



Pacific Union Dental  
 Sonoma Direct Compensation/covered dental

dental plan  
 D0399

ADA	DESCRIPTION	MEMBER'S COPAYMENT	ADA	DESCRIPTION	MEMBER'S COPAYMENT
<b>DIAGNOSTIC SERVICES</b>			<b>ADVANCED RESTORATIVE SERVICES</b>		
00120	Periodic Oral Exam-Established Patient	0	02782	Crown-3/4 Cast Noble Metal*	116
00140	Limited Oral Evaluation-Focused	0	02783	Crown-3/4 Porcelain/Ceramic*	109
00145	Oral Evaluation-Pt Under 3 yrs/Counseling	0	02790	Crown-Full Cast High Noble Metal*	122
00150	Comprehensive Oral Evaluation	0	02791	Crown-Full Cast/Predom Base Metal	106
00160	Detailed & Extensive Oral Examination	0	02792	Crown-Full Cast Noble Metal*	116
00170	Re-evaluation - Limited	0	02794	Crown-Titanium*	122
00180	Comprehensive Periodontal Eval	0	02910	Recement Inlay/Onlay/Partial Cov Rest	10
00210	Intraoral-Complete (Inc. Bitewings)	0	02915	Recement Cast/Prefab Post & Core	10
00220	Intraoral-Periapical First Film	0	02920	Recement Crown	11
00230	Intraoral-Periapical Each Additional	0	02930	Prefab. Stain. St. Crown Prim	24
00240	Intraoral-Occlusal Film	0	02931	Prefab. Stain. St. Crown Perm	28
00250	Extraoral-First Film	0	02932	Prefab. Resin Crown*	23
00260	Extraoral-Each Additional Film	0	02934	Prefab Esthetic Coat Stain St Crn Prim*	24
00270	Bitewings-Single Film	0	02940	Sedative Fillings	5
00272	Bitewings-Two Films	0	02950	Core Build-up, Including Pins	23
00273	Bitewings-Three Films	0	02951	Pin Retention - Per Tooth, w/Rest	9
00274	Bitewings-Four Films	0	02952	Cast Post/Core In Add To Crown, Ind Fab	37
00277	Vertical Bitewings - 7 to 8 Films	0	02953	Ea Add Indirect Fab Post-Same Tooth	9
00330	Panorex Film	0	02954	Prefab/Post & Core In Add To Crown	27
00340	Cephalometric Film	0	02957	Ea Add Prefab Post-Same Tooth	7
00421	Genetic Test for Suscep to Oral Dis	0	02970	Temporary Crown (Fractured Tooth)	24
00425	Caries Susceptibility Tests	0	<b>ENDODONTIC SERVICES</b>		
00460	Pulp Vitality Tests	0	03110	Pulp Cap-Direct (w/o Final Rest)	3
00470	Diagnostic Casts	0	03120	Pulp Cap-Indirect (w/o Final Rest)	5
<b>PREVENTIVE SERVICES</b>			03220	Therapeutic Pulp (w/o Final Rest)	6
01110	Prophylaxis, Adult	0	03221	Gross Pulpal Debridement	5
01120	Prophylaxis, Child	0	03222	Partial Pulpotomy	6
01203	Topical Fluoride w/o Prophy - Child	0	03230	Pulpal Therapy Anterior Primary	6
01204	Topical Fluoride w/o Prophy - Adult	0	03240	Pulpal Therapy Posterior Primary	6
01206	Topical Fluoride Varnish	0	03310	Root Canal, Anterior (w/o Final Rest)	27
