

**NATIONAL PACIFIC DENTAL
CENTURY SELECT
PLAN E350
Benefit and Copayment Schedule**

CDT-5 Code	Procedure Description	Member Co-Pay	CDT-5 Code	Procedure Description	Member Co-Pay
Diagnostic (00100-00999): Exams; x-rays; and related tests.			Restorative (02000-02999): Continued		
09999	Unspecified Adjunctive Procedure, By Report ² Office Visit (Infection Control Included)	\$5.00	02934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth ³	\$55.00
00120	Periodic Oral Evaluation	No Co-Pay	02940	Sedative Filling	\$10.00
00140	Limited Oral Evaluation - Problem Focused (Emergency)	No Co-Pay	02950	Core Build-Up, Including Any Pins	\$40.00
00150	Comprehensive Oral Evaluation - New or Established Patient	No Co-Pay	02951	Pin Retention - Per Tooth, in Addition to Restoration	\$36.00
00160	Detailed and Extensive Oral Evaluation - Problem Focused, By Report	No Co-Pay	02952	Cast Post Core In Addition to Crown	\$75.00
00170	Re-Evaluation - Limited, Problem Focused (Established Patient; not Post-Operative Visit)	No Co-Pay	02953	Each Additional Cast Post - Same Tooth	\$15.00
00180	Comprehensive Periodontal Evaluation - New or Established Patient	No Co-Pay	02954	Prefabricated Post and Core in Addition to Crown	\$65.00
00210	Intraoral - Complete Series (Including Bitewings) (x-ray)	No Co-Pay	02955	Post Removal (Not in Conjunction with Endodontic Therapy)	\$15.00
00220	Intraoral - Periapical First Film (x-ray)	No Co-Pay	02957	Each Additional Prefabricated Post - Same Tooth	\$16.00
00230	Intraoral - Periapical Each Additional Film (x-ray)	No Co-Pay	Endodontics (03000-03999): Pulp caps; root canals; apical surgery; retrogrades; hemisections and related procedures.		
00240	Intraoral - Occlusal Film (x-ray)	No Co-Pay	03110	Pulp Cap - Direct (Excluding Final Restoration)	\$12.00
00250	Extraoral - First Film (x-ray)	No Co-Pay	03120	Pulp Cap - Indirect (Excluding Final Restoration)	\$3.00
00260	Extraoral - Each Additional Film (x-ray)	No Co-Pay	03220	Therapeutic Pulpotomy (Excluding Final Restoration) - Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament	\$20.00
00270	Bitewings - Single Film (x-ray)	No Co-Pay	03221	Pulpal Debridement, Primary and Permanent Tooth	No Co-Pay
00272	Bitewings - Two Films (x-ray)	No Co-Pay	03230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)	\$20.00
00274	Bitewings - Four Films (x-ray)	No Co-Pay	03240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	\$20.00
00277	Vertical Bitewings - Seven to Eight Films (x-ray)	No Co-Pay	03310	Root Canal Therapy - Anterior (Excluding Final Restoration)	\$95.00
00330	Panoramic Film (x-ray)	No Co-Pay	03320	Root Canal Therapy - Bicuspid (Excluding Final Restoration)	\$150.00
00415	Collection of Microorganisms for Culture and Sensitivity	No Co-Pay	03330	Root Canal Therapy - Molar (Excluding Final Restoration)	\$225.00
00416	Viral Culture	No Co-Pay	03410	Apicoectomy/Periradicular Surgery - Anterior	\$125.00
00421	Genetic Test for Susceptibility to Oral Diseases	No Co-Pay	03421	Apicoectomy/Periradicular Surgery - Bicuspid (First Root)	\$175.00
00425	Caries Susceptibility Tests	No Co-Pay	03425	Apicoectomy/Periradicular Surgery - Molar (First Root)	\$185.00
00460	Pulp Vitality Tests	No Co-Pay	03426	Apicoectomy/Periradicular Surgery (Each Additional Root)	\$90.00
00470	Diagnostic Casts	No Co-Pay	03430	Retrograde Filling - Per Root	\$60.00
Preventive (01000-01999): Prophylaxis (cleanings); fluoride; and related maintenance procedures.			Periodontics (04000-04999): Includes root planing/curettage; gingival and osseous surgery; and related procedures; includes pre-op and post-op evaluations and local anesthetic; charting must be performed in conjunction with these procedures.		
01110	Prophylaxis - Adult	No Co-Pay	04210	Gingivectomy or Gingivoplasty - Four or More Contiguous Teeth or Bounded Teeth Spaces, Per Quadrant	\$140.00
01120	Prophylaxis - Child ¹	No Co-Pay	04211	Gingivectomy or Gingivoplasty - One to Three Contiguous Teeth or Bounded Teeth Spaces, Per Quadrant	\$94.00
01201	Topical Application of Fluoride (Including Prophylaxis) - Child ¹	No Co-Pay	04240	Gingival Flap Procedure, Including Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces, Per Quadrant	\$200.00
