

Schedule of Benefits: The below co-payments contained in this fee schedule are valid when treatment is provided by a Participating Dentist. If the services of a Non-Participating Dentist are recommended and available, and are a covered benefit, then the below co-payments apply and the member will pay the difference up to the dentist's normal billed charge. If the services for non-covered procedures are performed by a Non-Participating Dentist the charge will be patient responsibility. If a service is not listed below, it may be available at the Participating Dental Provider's Usual and Customary Fee, less a discount of 25%. Each office visit includes all fees for sterilization and infection control.

Code	Procedure Description	Limitations/ Pre-Authorizations	Member Pays
DIAGNOSTICS			
D0120	Periodic Oral Evaluation - Established Patient	1 of (D0120, D 1040 or D0150) every 6 months	0
D0140	Limited Oral Evaluation - Prob. Focused	1 of (D0120, D 1040 or D0150) every 6 months	0
D0145	Oral Evaluation for a Patient under three years of age and counseling with primary caregiver	NA	44
D0150	Comprehensive Oral Exam	1 of (D0120, D 1040 or D0150) every 6 months	0
D0160	Detailed and Extensive Oral Evaluation - Problem Focused, by Report	NA	77
D0180	Comprehensive Periodontal Evaluation	NA	61
D0210	X-rays Intraoral - Complete Series Inc. Bitewings	1 per 3 years	0
D0220	X-rays Intraoral - Periapical - First Film	1 per year	0
D0230	X-rays Intraoral - Periapical - Each Additional Film	1 per year	0
D0240	X-rays Intraoral - Occlusal Film	NA	20
D0250	Extraoral - First Film	NA	25
D0260	Extraoral - Each Additional Film	NA	25
D0270	X-rays Bitewing - Single Film	1 per year	0
D0272	X-rays Bitewings - Two Films	1 per year	0
D0273	X-rays Bitewings - Three Films	1 per year	0
D0274	X-rays Bitewings - Four Films	1 per year	0
D0277	Vertical Bitewings - 7 to 8 Films	NA	49
D0290	Posterior - Anterior or Lateral Skull and Facial Bone Survey Film	NA	95
D0321	Temporomandibular joint film	NA	264
D0322	Tomographic Survey	NA	414
D0330	X-rays Panoramic Film	1 per 3 years	0
D0340	Cephalometric film	NA	63
D0350	Oral/facial photographic images	NA	36
D0460	Pulp Vitality Testing	NA	39
D0470	Diagnostic Casts	NA	59
PREVENTIVES			
D1110	Prophylaxis - Adult	1 per 6 months	0
D1120	Prophylaxis - Child	1 per 6 months	0
D1206	Topical Fluoride Varnish; therapeutic application for moderate to high caries risk patients	NA	0
D1208	Topical Application of Fluoride	NA	0
D1310	Nutritional Counseling for Control of Dental Disease	NA	0
D1320	Tobacco Counseling	NA	0
D1330	Oral Hygiene Instruction	NA	0
D1351	Sealant - Per Tooth	NA	28
D1510	Space Maintainer - Fixed - Unilateral	NA	347
D1515	Space Maintainer - Fixed - Bilateral	NA	402
D1520	Space Maintainer - Removable - Unilateral	NA	369
D1525	Space Maintainer - Removable - Bilateral	NA	446
D1550	Recementation of Space Maintainer	NA	39
D1555	Removal of Fixed Space Maintainer	NA	39

ARGUS DENTAL & VISION, INC.

Toll Free 877-864-0625 | 4010 West State Street | Tampa, Florida 33609 | www.argusdentalvision.com

