



Out-Of-Network Fee Schedule For Dental Coverage



New York City District Council of Carpenters

BENEFIT FUNDS

New York District Council of Carpenters Welfare Fund
Out of Network Fee Schedule

Code	Description	Fee
D0120	Periodic oral evaluation – established patient	15.00
D0140	Limited oral evaluation – problem focused	15.00
D0150	Comprehensive oral evaluation – new or established patient	15.00
D0160	Detailed and extensive oral evaluation – problem focused, by report	15.00
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	15.00
D0180	Comprehensive periodontal evaluation – new or established patient	15.00
D0210	Intraoral – complete series of radiographic images	30.00
D0220	Intraoral – periapical first radiographic image	4.00
D0230	Intraoral – periapical each additional radiographic image	4.00
D0240	Intraoral – occlusal radiographic image	13.00
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	29.00
D0270	Bitewing – single radiographic image	4.00
D0272	Bitewings – two radiographic images	8.00
D0273	Bitewings – three radiographic images	12.00
D0274	Bitewings – four radiographic images	16.00
D0320	Temporomandibular joint arthrogram, including injection	40.00
D0330	Panoramic radiographic image	30.00
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	34.00
D1110	Prophylaxis – adult	28.00
D1120	Prophylaxis – child	25.00
D1206	Topical application of fluoride varnish	18.00
D1208	Topical application of fluoride -excluding varnish	18.00
D1351	Sealant – per tooth	15.00
D1510	Space maintainer – fixed, unilateral	135.00
D1516	Space maintainer – fixed –bilateral, maxillary	135.00
D1517	Space maintainer – fixed –bilateral, mandibular	135.00
D1520	Space maintainer – removable –unilateral	98.00
D2140	Amalgam – one surface, primary or permanent	35.00
D2150	Amalgam – two surfaces, primary or permanent	45.00
D2160	Amalgam – three surfaces, primary or permanent	55.00
D2161	Amalgam – four or more surfaces, primary or permanent	65.00
D2330	Resin-based composite – one surface, anterior	35.00
D2331	Resin-based composite – two surfaces, anterior	45.00
D2332	Resin-based composite – three surfaces, anterior	60.00
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	60.00
D2391	Resin-based composite – one surface, posterior	40.00
D2392	Resin-based composite – two surfaces, posterior	50.00
D2393	Resin-based composite – three surfaces, posterior	60.00
D2394	Resin-based composite – four or more surfaces, posterior	60.00

Code	Description	Fee
D2510	Inlay – metallic – one surface	200.00
D2520	Inlay – metallic – two surfaces	250.00
D2530	Inlay – metallic – three or more surfaces	300.00
D2542	Onlay – metallic – two surfaces	290.00
D2543	Onlay – metallic – three surfaces	340.00
D2544	Onlay – metallic – four or more surfaces	340.00
D2610	Inlay – porcelain/ceramic – one surface	200.00
D2620	Inlay – porcelain/ceramic – two surfaces	250.00
D2630	Inlay – porcelain/ceramic – three or more surfaces	300.00
D2642	Onlay – porcelain/ceramic – two surfaces	290.00
D2643	Onlay – porcelain/ceramic – three surfaces	340.00
D2644	Onlay – porcelain/ceramic – four or more surfaces	340.00
D2710	Crown – resin-based composite (indirect)	120.00
D2720	Crown – resin with high noble metal	325.00
D2740	Crown – porcelain/ceramic	325.00
D2750	Crown – porcelain fused to high noble metal	375.00
D2751	Crown – porcelain fused to predominantly base metal	375.00
D2752	Crown – porcelain fused to noble metal	375.00
D2753	Crown – porcelain fused to titanium and titanium alloys	375.00
D2783	Crown – $\frac{3}{4}$ porcelain/ceramic	300.00
D2790	Crown – full cast high noble metal	350.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	25.00
D2920	Re-cement or re-bond crown	25.00
D2930	Prefabricated stainless steel crown – primary tooth	100.00
D2931	Prefabricated stainless steel crown – permanent tooth	100.00
D2940	Protective restoration	30.00
D2951	Pin retention – per tooth, in addition to restoration	15.00
D2952	Post and core in addition to crown, indirectly fabricated	100.00
D2954	Prefabricated post and core in addition to crown	86.00
D2962	Labial veneer (porcelain laminate) – laboratory	225.00
D2980	Crown repair necessitated by restorative material failure	100.00
D3110	Pulp cap – direct (excluding final restoration)	10.00
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	75.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	200.00
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	250.00
D3330	Endodontic therapy, molar tooth (excluding final restoration)	325.00
D3410	Apicoectomy – anterior	130.00
D3421	Apicoectomy – premolar (first root)	130.00
D3425	Apicoectomy – molar (first root)	130.00
D3426	Apicoectomy (each additional root)	130.00
D3430	Retrograde filling – per root	60.00
D3450	Root amputation – per root	105.00
D3920	Hemisection (including any root removal), not including root canal therapy	105.00
D4210	Gingivectomy or gingivoplasty -four or more contiguous teeth or tooth bounded spaces per quadrant	150.00

