

SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA



ITEM: 3.12
(ID # 10933)

MEETING DATE:
Tuesday, October 29, 2019

FROM : HUMAN RESOURCES:

SUBJECT: HUMAN RESOURCES: First Amendment to the First Dental Health Network Lease and Marketing Agreement Replacing Network and Fee Schedule and Memorializing a Three Year Rate Guarantee. All Districts. [\$14,515 Total Cost - Employee and Retiree Dental Insurance Premiums]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the First Amendment to the First Dental Health Network Lease and Marketing Agreement for the period of January 1, 2020 to December 31, 2022 (Attachment A); and
2. Authorize the Chairperson to sign three (3) copies of each First Amendment, retain one (1) copy of each First Amendment, return two (2) copies to Human Resources for distribution.

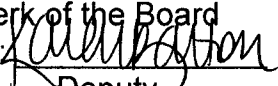
ACTION: Policy


Brenda Diederichs, Assistant CEO / Human Resources Director 10/16/2019

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Perez, seconded by Supervisor Spiegel and duly carried, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Spiegel, Washington and Perez
Nays: None
Absent: Hewitt
Date: October 29, 2019
xc: HR

Kecia R. Harper
Clerk of the Board
By 
Deputy

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA**

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 7,257	\$ 7,257	\$ 14,515	\$
NET COUNTY COST	\$	\$	\$	\$
SOURCE OF FUNDS: Employee and Retiree Dental Insurance Premiums			Budget Adjustment:	No
			For Fiscal Year:	19/20 – 22/23

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

Since 2004, the County has partnered with First Dental Health (FDH) to perform network management services for the County's self-funded Local Advantage dental HMO plans. The Local Advantage Plus and Blythe plans are located throughout Riverside and San Bernardino Counties and utilize Lucent Health Solutions, LLC to administer the claims and the FDH networks management services to expand provider access for employees and retirees.

Impact on Residents and Businesses

There is no direct impact to residents or businesses.

Additional Fiscal Information

For the period of five years, May 1, 2014 through December 31, 2019, FDH was compensated for its network management services based on our prior agreement approved by the Board on May 6, 2014, Item 3.10.

If approved by the Board, the original agreement will be amended, Effective January 1, 2020, the flat rate will remain at \$1.80 per employee per month for FDH network management services. The amendment will extend the agreement for a three (3) year period. It will also provide a three (3) year rate guarantee from January 1, 2020 to December 31, 2022. The estimated cost for the 2020 plan year is \$14,515. All fees are paid through employees and retiree dental insurance premiums. There is no direct cost to the County.

Prev. Agn. Ref.: 05/06/14, Item 3.10 District: All

Contract History and Price Reasonableness

Since January 1, 2004, the FDH network management services have provided County of Riverside employees and retirees an expanded network of dental provider options at a low cost. According to Aon, the County's Health Benefits Consultant, the three-year rate guarantee is a fair rate for the exclusive network that is used for the Local Advantage plans. There is no additional cost to the County for this recommendation.

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA**

ATTACHMENTS:

Attachment A: First Amendment to the First Dental Health Network Lease and Marketing Agreement AATF

Attachment B: Exhibit A - First Dental Health Local Advantage 2020 Fee Schedule



Jason Farin, Senior Management Analyst

10/23/2019



Gregory V. Priamos, Director County Counsel

10/17/2019

**FIRST AMENDMENT
TO THE FIRST DENTAL HEALTH NETWORK LEASE and MARKETING
AGREEMENT**

This First Amendment ("First Amendment") to the First Dental Health Network Lease And Marketing Agreement, made and entered into as of May 1, 2014 (the "Original Agreement") is made and entered into by and between First Dental Health, a California corporation, ("FDH") and the County of Riverside ("Payer"), a political subdivision of the State of California. This First Amendment is effective January 1, 2020 (the "Effective Date").

