

**SUFFOLK COUNTY MUNICIPAL EMPLOYEES BENEFIT FUND
PPO NETWORK
PLAN DESCRIPTION & FEE SCHEDULE**

This document is a brief description of the program. In cases of discrepancy the dental program document will control.

ELIGIBILITY	<ul style="list-style-type: none"> Eligibility is determined according to the definition and requirements outlined in the SCMEBF Summary Plan Description. Eligible dependents include the lawful spouse and unmarried children who have not yet attained their 19th birthday or 25th birthday if attending an accredited school or college on a full-time basis
PLAN YEAR	<ul style="list-style-type: none"> January 1 st through December 31 st
PLAN MAXIMUM	<ul style="list-style-type: none"> Active and Retiree Enhanced members - \$2750 annual maximum, excluding orthodontic, periodontal and implant/abutment services Basic Retiree members - \$500 annual maximum per individual , \$750 per family, includes all services.
ORTHODONTIC MAXIMUM	<ul style="list-style-type: none"> Total charge per case \$2995, includes \$1000 member copayment
PERIODONTAL MAXIMUM	<ul style="list-style-type: none"> \$2,000 annual maximum for periodontal treatment
DEDUCTIBLE	<ul style="list-style-type: none"> None
PLAN LIMITATIONS	<ul style="list-style-type: none"> Examination – two in a calendar year Prophylaxis – two per calendar year X-rays - \$75 maximum per calendar year Replacement of prosthetics – not more than once in five years Palliative treatment – no other treatment rendered that same visit Sealant – unrestored posterior teeth, to age 15 Fluoride treatment – through age 12, maximum two applications per year Root Scaling, curettage, bite correction; any combination, including prophylaxis – once per six months, maximum two quadrants per day Osseous surgery, Gingivectomy or Gingival Flap Procedure (any combination thereof) – charting and x-rays required; 1 in 48 consecutive months Periodontal Maintenance, including prophylaxis - once per 3 months Implants and Abutments - \$4,000 lifetime maximum, up to \$500 each for no more than implants (4) and abutments (4) Specialist consultation - only payable to a provider not rendering treatment within 12 months Rebasing or relining denture – once in a three year period
PRE-TREATMENT REVIEW	<ul style="list-style-type: none"> All treatment plans over \$1,000 must be pre-authorized. Any services involving Inlays, bridges, Implant and Implant related services, major oral surgery, periodontal surgical procedures and orthodontic treatment require prior approval. Pre-op periapical x-rays required for crowns, veneers, and extractions Periodontal charting and x-rays are required for surgical periodontal procedures Pre-op periapical x-rays of the entire arch are required for fixed bridgework and removable bridgework Please note- a pre-treatment review estimate is not a promise of payment. Work must be done while the patient is still eligible
PERMISSIBLE CHARGES	<ul style="list-style-type: none"> Covered and reimbursable services: None Covered but not reimbursable services: Schedule allowance Non-covered services: Your usual charge for that service
COORDINATION OF BENEFITS	<ul style="list-style-type: none"> If the patient is eligible for benefits under more than one group dental plan, you are entitled to collect benefits available through both plans. The total reimbursement may not exceed the Plans maximum charge.
HOW TO FILE A CLAIM	<ul style="list-style-type: none"> As a participating provider, you must complete all necessary paper work and accept assignment of benefits. Complete a Claim Form (computer generated, ADA, and universal claim forms are accepted) and provide an itemized bill of services rendered. Enclose, when appropriate, x-rays, tooth charting, periodontal charting Mail claims to : Administrative Services Only, Inc. 303 Merrick Road, Suite 300, Dept. 217 Lynbrook, NY 11563 File claims electronically: PAYOR ID: CX076

For up to date detailed information, including member eligibility, please access our website at:

www.asonet.com

If you have any questions regarding the operation of this program please contact **ASO** at:

