



## **Smile Generation Dental Discount Plan – Kids Fee Schedule**

### UTAH

The fees listed on the Fee Schedule apply when services are provided by an in-network General Dentist. Exclusions and Limitations apply.

Services of an in-network Specialist (Endodontist, Oral Surgeons, Periodontist, Pediatric Dentist) are available at a minimum of 20% discount off the Specialist's usual and customary rate.

**Smile Generation Dental Plan is NOT insurance and is not intended to replace health insurance.** This plan does not pay providers directly. Members must pay for services at the time of treatment and will receive discounted rates from participating providers listed at [SmileGenerationDentalPlan.com](http://SmileGenerationDentalPlan.com). Discounted rates may vary depending on the type of provider and service. You may cancel within the first 30 days after payment and receive a refund of your annual fees, except the \$15 non-refundable application fee. (Application fee is refundable for AR, LA, FL. MD receive a \$10 refund). If you received services under the plan prior to cancellation, you may be responsible for paying your provider the difference between the discounted rate and your provider's standard rates for the services performed (excluding LA and WA residents). If your plan expires and you later decided to renew, another \$15 non-refundable application fee may apply. Wellfit Plans, LLC, a Discount Plan Organization, is located at 3900 Teleport Blvd., PO Box 140309, Irving, TX 75014-0309 and can be reached at 833-333-7437.



## UTAH FEE SCHEDULE

| CDT                                 | DESCRIPTION   | YOU PAY    |
|-------------------------------------|---|------------|
| <b><i>Diagnostic Procedures</i></b> |   |            |
| D0120                               | Periodic Oral Evaluation – Established Patient  | \$0-\$44   |
| D0140                               | Limited Oral Evaluation – Problem Focused   | \$0-\$54   |
| D0145                               | Oral evaluation for a patient under three years of age and counseling with primary caregiver  | \$0-48     |
| D0150                               | Comprehensive Oral Evaluation – New Patient   | \$0-\$64   |
| D0160                               | Detailed and Extensive Oral Evaluation – Problem Focused by Report                            | \$0-\$74   |
| D0170                               | Re-Evaluation – Limited, Problem Focused (Established Patient; Not Post Operative Visit       | \$0-\$71   |
| D0171                               | Re-Evaluation – Post Operative Office Visit   | \$0-\$15   |
| D0180                               | Comprehensive periodontal evaluation – new or established patient                             | \$0-102    |
| D0190                               | Screening of a patient  | \$0-31     |
| D0191                               | Assessment of a patient   | \$0-30     |
| D0210                               | Intraoral – Complete Series of Radiographic Images  | \$0-\$161  |
| D0220                               | Intraoral – Periapical First Radiographic Image   | \$0        |
| D0230                               | Intraoral – Periapical Each Additional Radiographic Image                                     | \$0        |
| D0240                               | Intraoral – Occlusal Radiographic Image   | \$0        |
| D0250                               | Extra-oral posterior dental radiographic image  | \$0        |
| D0251                               | Extra-oral anterior dental radiographic image   | \$0-74     |
| D0270                               | Bitewing -Single Radiographic Image   | \$0        |
| D0272                               | Bitewings – Two Radiographic Images   | \$0        |
| D0273                               | Bitewings – Three Radiographic Images   | \$0        |
| D0274                               | Bitewings – Four Radiographic Images  | \$0        |
| D0330                               | Panoramic Radiographic Image  | \$0        |
| D0340                               | 2D Cephalometric Radiographic Image – Acquisition, Measurement and Analysis                   | \$9-\$142  |
| D0350                               | New Patient Photo Intra-Oral  | \$0-\$6    |
| D0351                               | 3D Photographic Image   | \$84-\$102 |
| D0364                               | Cone Beam CT Capture and Interpretation with Limited Field of View – Less Than One Whole Jaw  | \$2        |
| D0365                               | Cone beam CT capture and interpretation with field of view of one full dental arch – mandible | \$210      |



## UTAH FEE SCHEDULE

| CDT   | DESCRIPTION   | YOU PAY |
|-------|---|---------|
| D0366 | Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla                    | \$210   |
| D0367 | Cone Beam CT Capture and Interpretation with Field of View of Both Jaws: With or Without Cranium                | \$199   |
| D0368 | Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium                | \$210   |
| D0369 | Cone beam CT capture and interpretation for TMJ series including two or more exposures                          | \$854   |
| D0370 | Cone beam CT image capture with field of view of one full dental arch – mandible                                | \$854   |
| D0371 | Cone beam CT image capture with field of view of one full dental arch – maxilla                                 | \$515   |
| D0372 | Cone beam CT image capture with field of view of both jaws, with or without cranium                             | \$160   |
| D0373 | Cone beam CT image capture for TMJ series including two or more exposures                                       | \$80    |
| D0374 | Cone beam CT image capture for cranium  | \$48    |
| D0380 | Cone beam CT image capture with limited field of view – less than one whole jaw                                 | \$199   |
| D0381 | Cone beam CT image capture with field of view of one full dental arch – mandible                                | \$210   |
| D0383 | Cone Beam CT Image Capture with Field of View of Both Jaws: With or Without Cranium                             | \$210   |
| D0384 | Cone beam CT image capture for TMJ series including two or more exposures                                       | \$210   |
| D0385 | Maxillofacial MRI image capture   | \$854   |
| D0386 | Maxillofacial MRI interpretation and report   | \$854   |
| D0387 | Maxillofacial ultrasound image capture  | \$140   |
| D0388 | Maxillofacial ultrasound interpretation and report  | \$80    |
| D0389 | Facial photographic image capture   | \$48    |
| D0391 | Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report | \$69    |
| D0393 | Treatment simulation using 3D image volume  | \$279   |
| D0394 | Digital subtraction of two or more images or image volumes of the same area                                     | \$677   |



## UTAH FEE SCHEDULE

| CDT   | DESCRIPTION  | YOU PAY     |
|-------|--|-------------|
| D0395 | Fusion of two or more 3D image volumes of the same patient   | \$677       |
| D0411 | HbA1c in-office point of service testing   | \$71        |
| D0414 | Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report                                 | \$268       |
| D0415 | Collection of microorganisms for culture and sensitivity   | \$28        |
| D0417 | Collection and Preparation of Saliva Sample for Laboratory Diagnostic Testing  | \$75-\$186  |
| D0418 | Analysis of Saliva Sample  | \$0-\$240   |
| D0423 | Genetic test for susceptibility to diseases – specimen collection and report   | \$50        |
| D0425 | Caries susceptibility tests  | \$38        |
| D0431 | Adjunctive Pre-Diagnostic Test Aiding in Detection of Mucosal Abnormalities Including Premalignant and Malignant Lesions, Not to Include Cytology or Biopsy Procedures | \$34-\$64   |
| D0460 | Pulp Vitality Tests  | \$61-\$63   |
| D0470 | Diagnostics Casts  | \$44        |
| D0472 | Accession of Tissue, Gross Examination, Preparation And Transmission of Written Report   | \$133-\$161 |
| D0475 | Oral/facial photographic images  | \$246       |
| D0479 | Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium   | \$200       |
| D0481 | Diagnostic casts   | \$648       |
| D0502 | Other oral pathology procedures, by report   | \$178       |
| D0600 | Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum                               | \$43        |
| D0601 | Caries risk assessment and documentation, with a finding of low risk   | \$18        |
| D0602 | Caries risk assessment and documentation, with a finding of moderate risk  | \$18        |
| D0603 | Caries risk assessment and documentation, with a finding of high risk  | \$18        |