Code	Procedure Description	Limitations/ Pre-Authorizations	Member Pays
ESTORATIVES			
D2140	Amalgam - One Surface, Primary or Permanent	(2) - 1, 2, 3 or 4 surface amalgam or resin restorations per year	27
D2150	Amalgam - Two Surfaces, Primary or Permanent		38
D2160	Amalgam - Three Surfaces, Primary or Permanent		55
D2161	Amalgam - Four or More Surfaces, Primary or Permanent		66
D2330	Resin - One Surface, Anterior		88
D2331	Resin - Two Surfaces, Anterior		60
D2332	Resin - Three Surfaces, Anterior		71
D2335	Resin - Four or More Surfaces, Anterior or Involving Incisal Angle		99
D2390	Resin-Based Composite Crown, Anterior		132
D2391	Resin-Based Composite, One Surface, Posterior		46
D2392	Resin-Based Composite, Two Surfaces, Posterior		73
D2393	Resin-Based Composite, Three Surfaces, Posterior		104
D2394	Resin-Based Composite, Four Surfaces, Posterior		132
D2410	Gold Foil - One Surface		NA
D2420	Gold Foil - Two Surfaces	NA	301
D2430	Gold Foil - Three Surfaces	NA	523
D2510	Inlay - Metallic - One Surface	NA	479
D2520	Inlay - Metallic - Two Surfaces	NA	545
D2530	Inlay - Metallic - Three or More Surfaces	NA	629
D2543	Onlay - Metallic - Three Surfaces	NA	622
D2544	Onlay - Metallic - Four or More Surfaces	NA	618
D2610	Inlay - Porcelain/Ceramic - One Surface	NA	563
D2620	Inlay - Porcelain/Ceramic - Two Surfaces	NA	557
D2630	Inlay - Porcelain/Ceramic - Three or More Surface	NA	570
D2642	Onlay - Porcelain/Ceramic - Two Surfaces	NA	637
D2643	Onlay - Porcelain/Ceramic - Three Surfaces	NA	645
D2644	Onlay - Porcelain/Ceramic - Four or More Surfaces	NA	642
D2650	Inlay - Resin-Based Composite - One Surface	NA	340
D2651	Inlay - Resin-Based Composite - Two Surfaces	NA	430
D2652	Inlay - Resin-Based Composite - Three or More Surfaces	NA	456
D2662	Onlay - Resin-Based Composite - Two Surfaces	NA	402
D2663	Onlay - Resin-Based Composite - Three Surfaces	NA	443
D2664	Onlay - Resin-Based Composite - Four or More Surfaces	NA	490
D2710	Crown - Resin-Based Composite (Indirect)*	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791 or D2792) per year *Pre-authorization required; supporting documentation required (Pre-Operative X-ray(s), Post-Operative Xray(s))	0
D2720	Crown - Resin with High Noble Metal*		704
D2721	Crown - Resin with Predominantly Base Metal*		64
D2722	Crown - Resin with Noble Metal*		86
D2740	Crown Porcelain/Ceramic Substrate*		130
D2750	Crown Porcelain Fused to High Noble Metal *		119
D2751	Crown Porcelain Fused to Predominately Base Metal*		64
D2752	Crown Porcelain Fused to Noble Metal*		86
D2780	Crown - 3/4 Cast High Noble Metal*		119
D2781	Crown - 3/4 Cast Predominantly Base Metal*		64
D2782	Crown - 3/4 Cast Noble Metal*		86
D2783	Crown - 3/4 Porcelain/Ceramic*		119
D2790	Crown - Full Cast High Noble Metal*		119
D2791	Crown - Full Cast Predominately Base Metal*		64
D2792	Crown - Full Cast Noble Metal*	86	

