

NATIONAL PACIFIC DENTAL
{SE550MH}
Benefit and Copayment Schedule

CDT-7 Code	Procedure Description	Member Co-Pay
Diagnostic (00100-00999): Exams; x-rays; and related tests.		You Pay \$
09999	Unspecified Adjunctive Procedure, By Report ² - Office Visit (Infection Control Included)	\$5.00
00120	Periodic Oral Evaluation - Established Patient	No Co-Pay
00140	Limited Oral Evaluation - Problem Focused (Emergency)	No Co-Pay
00145	Oral Evaluation for a Patient Under three Years of Age and Counseling with Primary Caregiver	No Co-Pay
00150	Comprehensive Oral Evaluation - New or Established Patient	No Co-Pay
00160	Detailed and Extensive Oral Evaluation -Problem Focused, By Report	No Co-Pay
00170	Re-evaluation - Limited, Problem Focused (Established Patient; not Post-Operative Visit)	No Co-Pay
00180	Comprehensive Periodontal Evaluation - New or Established Patient	No Co-Pay
00210	Intraoral - Complete Series (Including Bitewings) (X-ray)	No Co-Pay
00220	Intraoral - Periapical First Film (X-ray)	No Co-Pay
00230	Intraoral - Periapical Each Additional Film (X-ray)	No Co-Pay
00240	Intraoral - Occlusal Film (X-ray)	No Co-Pay
00250	Extraoral - First Film (X-ray)	No Co-Pay
00260	Extraoral - Each Additional Film (X-ray)	No Co-Pay
00270	Bitewings - Single Film (X-ray)	No Co-Pay
00272	Bitewings - Two Films (X-ray)	No Co-Pay
00273	Bitewings - Three Films (x-ray)	No Co-Pay
00274	Bitewings - Four Films (X-ray)	No Co-Pay
00277	Vertical Bitewings - Seven to Eight Films (X-ray)	No Co-Pay
00330	Panoramic Film (X-ray)	No Co-Pay
00415	Collection of Microorganisms for Culture and Sensitivity	No Co-Pay
00416	Viral Culture	No Co-Pay
00421	Genetic Test for Susceptibility to Oral Diseases	No Co-Pay
00425	Caries Susceptibility Tests	No Co-Pay
00460	Pulp Vitality Tests	No Co-Pay
00470	Diagnostic Casts	No Co-Pay
Preventive (01000-01999): Prophylaxis (cleanings); fluoride; and related maintenance procedures.		
01110	Prophylaxis - Adult	No Co-Pay
01120	Prophylaxis -Child ¹	No Co-Pay
01203	Topical Application of Fluoride (Prophylaxis Not Included) - Child ¹	No Co-Pay
01204	Topical Application of Fluoride (Prophylaxis Not Included) - Adult	No Co-Pay
01206	Topical Fluoride Varnish; Therapeutic Application for Moderate to High Caries Risk Patients	No Co-Pay
01310	Nutritional Counseling for Control of Dental Disease	No Co-Pay
01320	Tobacco Counseling for the Control and Prevention of Oral Disease	No Co-Pay
01351	Sealant - Per Tooth ¹	\$4.00
01510	Space Maintainer - Fixed - Unilateral	\$36.00
01515	Space Maintainer - Fixed - Bilateral	\$36.00
01520	Space Maintainer - Removable - Unilateral	\$36.00
01525	Space Maintainer - Removable - Bilateral	\$36.00
01550	Re-Cementation of Space Maintainer	\$9.00
01555	Removal of Fixed Space Maintainer	\$9.00
Restorative (02000-02999): Amalgams, resins, pins, and single crowns: includes polishing; bases; pulp caps; liners; and preparation, temporization and		