WHEREAS, FDH and Payer have previously entered into the Original Agreement wherein Payer leased the FDH networks of dental care under the provisions of the Original Agreement; and

WHEREAS, FDH and Payer now desire to amend the Original Agreement to replace the First Dental Health Local Advantage network with the First Dental Health PPO network, to replace the Local Advantage Fee Schedule Amounts, Exhibit "A" with First Dental Health PPO Fee Schedule, Exhibit "A" and to include a three (3) year rate guarantee from January 1, 2020 to December 31, 2022;

NOW, THEREFORE, in consideration of the mutual promises and covenants set forth herein, the parties agree as follows:

1. All capitalized terms used herein and not otherwise defined shall have the meaning set forth in the Original Agreement.
2. All references to "First Dental Health Local Advantage network" are hereby deleted in its entirety and replaced with the First Dental Health PPO network.
3. The Local Advantage Fee Schedule Amounts, Exhibit "A" is hereby replaced with First Dental Health PPO Fee Schedule, Exhibit "A."
4. The following section shall be added to the Agreement:

Section XXV. RATE GUARANTEE.
Commencing on January 1, 2020 and expiring on December 31, 2022 the following rates are guaranteed:
FDH PPO Network Access – One dollar (\$1.00) Per Employee Per Month
In-Network claims review and repricing – Eighty cents (\$0.80) Per Employee Per Month.
5. All other terms and conditions of the Original Agreement and not modified herein shall remain unchanged.
6. Each party certifies that the individual signing below has the authority to execute this First Amendment on behalf of such party, and may legally bind such party to the terms and conditions of this First Amendment.

OCT 29 2019


3.12

IN WITNESS WHEREOF, the parties hereto have caused their duly authorized representatives to execute this Amendment.

COUNTY OF RIVERSIDE, a political subdivision of the State of California

FIRST DENTAL HEALTH, a California corporation

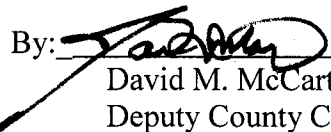
By: 
Name: **KEVIN JEFFRIES**
Title: CHAIRMAN, BOARD OF SUPERVISORS


By: 
Name: *Cynthia Welch*
Title: *Pres. dent*

Dated: OCT 29 2019

Dated: August 26, 2019

APPROVED AS TO FORM:
Gregory P. Priamos
County Counsel

By: 
David M. McCarthy
Deputy County Counsel

ATTEST:
KECIA R. HARPER, Clerk
By: 
DEPUTY

2020 Fee Schedule

(Effective January 1, 2020)

Reimbursement for the procedure codes listed herein shall be based on either the contracted FDH Fee Schedule amount or the Provider's usual billed charges, whichever is less. In no case shall the patient be charged more than the contracted amount as set forth for covered services, as applicable by state law. Procedure codes not listed herein are contracted as follows: • PPO 15% off of the Provider's UCR • EPO 25% off of the Provider's UCR • ACCESS 15% off of the Provider's UCR

Diagnostic Procedures

Code	Description	PPO
D0120	Periodic oral evaluation	30.00
D0140	Limited oral evaluation - problem focused	33.00
D0145	Oral evaluation for a patient under 3 years of age and counseling with primary caregiver	35.00
D0150	Comprehensive oral evaluation - new or established patient	42.00
D0170	Re-evaluation-limited; problem focused (established patient; not post-operative visit)	34.00
D0180	Comprehensive periodontal evaluation - new or established patient	64.00
D0210	Intraoral complete series (including bitewings)	78.00
D0220	Intraoral radiograph - periapical first image	21.00
D0230	Intraoral radiograph - periapical each additional image	12.00
D0240	Intraoral radiograph - occlusal image	20.00
D0270	Bitewing radiograph -- single image	17.00
D0272	Bitewing radiograph -- 2 images	28.00
D0273	Bitewing radiograph -- 3 images	30.00
D0274	Bitewing radiograph -- 4 images	34.00
D0277	Vertical bitewings - 7 to 8 images	44.00
D0321	Radiographs - other temporomandibular joint images	52.00
D0322	Radiographs - tomographic survey	147.00
D0330	Radiograph - panoramic image	50.00
D0340	2D cephalometric radiograph image	50.00
D0350	2D oral/facial photographic image	34.00
D0415	Collection of microorganisms for culture and sensitivity. By report, provide copy of test results	32.00
D0425	Caries susceptibility tests. By report, provide copy of test results	21.00
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	44.00
D0460	Pulp vitality tests	25.00
D0470	Diagnostic casts or study models	54.00
D0474	Accession of tissue, gross & microscopic examination	86.00
D0480	Accession of exfoliative cytologic smears, microscopic examination	89.00
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination	82.00