800-626-5562

ADA	Description	Fee	Spec Fee	Pre-D Req *	Limits & Frequencies
0120	Periodic oral evaluation - established patient	\$25	\$25		2 in a calendar year (in conjunction with code 0150)
0140	Limited oral evaluation - problem focused	\$30	\$30		1 in a calendar year
0150	Comprehensive oral eval.-new or established patient	\$35	\$35		1 in a calendar year (in conjunction with code 0120)
0160	Detailed & extensive oral evaluation-problem focused, by report	\$0	\$25		1 in a calendar year
0180	Comprehensive periodontal evaluation new or established patient	\$25	\$35		1 in a calendar year
0210	Intraoral - complete series of radiographic images	\$45	\$45		1 every 36 months (in conjunction with code 0330)
0220	Intraoral - periapical first radiographic image	\$5	\$5		4 per 12 months; \$75 allowed w/i 12 month period
0230	Intraoral - periapical each add'l radiographic image	\$5	\$5		unlimited; \$75 allowed w/i 12 month period
0240	Intraoral - occlusal radiographic image	\$10	\$10		2 times per 36 months
0270	Bitewing - single radiographic image	\$7	\$7		2 per 12 months; \$75 allowed w/i 12 month period
0272	Bitewings - two radiographic images	\$10	\$10		2 per 12 months; \$75 allowed w/i 12 month period
0273	Bitewings - three radiographic images	\$18	\$18		2 per 12 months; \$75 allowed w/i 12 month period
0274	Bitewings - four radiographic images	\$18	\$18		2 per 12 months; \$75 allowed w/i 12 month period
0277	Vertical bitewings - 7 to 8 radiographic images	\$35	\$35		2 per 12 months; \$75 allowed w/i 12 month period
0290	Posterior-anterior or lateral skull and facial bone survey radiographic image	\$20	\$20		1 per 12 months
0330	Panoramic radiographic image (with or without additional radiographic images)	\$60	\$60		1 every 36 months (in conjunction with code 0210). fee effective 7/1/19 New
0340	Cephalometric radiographic image	\$18	\$18		1 per 12 months
0350	2D Oral/facial radiographic image obtained intra-orally or extra-orally	\$0	\$20		1 per lifetime
0460	Pulp vitality tests	\$15	\$15		1 per 12 months
0470	Diagnostic casts	\$30	\$30		1 per lifetime; upper and/or lower
1110	Prophylaxis - adult	\$39	\$39		13 and older
1120	Prophylaxis - child	\$34	\$34		12 and under
1206	Topical application of fluoride varnish	\$14			2 in a calendar year; ages 3-12 effective 10/5/17
1208	Topical application of fluoride; w/o proph; excluding varnish	\$14	\$14		ages 3-12
1351	Sealant - per tooth	\$20	\$20		once in a lifetime per tooth; must be virgin tooth. Permanent molars only. Age 15 and under
1510	Space maintainer - fixed - unilateral	\$100	\$100		1 per lifetime. (12 & under) If history of tooth extraction no further documents needed. Limited to initial appliance & includes all necessary adjustments.
1516	Space maintainer - fixed - bilateral, maxillary	\$140	\$140		1 per lifetime. (12 & under) If history of tooth extraction no further documents needed. Limited to initial appliance & includes all necessary adjustments. Effective 1/1/19
1517	Space maintainer - bilateral, mandibular	\$140	\$140		1 per lifetime. (12 & under) If history of tooth extraction no further documents needed. Limited to initial appliance & includes all necessary adjustments. Effective 1/1/19
1550	Re-cementation or re-bond space maintainer	\$24	\$24		1 per lifetime. (12 & under) If history of tooth extraction no further documents needed. Limited to initial appliance & includes all necessary adjustments.
2140	Amalgam - 1 surface, permanent or primary	\$40	\$40		each surface once every 12 months. Maximum \$90 per tooth per 12 months
2150	Amalgam - 2 surfaces, permanent or primary	\$50	\$50		each surface once every 12 months. Maximum \$90 per tooth per 12 months
2160	Amalgam - 3 or more surfaces, permanent or primary	\$60	\$60		each surface once every 12 months. Maximum \$90 per tooth per 12 months
2161	Amalgam - 4 or more surfaces; primary or permanent	\$70	\$70		each surface once every 12 months. Maximum \$90 per tooth per 12 months
2330	Resin-based composite -1 surface, anterior permanent or primary	\$50	\$50		each surface once every 12 months. Maximum \$90 per tooth per 12 months
2331	Resin-based composite - 2 surfaces, anterior permanent or primary	\$65	\$65		each surface once every 12 months. Maximum \$90 per tooth per 12 months
2332	Resin-based composite - 3 surfaces, anterior permanent or primary	\$80	\$80		each surface once every 12 months. Maximum \$90 per tooth per 12 months
2335	Resin-based composite - 4 or more surfaces or involving incisal angle (anterior) permanent/primary	\$90	\$90		each surface once every 12 months. Maximum \$90 per tooth per 12 months. Must include surfaces DI or MI to receive full benefits.
2391	Resin-based composite - 1 surface, posterior-permanent teeth only. Primary teeth will receive an alternate benefit of an amalgam.	\$50	\$50		each surface once every 12 months. Maximum \$90 per tooth per 12 months. <u>Patient w/b responsible for difference.</u>
2392	Resin-based composite - 2 surfaces, posterior-permanent teeth only. Primary teeth will receive an alternate benefit of an amalgam.	\$65	\$65		each surface once every 12 months. Maximum \$90 per tooth per 12 months. <u>Patient w/b responsible for difference.</u>
2393	Resin-based composite - 3 or more surfaces, posterior-permanent teeth only. Primary teeth will receive an alternate benefit of an amalgam.	\$85	\$85		each surface once every 12 months. Maximum \$90 per tooth per 12 months. <u>Patient w/b responsible for difference.</u>
2394	Resin-based composite - 4 or more surfaces, posterior-permanent teeth only. Primary teeth will receive an alternate benefit of an amalgam	\$90	\$90		each surface once every 12 months. Maximum \$90 per tooth per 12 months. <u>Patient w/b responsible for difference.</u>

