

Dental Insurance v.s Dental Discount Card

The following pages are a Sample Fee Schedule for the Aetna Dental Access®

This Fee Schedule is based on the State of Arizona version V1 01/09. This is to be used only as a Sample Fee Schedule so that Clients understand that for each procedure at a Dentists office has a price that corresponds to that procedure.

It is recommended that you first find your Aetna Dental Provider by clicking on the **Find a Provider** tab and then calling that Dentists and asking them if they are still taking “Aetna Dental Access® cards”. If they do then you can ask them what the costs would be for any certain procedure.

Please keep in mind that Dentists don’t like to quote the costs of procedures over the phone with out seeing you first because all anyone can see is the problem on the surface.

Here is an example: You think you need a crown and once the dentist starts working on your tooth, he realizes that a root canal is also going to be needed. Obviously your cost for seeing the Dentists is going to be more. He also might realize you need nitrous oxide, because you become too nervous and need that to proceed. That would also be an additional charge as well.

The bottom line is that every procedure done by a Dentist must fall under a Procedure Code and whether you own a Dental Insurance policy or a Dental Discount Card like the “TruckersDental.com” they all must follow these codes and you are billed accordingly.

Here is an example: Under a **Dental Insurance Plan** it may say you get a free cleaning, exam and x-ray, but I ask you if you had to pay \$25 a month or \$300 for the year, to get that free cleaning, exam and x-ray..... is that truly free?

Answer is NO it cost you \$300. Now let’s look at a Dental Discount Card and the following Sample Fee Schedule. A comprehensive periodontal evaluation for a new patient (Diagnostic Code D0150) is \$36. Bitewings – four films (Diagnostic Code D0274) is \$29. Lastly the cleaning called Prophylaxis (Diagnostic Code D1110) is \$46. If you add those 3 procedures up, the total cost would be \$111 based on the Sample Fee Schedule V1 01/07, plus the costs of our Dental Plan of \$2 a month and a one time shipping and handling cost of \$3 or \$27 for the year. **Which really costs more to have a Cleaning (Diagnostic Code D1110), X-ray (Diagnostic Code D0274) and Exam (Diagnostic Code D0150) done?**

	<u>Dental Insurance</u>	<u>Dental Discount Card</u>
(Diagnostic Code D1110) Cleaning	Free	\$46
(Diagnostic Code D0274) X-ray	Free	\$29
(Diagnostic Code D0150) Exam	Free	\$36
Cost of Dental Plan	<u>\$300</u>	<u>\$27</u>
TOTAL COST	\$300	\$138

(UNDER THIS SAMPLE FEE SCHEDULE)

You would have saved \$162 using the Dental Discount Card Plan compared to using a Dental Insurance Plan!

Add more family members and the cost for our Dental Plan does not go up, but typically the costs of a Dental Insurance plan goes up on each family member you add. TruckerDental.com will definitely save you a lot of money on your Dental costs.

This is for example purposes only.

This schedule is only to be used as a guide to determine approximate prices for dental services in the Arizona area noted. The fee schedule amount reflects fee information available on our systems as of 01/2009. Individual dentist fee schedules may differ. Aetna makes no guarantee as to the accuracy of any particular fee amount. In order to determine the specific rates for a dental provider, you should contact the dental provider directly.