Preventive Procedures

Code	Description	PPO
D1110	Prophylaxis - adult age 12 & older	77.00
D1120	Prophylaxis - child	48.00
D1206	Topical application of fluoride varnish	33.00
D1208	Topical application of fluoride - excluding varnish	26.00
D1330	Oral Hygiene instructions	39.00
D1351	Sealant - per tooth - under age 16 on permanent molars only	30.00
D1352	Preventive resin restoration in a moderate to high caries risk patient-permanent molars only	30.00
D1354	Interim caries arresting medicament application -- per tooth	30.00
D1510	Space maintainer -- fixed, unilateral -- per quadrant	144.00
D1516	Space Maintainer -- fixed -- bilateral, maxillary	181.00
D1517	Space Maintainer -- fixed -- bilateral, mandibular	181.00
D1520	Space maintainer - removable - unilateral -- per quadrant	144.00
D1526	Space Maintainer -- fixed -- removable -- bilateral, maxillary	209.00
D1527	Space Maintainer -- fixed -- removable -- bilateral, mandibular	209.00
D1551	Re-cement or re-bond bilateral space maintainer -- maxillary	22.00
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	22.00

Preventive Procedures

Continued...

Code	Description	PPO
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	22.00
D1556	Removal of fixed unilateral space maintainer – per quadrant	47.00
D1557	Removal of fixed bilateral space maintainer – maxillary	47.00
D1558	Removal of fixed bilateral space maintainer – mandibular	47.00

Restorative Procedures

Code	Description	PPO
D2140	Amalgam - 1 surface - primary or permanent	74.00
D2150	Amalgam - 2 surfaces - primary or permanent	97.00
D2160	Amalgam - 3 surfaces - primary or permanent	120.00
D2161	Amalgam - 4 or more surfaces - primary or permanent	132.00
D2330	Resin-based composite - 1 surface - anterior	103.00
D2331	Resin-based composite - 2 surfaces - anterior	122.00
D2332	Resin-based composite - 3 surfaces - anterior	163.00
D2335	Resin-based composite - 4 or more surfaces or involving incisal angle - anterior	166.00
D2390	Resin-based composite crown - anterior	186.00
D2391	Resin-based composite - 1 surface - posterior	105.00
D2392	Resin-based composite - 2 surfaces - posterior	151.00
D2393	Resin-based composite - 3 surfaces - posterior	187.00
D2394	Resin-based composite - 4 or more surfaces - posterior	218.00
D2510	Metallic inlay - 1 surface	313.00
D2520	Metallic inlay - 2 surfaces	409.00
D2530	Metallic inlay - 3 or more surfaces	463.00
D2542	Metallic onlay - 2 surfaces	495.00
D2543	Metallic onlay - 3 surfaces	540.00
D2544	Metallic onlay - 4 or more surfaces	679.00
D2610	Porcelain/ceramic inlay - 1 surface	328.00
D2620	Porcelain/ceramic inlay - 2 surfaces	429.00
D2630	Porcelain/ceramic inlay - 3 or more surfaces	488.00
D2642	Porcelain/ceramic onlay - 2 surfaces	476.00
D2643	Porcelain/ceramic onlay - 3 surfaces	569.00
D2644	Porcelain/ceramic onlay - 4 or more surfaces	713.00
D2650	Resin-based composite inlay - 1 surface (lab)	283.00
D2651	Resin-based composite inlay - 2 surfaces (lab)	372.00
D2652	Resin-based composite inlay - 3 or more surfaces (lab)	423.00
D2662	Resin-based composite onlay - 2 surfaces (lab)	427.00
D2663	Resin-based composite onlay - 3 surfaces (lab)	493.00
D2664	Resin-based composite onlay - 4 or more surfaces (lab)	616.00
D2710	Crown - resin based composite (indirect)	262.00
D2720	Crown - resin with high noble metal	686.00
D2721	Crown - resin with predominantly base metal	550.00
D2722	Crown - resin with noble metal	604.00
D2740	Crown - porcelain/ceramic	786.00
D2750	Crown - porcelain fused to high noble metal	830.00
D2751	Crown - porcelain fused to predominantly base metal	681.00
D2752	Crown - porcelain fused to noble metal	725.00
D2780	Crown - ¾ cast high noble metal	779.00
D2781	Crown - ¾ cast predominantly base metal	649.00
D2782	Crown - ¾ cast noble metal	692.00
D2783	Crown - ¾ cast porcelain /ceramic	748.00
D2790	Crown - full cast high noble metal	779.00
D2791	Crown - full cast predominantly base metal	649.00
D2792	Crown - full cast noble metal	692.00
D2794	Crown – titanium and titanium alloys	692.00
D2799	Provisional crown	166.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	44.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	44.00
D2920	Re-cement or re-bond crown	44.00