01310	Nutritional Counseling	0	03320	Root Canal, Bicuspid (w/o Final Rest)	32
01320	Tobacco Counseling	0	03330	Root Canal, Molar (w/o Final Rest)	101
01330	Oral Hygiene Instruction	0	03332	Inc Endo Ther, Inoper/Unrest/Fx Tooth	6
01351	Sealant, Per Tooth	5	03346	Retreatment Previous RCT - Anterior	27
01510	Space Maintainer-Fixed-Unilateral	13	03347	Retreatment Previous RCT - Bicuspid	32
01515	Space Maintainer-Fixed-Bilateral	18	03348	Retreatment Previous RCT - Molar	101
01520	Space Maintainer-Rem-Unilateral	15	03351	Apexification, Initial Visit	16
01525	Space Maintainer-Rem-Bilateral	16	03410	Apicoectomy, Anterior	53
01550	Recementation of Space Maintainer	4	03421	Apicoectomy, Bicuspid (First Root)	107
01555	Removal of Fixed Space Maintainer	5	03425	Apicoectomy, Molar (First Root)	160
<b>BASIC RESTORATIVE SERVICES</b>			03426	Apicoectomy, Each Additional Root	83
02140	Amalgam 1 Surface	5	03430	Retrograde Filling (Per Root)	83
02150	Amalgam 2 Surfaces	6	03450	Root Amputation (Per Root)	38
02160	Amalgam 3 Surfaces	7	03920	Hemisection (Inc Root Rem) w/o RCT	35
02161	Amalgam 4 or More Surfaces	9	<b>PERIODONTAL SERVICES</b>		
02330	Resin Composite - 1 Surface, Ant	6	04210	Gingivectomy/Gingivoplasty (4+ Teeth)	23
02331	Resin Composite - 2 Surfaces, Ant	10	04211	Ging or Gingivoplasty (1-3 Teeth)	7
02332	Resin Composite - 3 Surfaces, Ant	10	04240	Ging Flap w/Root Planing (4+ Teeth)	16
02335	Resin Comp 4+ Surf or Inc Edge, Ant	10	04241	Gingival Flap With Rp (1 to 3 Teeth)	11
<b>ADVANCED RESTORATIVE SERVICES</b>			04260	Osseous Surgery (4+ Teeth)	94
02710	Crown-Resin Based Comp Indirect*	70	04261	Osseous Surgery (1 to 3 Teeth)	63
02712	Crown 3/4 Resin Based Comp Indirect*	70	04263	Bone Replacement Graft-1st Site/Quad	110
02720	Crown-Resin With High Noble Metal*	99	04264	Bone Rep Graft-Ea Add Site in Quad	77
02721	Crown-Resin w/Predom Base Metal*	99	04270	Pedicle Soft Tissue Graft Procedure	101
02722	Crown-Resin With Noble Metal*	104	04271	Free Soft Tissue Gr w/Donor Site Surg	101
02740	Crown-Porcelain/Ceramic Substrate*	109	04274	Distal/Proximal Wedge Procedure	16
02750	Crown-Porc Fused/High Noble Metal*	122	04341	Perio Scaling & RP (4+ Teeth)	9
02751	Crown-Porc Fused/Pred Base Metal*	110	04342	Perio Scale & RP (1 to 3 Teeth)	9
02752	Crown-Porc Fused To Noble Metal*	116	04910	Perio. Maint. Procedure	7
02780	Crown-3/4 Cast High Noble Metal*	122	<b>REMOVABLE PROSTHODONTICS</b>		
02781	Crown-3/4 Cast/Predom Base Metal	106	05110	Complete Denture - Maxillary	154