ADA	Description	Fee	Spec Fee	Pre-D Req *	Limits & Frequencies
2520	Inlay - metallic - 2 surfaces	\$195	\$195	Y	frequency of 1/5 coincides with codes in 2700, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2530	Inlay - metallic - 3 or more surfaces	\$240	\$240	Y	frequency of 1/5 coincides with codes in 2700, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2542	Onlay - metallic - 2 surfaces	\$245	\$245	Y	frequency of 1/5 coincides with codes in 2700, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2543	Onlay - metallic - 3 or more surfaces	\$290	\$290	Y	frequency of 1/5 coincides with codes in 2700, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2620	Inlay - porcelain/ceramic - 2 surfaces	\$210	\$210	Y	frequency of 1/5 coincides with codes in 2700, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2630	Inlay - porcelain/ceramic - 3 or more surfaces	\$250	\$250	Y	frequency of 1/5 coincides with codes in 2700, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2642	Onlay - porcelain/ceramic -2 surfaces	\$260	\$260	Y	frequency of 1/5 coincides with codes in 2700, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2643	Onlay - porcelain/ceramic - 3 or more surfaces	\$300	\$300	Y	frequency of 1/5 coincides with codes in 2700, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2720	Crown - resin with high noble metal	\$500	\$500		frequency of 1/5 coincides with codes in 2500, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2721	Crown - resin with predominately base metal	\$500	\$500		frequency of 1/5 coincides with codes in 2500, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2722	Crown - resin with noble metal	\$500	\$500		frequency of 1/5 coincides with codes in 2500, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2740	Crown - porcelain/ceramic substrate	\$500	\$500		frequency of 1/5 coincides with codes in 2500, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2750	Crown - porcelain fused to high noble metal	\$500	\$500		frequency of 1/5 coincides with codes in 2500, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2751	Crown - porcelain fused to predominately base metal	\$500	\$500		frequency of 1/5 coincides with codes in 2500, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2752	Crown - porcelain fused to noble metal	\$500	\$500		frequency of 1/5 coincides with codes in 2500, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2780	Crown - 3/4 cast high noble metal	\$500	\$500		frequency of 1/5 coincides with codes in 2500, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2781	Crown - 3/4 cast predominately base metal	\$500	\$500		frequency of 1/5 coincides with codes in 2500, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2782	Crown - 3/4 cast noble metal	\$500	\$500		frequency of 1/5 coincides with codes in 2500, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2783	Crown - 3/4 porcelain/ceramic	\$500	\$500		frequency of 1/5 coincides with codes in 2500, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2790	Crown - full cast high noble metal	\$500	\$500		frequency of 1/5 coincides with codes in 2500, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2791	Crown - full cast predominately base metal	\$500	\$500		frequency of 1/5 coincides with codes in 2500, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2792	Crown - full cast noble metal	\$500	\$500		frequency of 1/5 coincides with codes in 2500, 6000, 6200, 6500, 6600, 6700 series and fixed partials
2799	Provisional Crown	\$80	\$80		6 anterior upper & lower only; tooth must be fractured. (effective 1/1/16) 1/L
2910	Re-cement or re-bond inlay, onlay, or partial coverage restoration	\$25	\$25		1 every 12 months
2920	Re-cement or re-bond crown	\$30	\$30		not covered within 12 months of insertion. Effective 12/22/15 also allowed for Implant crowns.
2930	Prefabricated stainless steel crown - primary tooth	\$120	\$120		once in a lifetime per tooth
2931	Prefabricated stainless steel crown - permanent tooth	\$120	\$120		frequency 1/60 months
2940	Protective restoration	\$25	\$25		no frequency effective 10/5/17
2950	Core buildup, including any pins when required	\$90	\$90		either 2950 or 2952/2954 every 60 months; not in conjunction with a post & core
2951	Pin retention - per tooth, in addition to restoration	\$15	\$15		1 per 12 months
2952	Post and core in addition to crown, indirectly fabricated	\$110	\$110		either 2952/2954 or 2950 every 60 months; not in conjunction with a crown build-up.
2954	Prefabricated post and core in addition to crown	\$110	\$110		either 2952/2954 or 2950 every 60 months; not in conjunction with a crown build-up.
2955	Post removal	\$140	\$140		once every 60 months
2980	Crown repair necessitated by restorative material failure	\$50	\$50		once every 60 months
3110	Pulp cap - direct (excluding final restoration)	\$18	\$18		1 every 12 months
3120	Pulp cap - indirect (excluding final restoration)	\$13	\$13		1 every 12 months
3220	Therapeutic pulpotomy (excluding final restoration) removal of pulp coronal to the dentinocemental junction and application of medicament (primary & permanent teeth)	\$43	\$43		once in a lifetime; per tooth. <u>Fee will be deducted from RCT if completed within 1 month by same provider</u>
3221	Pulpal debridement - primary and permanent teeth	\$43	\$43		once in a lifetime; per tooth. <u>Fee will be deducted from RCT if completed within 1 month by same provider</u>

ADA	Description	Fee	Spec Fee	Pre-D Req *	Limits & Frequencies
3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$280	\$432		frequency 1/L; pre & post op x-rays required
3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	\$327	\$504		frequency 1/L; pre & post op x-rays required
3330	Endodontic therapy, molar (excluding final resotation)	\$374	\$576		frequency 1/L; pre & post op x-rays required
3331	Treatment of root canal obstruction; non-surgical access	\$0	\$300		Not payable on same date of service as RCT. Frequency 1/L; pre & post op x-rays required
3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$95	\$140		frequency 1/L; pre & post op x-rays required
3346	Retreatment of previous root canal therapy - anterior	\$340	\$532		frequency 1/L; pre & post op x-rays required
3347	Retreatment of previous root canal therapy - bicuspid	\$387	\$604		frequency 1/L; pre & post op x-rays required
3348	Retreatment of previous root canal therapy - molar	\$434	\$676		frequency 1/L; pre & post op x-rays required
3351	Apexification/recalcification - intial visit	\$75	\$110		frequency 1/L; pre & post op x-rays required
3352	Apexification/recalcification - interim medication replacement	\$45	\$70		frequency 1/L; pre & post op x-rays required
3353	Apexification/recalcification - final visit	\$45	\$70		frequency 1/L; pre & post op x-rays required
3410	Apicoectomy - anterior	\$234	\$360		frequency 1/L; post op x-rays required
3421	Apicoectomy - bicuspid (first root)	\$304	\$468		frequency 1/L; post op x-rays required
3425	Apicoectomy - molar (first root)	\$351	\$540		frequency 1/L; post op x-rays required
3426	Apicoectomy (each additional root)	\$117	\$180		frequency 1/L; post op x-rays required
3430	Retrograde filling - per root	\$40	\$65		frequency 1/L; post op x-rays required
3450	Root amputation - per root	\$90	\$140		frequency 1/L; post op x-rays required
3920	Hemisection (including any root removal), not including root canal therapy	\$134	\$206		frequency 1/L; post op x-rays required
4210	Gingivectomy or gingivoplasty - 4 or more contiguous teeth or tooth bounded spaces per quadrant	\$120	\$195	Y	* not within 48 months of 4260 for same quad. Once every 4 years
4211	Gingivectomy or gingivoplasty - 1-3 contiguous teeth or tooth bounded spaces per quadrant	\$90	\$155	Y	* not within 48 months of 4261 for same tooth (teeth). Once every 4 years
4240	Gingival flap procedure; including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$300	\$450	Y	* not within 48 months of 4260 for same quad. Once every 4 years
4241	Gingival flap procedure, including root planing -1-3 contiguous teeth or tooth bounded spaces per quadrant	\$225	\$335	Y	* Once every 4 years per quad.
4249	Clinical crown lengthening - hard tissue	\$325	\$325	Y	* 1/60 months per tooth. Par-provider must accept Fund fees as payment in full.
4260	Osseous surgery (including flap entry & closure) - 4 or more contiguous teeth or tooth bounded spaces per quadrant	\$300	\$450	Y	* not within 48 months of 4210 or 4240 for same quad. Once every 4 years.
4261	Osseous surgery (including flap entry and closure) - 1-3 contiguous teeth or tooth bounded spaces per quadrant	\$225	\$335	Y	* not within 48 months of 4211 for same tooth (teeth). Once every 4 years.
4263	Bone replacement graft - first site in quadrant	\$150		Y	* 1/60 months for perio; once in a lifetime for implants. Par-provider may charge UCR
4264	Bone replacement graft - each add'l site in quadrant	\$100		Y	* 1/60 months for perio; once in a lifetime for implants. Par-provider may charge UCR
4265	Emdogain; tissue regeneration	\$0	\$400	Y	* once every 48 months. Par-provider may charge UCR
4270	Pedicle soft tissue graft procedure	\$150	\$190	Y	Once every 4 years.
4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	\$150	\$190	Y	* Once in a lifetime per tooth
4278	Free soft tissue graft procedure (including donor site surgery),eacg additional contiguous tooth or edentulous tooth position in same graft site	\$100	\$140	Y	* Once in a lifetime per tooth
4341	Periodontal scaling & root planing - four or more teeth per quadrant	\$40	\$60		once every 6 months; maximum 2 quads on same date.
4342	Periodontal scaling & root planing - 1 to 3 teeth per quadrant	\$30	\$45		once every 6 months; maximum 2 quads on same date.
4910	Periodontal maintenance	\$50	\$65		once every 90 days. No benefit within 3 months of any other periodontal therapy.
5110	Complete denture - maxillary	\$650	\$650		once every 60 months; reline is included within 12 months of insertion.
5120	Complete denture - mandibular	\$650	\$650		once every 60 months; reline is included within 12 months of insertion.
5130	Immediate denture - maxillary	\$675	\$675		once every 60 months; reline is included within 12 months of insertion.
5140	Immediate denture - mandibular	\$675	\$675		once every 60 months; reline is included within 12 months of insertion.
5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$450	\$450		once every 60 months