## UTAH FEE SCHEDULE

| CDT                                   | DESCRIPTION  | YOU PAY   |
|---------------------------------------|--|-----------|
| D0604                                 | Caries risk assessment and documentation, with a finding of low risk   | \$106     |
| D0605                                 | Caries risk assessment and documentation, with a finding of moderate risk  | \$55      |
| D0701                                 | Facial image capture   | \$104     |
| D0702                                 | Intraoral image capture  | \$94      |
| D0703                                 | Facial and intraoral image capture   | \$72      |
| D0704                                 | Teledentistry-asynchronous; information stored and forwarded to dentist for subsequent review  | \$95      |
| D0705                                 | Teledentistry-synchronous; real-time encounter with dentist  | \$50      |
| D0706                                 | Intraoral – occlusal radiographic image – image capture only   | \$31      |
| D0707                                 | Remote image capture only, with report   | \$24      |
| D0708                                 | Remote real-time image capture with report   | \$27      |
| D0709                                 | Unspecified remote diagnostic imaging procedure  | \$124     |
| D0801                                 | Behavioral guidance – under 3 years of age   | \$320     |
| D0802                                 | Behavioral guidance – age 3 years or older   | \$320     |
| D0803                                 | Force majeure behavioral management  | \$320     |
| D0804                                 | Sedation or general anesthesia risk assessment   | \$320     |
| D0999                                 | Unspecified diagnostic procedure, by report  | \$185     |
| <b><u>Preventative Procedures</u></b> |  |           |
| D1110                                 | Prophylaxis – Adult  | \$75      |
| D1120                                 | Prophylaxis – Child  | \$75      |
| D1206                                 | Topical Application of Fluoride Varnish  | \$34      |
| D1208                                 | Topical Application of Fluoride – Excluding Varnish  | \$29      |
| D1310                                 | Nutritional Counseling for Control of Dental Disease   | \$75      |
| D1320                                 | Tobacco Counseling for the Control and Prevention Of Oral Disease  | \$65      |
| D1321                                 | Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use | \$44      |
| D1330                                 | Oral Hygiene Instructions  | \$0       |
| D1351                                 | Sealant – Per Tooth  | \$45-\$56 |



## UTAH FEE SCHEDULE

| CDT                                  | DESCRIPTION  | YOU PAY     |
|--------------------------------------|--|-------------|
| D1352                                | Prevention Resin Restoration in a Moderate to High Caries Risk Patient – Permanent Tooth Sealant | \$65-\$146  |
| D1353                                | Repair – Per Tooth   | \$30        |
| D1354                                | Interim Caries Arresting Medicament Application Per Tooth  | \$65-\$95   |
| D1355                                | Caries preventive medicament application – per tooth   | \$43        |
| D1510                                | Space Maintainer – Fixed, Unilateral – Per Quad  | \$265-\$331 |
| D1516                                | Space Maintainer – Fixed – Bilateral, Maxillary  | \$384-\$448 |
| D1517                                | Space Maintainer – Fixed – Bilateral, Mandibular   | \$385-\$448 |
| D1520                                | Space Maintainer – Removable – Unilateral – Per Quad   | \$341-\$432 |
| D1526                                | Space Maintainer – Removable – Bilateral, Maxillary  | \$472-\$566 |
| D1527                                | Space Maintainer – Removable – Bilateral, Mandibular   | \$472-\$566 |
| D1551                                | Re-Cement or Re-Bond Bilateral Space Maintainer - Maxillary                                      | \$81-\$99   |
| D1552                                | Re-Cement or Re-Bond Bilateral Space Maintainer - Mandibular                                     | \$81-\$99   |
| D1553                                | Re-Cement or Re-Bond Unilateral Space Maintainer - Per Quadrant                                  | \$68-\$81   |
| D1556                                | Removal of Fixed Unilateral Space Maintainer - Per Quadrant                                      | \$84-\$146  |
| D1557                                | Distal Shoe Space Maintainer – Fixed, Unilateral Per Quadrant                                    | \$62        |
| D1558                                | Removal of fixed bilateral space maintainer  | \$60        |
| D1575                                | Distal shoe space maintainer – fixed – unilateral  | \$270-\$273 |
| D1999                                | Unspecified preventive procedure, by report  | \$190       |
| <b><u>Restorative Procedures</u></b> |  |             |
| D2140                                | Amalgam – One Surface, Primary or Permanent  | \$104-\$138 |
| D2150                                | Amalgam – Two Surface, Primary or Permanent  | \$114-\$270 |
| D2160                                | Amalgam – Three Surface, Primary or Permanent  | \$153-\$214 |
| D2161                                | Amalgam – Four Surface, Primary or Permanent   | \$177-\$285 |
| D2330                                | Resin-Based Composite – One Surface, Anterior  | \$115       |
| D2331                                | Resin-Based Composite – Two Surfaces, Anterior   | \$144       |
| D2332                                | Resin-Based Composite – Three Surfaces, Anterior   | \$176       |
| D2335                                | Resin-Based Composite – Four or More Surfaces or Involving Incisal Angle (Anterior)              | \$209       |



## UTAH FEE SCHEDULE

| CDT   | DESCRIPTION  | YOU PAY       |
|-------|--|---------------|
| D2390 | Resin-Based Composite Crown, Anterior                  | \$269         |
| D2391 | Resin-Based Composite – One Surface, Posterior         | \$164-\$204   |
| D2392 | Resin-Based Composite – Two Surfaces, Posterior        | \$184         |
| D2393 | Resin-Based Composite – Three Surfaces, Posterior      | \$224         |
| D2394 | Resin-Based Composite – Four or More Surfaces, Post    | \$268         |
| D2420 | Gold Foil – Two Surfaces                               | \$752-\$914   |
| D2430 | Gold Foil – Three Surfaces                             | \$821-\$998   |
| D2510 | Inlay – Metallic – One Surface                         | \$700-\$851   |
| D2520 | Inlay – Metallic – Two Surfaces                        | \$775-\$911   |
| D2530 | Inlay – Metallic – Three or More Surfaces              | \$850-\$911   |
| D2542 | Onlay – Metallic – Two Surfaces                        | \$815-\$991   |
| D2543 | Onlay – Metallic – Three Surfaces                      | \$334-\$1094  |
| D2544 | Onlay – Metallic – Four or More Surfaces               | \$401-\$1174  |
| D2610 | Inlay – Porcelain/Ceramic – One Surface                | \$510-\$820   |
| D2620 | Inlay – Porcelain/Ceramic – Two Surfaces               | \$510-\$914   |
| D2630 | Inlay – Porcelain/Ceramic – Three or More Surfaces     | \$510-\$998   |
| D2642 | Onlay – Porcelain/Ceramic – Two Surfaces               | \$950-\$1451  |
| D2643 | Onlay - Porcelain/Ceramic – Three Surfaces             | \$849-\$1451  |
| D2644 | Onlay – Porcelain/Ceramic – Four or More Surfaces      | \$1050-\$1474 |
| D2650 | Inlay – Resin-Based Composite – One Surface            | \$792-\$1196  |
| D2651 | Inlay – Resin-Based Composite – Two Surfaces           | \$752-\$914   |
| D2652 | Inlay – Resin-Based Composite – Three or More Surfaces | \$821-\$982   |
| D2662 | Onlay – Resin Based Composite – Two Surfaces           | \$982-\$1194  |
| D2663 | Onlay – Resin Based Composite – Three Surfaces         | \$1076-\$1194 |
| D2664 | Onlay – Resin Based Composite – Four or More Surfaces  | \$1213-\$1474 |
| D2710 | Crown – Resin Based Composite (In-Direct)              | \$1165-\$1475 |
| D2740 | Crown – Porcelain/Ceramic                              | \$960-\$2098  |
| D2750 | Crown – Porcelain Fused to High Noble                  | \$1096-\$2077 |
| D2751 | Crown – Porcelain Fused to Predominantly Base Metal    | \$750-\$898   |
| D2752 | Crown – Porcelain Fused to Noble Metal                 | \$738-\$934   |
| D2780 | Crown – ¾ Cast High Noble Metal                        | \$1032-\$1222 |