Code	Procedure Description	Limitations/ Pre-Authorizations	Member Pays
RESTORATIVES			
D2910	Recement Inlay, Onlay, or Partial coverage restoration	NA	55
D2915	Recement cast or prefabricated post and core	NA	53
D2920	Recement Crown	NA	58
D2930	Prefabricated Stainless Steel Crown - Primary	NA	121
D2931	Prefabricated Stainless Steel Crown - Permanent	NA	165
D2932	Prefabricated Resin Crown	NA	191
D2933	Prefabricated Stainless Steel Crown with Resin Window	NA	209
D2940	Protective Restoration (Sedative Filling)	NA	62
D2950	Core Buildup, Incl. Any Pins	NA	150
D2951	Pin Retention - Per Tooth, in Addition to Restoration	NA	0
D2952	Post and Core in Addition to Crown, Indirectly Fabricated	NA	206
D2953	Each Additional Indirectly Fabricated Post - Same Tooth	NA	117
D2954	Prefabricated Endo Post and Core in Addition to Crown	NA	181
D2955	Post Removal (Not in Conjunction with Endodontic Therapy)	NA	167
D2957	Each Additional Prefabricated Post - Same Tooth	NA	104
D2960	Labial veneer (resin laminate) - chairside	NA	317
D2961	Labial veneer (resin laminate) - laboratory	NA	633
D2962	Labial veneer (porcelain laminate) - laboratory	NA	792
D2970	Temporary Crown (fractured tooth, if separate from Crown)	NA	50
ENDODONTICS			
D3110	Pulp Cap, Direct (Excl. Final Restoration)	NA	33
D3120	Pulp Cap, Indirect (Excl. Final Restoration)	NA	33
D3220	Therapeutic Pulpotomy	NA	116
D3221	Pulpal Debridement, Primary and Permanent Teeth	NA	121
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)	NA	121
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	NA	150
D3310	Root Canal - Anterior - Per Tooth	NA	468
D3320	Root Canal - Bicuspid - Per Tooth	NA	567
D3330	Root Canal - Molar - Per Tooth	NA	743
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	NA	451
D3346	Retreatment of Previous Root Canal Therapy - Anterior	NA	602
D3347	Retreatment of Previous Root Canal Therapy - Bicuspid	NA	640
D3348	Retreatment of Previous Root Canal Therapy - Molar	NA	743
D3351	Apexification/recalcification - Initial Visit	NA	231
D3352	Apexification/recalcification - Interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	NA	193
D3353	Apexification/recalcification - Final Visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc)	NA	341
D3410	Apicoectomy/Periradicular Surgery - Anterior	NA	440
D3421	Apicoectomy/Periradicular Surgery - Bicuspid, First Root	NA	561
D3425	Apicoectomy/Periradicular Surgery - Molar, First Root	NA	671
D3426	Apicoectomy/Periradicular Surgery - Additional Roots	NA	325
D3430	Retrograde Filling	NA	151
D3450	Root Amputation - Per Root	NA	340
D3460	Endodontic endosseous implant	NA	1511
D3470	Intentional Reimplantation (Including Necessary Splinting)	NA	629
D3910	Surgical Procedure for Isolation of Tooth with Rubber Dam	NA	90
D3920	Hemisection - Including Root Removal (Excluding Root Canal Therapy)	NA	249
D3950	Canal preparation and fitting of preformed post	NA	95

Code	Procedure Description	Limitations/ Pre-Authorizations	Member Pays
PERIODONTICS			
D4210	Gingivectomy or Gingivoplasty - Per Quad (4 or More Teeth)	NA	303
D4211	Gingivectomy or Gingivoplasty, Per Quad (1 to 3 Teeth)	NA	154
D4240	Gingival Flap Procedure (Incl. Root planning - (4 or More Teeth) Per Quadrant)	NA	408
D4241	Gingival Flap Procedure (Incl. Root planning - (1 to 3 Teeth) Per Quadrant)	NA	298
D4245	Apically positioned flap	NA	297
D4249	Clinical Crown Lengthening - Hard Tissue	NA	248
D4260	Osseous Surgery (Including Flap Entry and Closure) -Per Quad. (4 or More Teeth)	NA	742
D4261	Osseous Surgery (Including Flap Entry and Closure) - Per Quad. (1 to 3 Teeth)	NA	616
D4263	Bone replacement graft - first site in quadrant	NA	308
D4264	Bone Replacement Graft - Each Additional Site in Quadrant	NA	122
D4266	Guided Tissue Regeneration - Resorbable Barrier, per site	NA	338
D4267	Guided Tissue Regeneration - Nonresorbable Barrier, per site (includes membrane removal)	NA	326
D4270	Pedicle Soft Tissue Graft Procedure	NA	499
D4271	Free Soft Tissue Graft Procedure (Incl. Donor Site Surgery)	NA	568
D4274	Distal or Poximal Wedge Procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	NA	190
D4320	Provisional Splinting - intracoronal	NA	192
D4321	Provisional Splinting - extracoronal	NA	220
D4341	Periodontal Scaling and Root Planning - Per Quad. (4 or More Teeth)	1 of (D4341 or D4342) per 12 months per quadrant. Not allowed on the same date as D1110 or D1120	69
D4342	Periodontal Scaling and Root Planning - Per Quad. (1 to 3 Teeth)		9
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation & Diagnosis	NA	94
D4910	Periodontal Maintenance Procedures - Following Active Surgery (2 in a 12 Month Period)	1 per 6 months	72
D4920	Unscheduled Dressing Change (by someone other than treating dentist)	NA	72
PROSTHODONTICS			
D5110	Complete Upper Denture	NA	853
D5120	Complete Lower Denture	NA	853
D5130	Immediate Upper Denture	NA	930
D5140	Immediate Lower Denture	NA	930
D5211	Partial Upper - Resin Base (with Clasps/Rests & Teeth)	NA	798
D5212	Partial Lower - Resin Base (with Clasps/Rests & Teeth)	NA	798
D5213	Upper Partial - Cast Metal Base with Resin Saddles (w/ Clasps/Rests & Teeth)	NA	886
D5214	Lower Partial - Cast Metal Base with Resin Saddles (w/ Clasps/Rests & Teeth)	NA	886
D5281	Removable Unilateral Partial Denture - One Piece Cast Metal (including clasps and teeth)	NA	600
D5410	Adjust Complete Denture - Upper	NA	0
D5411	Adjust Complete Denture - Lower	NA	0
D5421	Adjust Partial Denture - Upper	NA	0
D5422	Adjust Partial Denture - Lower	NA	0
D5510	Repair Broken Complete Denture Base	NA	259
D5520	Replace Missing or Broken Teeth	NA	237
D5610	Repair Resin Denture Base	NA	237
D5620	Repair Cast Framework	NA	259
D5630	Repair or Replace Broken Clasp	NA	259
D5640	Replace Broken Teeth - Per Tooth	NA	237
D5650	Add Tooth to Existing Partial Denture	NA	237
D5660	Add Clasp to Existing Partial Denture	NA	270

