

**MUS Schedule of Maximum Benefits - Basic Plan
Effective July 1, 2007**

Procedure Code	Description	Maximum Benefit
D0120	Periodic oral evaluation - established patient	\$36
D0140	Limited oral evaluation - problem focused	\$52
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$36
D0150	Comprehensive oral evaluation - new or established patient	\$58
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$124
D0180	Comprehensive periodontal evaluation - new or established patient	\$64
D0210	Intraoral - complete series (including bitewings)	\$98
D0220	Intraoral - periapical first film	\$23
D0230	Intraoral - periapical each additional film	\$18
D0240	Intraoral - occlusal film	\$22
D0250	Extraoral - first film	\$52
D0260	Extraoral - each additional film	\$40
D0272	Bitewings - two films	\$33
D0273	Bitewings - three films	\$40
D0274	Bitewings - four films	\$47
D0277	Vertical bitewings - 7 to 8 films	\$65
D0330	Panoramic film	\$81
D1110	Prophylaxis - adult	\$74
D1120	Prophylaxis - child	\$52
D1203	Topical application of fluoride (prophylaxis not included) - child	\$24
D1204	Topical application of fluoride (prophylaxis not included) - adult	\$25
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$28
D1351	Sealant - per tooth	\$40
D1510	Space maintainer - fixed - unilateral	\$213
D1515	Space maintainer - fixed - bilateral	\$346
D1520	Space maintainer - removable - unilateral	\$350
D1525	Space maintainer - removable - bilateral	\$479
D1550	Re-cementation of space maintainer	\$56
D1555	Removal of fixed space maintainer	\$56
D7220	Removal of impacted tooth - soft tissue	\$176
D7230	Removal of impacted tooth - partially bony	\$215
D7240	Removal of impacted tooth - completely bony	\$255
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$305
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$60

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