

IMPORTANT INFORMATION ABOUT YOUR PLAN

- ▶ This schedule of benefits provides a listing of procedures covered by your plan. For procedures that require a copayment, the amount to be paid is shown in the column titled "Member Pays \$." You pay these copayments to the dental office at the time of service.
- ▶ You must select a United Concordia Primary Dental Office (PDO) to receive covered services. Your PDO will perform the below procedures or refer you to a specialty care dentist for further care. Treatment by an Out-of-Network dentist is not covered, except as described in the Certificate of Coverage.
- ▶ Only procedures listed on this Schedule of Benefits are Covered Services. For services not listed (not covered), You are responsible for the full fee charged by the dentist. Procedure codes and member Copayments may be updated to meet American Dental Association (ADA) Current Dental Terminology (CDT) in accordance with national standards.
- ▶ For a complete description of your plan, please refer to the Certificate of Coverage and the Schedule of Exclusions and Limitations in addition to this Schedule of Benefits.
- ▶ If you have any questions about your United Concordia dental plan, please call our Customer Service Department toll-free at 1-866-357-3304 or access our website at www.UnitedConcordia.com.

ADA Code	ADA Description	Member Pays \$
CLINICAL ORAL EVALUATIONS		
D0120	Periodic Oral Evaluation - Established Patient	0
D0140	Limited Oral Evaluation - Problem Focused	0
D0145	Oral Evaluation For A Patient Under 3 Years Of Age And Counseling With Primary Caregiver	0
D0150	Comprehensive Oral Evaluation - New Or Established Patient	0
D0170	Re-Evaluation-Limited, Problem Focused (Established Patient; Not Post-Operative Visit)	0
D0171	Re-Evaluation - Post-Operative Office Visit	0
D0180	Comprehensive Periodontal Evaluation	0
RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation)		
D0210	Intraoral - Complete Series Of Radiographic Images	0
D0220	Intraoral- Periapical First Radiographic Image	0
D0230	Intraoral- Periapical Each Additional Radiographic Image	0
D0240	Intraoral - Occlusal Radiographic Image	0
D0270	Bitewing - Single Radiographic Image	0
D0272	Bitewings - Two Radiographic Images	0
D0273	Bitewings - Three Radiographic Images	0
D0274	Bitewings - Four Radiographic Images	0
D0277	Vertical Bitewings - 7 To 8 Radiographic Images	0
D0330	Panoramic Radiographic Image	0
D0340	2D Cephalometric Radiographic Image - Acquisition, Measurement And Analysis	0
TESTS AND EXAMINATIONS		
D0460	Pulp Vitality Tests	0
D0470	Diagnostic Casts	0
ORAL PATHOLOGY LABORATORY		
D0601	Caries Risk Assessment And Documentation, With A Finding Of Low Risk	0
D0602	Caries Risk Assessment And Documentation, With A Finding Of Moderate Risk	0

ADA Code	ADA Description	Member Pays \$
ORAL PATHOLOGY LABORATORY		
D0603	Caries Risk Assessment And Documentation, With A Finding Of High Risk	0
DENTAL PROPHYLAXIS		
D1110	Prophylaxis, Adult	0
D1120	Prophylaxis, Child	0
TOPICAL FLUORIDE TREATMENT (office procedure)		
D1206	Topical Application Of Fluoride Varnish	0
D1208	Topical Application Of Fluoride - Excluding Varnish	0
OTHER PREVENTIVE SERVICES		
D1330	Oral Hygiene Instruction	0
D1351	Sealant - Per Tooth	0
D1353	Sealant Repair - Per Tooth	0
D1354	Interim Caries Arresting Medicament Application - Per Tooth	15
SPACE MAINTENANCE (passive appliances)		
D1510	Space Maintainer - Fixed, Unilateral (Tooth Numbers Or Tooth Area Required)	0
D1516	Space Maintainer - Fixed - bilateral, maxillary	0
D1517	Space Maintainer - Fixed - bilateral, mandibular	0
D1520	Space Maintainer - Removable, Unilateral	0
D1526	Space Maintainer - Removable - bilateral, maxillary	0
D1527	Space Maintainer - Removable - bilateral, mandibular	0
D1550	Re-Cement Or Re-Bond Space Maintainer	0
D1555	Removal Of Fixed Space Maintainer	0
D1575	Distal shoe space maintainers - fixed - unilateral	0
AMALGAM RESTORATIONS (including polishing)		
D2140	Amalgam - One Surface, Primary Or Permanent	0

