



VENTURA



DIRECT COMPENSATION

ADA	DESCRIPTION	MEMBER'S COPAYMENT	ADA	DESCRIPTION	MEMBER'S COPAYMENT
DIAGNOSTIC SERVICES					
00120	Periodic Oral Examination	0	02751	Crown-Porc Fused/Pred Base Metal*	175
00140	Limited Oral Evaluation-Focused	0	02752	Crown-Porc Fused To Noble Metal*	185
00150	Comprehensive Oral Evaluation	0	02780	Crown-3/4 Cast High Noble Metal*	196
00160	Detailed & Extensive Oral Examination	0	02781	Crown-3/4 Cast/Predom Base Metal	170
00170	Re-evaluation – Limited	0	02782	Crown-3/4 Cast Noble Metal*	185
00180	Comprehensive Periodontal Eval	0	02783	Crown-3/4 Porcelain/Ceramic*	175
00210	Intraoral-Complete (Inc. Bitewings)	0	02790	Crown-Full Cast High Noble Metal*	196
00220	Intraoral-Periapical First Film	0	02791	Crown-Full Cast/Predom Base Metal	170
00230	Intraoral-Periapical Each Additional	0	02792	Crown-Full Cast Noble Metal*	185
00240	Intraoral-Occlusal Film	0	02794	Crown-Titanium*	196
00250	Extraoral-First Film	0	02910	Recement Inlay/Onlay/Partial Cov Rest	17
00260	Extraoral-Each Additional Film	0	02915	Recement Cast/Prefab Post & Core	17
00270	Bitewings-Single Film	0	02920	Recement Crown	18
00272	Bitewings-Two Films	0	02930	Prefab. Stain. St. Crown Prim	38
00274	Bitewings-Four Films	0	02931	Prefab. Stain. St. Crown Perm	45
00277	Vertical Bitewings - 7 to 8 Films	0	02932	Prefab. Resin Crown*	36
00330	Panorex Film	0	02934	Prefab Esthetic Coat Stain St Crn Prim*	38
00340	Cephalometric Film	0	02940	Sedative Fillings	13
00421	Genetic Test for Subscpec to Oral Dis	0	02950	Core Build-up, Including Pins	37
00425	Caries Susceptibility Tests	0	02951	Pin Retention - Per Tooth, w/Rest	15
00460	Pulp Vitality Tests	0	02952	Cast Post/Core In Addition To Crown	59
00470	Diagnostic Casts	0	02953	Ea Add Cast Post-Same Tooth	15
PREVENTIVE SERVICES					
01110	Prophylaxis, Adult	0	02954	Prefab/Post & Core In Add To Crown	43
01120	Prophylaxis, Child	0	02957	Ea Add Prefab Post-Same Tooth	11
01201	Topical Fluoride-Inc Prophy- Child	0	ENDODONTIC SERVICES		
01203	Topical Fluoride w/o Prophy - Child	0	03110	Pulp Cap-Direct (w/o Final Rest)	8
01204	Topical Fluoride w/o Prophy - Adult	0	03120	Pulp Cap-Indirect (w/o Final Rest)	12
01205	Topical Fluoride-Inc Prophy- Adult	0	03220	Therapeutic Pulp (w/o Final Rest)	14
01310	Nutritional Counseling	0	03221	Gross Pulpal Debridement	12
01320	Tobacco Counseling	0	03230	Pulpal Therapy Anterior Primary	14
01330	Oral Hygiene Instruction	0	03240	Pulpal Therapy Posterior Primary	14
01351	Sealant, Per Tooth	5	03310	Root Canal, Anterior (w/o Final Rest)	68
01510	Space Maintainer-Fixed-Unilateral	33	03320	Root Canal, Bicuspid (w/o Final Rest)	81
01515	Space Maintainer-Fixed-Bilateral	46	03330	Root Canal, Molar (w/o Final Rest)	161
01520	Space Maintainer-Rem-Unilateral	38	03332	Inc Endo Ther, Inoper/Unrest/Fx Tooth	14
01525	Space Maintainer-Rem-Bilateral	39	03346	Retreatment Previous RCT - Anterior	68
01550	Recementation of Space Maintainer	10	03347	Retreatment Previous RCT - Bicuspid	81
BASIC RESTORATIVE SERVICES					
02140	Amalgam 1 Surface	12	03348	Retreatment Previous RCT - Molar	161
02150	Amalgam 2 Surfaces	15	03351	Apexification, Initial Visit	25
02160	Amalgam 3 Surfaces	18	03410	Apicoectomy, Anterior	86
02161	Amalgam 4 or More Surfaces	22	03421	Apicoectomy, Bicuspid (First Root)	171
02330	Resin Composite - 1 Surface, Ant	16	03425	Apicoectomy, Molar (First Root)	257
02331	Resin Composite - 2 Surfaces, Ant	24	03426	Apicoectomy, Each Additional Root	134
02332	Resin Composite - 3 Surfaces, Ant	26	03430	Retrograde Filling (Per Root)	134
02335	Resin Comp 4+ Surf or Inc Edge, Ant	26	03450	Root Amputation (Per Root)	61
ADVANCED RESTORATIVE SRVS					
02710	Crown-Resin Based Comp Indirect*	112	03920	Hemisection (Inc Root Rem) w/o RCT	56
02712	Crown 3/4 Resin Based Comp Indirect*	112	PERIODONTAL SERVICES		
02720	Crown-Resin With High Noble Metal*	158	04210	Gingivectomy/Gingivoplasty (4+ Teeth)	57
02721	Crown-Resin w/Predom Base Metal*	159	04211	Ging or Gingivoplasty (1-3 Teeth)	18
02722	Crown-Resin With Noble Metal*	167	04240	Ging Flap w/Root Planing (4+ Teeth)	40
02740	Crown-Porcelain/Ceramic Substrate*	175	04241	Gingival Flap With Rp (1 to 3 Teeth)	27
02750	Crown-Porc Fused/High Noble Metal*	195	04260	Osseous Surgery (4+ Teeth)	150
			04261	Osseous Surgery (1 to 3 Teeth)	100
			04263	Bone Replacement Graft-1st Site/Quad	176
			04264	Bone Rep Graft-Ea Add Site in Quad	124
			04270	Pedicle Soft Tissue Graft Procedure	162

