

Three Village Teachers Association Dental Plan
Maximum Allowed Charges
Effective January 1, 2017

ADA Code	Description	Maximum Allowed Charge
D0120	PERIODIC ORAL EVALUATION - EST PATI	\$58
D0140	LIMITED ORAL EVALUATION - PROBLEM F	\$98
D0145	ORAL EVAL PT UND 3 YR AGE CNSL W/PR	\$91
D0150	COMP ORAL EVALUATION - NEW OR EST P	\$103
D0160	DTL&EXT ORAL EVALUATION - PROBLEM F	\$206
D0170	RE-EVALUATION - LIMITED PROBLEM FOC	\$69
D0171	RE-EVALUATION POST-OPERATIVE OFFICE	\$69
D0180	COMP PERIODONTAL EVALUATION - NEW O	\$112
D0190	SCREENING OF A PATIENT	\$58
D0191	ASSESSMENT OF A PATIENT	\$41
D0210	INTRAORAL-COMPLETE SERIES	\$126
D0220	INTRAORAL - PERIAPICAL FIRST RADIOG	\$25
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONA	\$23
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC I	\$39
D0250	EXTRAORAL 2D PRJECTN RAD IMG BY RAD	\$48
D0251	EXTRAORAL 2D POSTERIOR DENTAL RAD I	\$44
D0260	EXTRAORAL - EACH ADDITIONAL RADIOGR	\$44
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAG	\$30
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	\$47
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAG	\$58
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGE	\$67
D0277	VERTICAL BITEWINGS - 7 TO 8 RADIOGR	\$101
D0290	POST-ANT/LAT SKULL&FACIAL BONE SURV	\$144
D0310	SIALOGRAPHY	\$360
D0320	TEMPOROMANDIBULAR JOINT ARTHROGRAM	\$636
D0321	OTHER TEMPOROMANDIBULAR JOINT FILMS	By Report
D0322	TOMOGRAPHIC SURVEY	\$516
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$112
D0340	2D CEPHLOMTRIC RAD IMG - ACQSTN MEA	\$126
D0350	2D ORAL/FACIAL PHOTOGRAPHIC IMAGES	\$60
D0351	3D PHOTOGRAPHIC IMAGE	\$60
D0364	CONE BEAM 3	\$967
D0365	CNE BEAM CAPTR INTERPJ W FLD VIEW 1	\$967
D0366	CNE BEAM CAPTR INTERPJ W FLD VIEW 1	\$967
D0367	CNE BEAM CAPTR INTERPJ W FLD VIEW B	\$967
D0368	CNE BEAM CAPTR INTERPJ FR TMJ 2 OR	\$1,416
D0369	MAXILLOFACIAL MRI CAPTURE AND INTER	\$2,532
D0370	MAXLFCL US IMAGE CAPTR AND INTRPJ	\$852
D0371	SIALOENDOSCOPY CAPTURE AND INTERPRE	By Report

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D0380	CNE BEAM CAPTR LMTD FLD <1 WHL JAW	\$772
D0381	CNE BEAM CAPTR W FLD VIEW 1 ARCH M	\$772
D0382	CNE BEAM CAPTR W FLD VIEW 1 ARCH M	\$772
D0383	CNE BEAM CAPTR W FLD VIEW BTH JAWS	\$772
D0384	CNE BEAM CAPTR FR TMJ 2 OR MORE	\$1,128
D0385	MAXILLOFACIAL MRI IMAGE CAPTURE	\$1,842
D0386	MAXILLOFACIAL ULTRASOUND IMAGE CAPT	\$461
D0391	INTERPRETATION OF DIAGNOSTIC IMAGE	By Report
D0393	TREATMENT SIMULATION USING 3D IMAGE	By Report
D0394	DIGITAL SUBTR OF 2 > IMAGES OF THE	By Report
D0395	FUSION OF 2/> 3D IMAGE VOLUMES OF 1	By Report
D0415	COLLECTION MICROORGANISMS CULTURE &	\$42
D0416	VIRAL CULTURE	\$63
D0417	CLCT & PREP SALIVA SAMPLE FOR LAB D	\$57
D0418	ANALYSIS OF SALIVA SAMPLE	\$58
D0421	GENETIC TEST FOR SUSCEPTIBILITY TO	\$42
D0422	COLLECT/PREP GENETIC SAMPLE FOR LA	\$42
D0423	GENETIC TEST SUSCEPT TO DSEASE SPEC	By Report
D0425	CARIES SUSCEPTIBILITY TESTS	\$36
D0431	ADJUNCTIVE PREDX TST NOT INCL CYTOL	\$58
D0460	PULP VITALITY TESTS	\$58
D0470	DIAGNOSTIC CASTS	\$128
D0472	ACCESSION OF TISSUE GROSS EXAMINATI	\$80
D0473	ACCESS TISSUE GR&MIC EXAMINATION PR	\$169
D0474	ACCESS TISS GR&MIC EX ASSESS SURG M	\$189
D0475	DECALCIFICATION PROCEDURE	\$102
D0476	SPECIAL STAINS FOR MICROORGANISMS	\$99
D0477	SPECIAL STAINS NOT FOR MICROORGANIS	\$135
D0478	IMMUNOHISTOCHEMICAL STAINS	\$124
D0479	TISSUE INSITU HYBRIDIZATION INCL IN	\$189
D0480	ACCESS EXFOLIATIVE CYTOL SMEAR MIC E	\$117
D0481	ELECTRON MICROSCOPY	\$437
D0482	DIRECT IMMUNOFUORESCENCE	\$146
D0483	INDIRECT IMMUNOFUORESCENCE	\$146
D0484	CONSULTATION ON SLIDES PREPARED ELS	\$219
D0485	CONSULT INCL PREP SLIDES BX MATL SP	\$302
D0486	ACCESSION TRANSEPIHELIAL CYTOLOG S	\$140
D0502	OTHER ORAL PATHOLOGY PROCEDURES BY	By Report
D0601	CARIES RISK ASSESS DOCU FINDING OF	\$87
D0602	CARIES RISK AX AND DOCU WITH A FNDN	\$87
D0603	CARIES RISK AX AND DOCU WITH FNDNG	\$87
D1110	PROPHYLAXIS - ADULT	\$122
D1120	PROPHYLAXIS - CHILD	\$85