## UTAH FEE SCHEDULE

| CDT   | DESCRIPTION   | YOU PAY           |
|-------|---|-------------------|
| D2783 | Crown – ¾ Porcelain Ceramic   | \$1213-<br>\$1734 |
| D2790 | Crown – Full Cast High Noble Metal  | \$1635-\$1947     |
| D2791 | Crown – Full Cast Predominantly Base Metal  | \$608-\$830       |
| D2792 | Crown – Full Cast Nobel Metal   | \$471-\$596       |
| D2799 | Provisional Crown – Further Treatment or Completion<br>Of Diagnosis Necessary Prior to Final Impression | \$454-\$552       |
| D2910 | Re-Cement or Re-Bond Inlay, Onlay, Veneer or Partial<br>Coverage Restoration                            | \$102-\$130       |
| D2915 | Re-Cement or Re-Bond Indirectly Fabricated or<br>Prefabricated Post and Core                            | \$97-\$123        |
| D2920 | Re-Cement or Re-Bond Crown  | \$70-\$146        |
| D2921 | Reattachment of Tooth Fragment, Incisal Edge or Cusp  | \$302-\$382       |
| D2928 | Prefabricated porcelain/ceramic crown – permanent   | \$471             |
| D2929 | Prefabricated porcelain/ceramic crown – primary tooth   | \$295             |
| D2930 | Prefabricated Stainless Steel Crown – Primary Tooth   | \$195-\$264       |
| D2931 | Prefabricated Stainless Steel Crown – Permanent Tooth   | \$225-\$321       |
| D2932 | Prefabricated Resin Crown   | \$270-\$389       |
| D2933 | Prefabricated stainless steel crown with resin window   | \$264             |
| D2934 | Prefabricated esthetic coated stainless steel crown –<br>primary tooth                                  | \$265             |
| D2940 | Protective Restoration  | \$80-\$130        |
| D2941 | Interim therapeutic restoration – primary dentition   | \$114             |
| D2949 | Restorative Foundation for an Indirect Restoration  | \$252-\$266       |
| D2950 | Core Buildup, Including Any Pins When Required  | \$190-\$290       |
| D2951 | Pin retention – per tooth, in addition to restoration   | \$53              |
| D2952 | Post and Core in Addition to Crown, Indirectly Fabricated   | \$412-\$502       |
| D2954 | Prefabricated Post and Core in Addition to Crown  | \$350-\$402       |
| D2955 | Post Removal  | \$330-\$418       |
| D2957 | Each additional indirectly fabricated post – same tooth   | \$0               |
| D2960 | Labial Veneer (Resin Laminate) – Chairside  | \$1110-<br>\$1404 |
| D2061 | Labial veneer (resin laminate) – chairside  | \$0               |
| D2962 | Labial Veneer (Porcelain Laminate) – Laboratory   | \$1100-\$1656     |
| D2971 | Additional procedures to customize a crown determined   | \$0               |



## UTAH FEE SCHEDULE

| CDT                                 | DESCRIPTION  | YOU PAY       |
|-------------------------------------|--|---------------|
|                                     | by the dentist as necessary to achieve optimal fit and function                              |               |
| D2975                               | Coping   | \$199-\$252   |
| D2980                               | Crown Repair Necessitated by Restorative Material Failure                                    | \$384-\$486   |
| D2981                               | Inlay Repair Necessitated by Restorative Material Failure                                    | \$384-\$486   |
| D2982                               | Onlay Repair Necessitated by Restorative Material Failure                                    | \$384-\$486   |
| D2983                               | Veneer Repair Necessitated by Restorative Material Failure                                   | \$384-\$486   |
| D2990                               | Resin infiltration of incipient smooth surface lesions                                       | \$66          |
| D2991                               | Resin infiltration of moderate to advanced smooth surface lesions                            | \$115         |
| <b><i>Endodontic Procedures</i></b> |  |               |
| D3110                               | Pulp Cap – Direct (Excluding Final Restorative)  | \$69          |
| D3120                               | Pulp Cap – Indirect (Excluding Final Restorative)  | \$70-\$84     |
| D3220                               | Therapeutic Pulpotomy (Excluding Final Restoration)  | \$70-\$144    |
|                                     | Removal of Pulp Coronal to the Dentin Cemental Junction and Application of Medicament        |               |
| D3221                               | Pulpal Debridement, Primary and Permanent Teeth  | \$278         |
| D3222                               | Partial Pulpotomy for Apexogenesis – Permanent Tooth with Incomplete Root Development        | \$286         |
| D3230                               | Pulpal Therapy (Resorbable Filling) – Anterior, Primary Tooth (Excluding Final Restoration)  | \$174         |
| D3240                               | Pulpal Therapy (Resorbable Filling) – Posterior, Primary Tooth (Excluding Final Restoration) | \$185         |
| D3310                               | Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)                             | \$903-\$1066  |
| D3320                               | Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)                             | \$987-\$1168  |
| D3330                               | Endodontic Therapy, Molar Tooth (Excluding Final Restoration)                                | \$1176-\$1398 |
| D3331                               | Treatment of Root Canal Obstruction, Non-Surgical Access                                     | \$150-\$734   |
| D3332                               | Incomplete Endodontic Therapy; Inoperable Unrestorable or Fractured Tooth                    | \$582-\$708   |
| D3333                               | Internal root repair of perforation defects  | \$293         |
| D3346                               | Retreatment of Previous Root Canal Therapy – Anterior  | \$922-\$1121  |

## UTAH FEE SCHEDULE

| CDT   | DESCRIPTION   | YOU PAY       |
|-------|---|---------------|
| D3347 | Retreatment of Previous Root Canal Therapy – Pre-Molar  | \$1067-\$1298 |
| D3348 | Retreatment of Previous Root Canal Therapy – Molar  | \$1311-\$1593 |
| D3351 | Apexification/recalcification – initial visit   | \$309         |
| D3352 | Apexification/recalcification – interim medication replacement  | \$338         |
| D3353 | Apexification/recalcification – final visit   | \$482         |
| D3355 | Pulpal regeneration – initial visit   | \$471         |
| D3356 | Pulpal regeneration – interim medication replacement  | \$247         |
| D3357 | Pulpal regeneration – completion of treatment   | \$564         |
| D3410 | Apicoectomy – anterior  | \$584         |
| D3421 | Apicoectomy – bicuspid (first root)   | \$635         |
| D3425 | Apicoectomy – molar (first root)  | \$750         |
| D3426 | Apicoectomy (each additional root)  | \$355         |
| D3428 | Bone graft in conjunction with periradicular surgery – per tooth, single site                                     | \$468         |
| D3429 | Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site | \$459         |
| D3430 | Retrograde filling – per root   | \$249         |
| D3431 | Biologic Material to Aid in Soft and Osseous Tissue Regeneration in Conjunction with Periradicular Surgery        | \$680-\$862   |
| D3432 | Surgical repair of root resorption  | \$297         |
| D3450 | Root Amputation – Per Root  | \$776-\$943   |
| D3460 | Apexification/recalcification – initial visit   | \$2200        |
| D3470 | Apexification/recalcification – interim medication replacement  | \$1174        |
| D3471 | Surgical repair of root resorption – anterior   | \$530         |
| D3472 | Surgical repair of root resorption – premolar   | \$530         |
| D3473 | Surgical repair of root resorption – molar  | \$530         |
| D3501 | Surgical exposure of root surface without apicoectomy – anterior  | \$870         |
| D3502 | Surgical exposure of root surface without apicoectomy – premolar  | \$970         |
| D3503 | Surgical exposure of root surface without apicoectomy – molar   | \$730         |

## UTAH FEE SCHEDULE

| CDT                                  | DESCRIPTION   | YOU PAY       |
|--------------------------------------|---|---------------|
| D3910                                | Surgical procedure for isolation of tooth with rubber dam   | \$160         |
| D3911                                | Hemisection (Including Any Root Removal), Not Including Root Canal Therapy  | \$275-\$334   |
| D3920                                | Hemisection (including any root removal); not including root canal therapy  | \$480         |
| D3950                                | Canal preparation and fitting of preformed dowel or post  | \$0           |
| <b><i>Periodontic Procedures</i></b> |   |               |
| D4210                                | Gingivectomy or Gingivoplasty – Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant                      | \$636-\$646   |
| D4211                                | Gingivectomy or Gingivoplasty – One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant                      | \$424         |
| D4212                                | Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant                      | \$262         |
| D4230                                | Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant    | \$3600        |
| D4231                                | Anatomical Crown Exposure – One to Three Teeth or Tooth Bounded Spaces per Quadrant                                     | \$2426-\$3071 |
| D4240                                | Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant    | \$646         |
| D4241                                | Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant    | \$547         |
| D4245                                | Apically positioned flap  | \$728         |
| D4249                                | Crown Lengthening – Hard Tissues  | \$850-\$1034  |
| D4260                                | Osseous surgery (including flap entry and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant | \$1340        |
| D4261                                | Osseous surgery (including flap entry and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant | \$938         |
| D4263                                | Bone Replacement Graft – Retained Natural Tooth First Site in Quadrant  | \$550-\$1046  |

