

IRON WORKERS LOCALS 40, 361 & 417 DENTAL SCHEDULE

CODE	DESCRIPTION	MAX FEE ALLOW
00120	PERIODIC ORAL EVALUATION	30
00140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	30
00150	COMPREHENSIVE ORAL EVALUATION	30
00160	DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED, B	30
00180	PERIODONTIC ORAL EVALUATION	30
00210	INTRAORAL - COMPLETE SERIES (INCLUDING BITEWINGS)	90
00220	INTRAORAL - PERIAPICAL - FIRST FILM	14
00230	INTRAORAL - PERIAPICAL - EACH ADDITIONAL FILM	8
00240	INTRAORAL - OCCLUSAL FILM	22
00270	BITEWINGS - SINGLE FILM	8
00272	BITEWINGS - TWO FILMS	16
00274	BITEWINGS - FOUR FILMS	32
00290	POSTERIOR - ANTERIOR OR LATERAL SKULL AND FACIAL BONE SURVEY FILM	30
00330	PANORAMIC FILM	55
00340	CEPHALOMETRIC FILM	55
01110	PROPHYLAXIS - ADULT	60
01120	PROPHYLAXIS - CHILD	50
01203	TOPICAL APPLICATION OF FLUORIDE (PROPHYLAXIS NOT INCLUDED) - CHI	15
01351	SEALANT - PER TOOTH	18
01510	SPACE MAINTAINER - FIXED - UNILATERAL	150
01515	SPACE MAINTAINER - FIXED - BILATERAL	150
01525	SPACE MAINTAINER - REMOVABLE - BILATERAL	150
01550	RECEMENTATION OF SPACE MAINTAINER	40
02110	AMALGAM - ONE SURFACE, PRIMARY	95
02120	AMALGAM - TWO SURFACES, PRIMARY	105
02130	AMALGAM - THREE SURFACES, PRIMARY	115
02131	AMALGAM - FOUR OR MORE SURFACES, PRIMARY	120
02140	AMALGAM - ONE SURFACE, PERMANENT	95
02150	AMALGAM - TWO SURFACES, PERMANENT	105
02160	AMALGAM - THREE SURFACES, PERMANENT	115
02161	AMALGAM - FOUR OR MORE SURFACES, PERMANENT	120
02210	SILICATE CEMENT - PER RESTORATION	36
02330	RESIN - ONE SURFACE, ANTERIOR	105
02331	REISN - TWO SURFACES, ANTERIOR	115
02332	RESIN - THREE SURFACES, ANTERIOR	125
02335	RESIN - FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	125
02336	COMPOSITE RESIN CROWN, ANTERIOR-PRIMARY	125
02380	RESIN - ONE SURFACE, POSTERIOR-PRIMARY	105
02381	RESIN - TWO SURFACE, POSTERIOR-PRIMARY	115
02382	RESIN - THREE OR MORE SURFACES, POSTERIOR-PRIMARY	125
02385	RESIN - ONE SURFACE, POSTERIOR-PERMANENT	105
02386	RESIN - TWO SURFACE, POSTERIOR-PERMANENT	115
02391	RESIN - ONE SURFACE, POSTERIOR-PRIMARY	105
02392	RESIN - TWO SURFACE, POSTERIOR-PRIMARY	115
02393	RESIN - THREE OR MORE SURFACES, POSTERIOR-PRIMARY	125
02387	RESIN - THREE OR MORE SURFACES, POSTERIOR-PERMANENT	125
02510	INLAY - METALLIC - ONE SURFACE	270
02520	INLAY - METALLIC - TWO SURFACES	306