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D1206	TOPICAL APPLICATION OF FLUORIDE VAR	\$64
D1208	TOPICAL APPLICATION OF FLUORIDE EXC	\$42
D1310	NUTRITIONAL COUNSELING CONTROL OF D	\$68
D1320	TOBACCO CNSL CONTROL&PREVENTION ORA	\$74
D1330	ORAL HYGIENE INSTRUCTIONS	\$93
D1351	SEALANT - PER TOOTH	\$76
D1352	PREV RSN REST MOD HIGH CARIES RISK	\$97
D1353	SEALANT REPAIR PER TOOTH	\$97
D1354	INTERIM CARIES ARRESTING MEDICATION	\$76
D1510	SPACE MAINTAINER - FIXED - UNILATER	\$434
D1515	SPACE MAINTAINER - FIXED - BILATERA	\$607
D1520	SPACE MAINTAINER - REMOVABLE - UNIL	\$477
D1525	SPACE MAINTAINER - REMOVABLE - BILA	\$737
D1550	RECMNT/REBND OF SPACE MAINTAINER	\$94
D1555	REMOVAL OF FIXED SPACE MAINTAINER	\$90
D2140	AMALGAM - ONE SURFACE PRIMARY OR PE	\$140
D2150	AMALGAM - TWO SURFACES PRIMARY OR P	\$181
D2160	AMALGAM - THREE SURFACES PRIMARY OR	\$219
D2161	AMALGAM-FOUR/MORE SURFACES PRIMARY/	\$267
D2330	RESIN-BASED COMPOSITE - ONE SURFACE	\$153
D2331	RESIN-BASED COMPOSITE - TWO SURFACE	\$196
D2332	RESIN-BASED COMPOSITE - THREE SURFA	\$239
D2335	RESIN-BASED COMPOSITE 4/> SURFACES	\$283
D2390	RESIN-BASED COMPOSITE CROWN ANTERIO	\$314
D2391	RESIN-BASED COMPOSITE - ONE SURFACE	\$179
D2392	RESIN-BASED COMPOSITE - TWO SURFACE	\$235
D2393	RESIN-BASED COMPOSITE - THREE SURFA	\$292
D2394	RESIN COMPOS - FOUR OR MORE SURFACE	\$357
D2410	GOLD FOIL - ONE SURFACE	\$372
D2420	GOLD FOIL - TWO SURFACES	\$619
D2430	GOLD FOIL - THREE SURFACES	\$1,074
D2510	INLAY - METALLIC - ONE SURFACE	\$983
D2520	INLAY - METALLIC - TWO SURFACES	\$1,115
D2530	INLAY - METALLIC - THREE OR MORE SU	\$1,285
D2542	ONLAY - METALLIC - TWO SURFACES	\$1,260
D2543	ONLAY - METALLIC - THREE SURFACES	\$1,318
D2544	ONLAY - METALLIC - FOUR OR MORE SUR	\$1,371
D2610	INLAY - PORCELAIN/CERAMIC - ONE SUR	\$1,156
D2620	INLAY - PORCELAIN/CERAMIC - TWO SUR	\$1,221
D2630	INLAY - PORCELAIN/CERAMIC - THREE/M	\$1,300
D2642	ONLAY - PORCELAIN/CERAMIC - TWO SUR	\$1,264
D2643	ONLAY - PORCELAIN/CERAMIC - THREE S	\$1,363
D2644	ONLAY - PORCELAIN/CERAMIC - 4 OR MO	\$1,445

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D2650	INLAY - RESIN-BASED COMPOSITE - ONE	\$760
D2651	INLAY - RESIN-BASED COMPOSITE - TWO	\$905
D2652	INLAY RESIN BASED COMPOSITE 3 OR MO	\$951
D2662	ONLAY - RESIN-BASED COMPOSITE - TWO	\$826
D2663	ONLAY - RESIN-BASED COMPOSITE - THR	\$971
D2664	ONLAY RESIN BASED COMPOSIT FOUR OR	\$1,041
D2710	CROWN - RESIN-BASED COMPOSITE (INDI	\$532
D2712	CROWN 3/4 RESIN-BASED COMPOSITE (IN	\$532
D2720	CROWN - RESIN WITH HIGH NOBLE METAL	\$1,310
D2721	CROWN - RESIN WITH PREDOMINANTLY BA	\$1,228
D2722	CROWN - RESIN WITH NOBLE METAL	\$1,255
D2740	CROWN - PORCELAIN/CERAMIC SUBSTRATE	\$1,345
D2750	CROWN - PORCELAIN FUSED TO HIGH NOB	\$1,327
D2751	CROWN - PORCELAIN FUSED PREDOMINANT	\$1,236
D2752	CROWN - PORCELAIN FUSED TO NOBLE ME	\$1,266
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	\$1,273
D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE	\$1,198
D2782	CROWN - 3/4 CAST NOBLE METAL	\$1,237
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	\$1,309
D2790	CROWN - FULL CAST HIGH NOBLE METAL	\$1,280
D2791	CROWN - FULL CAST PREDOMINANTLY BAS	\$1,213
D2792	CROWN - FULL CAST NOBLE METAL	\$1,236
D2794	CROWN - TITANIUM	\$1,310
D2799	PROVISIONAL CROWN	\$532
D2910	RECMNT/REBND INLAY ONLAY/PART CVRGE	\$106
D2915	RECMNT/REBND CAST OR PREFABRICATED	\$106
D2920	RE-CEMENT OR RE-BOND CROWN	\$107
D2921	REATTACHMENT OF TOOTH FRAG INCISAL	\$154
D2929	PREFABR STAINLESS PORC CROWN - PRIM	\$424
D2930	PREFABR STAINLESS STEEL CROWN - PRI	\$292
D2931	PREFABR STAINLESS STEEL CROWN - PER	\$330
D2932	PREFABRICATED RESIN CROWN	\$352
D2933	PREFABR STAINLESS STEEL CROWN W/RES	\$404
D2934	PREFAB ESTHETIC COAT STNLESS STEEL	\$404
D2940	PROTECTIVE RESTORATION	\$112
D2941	INTERIM THERAPEUTIC RESTORATION PR	\$112
D2949	RESTOR FOUNDATION N INDIR RESTOR	\$112
D2950	CORE BUILDUP INCLUDING ANY PINS WHE	\$279
D2951	PIN RETENTION - PER TOOTH ADDITION	\$63
D2952	POST AND CORE ADDITION TO CROWN IND	\$440
D2953	EACH ADDITIONAL INDIRECTLY FAB POST	\$220
D2954	PREFABRICATED POST AND CORE IN ADDI	\$352
D2955	POST REMOVAL	\$272