AETNA DENTAL®
FEE SCHEDULE 939 FOR:
AETNA DENTAL PREFERRED PROVIDER ORGANIZATION (PPO) PLANS*

DIAGNOSTIC SERVICES

<u>Code</u>	<u>Procedure Description</u>	<u>Maximum Fee (\$)</u>
*	Infection control	#
D0120	Periodic oral evaluation	24
D0140	Limited oral evaluation - problem focused	29
D0145	Oral evaluation for patient under 3 years of age and counseling with primary caregiver	23
D0150	Comprehensive oral evaluation - new or established patient	36
D0160	Detailed & extensive oral evaluation - problem focused, by report	39
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	23
D0180	Comprehensive periodontal evaluation - new or established patient	25
D0210	Intraoral - complete series (including bitewings)	38
D0220	Intraoral - periapical first film	11
D0230	Intraoral - periapical each additional film	5
D0240	Intraoral - occlusal film	18
D0250	Extraoral - first film	37
D0260	Extraoral - each additional film	18
D0270	Bitewing - single film	10
D0272	Bitewings - two films	20
D0273	Bitewings - Three Films	24
D0274	Bitewings - four films	29
D0277	Vertical bitewings - 7 to 8 films	35
D0290	Posterior-anterior or lateral skull & facial bone survey film	33
D0310	Sialography	77
D0320	Temporomandibular joint arthrogram, including injection	246
D0321	Other temporomandibular joint films, by report	83
D0322	Tomographic survey	110
D0330	Panoramic film	90
D0340	Cephalometric film	36
D0350	Oral/facial photographic images	26
D0415	Collection of microorganisms for culture & sensitivity	33
D0425	Caries susceptibility tests	20
D0431	Adjunctive diagnostic test that aids in detection of mucosal abnormalities	44
D0460	Pulp vitality tests	25
D0470	Diagnostic casts	52
D0472	Accession of tissue, gross examination, preparation & transmission of written report	54
D0473	Accession of tissue, gross & microscopic examination, preparation & transmission of written report	54
D0474	Accession of tissue, gross & microscopic examination, including assessment of surgical margins for presence of disease, preparation & transmission of written report	54
D0480	Processing and interpretation of exfoliative cytologic smears, including the preparation & transmission of written report	54
D0502	Other oral pathology procedures, by report	59

PREVENTIVE SERVICES

<u>Code</u>	<u>Procedure Description</u>	<u>Maximum Fee (\$)</u>
D1110	Prophylaxis - adult	46
D1120	Prophylaxis - child	30
D1203	Topical application of fluoride - child	18
D1204	Topical application of fluoride - adult	18
D1206	Topical fluoride varnish	18
D1310	Nutritional counseling for control of dental disease	22
D1320	Tobacco counseling for the control & prevention of oral disease	22
D1330	Oral hygiene instructions	24
D1351	Sealant - per tooth	22
D1510	Space maintainer - fixed - unilateral	118
D1515	Space maintainer - fixed - bilateral	169

D1520	Space maintainer - removable - unilateral	132
D1525	Space maintainer - removable - bilateral	159
D1550	Re-cementation of space maintainer	18
D1555	Removal of fixed space maintainer	18