ADA	Description	Fee	Spec Fee	Pre-D Req *	Limits & Frequencies
5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	\$450	\$450		once every 60 months
5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$695	\$695		once every 60 months
5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$695	\$695		once every 60 months
5410	Adjust complete denture - maxillary	\$25	\$25		limit \$100 per tooth or arch per 12 months
5411	Adjust complete denture - mandibular	\$25	\$25		limit \$100 per tooth or arch per 12 months
5421	Adjust partial denture - maxillary	\$25	\$25		limit \$100 per tooth or arch per 12 months
5422	Adjust partial denture - mandibular	\$25	\$25		limit \$100 per tooth or arch per 12 months
5511	Repair broken complete denture base, mandibular	\$65	\$65		limit \$100 per tooth or arch per 12 months
5512	Repair broken complete denture base, maxillary	\$65	\$65		limit \$100 per tooth or arch per 12 months
5520	Replace missing or broken teeth - complete denture (each tooth)	\$55	\$55		limit \$100 per tooth per 12 months
5611	Repair resin partial denture base, mandibular	\$65	\$65		limit \$100 per arch per 12 months
5612	Repair resin partial denture base, maxillary	\$65	\$65		limit \$100 per arch per 12 months
5621	Repair cast partial framework, mandibular	\$100	\$100		limit \$100 per tooth or arch per 12 months
5622	Repair cast partial framework, maxillary	\$100	\$100		limit \$100 per tooth or arch per 12 months
5630	Repair or replace broken clasp - each clasp - per tooth	\$90	\$90		limit \$100 per tooth per 12 months
5640	Replace broken teeth - per tooth (or missing tooth)	\$55	\$55		limit \$100 per tooth per 12 months
5650	Add tooth to existing partial denture	\$60	\$60		limit \$100 per tooth per 12 months
5660	Add clasp to existing partial denture per tooth	\$90	\$90		limit \$100 per tooth per 12 months
5730	Reline complete maxillary denture (chairside)	\$85	\$85		not within 12 months of insertion; frequency once every 36 months
5731	Reline complete mandibular denture (chairside)	\$85	\$85		not within 12 months of insertion; frequency once every 36 months
5740	Reline maxillary partial denture (chairside)	\$85	\$85		frequency once every 36 months
5741	Reline mandibular partial denture (chairside)	\$85	\$85		frequency once every 36 months
5750	Reline complete maxillary denture (laboratory)	\$130	\$130		not within 12 months of insertion; frequency once every 36 months
5751	Reline complete mandibular denture (laboratory)	\$130	\$130		not within 12 months of insertion; frequency once every 36 months
5760	Reline maxillary partial denture (laboratory)	\$130	\$130		frequency once every 36 months
5761	Reline mandibular partial denture (laboratory)	\$130	\$130		frequency once every 36 months
5820	Interim partial denture (maxillary)	\$150	\$150		frequency once every 60 months
5821	Interim partial denture (mandibular)	\$150	\$150		once every 60 months
5850	Tissue conditioning - maxillary	\$45	\$45		once every 36 months
5851	Tissue conditioning - mandibular	\$45	\$45		once every 36 months
5863	Overdenture - complete maxillary	\$650	\$650		frequency of 1/5 coincides with codes in 5100 & 6000 series and fixed partials
5864	Overdenture - partial, maxillary	\$695	\$695		frequency of 1/5 coincides with codes in 5100 & 6000 series and fixed partials
5865	Overdenture - complete mandibular	\$650	\$650		frequency of 1/5 coincides with codes in 5100 & 6000 series and fixed partials
5866	Overdenture - partial, mandibular	\$695	\$695		frequency of 1/5 coincides with codes in 5100 & 6000 series and fixed partials
6010	Surgical placement of implant body; endosteal implant	\$500	\$500	Y	* 1/L Par-provider may charge UCR. ALL IMPLANT PROCEDURES MUST BE PRE-DETERMINED.
6040	Surgical placement: eposteal implant	\$500	\$500	Y	* 1/L Par-provider may charge UCR. ALL IMPLANT PROCEDURES MUST BE PRE-DETERMINED.
6050	Surgical placement: transosteal implant	\$500	\$500	Y	* 1/L Par-provider may charge UCR. ALL IMPLANT PROCEDURES MUST BE PRE-DETERMINED.
6056	prefabricated abutment - includes modification and placement	\$500	\$500	Y	* 1/L Par-provider may charge UCR. ALL IMPLANT PROCEDURES MUST BE PRE-DETERMINED.
6057	custom fabricated abutment - includes placement	\$500	\$500	Y	* 1/L Par-provider may charge UCR. ALL IMPLANT PROCEDURES MUST BE PRE-DETERMINED.
6058	Abutment supported porcelain/ceramic crown	\$500	\$500	Y	* frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials. Par-Provider may charge UCR
6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$500	\$500	Y	* frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials. Par-Provider may charge UCR
6060	Abutment supported porcelain fused to metal crown (predominately base metal)	\$500	\$500	Y	* frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials. Par-Provider may charge UCR
6061	Abutment supported porcelain fused to metal crown (noble metal)	\$500	\$500	Y	* frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials. Par-Provider may charge UCR