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D2957	EACH ADDITIONAL PREFABRICATED POST	\$176
D2960	LABIAL VENEER (RESIN LAMINATE) - CH	\$852
D2961	LABIAL VENEER (RESIN LAMINATE) - LA	\$966
D2962	LABIAL VENEER (PORCELAIN LAMINATE)	\$1,050
D2970	TEMPORARY CROWN (FRACTURED TOOTH)	\$264
D2971	ADD PROC NEW CRWN UND XSTING PART D	\$169
D2975	COPING	\$514
D2980	CROWN REPAIR BY REPORT	\$206
D2981	INLAY REPAIR BY REPORT	\$206
D2982	ONLAY REPAIR BY REPORT	\$206
D2983	VENEER REPAIR BY REPORT	\$206
D2990	RESIN INFILT OF INCIPIENT LESIONS	\$73
D3110	PULP CAP - DIRECT (EXCLUDING FINAL	\$112
D3120	PULP CAP - INDIRECT	\$90
D3220	TX PULP-REMOV PULP CORONAL DENTINOCE	\$230
D3221	PULPAL DEBRIDEMENT PRIMARY AND PERM	\$253
D3222	PART PULPOTOMY FOR APEXOGENEIS PERM	\$234
D3230	PULPAL THERAPY - ANTERIOR PRIMARY T	\$221
D3240	PULPAL THERAPY - POSTERIOR PRIMARY	\$272
D3310	ENDODONTIC THERAPY ANTERIOR TOOTH	\$867
D3320	ENDODONTIC THERAPY BICUSPID TOOTH	\$1,062
D3330	ENODODONTIC THERAPY MOLAR	\$1,317
D3331	TREATMENT RC OBSTRUCTION; NON-SURGI	\$340
D3332	INCOMPLETE ENDO TX; INOP UNRESTORAB	\$646
D3333	INTERNAL ROOT REPAIR OF PERFORATION	\$297
D3346	RETREATMENT PREVIOUS RC THERAPY - A	\$1,156
D3347	RETREATMENT PREVIOUS RC THERAPY - B	\$1,360
D3348	RETREATMENT PREVIOUS ROOT CANAL THE	\$1,683
D3351	APEXIFICATION/RECALCIFICAT INIT VST	\$335
D3352	APEXIFICAT/RECALCIFICAT INT MED REP	\$150
D3353	APEXIFICATION/RECALCIFICATION - FIN	\$462
D3355	PULPAL REGENERATION - INITIAL VISIT	\$335
D3356	PULPAL REGEN - INTERIM MED RPLCMNT	\$150
D3357	PULPAL REGENERATION - COMPLETION OF	By Report
D3410	APICOECTOMY - ANTERIOR	\$663
D3421	APICOECTOMY - BICUSPID (FIRST ROOT)	\$738
D3425	APICOECTOMY - MOLAR (FIRST ROOT)	\$837
D3426	APICOECTOMY (EACH ADDITIONAL ROOT)	\$283
D3427	PERIRADICULAR SURGERY WITHOUT APICO	\$600
D3428	BG IN CONJ PERIRADICULAR SURG/TOOTH	\$875
D3429	BG IN CONJ PERIRADICUL SURG EACH CO	\$834
D3430	RETROGRADE FILLING - PER ROOT	\$208
D3431	BIO MAT SFT OSS REGE CONJ PERIR SUR	\$1,027

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D3432	GTR RESORB BRRER PER SITE IN CONJ P	\$883
D3450	ROOT AMPUTATION - PER ROOT	\$433
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	\$1,615
D3470	INTENTIONAL REIMPLANTATION W/NECESS	\$825
D3910	SURGICAL PROCEDURE ISOLATION TOOTH	\$115
D3920	HEMISECTION NOT INCLUDING ROOT CANA	\$329
D3950	CANAL PREPARATION&FITTING PREFORMED	\$150
D4210	GINGIVECT/PLSTY 4/>CNTIG/TOOTH BOUN	\$583
D4211	GINGIVECT/PLSTY 1-3 CNTIG/TOOTH BOU	\$259
D4212	GINGIVECT/PLSTY 1-3CNTIG PER TOOTH	\$207
D4230	ANAT CROWN EXP 4/> CONTIGUOUS TEETH	\$816
D4231	ANATOMICAL CROWN EXPOSURE 1-3 TEETH	\$389
D4240	INGL FLP PROC 4/> CONTIG/TOOTH BOU	\$739
D4241	INGL FLP PROC 1-3 CONTIG/TOOTH BOU	\$428
D4245	APICALLY POSITIONED FLAP	\$544
D4249	CLINICAL CROWN LENGTHENING - HARD T	\$810
D4260	OSSEOUS SURG 4/> CNTIG TEETH QUAD	\$1,231
D4261	OSSEOUS SURG 1-3 CNTIG TEETH QUAD	\$661
D4263	BONE REPLACEMENT GRAFT - FIRST SITE	\$441
D4264	BONE REPLACEMENT GRAFT - EA ADD SIT	\$376
D4265	BIOLOGIC MATERIALS AID SOFT&OSSEOUS	By Report
D4266	GUID TISSUE REGEN - RESORBABLE BARR	\$454
D4267	GUID TISSUE REGEN - NONRESORB BARRI	\$583
D4268	SURGICAL REVISION PROCEDURE PER TOO	By Report
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$875
D4273	AUTOGNS CONECTIVE TISSUE GRFT 1ST T	\$1,069
D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE	\$607
D4275	NONAUTGNS CONECTV TISSUE GRFT 1ST T	\$804
D4276	COMB CNCTIVE TISSUE&DBL PEDICLE GRA	\$1,199
D4277	FREE SOFT TISSUE GRAFT, 1ST TOOTH/	\$907
D4278	FREE SOFT TISSUE GRAFT, E/ADNL TOOT	\$298
D4283	AUTO CNNCTV TISSUE GRFT PROC E/A TO	\$911
D4285	NON-AUTO CNNCTV TSSUE GRFT PROC E/A	\$686
D4320	PROVISIONAL SPLINTING - INTRACORONA	\$429
D4321	PROVISIONAL SPLINTING - EXTRACORONA	\$390
D4341	PRDONTAL SCALING&ROOT PLANING 4/MOR	\$247
D4342	PRDONTAL SCALING&ROOT PLANING 1-3 T	\$143
D4355	FULL MOUTH DEBRID ENABLE COMP EVALU	\$169
D4381	LOC DEL ANTIMICROBL AGTS CREVICULR	By Report
D4910	PERIODONTAL MAINTENANCE	\$152
D4920	UNSCHEDULED DRESSING CHANGE	\$110
D4921	GINGIVAL IRRIGATION PER QUADRANT	By Report
D5110	COMPLETE DENTURE - MAXILLARY	\$1,492