ARGUS DENTAL & VISION, INC.

Toll Free 877-864-0625 | 4010 West State Street | Tampa, Florida 33609 | www.argusdentalvision.com

Code	Procedure Description	Limitations/ Pre-Authorizations	Member Pays
PROSTHODONTICS			
D5710	Rebase Complete Maxillary Denture	NA	358
D5711	Rebase Complete Mandibular Denture	NA	358
D5720	Rebase Maxillary Partial Denture	NA	330
D5721	Rebase Mandibular Partial Denture	NA	330
D5730	Chairside Reline Complete Upper Denture	NA	105
D5731	Chairside Reline Complete Lower Denture	NA	105
D5740	Chairside Reline Upper Partial	NA	105
D5741	Chairside Reline Lower Partial	NA	105
D5750	Laboratory Reline Complete Upper Denture	NA	270
D5751	Laboratory Reline Complete Lower Denture	NA	270
D5760	Laboratory Reline Upper Partial	NA	281
D5761	Laboratory Reline Lower Partial	NA	281
D5810	Interim Complete Denture (Maxillary)	NA	402
D5811	Interim Complete Denture (Mandibular)	NA	402
D5820	Interim Partial Denture (Maxillary)	NA	352
D5821	Interim Partial Denture (Mandibular)	NA	352
D5850	Tissue Conditioning (Maxillary)	NA	88
D5851	Tissue Conditioning (Mandibular)	NA	88
D5860	Overdenture complete	NA	990
D5861	Overdenture partial	NA	935
D5986	Fluoride Gel Carrier	NA	85
D5987	Commissure Splint	NA	1496
PROSTHODONTICS-FIXED			
D6010	Surgical Placement of Implant Body: Endosteal Implant	NA	1221
D6040	Surgical Placement: Eposteal Implant	NA	6519
D6050	Surgical Placement: Transosteal Implant	NA	4554
D6055	Dental Implant Supported Connecting Bar	NA	405
D6080	Implant Maintenance Procedures, Including Removal of Prosthesis, Cleansing of Prosthesis and Abutments and Reinsertion of Prosthesis	NA	80
D6210	Pontic - Cast High Noble Metal	NA	704
D6211	Pontic - Cast Predominantly Base Metal	NA	649
D6212	Pontic - Cast Noble Metal	NA	671
D6214	Pontic - Titanium	NA	710
D6240	Pontic - Porcelain Fused to High Noble Metal	NA	704
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	NA	649
D6242	Pontic - Porcelain Fused to Noble Metal	NA	671
D6250	Pontic - Resin with high noble metal	NA	704
D6251	Pontic - Resin with predominantly base metal	NA	649
D6252	Pontic - Resin with noble metal	NA	671
D6545	Cast metal retainer for acid etch bridge	NA	385
D6720	Crown - Resin with high noble metal	NA	704
D6721	Crown - Resin with predominantly base metal	NA	649

ARGUS DENTAL & VISION, INC.