Restorative Procedures

Continued...

Code	Description	PPO
D2930	Prefabricated stainless steel crown - primary tooth	124.00
D2931	Prefabricated stainless steel crown - permanent tooth	138.00
D2932	Prefabricated resin crown	105.00
D2933	Prefabricated stainless steel crown with resin window	149.00
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	124.00
D2940	Protective restoration	42.00
D2950	Core buildup - including pins	124.00
D2951	Pin retention - per tooth - in addition to restoration	34.00
D2952	Post and core in addition to crown, indirectly fabricated	194.00
D2954	Prefabricated post and core in addition to crown	131.00
D2960	Labial veneer (resin laminate) - chairside	249.00
D2961	Labial veneer (resin laminate) - laboratory	469.00
D2962	Labial veneer (porcelain laminate) - laboratory	653.00
D2971	Additional procedures to construct new crown under existing partial denture framework	44.00

Endodontics

Code	Description	PPO
D3110	Pulp cap - direct	36.00
D3120	Pulp cap - indirect	32.00
D3220	Therapeutic pulpotomy	91.00
D3221	Pulpal debridement - primary and permanent teeth	78.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	187.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) Primary incisors and cuspids.	105.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) Primary first and second molars.	118.00
D3310	Root canal therapy - anterior	520.00
D3320	Root canal therapy - premolar	611.00
D3330	Root canal therapy - molar	921.00
D3331	Treatment of root canal obstruction; non-surgical access	112.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	302.00
D3333	Internal root repair of perforation defects	175.00
D3346	Retreatment of root canal - anterior	654.00
D3347	Retreatment of previous root canal - premolar	765.00
D3348	Retreatment of root canal - molar	977.00
D3410	Apicoectomy/Periradicular surgery - anterior - performed as separate surgical procedure	535.00
D3421	Apicoectomy/Periradicular surgery - premolar - first root	689.00
D3425	Apicoectomy/Periradicular surgery - molar - first root	689.00
D3426	Apicoectomy/Periradicular surgery - each additional root	231.00
D3430	Retrograde filling - per root - in addition to apicoectomy	102.00
D3450	Root amputation - per root	307.00
D3920	Hemisection (including any root removal)	307.00
D3950	Canal preparation and fitting of preformed dowel or post	69.00

Periodontics

Code	Description	PPO
D4210	Gingivectomy or gingivoplasty - 4 or more contiguous teeth or bounded teeth spaces per quadrant	261.00
D4211	Gingivectomy or gingivoplasty - 1 to 3 contiguous or bounded teeth spaces per quadrant	129.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	83.00
D4230	Anatomical crown exposure - 4 or more contiguous teeth or bounded tooth spaces per quadrant	727.00
D4231	Anatomical crown exposure - 1 to 3 teeth or bounded tooth spaces per quadrant	378.00
D4240	Gingival flap procedure - includes root planing - 4 plus contiguous teeth or bounded teeth spaces per quadrant	375.00
D4241	Gingival flap procedure, including root planing - 1 to 3 contiguous teeth or bounded teeth spaces per quadrant	190.00
D4249	Crown lengthening - hard tissue - by report	525.00
D4260	Osseous surgery - 4 or more contiguous teeth or bounded teeth spaces per quadrant	856.00
D4261	Osseous surgery (including flap entry and closure)- 1 to 3 contiguous or bounded teeth spaces per quadrant	467.00
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	281.00
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	167.00
D4266	Guided tissue regeneration - resorbable barrier - per site	301.00

Periodontics

Continued...

