

Southern California Pipe Trades Administration Corporation

ABREVIATED SCHEDULE OF DENTAL BENEFITS

TABLE OF ALLOWANCES

REVISED JANUARY 1, 2017

The following is an abbreviated Schedule of Dental Benefits. All benefit payments are subject to Plan limits including the Calendar Year Deductible and any applicable co-insurance.

ADA CODE	PROCEDURE	ALLOWANCE
D0120	Periodic Oral Evaluation	\$39.83
D0140	Limited Oral Evaluation - Problem Focused	\$39.83
D0145	Oral Evaluation for a Patient Under 3 Years of Age & Counseling with Primary Caregiver	\$39.83
D0150	Comprehensive Oral Evaluation - New or Established Patient	\$39.83
D0160	Detailed and Extensive Oral Evaluation - Problem Focused	\$39.83
D0170	Re-evaluation - Limited, Problem Focused (Established Patient NOT Post-Operative Visit)	\$39.83
D0180	Comprehensive Periodontal Evaluation - New or Established Patient	\$39.83
D0210	Intraoral - Complete Series (allowed once every 12 months)	\$74.21
D0220	Intraoral - Single Film	\$18.33
D0230	Intraoral - Each Additional Film	\$8.07
D0240	Intraoral - Occulusal Single First Film	\$29.00
D0250	Extraoral - First Film	Not Covered
D0251	extra-oral posterior dental radiographic image	Not Covered
D0270	Bitewing - Single Film (allowed twice per calendar year)	\$18.33
D0272	Bitewings - Two Films	\$25.51
D0273	Bitewings - Three Films	\$46.00
D0274	Bitewings - Four Films	\$35.87
D0277	Vertical Bitewings - 7 to 8 Films	\$35.87
D0310	Sialography	\$49.00
D0321	Other Temporomandibular Joint Films	\$79.67
D0330	Panoramic Film	\$56.45
D0340	Cephalometric Film	\$68.80
D0350	Oral/Facial Images (includes intra & extraoral imag	Not Covered
D0360	Cone Beam Ct - Craniofacial Data Capture	Not Covered
D0362	Cone Beam-2D Image Reconstruction using Existing Data (including multiple images)	Not Covered
D0363	Cone Beam-3D Image Reconstruction using Existing Data (including multiple images)	Not Covered
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	Not Covered
D0415	Collection of microorganisms for culture & sensitivity	Not Covered
D0422	collection and preparation of genetic sample material for laboratory analysis and report	Not Covered
D0423	genetic test for susceptibility to diseases – specimen analysis	Not Covered
D0470	Diagnostic Casts	\$58.46
D0472	Accession of tissue, gross examination preparation of writtern report	\$92.40
D0473	Accession of tissue, gross microscopic examination preparation & transmission of writtern report	\$92.40
D0474	Accession of tissue, gross & microscopic examination including assessment of surgical margins for presence of disease, preparation and transmission of written report	\$92.40
D0480	Accession of Cytologic Smears, Written Reports	Not Covered
D0486	Accession of Brush Biopsy Sample	Not Covered

