



**TEAMSTERS AND FOOD EMPLOYERS SECURITY TRUST FUND
PREFERRED PROVIDER ENDODONTIC SCHEDULE OF BENEFITS
PAYABLE ONLY TO SPECIALISTS IN ENDODONTICS**

ANY CURRENT DENTAL TERMINOLOGY CODE'S NOT LISTED ON THIS SCHEDULE OF BENEFITS IS NOT A COVERED BENEFIT.
ALL ENDODONTIC SERVICES MUST HAVE PRIOR APPROVAL - ANNUAL MAXIMUM - \$2,000.00

NORTHERN CALIFORNIA REGION ONLY
EFFECTIVE DATE APRIL 1, 2019

Code	Description	Preferred Provider			Non-Preferred Provider	
		Schedule	Plan Pays	You Pay	Plan Pays	You Pay
D0140	limited oral evaluation - problem focused	\$120.00	\$120.00	\$0.00	\$14.00	Balance
D0220	intraoral - periapical first film	\$30.00	\$30.00	\$0.00	\$7.00	Balance
D0230	intraoral - periapical each additional radiographic images	\$20.00	\$20.00	\$0.00	\$5.00	Balance
D3110	pulp cap - direct (excluding final restoration)	\$90.00	\$81.00	\$9.00	\$21.00	Balance
D3120	pulp cap - indirect (excluding final restoration)	\$60.00	\$54.00	\$6.00	\$21.00	Balance
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$140.00	\$126.00	\$14.00	\$32.00	Balance
D3310	endodontic therapy, anterior (excluding final restoration)	\$440.00	\$396.00	\$44.00	\$150.00	Balance
D3320	endodontic therapy, bicuspid (excluding final restoration)	\$730.00	\$657.00	\$73.00	\$180.00	Balance
D3330	endodontic therapy, molar (excluding final restoration) three roots	\$930.00	\$837.00	\$93.00	\$216.00	Balance
D3330	endodontic therapy, molar (excluding final restoration) four roots	\$930.00	\$837.00	\$93.00	\$216.00	Balance
D3346	retreatment of previous root canal therapy - anterior	\$820.00	\$738.00	\$82.00	\$150.00	Balance
D3347	retreatment of previous root canal therapy - bicuspid	\$930.00	\$837.00	\$93.00	\$180.00	Balance
D3348	retreatment of previous root canal therapy - molar three roots	\$950.00	\$855.00	\$95.00	\$216.00	Balance
D3348	retreatment of previous root canal therapy - molar four roots	\$1000.00	\$900.00	\$100.00	\$216.00	Balance
D3351	apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	\$490.00	\$441.00	\$49.00	\$0.00	Balance
D3352	apexification/recalcification - interim medication replacemen	\$160.00	\$144.00	\$16.00	\$0.00	Balance
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$440.00	\$396.00	\$44.00	\$0.00	Balance
D3410	apicoectomy – anterior	\$720.00	\$648.00	\$72.00	\$149.00	Balance
D3421	apicoectomy – bicuspid (first root) - if more than one root is treated see D3426	\$790.00	\$711.00	\$79.00	\$149.00	Balance
D3425	apicoectomy/periradicular surgery - molar (first root) - if more than one root is treated see D3426	\$890.00	\$801.00	\$89.00	\$149.00	Balance
D3426	apicoectomy (each additional root)	\$620.00	\$558.00	\$62.00	\$0.00	Balance
D3430	retrograde filling - per root	\$200.00	\$180.00	\$20.00	\$26.00	Balance
D3450	root amputation - per root	\$500.00	\$450.00	\$50.00	\$26.00	Balance
D3920	hemisection (including any root removal), not including root canal therapy	\$310.00	\$279.00	\$31.00	\$49.00	Balance
D3999	unspecified endodontic procedure, by report – some procedures have assigned fees	B/R	B/R	B/R	\$0.00	Balance
D3999	removal of post	\$140.00	\$126.00	\$14.00	\$0.00	Balance
D3999	remove crown-cut off	\$140.00	\$126.00	\$14.00	\$0.00	Balance
D3999	cut bridge for complete or partial removal	\$140.00	\$126.00	\$14.00	\$0.00	Balance
D3999	remove decay, no carious exposure, diagnosis, etc., including temporary filling	\$180.00	\$162.00	\$18.00	0.00	Balance
D7510	incision and drainage of abscess - intraoral soft tissue	\$190.00	\$171.00	\$19.00	\$65.00	Balance
D9440	office visit - after regularly scheduled hours. New patient only.	\$380.00	\$342.00	\$38.00	\$20.00	Balance

Out-of-Pocket costs are guaranteed at a Preferred Provider Dental Office. The cost to the Participant at Non-Preferred Provider Dental Offices are the differences between the Plan's Non-Preferred Provider Dentist's allowance and the Dentist's charge. Claims returned to the dentist marked with 8888 is for the procedures that do not receive an allowance (N/A), and 7777 is for by report (B/R) procedures.



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DENTAL LIMITATIONS AND EXCLUSIONS FOR ENDODONTICS SPECIALISTS

1. D3351 – Apexification/Recalcification includes opening tooth, pulpectomy, preparation of canal spaces, first placement of medications and necessary radiographs. (This procedure includes first phase of complete root canal therapy.) For this plan apexification over one (1) year, including all visits except 1st and final visits.
2. D3352 – Should be used for visits in which the intra-canal medication is replaced with new medication and where necessary radiographs are required. There may be several of these visits. A maximum of \$360.00 will be paid on this CDT Code.
3. D3353 – Includes removal of intra-canal medication and procedures necessary to place final root canal filling, including root canal filling, placement of root canal filling material, and including all necessary radiographs.
4. D3426 – For this plan:
Additional roots – two (2) or more maximum payable for bicuspid (\$495 + \$225 = \$720)
Maximum payable for molar (\$535 + \$225 = \$760)
5. D3430 – If more than one filling is placed in one root, report as D3999 and describe.
6. D3450 – root resection while leaving the crown, if the crown is sectioned, see D3920.
7. D3920 – For this plan:
Root canal therapy may or may not be needed, maximum paid for root canals on remaining tooth is \$495
8. D3999 – Please note the maximum payment for retrograde fillings is \$200. This procedure must be submitted with a periodontal charting of the teeth involved.
9. D9440 – Patient(s) of record in treatment, this service is included in the fee.

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