Toll Free 877-864-0625 | 4010 West State Street | Tampa, Florida 33609 | www.argusdentalvision.com

Code	Procedure Description	Limitations/ Pre-Authorizations	Member Pays
ROSTHODONTICS-FIXED			
D6722	Crown - Resin with noble metal	NA	671
D6750	Crown - Porcelain Fused to High Noble Metal	NA	704
D6751	Crown - Porcelain Fused to Base Metal	NA	649
D6752	Crown - Porcelain Fused to Noble Metal	NA	671
D6780	Crown - 3/4 Cast High Noble Metal	NA	704
D6781	Crown - 3/4 Cast Predom. Base Metal	NA	649
D6782	Crown - 3/4 Cast Fused to Noble Metal	NA	671
D6783	Crown - 3/4 Porcelain/Ceramic	NA	704
D6790	Crown - Full Cast High Noble Metal	NA	704
D6791	Crown - Full Cast Predominately Base Metal	NA	649
D6792	Crown - Full Cast Noble Metal	NA	671
D6920	Connector Bar	NA	111
D6930	Recement Bridge	NA	72
D6940	Stress Breaker	NA	347
D6950	Precision Attachment	NA	490
D6970	Post and Core in Addition to Fixed Partial Denture Retainer, Indirectly Fabricated	NA	212
D6972	Prefabricated Post and Core in Addition to Fixed Partial Denture Retainer	NA	176
D6973	Core Build Up for Retainer, Including Any Pins	NA	144
D6975	Coping - Metal	NA	391
D6976	Each Additional Indirectly Fabricated Post - Same Tooth	NA	91
D6977	Each Additional Prefabricated Post - Same Tooth	NA	88
RAL SURGERY			
D7111	Extraction, Coronal Remnants - Deciduous Tooth	NA	66
D7140	Extraction - Erupted Tooth or Exposed Root (Evaluation &/or Forceps Removal)*	2 of (D7140 or D7210) per year	44
D7210	Surgical Removal of Erupted Teeth*	*Pre-Authorization required for Non-Emergency; supporting documentation required (Non-emergency PA radiographic image -Emergency PA radiographic	104
D7220	Removal of Impacted Tooth - Soft Tissue	NA	187
D7230	Removal of Impacted Tooth - Partially Bony	NA	215
D7240	Removal of Impacted Tooth - Completely Bony	NA	242
D7241	Removal of Impacted Tooth - Completely Bony, with Unusual Surgical Complications	NA	324
D7250	Surgical Removal of Residual Tooth Roots	NA	132
D7260	Orantral fistula closure	NA	1320
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth	NA	322
D7272	Tooth Transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	NA	477
D7280	Surgical Exposure of Impacted Unerupted Tooth for Ortho Reasons	NA	198
D7285	Biopsy of Oral Tissue - Hard	NA	248
D7286	Biopsy of Oral Tissue - Soft	NA	154
D7290	Surgical repositioning of teeth	NA	302
D7310	Alveoplasty in Conjunction with Extractions- four or more teeth or tooth spaces per quad	NA	94
D7311	Alveoplasty in Conjunction with Extractions- one to three teeth or tooth spaces, per quad	NA	55
D7320	Alveoplasty not in Conjunction with Extractions- four or more teeth or tooth spaces per quad	NA	204
D7321	Alveoplasty not in Conjunction with Extractions- one to three teeth or tooth spaces per quad	NA	138
D7340	Vestibuloplasty - ridge extension (secondary epithelial)	NA	688

ARGUS DENTAL & VISION, INC.

Toll Free 877-864-0625 | 4010 West State Street | Tampa, Florida 33609 | www.argusdentalvision.com