ADA	Description	Fee	Spec Fee	Pre-D Req *	Limits & Frequencies
6062	Abutment supported cast metal crown (high noble metal)	\$500	\$500	Y	* frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials. Par-Provider may charge UCR
6063	Abutment supported cast metal crown (predominately base metal)	\$500	\$500	Y	* frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials. Par-Provider may charge UCR
6064	Abutment supported cast metal crown (noble metal)	\$500	\$500	Y	*frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials. Par-Provider may charge UCR
6065	Implant supported porcelain/ceramic crown	\$500	\$500	Y	* frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials. Par-Provider may charge UCR
6066	Implant supported porcelain fused to metal crown (high noble metal)	\$500	\$500	Y	* frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials. Par-Provider may charge UCR
6067	Implant supported metal crown (high noble metal)	\$500	\$500	Y	* frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials. Par-Provider may charge UCR
6068	Abutment supported retainer for porcelain/ceramic FPD (fixed partial denture)	\$500	\$500	Y	* frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials. Par-Provider may charge UCR
6069	Abutment supporteed retainer for porcelain fused to metal FPD (high noble metal)	\$500	\$500	Y	* frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials. Par-Provider may charge UCR
6070	Abutment supported retainer for porcelain fused to metal FPD (predominately base metal)	\$500	\$500	Y	* frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials. Par-provider may charge UCR
6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$500	\$500	Y	* frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials. Par-provider may charge UCR
6072	Abutment supported retainer for cast metal FPD (high noble metal)	\$500	\$500	Y	* frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials. Par-provider may charge UCR
6073	Abutment supported retainer for cast metal FPD (predominately base metal)	\$500	\$500	Y	* frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials. Par-provider may charge UCR
6074	Abutment supported retainer for cast metal FPD (noble metal)	\$500	\$500	Y	* frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials. Par-provider may charge UCR
6075	Implant supported retainer for ceramic FPD	\$500	\$500	Y	* frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials. Par-provider may charge UCR
6076	Implant supported retainer for porcelain fused to metal	\$500	\$500	Y	* frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials. Par-provider may charge UCR
6077	Implant supported retainer for cast metal FPD	\$500	\$500	Y	* frequency of 1/L coincides with codes in 2500, 2700, 6200, 6500, 6600, 6700 series and fixed partials. Par-provider may charge UCR
6080	Implant maintenance procedure		\$75 per quadrant	Y	* once every six months per quadrant (1-8 teeth). Individual implants included. Effective 6/1/15. This benefit will come out of the perio max which active & Retiree Upgrade members have; from General max with Retiree Basic members. Par-provider may charge UCR.
6090	Repair Implant Supported prosthesis		\$150		* once every 3 years. Effective 6/1/15. This benefit will come out of the General maximum. Par-provider may charge UCR.
6104	Bone graft at time of implant placement	\$225	\$225	Y	* This benefit will come out of the perio max which active & Retiree Upgrade members have; from general max with Retiree Basic members. 1/Lifetime per tooth. Par-provider may charge UCR.
6110	Implant/abutment supported removable denture for edentulous arch - maxillary	\$650	\$650	Y	*This code is effective 1/1/15. Frequency 1/60 months. Par provider may charge UCR. ALL IMPLANT PROCEDURES MUST BE PRE-DETERMINED.
6111	Implant/abutment supported removable denture for edentulous arch - mandibular	\$650	\$650	Y	* This code is effective 1/1/15. Frequency 1/60 months. Provider may charge UCR. ALL IMPLANT PROCEDURES MUST BE PRE-DETERMINED.
6112	Implant/abutment supportted removable denture for partially edentulous arch - maxillary	\$695	\$695	Y	* This code is effective 1/1/15. Frequency 1/60 months. Par-Provider may charge UCR. ALL IMPLANT PROCEDURES MUST BE PRE-DETERMINED.
6113	Implant/abutment supportted removable denture for partially edentulous arch - mandibular	\$695	\$695	Y	* This code is effective 1/1/15. Frequency 1/60 months. Par-provider may charge UCR. ALL IMPLANT PROCEDURES MUST BE PRE-DETERMINED.
6210	Pontic - cast high noble metal	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6500, 6600, 6700 series and fixed partials