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04271	Free Soft Tissue Gr w/Donor Site Surg	162	06720	Crown-Resin w/High Noble Metal*	183
04274	Distal/Proximal Wedge Procedure	40	06721	Crown-Resin w/Predom Base Metal*	175
04341	Perio Scaling & RP (4+ Teeth)	23	06722	Crown-Resin w/Noble Metal*	166
04342	Perio Scale & RP (1 to 3 Teeth)	23	06740	Crown-Porcelain/Ceramic*	175
04910	Perio. Maint. Procedure	17	06750	Crown-Porc/High Noble Metal*	194
	REMOVABLE PROSTHODONTICS		06751	Crown-Porc/Predom Base Metal*	185
05110	Complete Denture - Maxillary	247	06752	Crown-Porc/Noble Metal*	192
05120	Complete Denture - Mandibular	248	06780	Crown-3/4 Cast High Noble Metal*	192
05130	Immediate Denture - Maxillary	248	06781	Crown-3/4 Cast Predom Based Metal	170
05140	Immediate Denture - Mandibular	248	06782	Crown-3/4 Cast Noble Metal*	185
05211	Maxillary Partial Denture-Resin Base	168	06783	Crown-3/4 Porcelain/Ceramic*	175
05212	Mandibular Partial Denture-Resin Base	173	06790	Crown-Full Cast High Noble Metal*	198
05213	Max Partial Denture-Cast Mtl Frame*	212	06791	Crown-Full Cast Predom Base Metal	185
05214	Mand Partial Denture-Cast Mtl Frame*	206	06792	Crown-Full Cast Noble Metal*	187
05225	Max Partial Denture-Flexible Base*	168	06794	Crown-Titanium*	198
05226	Mand Partial Denture-Flexible Base*	173	06930	Recement Fixed Partial Denture	26
05410	Adjust Complete Denture - Maxillary	0	06970	Cast Post and Core-Add to Partial Ret	61
05411	Adjust Complete Denture - Mandibular	0	06971	Cast Post & Core/Part of Fxd Part Ret	54
05421	Adjust Partial Denture - Maxillary	27	06972	Prefab. Post/Core-Add to Fxd Part Ret	44
05422	Adjust Partial Denture - Mandibular	27	06973	Core Buildup For Retainer Inc Pins	37
05510	Repair Broken Complete Denture Base	25	06976	Each Additional Cast Post-Same Tooth	15
05520	Rep Missing/Broken Teeth- Per Tooth	25	06977	Each Add Prefab Post-Same Tooth	11
05610	Repair Resin Denture Base	28		ORAL SURGERY	
05620	Repair Cast Framework	24	07111	Ext Coronal Remnants - Prim Tooth	9
05630	Repair Or Replace Broken Clasp	30	07140	Extraction-Erupted Tooth/Exp Root	13
05640	Replace Broken Teeth-Per Tooth	34	07210	Surg Rem/Erupted Tooth-Req Elev	22
05650	Add Tooth to Existing Partial Denture	21	07220	Removal Impacted Tooth - Soft Tissue	43
05660	Add Clasp to Existing Partial Denture	46	07230	Removal Impacted Tooth - Part Bony	62
05670	Replace All Teeth - Maxillary	151	07240	Removal Imp Tooth - Complete Bony	80
05671	Replace All Teeth - Mandibular	156	07241	Rem Imp Tooth-Comp Bony w/Comp	83
05710	Rebase Complete Maxillary Denture	94	07250	Surg Removal Residual Tooth Roots	37
05711	Rebase Complete Mandibular Denture	94	07285	Biopsy of Oral Tissue-Hard	80
05720	Rebase Maxillary Partial Denture	79	07286	Biopsy of Oral Tissue-Soft	80