RESTORATIVE SERVICES

<u>Code</u>	<u>Procedure Description</u>	<u>Maximum Fee (\$)</u>
D2140	Amalgam - two surfaces, primary or permanent	58
D2150	Amalgam - two surfaces, primary or permanent	79
D2160	Amalgam - three surfaces, primary or permanent	98
D2161	Amalgam - four or more surfaces, primary or permanent	123
D2330	Resin-based composite - one surface, anterior	76
D2331	Resin-based composite - two surfaces, anterior	103
D2332	Resin-based composite - three surfaces, anterior	118
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	132
D2390	Resin-based composite crown, anterior	155
D2391	Resin-based composite - one surface, posterior	77
D2392	Resin-based composite - two surfaces, posterior	100
D2393	Resin-based composite - three surfaces, posterior	132
D2394	Resin-based composite - four or more surfaces, posterior	140
D2410	Gold foil - one surface	159
D2420	Gold foil - two surfaces	203
D2430	Gold foil - three surfaces	248
D2510	Inlay - metallic - one surface	239
D2520	Inlay - metallic - two surfaces	351
D2530	Inlay - metallic - three or more surfaces	402
D2542	Onlay - metallic - two surfaces	351
D2543	Onlay - metallic - three surfaces	455
D2544	Onlay - metallic - four or more surfaces	460
D2610	Inlay - porcelain/ceramic - one surface	291
D2620	Inlay - porcelain/ceramic - two surfaces	385
D2630	Inlay - porcelain/ceramic - three or more surfaces	442
D2642	Onlay - porcelain/ceramic - two surfaces	415
D2643	Onlay - porcelain/ceramic - three surfaces	501
D2644	Onlay - porcelain/ceramic - four or more surfaces	507
D2650	Inlay - resin-based composite - one surface	131
D2651	Inlay - resin-based composite - two surfaces	191
D2652	Inlay - resin-based composite - three or more surfaces	239
D2662	Onlay - resin-based composite - two surfaces	248
D2663	Onlay - resin-based composite - three surfaces	261
D2664	Onlay - resin-based composite - four or more surfaces	274
D2710	Crown - resin-based composite (indirect)	207
D2712	Crown - 3/4 resin-based composite (indirect)	494
D2720	Crown - resin w/ high noble metal	428
D2721	Crown - resin w/ predominantly base metal	389
D2722	Crown - resin w/ noble metal	415
D2740	Crown - porcelain/ceramic substrate	693
D2750	Crown - porcelain fused to high noble metal	655
D2751	Crown - porcelain fused to predominantly base metal	609
D2752	Crown - porcelain fused to noble metal	635
D2780	Crown - 3/4 cast high noble metal	577
D2781	Crown - 3/4 cast predominantly base metal	542
D2782	Crown - 3/4 cast noble metal	571
D2783	Crown - 3/4 porcelain/ceramic	617
D2790	Crown - full cast high noble metal	621
D2791	Crown - full cast predominantly base metal	556
D2792	Crown - full cast noble metal	577
D2794	Crown - titanium	553
D2799	Provisional crown	61
D2910	Recement inlay, onlay, or partial coverage restoration	40
D2915	Recement cast or prefabricated post & core	20
D2920	Recement crown	40

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PROSTHODONTICS - FIXED (CON'T)

<u>Code</u>	<u>Procedure Description</u>	<u>Maximum Fee (\$)</u>
D2930	Prefabricated stainless steel crown - primary tooth	131
D2931	Prefabricated stainless steel crown - permanent tooth	138
D2932	Prefabricated resin crown	111
D2933	Prefabricated stainless steel crown w/ resin window	123
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	123
D2940	Sedative filling	45
D2950	Core buildup, including any pins	124
D2951	Pin retention - per tooth, in addition to restoration	24
D2952	Cast post tic core in addition to crown	177
D2953	Each additional cast post - same tooth	120
D2954	Prefabricated post & core in addition to crown	146
D2955	Post removal (not in conjunction w/ endodontic therapy)	127
D2957	Each additional prefabricated post - same tooth	80
D2960	Labial veneer (resin laminate) - chairside	159
D2961	Labial veneer (resin laminate) - laboratory	401
D2962	Labial veneer (porcelain laminate) - laboratory	412
D2971	Additional procedures to construct new crown under existing partial dental framework	85
D2975	Coping	289
D2980	Crown repair, by report	85

ENDODONTIC SERVICES

<u>Code</u>	<u>Procedure Description</u>	<u>Maximum Fee (\$)</u>
D3110	Pulp cap - direct (excluding final restoration)	22
D3120	Pulp cap - indirect (excluding final restoration)	18
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction tic application of medicament	69
D3221	Pulp debridement, primary tic permanent teeth	46
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	62
D3230	Pulp therapy (resorbable fiving) - anterior, primary tooth (excluding final restoration)	67
D3240	Pulp therapy (resorbable fiving) - posterior, primary tooth (excluding final restoration)	63
D3310	Endodontic therapy - anterior (excluding final restoration)	341
D3320	Endodontic therapy - bicuspid (excluding final restoration)	469
D3330	Endodontic therapy - molar (excluding final restoration)	614
D3331	Treatment of root canal obstruction; non-surgical access	155
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	185
D3333	Internal root repair of perforation defects	135
D3346	Retreatment of previous root canal therapy - anterior	444
D3347	Retreatment of previous root canal therapy - bicuspid	561
D3348	Retreatment of previous root canal - molar	675
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorptn, etc.)	103
D3352	Apexification/recalcification - interium medication replacement (apical closure/calcific repair of preforatoris, root resorptn, etc.)	71
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorpin, etc.)	250
D3410	Apicoectomy/periradicular surgery - anterior	294
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	300
D3425	Apicoectomy/periradicular surgery - molar (first root)	330
D3426	Apicoectomy/periradicular surgery - (each additional root)	134
D3430	Retrograde filling - per root	43
D3450	Root amputation - per root	174
D3460	Endodontic endosseois implant	182