ADA	Description	Fee	Spec Fee	Pre-D Req *	Limits & Frequencies
6211	Pontic - cast predominately base metal	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6500, 6600, 6700 series and fixed partials
6212	Pontic - cast noble metal	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6500, 6600, 6700 series and fixed partials
6214	Pontic - titanium	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6500, 6600, 6700 series and fixed partials
6240	Pontic - porcelain fused to high noble metal	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6500, 6600, 6700 series and fixed partials
6241	Pontic - porcelain fused to predominately base metal	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6500, 6600, 6700 series and fixed partials
6242	Pontic - porcelain fused to noble metal	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6500, 6600, 6700 series and fixed partials
6245	Pontic-porcelain/ceramic	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6500, 6600, 6700 series and fixed partials
6250	Pontic - resin with high noble metal	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6500, 6600, 6700 series and fixed partials
6251	Pontic - resin with predominately base metal	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6500, 6600, 6700 series and fixed partials
6252	Pontic - resin with noble metal	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6500, 6600, 6700 series and fixed partials
6545	Retainer - cast metal for resin bonded fixed prosthesis	\$165	\$165	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6600, 6200, 6600 & 6700 series and fixed partials
6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$165	\$165	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6600, 6200, 6600 & 6700 series and fixed partials
6600	Retainer Inlay - porcelain/ceramic, 2 surfaces	\$252	\$252	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200, 6500 & 6700 series and fixed partials
6601	Retainer Inlay - porcelain/ceramic, 3 or more surfaces	\$350	\$350	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200, 6500 & 6700 series and fixed partials
6602	Retainer Inlay - cast high noble metal, 2 surface	\$160	\$160	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200, 6500 & 6700 series and fixed partials
6603	Retainer Inlay - cast high noble metal, 3 or more surfaces	\$388	\$388	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200, 6500 & 6700 series and fixed partials
6604	Retainer Inlay - cast predominately base metal, 2 surfaces	\$150	\$150	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200, 6500 & 6700 series and fixed partials
6605	Retainer Inlay - cast predominately base metal, 3 + surfaces	\$313	\$313	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200, 6500 & 6700 series and fixed partials
6606	Retainer Inlay cast noble metal, 2 surfaces	\$155	\$155	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200, 6500 & 6700 series and fixed partials
6607	Retainer Inlay cast noble metal, 3 or more surfaces	\$360	\$360	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200, 6500 & 6700 series and fixed partials
6608	Retainer Onlay - porcelain/ceramic, 2 surfaces	\$250	\$250	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200, 6500 & 6700 series and fixed partials
6609	Retainer Onlay - porcelain/ceramic, 3 or more surfaces	\$344	\$344	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200, 6500 & 6700 series and fixed partials
6610	Retainer Onlay - cast high noble metal, two surfaces	\$380	\$380	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200, 6500 & 6700 series and fixed partials
6611	Retainer Onlay - cast high noble metal, 3 or more surfaces	\$410	\$410	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200, 6500 & 6700 series and fixed partials
6612	Retainer Onlay - cast predominately base metal, 2 surfaces	\$150	\$150	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200, 6500 & 6700 series and fixed partials
6613	Retainer Onlay - cast predominately base metal, 3 + surfaces	\$315	\$315	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200, 6500 & 6700 series and fixed partials
6614	Retainer Onlay - cast noble metal, 2 surfaces	\$155	\$155	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200, 6500 & 6700 series and fixed partials
6615	Retainer Onlay - cast noble metal, 3 or more surfaces	\$360	\$360	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200, 6500 & 6700 series and fixed partials
6710	Retainer Crown - indirect resin based composite	\$150	\$150	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200, 6500 & 6700 series and fixed partials
6720	Retainer Crown - resin with high noble metal	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200 & 6600 series and fixed partials
6721	Retainer Crown - resin with predominately base metal	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200 & 6600 series and fixed partials
6722	Retainer Crown - resin with noble metal	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200 & 6600 series and fixed partials
6740	Retainer Crown - porcelain/ceramic	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200 & 6600 series and fixed partials
6750	Retainer Crown - porcelain fused to high noble metal	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200 & 6600 series and fixed partials
6751	Retainer Crown - porcelain fused to predominately base metal	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200 & 6600 series and fixed partials
6752	Retainer Crown - porcelain fused to noble metal	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200 & 6600 series and fixed partials
6780	Retainer Crown - 3/4 cast high noble metal	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200 & 6600 series and fixed partials