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D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	Not Covered
D1110	Prophylaxis Adult (three times per calendar year)	\$54.62
D1120	Prophylaxis Child (three times per calendar year)	\$44.45
D1206	Topical application of Fluoride Varnish	\$35.50
D1208	Topical application of Fluoride	\$35.50
D1310	Nutritional Counseling for the Control of Dental Disease	Not Covered
D1330	Oral Hygiene Instruction	Not Covered
D1351	Sealant - Per Tooth (The benefit listed is the maximum benefit payable per quadrant.)	\$39.76
D1352	Preventive Resin restoration in a moderate to high caries risk patient - permanent tooth.	\$39.76
D1354	interim caries arresting medicament application	Not Covered
D1510	Space Maintainer - Fixed - Unilateral, Excludes a distal shoe space maintainer	\$177.82
D1515	Space Maintainer - Fixed - Bilateral	\$216.80
D1520	Space Maintainer - Removable - Unilateral	\$177.82
D1525	Space Maintainer - Removable - Bilateral	\$216.80
D1555	Removal of Fixed Space Maintainer	Not Covered
D1575	Distal shoe space maintainer – fixed – unilateral	\$177.82
D2140	Amalgam - One Surface Primary or Permanent	\$72.18
D2150	Amalgam - Two Surfaces Primary or Permanent	\$82.66
D2160	Amalgam - Three Surfaces Primary or Permanent	\$94.44
D2161	Amalgam - Four or More Surfaces Primary or Permanent	\$103.15
D2330	Resin-Based Composite - One Surface, Anterior	\$97.51
D2331	Resin-Based Composite - Two Surfaces, Anterior	\$173.67
D2332	Resin-Based Composite - Three Surfaces, Anterior	\$173.67
D2335	Resin-Based Composite - Four or More Surfaces Involving Incisal Angle (Anterior)	\$225.77
D2390	Resin-Based Composite Crown Anterior	\$103.15
D2391	Resin-Based Composite - One Surface Posterior	\$72.18
D2392	Resin-Based Composite - Two Surfaces Posterior	\$82.66
D2393	Resin-Based Composite - Three Surfaces Posterior	\$94.44
D2394	Resin-Based Composite - Four or More Surfaces Posterior	\$103.15
D2510	Inlay - Metallic - one surface	\$290.00
D2520	Inlay - Metallic - two surfaces	\$300.00
D2530	Inlay - Metallic - three or more surfaces	\$450.00
D2542	Onlay - Metallic - two surfaces	\$576.67
D2543	Onlay - Metallic - three surfaces	\$656.50
D2544	Onlay - Metallic - four or more surfaces	\$656.50
D2610	Inlay Porcelain/Ceramic - one surface	\$290.00
D2620	Inlay Porcelain/Ceramic - two surfaces	\$300.00
D2630	Inlay Porcelain/Ceramic - three or more surfaces	\$450.00
D2642	Onlay Porcelain/Ceramic - two surfaces	\$576.67
D2643	Onlay Porcelain/Ceramic - three surfaces	\$656.50
D2644	Onlay Porcelain/Ceramic - four or more surfaces	\$656.50
D2650	Inlay Resin Based Composite - one surfaces	\$232.00
D2651	Inlay Resin Based Composite - two surfaces	\$240.00
D2652	Inlay Resin Based Composite - three or more surfaces	\$360.00
D2662	Onlay Resin Based Composite - two surfaces	\$576.67
D2663	Onlay Resin Based Composite - three surfaces	\$656.50