D3910	Surgical procedure for isolation of tooth w/ rubber dam	#
D3920	Hemisection (including any root removal), not including root canal therapy	159
D3950	Canal preparation & fitting of preformed dowel or post	59

PROSTHODONTICS - FIXED (CON'T)

<u>Code</u>	<u>Procedure Description</u>	<u>Maximum Fee (\$)</u>
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	170
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	62
D4230	Anatomical crown exposure - four or more contiguous teeth	170
D4231	Anatomical crown exposure - one to three teeth teeth	62
D4240	Gingival flap procedure, including root planing- four or more contiguous teeth or bounded teeth spaces per quadrant	312
D4241	Gingival flap procedure, including root planing- one to three contiguous teeth or bounded teeth spaces per quadrant	187
D4245	Apically positioned flap	329
D4249	Clinical crown lengthening - hard tissue	447
D4260	Ossous surgery (including flap entry & closure) -four or more contiguous teeth or bounded teeth spaces per quadrant	600
D4261	Ossous surgery (including flap entry tic closure) - one to three contiguous teeth or bounded teeth spaces per quadrant	332
D4263	Bone replacement graft - first site in quadrant	318
D4264	Bone replacemnet graft - each additional site in quadrant	264
D4265	Biologic materials to aid in soft & osseous tissue regeneration	330
D4266	Guided tissue regeneration - resorbable barrier, per site	336
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	324
D4268	Surgical revision procedure, per tooth	248
D4270	Pedicle soft tissue graft procedure	422
D4271	Free soft tissue graft procedure(including donor site surgery)	461
D4273	Subepithelial connective tissue graft procedures, per tooth	537
D4274	Distal or proximal wedge procedures (when not performed in conjunction w/ surgical procedures in the same anatomical area)	355
D4275	Soft tissue allograft	360
D4276	Combined connective tissue & double pedicle graft, per tooth	429
D4320	Provisional splinting - intracoronal	122
D4321	Provisional splinting - extracoronal	110
D4341	Periodontal scaling tic root planing - four or more tee th per quadrant	132
D4342	Periodontal scaling & root planing - one to three teeth per quadrant	69
D4355	Full mouth debridement to enable comprehensive evaluation & diagnosis	73
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	40
D4910	Periodontal maintenance	64
D4920	Unscheduled dressing charge (by someone other than treating dentist)	10

PROSTHODONTICS - REMOVABLE

<u>Code</u>	<u>Procedure Description</u>	<u>Maximum Fee (\$)</u>
D5110	Complete denture - maxillary	732
D5120	Complete denture - mandibular	732
D5130	Immediate denture - maxillary	787
D5140	Immediate denture - mandibular	787
D5211	Maxifiary partial denture - resin base (including any conventional clasp, rests & teeth)	473
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests & teeth)	473

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PROSTHODONTICS - REMOVABLE (CONT)