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cementation of cast restorations; and cast crowns.		
02140	Amalgam - One Surface, Primary or Permanent	\$8.00
02150	Amalgam - Two Surfaces, Primary or Permanent	\$10.00
02160	Amalgam -Three Surfaces, Primary or Permanent	\$12.00
02161	Amalgam - Four or More Surfaces, Primary or Permanent	\$12.00
02330	Resin-Base Composite - One Surface, Anterior	\$8.00
02331	Resin-Base Composite - Two Surfaces, Anterior	\$10.00
02332	Resin-Base Composite - Three Surfaces, Anterior	\$12.00
02335	Resin-Base Composite - Four or More Surfaces, or Involving Incisal Angle (Anterior)	\$48.00
02390	Resin-Based Composite Crown, Anterior	\$20.00
02391	Resin-Based Composite - One Surface, Posterior	\$32.00
02392	Resin-Based Composite - Two Surfaces, Posterior	\$48.00
02393	Resin-Based Composite - Three Surfaces, Posterior	\$64.00
02394	Resin-Based Composite - Four or More Surfaces, Posterior	\$64.00
02650	Inlay - Resin-Based Composite - One Surface	\$215.00
02651	Inlay - Resin-Based Composite - Two Surfaces	\$215.00
02652	Inlay - Resin-Based Composite - Three Surfaces	\$215.00
02750	Crown - Porcelain Fused to High Noble Metal ³	\$210.00
02751	Crown - Porcelain Fused to Predominantly Base Metal	\$210.00
02752	Crown - Porcelain Fused to Noble Metal ³	\$210.00
02780	Crown - 3/4 Cast High Noble Metal ³	\$210.00
02781	Crown - 3/4 Cast Predominantly Base Metal	\$210.00
02782	Crown - 3/4 Cast Noble Metal ³	\$210.00
02790	Crown - Full Cast High Noble Metal ³	\$210.00
02791	Crown - Full Cast Predominantly Base Metal	\$210.00
02792	Crown - Full Cast Noble Metal ³	\$210.00
02794	Crown - Titanium ³	\$210.00
02910	Re-Cement Inlay, Onlay, or Partial Coverage Restoration	\$10.00
02915	Re-Cement Cast or Prefabricated Post and Core	\$10.00
02920	Re-Cement Crown	\$10.00
02930	Prefabricated Stainless Steel Crown - Primary Tooth ¹	\$38.00
02931	Prefabricated Stainless Steel Crown - Permanent Tooth ¹	\$38.00
02934	Prefabricated Esthetic Coated Stainless Steel Crown ¹	\$38.00
02940	Sedative Filling	\$4.00
02950	Core Build-Up, Including Any Pins	\$20.00
02951	Pin Retention - Per Tooth, in Addition to Restoration	\$24.00
02952	Cast Post and Core In Addition to Crown -Indirectly Fabricated	\$40.00
02953	Each Additional Indirectly Fabricated Post - Same Tooth	\$12.00
02954	Prefabricated Post and Core in Addition to Crown	\$40.00
02955	Post Removal (Not In Conjunction with Endodontic Therapy)	\$12.00
02957	Each Additional Prefabricated Post - Same Tooth	\$10.00
02970	Temporary Crown (Fractured Tooth)	\$43.00
Endodontics (03000-03999): Pulp caps; root canals; apical surgery; retrogrades; hemisections and related procedures.		
03110	Pulp Cap - Direct (Excluding Final Restoration)	\$12.00
03120	Pulp Cap - Indirect (Excluding Final Restoration)	No Co-Pay
03220	Therapeutic Pulpotomy (Excluding Final Restoration) -Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament	\$20.00
03221	Pulpal Debridement, Primary and Permanent Tooth	No Co-Pay