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D2664	Onlay Resin Based Composite - four or more surfaces	\$656.50
D2710	Crown - Resin (Laboratory)	\$350.00
D2712	Crown - 3/4 Resin (Laboratory)	\$350.00
D2720	Crown - Resin with High Noble Metal	\$563.86
D2721	Crown - Resin with Base Metal	\$443.33
D2722	Crown - Resin with Noble Metal	\$556.55
D2740	Crown - Porcelain/Ceramic Substrate	\$608.33
D2750	Crown - Porcelain Fused to High Noble Metal	\$563.86
D2751	Crown - Porcelain Fused Base Metal	\$443.33
D2752	Crown - Porcelain Fused to Noble Metal	\$556.55
D2780	Crown - ¾ Cast High Noble Metal	\$563.86
D2781	Crown - ¾ Cast Predominantly Base Metal	\$443.33
D2782	Crown - ¾ Cast Noble Metal	\$556.55
D2783	Crown - ¾ Porcelain / Ceramic	\$608.33
D2790	Crown - Full Cast High Noble Metal	\$563.86
D2791	Crown - Full Cast Predominantly Base Metal	\$443.33
D2792	Crown - Full Cast Noble Metal	\$556.55
D2794	Crown - Titanium	\$563.86
D2910	Recement Inlay, Onlay or Partial Coverage Restoration	\$53.75
D2915	Recement Cast or Prefabricated post and core	\$35.81
D2920	Recement Crowns	\$47.74
D2929	Prefabricated Porcelain/Ceramic Crown - Primary tooth	\$139.52
D2930	Prefabricated Stainless Steel Crown - Primary tooth	\$139.52
D2931	Prefabricated Stainless Steel Crown - Permanent tooth	\$139.52
D2932	Prefabricated Resin Crown	\$139.52
D2933	Prefabricated Stainless Steel Crown - Resin Window	\$139.52
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$139.52
D2940	Sedative Filling	\$36.40
D2952	Post and Core, indirectly fabricated in Addition to Crown	\$191.56
D2953	Each Additional Indirectly Fabricated Post, Same Tooth	Not Covered
D2954	Prefabricated Post and Core in Addition to Crown	\$170.61
D2960	Labial veneer (resin laminate) - chairside	Not Covered
D2961	Labial veneer (resin laminate) - laboratory	Not Covered
D2975	Coping	Not Covered
D2980	Crown Repair	\$75.00
D2990	Resin Infiltration of Incipient Smooth Surface Lesions	\$39.76
D3220	Therapeutic Pulpotomy	\$81.48
D3230	Pulpay Therapy - Anterior Primary Tooth	\$81.48
D3240	Pulpay Therapy - Posterior Primary Tooth	\$81.48
D3310	Root Canal Therapy - Anterior (excludes final restoration)	\$385.30
D3320	Root Canal Therapy - Bicuspid (excludes final restoration)	\$436.74
D3330	Root Canal Therapy - Molar (excludes final restoration)	\$552.50
D3331	Treatment of root canal obstruction - non-surgical access	Not Covered
D3332	Incomplete endodontic therapy - inoperable, unrestorable fractured tooth	Not Covered
D3346	Retreatment of Previous Root Cananl - Anterior	\$385.30
D3347	Retreatment of Previous Root Cananl - Bicuspid	\$436.74
D3348	Retreatment of Previous Root Cananl - Molar	\$552.50
D3351	Apexification / Recalcification - initial visit	\$40.00
D3352	Apexification / Recalcification - interim medication replacement	\$40.00
D3353	Apexification / Recalcification - final visit	\$40.00
D3410	Apicoectomy / Periradicular Surgery - Anterior	\$462.08

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D3421	Apicoectomy - Bicuspid	\$462.08
D3425	Apicoectomy - Molar	\$462.08
D3427	Periradicular surgery without apicoectomy	\$462.08
D3430	Retrograde Filling Per Root	\$67.50
D3450	Root Amputation	\$72.00
D3920	Hemisection	\$72.00
D4210	Gingivectomy or Gigivoplasty - 4 or More Teeth Per Quadrant	\$340.00
D4211	Gingivectomy - 1 - 3 Teeth Per Quadrant	\$108.47
D4230	Anatomical Crown Exposure - Quadrant	Not Covered
D4231	Anatomical Crown Exposure - 1 to 3 Teeth	Not Covered
D4240	Gingival flap procedure, including root planing - 4 or more contiguous teeth	Not Covered
D4241	Gingival flap procedure, including root planing - 1 - 3 contiguous teeth	Not Covered
D4245	Apically positioned flap	Not Covered
D4260	Osseous Surgery - 4 or More Teeth Per Quadrant	\$533.04
D4261	Osseous Surgery - 1 -3 Teeth Per Quadrant	\$266.52
D4263	Bone Replacement Graft - retained natural tooth - First Site in Quadrant	\$200.00
D4264	Bone Replacement Graft - retained natural tooth -Each Additional Site	\$200.00
D4270	Pedicle Soft Tissue Graft Procedure	\$750.00
D4273	Subepithelial connective Tissue Graft Procedure	\$750.00
D4274	Distal or proximal wedge procedure	Not Covered
D4275	Soft Tissue Allograft	\$750.00
D4276	Combined Connective Tissue & Double Pedicle Graft	\$750.00
D4277	Free soft tissue graft procedure - first tooth or edentulous tooth	\$750.00
D4278	Free soft tissue graft procedure - each additional contiguous or edentulous	\$750.00
D4283	autogenous connective tissue graft – each additional contiguous tooth, implant or edentulous tooth tooth position in same graft site	\$562.50
D4285	non-autogenous connective tissue graft – each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$562.50
D4320	Provisional Splinting - Intracoronal	\$60.00
D4321	Provisional Splinting - Extracoronal	\$60.00
D4341	Periodontal Scaling and Root Planning Four or More Teeth per Quadrant	\$122.86
D4342	Periodontal Scaling and Root Planning - 1 - 3 Teeth	\$61.43
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	\$54.62
D4910	Periodontal Maintenance Procedure	\$70.00
D5110	Complete Denture - Maxillary	\$754.96
D5120	Complete Denture - Lower	\$786.20
D5130	Immediate Denture - Maxillary	\$788.00
D5140	Immediate Denture - Mandibular	\$781.50
D5211	Maillary Partial Denture - Resin Base	\$890.00
D5212	Mandibular Partial Denture - Resin Base	\$817.50
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases	\$1,209.32
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases	\$1,209.32
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	\$890.00
D5222	immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	\$817.50
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$1,209.32