01203	Topical Application of Fluoride (Prophylaxis Not Included) - Child ¹	No Co-Pay	04241	Gingival Flap Procedure, Including Root Planing - One to Three Contiguous Teeth or Bounded Teeth Spaces, Per Quadrant	\$134.00
01204	Topical Application of Fluoride (Prophylaxis Not Included) - Adult	No Co-Pay	04260	Osseous Surgery (Including Flap Entry and Closure) - Four or More Contiguous Teeth or Bounded Teeth Spaces, Per Quadrant	\$300.00
01205	Topical Application of Fluoride (Including Prophylaxis) - Adult	No Co-Pay	04261	Osseous Surgery (Including Flap Entry and Closure) - One to Three Contiguous Teeth or Bounded Teeth Spaces, Per Quadrant	\$200.00
01351	Sealant - Per Tooth ¹	\$6.00	04341	Periodontal Scaling and Root Planing - Four or More Teeth, Per Quadrant	\$50.00
01510	Space Maintainer - Fixed - Unilateral	\$55.00	04342	Periodontal Scaling and Root Planing, One to Three Teeth Per Quadrant	\$34.00
01515	Space Maintainer - Fixed - Bilateral	\$55.00	04355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	\$40.00
01520	Space Maintainer - Removable - Unilateral	\$60.00	04910	Periodontal Maintenance	\$30.00
01525	Space Maintainer - Removable - Bilateral	\$60.00	Prosthodontics, Removable (05000-05899): Full and partial dentures; includes fabrication and/or repair of prosthesis and routine post-delivery care.		
01550	Re-Cementation of Space Maintainer	\$15.00	05110	Complete Denture - Maxillary	\$300.00
Restorative (02000-02999): Amalgams, resins, pins, and single crowns: includes bases; pulp caps; liners; and preparation, temporization and cementation of cast restorations; and cast crowns.			05120	Complete Denture - Mandibular	\$300.00
02140	Amalgam - One Surface, Primary or Permanent	\$12.00	05130	Immediate Denture - Maxillary	\$325.00
02150	Amalgam - Two Surfaces, Primary or Permanent	\$15.00	05140	Immediate Denture - Mandibular	\$325.00
02160	Amalgam - Three Surfaces, Primary or Permanent	\$16.00	05211	Maxillary Partial Denture - Resin Base (Including Any Conventional Clasps, Rests, and Teeth)	\$320.00
02161	Amalgam - Four or More Surfaces, Primary or Permanent	\$18.00	05212	Mandibular Partial Denture - Resin Base (Including Any Conventional Clasps, Rests, and Teeth)	\$320.00
02330	Resin-Based Composite - One Surface, Anterior	\$15.00	05213	Maxillary Partial Denture - Cast Metal Framework with Resin Base (Including Any Conventional Clasps, Rests, and Teeth)	\$350.00
02331	Resin-Based Composite - Two Surfaces, Anterior	\$18.00	05214	Mandibular Partial Denture - Cast Metal Framework with Resin Base (Including Any Conventional Clasps, Rests, and Teeth)	\$350.00
02332	Resin-Based Composite - Three Surfaces, Anterior	\$23.00	05410	Adjust Complete Denture - Maxillary	\$10.00
02335	Resin-Based Composite - Four or More Surfaces, or Involving Incisal Angle (Anterior)	\$68.00	05411	Adjust Complete Denture - Mandibular	\$10.00
02390	Resin-Based Composite Crown, Anterior	\$30.00	05421	Adjust Partial Denture - Maxillary	\$10.00
02391	Resin-Based Composite - One Surface, Posterior	\$50.00	05422	Adjust Partial Denture - Mandibular	\$10.00
02392	Resin-Based Composite - Two Surfaces, Posterior	\$70.00	05510	Repair Broken Complete Denture Base	\$29.00
02393	Resin-Based Composite - Three Surfaces, Posterior	\$90.00	05520	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	\$22.00
02394	Resin-Based Composite - Four or More Surfaces, Posterior	\$90.00			
02750	Crown - Porcelain Fused to High Noble Metal ³	\$255.00			
02751	Crown - Porcelain Fused to Predominantly Base Metal	\$255.00			
02752	Crown - Porcelain Fused to Noble Metal ³	\$255.00			
02780	Crown - 3/4 Cast High Noble Metal ³	\$255.00			
02781	Crown - 3/4 Cast Predominantly Base Metal	\$255.00			
02782	Crown - 3/4 Cast Noble Metal ³	\$255.00			
02790	Crown - Full Cast High Noble Metal ³	\$255.00			
02791	Crown - Full Cast Predominantly Base Metal	\$255.00			
02792	Crown - Full Cast Noble Metal ³	\$255.00			
02794	Crown - Titanium ³	\$255.00			
02910	Re-Cement Inlay, Onlay, or Partial Coverage Restoration	\$15.00			
02915	Re-Cement Cast or Prefabricated Post and Core	\$15.00			
02920	Re-Cement Crown	\$15.00			
02930	Prefabricated Stainless Steel Crown - Primary Tooth ¹	\$55.00			
02931	Prefabricated Stainless Steel Crown - Permanent Tooth ¹	\$55.00			