## UTAH FEE SCHEDULE

| CDT   | DESCRIPTION   | YOU PAY     |
|-------|---|-------------|
| D4264 | Bone Replacement Graft – Retained Natural Tooth<br>Each Additional Site in Quadrant   | \$550-\$768 |
| D4265 | Biologic materials to aid in soft and osseous tissue<br>regeneration, per site  | \$1786      |
| D4266 | Guided Tissue Regeneration – Resorbable Barrier, Per Site   | \$400-\$914 |
| D4267 | Guided tissue regeneration – nonresorbable barrier,<br>per site (includes membrane removal)   | \$902       |
| D4270 | Pedicle Soft Tissue Graft Procedure   | \$816-\$992 |
| D4273 | Autogenous connective tissue graft (including donor<br>and recipient surgical sites) – first tooth, implant or<br>edentulous tooth position in graft                                | \$910       |
| D4274 | Mesial/Distal Wedge Procedure, Single Tooth (When<br>Not Performed in Conjunction with Surgical Procedures<br>In the Same Anatomical Area)  | \$748-\$947 |
| D4275 | Non-autogenous connective tissue graft (including<br>recipient site and donor material)   | \$1340      |
| D4276 | Combined connective tissue and double pedicle<br>graft, per tooth   | \$1626      |
| D4277 | Free soft tissue graft procedure (including recipient<br>and donor surgical sites) first tooth, implant, or<br>edentulous tooth position in graft                                   | \$712       |
| D4278 | Free soft tissue graft procedure (including recipient<br>and donor surgical sites) each additional contiguous<br>tooth, implant, or edentulous tooth position in same<br>graft site | \$527       |
| D4283 | Autogenous connective tissue graft – each additional<br>contiguous tooth, implant, or edentulous tooth<br>position in same graft site   | \$564       |
| D4285 | Non-autogenous connective tissue graft – each<br>additional contiguous tooth, implant, or edentulous<br>tooth position in same graft site   | \$564       |
| D4286 | Vertical defect repair in conjunction with periradicular<br>surgery – per defect  | \$240       |
| D4322 | Splint Intra-Coronal; Natural Teeth or Prosthetic Crown   | \$559-\$680 |
| D4323 | Splint Extra-Coronal; Natural Teeth or Prosthetic Crown   | \$459-\$559 |



## UTAH FEE SCHEDULE

| CDT  | DESCRIPTION  | YOU PAY       |
|--|--|---------------|
| D4341  | Periodontal Scaling and Root Planning – Four or More Teeth per Quadrant  | \$155         |
| D4342  | Periodontal Scaling and Root Planning – One to Three Teeth per Quadrant  | \$124         |
| D4346  | Scaling in the Presence of Generalized Moderate or Severe Gingival Inflammation – Full Mouth, After Oral Evaluation                | \$115         |
| D4355  | Full Mouth Debridement to Enable a Comprehensive Oral Evaluation and Diagnosis on a Subsequent Visit                               | \$138         |
| D4381  | Localized Delivery of Antimicrobial Agents via a Controlled Release Vehicle into Diseased Crevicular Tissue, Per Tooth             | \$91-\$223    |
| D4910  | Periodontal Maintenance  | \$109         |
| D4921  | Gingival Irrigation – Per Quadrant   | \$8           |
| D4999  | Full Mouth Irrigation with Gross Scale   | \$75-\$119    |
| D4999  | Full Mouth Bacterial Decontamination   | \$75-\$119    |
| D4999  | Bacterial Decontamination – Per Quadrant   | \$75-\$119    |
| <b><i>Prosthodontic (Removable) Procedures</i></b> |  |               |
| D5110  | Complete Denture – Maxillary   | \$832-\$3932  |
| D5120  | Complete Denture – Mandibular  | \$832-\$3932  |
| D5130  | Immediate Denture – Maxillary  | \$1200-\$1824 |
| D5140  | Immediate Denture – Mandibular   | \$1200-\$1824 |
| D5211  | Maxillary Partial Denture – Resin Base (Including Retentive/Clasping Material, Rests and Teeth)                                    | \$632-\$2172  |
| D5212  | Mandibular Partial Denture – Resin Base (Including Retentive/Clasping Material, Rests and Teeth)                                   | \$632-\$973   |
| D5213  | Maxillary Partial Denture – Cast Metal Framework With Resin Denture Bases (Including Retentive/Clasping Material Rests and Teeth)  | \$1840-\$3319 |
| D5214  | Mandibular Partial Denture – Cast metal Framework With Resin Denture Bases (Including Retentive/Clasping Material Rests and Teeth) | \$1840-\$2786 |
| D5221  | Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)                              | \$917         |



## UTAH FEE SCHEDULE

| CDT   | DESCRIPTION   | YOU PAY       |
|-------|---|---------------|
| D5222 | Immediate mandibular partial denture – resin base<br>(including any conventional clasps, rests and teeth)                                       | \$923         |
| D5223 | Immediate maxillary partial denture – cast metal<br>framework with resin denture bases (including any<br>conventional clasps, rests and teeth)  | \$1618        |
| D5224 | Immediate mandibular partial denture – cast metal<br>framework with resin denture bases (including any<br>conventional clasps, rests and teeth) | \$1600        |
| D5225 | Maxillary Partial Denture – Flexible Bases (Including<br>Clasps, Rests and Teeth)   | \$1470-\$2416 |
| D5226 | Mandibular Partial Denture – Flexible Bases (Including<br>Clasps, Rest, and Teeth)  | \$1470-\$2416 |
| D5282 | Maxillary Removable Unilateral Partial Denture<br>One Piece Cast Metal (Including Clasps and Teeth)   | \$957-\$1163  |
| D5283 | Mandibular Removable Unilateral Partial Denture<br>One Piece Cast Metal (Including Clasps and Teeth)  | \$957-\$1163  |
| D5286 | Removable unilateral partial denture – one piece<br>cast metal (including clasps and teeth)   | \$1374        |
| D5410 | Adjust Complete Denture – Maxillary   | \$89-\$104    |
| D5411 | Adjust Complete Denture – Mandibular  | \$87-\$103    |
| D5421 | Adjust Partial Denture – Maxillary  | \$96-\$106    |
| D5422 | Adjust Partial Denture – Mandibular   | \$96-\$106    |
| D5511 | Repair Broken Complete Denture Base, Mandibular   | \$209-\$254   |
| D5512 | Repair Broken Complete Denture Base, Maxillary  | \$209-\$254   |
| D5520 | Replace Missing or Broken Teeth – Complete Denture<br>(Each Tooth)  | \$178-\$216   |
| D5611 | Repair Resin Partial Denture Base, Mandibular   | \$151-\$162   |
| D5612 | Repair Resin Partial Denture Base, Maxillary  | \$151-\$162   |
| D5621 | Repair Cast partial Framework, Mandibular   | \$284-\$345   |
| D5622 | Provisional removable partial denture, includes<br>retentive/clasping materials, rests, and teeth   | \$211         |
| D5630 | Repair or Replace Broken Retentive Clasping Materials<br>Per Tooth  | \$259-\$315   |
| D5640 | Replace Broken Teeth, Per Tooth   | \$179-\$218   |
| D5650 | Add Tooth to Existing Partial Denture   | \$219-\$266   |