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D5120 COMPLETE DENTURE - MANDIBULAR	\$1,492
D5130 IMMEDIATE DENTURE - MAXILLARY	\$1,626
D5140 IMMEDIATE DENTURE - MANDIBULAR	\$1,626
D5211 MAXILLARY PARTIAL DENTURE - RESIN B	\$1,259
D5212 MANDIBULAR PARTIAL DENTURE - RESIN	\$1,463
D5213 MAX PART DENTUR-CAST METL FRMEWRK W	\$1,648
D5214 MAND PART DENTUR- CAST METL FRMEWRK	\$1,648
D5221 IMMED MAXILLARY PARTIAL DENTURE RES	\$1,373
D5222 IMMED MANDIBULAR PARTIAL DENTURE RE	\$1,595
D5223 IMMED MAXIL PART DENTURE CAST METL	\$1,796
D5224 IMMED MAND PART DENTURE CAST METL F	\$1,796
D5225 MAXILLARY PARTIAL DENTURE FLEXIBLE	\$1,259
D5226 MANDIBULAR PARTIAL DENTURE FLEXIBLE	\$1,463
D5281 REMV UNILAT PART DENTUR - 1 PIECE C	\$961
D5410 ADJUST COMPLETE DENTURE - MAXILLARY	\$82
D5411 ADJUST COMPLETE DENTURE - MANDIBULA	\$82
D5421 ADJUST PARTIAL DENTURE - MAXILLARY	\$82
D5422 ADJUST PARTIAL DENTURE - MANDIBULAR	\$82
D5510 REPAIR BROKEN COMPLETE DENTURE BASE	\$163
D5520 REPLACE MISSING/BROKEN TEETH - COMP	\$136
D5610 REPAIR RESIN DENTURE BASE	\$177
D5620 REPAIR CAST FRAMEWORK	\$191
D5630 REPAIR OR REPLACE BROKEN CLASP PER	\$231
D5640 REPLACE BROKEN TEETH - PER TOOTH	\$150
D5650 ADD TOOTH TO EXISTING PARTIAL DENTU	\$204
D5660 ADD CLASP TO EXISTING PARTIAL DENTU	\$245
D5670 REPLACE ALL TEETH&ACRYLIC CAST META	\$599
D5671 REPLACE ALL TEETH&ACRYLIC CAST METL	\$599
D5710 REBASE COMPLETE MAXILLARY DENTURE	\$606
D5711 REBASE COMPLETE MANDIBULAR DENTURE	\$578
D5720 REBASE MAXILLARY PARTIAL DENTURE	\$572
D5721 REBASE MANDIBULAR PARTIAL DENTURE	\$572
D5730 RELINE COMPLETE MAXILLARY DENTURE (\$342
D5731 RELINE COMPLETE MANDIBULAR DENTURE	\$342
D5740 RELINE MAXILLARY PARTIAL DENTURE (C	\$313
D5741 RELINE MANDIBULAR PARTIAL DENTURE (\$313
D5750 RELINE COMPLETE MAXILLARY DENTURE (\$456
D5751 RELINE COMPLETE MANDIBULAR DENTURE	\$456
D5760 RELINE MAXILLARY PARTIAL DENTURE (L	\$449
D5761 RELINE MANDIBULAR PARTIAL DENTURE (\$449
D5810 INTERIM COMPLETE DENTURE (MAXILLARY	\$721
D5811 INTERIM COMPLETE DENTURE (MANDIBULA	\$776
D5820 INTERIM PARTIAL DENTURE (MAXILLARY)	\$558

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D5821	INTERIM PARTIAL DENTURE (MANDIBULAR	\$592
D5850	TISSUE CONDITIONING MAXILLARY	\$143
D5851	TISSUE CONDITIONING MANDIBULAR	\$143
D5862	PRECISION ATTACHMENT BY REPORT	By Report
D5863	OVERDENTURE COMPLETE MAXILLARY	\$1,579
D5864	OVERDENTURE PARTIAL MAXILLARY	\$2,082
D5865	OVERDENTURE COMPLETE MIBULAR	\$1,579
D5866	OVERDENTURE PARTIAL MIBULAR	\$2,164
D5867	REPLACEMENT REPL PART SEMI-PRCISN/P	By Report
D5875	MODIFICATION REMV PROSTH AFTER IMPL	By Report
D5899	UNS REMOVABLE PROSTHODONTIC PROCEDU	By Report
D5911	FACIAL MOULAGE (SECTIONAL)	\$378
D5912	FACIAL MOULAGE (COMPLETE)	\$378
D5913	NASAL PROSTHESIS	\$7,967
D5914	AURICULAR PROSTHESIS	\$7,967
D5915	ORBITAL PROSTHESIS	\$10,781
D5916	OCULAR PROSTHESIS	\$2,876
D5919	FACIAL PROSTHESIS	By Report
D5922	NASAL SEPTAL PROSTHESIS	By Report
D5923	OCULAR PROSTHESIS INTERIM	By Report
D5924	CRANIAL PROSTHESIS	By Report
D5925	FACIAL AUGMENTATION IMPLANT PROSTHE	By Report
D5926	NASAL PROSTHESIS REPLACEMENT	By Report
D5927	AURICULAR PROSTHESIS REPLACEMENT	By Report
D5928	ORBITAL PROSTHESIS REPLACEMENT	By Report
D5929	FACIAL PROSTHESIS REPLACEMENT	By Report
D5931	OBTURATOR PROSTHESIS SURGICAL	\$4,290
D5932	OBTURATOR PROSTHESIS DEFINITIVE	\$8,023
D5933	OBTURATOR PROSTHESIS MODIFICATION	By Report
D5934	MANDIBULAR RESECTION PROSTHESIS W/G	\$7,312
D5935	MANDIBULAR RESECTION PROSTHESIS W/O	\$6,362
D5936	OBTURATOR PROSTHESIS INTERIM	\$7,146
D5937	TRISMUS APPLIANCE (NOT FOR TMD TREA	\$898
D5951	FEEDING AID	\$1,168
D5952	SPEECH AID PROSTHESIS PEDIATRIC	\$3,792
D5953	SPEECH AID PROSTHESIS ADULT	\$7,201
D5954	PALATAL AUGMENTATION PROSTHESIS	\$6,673
D5955	PALATAL LIFT PROSTHESIS DEFINITIVE	\$6,172
D5958	PALATAL LIFT PROSTHESIS INTERIM	By Report
D5959	PALATAL LIFT PROSTHESIS MODIFICATIO	By Report
D5960	SPEECH AID PROSTHESIS MODIFICATION	By Report
D5982	SURGICAL STENT	\$606
D5983	RADIATION CARRIER	\$1,361