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<b>REMOVABLE PROSTHODONTICS</b>			<b>FIXED PROSTHODONTICS</b>		
05120	Complete Denture - Mandibular	155	06740	Crown-Porcelain/Ceramic*	109
05130	Immediate Denture - Maxillary	155	06750	Crown-Porc/High Noble Metal*	121
05140	Immediate Denture - Mandibular	155	06751	Crown-Porc/Predom Base Metal*	115
05211	Maxillary Partial Denture-Resin Base	105	06752	Crown-Porc/Noble Metal*	120
05212	Mandibular Partial Denture-Resin Base	108	06780	Crown-3/4 Cast High Noble Metal*	120
05213	Max Partial Denture-Cast Mtl Frame*	133	06781	Crown-3/4 Cast Predom Based Metal	106
05214	Mand Partial Denture-Cast Mtl Frame*	129	06782	Crown-3/4 Cast Noble Metal*	116
05225	Max Partial Denture-Flexible Base*	105	06783	Crown-3/4 Porcelain/Ceramic*	109
05226	Mand Partial Denture-Flexible Base*	108	06790	Crown-Full Cast High Noble Metal*	124
05410	Adjust Complete Denture - Maxillary	0	06791	Crown-Full Cast Predom Base Metal	115
05411	Adjust Complete Denture - Mandibular	0	06792	Crown-Full Cast Noble Metal*	117
05421	Adjust Partial Denture - Maxillary	17	06794	Crown-Titanium*	124
05422	Adjust Partial Denture - Mandibular	17	06930	Recement Fixed Partial Denture	16
05510	Repair Broken Complete Denture Base	15	06970	Post/Core-Add to Bridge Retainer-Indirect Fab	38
05520	Rep Missing/Broken Teeth- Per Tooth	15	06972	Prefab. Post/Core-Add to Fixed Partial Ret	27
05610	Repair Resin Denture Base	17	06973	Core Buildup For Retainer Inc Pins	23
05620	Repair Cast Framework	15	06976	Each Add'l Indirectly Fab Post-Same Tooth	10
05630	Repair Or Replace Broken Clasp	19	06977	Each Add Prefab Post-Same Tooth	7
05640	Replace Broken Teeth-Per Tooth	21	<b>ORAL SURGERY</b>		
05650	Add Tooth to Existing Partial Denture	13	07111	Ext Coronal Remnants - Prim Tooth	3
05660	Add Clasp to Existing Partial Denture	29	07140	Extraction-Erupted Tooth/Exp Root	5
05670	Replace All Teeth - Maxillary	95	07210	Surg Rem/Erupted Tooth-Req Elev	9
05671	Replace All Teeth - Mandibular	97	07220	Removal Impacted Tooth - Soft Tissue	27
05710	Rebase Complete Maxillary Denture	59	07230	Removal Impacted Tooth - Part Bony	39
05711	Rebase Complete Mandibular Denture	59	07240	Removal Imp Tooth - Complete Bony	50
05720	Rebase Maxillary Partial Denture	50	07241	Rem Imp Tooth-Comp Bony w/Comp	52
05721	Rebase Mandibular Partial Denture	47	07250	Surg Removal Residual Tooth Roots	23
05730	Reline Comp Maxillary Denture- Chair	27	07285	Biopsy of Oral Tissue-Hard	50
05731	Reline Comp Mandibular Denture-Ch	27	07286	Biopsy of Oral Tissue-Soft	50
05740	Reline Maxillary Partial Denture-Chair	27	07287	Exfoliative Cytological Sample Collection	25
05741	Reline Mandibular Partial Denture-Ch	27	07288	Brush Biopsy-Trans Sample Collection	25
05750	Reline Complete Max Denture-Lab	45	07310	Alveol. w/Ext-4+ Teeth/Spaces, per quad	21
05751	Reline Complete Mand Denture-Lab	46	07311	Alveoloplasty w/Ext (1 to 3 Teeth/Sp)	14
05760	Reline Maxillary Partial Denture-Lab	47	07320	Alveol. w/o Ext-4+ Teeth/Spaces, per quad	24
05761	Reline Mand Partial Denture - Lab	47	07321	Alveoloplasty w/o Ext (1 to 3 Teeth/Sp)	16
05820	Interim Partial Denture, Maxillary	46	07340	Vestibuloplasty-Ridge Extension	0
05821	Interim Partial Denture, Mandibular	46	07350	Vestibuloplasty-Ridge Ext w/Comp	0
05850	Tissue Conditioning, Maxillary	14	07510	I & D of Abscess, Intraoral Soft Tissue	14
05851	Tissue Conditioning, Mandibular	14	07511	I & D of Abscess, Intraoral Comp	14
<b>FIXED PROSTHODONTICS</b>			07520	I & D of Abscess, Extraoral Soft Tissue	14
06205	Pontic-Indirect Resin Based Comp*	70	07521	I & D of Abscess, Extraoral Comp	14
06210	Pontic-Cast High Noble Metal*	112	07530	Rem of Forgn Body-Skin/Subcutaneous	20
06211	Pontic-Cast Predom Base Metal	97	07960	Frenulectomy - Separate Procedure	27
06212	Pontic-Cast Noble Metal*	107	07963	Frenuoplasty	27
06214	Pontic-Titanium*	112	<b>ADJUNCTIVE SERVICES</b>		
06240	Pontic-Porcelain/High Noble Metal*	116	09110	Palliative (Emergency) Treatment	5
06241	Pontic-Porcelain/Predom Base Metal*	105	09120	Fixed Partial Denture Sectioning	32
06242	Pontic-Porcelain/Noble Metal*	111	09310	Consult-Diag Srv Provided by Another DDS	0
06245	Pontic-Porcelain/Ceramic*	109	09430	Office Visit for Observation	0
06250	Pontic-Resin w/High Noble Metal*	103	09440	Office Visit After Regular Sched Hours	25
06251	Pontic-Resin w/Predom Base Metal*	96	09450	Case Presentation	0
06252	Pontic-Resin w/Noble Metal*	101	09930	Treatment of Complications, By Report	0
06545	Retainer-Cast Mtl For Resin Fxd Pros	55	09940	Occlusal Guard, By Report	25
06548	Ret-Porc/Cer For Resin Bond Fx Pros*	55	09942	Repair/Reline of Occlusal Guard	15
06710	Crown-Indirect Resin Based Comp*	70	09951	Occlusal Adjustment Limited	14
06720	Crown-Resin w/High Noble Metal*	114	09952	Occlusal Adjustment Complete	43
06721	Crown-Resin w/Predom Base Metal*	109	09971	Odontoplasty	5
06722	Crown-Resin w/Noble Metal*	103	10001	FAILED APPOINTMENT	25

\*Resin, porcelain, and any resin to metal or porcelain to metal crowns and pontics are excluded on molar teeth. If titanium, noble or high noble metals are requested for fillings, crowns, pontics, bridges, or prosthetic devices, there will be an additional charge, based on the amount of metal used. Flexible base partial dentures are subject to an additional charge based on additional laboratory cost.