## UTAH FEE SCHEDULE

| CDT   | DESCRIPTION  | YOU PAY       |
|-------|--|---------------|
| D5660 | Add Clasp to Existing Partial Denture – Per Tooth              | \$265-\$322   |
| D5670 | Replace all teeth and acrylic on maxillary denture             | \$754         |
| D5671 | Replace all teeth and acrylic on mandibular denture            | \$761         |
| D5710 | Rebase Complete Maxillary Denture                              | \$772-\$978   |
| D5711 | Rebase Complete Mandibular Denture                             | \$772-\$978   |
| D5720 | Rebase Maxillary Partial Denture                               | \$772-\$978   |
| D5721 | Rebase Mandibular Partial Denture                              | \$772-\$960   |
| D5730 | Reline Complete Maxillary Denture (Chairside)                  | \$365-\$444   |
| D5731 | Reline Complete Mandibular Denture (Chairside)                 | \$365-\$444   |
| D5740 | Reline Maxillary Partial Denture (Chairside)                   | \$365-\$444   |
| D5741 | Reline Mandibular Partial Denture (Chairside)                  | \$365-\$444   |
| D5750 | Reline Complete Maxillary Denture (Laboratory)                 | \$454-\$552   |
| D5751 | Reline Complete Mandibular Denture (Laboratory)                | \$454-\$552   |
| D5760 | Reline Maxillary Partial Denture (Laboratory)                  | \$454-\$552   |
| D5761 | Reline Mandibular Partial Denture (Laboratory)                 | \$454-\$552   |
| D5810 | Interim Complete Denture – Maxillary                           | \$1151-\$1399 |
| D5811 | Interim Complete Denture – Mandibular                          | \$1151-\$1399 |
| D5820 | Interim Partial Denture – Maxillary                            | \$704-\$856   |
| D5821 | Interim Partial Denture – Mandibular                           | \$704-\$856   |
| D5850 | Tissue Conditioning – Maxillary                                | \$212-\$258   |
| D5851 | Tissue Conditioning – Mandibular                               | \$212-\$258   |
| D5862 | Precision Attachment, By Report                                | \$826-\$877   |
| D5863 | Overdenture – Complete Maxillary                               | \$1941-\$2458 |
| D5864 | Overdenture – Partial Maxillary                                | \$1843-\$1890 |
| D5865 | Overdenture – Complete Mandibular                              | \$1941-\$2458 |
| D5866 | Overdenture – Partial Mandibular                               | \$1456-\$1843 |
| D5867 | Replace Precision Attachment                                   | \$220-\$278   |
| D5875 | Modification of removable prosthesis following implant surgery | \$0           |
| D5876 | Add metal substructure to acrylic full denture (per arch)      | \$507         |
| D5899 | Unspecified removable prosthodontic procedure, by report       | \$762         |
| D5931 | Obturator prosthesis, surgical                                 | \$4440        |
| D5932 | Obturator prosthesis, interim                                  | \$8280        |

| <b>CDT</b>                       | <b>DESCRIPTION</b>   | <b>YOU PAY</b> |
|----------------------------------|--|----------------|
| D5982                            | Surgical Stent   | \$486-\$590    |
| D5986                            | Fluoride gel carrier   | \$224          |
| D5988                            | Surgical Splint  | \$812-\$987    |
| D5992                            | Adjust maxillofacial Prosthetic Appliance, by Report   | \$186-\$291    |
| D5993                            | Maintenance and Cleaning of a maxillofacial Prosthesis (Extra or Intra Oral) Other Than Required by Adjustment         | \$285-\$347    |
| D5995                            | Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth | \$534          |
| D5996                            | Chemotherapeutic management of periodontal biofilm, per tooth  | \$534          |
| D5999                            | Unspecified maxillofacial prosthesis, by report  | \$0            |
| <b><i>Implant Procedures</i></b> |  |                |
| D6010                            | Surgical Placement of Implant Body, Endosteal Implant  | \$2000-\$2474  |
| D6011                            | Second Stage Implant Surgery   | \$389-\$492    |
| D6012                            | Surgical placement of interim implant body for transitional prosthesis – includes removal when applicable              | \$2400         |
| D6013                            | Surgical Placement of Mini Implant   | \$1441-\$1824  |
| D6040                            | Surgical placement: eposteal implant   | \$2138         |
| D6050                            | Surgical placement: transosteal implant  | \$5600         |
| D6051                            | Interim Abutment   | \$582-\$738    |
| D6055                            | Connecting Bar – Implant or Abutment Supported   | \$2329-\$2948  |
| D6056                            | Prefabricated Abutment – Includes Modification And Placement   | \$440-\$886    |
| D6057                            | Custom Fabricated Abutment – Included Placement  | \$660-\$1109   |
| D6058                            | Abutment Supported Porcelain/Ceramic Crown   | \$1200-\$2406  |
| D6059                            | Abutment Supported Porcelain Fused to Metal Crown (High Nobel Metal)   | \$1275-\$2062  |
| D6060                            | Implant crown – porcelain fused to high noble metal  | \$1218         |
| D6061                            | Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)  | \$1500-\$1545  |



## UTAH FEE SCHEDULE

| CDT   | DESCRIPTION  | YOU PAY       |
|-------|--|---------------|
| D6062 | Abutment supported cast metal crown (high noble metal)   | \$1435        |
| D6063 | Abutment supported cast metal crown<br>(predominantly base metal)  | \$1344        |
| D6064 | Abutment supported cast metal crown (noble metal)  | \$1109        |
| D6065 | Implant supported porcelain/ceramic crown  | \$1435        |
| D6066 | Implant Supported Crown – Porcelain Fused to High<br>Noble Alloys  | \$2028-\$2567 |
| D6068 | Abutment supported retainer for porcelain/ceramic FPD  | \$1378        |
| D6069 | Abutment supported retainer for porcelain fused to<br>metal FPD (high noble metal)   | \$1378        |
| D6071 | Abutment supported retainer for cast metal FPD<br>(predominantly base metal)   | \$1049        |
| D6072 | Abutment supported retainer for cast metal FPD<br>(noble metal)  | \$1696        |
| D6073 | Abutment supported retainer for cast metal FPD<br>(high noble metal)   | \$1549        |
| D6074 | Abutment supported retainer crown for FPD – titanium   | \$0           |
| D6075 | Implant supported retainer for ceramic FPD   | \$1400        |
| D6076 | Implant supported retainer for porcelain fused to metal<br>FPD (titanium, titanium alloy, high noble metal)  | \$1326        |
| D6077 | Implant supported retainer for cast metal FPD<br>(predominantly base or noble metal)   | \$1712        |
| D6080 | Implant Maintenance Procedures when Prostheses are<br>Removed and Reinserted, Including Cleaning of the<br>Protheses and Abutments   | \$208-\$263   |
| D6081 | Scaling and Debridement in the Presence of<br>Inflammation or Mucositis of a Single Implant, Including<br>Cleaning of the Implant Surfaces without Flap Entry and<br>Closure | \$150-\$190   |
| D6085 | Provisional implant crown  | \$392         |
| D6090 | Repair Implant Supported Prothesis, by Report  | \$922-\$1167  |
| D6091 | Implant Replace Attachment   | \$723-\$878   |
| D6092 | Re-Cement or Re-Bond Implant/Abutment Supported<br>Crown   | \$104-\$127   |



## UTAH FEE SCHEDULE

| CDT   | DESCRIPTION   | YOU PAY       |
|-------|---|---------------|
| D6093 | Re-Cement or Re-Bond Implant/Abutment Supported<br>Fixed Partial Denture  | \$175-\$205   |
| D6095 | Repair Implant Abutment, By Report  | \$154-\$500   |
| D6096 | Remove interim implant prosthesis   | \$192         |
| D6100 | Implant Removal, By Report  | \$1155-\$1462 |
| D6101 | Debridement of a Peri-Implant Defect or Defects<br>Surrounding a Single Implant, and Surface Cleaning of the<br>Exposed Implant Surfaces, Including Flap Entry & Closure                                      | \$363-\$389   |
| D6102 | Debridement and Osseous Contouring of a Peri-Implant<br>Defect or Defects Surrounding a Single Implant and<br>Including Surface Cleaning of the Exposed Implant Surfaces,<br>Including Flap Entry and Closure | \$384-\$486   |
| D6103 | Bone Graft for Repair of Peri-Implant Defect – Does Not<br>Include Flap Entry and Closure   | \$826-\$1046  |
| D6104 | Bone Graft at Time of Implant Procedure   | \$826-\$1046  |
| D6105 | Implant/abutment supported removable denture for<br>completely edentulous arch – mandibular   | \$164         |
| D6106 | Implant/abutment supported removable denture for<br>completely edentulous arch – maxillary  | \$864         |
| D6107 | Implant/abutment supported fixed denture for<br>completely edentulous arch (fixe prosthesis,<br>edentulous)   | \$882         |
| D6110 | Implant/Abutment Supported Removable Denture for<br>Edentulous Arch – Maxillary   | \$2670-\$3245 |
| D6111 | Implant Abutment Supported Removable Denture for<br>Edentulous Arch – Mandibular  | \$2670-\$3245 |
| D6112 | Implant/Abutment Supported Removable Denture for<br>Partially Edentulous Arch – Maxillary   | \$2670-\$3264 |
| D6113 | Implant/Abutment Supported Removable Denture for<br>Partially Edentulous Arch – Mandibular  | \$2670-\$3245 |
| D6114 | Implant/Abutment Supported Fixed Denture for<br>Edentulous Arch – Maxillary   | \$1407-\$9200 |
| D6115 | Implant/Abutment Supported Fixed Denture for<br>Edentulous Arch – Mandibular  | \$1407-\$9200 |



