Patient Copay Schedule

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PRODUCT: D0034902 (MTA NYCTA MGT, OA, TA, SIRTOA Plan 14135)

ADA	Description	MEMBER PAYS
Diagnostic		
D0120	periodic oral evaluation	$0.00
D0140	limited oral evaluation - problem focused	$0.00
D0150	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
D0180	comprehensive periodontal evaluation - new or established patient	$0.00
D0210	intraoral - comprehensive series of radiographic images	$0.00
D0220	intraoral - periapical first radiographic image	$0.00
D0230	intraoral - periapical each additional radiographic image	$0.00
D0240	intraoral - occlusal radiographic image	$0.00
D0250	extraoral - 2D projection radiographic image created using a stationary radiation source and detector	$0.00
D0270	bitewing - single radiographic image	$0.00
D0272	bitewings - two radiographic images	$0.00
D0274	bitewings - four radiographic images	$0.00
D0330	panoramic radiographic image	$0.00
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	$0.00
D0372	intraoral tomosynthesis - comprehensive series of radiographic images	$0.00
D0373	intraoral tomosynthesis - bitewing radiographic image	$0.00
D0374	intraoral tomosynthesis - periapical radiographic image	$10.00
D0387	intraoral tomosynthesis - comprehensive series of radiographic images - image capture only	$0.00
D0388	intraoral tomosynthesis - bitewing radiographic image - image capture only	$0.00
D0389	intraoral tomosynthesis - periapical radiographic image - image capture only	$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 - 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
D1999	Unspecified preventive procedure, by report	$0.00
Restorative		
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

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ADA	Description	MEMBER PAYS
D2332	resin-based composite - three surfaces, anterior	$0.00
D2335	resin-based composite - four or more surfaces (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
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
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
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
D2910	recement or re-bond inlay, onlay, veneer or partial coverage restoration	$0.00
D2920	recement or re-bond crown	$0.00
D2921	reattachment of tooth fragment, incisal edge or cusp	$0.00
D2930	prefabricated stainless steel crown - primary tooth	$0.00
D2931	prefabricated stainless steel crown - permanent tooth	$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
D2989	excavation of a tooth resulting in the determination of non-restorability	$0.00
Endodontics		
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
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
D3351	Apexification/recalcification-initial visit (apical closure/calcific repair of perforations, root resorption, etc	$0.00
D3410	Apicoectomy - anterior	$0.00

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ADA	Description	MEMBER PAYS
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
D3920	hemisection (including any root removal), not including root canal therapy	$0.00
Periodontics		
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
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
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
D4910	periodontal maintenance	$0.00
Prosthodontics, Removable		
D5110	complete denture - maxillary	$100.00
D5120	complete denture - mandibular	$100.00
D5130	immediate denture - maxillary	$100.00
D5140	immediate denture - mandibular	$100.00
D5211	maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	$100.00
D5212	mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	$100.00
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests	$100.00
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rest	$100.00
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	$100.00
D5222	immediate mandibular partial denture - resin base	$100.00
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materi	$100.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping mater	$100.00
D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	$100.00
D5226	mandibular partial denture - flexible base (including any retentive/clasping materials, rests, and teeth)	$100.00
D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	$100.00
D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	$100.00
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

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ADA	Description	MEMBER PAYS
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 per 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 missing or broken teeth - partial denture - per tooth	$0.00
D5650	add tooth to existing partial denture - per tooth	$0.00
D5660	add clasp to existing partial denture - per tooth	$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
Prosthodontics, Fixed		
D6210	pontic - cast high noble metal	$100.00
D6211	pontic - cast predominantly base metal	$100.00
D6212	pontic - cast noble metal	$100.00
D6240	pontic - porcelain fused to high noble metal	$100.00
D6241	pontic - porcelain fused to predominantly base metal	$100.00
D6242	pontic - porcelain fused to noble metal	$100.00
D6243	pontic - porcelain fused to titanium and titanium alloys	$100.00
D6245	pontic-porcelain/ceramic	$100.00
D6250	pontic - resin with high noble metal	$100.00
D6251	pontic - resin with predominantly base metal	$100.00
D6252	pontic - resin with noble metal	$100.00
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)	$100.00