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D5984 RADIATION SHIELD	\$1,361
D5985 RADIATION CONE LOCATOR	\$1,361
D5986 FLUORIDE GEL CARRIER	\$136
D5987 COMMISSURE SPLINT	\$2,041
D5988 SURGICAL SPLINT	\$408
D5991 VESICULOBULLOUS DISEASE MEDICAMENT	\$157
D5992 ADJUST MAXILLOFACIAL PROSTH APPLIAN	By Report
D5993 MAINT / CLEAN MAXILLOFACIAL PROSTH	By Report
D5994 PERIDONL MEDIC CARRIER PERIPH SEAL	\$157
D6010 SURG PLACEMENT IMPLANT BODY: ENDOST	\$2,492
D6011 SECOND STAGE IMPLANT SURGERY	By Report
D6012 SURG PLCMT INTERIM IMPL TRNSITIONL	\$2,354
D6013 SURGICAL PLACEMENT OF MINI IMPLANT	\$2,492
D6040 SURGICAL PLACEMENT: EOSTEAL IMPLAN	\$8,574
D6050 SURGICAL PLACEMENT: TRANSOSTEAL IMP	\$6,396
D6051 INTERIM ABUTMENT	By Report
D6052 SEMI-PRECISION ATTACHMENT ABUTMENT	\$1,056
D6053 IMPL/ABUT SUPP REMV DENTUR CMPL EDN	\$1,860
D6054 IMPL/ABUT SUPP REMV DENTUR PART EDN	\$1,860
D6055 CONNECTING BAR IMPLANT OR ABUTMENT	\$749
D6056 PREFABRICATED ABUTMENT INCLUDES PLA	\$517
D6057 CUSTOM FABRICATED ABUTMENT INCLUDE	\$640
D6058 ABUTMENT SUPPORTED PORCELAIN/CERAMI	\$1,434
D6059 ABUT SUPP PORCELAIN TO METL CROWN H	\$1,415
D6060 ABUT SUPP PORCELAIN TO MTL CROWN PR	\$1,338
D6061 ABUT SUPP PORCELAIN TO METAL CROWN	\$1,365
D6062 ABUTMENT SUPP CAST METAL CROWN HIGH	\$1,360
D6063 ABUTMENT SUPP CAST METAL CROWN PRED	\$1,184
D6064 ABUTMENT SUPP CAST METAL CROWN NOBL	\$1,238
D6065 IMPL SUPP PORCELAIN/CERAMIC CROWN	\$1,411
D6066 IMPL SUPP PORCLN FUSED METL CRWN TI	\$1,375
D6067 IMPL SUPP METAL CROWN TITIANM/HIGH	\$1,334
D6068 ABUT SUPP RETAINER PORCELAIN/CERAMI	\$1,422
D6069 ABUT RETAINR PORCELN TO METL FPD HI	\$1,415
D6070 ABUT RETN PORCELN TO METL FPD PRED	\$1,338
D6071 ABUT SUPP RETN PORCELN FUSD METAL F	\$1,365
D6072 ABUT SUPP RETN CAST METL FPD HIGH N	\$1,381
D6073 ABUT RTNR CAST METL FPD PREDOM BASE	\$1,262
D6074 ABUTMENT RTNR CAST METAL FPD NOBLE	\$1,341
D6075 IMPLANT SUPPORTED RETAINER FOR CERA	\$1,411
D6076 IMPL SUPP RTNR PORCLN FUSED METL FP	\$1,375
D6077 IMPL SUPP RTNR CST METL FPD TITNM/H	\$1,334
D6078 IMPLNT/ABUT SUPP FIXED DENTURE CMPL	By Report

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D6079	IMPL/ABUT SUPPORTED FIX DENTUR PART	By Report
D6080	IMPL MAINT PROC REMV CLEAN PROSTH &	\$117
D6090	REPAIR IMPLANT SUPPORTED PROSTHESIS	By Report
D6091	REPL ATTACHMNT IMPL/ABUT SUPP PROS	\$565
D6092	RECEMENT / REBOND IMPLANT/ABUTMENT	\$110
D6093	RECMNT/REBOND IMPL/ABUTMNT SUPP FIX	\$173
D6094	ABUTMENT SUPPORTED CROWN TITANIUM	\$1,123
D6095	REPAIR IMPLANT ABUTMENT BY REPORT	By Report
D6100	IMPLANT REMOVAL BY REPORT	By Report
D6101	DBRDMNT OF PERI-IMPLANT DEFECT	\$404
D6102	DBRDMNT OF PERI-IMPLANT DEFECT	\$555
D6103	BONE GRFT RPR PERIIMPLNT DFCT W/O F	\$463
D6104	BONE GRAFT AT TIME OF IMPLANT PLACE	\$463
D6110	IMPL/ABUTMENT SUPPORTED RD - MAXILL	\$1,860
D6111	IMPL/ABUTMENT SUPPORTED RD - MANDIB	\$1,860
D6112	IMPL/ABUTMENT SUPPORTED RPD - MAXIL	\$1,860
D6113	IMPLANT / ABUTMENT SUPPORTED RPD -	\$1,860
D6114	IMPLANT / ABUTMENT SUPPORTED FD - M	\$3,258
D6115	IMPLANT/ABUTMENT SUPPORTED FD - MAN	\$3,258
D6116	IMPL/ABUTMENT SUPPORTED FD - MAXILL	\$2,499
D6117	IMPL/ABUT SUPPORTED FD - MANDIBULAR	\$2,499
D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX	\$252
D6194	ABUTMENT SUPPORTED RETAINER CROWN F	\$1,157
D6199	UNSPECIFIED IMPLANT PROCEDURE BY RE	By Report
D6205	PONTIC - INDIRECT RESIN BASED COMPO	\$820
D6210	PONTIC - CAST HIGH NOBLE METAL	\$1,254
D6211	PONTIC - CAST PREDOMINANTLY BASE ME	\$1,175
D6212	PONTIC - CAST NOBLE METAL	\$1,222
D6214	PONTIC - TITANIUM	\$1,262
D6240	PONTIC - PORCELAIN FUSED TO HIGH NO	\$1,238
D6241	PONTIC - PORCELN FUSED PREDOMINANTL	\$1,144
D6242	PONTIC - PORCELAIN FUSED TO NOBLE M	\$1,207
D6245	PONTIC - PORCELAIN/CERAMIC	\$1,278
D6250	PONTIC - RESIN WITH HIGH NOBLE META	\$1,222
D6251	PONTIC - RESIN WITH PREDOMINANTLY B	\$1,128
D6252	PONTIC - RESIN WITH NOBLE METAL	\$1,164
D6253	PROVISIONAL PONTIC	\$527
D6545	RETAINER - CAST METAL RESIN BONDED	\$464
D6548	RETAINER - PORCELN/CERAMIC RSN BOND	\$510
D6549	RESIN RETAINER FOR RESIN BONDED FIX	\$335
D6600	RETAINER INLAY - PORCELAIN/CERAMIC	\$921
D6601	RETAINER INLAY - PORC/CERAMIC 3 OR	\$966
D6602	RETAINER INLAY CAST HIGH NOBLE META	\$984