## UTAH FEE SCHEDULE

| CDT  | DESCRIPTION   | YOU PAY       |
|--|---|---------------|
| D6116  | Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch – Maxillary  | \$1602-\$2028 |
| D6117  | Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch – Mandibular | \$1602-\$2028 |
| D6118  | Recement implant abutment crown   | \$1907        |
| D6119  | Repair implant abutment-supported prosthesis, by report                             | \$2117        |
| D6190  | Radiographic/Surgical Implant Index, By Report                                      | \$728-\$922   |
| D6191  | Semi-precision attachment, by report  | \$1000        |
| D6192  | Precision attachment, by report   | \$927         |
| D6197  | Single implant supported removable denture – mandibular                             | \$164         |
| D6199  | Unspecified Implant Procedure, By Report  | \$439-\$47896 |
| <b><u>Prosthodontic (Fixed) Procedures</u></b> |   |               |
| D6210  | Pontic – Cast High Noble Metal  | \$887-\$1246  |
| D6211  | Pontic – Cast Predominately Base Metal  | \$420-\$600   |
| D6212  | Pontic - cast noble metal   | \$1200        |
| D6240  | Pontic – Porcelain Fused to High Nobel Metal  | \$944-\$3733  |
| D6241  | Pontic – Porcelain Fused to Predominately Base Metal                                | \$656-\$1157  |
| D6242  | Pontic - porcelain fused to noble metal   | \$1032        |
| D6245  | Pontic – Porcelain/Ceramic  | \$988-\$3353  |
| D6253  | Retainer - porcelain fused to noble metal   | \$0           |
| D6545  | Retainer – Cast Metal for Resin Bonded Fixed Prosthesis                             | \$494-\$763   |
| D6548  | Retainer – Porcelain/Ceramic for Resin Bonded Fixed Prosthesis                      | \$890-\$1092  |
| D6608  | Inlay - porcelain/ceramic, two surfaces   | \$1165        |
| D6609  | Inlay - porcelain/ceramic, three or more surfaces                                   | \$1242        |
| D6610  | Inlay - cast high noble metal, two surfaces   | \$1277        |
| D6611  | Inlay - cast high noble metal, three or more surfaces                               | \$1397        |
| D6612  | Inlay - cast predominantly base metal, two surfaces                                 | \$1211        |
| D6613  | Inlay - cast predominantly base metal, three or more surfaces                       | \$1288        |
| D6015  | Inlay - cast predominantly base metal, three or more surfaces                       | \$1286        |



## UTAH FEE SCHEDULE

| CDT   | DESCRIPTION   | YOU PAY       |
|---|---|---------------|
| D6710   | Crown - indirect resin-based composite  | \$0           |
| D6740   | Retainer Crown – Porcelain/Ceramic  | \$950-\$3353  |
| D6750   | Retainer Crown – Porcelain Fused to High Noble Metal  | \$944-\$3353  |
| D6751   | Retainer Crown – Porcelain Fused to Predominately Base Metal  | \$656-\$1157  |
| D6752   | Crown - porcelain fused to noble metal  | \$1080        |
| D6783   | Retainer crown - 3/4 cast predominantly base metal  | \$1185        |
| D6790   | Retainer Crown – Full Cast High Noble Metal   | \$887-\$1246  |
| D6791   | Retainer Crown – Full Cast Predominately Base Metal   | \$402-\$1146  |
| D6920   | Connector bar   | \$900         |
| D6930   | Re-Cement or Re-Bond Fixed Partial Denture  | \$205-\$260   |
| D6940   | Stress breaker  | \$0           |
| D6950   | Precision Attachment  | \$826-\$911   |
| D6980   | Fixed Partial Denture Repair Necessitated by Restorative Material Failure   | \$229-\$250   |
| D6985   | Pediatric Partial Denture, Fixed  | \$550-\$608   |
| <b><u>Oral and Maxillofacial Surgery Procedures</u></b> |   |               |
| D7111   | Extraction, Coronal Remnants – Primary Tooth  | \$107-\$156   |
| D7140   | Extraction, Erupted Tooth or Exposed Root (Evaluation And/or Forceps Removal)   | \$178         |
| D7210   | Extraction, Erupted Tooth Requiring Removal of Bone And/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated | \$259-\$312   |
| D7220   | Removal of impacted tooth – soft tissue   | \$271         |
| D7230   | Removal of impacted tooth – partially bony  | \$295         |
| D7240   | Removal of impacted tooth – completely bony   | \$323         |
| D7241   | Removal of impacted tooth – completely bony, with unusual surgical complications  | \$363         |
| D7250   | Removal of Residual Tooth Roots (Cutting Procedure)   | \$335-\$346   |
| D7251   | Coronectomy – Intentional Partial Tooth Removal   | \$529-\$670   |
| D7260   | Oroantral Fistula Closure   | \$1468-\$1500 |
| D7261   | Primary Closure of a Sinus Perforation  | \$631-\$938   |
| D7270   | Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth  | \$521-\$1092  |

## UTAH FEE SCHEDULE

| CDT   | DESCRIPTION   | YOU PAY       |
|-------|---|---------------|
| D7280 | Surgical access of an unerupted tooth (placement of a device to facilitate eruption)  | \$362         |
| D7282 | Mobilization of Erupted or Malpositioned Tooth to Aid Eruption  | \$462-\$554   |
| D7283 | Placement of a temporary anchorage device [screw retained plate] requiring flap; includes device removal  | \$372         |
| D7285 | Incisional Biopsy of Oral Tissue Hard (Bone, Tooth)   | \$749-\$836   |
| D7286 | Incisional Biopsy of Oral Tissue Soft   | \$400-\$486   |
| D7290 | Surgical repositioning of teeth   | \$709         |
| D7291 | Transseptal Fiberotomy/Supra Crestal Fiberotomy   | \$267-\$338   |
| D7292 | Mucogingival surgery – per tooth  | \$2400        |
| D7293 | Placement of Temporary Anchorage Device Requiring Flap; Includes Device Removal   | \$486-\$2880  |
| D7294 | Placement of Temporary Anchorage Device Without Flap; Including Device Removal  | \$389-\$1920  |
| D7295 | Harvest of Bone for use in Autogenous Grafting Procedure  | \$461-\$584   |
| D7296 | Corticotomy – one to three teeth or tooth spaces, per quadrant  | \$831         |
| D7297 | Corticotomy – four or more teeth or tooth spaces, per quadrant  | \$874         |
| D7310 | Alveoplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant  | \$297         |
| D7311 | Alveoplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant  | \$254         |
| D7320 | Alveoplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant  | \$446         |
| D7321 | Alveoplasty Not in Conjunction with Extractions - One to Three Teeth or Tooth Space, Per Quadrant   | \$344-\$467   |
| D7350 | Vestibuloplasty – Ridge Extension (Including Soft Tissue Grafts, Muscle Reattachment, Revision of Soft Tissue Attachment and Management of Hypertrophied and Hyperplastic Tissue) | \$3250-\$3950 |
| D7410 | Excision of Benign Lesion Up to 1.25 cm   | \$448-\$545   |
| D7411 | Excision of Benign Lesion Greater than 1.25cm   | \$753-\$954   |