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ADA	Description	MEMBER PAYS
D6720	retainer crown - resin with high noble metal	$100.00
D6721	retainer crown - resin with predominantly base metal	$100.00
D6722	retainer crown - resin with noble metal	$100.00
D6740	retainer crown-porcelain/ceramic	$100.00
D6750	retainer crown - porcelain fused to high noble metal	$100.00
D6751	retainer crown - porcelain fused to predominantly base metal	$100.00
D6752	retainer crown - porcelain fused to noble metal	$100.00
D6753	retainer crown - porcelain fused to titanium and titanium alloys	$100.00
D6790	retainer crown - full cast high noble metal	$100.00
D6791	retainer crown - full cast predominantly base metal	$100.00
D6792	retainer crown - full cast noble metal	$100.00
D6930	recement or re-bond fixed partial denture	$0.00
Oral Surgery		
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
D7252	partial extraction for immediate implant placement	$0.00
D7260	oroantral fistula closure	$0.00
D7280	exposure of an unerupted tooth	$0.00
D7282	mobilization of erupted or malpositioned tooth to aid eruption	$0.00
D7283	placement of device to facilitate eruption of impacted tooth	$0.00
D7286	incisional biopsy of oral tissue - soft (all others)	$0.00
D7310	alveoloplasty in conjunction with extractions - four or more 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
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	$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
D7440	excision of malignant tumor-lesion diameter up to 1.25 cm	$0.00
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
D7473	removal of torus mandibularis	$0.00
D7509	marsupialization of odontogenic cyst	$0.00

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PRODUCT: D0034902 (MTA NYCTA MGT, OA, TA, SIRTOA Plan 14135)

ADA	Description	MEMBER PAYS
D7510	incision and drainage of abscess - intraoral soft tissue	$0.00
D7520	incision and drainage of abscess - extraoral soft tissue	$0.00
D7961	buccal / labial frenectomy (frenulectomy)	$0.00
D7962	lingual frenectomy (frenulectomy)	$0.00
D7970	excision of hyperplastic tissue - per arch	$0.00
D7971	excision of pericoronal gingiva	$0.00
Orthodontics		
D8070	comprehensive orthodontic treatment of the transitional dentition	$300.00
D8080	comprehensive orthodontic treatment of the adolescent dentition	$300.00
D8090	comprehensive orthodontic treatment of the adult dentition	$300.00
D8091	comprehensive orthodontic treatment with orthognathic surgery	$300.00
D8660	pre-orthodontic treatment examination to monitor growth and development	$0.00
D8670	periodic orthodontic treatment visit	$0.00
D8671	periodic orthodontic treatment visit associated with orthognathic surgery	$0.00
D8680	orthodontic retention (removal of appliances, construction and placement of retainer(s))	$0.00
D8695	removal of fixed orthodontic appliances for reasons other than completion of treatment	$0.00
D8999	unspecified orthodontic procedure, by report	$0.00
Adjunctive General Services		
D9110	palliative treatment of dental pain - per visit	$0.00
D9210	local anesthesia not in conjunction with operative or surgical procedures	$0.00
D9211	regional block anesthesia	$0.00
D9212	trigeminal division block anesthesia	$0.00
D9215	local anesthesia in conjunction with operative or surgical procedures	$0.00
D9230	inhalation of nitrous oxide/anxiolysis analgesia	$0.00
D9310	consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	$0.00
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	$0.00
D9912	pre-visit patient screening	$0.00
D9951	occlusal adjustment - limited	$0.00
D9952	occlusal adjustment - complete	$0.00
D9995	teledentistry - synchronous; real-time encounter	$0.00
D9996	teledentistry-asynchronous; information stored and forwarded to dentist for subsequent review	$0.00