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D6603	RETAINR INLAY - CAST HI NOBLE METAL	\$1,083
D6604	RETAINER INLAY - CAST PREDOM BASE M	\$965
D6605	RTAINR INLAY - CAST PREDOM BASE MTL	\$1,022
D6606	RETAINER INLAY - CAST NOBLE METAL T	\$949
D6607	RETNR INLAY CAST NOBLE METAL 3 OR M	\$1,053
D6608	RETAINER ONLAY - PORCELAIN/CERAMIC	\$1,001
D6609	RETAINER ONLAY PORCELAIN/CERAMIC 3/	\$1,045
D6610	RETAINER ONLAY - HIGH NOBLE METAL T	\$1,062
D6611	RETAINER ONLAY HIGH NOBLE METAL 3/M	\$1,162
D6612	RETAINER ONLAY CAST PREDOM BASE MET	\$1,056
D6613	RETNR ONLAY CAST PREDOM BASE METAL	\$1,104
D6614	RETAINER ONLAY - CAST NOBLE METAL T	\$1,034
D6615	RETNR ONLAY CAST NOBLE METAL 3 OR M	\$1,074
D6624	RETAINER INLAY - TITANIUM	\$984
D6634	RETAINER ONLAY - TITANIUM	\$1,034
D6710	RETAINER CROWN - INDIRECT RESIN BAS	\$1,055
D6720	RETAINER CROWN - RESIN WITH HIGH NO	\$1,230
D6721	RETAINER CROWN - RESIN WITH PREDOM	\$1,167
D6722	RETAINER CROWN - RESIN WITH NOBLE M	\$1,188
D6740	RETAINER CROWN - PORCELAIN/CERAMIC	\$1,294
D6750	RETNR CROWN PORCELAIN FUSED TO HIGH	\$1,260
D6751	RETNR CROWN PORCELAIN FUSED PREDOM	\$1,176
D6752	RETAINER CROWN - PORCELAIN FUSED TO	\$1,204
D6780	RETAINER CROWN - 3/4 CAST HIGH NOBL	\$1,188
D6781	RETAINER CROWN 3/4 CAST PREDOMINANT	\$1,188
D6782	RETAINER CROWN - 3/4 CAST NOBLE MET	\$1,104
D6783	RETAINER CROWN - 3/4 PORCELAIN/CERA	\$1,223
D6790	RETAINER CROWN - FULL CAST HIGH NOB	\$1,216
D6791	RETAINER CROWN FULL CAST PREDOM BAS	\$1,153
D6792	RETAINER CROWN - FULL CAST NOBLE ME	\$1,195
D6793	PROVISIONAL RETAINER CROWN	\$499
D6794	RETAINER CROWN - TITANIUM	\$1,195
D6920	CONNECTOR BAR	\$219
D6930	RECEMENT / REBOND FIXED PARTIAL DEN	\$128
D6940	STRESS BREAKER	\$289
D6950	PRECISION ATTACHMENT	\$559
D6975	COPING - METAL	\$620
D6980	FIXED PARTIAL DENTURE REPAIR BY REP	By Report
D6985	PEDIATRIC PARTIAL DENTURE FIXED	\$486
D7111	EXTRACTION CORONAL REMNANTS - DECID	\$173
D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED	\$230
D7210	SURG REMOVAL ERUPTED TOOTH REMV BON	\$352
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TI	\$441

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D7230	REMOVAL OF IMPACTED TOOTH - PARTIAL	\$587
D7240	REMOVAL OF IMPACTED TOOTH - COMPLET	\$689
D7241	REMOV IMP TOOTH - CMPL BONY W/UNUSUA	\$866
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH	\$372
D7251	CORONECTOMY INTENTIONAL PARTIAL TO	\$729
D7260	OROANTRAL FISTULA CLOSURE	\$1,760
D7261	PRIMARY CLOSURE OF A SINUS PERFORAT	\$733
D7270	TOOTH REIMPL &OR STBL ACC EVULSED/D	\$550
D7272	TOOTH TRANSPLANTATION	\$733
D7280	SURGICAL ACCESS OF AN UNERUPTED TOO	\$513
D7282	MOBILIZ ERUPTED/MALPOSITIONED TOOTH	\$257
D7283	PLCMT DEVICE FACILITATE ERUPTION IM	\$220
D7285	BIOPSY OF ORAL TISSUE HARD	\$1,027
D7286	BIOPSY OF ORAL TISSUE SOFT	\$440
D7287	EXFOLIATIVE CYTOLOGICAL SAMPLE COLL	\$176
D7288	BRUSH BIOPSY - TRANSEPIHELIAL SAMP	\$176
D7290	SURGICAL REPOSITIONING OF TEETH	\$440
D7291	TRANSSEPTAL FIBEROT/SUPRA CRESTAL F	By Report
D7292	SURG PLCMT: TEMP ANCHORAGE SCREW RE	\$704
D7293	SURG PLCMT: TEMP ANCHORAGE DEVICE R	\$440
D7294	SURG PLCMT: TEMP ANCHORAGE DEVICE W	\$367
D7295	HARVEST BONE FOR USE AUTOGENOUS GRA	By Report
D7310	ALVEOLOPLASTY W/EXTRACTION 4/> TEET	\$279
D7311	ALVEOLOPLSTY CONJNC XTRACT 1-3 TEET	\$244
D7320	ALVEOLOPLASTY NOT W/EXTRACTIONS 4/>	\$453
D7321	ALVEOLOPLSTY NOT CNJNC XTRCT 1-3 TE	\$384
D7340	VESTIBULOPLASTY RIDGE EXT SEC EPITH	\$1,918
D7350	VESTIBULOPLASTY RIDGE EXT W/SOFT TI	\$5,579
D7410	EXCISION OF BENIGN LESION UP TO 1.2	\$837
D7411	EXCISION OF BENIGN LESION GREATER T	\$1,325
D7412	EXCISION OF BENIGN LESION COMPLICAT	\$1,464
D7413	EXCISION OF MALIGNANT LESION UP TO	\$976
D7414	EXCISION OF MALIGNANT LESION > 1.25	\$1,464
D7415	EXCISION OF MALIGNANT LESION COMPLI	\$1,639
D7440	EXC MALIG TUMOR-LESION DIAMETER UP	\$1,325
D7441	EXC MALIG TUMOR-LESION DIAM GREATER	\$1,953
D7450	REMOVAL BEN ODONTOGENIC CYST/TUMR-	\$837
D7451	REMOVAL BENIGN ODONTOGENIC CYST/TUM	\$1,144
D7460	REMOVAL BEN NONODONTOGENIC CYST/TUM	\$837
D7461	REMOVAL BEN NONODONTOGENIC CYST/TUM	\$1,144
D7465	DESTRUCTION LESION PHYSICAL/CHEM ME	\$453
D7471	REMOVAL OF LATERAL EXOSTOSIS	\$1,036
D7472	REMOVAL OF TORUS PALATINUS	\$1,232