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D5224	immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$1,209.32
D5225	Maxillary Partial Denture - Flexible Base	\$890.00
D5226	Mandibular Partial Denture - Flexible Base	\$817.50
D5281	Removable unilateral partial denture - one piece cast metal	\$302.33
D5410	Adjust Complete Denture - Maxillary	\$25.00
D5411	Adjust Complete Denture - Mandibular	\$25.00
D5421	Adjust Partial Denture - Maxillary	\$19.00
D5422	Adjust Partial Denture - Mandibular	\$19.00
D5510	Repair Broken Complete Denture Base	\$83.92
D5520	Replace Missing or Broken Teeth - Complete Denture (each tooth)	\$67.25
D5610	Repair Resin Partial Denture Base	\$83.92
D5620	Repair Cast Framework	\$50.00
D5630	Repair or Replace Broken Clasp	\$50.00
D5640	Replace Broken teeth - per tooth	\$82.43
D5650	Add Tooth to Existing Partial Denture	\$98.44
D5660	Add Clasp to Existing Partial Denture	\$91.75
D5670	Replace All Teeth & Acrylic on Cast Metal Framework (Maxillary)	\$329.72
D5671	Replace All Teeth & Acrylic on Cast Metal Framework (Mandibular)	\$329.72
D5710	Rebase complete maxillary denture	Not Covered
D5711	Rebase complete mandibular denture	Not Covered
D5720	Rebase maxillary partial denture	Not Covered
D5721	Rebase mandibular partial denture	Not Covered
D5730	Reline Complete Maxillary Denture (chairside)	\$99.00
D5731	Reline Complete Mandibular Denture (chairside)	\$99.00
D5740	Reline Maxillary Partial Denture (chairside)	\$99.00
D5741	Reline Mandibular Partial Denture (chairside)	\$99.00
D5750	Reline Complete Maxillary Denture (laboratory)	\$100.00
D5751	Reline Complete Mandibular Denture (laboratory)	\$100.00
D5760	Reline Maxillary Partial Denture (laboratory)	\$100.00
D5761	Reline Mandibular Partial Denture (laboratory)	\$100.00
D5810	Interim complete denture - maxillary	Not Covered
D5811	Interim complete denture - mandibular	Not Covered
D5820	Interim Partial Denture (maxillary)	\$304.42
D5821	Interim Partial Denture (mandibular)	\$304.42
D5850	Tissue Conditioning - Maxillary	\$67.50
D5851	Tissue Conditioning - Mandibular	\$67.50
D5860	Overdenture - Complete	Not Covered
D5861	Overdenture - Partial	Not Covered
D5863	Overdenture - complete maxillary	\$754.96
D5864	Overdenture - partial maxillary	\$1,209.32
D5865	Overdenture - complete mandibular	\$786.20
D5866	Overdenture - partial mandibular	\$1,209.32
D6012	Surgical Placement of Interim Implant Body	Not Covered
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	Not Covered
D6085	Provisional implant crown	Not Covered
D6091	Replacement of Semi Precious or Precision Attachment	Not Covered
D6092	Recement Implant/Abutment Supported Crown	\$47.74
D6093	Recement Implant/Abutment Supported Fixed Partial Denture	\$83.46