Code	Procedure Description	Limitations/ Pre-Authorizations	Member Pays
ORAL SURGERY			
D7350	Vestibuloplasty - Ridge Extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	NA	4549
D7410	Excision of benign lesion up to 1.25 cm	NA	303
D7411	Excision of benign lesion greater than 1.25 cm	NA	358
D7412	Excision of benign lesion, complicated	NA	467.5
D7440	Excision of Malignant Tumor - Lesion diameter up to 1.25 cm	NA	1024
D7441	Excision of Malignant Tumor - Lesion diameter greater than 1.25 cm	NA	1592
D7450	Removal of benign odontogenic cyst or tumor-lesion diameter up to 1.25 cm	NA	303
D7451	Removal of benign odontogenic cyst or tumor-lesion diameter greater than 1.25 cm	NA	468
D7460	Removal of benign nonodontogenic cyst or tumor-lesion diameter up to 1.25 cm	NA	303
D7461	Removal of benign nonodontogenic cyst or tumor-lesion diameter greater than 1.25 cm	NA	358
D7465	Destruction of lesion(s) by physical or chemical method, by report	NA	226
D7471	Removal of lateral exostosis (maxilla or mandible)	NA	275
D7472	Removal of torus palatinus	NA	358
D7473	Removal of torus mandibularis	NA	303
D7510	Incision and drainage of abscess-intraoral soft tissue	NA	105
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	NA	193
D7520	Incision and drainage of abscess-extraoral soft tissue	NA	248
D7521	Incision and drainage of abscess-extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	NA	275
D7530	Removal of Foreign Body from Mucosa, Skin, or Subcutaneous Alveolar Tissue	NA	298
D7540	Removal of reaction-producing foreign bodies, musculoskeletal system	NA	330
D7550	Partial ostectomy/sequestrectomy of removal of non-vital bone	NA	206
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	NA	1638
D7670	Alveolus-closed reduction, may include stabilization of teeth	NA	655
D7880	Occlusal orthotic device, by report	NA	413
D7940	Osteoplasty - for orthognathic deformities	NA	2530
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or non-autogenous, by report	NA	1319
D7960	Frenulectomy	NA	204
D7963	Frenuloplasty	NA	204
D7970	Excision of hyperplastic tissue (per arch)	NA	204
D7971	Excision of Pericoronal Gingiva	NA	88
D7983	Closure of Salivary Fistula	NA	1444
D8010	Limited Orthodontic Treatment of the Primary Dentition	NA	1650
D8020	Limited Orthodontic Treatment of the Transitional Dentition	NA	1650
D8030	Limited Orthodontic Treatment of the Adolescent Dentition	NA	1650
D8040	Limited Orthodontic Treatment of the Adult Dentition	NA	1650
D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition	NA	3245
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition	NA	3245
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition	NA	3245
D8660	Pre-Orthodontic Treatment Visit	NA	50
D8670	Periodic Orthodontic Treatment Visit (as part of contract)	NA	50
D8680	Orthodontic Retention (removal of appliances, construction and placement of retainer(s))	NA	440

ARGUS DENTAL & VISION, INC.

Toll Free 877-864-0625 | 4010 West State Street | Tampa, Florida 33609 | www.argusdentalvision.com

Code	Procedure Description	Limitations/ Pre-Authorizations	Member Pays
ADJUNCTIVE GENERAL SERVICES			
D9110	Palliative (Emergency) Treatment of Dental Pain Minor Procedure	NA	44
D9120	Fixed Partial Denture Sectioning	NA	0
D9210	Local Anesthesia Not in Conjunction with Operative or Surgical Procedures	NA	28
D9211	Regional Block Anesthesia	NA	31
D9212	Trigeminal Division Block Anesthesia	NA	59
D9215	Local Anesthesia	NA	0
D9223	Deep sedation/general anesthesia – each 15 minute increment	NA	102
D9230	Analgesia - anxiolysis, inhalation of nitrous oxide	NA	55
D9243	Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment	NA	90
D9248	Non-intravenous Conscious Sedation	NA	59
D9310	Consultation - Diagnostic Service Provided by Dentist or Physician other than Requesting Dentist or Physician	NA	50
D9410	House/Extended Care Facility Call	NA	193
D9420	Hospital call	NA	193
D9430	Office Visit for Observation (During Regularly Scheduled Hours)	NA	0
D9440	Office Visit - After Regularly Scheduled Hours	NA	83
D9450	Case Presentation, Detailed and Extensive Treatment Planning	NA	0
D9491	Office Visit - Per Visit (Including All Fees for Sterilization and/or Infection Control)	NA	0
D9610	Therapeutic parenteral drug, single administration	NA	39
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	NA	55
D9630	Medicinal Application/irrigation Per Visit	NA	28
D9910	Application of desensitizing medicaments	NA	28
D9941	Fabrication of Athletic Mouthguard	NA	110
D9950	Occlusion analysis - mounted case	NA	105
D9951	Occlusion Adjustment - Limited	NA	55
D9952	Occlusion Adjustment - Complete	NA	325
D9970	Enamel Micro abrasion	NA	35
D9972	External bleaching - per arch	NA	220
D9973	External Bleaching - Per Tooth	NA	24
D9974	Internal bleaching - per arch	NA	163
D9999	Broken Appointment (Less than 24 Hour Notice) - per 15 minute unit - maximum	NA	28

- Lab fees are not included and shall not exceed \$150 per procedure, where applicable

ARGUS DENTAL & VISION, INC.

Toll Free 877-864-0625 | 4010 West State Street | Tampa, Florida 33609 | www.argusdentalvision.com