## UTAH FEE SCHEDULE

| CDT   | DESCRIPTION   | YOU PAY       |
|-------|---|---------------|
| D7412 | Excision of benign lesion, greater than 1.25 cm   | \$1453        |
| D7413 | Excision of malignant lesion up to 1.25 cm  | \$897         |
| D7414 | Excision of malignant lesion, greater than 1.25 cm  | \$1128        |
| D7415 | Excision of malignant lesion, complicated   | \$1715        |
| D7440 | Excision of malignant tumor – lesion diameter up to 1.25 cm   | \$1498        |
| D7441 | Excision of malignant tumor – lesion diameter greater than 1.25 cm  | \$2974        |
| D7450 | Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm   | \$628-\$762   |
| D7451 | Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Greater than 1.25 cm                                    | \$985-\$1062  |
| D7460 | Removal of benign nonodontogenic cyst or tumor, lesion diameter up to 1.25 cm   | \$586         |
| D7461 | Removal of benign nonodontogenic cyst or tumor, lesion diameter greater than 1.25 cm                                  | \$1418        |
| D7465 | Destruction of lesion(s) by physical or chemical method, by report  | \$638         |
| D7471 | Removal of Lateral Exostosis (Maxilla or Mandible)  | \$706-\$851   |
| D7472 | Removal of Torus Palatinus  | \$486-\$615   |
| D7473 | Removal of lateral exostosis (maxilla or mandible)  | \$446         |
| D7485 | Reduction of Osseous Tuberosity   | \$1053-\$1334 |
| D7509 | Resin base partial denture, maxillary (includes any conventional clasps, rests, and teeth)                            | \$520         |
| D7510 | Incision and Drainage of Abscess – Intraoral Soft Tissue  | \$173-\$231   |
| D7511 | Incision and Drainage of Abscess – Intraoral Soft Tissue Complicated  | \$315-\$383   |
| D7520 | Incision and Drainage of Abscess – Extraoral Soft Tissue  | \$600-\$729   |
| D7521 | Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multi-space involvement) | \$1466        |
| D7530 | Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue  | \$499         |



## UTAH FEE SCHEDULE

| CDT   | DESCRIPTION  | YOU PAY       |
|-------|--|---------------|
| D7540 | Removal of reaction producing foreign bodies, musculoskeletal system   | \$671         |
| D7550 | Partial ostectomy/sequestrectomy for removal of non-vital bone   | \$501         |
| D7560 | Maxillary sinusotomy for removal of tooth fragment or foreign body   | \$1840        |
| D7610 | Maxilla – open reduction (teeth immobilized, if present)   | \$4000        |
| D7630 | Malar and/or zygomatic arch – open reduction   | \$5200        |
| D7670 | Alveolus – closed reduction, may include stabilization of teeth  | \$1555        |
| D7671 | Alveolus – open reduction, may include stabilization of teeth  | \$2235        |
| D7880 | Occlusal Orthotic Device, By Report  | \$1208-\$1468 |
| D7881 | Occlusal orthotic device adjustment  | \$98          |
| D7899 | Unspecified TMD (temporomandibular disorder) therapy, by report  | \$378-\$400   |
| D7910 | Suture of recent small wounds up to 5 cm   | \$628         |
| D7911 | Complicated suture – up to 5 cm  | \$807         |
| D7912 | Complicated suture – greater than 5 cm   | \$1715        |
| D7920 | Skin graft (identify defect covered, location, and type of graft)  | \$2400        |
| D7921 | Collection and application of autologous blood concentrate product   | \$139         |
| D7922 | Placement of antimicrobial agent – per tooth   | \$367         |
| D7940 | Osteoplasty – For Orthognathic Deformities   | \$3997-\$4790 |
| D7950 | Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or nonautogenous, by report | \$2233        |
| D7951 | Sinus augmentation with bone or bone substitutes via a lateral open approach                                     | \$2233        |
| D7952 | Sinus augmentation via a vertical approach   | \$2233        |
| D7953 | Bone Replacement Graft for Ridge Preservations Per Site  | \$481-\$499   |
| D7956 | Guided tissue regeneration – resorbable barrier, per site  | \$523         |
| D7957 | Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)                         | \$811         |

| <b>CDT</b>                           | <b>DESCRIPTION</b>  | <b>YOU PAY</b>    |
|--------------------------------------|---|-------------------|
| D7961                                | Buccal/labial frenectomy (frenulectomy)   | \$438             |
| D7962                                | Lingual frenectomy (frenulectomy)   | \$532             |
| D7970                                | Excision of Hyperplastic Tissue – Per Arch  | \$550-\$641       |
| D7971                                | Excision of Pericoronal Gingiva   | \$277-\$351       |
| D7979                                | Non-surgical sialolithotomy   | \$256             |
| D7980                                | Sialolithotomy (removal of salivary calculus)   | \$958             |
| D7981                                | Excision of salivary gland, by report   | \$1360            |
| D7983                                | Closure of salivary fistula   | \$2071            |
| D7993                                | Surgical placement of craniofacial implant – extra-oral   | \$1900            |
| D7999                                | Unspecified oral surgery procedure, by report   | \$0               |
| <b><i>Orthodontic Procedures</i></b> |   |                   |
| D8010                                | Limited Orthodontic Treatment of the Primary Dentition  | \$1080-<br>\$3290 |
| D8020                                | Limited Orthodontic Treatment of the Transitional Dentition   | \$1225-<br>\$3600 |
| D8030                                | Limited Orthodontic Treatment of the Adolescent Dentition   | \$1190-\$3825     |
| D8040                                | Limited Orthodontic Treatment of Adult Dentition  | \$1500-<br>\$4560 |
| D8070                                | Comprehensive Orthodontic Treatment of the Transitional Dentition                                     | \$1835-\$5400     |
| D8080                                | Comprehensive Orthodontic Treatment of the Adolescent Dentition                                       | \$1945-\$5650     |
| D8090                                | Comprehensive Orthodontic Treatment of the Adult Dentition  | \$2060-\$5895     |
| D8091                                | Limited orthodontic treatment of the adult dentition  | \$2220-\$6480     |
| D8210                                | Removable appliance therapy   | \$495             |
| D8220                                | Fixed appliance therapy   | \$575             |
| D8660                                | Pre-Orthodontic Treatment Visit   | \$0               |
| D8680                                | Orthodontic Retention (Removal of Appliances, Construction and Placement of Retainers(s)/Removable(s) | \$495             |
| D8681                                | Orthodontic Retainer Adjustment   | \$85-\$155        |
| D8695                                | Removal of fixed orthodontic appliances for reasons other than completion of treatment                | \$295             |
| D8696                                | Repair of Orthodontic Appliance – Maxillary   | \$135             |

## UTAH FEE SCHEDULE

| CDT   | DESCRIPTION   | YOU PAY     |
|---|---|-------------|
| D8697                                       | Repair of Orthodontic Appliance – Mandibular  | \$135       |
| D8698                                       | Re-Cement or Re-Bond Fixed Retainer – Maxillary   | \$375-\$437 |
| D8699                                       | Re-Cement or Re-Bond Fixed Retainer – Mandibular  | \$375-\$437 |
| D8701                                       | Replacement of lost or broken retainer – maxillary  | \$189       |
| D8702                                       | Replacement of lost or broken retainer – mandibular   | \$189       |
| D8703                                       | Replacement of Lost or Broken Retainer – Maxillary  | \$295-\$355 |
| D8704                                       | Replacement of Lost or Broken Retainer – Mandibular   | \$295-\$355 |
| D8999                                       | Unspecified Orthodontic Procedure, By Report  | \$0-\$1103  |
| <b><u>Adjunctive General Procedures</u></b> |   |             |
| D9110                                       | Palliative (Emergency) Treatment of Dental Care – Minor   | \$151-\$233 |
| D9120                                       | Fixed Partial Sectioning  | \$158-\$200 |
| D9210                                       | Local anesthesia not in conjunction with operative or surgical procedures                                     | \$0         |
| D9211                                       | Regional block anesthesia   | \$38        |
| D9212                                       | Trigeminal division block anesthesia  | \$0         |
| D9215                                       | Local Anesthesia in Conjunction with Operative or Surgical Procedure  | \$63-\$80   |
| D9219                                       | Evaluation for Moderate Sedation, Deep Sedation or General Anesthesia   | \$82-\$100  |
| D9222                                       | Deep sedation/general anesthesia – first 15 minutes   | \$195       |
| D9223                                       | Deep sedation/general anesthesia – each subsequent 15 minute increment  | \$128       |
| D9230                                       | Inhalation of nitrous oxide/analgesia, anxiolysis   | \$95        |
| D9239                                       | Intravenous moderate (conscious) sedation/analgesia – first 15 minutes  | \$214       |
| D9243                                       | Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment                     | \$214       |
| D9248                                       | Non-Intravenous Conscious Sedation  | \$325-\$353 |
| D9310                                       | Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician) | \$55        |
| D9311                                       | Consultation with a report, including written report  | \$204       |
| D9420                                       | Hospital or Ambulatory Surgical Center Call   | \$275-\$400 |
| D9430                                       | Office Visit of Observation (During Regularly Scheduled Hours) No Other Service Performed                     | \$0-\$50    |