Code	Description	Fee
D4211	Gingivectomy or gingivoplasty –one to three contiguous teeth or tooth bounded spaces per quadrant	90.00
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	150.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	375.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	225.00
D4263	Bone replacement graft – retained natural tooth – first site in quadrant	75.00
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	75.00
D4270	Pedicle soft tissue graft procedure	200.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or endentulous tooth position in graft	200.00
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	50.00
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	30.00
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	75.00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	50.00
D4910	Periodontal maintenance	60.00
D5110	Complete denture – maxillary	400.00
D5120	Complete denture – mandibular	400.00
D5130	Immediate denture – maxillary	400.00
D5140	Immediate denture – mandibular	400.00
D5211	Maxillary partial denture – resin base (including retentive/ clasping materials, rests, and teeth)	325.00
D5212	Mandibular partial denture – resin base (including retentive/ clasping materials, rests, and teeth)	325.00
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	400.00
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	400.00
D5282	Removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary	340.00
D5283	Removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular	340.00
D5410	Adjust complete denture – maxillary	25.00
D5411	Adjust complete denture – mandibular	25.00
D5421	Adjust partial denture – maxillary	25.00
D5422	Adjust partial denture – mandibular	25.00
D5511	Repair broken complete denture base, mandibular	70.00
D5512	Repair broken complete denture base, maxillary	70.00
D5520	Replace missing or broken teeth – complete denture (each tooth)	65.00
D5611	Repair resin partial denture base, mandibular	70.00
D5612	Repair resin partial denture base, maxillary	70.00

Code	Description	Fee
D5621	Repair cast partial framework, mandibular	95.00
D5622	Repair cast partial framework, maxillary	95.00
D5630	Repair or replace broken retentive/clasping materials – per tooth	75.00
D5640	Replace broken teeth – per tooth	65.00
D5650	Add tooth to existing partial denture	65.00
D5660	Add clasp to existing partial denture – per tooth	75.00
D5730	Reline complete maxillary denture (chairside)	80.00
D5731	Reline complete mandibular denture (chairside)	80.00
D5740	Reline maxillary partial denture (chairside)	80.00
D5741	Reline mandibular partial denture (chairside)	80.00
D5750	Reline complete maxillary denture (laboratory)	125.00
D5751	Reline complete mandibular denture (laboratory)	125.00
D5760	Reline maxillary partial denture (laboratory)	100.00
D5761	Reline mandibular partial denture (laboratory)	100.00
D5862	Precision attachment, by report	100.00
D6010	Surgical placement of implant body: endosteal implant	1,200.00
D6040	Surgical placement: eposteal implant	1,200.00
D6050	Surgical placement: transosteal implant	1,200.00
D6056	Prefabricated abutment – includes modification and placement	200.00
D6057	Custom fabricated abutment – includes placement	200.00
D6058	Abutment supported porcelain/ceramic crown	375.00
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	375.00
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	375.00
D6061	Abutment supported porcelain fused to metal crown (noble metal)	375.00
D6062	Abutment supported cast metal crown (high noble metal)	375.00
D6064	Abutment supported cast metal crown (noble metal)	375.00
D6065	Implant supported porcelain/ceramic crown	375.00
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	375.00
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	375.00
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	375.00
D6210	Pontic – cast high noble metal	300.00
D6240	Pontic – porcelain fused to high noble metal	375.00
D6241	Pontic – porcelain fused to predominantly base metal	375.00
D6242	Pontic – porcelain fused to noble metal	375.00
D6245	Pontic – porcelain/ceramic	120.00
D6250	Pontic – resin with high noble metal	300.00
D6545	Retainer – cast metal for resin bonded fixed prosthesis	200.00
D6710	Retainer Crown – indirect resin based composite	120.00
D6720	Retainer Crown – resin with high noble metal	325.00
D6740	Retainer Crown – porcelain/ceramic	325.00
D6750	Retainer Crown – porcelain fused to high noble metal	375.00
D6751	Retainer Crown – porcelain fused to predominantly base metal	375.00
D6752	Retainer Crown – porcelain fused to noble metal	375.00

Code	Description	Fee
D6790	Retainer Crown – full cast high noble metal	350.00
D6930	Re–cement or re–bond fixed partial denture	30.00
D6980	Fixed partial denture repair necessitated by restorative material failure	100.00
D7111	Extraction, coronal remnants –primary tooth	40.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	40.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	65.00
D7220	Removal of impacted tooth – soft tissue	100.00
D7230	Removal of impacted tooth – partially bony	175.00
D7240	Removal of impacted tooth – completely bony	200.00
D7250	Removal of residual tooth roots (cutting procedure)	90.00
D7280	Exposure of an unerupted tooth	175.00
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	125.00
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)	100.00
D7286	Incisional biopsy of oral tissue – soft	84.00
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	125.00
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	75.00
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	125.00
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	75.00
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	100.00
D7510	Incision and drainage of abscess – intraoral soft tissue	50.00
D7961	Buccal / labial frenectomy (frenulectomy)	95.00
D7962	Lingual frenectomy (frenulectomy)	95.00
D8010	Limited orthodontic treatment of the primary dentition	450.00
D8020	Limited orthodontic treatment of the transitional dentition	450.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition	450.00
D8090	Comprehensive orthodontic treatment of the adult dentition	450.00
D8210	Removable appliance therapy	225.00
D8220	Fixed appliance therapy	225.00
D8670	Periodic orthodontic treatment visit	50.00
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	110.00
D8681	Removable orthodontic retainer adjustment	100.00
D9110	Palliative (emergency) treatment of dental pain – minor procedure	30.00
D9222	Deep sedation/general anesthesia – first 15 minutes	55.00
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	55.00
D9239	Intravenous moderate (conscious) sedation/anesthesia – first 15 minutes	55.00
D9243	Intravenous moderate (conscious) sedation/anesthesia – each subsequent 15 minute increment	55.00

Code	Description	Fee
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	0.00
D9920	Behavior management, by report	0.00
D9944	Occlusal guard – hard appliance, full arch	225.00
D9945	Occlusal guard – soft appliance, full arch	225.00
D9951	Occlusal adjustment – limited	40.00
D9952	Occlusal adjustment – complete	40.00
D9972	External bleaching – per arch –performed in office	150.00