Code	Description	PPO
D4267	Guided tissue regeneration - nonresorbable barrier - per site (includes membrane removal)	301.00
D4270	Pedicle soft tissue graft procedure	568.00
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites)-first tooth, implant, or edentulous tooth position in graft	703.00
D4274	Distal or proximal wedge procedure – single tooth	306.00
D4275	Non-Autogenous connective tissue graft (including recipient site and donor material) first tooth, implant or edentulous tooth position in graft	601.00
D4276	Combined connective tissue and double pedicle graft - per tooth	763.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	559.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	112.00
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	165.00
D4285	Non-Autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	133.00
D4320	Provisional splinting - intracoronal - by report	173.00
D4321	Provisional splinting - extracoronal - by report	173.00
D4341	Periodontal scaling & root planing - 4 or more teeth - per quadrant	148.00
D4342	Periodontal scaling & root planing - 1 to 3 teeth - per quadrant	101.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation-full mouth, after oral evaluation	110.00
D4355	Full mouth debridement	78.00
D4381	Localized delivery of antimicrobial agents-per tooth	42.00
D4910	Periodontal maintenance procedures following active therapy	100.00

Prosthodontics (Removable)

Code	Description	PPO
D5110	Complete maxillary denture	977.00
D5120	Complete mandibular denture	977.00
D5130	Immediate maxillary denture	1029.00
D5140	Immediate mandibular denture	1029.00
D5211	Maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	512.00
D5212	Mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	512.00
D5213	Maxillary partial denture - cast metal framework with resin denture base (including retentive/clasping materials, rests and teeth)	1113.00
D5214	Mandibular partial denture - cast metal framework with resin denture base (including retentive/clasping materials, rests and teeth)	1113.00
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	537.00
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	537.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture base (including retentive/clasping materials, rests and teeth)	1171.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture base (including retentive/clasping materials, rests and teeth)	1171.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	765.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	765.00
D5282	Removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary	463.00
D5283	Removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular	463.00
D5410	Adjust complete denture - maxillary	35.00
D5411	Adjust complete denture - mandibular	35.00
D5421	Adjust partial denture - maxillary	35.00
D5422	Adjust partial denture - mandibular	35.00
D5511	Repair broken complete denture base - mandibular	102.00
D5512	Repair broken complete denture base - maxillary	102.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	88.00
D5611	Repair resin partial denture base - mandibular	88.00
D5612	Repair resin partial denture base - maxillary	88.00
D5621	Repair cast partial framework - mandibular	103.00
D5622	Repair cast partial framework - maxillary	103.00
D5630	Repair or replace broken retentive clasping materials – per tooth	130.00
D5640	Replace broken teeth - per tooth	102.00
D5650	Add tooth to existing partial denture	102.00

Prosthodontics (Removable)

Continued...

Code	Description	PPO
D5660	Add clasp to existing partial denture - per tooth	130.00
D5710	Rebase complete denture - maxillary	270.00
D5711	Rebase complete denture - mandibular	270.00
D5720	Rebase partial denture - maxillary	247.00
D5721	Rebase partial denture - mandibular	247.00
D5730	Reline complete denture - maxillary - chairside	146.00
D5731	Reline complete denture - mandibular - chairside	146.00
D5740	Reline partial denture - maxillary - chairside	146.00
D5741	Reline partial denture - mandibular - chairside	146.00
D5750	Reline complete denture - maxillary - laboratory	247.00
D5751	Reline complete denture - mandibular - laboratory	247.00
D5760	Reline partial denture - maxillary - laboratory	232.00
D5761	Reline partial denture - mandibular - laboratory	232.00
D5810	Interim complete denture - maxillary	451.00
D5811	Interim complete denture - mandibular	451.00
D5820	Interim partial denture - maxillary	344.00
D5821	Interim partial denture - mandibular	344.00
D5850	Tissue conditioning - maxillary	71.00
D5851	Tissue conditioning - mandibular	71.00
D5862	Precision attachment - by report	267.00
D5863	Overdenture - complete maxillary	1029.00
D5864	Overdenture - partial maxillary	1029.00
D5865	Overdenture - complete mandibular	1029.00
D5866	Overdenture - partial mandibular	1029.00
D5982	Surgical stent - by report	270.00

