



# PLEASE READ BEFORE FILING YOUR DENTAL INSURANCE CLAIM

## FOR THE EMPLOYEE

If the claim is on yourself complete items 1 through 11. If the claim is on your dependent also complete items 12 through 14. Sign and date the form where indicated - item 15. If you wish to have your benefits paid directly to the dentist complete item 16. **INCOMPLETE CLAIM FORMS WILL HAVE TO BE RETURNED TO YOU FOR PROPER COMPLETION. THIS WILL DELAY CONSIDERATION AND PAYMENT OF YOUR CLAIM.**

This list of dental procedures (adapted from the American Dental Association Uniform Code on Dental Procedures and Nomenclature) is provided for reference in completing the claim form. All procedures listed are not covered by every plan. The Group insurance contract determines services and benefits covered by any particular plan. Procedures not

## FOR THE DENTIST

Please complete Part II entitled "To be completed by the Attending Dentist." Wherever possible use the ADA procedure numbers listed below to describe the treatment rendered and indicate your fee for each service performed.

listed below should be reported in terms of the ADA uniform code or by a narrative description. **Dentists - please note:** the lead zero (0) in the following ADA uniform codes has been omitted.

- I. Diagnostic/General**
- Radiographs**
- 0210 Intraoral - complete series (with or without bitewings)
  - 0220 Intraoral - single, first film
  - 0230 Intraoral - each additional film
  - 0240 Occlusal Single Film
  - 0270 Bitewing
  - 0330 Panoramic maxillary and mandibular - single film
  - 0340 Cephalometric radiograph
- Tests and Laboratory Examinations**
- 0430 Biopsy and examination of oral tissue, hard
  - 0440 Biopsy and examination of oral tissue, soft
  - 0460 Pulp vitality tests
  - 0470 Diagnostic cast

### II. Preventive

- Dental Prophylaxis**
- 1110 Adults
  - 1120 Children under 12
- Space Maintainers**
- 1510 Fixed, band type
  - 1515 Fixed, stainless steel crown type
  - 1520 Fixed, cast type
  - 1530 Removable, acrylic (with or without clasps or wires)

### III. Restorative

- Amalgam Restorations (deciduous teeth)**
- 2110 Amalgam - one surface
  - 2120 Amalgam - two surfaces
  - 2130 Amalgam - three surfaces
- Amalgam Restorations (permanent teeth)**
- 2140 Amalgam - one surface
  - 2150 Amalgam - two surfaces
  - 2160 Amalgam - three surfaces
  - 2170 Pin retained amalgam (in addition to above - per tooth)
- Silicate Restorations**
- 2210 Silicate cement - per restoration
- Acrylic or Plastic Restorations**
- 2310 Acrylic or Plastic
  - 2320 Acrylic or Plastic (involving incisal angle)
  - 2311 Pin retained (in addition to above - per tooth)
- Gold Foil Restorations**
- 2410 Gold Foil - one surface
  - 2420 Gold Foil - two surfaces
  - 2430 Gold Foil - three surfaces
- Gold Inlay Restorations**
- 2520 Inlay, gold - two surfaces
  - 2530 Inlay, gold - three surfaces
  - 2540 Onlay, (in addition to above - per tooth)
- Crowns - Single Restorations Only**
- 2720 Plastic with metal

- 2740 Porcelain
  - 2750 Porcelain with metal
  - 2790 Gold (full cast)
  - 2810 Gold (¾ cast)
  - 2830 Stainless steel
  - 2890 Dowel pin
  - 2891 Post and core
- } in addition to above per tooth

### Other Restorative Services

- 2910 Recement inlays
- 2920 Recement crowns

### IV. Endodontics

- Pulp Capping (excluding restoration)**
- 3110 Pulp cap - direct
  - 3120 Pulp cap - indirect
- Pulpotomy (excluding restoration)**
- 3210 Therapeutic apical closure
  - 3220 Vital pulpotomy
- Root Canal Therapy (includes treatment plan, clinical procedures, and follow-up care; excludes restoration)**
- 3310 One canal
  - 3311 One canal (in conjunction with apicoectomy)
  - 3320 Two canals
  - 3321 Two canals (in conjunction with apicoectomy)
  - 3330 Three canals
  - 3331 Three canals (in conjunction with apicoectomy)
- Periapical Services**
- 3410 Apicoectomy
  - 3430 Retrograde filling
  - 3920 Hemisection