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03230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)	\$20.00
03240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	\$20.00
03310	Root Canal Therapy - Anterior (Excluding Final Restoration)	\$95.00
03320	Root Canal Therapy - Bicuspid (Excluding Final Restoration)	\$118.00
03330	Root Canal Therapy - Molar (Excluding Final Restoration)	\$162.00
03346	Retreatment of Previous Root Canal Therapy - Anterior	\$200.00
03347	Retreatment of Previous Root Canal Therapy - Bicuspid	\$300.00
03348	Retreatment of Previous Root Canal Therapy - Molar	\$450.00
03351	Apexification / Recalcification - Initial Visit (Apical Closure/Calcific Repair of Perforations, Root Resorption, Etc.)	No Co-Pay
03352	Apexification / Recalcification - Interim Visit (Apical Closure/Calcific Repair of Perforations, Root Resorption, Etc.)	No Co-Pay
03353	Apexification / Recalcification - Final Visit (Includes Completed Root Canal Therapy- Apical Closure/Calcific Repair of Perforations, Root Resorption, Etc.)	No Co-Pay
03410	Apicoectomy/Periradicular Surgery - Anterior	\$80.00
03421	Apicoectomy/Periradicular Surgery - Bicuspid (First Root)	\$80.00
03425	Apicoectomy/Periradicular Surgery - Molar (First Root)	\$80.00
03426	Apicoectomy/Periradicular Surgery (Each Additional Root)	\$80.00
03430	Retrograde Filling - Per Root	\$20.00
Periodontics (04000-04999): Includes root planing/curettage; gingival and osseous surgery; and related procedures; includes pre-op and post-op evaluations and local anesthetic; charting must be performed in conjunction with these procedures.		
04210	Gingivectomy or Gingivoplasty - Four or More Contiguous Teeth or Bounded Teeth Spaces, Per Quadrant	\$95.00
04211	Gingivectomy or Gingivoplasty - One to Three Contiguous Teeth or Bounded Teeth Spaces, Per Quadrant	\$64.00
04230	Anatomical Crown Exposure - Four or More Contiguous Teeth Per Quadrant	\$143.00
04231	Anatomical Crown Exposure - One to Three Teeth Per Quadrant	\$54.00
04240	Gingival Flap Procedure, Including Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces, Per Quadrant	\$125.00
04241	Gingival Flap Procedure, Including Root Planing - One to Three Contiguous Teeth or Bounded Teeth Spaces, Per Quadrant	\$84.00
04249	Clinical Crown Lengthening - Hard Tissue	\$100.00
04260	Osseous Surgery (Including Flap Entry and Closure) - Four or More Contiguous Teeth or Bounded Teeth Spaces, Per Quadrant	\$140.00
04261	Osseous Surgery (Including Flap Entry and Closure) - One to Three Contiguous Teeth or Bounded Teeth Spaces, Per Quadrant	\$94.00
04320	Provisional Splinting (Intracoronaral)	\$20.00
04321	Provisional Splinting (Extracoronaral)	\$20.00
04341	Periodontal Scaling and Root Planing -Four or More Teeth, Per Quadrant	\$20.00
04342	Periodontal Scaling and Root Planing, One to Three Teeth, Per Quadrant	\$14.00
04355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	\$30.00
04910	Periodontal Maintenance	\$24.00
Prostodontics, Removable (05000-05899): Full and partial dentures; including: fabrication and/or repair of prosthesis and routine post-delivery care.		

