

DIAGNOSTIC CODE	PPO Copay 5
D0120 Periodic oral evaluation - established patient	\$0
D0210 Intraoral - complete series of radiographic images	\$0
D1110 Prophylaxis cleaning - adult	\$0
D1120 Prophylaxis cleaning - child	\$0
D1351 Sealant - per tooth	\$20
D2140 Amalgam - one surface, primary or permanent	\$0
D2330 Resin-based composite - one surface, anterior	\$0
D2391 Resin-based composite - one surface, posterior	\$20
D2740 Crown - porcelain/ceramic substrate	\$200
D2791 Crown - full cast predominantly base metal	\$200
D2952 Post and core in addition to crown, indirectly fabricated - includes canal preparation	\$175
D3310 Root canal - endodontic therapy, anterior tooth (excluding final restoration)	\$0
D3330 Root canal - endodontic therapy, molar (excluding final restoration)	\$0
D4260 Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$0
D4341 Periodontal scaling and root planing - four or more teeth per quadrant	\$0
D4910 Periodontal maintenance	\$0
D5110 Complete denture - maxillary	\$200
D5213 Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$220
D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$0
D7240 Removal of impacted tooth - completely bony	\$0

*Orthodontics (Adult & Child): Varies by plan.