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D6210	Pontic - Cast High Noble Metal	\$592.50
D6211	Pontic - Cast Predominantly Base Metal	\$385.00
D6212	Pontic - Cast Noble Metal	\$385.00
D6214	Pontic - Titanium	\$592.50
D6240	Pontic - Porcelain Fused to High Noble Metal	\$543.74
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$543.74
D6242	Pontic - Porcelain Fused to Noble Metal	\$543.74
D6245	Pontic - Porcelain / Ceramic	\$543.74
D6250	Pontic - Resin with High Noble Metal	\$543.74
D6251	Pontic - Resin with Predominantly Base Metal	\$543.74
D6252	Pontic - Resin with Noble Metal	\$543.74
D6545	Retainer - Cast Metal, Resin Bonded	\$300.00
D6548	Retainer - Porcelain, Resin Bonded	\$300.00
D6720	Crown - Resin with High Noble Metal	\$575.16
D6721	Crown - Resin with Predominantly Base Metal	\$575.16
D6722	Crown - Resin with Noble Metal	\$575.16
D6740	Crown - Porcelain	\$575.16
D6750	Crown - Porcelain Fused to High Noble Metal	\$575.16
D6751	Crown - Porcelain Fused to Predominantly Base Metal	\$575.16
D6752	Crown - Porcelain Fused to Noble Metal	\$575.16
D6780	Crown - ¾ Cast High Noble Metal	\$575.16
D6781	Crown - ¾ Cast Predominantly Base Metal	\$575.16
D6782	Crown - ¾ Cast Noble Metal	\$575.16
D6783	Crown - ¾ Porcelain / Ceramic	\$575.16
D6790	Crown - Full Cast High Noble Metal	\$575.16
D6791	Crown - Full Cast Predominantly Base Metal	\$575.16
D6792	Crown - Full Cast Noble Metal	\$575.16
D6794	Crown - Titanium	\$575.13
D6930	Recement Fixed Partial Denture	\$83.46
D6970	Post and Core, Indirectly Fabricated, in Addition to Fixed Partial Denture Retainer	\$170.61
D6972	Prefabricated Post and Core in Addition to Retainer	\$170.61
D6976	Each Additional Indirectly Fabricated Post - Same Tooth	Not Covered
D6980	Bridge Repair	\$75.00
D7111	Coronal Remnants - Deciduous Tooth	\$66.35
D7140	Extraction - Erupted Tooth or Exposed Roots	\$71.38
D7210	Surgical Removal of Erupted Tooth	\$126.94
D7220	Removal of Impacted Tooth - Soft Tissue	\$156.09
D7230	Removal of Impacted Tooth - Partially Bony	\$197.33
D7240	Removal of Impacted Tooth - Completely Bony	\$230.35
D7241	Removal of Impacted Tooth - Completely Bony with Unusual Complications	\$230.35
D7250	Surgical Removal of Residual Tooth Roots (Not Exposed)	\$127.93
D7251	Coronectomy - intentional partial tooth removal	\$197.33
D7260	Oral Antral Fistula Closure (and/or antral root recovery)	\$129.00
D7280	Surgical Access of an Unerupted Tooth	\$300.00
D7283	Placement of device to facilitate eruption of impacted tooth	Not Covered
D7285	Biopsy of Oral Tissue - Hard (bone, tooth)	\$92.40
D7286	Biopsy of Oral Tissue - Soft Tissue	\$92.40
D7290	Surgical Repositioning of teeth	\$800.00
D7292	Surgical Placement - Temporary Anorage Device	Not Covered
D7293	Surgical Placement - Temporary Anorage Device with Flap	Not Covered