<u>Code</u>	<u>Procedure Description</u>	<u>Maximum Fee (\$)</u>
D5213	Maxillary partial denture - cast metal framework w/ resin denture bases (including any conventional clasps, rest & teeth)	801
D5214	Mandibular partial denture - cast metal framework w/ resin denture bases (including any conventional clasps, rest & teeth)	801
D5225	Maxillary partial denture - flexible base (including any clasps, rest & teeth)	727
D5226	Mandibular partial denture - flexible base (including any clasps, rest & teeth)	727
D5281	Removable unilateral partial denture - one piece cast metal (including clasps & teeth)	323
D5410	Adjust complete denture - maxillary	41
D5411	Adjust complete denture - mandibular	41
D5421	Adjust partial denture - maxillary	40
D5422	Adjust partial denture - mandibular	40
D5510	Repair broken complete denture base	73
D5520	Replace missing or broken teeth - complete denture (ea tooth)	67
D5610	Repair resin denture base	71
D5620	Repair cast framework	80
D5630	Repair or replace broken clasp	103
D5640	Replace broken teeth - per tooth	72
D5650	Add tooth to existing partial denture	86
D5660	Add clasp to existing partial denture	145
D5670	Replace all teeth & acrylic on cast metal framework (maxillary)	220
D5671	Replace all teeth & acrylic on cast metal framework (mand)	220
D5710	Rebase complete maxillary partial denture	255
D5711	Rebase complete mandibular denture	255
D5720	Rebase maxillary partial denture	220
D5721	Rebase mandibular partial denture	220
D5730	Reline complete maxillary denture (chairside)	107
D5731	Reline complete mandibular denture (chairside)	107
D5740	Reline maxillary partial denture (chairside)	103
D5741	Reline mandibular partial denture (chairside)	103
D5750	Reline complete maxillary denture (laboratory)	161
D5751	Reline complete mandibular denture (laboratory)	161
D5760	Reline maxillary partial denture (laboratory)	168
D5761	Reline mandibular partial denture (laboratory)	168
D5810	Interim complete denture (maxillary)	348
D5811	Interim complete denture (mandibular)	383
D5820	Interim partial denture (maxillary)	222
D5821	Interim partial denture (mandibular)	222
D5850	Tissue conditioning maxillary	48
D5851	Tissue conditioning mandibular	48
D5860	Overdenture - complete, by report	763
D5861	Overdenture - partial, by report	763
D5862	Precision attachment, by report	208
D5867	Replacement of replaceable part of semi-precision or precision attachment (male or female component)	196
D5875	Modification of removable prosthesis following implant surgery	208

IMPLANT SERVICES

<u>Code</u>	<u>Procedure Description</u>	<u>Maximum Fee (\$)</u>
D6010	Surgical placement of implant body: endosteal implant	1,395
D6040	Surgical placement: eposteal implant	955
D6050	Surgical placement:transosteal implant	869
D6053	Implant/abutment supported removable denture for completely edentulous arch	783
D6054	Implant/abutment supported removable denture for partially edentulous arch	869
D6055	Dental implant supported connecting bar	820
D6056	Prefabricated abutment - includes placement	120

D6057	Custom abutment - includes placement	992
D6058	Abutment supported porcelain/ceramic crown	766
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	766
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	716
D6061	Abutment supported porcelain fused to mtl crown (noble metal)	728
D6062	Abutment supported cast metal crown (high noble metal)	717
D6063	Abutment supported cast metal crown (predominantly base metal)	618
D6064	Abutment supported cast metal crown (noble metal)	655
D6065	Implant supported porcelain/ceramic crown	766
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	766
D6067	Implant supported metal crown (titanium alloy, high noble metal)	717
D6068	Abutment supported retainer for porcelain/ceramic FPD	741
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	741
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly based metal)	691
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	703
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	692
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	556
D6074	Abutment supported retainer for cast metal FPD (noble metal)	632
D6075	Implant supported retainer for ceramic FPD	741
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	741
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	692
D6078	Implant/abutment supported fixed denture for completely edentulous arch	1,934
D6079	Implant/abutment supported fixed denture for partially edentulous arch	967
D6080	Implant maintenance procedures, including, removal of prosthesis, cleansing of prosthesis & abutments & reinsertion of prosthesis	53
D6090	Repair implant supported prosthesis, by report	86
D6094	Abutment supported crown- (titanium)	667
D6095	Repair implant abutment, by report	455
D6100	Implant removal, by report	132
D6190	Radiographic/surgical implant index, by report	142
D6194	Abutment supported retainer crown for FPD - (titanium)	644