Implant Services

Code	Description	PPO
D6010	Surgical placement of implant body - endosteal implant	1681.00
D6056	Prefabricated abutment - includes placement	391.00
D6058	Abutment supported crown - porcelain/ceramic	1113.00
D6059	Abutment supported crown - porcelain fused to high noble metal	1098.00
D6060	Abutment supported crown - porcelain fused to predominantly base metal	1037.00
D6061	Abutment supported crown - porcelain fused to noble metal	1061.00
D6062	Abutment supported crown - cast high noble metal	1006.00
D6063	Abutment supported crown - cast predominantly base metal	864.00
D6064	Abutment supported crown - cast noble metal	915.00
D6065	Implant supported crown - porcelain/ceramic	1041.00
D6066	Implant supported crown - porcelain fused to high noble	1017.00
D6067	Implant supported crown - high noble alloys	986.00
D6068	Abutment supported retainer for porcelain/ceramic FPD	1113.00
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1098.00
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	1037.00
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	1061.00
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	1030.00
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	934.00
D6074	Abutment supported retainer for cast metal FPD (noble metal)	1007.00
D6075	Implant supported retainer for ceramic FPD	1095.00
D6076	Implant supported retainer for FPD porcelain fused to high noble alloys	1066.00
D6077	Implant supported retainer for metal FPD (high noble alloys)	986.00
D6083	Implant supported crown - porcelain fused to noble alloys	1017.00
D6084	Implant supported crown - porcelain fused to titanium and titanium alloys	1017.00
D6087	Implant supported crown - noble alloys	986.00
D6088	Implant supported crown - titanium and titanium alloys	986.00
D6092	Re-cement or re-bond implant/abutment supported crown	47.00
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	67.00
D6094	Abutment supported crown - titanium and titanium alloys	678.00
D6099	Implant supported retainer for FPD - porcelain fused to noble alloys	1066.00

Implant Services

Continued...

Code	Description	PPO
D6114	Implant/abutment supported fixed denture for edentulous arch-maxillary	1087.00
D6115	Implant/abutment supported fixed denture for edentulous arch-mandibular	1087.00
D6116	Implant/abutment supported fixed denture for partially edentulous arch-maxillary	1087.00
D6117	Implant/abutment supported fixed denture for partially edentulous arch-mandibular	1087.00
D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys	1066.00
D6190	Radiographic/surgical implant index - by report	180.00
D6194	Abutment supported retainer crown for FPD – titanium and titanium alloys	678.00

Prosthodontics (Fixed)