05721	Rebase Mandibular Partial Denture	75	07287	Exfoliative Cytological Sample Collection	40
05730	Reline Comp Maxillary Denture- Chair	42	07288	Brush Biopsy-Trans Sample Collection	40
05731	Reline Comp Mandibular Denture-Ch	43	07310	Alveoloplasty w/Extractions - Per Quad	34
05740	Reline Maxillary Partial Denture-Chair	43	07311	Alveoloplasty w/Ext (1 to 3 Teeth/Sp)	22
05741	Reline Mandibular Partial Denture-Ch	43	07320	Alveoloplasty w/o Ext-Per Quad	38
05750	Reline Complete Max Denture-Lab	72	07321	Alveoloplasty w/o Ext (1 to 3 Teeth/Sp)	25
05751	Reline Complete Mand Denture-Lab	73	07340	Vestibuloplasty-Ridge Extension	0
05760	Reline Maxillary Partial Denture-Lab	75	07350	Vestibuloplasty-Ridge Ext w/Comp	0
05761	Reline Mand Partial Denture - Lab	75	07510	I & D of Abscess, Intraoral Soft Tissue	23
05820	Interim Partial Denture, Maxillary	74	07511	I & D of Abscess, Intraoral Comp	23
05821	Interim Partial Denture, Mandibular	73	07520	I & D of Abscess, Extraoral Soft Tissue	23
05850	Tissue Conditioning, Maxillary	22	07521	I & D of Abscess, Extraoral Comp	23
05851	Tissue Conditioning, Mandibular	22	07530	Rem of Forgn Body-Skin/Subcutaneous	32
	FIXED PROSTHODONTICS		07960	Frenulectomy - Separate Procedure	44
06205	Pontic-Indirect Resin Based Comp*	112	07963	Frenuoplasty	44
06210	Pontic-Cast High Noble Metal*	179		ADJUNCTIVE SERVICES	
06211	Pontic-Cast Predom Base Metal	156	09110	Palliative (Emergency) Treatment	12
06212	Pontic-Cast Noble Metal*	171	09310	Consultation	0
06214	Pontic-Titanium*	179	09430	Office Visit for Observation	0
06240	Pontic-Porcelain/High Noble Metal*	185	09440	Office Visit After Regular Sched Hours	25
06241	Pontic-Porcelain/Predom Base Metal*	167	09450	Case Presentation	0
06242	Pontic-Porcelain/Noble Metal*	177	09930	Treatment of Complications, By Report	0
06245	Pontic-Porcelain/Ceramic*	175	09940	Occlusal Guard, By Report	25
06250	Pontic-Resin w/High Noble Metal*	165	09942	Repair/Reline of Occlusal Guard	25
06251	Pontic-Resin w/Predom Base Metal*	154	09951	Occlusal Adjustment Limited	22
06252	Pontic-Resin w/Noble Metal*	162	09952	Occlusal Adjustment Complete	68
06545	Retainer-Cast Mtl For Resin Fxd Pros	87	09971	Odontoplasty	12
06548	Ret-Porc/Cer For Resin Bond Fx Pros*	87	10001	FAILED APPOINTMENT	25
06710	Crown-Indirect Resin Based Comp*	112			

*Resin, porcelain, and any resin to metal or porcelain to metal crowns and pontics are excluded on molar teeth. If titanium, noble or high noble metals are requested for fillings, crowns, pontics, bridges, or prosthetic devices, there will be an additional charge, based on the amount of metal used.

Flexible base partial dentures are subject to an additional charge based on additional laboratory cost.