

APPENDIX A
STANDARD LIFE UNIFORM PROCEDURE CODE AND NOMENCLATURE

The following is a Complete list of the dental procedures for which benefits are payable under this policy and each procedure's Schedule Maximum, if any. No benefits are payable for a procedure if it is not listed.

DIAGNOSTIC AND PREVENTIVE (TYPE I PROCEDURES)

Diagnostic

Clinical Oral Examinations

- 0120 Periodic oral examination.
- 0140 Limited oral evaluation.

Radiographs

- 0220 Intraoral periapical - first film.
- 0230 Intraoral periapical - each additional film up to 12.
- 0240 Intraoral - occlusal film.
- 0250 Extraoral - first film.
- 0260 Extraoral - each additional film.
- 0270 Bitewing - single films.
- 0272 Bitewings - two films.
- 0274 Bitewings - four films.

Tests and Laboratory Examinations

- 0470 Diagnostic cast.

Preventive

Dental Prophylaxis

- 1110 Prophylaxis - adult.
- 1120 Prophylaxis - child.

Topical Fluoride Treatment (Office Procedure)

- 1201 Topical application of fluoride (including prophylaxis) - child.
- 1202 Topical application of fluoride (including prophylaxis) - adult.
- 1203 Topical application of fluoride (excluding prophylaxis) - child.
- 1204 Topical application of fluoride (excluding prophylaxis) - adult.

BASIC BENEFITS (TYPE II PROCEDURES)

Restorative

Amalgam Restorations (including Polishing)

- 2110 Amalgam - one surface, primary.
- 2120 Amalgam - two surfaces, primary.
- 2130 Amalgam - three surfaces, primary.
- 2140 Amalgam - one surface, permanent.
- 2150 Amalgam - two surfaces, permanent.
- 2160 Amalgam - three surfaces, permanent.

Silicate Restorations

- 2210 Silicate cement - per restoration.

Filled or Unfilled Resin Restorations

- 2310 Acrylic or plastic.
- 2330 Resin - one surface.
- 2331 Resin - two surface.
- 2332 Resin - three surfaces.

Extractions

Extractions - Includes Local Anesthesia and Routine Postoperative Care

- 7110 Single tooth.
- 7120 Each additional tooth.

Adjunctive General Services

Unclassified Treatment

- 9110 Palliative (emergency) treatment of dental pain - minor procedures.

MAJOR BENEFITS (TYPE III PROCEDURES)

Restorative

Inlay Restorations

- 2510 Inlay, metallic - one surface (excluding gold).
- 2520 Inlay, metallic - two surfaces (excluding gold).
- 2530 Inlay, metallic - three surfaces (excluding gold).

Crowns - Single Restorations Only

- 2710 Crown - Plastic (acrylic).
- 2721 Crown - resin with predominantly base metal.
- 2740 Crown - porcelain/ceramic substrate.
- 2752 Crown - porcelain fused with noble metal.
- 2810 Crown - 3/4 cast metallic.
- 2830 Crown - Stainless steel.

Endodontics

Pulp Capping

- 3110 Pulp cap - direct (excluding final restoration).
- 3120 Pulp cap - indirect (excluding final restoration).

Pulpotomy

- 3220 Therapeutic pulpotomy (excluding final restoration).

Root Canal Therapy (Including Treatment Plan, Clinical Procedures, and Follow-up Care)

- 3310 One canal (excluding final restoration).
- 3320 Two canals (excluding final restoration).
- 3330 Three canals (excluding final restoration).
- 3340 Four or more canals (excluding final restoration).
- 3350 Apexification (treatment may extend over period of 6 to 18 months).

Periapical Services

- 3410 Apicoectomy (per tooth) - first root.

Periodontics

Surgical Services (Including Unusual Postoperative Services)

- 4210 Gingivectomy or gingivoplasty - per quadrant.
- 4211 Gingivectomy or gingivoplasty - per tooth.
- 4220 Gingival curettage, by report.
- 4240 Gingival flap curettage (including root planning).
- 4260 Osseus surgery (including flap entry and closure) - per quadrant.

Adjunctive Periodontal Services

- 4340 Root Planning - entire mouth.
- 4341 Root Planning - per quadrant.
- 4910 Periodontal Prophylaxis.

Oral Surgery

- Surgical Extractions - Includes Local Anesthesia and Routine Postoperative Care**
- 7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth.
- 7220 Removal of impacted tooth - soft tissue.
- 7230 Removal of impacted tooth - partially bony.
- 7240 Removal of impacted tooth - completely bony.

- Other Surgical Procedures**
- 7280 Surgical exposure of impacted or unerupted tooth for orthodontic reasons (including orthodontic attachments).

- Alveoloplasty - Surgical Preparation of Ridge for Dentures**
- 7310 Alveoloplasty in conjunction with extractions - per quadrant.
- 7320 Alveoloplasty not in conjunction with extractions - per quadrant.

- Vestibuloplasty**
- 7340 Vestibuloplasty - ridge extension (secondary epithelialization).

- Surgical Incision**
- 7510 Incision and drainage of abscess - intraoral soft tissue.

Prosthodontics (Removable)

- Complete Dentures (Including Routine Post Delivery Care)**
- 5110 Complete upper.
- 5120 Complete lower.
- 5130 Immediate upper.
- 5140 Immediate lower.

- Partial Dentures (Including Routine Post Delivery Care)**
- 5211 Upper partial - acrylic base (including any conventional clasps and rests).
- 5212 Lower partial - acrylic base (including any conventional clasps and rests).
- 5213 Upper partial - cast chrome base with acrylic saddles (including any Conventional clasps and rests).
- 5214 Lower partial - cast chrome base with acrylic saddles (including any conventional clasps and rests).
- 5216 Lower partial - cast gold base with acrylic saddles (including any conventional clasps and rests).
- 5281 Removable unilateral partial denture - one-piece chrome casting, clasp attachments - per unit (including pontics).

- Adjustments to Dentures**
- 5410 Adjust complete denture - upper (more than six months after installation).
- 5411 Adjust complete denture - lower (more than six months after installation).
- 5421 Adjust partial denture - upper (more than six months after installation).

5422 Adjust partial denture - lower (more than six months after installation).

Repairs to Dentures

5520 Replace missing or broken teeth - complete denture (each tooth)

5640 Replace broken teeth or denture, no other repairs.

5650 Add tooth to existing partial denture.

5660 Add clasp to existing partial denture.

Denture Reline Procedures

5730 Reline complete upper denture (chair side).

5731 Reline complete lower denture (chair side).

5740 Reline upper partial denture (chair side).

5741 Reline lower partial denture (chair side).

5750 Reline complete upper denture (laboratory).

5751 Reline complete lower denture (laboratory).

5760 Reline upper partial denture (laboratory).

5761 Reline lower partial denture (laboratory).

Other Removable Prosthetic Services

5820 Temporary partial - stayplate denture (upper).

5821 Temporary partial - stayplate denture (lower).

Prosthodontics, Fixed (Each Abutment and Each Pontic Constitutes a Unit in a Bridge)

Bridge Pontics

6211 Pontic - cast predominantly base metal.

6241 Pontic - porcelain fused to predominantly base metal.

6251 Pontic - resin with predominantly base metal.

Bridge Retainers - Crowns

6710 Crown - resin.

6721 Crown - resin with predominantly base metal.

6751 Crown - porcelain fused to predominantly base metal.

6791 Crown - full cast predominantly base metal.

Other Fixed Prosthetic Services

6930 Recement bridge.

6940 Stress breaker.

Adjunctive General Services

Anesthesia

9220 General anesthesia.