Code	Description	PPO
D6210	Pontic - cast high noble metal	744.00
D6211	Pontic - cast predominantly base metal	623.00
D6212	Pontic - cast noble metal	692.00
D6214	Pontic - titanium and titanium alloys	692.00
D6240	Pontic - porcelain fused to high noble metal	783.00
D6241	Pontic - porcelain fused to predominantly base metal	652.00
D6242	Pontic - porcelain fused to noble metal	695.00
D6245	Pontic - porcelain/ceramic	750.00
D6250	Pontic - resin with high noble metal	668.00
D6251	Pontic - resin with predominantly base metal	535.00
D6252	Pontic - resin with noble metal	590.00
D6253	Provisional pontic	149.00
D6545	Retainer - cast metal for resin bonded fixed prosthesis	190.00
D6600	Retainer inlay - porcelain/ceramic - 2 surfaces	437.00
D6601	Retainer inlay - porcelain/ceramic - 3 or more surfaces	496.00
D6602	Retainer inlay - cast high noble metal - 2 surfaces	438.00
D6603	Retainer inlay - cast high noble metal - 3 or more surfaces	498.00
D6604	Retainer inlay - cast predominantly base metal - 2 surfaces	386.00
D6605	Retainer inlay - cast predominantly base metal - 3 or more surfaces	451.00
D6606	Retainer inlay - cast noble metal - 2 surfaces	417.00
D6607	Retainer inlay - cast noble metal - 3 or more surfaces	471.00
D6608	Retainer onlay - porcelain/ceramic - 2 surfaces	485.00
D6609	Retainer onlay - porcelain/ceramic - 3 or more surfaces	580.00
D6610	Retainer onlay - cast high noble metal - 2 surfaces	571.00
D6611	Retainer onlay - cast high noble metal - 3 or more surfaces	744.00
D6612	Retainer onlay - cast predominantly base metal - 2 surfaces	451.00
D6613	Retainer onlay - cast predominantly base metal - 3 or more surfaces	614.00
D6614	Retainer onlay - cast noble metal - 2 surfaces	505.00
D6615	Retainer onlay - cast noble metal - 3 or more surfaces	693.00
D6720	Retainer crown - resin with high noble metal	699.00
D6721	Retainer crown - resin with predominantly base metal	560.00
D6722	Retainer crown - resin with noble metal	616.00
D6740	Retainer crown - porcelain/ceramic	748.00
D6750	Retainer crown - porcelain fused to high noble metal	830.00
D6751	Retainer crown - porcelain fused to predominantly base metal	681.00
D6752	Retainer crown - porcelain fused to noble metal	725.00
D6780	Retainer crown - ¼ cast high noble metal	779.00
D6781	Retainer crown - ¼ cast predominantly base metal	649.00
D6782	Retainer crown - ¼ cast noble metal	692.00
D6783	Retainer crown - ¼ porcelain/ceramic	748.00
D6790	Retainer crown - full cast high noble metal	779.00
D6791	Retainer crown - full cast predominantly base metal	649.00
D6792	Retainer crown - full cast noble metal	692.00
D6793	Provisional retainer crown	166.00
D6794	Retainer Crown – titanium and titanium alloys	692.00
D6930	Re-cement or re-bond fixed partial denture	67.00
D6940	Stress breaker - by report	191.00
D6950	Precision attachment - by report	314.00

Oral and Maxillofacial Surgery

Code	Description	PPO
D7111	Extraction - coronal remnants - primary - tooth	70.00
D7140	Extraction - erupted tooth or exposed root (elevation and/or forceps removal)	88.00
D7210	Surgical removal of erupted tooth	160.00
D7220	Removal of impacted tooth - soft tissue	211.00
D7230	Removal of impacted tooth - partially bony	298.00
D7240	Removal of impacted tooth - completely bony	380.00
D7241	Removal of impacted tooth - completely bony - with unusual surgical complications - by report	422.00
D7250	Surgical removal of residual tooth roots - cutting procedure	172.00
D7260	Oroantral fistula closure	485.00
D7261	Primary closure of a sinus perforation	429.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth - by report	355.00
D7272	Tooth transplantation (includes reimplantation from 1 site to another & splinting &/or stabilization) - by report	355.00
D7280	Surgical access of an erupted tooth	366.00
D7283	Placement of device to facilitate eruption of impacted tooth	120.00
D7285	Incisional biopsy of oral tissue - hard (bone, tooth) - by report	128.00
D7286	Incisional biopsy of oral tissue - soft	128.00
D7287	Exfoliative cytological sample collection - by report	117.00
D7288	Brush biopsy - transepithelial sample collection - by report	56.00
D7291	Transseptal fibrotomy/supra crestal fibrotomy - by report	35.00
D7310	Alveoplasty in conjunction with extractions - 4 or more teeth or tooth spaces, per quadrant	154.00
D7311	Alveoplasty - in conjunction with extractions - 1 to 3 teeth or tooth spaces, per quadrant	78.00
D7320	Alveoplasty not in conjunction with extractions - 4 or more teeth or tooth spaces, per quadrant	219.00
D7321	Alveoplasty - not in conjunction with extractions - 1 to 3 teeth or tooth spaces, per quadrant	110.00
D7340	Vestibuloplasty - ridge extension - secondary epithelialization	771.00
D7350	Vestibuloplasty - ridge extension	1285.00
D7410	Excision of benign lesion up to 1.25 cm	194.00
D7411	Excision of benign lesion greater than 1.25 cm	258.00
D7412	Excision of benign lesion - complicated - by report	367.00
D7413	Excision of malignant lesion up to 1.25 cm	221.00
D7414	Excision of malignant lesion greater than 1.25 cm	287.00
D7415	Excision of malignant lesion - complicated - by report	397.00
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	244.00
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	330.00
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	213.00
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	304.00
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	213.00
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	304.00
D7471	Removal of lateral exostosis (maxilla or mandible)	348.00
D7472	Removal of torus palatinus	429.00
D7473	Removal of torus mandibularis	429.00
D7485	Surgical reduction of osseous tuberosity	286.00
D7510	Incision and drainage of abscess - intraoral soft tissue	103.00
D7530	Removal of a foreign body from mucosa, skin, or subcutaneous alveolar tissue	97.00
D7880	Occlusal orthotic device (TMJ treatment appliance) - by report	523.00
D7881	Occlusal orthotic device adjustment	56.00
D7910	Suture of recent small wounds up to 5 cm	65.00
D7911	Complicated suture - up to 5 cm	88.00
D7912	Complicated suture - greater than 5 cm	72.00
D7953	Bone replacement graft for ridge preservation - per site	270.00
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	232.00
D7970	Excision of hyperplastic tissue - per arch	181.00
D7971	Excision of pericoronal gingiva	76.00
D7972	Surgical reduction of fibrous tuberosity	314.00