Please Call NPD For All Specialty Care Referrals 800-232-0990 or 713-862-8404

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CDT-5 Code	Procedure Description	Member Co-Pay	CDT-5 Code	Procedure Description	Member Co-Pay
Prosthetics, Removable (05000-05899): Continued			Oral Surgery (07000-07999): Nonsurgical and surgical extractions and related procedures; includes pre-op and post-op evaluations and treatment under local anesthetic.		
05610	Repair Resin (Partial) Denture Base	\$30.00			You Pay \$
05620	Repair Cast (Partial Denture) Framework	\$30.00	07111	Extraction, Coronal Remnants - Deciduous Tooth	\$15.00
05630	Repair or Replace Broken Clasp (Partial Denture)	\$30.00	07140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$15.00
05640	Replace Broken Teeth (Partial Denture) - Per Tooth	\$30.00	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth	\$25.00
05650	Add Tooth to Existing Partial Denture	\$30.00	07220	Removal of Impacted Tooth - Soft Tissue	\$50.00
05660	Add Clasp to Existing Partial Denture	\$45.00	07230	Removal of Impacted Tooth - Partially Bony	\$65.00
05670	Replace All Teeth and Acrylic on Cast Metal (Partial) Framework (Maxillary)	\$288.00	07240	Removal of Impacted Tooth - Completely Bony	\$110.00
05671	Replace All Teeth and Acrylic on Cast Metal (Partial) Framework (Mandibular)	\$288.00	07241	Removal of Impacted Tooth - Completely Bony, with Unusual Surgical Complications	\$110.00
05710	Rebase Complete Maxillary Denture	\$100.00	07250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	\$40.00
05711	Rebase Complete Mandibular Denture	\$100.00	07270	Tooth Re-Implantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth	\$65.00
05720	Rebase Maxillary Partial Denture	\$100.00	07280	Surgical Access of an unerupted Tooth	\$65.00
05721	Rebase Mandibular Partial Denture	\$100.00	07310	Alveoloplasty in Conjunction with Extraction - Per Quadrant	\$45.00
05730	Reline Complete Maxillary Denture (Chairside)	\$60.00	07311	Alveoloplasty in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quadrant	\$30.00
05731	Reline Complete Mandibular Denture (Chairside)	\$60.00	07320	Alveoloplasty Not in Conjunction with Extractions - Per Quadrant	\$60.00
05740	Reline Maxillary Partial Denture (Chairside)	\$60.00	07321	Alveoloplasty Not in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quadrant	\$40.00
05741	Reline Mandibular Partial Denture (Chairside)	\$60.00	07510	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$35.00
05750	Reline Complete Maxillary Denture (Laboratory)	\$95.00	07520	Incision and Drainage of Abscess - Extraoral Soft Tissue	\$35.00
05751	Reline Complete Mandibular Denture (Laboratory)	\$95.00	07910	Suture of Recent Small Wounds up to 5 cm	No Co-Pay
05760	Reline Maxillary Partial Denture (Laboratory)	\$95.00	07960	Frenulectomy (Frenectomy or Frenotomy) - Separate Procedure	\$60.00
05761	Reline Mandibular Partial Denture (Laboratory)	\$95.00	Orthodontics (08000-08999): Orthodontic treatment; related procedures to improve a patient's craniofacial dysfunction and/or dentofacial deformity.		
05820	Interim Partial Denture (Maxillary)	\$110.00	08050	Interceptive Orthodontic Treatment of the Primary Dentition (Phase 1) ⁴	Up To \$1,300.00
05821	Interim Partial Denture (Mandibular)	\$110.00	08060	Interceptive Orthodontic Treatment (Primary/Transitional Dentition) (Phase 1) ⁴	Up To \$1,300.00
05850	Tissue Conditioning, (Maxillary)	\$30.00	08070	Comprehensive Orthodontic Treatment of the Transitional Dentition (24 Month Case)	\$2,400.00
05851	Tissue Conditioning, (Mandibular)	\$30.00	08080	Comprehensive Orthodontic Treatment of the Adolescent Dentition (24 Month Case)	\$2,400.00
Prosthetics, Fixed (06200-06999): Abutments; pontics and related procedures. Includes diagnosis/models; preparation, temporization, fabrication and cementation of final restoration.			08090	Comprehensive Orthodontic Treatment of the Adult Dentition (24 Month Case)	\$2,600.00