PROSTHODONTICS - FIXED

<u>Code</u>	<u>Procedure Description</u>	<u>Maximum Fee (\$)</u>
D6205	Pontic- indirect resin based composite	358
D6210	Pontic- cast high noble metal	547
D6211	Pontic - cast predominantly base metal	455
D6212	Pontic - cast noble metal	507
D6214	Pontic - titanium	547
D6240	Pontic - porcelain fused to high noble metal	576
D6241	Pontic - porcelain fused predominantly base metal	499
D6242	Pontic - porcelain fused to noble metal	559
D6245	Pontic - porcelain/ceramic	567
D6250	Pontic - resin w/ high noble metal	394
D6251	Pontic - resin w/ predominantly base metal	358
D6252	Pontic - resin w/ noble metal	382
D6253	Provisional pontic	112

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PROSTHODONTICS - FIXED (CON'T)

<u>Code</u> <u>Procedure Description</u>	<u>Maximum Fee (\$)</u>	<u>Code</u> <u>Procedure Description</u>	<u>Maximum Fee (\$)</u>
D6245 Retainer - cast metal for resin bonded fixed prosthesis	236	D7250 Surgical removal of residual tooth roots (cutting procedure)	125
D6248 Retainer - porcelain/ceramic for resin bonded fixed prosthesis	236	D7260 Oroantral fistula closer	291
D6600 Inlay - porcelain/ceramic, two surfaces	354	D7270 Tooth reimplantation &/or stabilization of accidentally evulsed or displaced tooth	199
D6601 Inlay - porcelain/ceramic, three or more surfaces	405	D7272 Tooth transplantation (includes reimplantation from one site to another & splinting &/or stabilization)	240
D6602 Inlay - cast high noble metal, two surfaces	353	D7280 Surgical access of an unerupted tooth	253
D6603 Inlay - cast high noble metal, three or more surfaces	400	D7282 Mobilization of erupted or malpositioned tooth to aid eruption	174
D6604 Inlay - cast cast predominantly base metal, two surfaces	336	D7283 Placement of device to facilitate eruption of impacted tooth	51
D6605 Inlay - cast predominantly base metal, three or more surfaces	370	D7285 Biopsy of oral tissue - hard (bone, tooth)	130
D6606 Inlay - cast noble metal, two surfaces	343	D7286 Biopsy of oral tissue - soft	126
D6607 Inlay - cast noble metal, three or more surfaces	390	D7287 Exfoliative cytological sample collection	61
D6608 Onlay - porcelain/ceramic, two surfaces	380	D7288 Brush biopsy - transepithelial sample collection	61
D6609 Onlay - porcelain/ceramic, three or more surfaces	459	D7290 Surgical repositioning of teeth	101
D6610 Onlay - cast high noble metal, two surfaces	353	D7291 Transseptal fibrotomy/supra crestal fibrotomy, by report	40
D6611 Onlay - cast high noble metal, three or more surfaces	449	D7310 Alveoloplasty in conjunction w/ extractions - four or more teeth or tooth spaces, per quadrant	134
D6612 Onlay - cast predominantly base metal, two surfaces	323	D7311 Alveoloplasty in conjunction w/ extractions - one to three teeth or tooth spaces, per quadrant	67
D6613 Onlay - cast predominantly base metal, three or more surfaces	419	D7320 Alveoloplasty not in conjunction w/ extractions - four or more teeth or tooth spaces, per quadrant	173
D6614 Onlay - cast noble metal, two surfaces	343	D7321 Alveoloplasty not in conjunction w/ extractions - one to three teeth or tooth spaces, per quadrant	87
D6615 Onlay - cast noble metal, three or more surfaces	439	D7340 Vestibuloplasty - ridge extension (secondary epithelialization)	236
D6624 Inlay - titanium	353	D7350 Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment & management of hypertrophied & hyperplastic tissue)	456
D6634 Onlay - titanium	353	D7450 Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	148