Orthodontics

Code	Description	PPO
D8010	Limited orthodontic treatment of the primary dentition	616.00
D8020	Limited orthodontic treatment of the transitional dentition	2162.00

Orthodontics

Continued...

Code	Description	PPO
D8030	Limited orthodontic treatment of the adolescent dentition	2162.00
D8040	Limited orthodontic treatment of the adult dentition	2162.00
D8050	Interceptive orthodontic treatment of the primary dentition	647.00
D8060	Interceptive orthodontic treatment of the transitional dentition	689.00
D8070	Comprehensive orthodontic treatment of the transitional dentition	4323.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition	4323.00
D8090	Comprehensive orthodontic treatment of the adult dentition	4323.00
D8210	Removable appliance therapy - by report	370.00
D8220	Fixed appliance therapy - by report	295.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	33.00
D8680	Orthodontic retention - removal of appliances, construction/placement of retainer(s)	147.00
D8681	Removable orthodontic retainer adjustment	32.00
D8696	Repair of orthodontic appliance - maxillary	77.00
D8697	Repair of orthodontic appliance - mandibular	77.00
D8698	Re-cement or re-bond fixed retainer - maxillary	61.00
D8699	Re-cement or re-bond fixed retainer - mandibular	61.00
D8703	Replacement of lost or broken retainer - maxillary	157.00
D8704	Replacement of lost or broken retainer - mandibular	157.00

Adjunctive General Services

Code	Description	PPO
D9110	Palliative emergency treatment of dental pain - minor procedure - by report	55.00
D9120	Fixed partial denture sectioning - by report	56.00
D9222	Deep sedation/general anesthesia - first 15 minutes	120.00
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	118.00
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide - per visit	47.00
D9239	Intravenous moderate (conscious) sedation/anesthesia - first 15 minutes	67.00
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	66.00
D9248	Non-intravenous conscious sedation	83.00
D9310	Consultation - per session	60.00
D9420	Hospital call	202.00
D9430	Office visit - for observation during office hours, no other services performed	32.00
D9440	Office visit - after regularly scheduled office hours	77.00
D9610	Therapeutic parenteral drug, single administration	23.00
D9612	Therapeutic parenteral drugs, 2 or more administrations, different medications	38.00
D9910	Application of desensitizing medicament, per visit	25.00
D9920	Behavior management - by report	44.00
D9942	Repair and/or reline of occlusal guard. Provide placement date of nightguard	100.00
D9943	Occlusal guard adjustment	32.00
D9944	Occlusal guard - hard appliance, full arch	244.00
D9945	Occlusal guard - soft appliance, full arch	244.00
D9950	Occlusion analysis - mounted case - by report	231.00
D9951	Limited occlusal adjustment - per visit	80.00
D9952	Complete occlusal adjustment - by report	212.00
D9972	External bleaching-per arch (performed in office)	216.00
D9973	External bleaching - per tooth	57.00
D9974	Internal bleaching - per tooth	144.00
D9975	External bleaching for home application-per arch (includes materials and fabrication of custom trays)	113.00