### V. Periodontics

- Surgical Services**
- 4210 Gingivectomy or gingivoplasty, per quadrant
  - 4220 Gingival curettage, per quadrant
  - 4260 Osseous surgery, per quadrant
  - 4261 Osseous graft - single site
  - 4262 Osseous graft - multiple site per quadrant
- Adjunctive Services**
- 4330 Occlusal adjustment (limited; not involving restoration)
  - 4331 Occlusal adjustment (complete; not involving restoration)
  - 4340 Periodontal scaling and root planing (12 or more teeth)
  - 4341 Periodontal scaling and root planing (fewer than 12 teeth)

### VI. Prosthodontics - Removable

- Complete Dentures**
- 5110 Complete upper
  - 5120 Complete lower
  - 5130 Immediate upper
  - 5140 Immediate lower

### Partial Dentures

- 5230 Lower with gold or chrome lingual bar and two clasps, acrylic base
  - 5240 Lower with gold or chrome lingual bar and two clasps, cast base
  - 5250 Upper with gold or chrome palatal bar and two clasps, acrylic base
  - 5260 Upper with gold or chrome palatal bar and two clasps, cast base
  - 5310 Each additional clasp
- Adjustments to denture (6 mos. after installation or by dentist other than dentist providing appliances)**
- 5410 Complete denture
  - 5420 Partial denture

### Repairs to Dentures

- 5610 Repair broken complete or partial denture, no teeth damaged
  - 5620 Repair broken complete or partial denture and replace one broken tooth
  - 5630 Replace additional teeth, each tooth
  - 5640 Replace broken tooth on denture, no other repairs
- Adding teeth to partial to replace extracted tooth:**
- 5650 Each tooth not involving clasp
  - 5660 Each tooth involving clasp
  - 5670 Reattaching damaged clasp on denture
  - 5680 Replacing broken clasp with new clasp on denture
  - 5690 Each additional broken clasp with rest
  - 5750 Relining upper or lower complete denture (laboratory)
  - 5760 Relining upper or lower partial denture (laboratory)
  - 5850 Tissue conditioning

### VII. Prosthodontics - Fixed

- Fixed Bridges**
- Bridge Pontics**
- 6210 Cast gold
  - 6220 Slotted (Steele's) facing
  - 6230 Slotted (Tru) Pontic
  - 6240 Porcelain fused to metal
  - 6250 Plastic processed to metal
- Abutments**
- 6520 Two surface gold inlay
  - 6530 Three or more surface gold inlay
  - 6540 Gold onlay (in addition to above - per tooth)
- Repairs**
- 6610 Replace broken pin facing with slotted (Steele's) or other facing
  - 6620 Replace broken facing where post is intact
  - 6630 Replace broken facing where post backing is broken

- 6640 Replace broken facing with acrylic
  - 6650 Replace broken slotted Tru Pontic
- Crowns**
- 6720 Plastic processed to metal
  - 6750 Porcelain fused to metal
  - 6780 Gold (¾ cast)
  - 6790 Gold (full cast)
- Other Services**
- 6930 Recement bridge
  - 6960 Dowel pin - in addition to above per tooth

### VIII. Oral Surgery

- (All procedures include local anesthesia and postoperative care)
- Simple extractions**
- 7110 Single tooth
  - 7120 Each additional tooth
- Surgical Extractions**
- 7220 Extraction of tooth, soft tissue impaction
  - 7230 Extraction of tooth, partial bony impaction
  - 7240 Extraction of tooth, complete bony impaction
- Alveoplasty (surgical preparation of ridge for dentures)**
- 7310 Per sextant, in conjunction with extractions
  - 7320 Per sextant, not in conjunction with extractions
  - 7438 Excisions or removal of tumor, cyst or neoplasms
  - 7470 Removal of exostosis
- Comprehensive Full Banded Treatment**
- 8010 Preliminary Study (including cephalometric radiographs, diagnostic casts and treatment plan)
  - 8020 First month of active treatment including all active and retention appliances
  - 8030 Active treatment, per month after first month
  - 8040 Retention treatment per visit
  - 8050 Examination, treatment, or adjustment, per visit
- Other Orthodontic Treatment Appliances for Tooth Guidance (not more than one per case)**
- 8110 Removable
  - 8120 Fixed or cemented
- Appliances to control harmful habits (not more than one per case)**
- 8210 Removable
  - 8220 Fixed or cemented
- Orthodontic retention appliances (not more than one per case)**
- 8310 Removable
  - 8320 Fixed or cemented