## UTAH FEE SCHEDULE

| CDT   | DESCRIPTION  | YOU PAY     |
|-------|--|-------------|
| D9440 | Office Visit After Regularly Scheduled Hours                                   | \$177-\$215 |
| D9450 | Case Presentation, Detailed and Extensive Treatment Planning                   | \$26-\$204  |
| D9610 | Therapeutic Parenteral Drug, Single Administration                             | \$50-\$120  |
| D9612 | Therapeutic Parenteral Drug, Two or More Administrations Different Medications | \$55-\$162  |
| D9613 | Therapeutic drug injection (e.g., corticosteroids, Botox)                      | \$244       |
| D9630 | Drugs/Medicaments Dispensed in the Office for Home                             | \$35-\$155  |
| D9910 | Application of Desensitizing Medicament  | \$73-\$93   |
| D9911 | Application of Desensitizing Resin for Cervical and/or Root Surface, Per Tooth | \$121-\$154 |
| D9920 | Behavior Management, by Report   | \$108-\$195 |
| D9930 | Treatment of complications (post-surgical) – unusual circumstances, by report  | \$157       |
| D9932 | Cleaning and inspection of removable complete denture, maxillary               | \$72        |
| D9933 | Cleaning and inspection of removable complete denture, mandibular              | \$242       |
| D9934 | Cleaning and inspection of removable partial denture, maxillary                | \$242       |
| D9935 | Cleaning and inspection of removable partial denture, mandibular               | \$242       |
| D9941 | Fabrication of Athletic Mouthguard   | \$300-\$348 |
| D9942 | Repair and/or reline of occlusal guard   | \$249       |
| D9943 | Occlusal guard adjustment  | \$170       |
| D9944 | Occlusal Guard – Hard Appliance, Full Arch                                     | \$445-\$687 |
| D9945 | Occlusal Guard – Soft Appliance, Full Arch                                     | \$305-\$667 |
| D9946 | Occlusal guard – hard appliance, full arch                                     | \$421       |
| D9950 | Occlusal Analysis – Mounted Case   | \$356-\$434 |
| D9951 | Occlusal Adjustment – Limited  | \$192-\$234 |
| D9952 | Occlusal Adjustment – Complete   | \$698-\$849 |
| D9953 | Occlusal guard adjustment  | \$2400      |
| D9970 | Enamel Microabrasion   | \$127-\$202 |
| D9971 | Odontoplasty 1–2 teeth; includes removal of enamel projections                 | \$132       |



## UTAH FEE SCHEDULE

| CDT   | DESCRIPTION  | YOU PAY     |
|-------|--|-------------|
| D9972 | External Bleaching Per Arch – Performed in Office  | \$450-\$555 |
| D9973 | External Bleaching Per Tooth   | \$291-\$354 |
| D9974 | Internal Bleaching Per Tooth   | \$350-\$426 |
| D9975 | External Bleaching for Home Appliance, per Arch;<br>Includes Materials and Fabrication of Custom Trays | \$375-\$456 |
| D9985 | Sales tax  | \$0         |
| D9986 | Missed appointment   | \$0         |
| D9987 | Cancelled appointment  | \$0         |
| D9990 | Certified translation or sign-language services, per visit   | \$0         |
| D9991 | Dental case management – addressing appointment<br>compliance barriers                                 | \$0         |
| D9992 | Dental case management – care coordination   | \$0         |
| D9993 | Dental case management – motivational interviewing   | \$0         |
| D9994 | Dental case management – patient education to<br>improve oral health literacy                          | \$0         |
| D9995 | Teledentistry – Synchronous: Real Time Encounter   | \$0         |
| D9996 | Teledentistry – Asynchronous: Information Stored and<br>Forwarded to Dentist for Subsequent Review     | \$0         |
| D9997 | Dental case management – medication management   | \$0         |
| D9999 | Unspecified adjunctive procedure, by report  | \$0-\$35    |

## Exclusions

This section identifies standard exclusions for the Dental Plan. Members will be financially responsible for the dentist's usual and customary fee for any excluded or otherwise ineligible services.

1. Services provided by a non-participating dentist are not discounted under the discount plan.
2. Procedures deemed not reasonably necessary or not customarily performed, including, but not limited to: services that have a poor prognosis and duplicate prosthetic devices or appliances are excluded.
3. The services of an anesthesiologist are not discounted. The patient is responsible for the anesthesiologist's usual and customary rate.
4. Treatment of jaw fractures or dislocations, congenital or developmental malformations, malignancies, cysts or neoplasms, or treatments for Temporomandibular Joint Syndrome (TMJ) are not discounted.
5. Courses of treatment which were begun prior to the Member's discount plan effective date and/or expenses incurred after termination of the discount plan are excluded.
6. Any dental disease, defect or injury that arises out of or during any occupational incident or exposure, for which the Member is entitled to benefits under applicable workers' compensation laws are not discounted by this Plan.
7. Any service not specifically listed on the Fee Schedule is excluded.
8. The services of a prosthodontist are excluded.
9. Prophylaxis benefits are excluded in the presence of periodontal disease.

### Limitations

This section identifies standard limitations for the Dental Plan. Members will be financially responsible for the dentist's usual and customary fee for any ineligible services.

1. Replacement of partial dentures is limited to one per arch every five years.
2. Replacement of full upper and lower dentures is limited to one per arch every five years.
3. Replacement of fixed prosthetics such as crowns, bridges, inlays, and onlays is limited to once every five years.
4. Members who are pregnant or have diabetes have a benefit for an additional Prophylaxis (routine cleaning) at no cost. This benefit is limited to one (1) in any six (6) month period. The benefit is applicable only after the Member pays for the first Prophylaxis within the same six-month period, based on the Fee Schedule.
5. Members who are pregnant or have diabetes have a benefit for one additional Periodontal Maintenance at no cost. This benefit is limited to one (1) in any six (6) month period. The benefits applicable only after the Member pays for the first Periodontal Maintenance within the same six-month period, based on the Fee Schedule.
6. Members who are pregnant or have diabetes have a benefit for a free electric toothbrush. This benefit is limited to one (1) per lifetime. The toothbrush will be mailed to the member by the toothbrush manufacturer directly. It will not be distributed at the office.
7. The fees listed on the Fee Schedule applies to services provided by an in network General Dentist. Services of an in-network Specialist (Endodontist, Oral Surgeons, Periodontist, Pediatric dentist) are available at a 20% discount off the specialist's usual and customary fee.
8. Services of a specialist may not be available in all areas.

### 9. Orthodontic Limitations:

- a. The Fee for Comprehensive Orthodontics includes records and retention and is limited to cases up to 24 months.
  - i. Additional months of treatment are available at an additional charge of 80% of the office's usual and customary rate for treatment extension.
- b. The Fee for Clear Aligner Therapy includes records and standard retainers (e.g. Essex, lab fabricated, Polly, lingual bond, etc.).
  - i. Upgraded retainers (e.g. Viverra) are not included in the Fee, but are available at the additional cost listed.
- c. Habit inhibitor appliances are not included in the Orthodontic Fees.
  - i. Such appliances are available at 80% of the office's usual and customary rate.
- d. Replacement retainers are not included in the Orthodontic Fees.
  - i. Such appliances are available at 80% of the office's usual and customary rate.
- e. Orthodontic appliances (e.g. retainers) provided apart from active therapy are available at up to 80% of the office's usual and customary rate.
- f. Replacement retainers are available at up to 80% of the office's usual and customary rate.