D6710 Crown - indirect resin based composite	389	D7451 Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	246
D6720 Crown - resin w/ high noble metal	428	D7471 Removal of lateral exostosis (maxilla or mandible)	397
D6721 Crown - resin w/ predominantly based metal	389	D7472 Removal of torus palatinus	278
D6722 Crown - resin w/ noble metal	415	D7473 Removal of torus mandibularis	278
D6740 Crown - porcelain/ ceramic	693	D7485 Surgical reduction of osseous tuberosity	256
D6750 Crown - porcelain fused to high noble metal	655	D7510 Incision & drainage of abscess - intraoral soft tissue	88
D6751 Crown - porcelain fused to predominantly based metal	567	D7511 Incision & drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	97
D6752 Crown - porcelain fused to noble metal	635	D7520 Incision & drainage of abscess - extraoral soft tissue	143
D6780 Crown - 3/4 cast high noble metal	577	D7521 Incision & drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	157
D6781 Crown - 3/4 cast predominantly based metal	542	D7530 Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	56
D6782 Crown - 3/4 cast noble metal	571	D7540 Removal of reaction producing foreign bodies, musculoskeletal system	113
D6783 Crown - 3/4 porcelain/ceramic	617	D7550 Partial ostectomy/sequestrectomy for removal of non-vital bone	95
D6790 Crown - full cast high noble metal	621	D7880 Occlusal orthotic device, by report	394
D6791 Crown - full cast predominantly based metal	517	D7910 Suture of recent small wounds up to 5 cm	40
D6792 Crown - full cast noble metal	577	D7950 Osseous, osteoperiosteal, or cartilage graft of the mandible or facial bones - autogenous or nonautogenous, by report	1,406
D6793 Provisional retainer crown	112	D7953 Bone replacement graft for ridge preservation - per site	256
D6794 Crown - titanium	553	D7960 Frenuloplasty (frenectomy or frenotomy) - separate procedure	194
D6920 Connector bar	190	D7963 Frenuloplasty	204
D6930 Recement fixed partial denture	45	D7970 Excision of hyperplastic tissue - per arch	92
D6940 Stress breaker	152	D7971 Excision of pericoronal gingiva	166
D6950 Precision attachment	213		
D6970 Cast post & core in addition to fixed partial denture retainer	156		
D6972 Prefab post & core in addition to fixed partial denture retainer	141		
D6973 Core build up for retainer, including any pins	120		
D6975 Coping - metal	289		
D6976 Each additional cast post - same tooth	156		
D6977 Each additional prefabricated post - same tooth	134		
D6980 Fixed partial denture repair, by report	109		

ORAL SURGERY

<u>Code</u> <u>Procedure Description</u>	<u>Maximum Fee (\$)</u>	<u>Code</u> <u>Procedure Description</u>	<u>Maximum Fee (\$)</u>
D7111 Extraction, coronal remnants - deciduous tooth	41		
D7140 Extraction, erupted tooth or exposed root (elevation &/or forceps removal)	63		
D7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap & removal of bone &/ or section of tooth	159		
D7220 Removal of impacted tooth - soft tissue	179		
D7230 Removal of impacted tooth - partially bony	218		
D7240 Removal of impacted tooth - completely bony	254		
D7241 Removal of impacted tooth - completely bony, w/ unusual surgical complication	264		

ORTHODONTIC SERVICES**

<u>Code</u> <u>Procedure Description</u>	<u>Maximum Fee (\$)</u>
D8010 Limited orthodontic treatment of the primary dentition	449
D8020 Limited orthodontic treatment of the transitional dentition	449
D8030 Limited orthodontic treatment of the adolescent dentition	449
D8040 Limited orthodontic treatment of the adult dentition	449