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D7294	Surgical Placement - Temporary Anchorage Device without Flap	Not Covered
D7310	Alveoplasty in Conjunction with Extractions - 4 or more Teeth per Quadrant	\$151.00
D7311	Alveoplasty in Conjunction with Extractions - 1 to 3 Teeth per Quadrant	\$75.50
D7320	Alveoplasty not in Conjunction with Extractions - 4 or more Teeth per Quadrant	\$59.00
D7321	Alveoplasty not in Conjunction with Extractions - 1 to 3 Teeth per Quadrant	\$29.50
D7410	Excision of Benign Lesion Up to 1.25 cm	\$65.00
D7411	Excision of Benign Lesion Greater Than 1.25 cm	\$367.50
D7412	Excision of Benign Lesion - Complicated	\$367.50
D7413	Excision of Malignant Lesion Up to 1.25 cm	\$152.00
D7414	Excision of Malignant Lesion Greater Than 1.25 cm	\$367.50
D7415	Excision of Malignant Lesion - Complicated	\$367.50
D7440	Excision of Malignant Tumor - Lesion Diameter Up to 1.25 cm	\$152.00
D7441	Excision of Malignant Tumor - Lesion Diameter Greater Than 1.25 cm	\$152.00
D7450	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter up to 1.25 cm	\$135.00
D7451	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25 cm	\$367.50
D7460	Removal of Benign Nonodontogenic Cyst or Tumor - Lesion Diameter up to 1.25 cm	\$135.00
D7461	Removal of Benign Nonodontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25 cm	\$367.50
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	\$88.00
D7472	Removal of Torus Palatinus	\$88.00
D7473	Removal of Torus Mandibularis	\$88.00
D7510	Incision & Drainage of Abscess - Intraoral Soft Tissue	\$85.80
D7511	Incision & Drainage of Abscess - Intraoral Soft Tissue - Complicated	\$85.80
D7520	Incision & Drainage of Abscess - Extraoral Soft Tissue	\$47.00
D7521	Incision & Drainage of Abscess - Extraoral Soft Tissue - Complicated	\$47.00
D7530	Removal of Foreign from Mucosa, Skin or Subcutaneous Alveolar Tissue	\$70.00
D7540	Removal of Reaction Producing Foreign Bodies	\$47.00
D7550	Partial Osteotomy/Sequestrectomy for Removal of Non-Vital Bone	\$117.00
D7560	Maxillary Sinusotomy	\$135.00
D7610	Maxilla - Open Reduction	Not Covered
D7620	Maxilla - Closed Reduction	Not Covered
D7630	Mandible - Open Reduction	Not Covered
D7640	Mandible - Closed Reduction	Not Covered
D7650	Malar and/or Zygomatic Arch - Open Reducton	Not Covered
D7660	Malar and/or Zygomatic Arch - Closed Reducton	Not Covered
D7670	Alevolus - Closed Reduction - May Include Stabilization of Teeth	Not Covered
D7680	Facial Bones - Complicated Reduction	Not Covered
D7710	Maxilla - Open Reduction	Not Covered
D7720	Maxilla - Closed Reduction	Not Covered
D7730	Mandible - Open Reduction	Not Covered
D7740	Mandible - Closed Reduction	Not Covered
D7750	Malar and/or Zygomatic Arch - Open Reducton	Not Covered
D7760	Malar and/or Zygomatic Arch - Closed Reducton	Not Covered
D7770	Alevolus - Stabilization of Teeth	Not Covered
D7780	Facial Bones - Complicated Reduction	Not Covered
D7880	Occlusal Orthotic Device by Report	\$400.00
D7881	occlusal orthotic device adjustment	Not Covered