02530	INLAY - METALLIC - THREE OR MORE SURFACES	342
02542	ONLAY - METALLIC - TWO SURFACES	396
02543	ONLAY - METALLIC - THREE SURFACES	444
02544	ONLAY - METALLIC - FOUR OR MORE SURFACES	450
02610	INLAY - PORCELAIN/CERAMIC - ONE SURFACE	305
02620	INLAY - PORCELAIN/CERAMIC - TWO SURFACES	342
02630	INLAY - PORCELAIN/CERAMIC - THREE OR MORE SURFACES	350
02642	ONLAY - PORCELAIN/CERAMIC - TWO SURFACES	444
02643	ONLAY - PORCELAIN/CERAMIC - THREE SURFACES	450
02644	ONLAY - PORCELAIN/CERAMIC - FOUR OR MORE SURFACES	450
02650	INLAY - COMPOSITE/RESIN - ONE SURFACE (LABORATORY PROCESSED)	180
02651	INLAY - COMPOSITE/RESIN - TWO SURFACES (LABORATORY PROCESSED)	275
02652	INLAY - COMPOSITE/RESIN - THREE OR MORE SURFACES (LABORATORY PROCESS)	300
02662	ONLAY - COMPOSITE/RESIN - TWO SURFACES (LABORATORY PROCESS)	240
02663	ONLAY - COMPOSITE/RESIN - THREE SURFACES (LABORATORY PROCESS)	276
02664	ONLAY - COMPOSITE/RESIN - FOUR OR MORE SURFACES (LABORATORY PROCESS)	315
02710	CROWN - RESIN (LABORATORY)	252
02720	CROWN - RESIN WITH HIGH NOBLE METAL	498
02721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	498
02722	CROWN - RESIN WITH NOBLE METAL	498
02740	CROWN - PORCELAIN/CERAMIC SUBSTRATE	515
02750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	650
02751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	650
02752	CROWN - PORCELAIN FUSED TO NOBLE METAL	650
02790	CROWN - FULL CAST HIGH NOBLE METAL	500
02791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	500
02792	CROWN - FULL CAST NOBLE METAL	500
02810	CROWN - 3/4 CAST METALLIC	450
02910	RECEMENT INLAY	50
02920	RECEMENT CROWN	70
02930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH	120
02940	SEDATIVE FILLING	30
02950	CORE BUILDUP, INCLUDING ANY PINS	60
02951	PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION	30
02952	CAST POST AND CORE IN ADDITION TO CROWN	165
02954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	100
02955	POST REMOVAL (NOT IN CONJUNCTION WITH ENDODONTICS)	125
02960	LABIAL VENEER (LAMINATE) - CHAIRSIDE	300
02961	LABIAL VENEER (RESIN LAMINATE) - LABORATORY	275
02962	LABIAL VENEER (PORCELAIN LAMINATE) - LABORATORY	375
02980	CROWN REPAIR, BY REPORT	100
03110	PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)	20
03220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION)	75
03230	PULPAL THERAPY (RESORABLE FILLING) - ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL	75
03240	PULPAL THERAPY (RESORABLE FILLING) - POSTERIOR, PRIMARY TOOTH (EXCLUDING FINA	75
03310	ANTERIOR (EXCLUDING FINAL RESTORATION)	560
03320	BICUSPID (EXCLUDING FINAL RESTORATION)	625
03330	MOLAR (EXCLUDING FINAL RESTORATION)	680
03346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - ANTERIOR	675
03347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - BICUSPID	725
03348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - MOLAR	775
03351	APEXIFICATION/RECALCIFICATION	325