06210	Pontic - Cast High Noble Metal ³	\$255.00	08210	Removable Appliance Therapy	\$560.00
06211	Pontic - Cast Predominantly Base Metal	\$255.00	08220	Fixed Appliance Therapy	\$560.00
06212	Pontic - Cast Noble Metal ³	\$255.00	08660	Pre-Orthodontic Treatment Visit (Orthodontic Consultation)	\$150.00
06214	Pontic - Titanium ³	\$255.00	08670	Periodic Orthodontic Treatment (In Conjunction With Comprehensive Orthodontic Treatment)	No Co-Pay
06240	Pontic - Porcelain Fused to High Noble Metal ³	\$255.00	08680	Orthodontic Retention - Per Arch (Removal of Appliances, Construction and Placement of Retainers(s))	\$95.00
06241	Pontic - Porcelain Fused to Predominantly Base Metal	\$255.00	08999	Unspecified Orthodontic Procedure, By Report ² - Diagnostic Workup	\$250.00
06242	Pontic - Porcelain Fused to Noble Metal ³	\$255.00		Premium Transparent Brackets (Per Arch)	\$200.00
06250	Pontic - Resin with High Noble Metal ³	\$255.00	Adjunctive General Services (09110-09999):		
06251	Pontic - Resin with Predominantly Base Metal	\$255.00	09110	Palliative (Emergency) Treatment of Dental Pain - Minor Procedure	No Co-Pay
06252	Pontic - Resin with to Noble Metal ³	\$255.00	09211	Regional Block Anesthesia	No Co-Pay
06720	Crown - Resin with High Noble Metal ³	\$255.00	09212	Trigeminal Division Block Anesthesia	No Co-Pay
06721	Crown - Resin with Predominantly Base Metal	\$255.00	09215	Local Anesthesia	No Co-Pay
06722	Crown - Resin with Noble Metal ³	\$255.00	09230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide	\$10.00
06750	Crown - Porcelain Fused to High Noble Metal ³	\$255.00	09310	Consultation (Diagnostic Service Provided by Dentist or Physician Other than Practitioner Providing Treatment)	No Co-Pay
06751	Crown - Porcelain Fused to Predominantly Base Metal	\$255.00	09440	Office Visit After Regularly Scheduled Hours	\$35.00
06752	Crown - Porcelain Fused to Noble Metal ³	\$255.00	09450	Case Presentation, Detailed and Extensive Treatment Planning	No Co-Pay
06780	Crown - 3/4 Cast High Noble Metal ³	\$250.00			
06781	Crown - 3/4 Cast Predominantly Base Metal	\$250.00			
06782	Crown - 3/4 Cast Noble Metal ³	\$250.00			
06790	Crown - Full Cast High Noble Metal ³	\$255.00			
06791	Crown - Full Cast Predominantly Base Metal	\$255.00			
06792	Crown - Full Cast Noble Metal ³	\$255.00			
06794	Crown - Titanium ³	\$255.00			
06930	Recement Fixed Partial Denture	\$10.00			
06940	Stress Breaker	\$40.00			
06970	Cast Post and Core in Addition to Fixed Partial Denture Retainer	\$70.00			
06972	Prefabricated Post and Core in Addition to Fixed Partial Denture Retainer	\$70.00			
06973	Core Build-Up for Retainer, Including any Pins	\$40.00			
06980	Fixed Partial Denture Repair, By Report	\$45.00			

1 For children age 14 and under only

2 Other than those procedures listed, no other unspecified procedures are covered

3 Does not include the cost of noble metal, high noble metal, or titanium

4 Not to exceed the amount listed in the co-pay column; can be less than the amount listed

To be covered, all services and procedures must be considered dentally necessary by your Primary Care Dentist.

If the services of a Specialist are required, the patient will be responsible for co-pays of 75% of the fees charged by the Specialist for those services. Services performed by a National Pacific Dental Specialist are available upon prior authorization from National Pacific Dental, when requested by the Primary Care Dentist.

The above procedures are performed as needed and deemed necessary by your attending Panel Dentist - subject to applicable Limitations, Exclusions and Governing Administrative Policies of the Program. Please refer to these sections for further clarification of benefits. (See Limitations and Exclusions)