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D7899	Unspecified TMD Therapy by Report	Not Covered
D7910	Suture of Small Wounds Up to 5 cm	Not Covered
D7911	Complicated Suture - Up to 5 cm	Not Covered
D7912	Complicated Suture - Greater Than 5 cm	Not Covered
D7920	Skin Graft	\$94.00
D7921	Collection and Application of autologous blood concentrate product	Not Covered
D7950	Osseous, Osteoperiosteal or Cartilage Graft of Mandible or Maxilla - Autogenous or Nonautogenous by Report	Not Covered
D7951	Sinus Augmentation with Bone	Not Covered
D7953	Bone Replacement Graft for Ridge Preservation - per Site	Not Covered
D7955	Repair of Maxillofacial Soft and Hard Tissue Defect	\$53.00
D7960	Frenulectomy	\$237.50
D7963	Frenuloplasty	\$237.50
D7981	Excision of Salivary Gland	\$205.00
D7982	Sialodochoplasty	\$322.00
D7983	Closure of Salivary Fistula	\$351.00
D7990	Emergency Tracheotomy	\$234.00
D7998	Intraoral Placement of a Fixation Device	Not Covered
D8050	Interceptive Orthodontic Treatment of the Primary Dentition	\$200.00
D8060	Interceptive Orthodontic Treatment of the Transitional Dentition	\$200.00
D8210	Appliance Removal	\$307.50
D8220	Fixed Appliance Therapy	\$193.33
D8693	Rebonding or Recementing or Repairing of Fixed Retainers	Not Covered
D9110	Palliative Treatment of Dental Pain	\$62.47
D9120	Fixed Partial Denture Sectioning	Not Covered
D9223	deep sedation/general anesthesia – each 15 minute increment	\$91.97
D9230	Inhalation of Nitrous Oxide/Analgesia, Anxiolysis	\$92.00
D9242	Intravenous Conscious Sedation/Analgesia	\$45.99
D9243	intravenous moderate (conscious) sedation/analgesia – each 15 minute increment	\$91.97
D9248	non-Intravenous Conscious Sedation	\$92.00
D9310	Specialist Consultation	\$39.83
D9311	Consultation with a medical health care professional	Not Covered
D9410	House / Extended Care Facility Call	Not Covered
D9420	Hospital Call	Not Covered
D9430	Office Visits for observation (during regularly scheduled hours) - no other services performed	
D9440	Office Visit - After Regularly Scheduled Hours	\$80.20
D9610	Therapeutic Parenteral Drug	Not Covered
D9612	Therapeutic Parenteral Drugs	Not Covered
D9630	Drugs or Medicaments dispensed in the office for home use	Not Covered
D9932	cleaning and inspection of removable complete denture, maxillary	Not Covered
D9933	cleaning and inspection of removable complete denture, mandibular	Not Covered
D9934	cleaning and inspection of removable partial denture, maxillary	Not Covered
D9935	cleaning and inspection of removable partial denture, mandibular	Not Covered
D9940	Occlusal Guard	\$248.60
D9943	occlusal guard adjustment	Not Covered
D9951	Occlusal Adjustment - Limited	\$52.36
D9952	Occlusal Adjustment - Complete	\$96.00

Southern California Pipe Trades Administration Corporation
ABREVIATED SCHEDULE OF DENTAL BENEFITS
TABLE OF ALLOWANCES
REVISED JANUARY 1, 2017

D9991	Dental case management – addressing appointment compliance barriers	Not Covered
D9992	Dental case management – care coordination	Not Covered
D9993	Dental case management – motivational interviewing	Not Covered
D9994	Dental case management – patient education to improve oral health literacy	Not Covered