03410	APICOECTOMY/PERIRAD SURGERY - FIRST ROOT	300
03411	APICOECTOMY/MAXIMUM PER TOOTH	600
03421	APICOECTOMY/PERIRADICULAR -BICUSPID (FIRST ROOT)	300
03425	APICOECTOMY/PERIRADICULAR - MOLAR (FIRST ROOT)	300
03426	APICOECTOMY/PERIRADICULAR - (EACH ADDITIONAL ROOT)	300
03430	RETROGRADE FILLING - PER ROOT	185
03450	ROOT AMPUTATION - PER TOOTH	210
03920	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROOT	180
04210	GINGIVECTOMY OR GINGIVOPLASTY - PER QUADRANT	200
04211	GINGIVECTOMY OR GINGIVOPLASTY, PER TOOTH	55
04220	GINGIVAL CURETTAGE, SURGICAL, PER QUADRANT, BY REPORT	72
04240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - PER QUADRANT	165
04249	CLINICAL CROW LENGTHENING - HARD TISSUE	150
04250	MUSCOGINGIVAL SURGERY - PER QUADRANT	79
04260	OSSEOUS SURGERY	495
04262	BONE REPLACEMENT GRAFT - MAXIMUM	330
04263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	210
04264	BONE REPLACEMENT GRAFT - EACH ADDITIONAL SITE IN QUADRANT	210
04266	GUIDED TISSUE REGENERATION - RESORBABLE BARRIER, PER SITE, PER TOOTH	210
04270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	275
04271	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY)	385
04273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURG	420
04321	PROVISIONAL SPLINTING - EXTRACORONAL	
04341	PERIODONTAL SCALING AND ROOT PLANNING - PER QUADRANT	80
04355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE PERIODONTAL	80
4381	LOCALIZED DELIVERY OF CHEMOTHERAPEUTIC AGENTS	50
04910	PERIODONTAL MAINTENANCE PROCEDURES (FOLLOWING ACTIVE THERAPY)	80
05110	COMPLETE DENTURE - MAXILLARY	900
05120	COMPLETE DENTURE - MANDIBULAR	900
05130	IMMEDIATE DENTURE - MAXILLARY	900
05140	IMMEDIATE DENTURE - MANDIBULAR	900
05211	MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL)	630
05212	MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL)	630
05213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN D	780
05214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN	780
05281	REMOVALBE UNILATERAL PARTIAL DENTURE - ONE PIECE CAST METAL (INCLUDING ANY C	300
05410	ADJUST COMPLETE DENTURE - MAXILLARY	45
05411	ADJUST COMPLETE DENTURE - MANDIBULAR	45
05421	ADJUST PARTIAL DENTURE - MAXILLARY	45
05422	ADJUST PARTIAL DENTURE - MANDIBULAR	45
05510	REPAIR BROKEN COMPLETE DENTURE BASE	120
05520	REPLACE BROKEN OR MISSING TOOTH - COMPLETE DENTURE (EACH TO	115
05610	REPAIR RESIN DENTURE BASE	120
05620	REPAIR CAST FRAMEWORK	130
05630	REPAIR OR REPLACE BROKEN CLASP	115
05640	ERPAIR BROKEN TOOTH - PER TOOTH	115
05650	ADD TOOTH TO EXISTING PARTIAL DENTURE	115
05660	ADD CLASP TO EXISTING PARTIAL DENTURE	115
05710	REBASE COMPLETE MAXILLARY DENTURE	180
05711	REBASE COMPLETE MANDIBULAR DENTURE	180
05720	REBASE MAXILLARY PARTIAL DENTURE	180
05721	REBASE MANDIBULAR PARTIAL DENTURE	180

