth (extraction)	None	\$37.00	
7130	Root removal - exposed roots (extraction)	None	\$53.00	
7210	Surgical removal of erupted tooth w/ mucoperiosteal flap	12 months	\$46.00	
7220	Removal of impacted tooth-soft tissue	12 months	\$57.00	
7230	Removal of impacted tooth-partially bony	12 months	\$71.00	
7240	Removal of impacted tooth-completely bony	12 months	\$81.00	
7241	Removal of impacted tooth - completely bony w/unusual complications	12 months	\$101.00	
7250	Surgical removal of residual tooth roots	12 months	\$48.00	
7260	Oroantral fistula closure	12 months	\$131.00	
7270	Tooth reimplantation/stabilization of evulsed or displaced tooth	12 months	\$61.00	
7281	Surgical exposure of an impacted or unerupted tooth to aid eruption	12 months	\$71.00	
7285	Biopsy of oral tissue-hard (bone tooth)	None	\$59.00	
7286	Biopsy of oral tissue-soft (all others)	None	\$50.00	
7310	Alveoloplasty with extractions-per quadrant	12 months	\$50.00	
7320	Alveoloplasty without extractions-per quadrant	12 months	\$51.00	
7340	Vestibuloplasty - ridge extension (secondary epithelialization)	12 months	\$84.00	
7350	Vestibuloplasty - ridge extension (including soft tissue grafts muscle reattachment, revision of soft tissue attachment, & management of hypertrophied & hyperplastic tissue)	12 months	\$115.00	
7410	Radical excision - lesion diameter up to 1.25 cm	12 months	\$60.00	
7430	Excision of benign tumor - lesion diameter up to 1.25 cm	12 months	\$68.00	
7431	Excision of benign tumor - lesion diameter > 1.25 cm	12 months	\$103.00	
7450	Removal of odontogenic cyst or tumor - lesion up to 1.25 cm	12 months	\$65.00	
7451	Removal of odontogenic cyst or tumor - lesion greater than 1.25 cm	12 months	\$108.00	
7470	Removal of exostosis - maxilla or mandible	12 months	\$92.00	
7510	Incision and drainage of abscess-intraoral soft tissue	None	\$54.00	
7520	Incision and drainage of abscess - extraoral soft tissue	None	\$39.00	
7530	Removal of foreign body, skin, subcutaneous areolar tissue	12 months	\$28.00	
7560	Maxillary sinusotomy for removal of tooth fragment of foreign body	12 months	\$73.00	
7960	Frenulectomy-separate procedure	12 months	\$72.00	
7970	Excision of hyperplastic tissue-per arch	12 months	\$61.00	
7971	Excision of pericoronal gingiva	12 months	\$34.00	
7980	Sialolithotomy	12 months	\$21.00	