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05110	Complete Denture - Maxillary	\$260.00
05120	Complete Denture - Mandibular	\$260.00
05130	Immediate Denture - Maxillary	\$270.00
05140	Immediate Denture - Mandibular	\$270.00
05211	Maxillary Partial Denture - Resin Base (Including Any Conventional Clasps, Rests, and Teeth)	\$260.00
05212	Mandibular Partial Denture - Resin Base (Including Any Conventional Clasps, Rests, and Teeth)	\$260.00
05213	Maxillary Partial Denture - Cast Metal Framework with Resin Bases (Including Any Conventional Clasps, Rests, and Teeth)	\$270.00
05214	Mandibular Partial Denture - Cast Metal Framework with Resin Bases (Including Any Conventional Clasps, Rests, and Teeth)	\$270.00
05410	Adjust Complete Denture - Maxillary	\$10.00
05411	Adjust Complete Denture - Mandibular	\$10.00
05421	Adjust Partial Denture - Maxillary	\$10.00
05422	Adjust Partial Denture - Mandibular	\$10.00
05510	Repair Broken Complete Denture Base	\$23.00
05520	Replace Missing or Broken Teeth-Complete Denture (Each Tooth)	\$17.00
05610	Repair Resin Denture Base	\$23.00
05620	Repair Cast Framework	\$23.00
05630	Repair or Replace Broken Clasp	\$23.00
05640	Replace Broken Teeth (Partial) - Per Tooth	\$17.00
05650	Add Tooth to Existing Partial Denture	\$23.00
05660	Add Clasp to Existing Partial Denture	\$32.00
05670	Replace All Teeth and Acrylic on Cast Metal (Partial) Framework - (Maxillary)	\$234.00
05671	Replace All Teeth and Acrylic on Cast Metal (Partial) Framework - (Mandibular)	\$234.00
05710	Rebase Complete Maxillary Denture	\$59.00
05711	Rebase Complete Mandibular Denture	\$59.00
05720	Rebase Maxillary Partial Denture	\$59.00
05721	Rebase Mandibular Partial Denture	\$59.00
05730	Reline Complete Maxillary Denture (Chairside)	\$23.00
05731	Reline Complete Mandibular Denture (Chairside)	\$23.00
05740	Reline Maxillary Partial Denture (Chairside)	\$23.00
05741	Reline Mandibular Partial Denture (Chairside)	\$23.00
05750	Reline Complete Maxillary Denture (Laboratory)	\$59.00
05751	Reline Complete Mandibular Denture (Laboratory)	\$59.00
05760	Reline Maxillary Partial Denture (Laboratory)	\$59.00
05761	Reline Mandibular Partial Denture (Laboratory)	\$59.00
05820	Interim Partial Denture (Maxillary)	\$41.00
05821	Interim Partial Denture (Mandibular)	\$41.00
05850	Tissue Conditioning (Maxillary)	\$23.00
05851	Tissue Conditioning (Mandibular)	\$23.00
Prostodontics, Fixed (06200-06999): Abutments; pontics and related procedures. Includes diagnosis/models; preparation, temporization, fabrication and cementation of final restoration.		
06091	Replacement of Semi-Precision or Precision Attachment (Male or Female Component) of Implant/Abutment Supported Prosthesis, Per Attachment	\$75.00
06210	Pontic - Cast High Noble Metal ³	\$210.00
06211	Pontic - Cast Predominantly Base Metal	\$210.00

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06212	Pontic - Cast Noble Metal ³	\$210.00
06214	Pontic - Titanium ³	\$210.00
06240	Pontic - Porcelain Fused to High Noble Metal ³	\$210.00
06241	Pontic - Porcelain Fused to Predominantly Base Metal	\$210.00
06242	Pontic - Porcelain Fused to Noble Metal ³	\$210.00
06250	Pontic - Resin with High Noble Metal ³	\$210.00
06251	Pontic - Resin with Predominantly Base Metal	\$210.00
06252	Pontic - Resin with to Noble Metal ³	\$210.00
06720	Crown - Resin with High Noble Metal ³	\$210.00
06721	Crown - Resin with Predominantly Base Metal	\$210.00
06722	Crown - Resin with Noble Metal ³	\$210.00
06750	Crown - Porcelain Fused to High Noble Metal ³	\$210.00
06751	Crown - Porcelain Fused to Predominantly Base Metal	\$210.00
06752	Crown - Porcelain Fused to Noble Metal ³	\$210.00
06780	Crown - 3/4 Cast High Noble Metal ³	\$210.00
06781	Crown - 3/4 Cast Predominantly Base Metal	\$210.00
06782	Crown - 3/4 Cast Noble Metal ³	\$210.00
06790	Crown - Full Cast High Noble Metal ³	\$210.00
06791	Crown - Full Cast Predominantly Base Metal	\$210.00
06792	Crown - Full Cast Noble Metal ³	\$210.00
06794	Crown - Titanium ³	\$210.00
06930	Re-Cement Fixed Partial Denture (Bridge)	No Co-Pay
06940	Stress Breaker	\$32.00
06950	Precision Attachment	\$75.00
06970	Post and Core in Addition to Fixed Partial Denture Retainer - Indirectly Fabricated	\$32.00
06972	Prefabricated Post and Core in Addition to Fixed Partial Denture - Retainer	\$32.00
06973	Core Build-Up for Retainer, Including any Pins	\$20.00
06980	Fixed Partial Denture Repair, By Report	\$45.00
Oral Surgery (07000-07999): Nonsurgical and surgical extractions (including sutures, if necessary) and related procedures; includes pre-op and post-op evaluations and treatment under local anesthetic.		
07111	Extraction, Coronal Remnants - Deciduous Tooth	\$9.00
07140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$9.00
07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth	\$20.00
07220	Removal of Impacted Tooth - Soft Tissue	\$27.00
07230	Removal of Impacted Tooth - Partially Bony	\$45.00
07240	Removal of Impacted Tooth - Completely Bony	\$68.00
07241	Removal of Impacted Tooth - Completely Bony with Unusual Surgical Complications	\$68.00
07250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	\$27.00
07270	Tooth Reimplantation/Stabilization (Due to Accident)	\$45.00
07280	Surgical Access of Unerupted Tooth	\$45.00
07310	Alveoloplasty in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant	\$32.00
07311	Alveoloplasty in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quadrant	\$21.00
07320	Alveoloplasty Not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant	\$32.00