05730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	180
05731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	180
05740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	180
05741	RELINE MANIBULAR PARTIAL DENTURE (CHAIRSIDE)	180
05750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	200
05751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	200
05760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	200
05761	RELINE MANIBULAR PARTIAL DENTURE (LABORATORY)	200
05860	OVERDENTURE - COMPLETE, BY REPORT	480
05861	OVERDENTURE - PARTIAL, BY REPORT	480
06010	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT	900
06057	CUSTOM ABUTMENT	625
06059	ABUTMENT PORCELAIN CROWN	625
06210	PONTIC - CAST HIGH NOBLE METAL	425
06211	PONTIC - CAST PREDOMINANTLY BASE METAL	425
06212	PONTIC - CAST NOBLE METAL	425
06240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	650
06241	PONTIC - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	650
06242	PONTIC - PORCELAIN FUSED TO NOBLE METAL	650
06250	PONTIC - RESIN WITH HIGH NOBLE METAL	500
06251	PONTIC - RESIN WITH PREDOMINANTLY BASE METAL	500
06252	PONTIC - RESIN WITH NOBLE METAL	500
06520	INLAY - METALLIC - TWO SURFACES	276
06530	INLAY - METALLIC - THREE SURFACES	312
06543	ONLAY - METALLIC - THREE SURFACES	90
06544	ONLAY - METALLIC - FOUR OR MORE SURFACES	90
06720	CROWN - RESIN WITH HIGH NOBLE METAL	306
06721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	306
06722	CROWN - RESIN WITH NOBLE METAL	306
06750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	650
06751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	650
06752	CROWN - PORCELAIN FUSED TO NOBLE METAL	650
06780	CROWN - 3/4 CAST HIGH NOBLE METAL	420
06790	CROWN - FULL CAST HIGH NOBLE METAL	420
06791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	420
06792	CROWN - FULL CAST NOBLE METAL	420
06930	RECEMENT FIXED BRIDGE	70
07110	SINGLE TOOTH EXTRACTION	90
07120	EACH ADDITIONAL TOOTH	90
07130	ROOT REMOVAL - EXPOSED ROOTS	150
07140	SINGLE TOOTH EXTRACTION	90
07210	SURGICAL REMOVAL OF ERUPTED REQUIRING ELEVATION OF MUC	180
07220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	260
07230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	350
07240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	470
07241	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL S	470
07250	SURGICAL REMOVAL OF RESIDUAL TOOTH	180
07280	SURGICAL EXPOSURE OF IMPACTED OR UNERUPTED TOOTH FOR ORTHOD.REASON	400
07281	SURGICAL EXPOSURE OF IMPACTED OR UNERUPTED TOOTH TO AID ERUPTION	400
07285	BIOPSY OF ORAL TISSUE - HARD	200
07286	BIOPSY OF ORAL TISSUE - SOFT	200
07290	SURGICAL REPOSITIONING OF TEETH	200

07310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT	150
07320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT	150
07430	EXCISION OF BENIGN TUMOR - LESION DIAMETER UP TO 1.25 CM	54
07431	EXCISION OF BENIGN TUMOR - LESION DIAMETER GREATER THAN 1.25 CM	108
07450	REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO	150
07451	REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREA	150
07460	REMOVAL OF NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER U	90
07461	REMOVAL OF NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER LESION DIAMETER	150
07510	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE	120
07510	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE	120
07960	FRENULECTOMY (FRENECTOMY OR FRENOTOMY) - SEPARATE PROCEDURE	180
08030	ACTIVE ORTHODONTIC TREATMENT PER MONTH	100
08040	PASSIVE ORTHODONTIC TREATMENT PER THREE MONTHS	100
08110	REMOVABLE APPLIANCE	425
08120	DIAGNOSTIC AND INITIAL INSERTION OF ORTHO APPLIANCE	750
08210	HARMFUL HABIT APPLIANCE	350
08310	POST TREATMENT STABALIZATION DEVICE-RETAINER	180
09110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROC	50
09220	GENERAL ANESTHESIA - FIRST 30 MINUTES	200
09221	GENERAL ANESTHESIA - EACH ADDITIONAL 15 MINUTES	90
09940	OCCLUSAL GUARD - BY REPORT	275
09951	OCCLUSAL ADJUSTMENT - LIMITED	40
09952	OCCLUSAL ADJUSTMENT - COMPLETE	70

IMPLANTS

ENDOSTEAL IMPLANT - per implant (lifetime maximum 4 per arch) *	900
IMPLANT ABUTMENT*	625

* Participating providers are not required to accept these fees as payment in full

ORTHODONTIC

Lifetime Orthodontic Maximum is \$4,250.00 **

** Patient must be eligible at time of service.

** Date patient was seen in chair needed in order for monthly adjustment to be considered for payment.

Periodontal maintance is only allowed after periodontal surgery (excluding ADA code 04341) or with a report subject to approval.

All major work is subject to Dental Consultant approval for payment.

Crowns, Bridgework, Dentures, Full Mouth & Panoramic Xrays allowed every 3 years

Office visits and Cleanings twice per year

Mail claims to: Ironworkers Health Fund
451 Park Ave South, 9th Flr
New York, NY 10016