ADA	Description	Fee	Spec Fee	Pre-D Req *	Limits & Frequencies
6790	Retainer Crown - full cast high noble metal	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200 & 6600 series and fixed partials
6791	Retainer Crown - full cast predominately base metal	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200 & 6600 series and fixed partials
6792	Retainer Crown - full cast noble metal	\$500	\$500	Y	frequency of 1/5 coincides with codes in 2500, 2700, 6000, 6200 & 6600 series and fixed partials
6930	Re-cement or re-bond fixed partial denture	\$62	\$62		once every 12 months
6940	stress breaker	\$110	\$110		once every 60 months
6950	Precision attachment (by report)	\$125	\$125		once every 60 months
6980	Fixed partial denture repair necessitated by restorative material failure	\$75	\$75		once every 60 months
7111	Extraction, coronal remnants - deciduous tooth	\$57	\$87		once in a lifetime per tooth
7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$76	\$117		once in a lifetime per tooth
7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$90	\$140		once in a lifetime per tooth
7220	Removal of impacted tooth - soft tissue	\$102	\$175		once in a lifetime per tooth. New fee effective 7/1/19
7230	Removal of impacted tooth - partially bony	\$132	\$250		once in a lifetime per tooth. New fee effective 7/1/19
7240	Removal of impacted tooth - complete bony	\$152	\$234		once in a lifetime per tooth. New fee effective 7/1/19
7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$163	\$325		once in a lifetime per tooth. New fee effective 7/1/19
7250	Surgical removal of residual tooth roots (cutting procedure)	\$105	\$162		once in a lifetime per tooth
7260	Oroantral fistula closure	\$395	\$395	Y	once in a lifetime. Par-provider may charge UCR
7261	Primary closure of a sinus perforation (Admin decision if clinically approved)	up to \$375	up to \$375	Y	once in a lifetime per tooth. Par-provider may charge UCR. will be decided on a case by case basis.
7280	Surgical access of an unerupted tooth	\$152	\$252		1/L
7283	Placement of (ortho) device to facilitate eruption of impacted tooth	\$11	\$175		1/L fee effective 7/1/19 New
7285	Incisional biopsy of oral tissue - hard (bone, tooth)	\$138	\$212		once per 12 months
7286	Incisional biopsy of oral tissue - soft	\$105	\$162		once per 12 months
7310	Alveoloplasty in conjunction w/extractions - 4 or more teeth or tooth spaces, per quadrant	\$104	\$160		once in a lifetime
7311	Alveoloplasty in conjunction w/extractions - 1-3 teeth or tooth spaces per quad	\$78	\$120		once in a lifetime
7320	Alveoloplasty not in conj. w/extractions - 4 or more teeth or tooth spaces, per quad.	\$234	\$360		once every 60 months
7321	Alveoloplasty not in conj. w/extractions - 1-3 teeth or tooth spaces, per quad.	\$176	\$270		once every 60 months
7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm	\$97	\$150		Biopsy report required; frequency once in a lifetime
7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25cm	\$150	\$250		Biopsy report required; frequency once in a lifetime
7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25cm	\$97	\$150		Biopsy report required; frequency once in a lifetime
7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25cm	\$150	\$250		Biopsy report required; frequency once in a lifetime
7510	Incision & drainage of abscess - intraoral soft tissue	\$50	\$77		no frequency limitations
7520	Incision & drainage of abscess - extraoral soft tissue	\$163	\$252		no frequency limitations
7950	Osseous,osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	\$225	\$225	Y	frequency is 1/5 years general; 1/L implant related. Par-Provider may charge UCR
7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	\$450	\$450	Y	frequency is 1/5 years general; 1/L implant related. Par-Provider may charge UCR
7952	Sinus augmentation via a vertical approach	\$450	\$450	Y	frequency is 1/5 years general; 1/L implant related. Par-Provider may charge UCR
7953	Bone replacement graft for ridge preservation-per site	\$225	\$225	Y	frequency is 1/5 years general; 1/L implant related. Par-Provider may charge UCR
7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	\$125	\$220		no frequency limitations
8010	Limited orthodontic treatment of the primary dentition	\$120	\$120	Y	frequency 1/L
8020	Limited ortho treatment of the transitional dentition	\$120	\$120	Y	frequency 1/L
8030	Limited ortho treatment of the adolescent dentition	\$120	\$120	Y	frequency 1/L
8040	Limited ortho treatment of the adult dentition	\$120	\$120	Y	frequency 1/L
8050	Interceptive ortho treatment of the primary dentition	\$120	\$120	Y	frequency 1/L

ADA	Description	Fee	Spec Fee	Pre-D Req *	Limits & Frequencies
8060	Interceptive ortho treatment of transitional dentition	\$120	\$120	Y	frequency 1/L
8070	Comprehensive ortho treatment of transitional dentition. Invisalign became effect 10/20/12. Lifetime benefit \$1995		\$495	Y	Frequency 1/L. Participating providers may charge UCR for Invisalign treatment. Fund will pay \$1995 if approved. If provider is a GP doing Invisalign, a certificate must be submitted showing authorized.
8080	Comprehensive ortho treatment of adolescent dentition. Invisalign became effect 10/20/12. Lifetime benefit \$1995		\$495	Y	Frequency 1/L. Participating providers may charge UCR for Invisalign treatment. Fund will pay \$1995 if approved. If provider is a GP doing Invisalign, a certificate must be submitted showing authorized.
8090	Comprehensive ortho treatment of adult dentition. Invisalign became effect 10/20/12. Lifetime benefit \$1995		\$495	Y	Frequency 1/L. Participating providers may charge UCR for Invisalign treatment. Fund will pay \$1995 if approved. If provider is a GP doing Invisalign, a certificate must be submitted showing authorized.
8210	Removable appliance therapy		\$210	Y	frequency 1/L
8220	Fixed appliance therapy		\$250	Y	frequency 1/L
8660	Pre-orthodontic treatment visit		\$100		frequency 1/L
8670	Periodic Orthodontic treatment visit (as part of contract) (ACTIVE)		\$100		Adolescent & Adult: 14 active treatments. Patient is responsible for \$50 per month starting with 1st month through the 20th month. 21st-24th months no charge; 25th month & higher \$100 per month by patient.
8672	Interceptive adjustments		\$30		6 in a lifetime
8680	Orthodontic - retention (removal of appliances, construction and placement of retainer{s}) [PASSIVE]		n/c		Patient can only be charged \$25 per retention visit.
9110	Palliative (emergency) treatment of dental pain - minor procedure	\$25	\$25		no frequency limitations; tooth/area needed. Not to be abused
9222	Deep sedation/general anesthesia - first 15 minutes		\$100 (first 15 minute session)		limit 1 per session Effective 7/1/19 total benefits allowed per session is \$250
9223	Deep sedation/general anesthesia-each 15 minute increment		\$50 for 2nd 15 minute session. \$50 for 3rd & 4th 15 minute sessions		limit 3 per session; for a total of 1 hour (including first 15 minutes). Effective 7/1/19 total benefits allowed per session is \$250
9239	Intravenous moderate (conscious) sedation/analgesia-first 15 minutes		\$100 (first 15 minute session)		limit 1 per session. Effective 7/1/19 total benefits allowed per session is \$250
9243	Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment		\$50 for 2nd 15 minute session. \$50 for 3rd & 4th 15 minute sessions		limit 3 per session; for a total of 1 hour (including first 15 minutes) Effective 7/1/19 total benefits allowed per session is \$250
9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician (Per Session)	\$35	\$35		Provider can not be doing the work; second opinion only.
9944	Occlusal guard - hard appliance, full arch	\$225	\$225		Frequency 1/60 months. Narrative needed. To minimize effects of bruxism (grinding) & other occlusal factors. Not including TMJ. Effective 1/1/19
9945	Occlusal guard - soft appliance, full arch	\$225	\$225		Frequency 1/60 months. Narrative needed. To minimize effects of bruxism (grinding) & other occlusal factors. Not including TMJ. Effective 1/1/19