**AETNA DENTAL®
FEE SCHEDULE 939 FOR:
AETNA DENTAL PREFERRED PROVIDER ORGANIZATION (PPO) PLANS***

ORTHODONTIC SERVICES (CON'T)**

<u>Code</u>	<u>Procedure Description</u>	<u>Maximum Fee (\$)</u>			
D8050	Interceptive orthodontic treatment of the primary dentition	463	D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	52
D8060	Interceptive orthodontic treatment of the transitional dentition	1,189	D9410	House/extended care facility call	47
D8070	Comprehensive orthodontic treatment of the transitional dentition	2,956	D9420	Hospital call	134
D8080	Comprehensive orthodontic treatment of the adolescent dentition	3,220	D9430	Office visit for observation (during regularly scheduled hours)- no other services performed	31
D8090	Comprehensive orthodontic treatment of the adult dentition	3,381	D9440	Office visit - after regularly scheduled hours	47
D8210	Removable appliance therapy	336	D9450	Case presentation, detailed & extensive treatment planning	#
D8220	Fixed appliance therapy	213	D9610	Therapeutic drug injection, by report	30
D8660	Pre-orthodontic treatment visit	#	D9630	Other drugs&/ or medicaments, by report	25
D8670	Periodic orthodontic treatment visit (as part of contract)	#	D9910	Application of desensitizing medicament	21
D8680	Orthodontic retention (removal of appliances, construction & placement of retainer(s))	#	D9911	Application of desensitizing resin for cervical &/or root surface, per tooth	21
D8690	Orthodontic treatment (alternative billing to a contract fee)	44	D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	95

MISCELLANEOUS SERVICES

<u>Code</u>	<u>Procedure Description</u>	<u>Maximum Fee (\$)</u>			
D9110	Palliative (emergency) treatment of dental pain - minor procedure	47	D9940	Occlusal guard, by report	279
D9210	Local anesthesia not in conjunction with operative or surgical procedures	#	D9941	Fabrication of athletic mouthguard	266
D9215	Local anesthesia	#	D9442	Repair ic/or reline of occusal guard	36
D9220	Deep sedation/general anesthesia - first 30 minutes	155	D9950	Occlusion analysis - mounted case	151
D9221	Deep sedation! general anesthesia - each additional 15 minutes	43	D9951	Occlusal adjustment - limited	63
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	28	D9952	Occlusal adjustment - complete	307
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	157	D9972	External bleaching - per arch	213
D9242	Intravenous conscious sedation/analgesia- each additional 15 minutes	48	D9973	External bleaching - per tooth	22
			D9974	Internal bleaching - per tooth	106

Provider's charge to a Member of a Dental PPO for a non-Covered Service may not exceed the Maximum Fee for the applicable code as specified above.

Providers charge shall be limited to the lower of Providers usual arid customary bified charge or the Maximum Fee depicted on this fee schedule.

Alternative benefit provision may apply to some services. Whether or not specifically noted in this fee schedule, the charge for some services may be included in the charge for associated services, in accordance with Company--s policies and procedures.

Except as specified otherwise, codes on this fee schedule refer to codes of the American Dental Association (ADA). Provider must designate the appropriate code when billing.

In Texas, the Dental PPO is known as the PDN (Participating Dental Network).

*Applies to Aetna Dental Preferred Provider Organization Plans (PPO)/Participating Dental Network (PDN) Plans, Exclusive Provider Plan (EPP), Aetna Affordable Health Choices®, Vital Savings by Aetna®, Aetna Dental® Administrators, Aetna Dental Access® and such other Plans as may be designated by Company from time to time.

The charge for these services is included in the charge for associated services. Provider may not bill separately for these services.

** Maximum fee listed denotes the case fee for orthodontic services. The case fee is the maximum fee for all diagnostic services through retention services.

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