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D7473	REMOVAL OF TORUS MANDIBULARIS	\$1,162
D7485	SURGICAL REDUCTION OF OSSEOUS TUBER	\$1,036
D7490	RADICAL RESECTION OF MAXILLA OR MAN	\$8,368
D7510	INCISION & DRAINAGE ABSCESS-INTRAOR	\$300
D7511	I & D ABSCESS INTRAORAL SOFT TISSUE	\$453
D7520	INCISION & DRAINAGE ABSCESS-EXTRAOR	\$1,428
D7521	I & D ABSCESS EXTRAORAL SOFT TISSUE	\$1,569
D7530	REMOVAL FB FROM MUCOSA SKIN/SUBCUT	\$515
D7540	REMOV REACT-PRODUC FOREIGN BODIES-MU	\$570
D7550	PART OSTEC/SEQUESTRECTOMY REMOVAL N	\$356
D7560	MAXILLARY SINUSOTOMY REMOVAL TOOTH	\$2,824
D7610	MAXILLA-OPEN REDUCTION	\$4,568
D7620	MAXILLA-CLOSED REDUCTION	\$3,425
D7630	MANDIBLE-OPEN REDUCTION	\$5,939
D7640	MANDIBLE-CLOSED REDUCTION	\$3,769
D7650	MALAR AND/OR ZYGOMATIC ARCH - OPEN	\$2,855
D7660	MALAR AND/OR ZYGOMATIC ARCH - CLOSE	\$1,683
D7670	ALVEOLUS-CLOSED REDUCTION W/STABILI	\$1,314
D7671	ALVEOLUS-OPEN REDUCTION W/STABILIZA	\$2,476
D7680	FCE BNS - COMP RDUC W/FIX&MX SURG A	\$8,565
D7710	MAXILLA - OPEN REDUCTION	\$5,368
D7720	MAXILLA - CLOSED REDUCTION	\$3,769
D7730	MANDIBLE - OPEN REDUCTION	\$7,766
D7740	MANDIBLE - CLOSED REDUCTION	\$3,842
D7750	MALAR AND/OR ZYGOMATIC ARCH - OPEN	\$4,887
D7760	MALAR AND/OR ZYGOMATIC ARCH - CLOSE	\$1,961
D7770	ALVEOLUS - OPEN REDUCTION STABILIZA	\$2,657
D7771	ALVEOLUS CLOSED REDUCTION STABILIZA	\$2,050
D7780	FACIAL BONES-COMP RDUC FIX & MX SUR	\$11,420
D7810	OPEN REDUCTION OF DISLOCATION	\$5,024
D7820	CLOSED REDUCTION OF DISLOCATION	\$823
D7830	MANIPULATION UNDER ANESTHESIA	\$471
D7840	CONDYLECTOMY	\$6,848
D7850	SURGICAL DISCECTOMY WITH/WITHOUT IM	\$5,914
D7852	DISC REPAIR	\$6,771
D7854	SYNOVECTOMY	\$6,988
D7856	MYOTOMY	\$4,958
D7858	JOINT RECONSTRUCTION	\$14,133
D7860	ARTHROTOMY	\$6,024
D7865	ARTHROPLASTY	\$9,707
D7870	ARTHROCENTESIS	\$321
D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE	\$642
D7872	ARTHROSCOPY - DIAGNOSIS WITH OR WIT	\$3,424

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D7873	ARTHROSCOPY SURGICAL: LAVAGE&LYSIS	\$4,123
D7874	ARTHROSCOPY SURGICAL: DISC REPSTN&S	\$5,914
D7875	ARTHROSCOPY - SURGICAL: SYNOVECTOMY	\$6,479
D7876	ARTHROSCOPY - SURGICAL: DISCECTOMY	\$6,985
D7877	ARTHROSCOPY - SURGICAL: DEBRIDEMENT	\$6,165
D7880	OCCLUSAL ORTHOTIC DEVICE BY REPORT	\$770
D7881	OCCLUSAL ORTHOTIC DEVICE ADJUSTMENT	\$84
D7899	UNSPECIFIED TMD THERAPY BY REPORT	By Report
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO	\$457
D7911	COMPLICATED SUTURE - UP TO 5 CM	\$1,142
D7912	COMPLICATED SUTURE - GREATER THAN 5	\$2,056
D7920	SKIN GRAFT	\$3,368
D7921	COLL APPL AUTOLOGOUS BLD CNCNTRT PR	\$311
D7940	OSTEOPLASTY - FOR ORTHOGNATHIC DEFO	By Report
D7941	OSTEOTOMY - MANDIBULAR RAMI	\$8,578
D7943	OSTEOT-MANDIB RAMI W/BONE GRFT;INCL	\$7,880
D7944	OSTEOTOMY - SEGMENTED OR SUBAPICAL	\$7,022
D7945	OSTEOTOMY - BODY OF MANDIBLE	\$9,345
D7946	LEFORT I (MAXILLA - TOTAL)	\$11,576
D7947	LEFORT I (MAXILLA - SEGMENTED)	\$9,735
D7948	LEFORT II/LEFORT III - W/O BONE GRA	\$12,636
D7949	LEFORT II OR LEFORT III - WITH BONE	\$16,458
D7950	OSSEOUS OSTEOPERIOSTEAL/CARTILAGE G	By Report
D7951	SINUS AUGMENTATION WITH BONE OR BON	By Report
D7952	SINUS AUGMENTATION VIA A VERTICAL A	By Report
D7953	BONE REPLCMT GRAFT RIDGE PRESERVATI	\$474
D7955	REPAIR MAXLOFACIAL SOFT &/ HARD TIS	By Report
D7960	FRENULECTOMY SEP PROC NOT INCIDENTL	\$384
D7963	FRENULOPLASTY	\$628
D7970	EXCISION OF HYPERPLASTIC TISSUE - P	\$558
D7971	EXCISION OF PERICORONAL GINGIVA	\$209
D7972	SURGICAL REDUCTION OF FIBROUS TUBER	\$781
D7980	SIALOLITHOTOMY	\$879
D7981	EXCISION OF SALIVARY GLAND BY REPOR	By Report
D7982	SIALODOCHOPLASTY	\$2,078
D7983	CLOSURE OF SALIVARY FISTULA	\$1,994
D7990	EMERGENCY TRACHEOTOMY	\$1,716
D7991	CORONOIDECTOMY	\$4,184
D7995	SYNTHETIC GRAFT-MANDIBLE/FACIAL BON	By Report
D7996	IMPLANT-MANDIBLE AUGMENTATION PURPO	By Report
D7997	APPLIANCE REMOVAL INCLUDES REMOVAL	\$321
D7998	INTRAORAL PLCMT FIX DEVICE NOT CONJ	\$1,395
D8010	LIMITED ORTHODONTIC TREATMENT PRIMA	By Report