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07321	Alveoloplasty Not in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quadrant	\$21.00
07510	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$23.00
07520	Incision and Drainage of Abscess - Extraoral Soft Tissue	\$23.00
07910	Suture of Recent Small Wounds up to 5 cm	No Co-Pay
07960	Frenulectomy (Frenectomy or Frenotomy) - Separate Procedure	\$60.00
07970	Excision of Hyperplastic Tissue - Per Arch	\$30.00
Orthodontics (08000-08999): Orthodontic treatment; related procedures to improve a patient's craniofacial dysfunction and/or dentofacial deformity.		
08050	Interceptive Orthodontic Treatment of the Primary Dentition (Phase I) ⁴ Up To	\$1,100.00
08060	Interceptive Orthodontic Treatment (Primary/Transitional Detention) (Phase I) ⁴ Up To	\$1,100.00
08070	Comprehensive Orthodontic Treatment of the Transitional Dentition (24 Month Case)	\$1,800.00
08080	Comprehensive Orthodontic Treatment of the Adolescent Dentition (24 Month Case)	\$1,800.00
08090	Comprehensive Orthodontic Treatment of the Adult Dentition (24 Month Case)	\$2,000.00
08210	Removable Appliance Therapy	\$560.00
08220	Fixed Appliance Therapy	\$560.00
08660	Pre-Orthodontic Treatment Visit (Orthodontic Consultation)	\$95.00
08670	Periodic Orthodontic Treatment (In Conjunction with Comprehensive Orthodontic Treatment)	No Co-Pay
08680	Orthodontic Retention-per arch (Removal of Appliances, Construction and Placement of Retainers)	\$95.00
08999	Unspecified Orthodontic Procedure, By Report ² - Diagnostic Workup	\$250.00
	Premium Transparent Brackets (Per Arch), By Report	\$200.00
Adjunctive General Services (09110-09999):		
09110	Palliative (Emergency) Treatment of Dental Pain - Minor Procedure	No Co-Pay
09120	Fixed Partial Denture Sectioning	\$45.00
09212	Trigeminal Division Block Anesthesia	No Co-Pay
09215	Local Anesthesia	No Co-Pay
09230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide	\$10.00
09241	Intravenous Conscious Sedation / Analgesia - First 30 Minutes	\$45.00
09310	Consultation (Diagnostic Service Provided by Dentist or Physician Other than Requesting Dentist or Physician)	No Co-Pay
09430	Office Visit for Observation (During Regularly Scheduled Hours With No Other Services Performed, Except Necessary X-Rays)	No Co-Pay
09440	Office Visit - After Regularly Scheduled Hours	\$35.00
09450	Case Presentation, Detailed and Extensive Treatment Planning	No Co-Pay
09630	Other Drugs and / or Medicaments, By Report	UCR
09910	Application of Desensitizing Medicament	No Co-Pay
09951	Occlusal Adjustment - Limited	No Co-Pay

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- 1 For children age 14 and under only
- 2 Other than those procedures listed, no other unspecified procedures are covered
- 3 Does not include the cost of noble metal, high noble metal, or titanium
- 4 Not to exceed the amount listed in the co-pay column; can be less than the amount listed

To be covered, all services and procedures must be considered dentally necessary by your dentist.

The above procedures are performed as needed and deemed necessary by your attending Panel Dentist - subject to applicable Limitations, Exclusions and Governing Administrative Policies of the Program. Please refer to these of benefits. (See Limitations and Exclusions)

Please Call NPD For All Specialty Care Referrals 800-232-0990