*** NOTE: Pre-d required regardless of fee charged**

Benefit Topic	Special Processing Instructions
Pre-determination Clause	<p>1. Group guidelines mandate that all treatment over \$1,000.00 must be pre-determined (excluding RCT's, apicos & extractions).</p> <p>2. If a claim is submitted over \$1,000 and is not pre-determined, the Fund has the right to issue a \$250 penalty to the member or participating provider if the work is deemed clinically necessary.</p> <p>3. Any implant procedure must be pre-determined; even for those on Retiree Basic. If not pre-determined, the Fund has the right to issue a \$250 penalty to the member or participating provider if the work is deemed clinically necessary.</p> <p>4. Pre-determinations are valid from the date issued through the end of the year in which the 12th month occurs. (i.e. issued 1/1/15 expires 12/31/16)</p>
Coordination of Benefits	<p>1. If primary carrier requires a specific provider be used & patient opts not to utilize provider under primary, claims will be denied; as the patient selected their own provider instead of utilizing a specific provider.</p> <p>2. If primary is a capitation plan we do not pay, only if there is a co-pay that is noted on an EOB or schedule with the patients' name, plan type & fee schedule.</p> <p>3. If primary insurance has approved treatment being submitted, the Fund still must make its own clinical determination.</p>
COB for Dual Members	<p>1. Second BF number will always get paid if clinically approved & benefits are available & do not exceed fee schedule.</p> <p>2. Dual member COB w/par providers: provider will only receive benefits under the primary BF number as long as the treatment has been paid in full according to our fee schedule. If the treatment has not been paid in full, whatever amount is outstanding will be paid under the secondary, as long as benefits remain & do not exceed fee schedule.</p> <p>3. Dual member COB w/implants: For any implant related service, dual members can receive up to the fee schedule under both BF numbers, not to exceed amount charged, if benefits are available. Par providers can charge their UCR for any implant related procedures; the member and/or the dependents WILL have an out of pocket.</p> <p>4. Dual member COB w/ortho: Participating orthodontists: The Fund will release up to the ortho max of \$1995 under the primary BF number for any approved ortho treatment; under the secondary BF number, the required \$50 co-pay for the 1st through the 20th active treatment will be released to the participating provider. If patient needs more than 24 active the agreed upon \$100 per month will be paid from the secondary BF number utilizing the members benefits, as well as any passive/retention visit; at \$25 per visit.</p>
Retirees	<p>1. Retirees must pre-determine any surgical periodontal, implant related and orthodontic services.</p>
Eligibility	<p>Currently SCMEBF requires Spring of current year to cover from 1/1/xx through 9/30/xx and Fall of current year to cover from 9/1/xx through 1/31/xx. All student verification must be sent to the Fund's eligibility department.</p>
Dental Processing	<p>1. CDT code 9310 is only payable when that provider is not going to do any further work for the next 12 months; they must state on claim form "no further work to be done". If within 12 months work is done by this provider the \$35 must be deducted from any work being provided.</p> <p>2. No age limitations on procedures (prosthetics, perio, implants).</p> <p>3. Timely processing of claims required; payable until 12/31/XX of following year of service date. If par provider submits a claim which denies due to late filing no harm to member/patient or Fund.</p> <p>4. Anesthesia to be paid even if Fund does not cover procedures provided.</p> <p>5. As of 4/1/09, the congenital defect of extra teeth are now covered; as of 2/1/12, the congenital defect of missing teeth are now covered.</p> <p>6. Provisional crowns are only payable for the 6 anterior upper and lower teeth.</p> <p>7. Diagnostic, Preventative & Restorative services are not included in the mandatory pre-determination rule for services in excess of \$1,000.</p>
Ortho Processing	<p>1. When a member utilizes a par orthodontist they will have at least a \$1000 out of pocket. They must pay \$50 per month for the first 20 active treatments; \$100 a month for any active beyond the 24th, (no payment due for 21st - 24th visits), and \$25 for any retention visit.</p> <p>2. Retainers are NOT covered as a separate procedure. "Basic" retainers are covered for the par orthodontist.</p> <p>3. If an ortho claim is approved as "dentally necessary" by consultants and work is being done by a Board Certified Orthodontist or a General Practitioner who is certified by Invisalign (certificate will be required), Invisalign will be allowed at the same fees as comprehensive ortho. If a Board Certified orthodontist or a General Practitioner certified by Invisalign is not doing the treatment, Invisalign will not be allowed. PAR PROVIDERS MAY CHARGE UCR. FUND WILL ALLOW \$1995 once in a lifetime benefit. EFFECTIVE 1/1/19</p> <p>4. When patient is going to a non-par orthodontist, once benefits have been released for ortho work-up, banding & 14 active treatments; the Fund has met its responsibility.</p>
Specialist Fees	<p>Effective 7/1/13 specialists will be paid at specialist rate regardless of procedure (i.e. periodontist extracting teeth and vice versa). A pedodontist is allowed any specialty fee.</p>