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D8020	LTD ORTHODONTIC TREATMENT TRANSITIO	\$755
D8030	LTD ORTHODONTIC TREATMENT ADOLESCEN	By Report
D8040	LIMITED ORTHODONTIC TREATMENT ADULT	By Report
D8050	INTERCEPTIVE ORTHODONTIC TX PRIMARY	By Report
D8060	INTRCPTV ORTHODONTIC TX TRANSITIONA	\$1,550
D8070	COMP ORTHODONTIC TX TRANSITIONAL DE	\$688
D8080	COMPREHENSIVE ORTHODONTIC TX ADOLES	\$1,774
D8090	COMPREHENSIVE ORTHODONTIC TX ADULT	\$1,528
D8210	REMOVABLE APPLIANCE THERAPY	\$763
D8220	FIXED APPLIANCE THERAPY	\$200
D8660	PREORTHODONTIC TREATMENT VISIT	\$393
D8670	PERIODIC ORTHODONTIC TREATMENT VISI	\$187
D8680	ORTHODONTIC RETENTION	\$499
D8681	REMOVABLE ORTHODONTIC RETAINER ADJU	By Report
D8690	ORTHODONTIC TREATMENT	By Report
D8691	REPAIR OF ORTHODONTIC APPLIANCE	By Report
D8692	REPLACEMENT OF LOST OR BROKEN RETAI	By Report
D8693	RE-CEMENT OR RE-BOND FIXED RETAINER	By Report
D8694	REPAIR OF FIXED RETAINERS INCLUDES	By Report
D9110	PALLIATIVE EMERGENCY TX DENTAL PAIN	\$111
D9120	FIXED PARTIAL DENTURE SECTIONING	\$125
D9210	LOCAL ANES-NOT CONJUNCTION W/OP/SUR	\$45
D9211	REGIONAL BLOCK ANESTHESIA	\$50
D9212	TRIGEMINAL DIVISION BLOCK ANESTHESI	\$78
D9215	LOCAL ANESTHESIA CONJUCTION OPERATI	\$38
D9219	EVALUATION FOR DEEP SEDATION / GA	\$89
D9220	DEEP SEDATION/GENERAL ANESTHESIA-1S	\$454
D9221	DEEP SEDATION/GENERAL ANESTHESIA-EA	\$204
D9223	DEEP SEDATION/ GEN ANESTH EACH 15 M	\$204
D9230	INHALATION OF NITROUS OXIDE/ANXIOLY	\$75
D9241	IV CONSCIOUS SEDATION/ANALG - 1ST 3	\$352
D9242	IV CONSCIOUS SEDATION/ANALG - EA AD	\$172
D9243	IV MOD (CONSCIOUS) SEDATION EACH 15	\$172
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	\$110
D9310	CONSULT DX SERV DENT/PHY NOT REQUES	\$158
D9410	HOUSE/EXTENDED CARE FACILITY CALL	\$181
D9420	HOSPITAL OR AMBULATORY SURGICAL CEN	\$292
D9430	OFFICE VISIT OBSERVATION NO OTHER S	By Report
D9440	OFFICE VISIT - AFTER REGULARLY SCHE	\$99
D9450	CASE PRESENTATION DTL&EXT TREATMEN	\$49
D9610	THERAPEUTIC PARENTERAL DRUG SINGL A	By Report
D9612	TX PARENTERAL DRUGS 2/> ADMINISTRAT	By Report
D9630	OTHER DRUGS AND/OR MEDICAMENTS BY R	By Report

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D9910 APPLICATION OF DESENSITIZING MEDICA	\$83
D9911 APPLIC DESENZT RSN CERV &OR ROOT SU	\$116
D9920 BEHAVIOR MANAGEMENT BY REPORT	By Report
D9930 TX COMPLICATIONS - UNUSUAL CIRCUMST	By Report
D9931 CLEANING INSPCTN OF REMOVABLE APPLI	\$204
D9932 CLEAN/INSPECT REMOVBL COMPLETE MAXI	\$204
D9933 CLEAN INSPECT REMVBL COMPLETE MANDI	\$204
D9934 CLEAN/ INSPECT REMVBL PARTIAL MAXIL	\$204
D9935 CLEAN INSPECT REMVBL PARTIAL MANDIB	\$204
D9940 OCCLUSAL GUARD BY REPORT	\$688
D9941 FABRICATION OF ATHLETIC MOUTHGUARD	\$237
D9942 REPAIR AND/OR RELINE OF OCCLUSAL GU	\$285
D9943 OCCLUSAL GUARD ADJUSTMENT	\$142
D9950 OCCLUSION ANALYSIS - MOUNTED CASE	\$450
D9951 OCCLUSAL ADJUSTMENT - LIMITED	\$202
D9952 OCCLUSAL ADJUSTMENT - COMPLETE	\$948
D9970 ENAMEL MICROABRASION	\$107
D9971 ODONTOPLASTY 1-2 TEETH; INCL REMOVA	\$138
D9972 EXTERNAL BLEACHING - PER ARCH	\$474
D9973 EXTERNAL BLEACHING - PER TOOTH	\$78
D9974 INTERNAL BLEACHING - PER TOOTH	\$415
D9975 EXTERNAL BLEACHING - PER ARCH	\$474

Notes

TVTA Maximum Allowed Charge Schedule effective 1/1/17. Plan payment calculated based on coinsurance percentages applied to the lesser of this charge schedule, the dentist charge, or applicable participating provider fee.

Procedures listed on the Patient Charge Schedule are subject to the plan limitations and restrictions.

The inclusion of a specific procedure on this schedule does not guarantee payment for that procedure. The absence of a procedure does not necessarily indicate exclusion.

Plan Administrator Newman Company is responsible to make coverage and payment determinations. The ADA may change CDT Codes or definitions.

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