ADA Code	ADA Description	Member Pays \$
AMALGAM RESTORATIONS (including polishing)		
D2150	Amalgam - Two Surfaces, Primary Or Permanent	0
D2160	Amalgam - Three Surfaces, Primary Or Permanent	0
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	0
RESIN-BASED COMPOSITE RESTORATIONS - DIRECT		
D2330	Resin-Based Composite - One Surface, Anterior	0
D2331	Resin-Based Composite - Two Surfaces, Anterior	0
D2332	Resin-Based Composite - Three Surfaces, Anterior	0
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle (Anterior)	0
D2390	Resin-Based Composite Crown, Anterior	0
D2391	Resin-Based Composite - One Surface, Posterior	31
D2392	Resin-Based Composite - Two Surfaces, Posterior	43
D2393	Resin-Based Composite - Three Surfaces, Posterior	54
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	58
INLAY/ONLAY RESTORATIONS		
D2510	Inlay - Metallic - One Surface	100 ◆
D2520	Inlay - Metallic - Two Surfaces	161 ◆
D2530	Inlay - Metallic - Three Or More Surfaces	171 ◆
D2542	Onlay - Metallic - Two Surfaces	190 ◆
D2543	Onlay - Metallic - Three Surfaces	190 ◆
D2544	Onlay - Metallic - Four Or More Surfaces	196 ◆
CROWNS - SINGLE RESTORATIONS ONLY		
D2710	Crown-Resin-Based Composite (Indirect)	87
D2712	Crown - 3/4 Resin-Based Composite (Indirect)	87
D2740	Crown, Porcelain/Ceramic	220
D2750	Crown, Porcelain Fused To High Noble Metal	215 ◆
D2751	Crown-Porcelain Fused To Predominantly Base Metal	207
D2752	Crown, Porcelain Fused To Noble Metal	211 ◆
D2780	Crown - 3/4 Cast High Noble Metal	212 ◆
D2781	Crown - 3/4 Cast Predominantly Base Metal	194
D2782	Crown - 3/4 Cast Noble Metal	202 ◆
D2783	Crown - 3/4 Porcelain/Ceramic	220
D2790	Crown, Full Cast High Noble Metal	212 ◆
D2791	Crown - Full Cast Predominantly Base Metal	194
D2792	Crown, Full Cast Noble Metal	202 ◆
D2794	Crown-Titanium	207
D2799	Provisional Crown - Further Treatment Or Completion Of Diagnosis Necessary Prior To Final Impression	0
OTHER RESTORATIVE SERVICES		
D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	0
D2915	Re-Cement Or Rebond Indirectly Fabricated Or Prefabricated Post And Core	0
D2920	Re-Cement Or Re-Bond Crown	0
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	0

ADA Code	ADA Description	Member Pays \$
OTHER RESTORATIVE SERVICES		
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	0
D2940	Protective Restoration	0
D2949	Restorative Foundation For An Indirect Restoration	0
D2950	Core Buildup Including Any Pins When Required	0
D2951	Pin Retention - Per Tooth, In Addition To Restoration	0
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	0
D2953	Each Additional Indirectly Fabricated Post - Same Tooth	0
D2954	Prefabricated Post And Core In Addition To Crown	0
D2957	Each Additional Prefabricated Post - Same Tooth	0
D2971	Additional Procedures To Construct New Crown Under Existing Partial Denture Framework	25
PULP CAPPING		
D3110	Pulp Cap - Direct (Excluding Final Restoration)	0
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	0
PULPOTOMY		
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	0
D3221	Pulpal Debridement, Primary And Permanent Teeth	0
D3222	Partial Pulpotomy For Apexogenesis-Permanent Tooth With Incomplete Root Development	0
ENDODONTIC THERAPY ON PRIMARY TEETH		
D3230	Pulpal Therapy (Resorbable Filling)-Anterior, Primary Tooth (Excluding Final Restoration)	0
D3240	Pulpal Therapy (Resorbable Filling)-Posterior, Primary Tooth (Excluding Final Restoration)	0
ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow-up care)		
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	0
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	0
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	193
ENDODONTIC RETREATMENT		
D3346	Retreatment Of Previous Root Canal Therapy - Anterior	0
D3347	Retreatment Or Previous Root Canal Therapy - Premolar	0
D3348	Retreatment Of Previous Root Canal Therapy - Molar	212
APICOECTOMY/PERIRADICULAR SERVICES		
D3410	Apicoectomy - Anterior	132
D3421	Apicoectomy - Premolar (First Root)	143
D3425	Apicoectomy - Molar (First Root)	156
D3426	Apicoectomy (Each Additional Root)	60
D3427	Periradicular Surgery Without Apicoectomy	156
D3430	Retrograde Filling - Per Root	10
D3450	Root Amputation - Per Root	85

ADA Code	ADA Description	Member Pays \$	ADA Code	ADA Description	Member Pays \$
OTHER ENDODONTIC PROCEDURES			PARTIAL DENTURES (including routine post-delivery care)		
D3920	Hemisection (Including Any Root Removal) Not Including Root Canal Therapy	74	D5211	Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests And Teeth)	213
D3950	Canal Preparation And Fitting Of Preformed Dowel Or Post	0	D5212	Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests And Teeth)	220
SURGICAL SERVICES (including usual postoperative care)			D5213	Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rests And Teeth)	282
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	92	D5214	Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rest And Teeth)	282
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	30	D5221	Immediate Maxillary Partial Denture - Resin Base (Including Any Conventional Clasps, Rests and Teeth)	213
D4212	Gingivectomy Or Gingivoplasty To Allow Access For Restorative Procedure, Per Tooth	0	D5222	Immediate Mandibular Partial Denture - Resin Base (Including Any Conventional Clasps, Rests and Teeth)	220
D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	88	D5223	Immediate Maxillary Partial Denture - Case Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rests And Teeth)	282
D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	35	D5224	Immediate Mandibular Partial Denture - Case Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rests And Teeth)	282
D4245	Apically Positioned Flap	150	D5225	Maxillary Partial Denture - Flexible Base (Including Any Clasps, Rests And Teeth)	324
D4249	Clinical Crown Lengthening-Hard Tissue	111	D5226	Mandibular Partial Denture - Flexible Base (Including Any Clasps, Rests And Teeth)	324
D4260	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) – Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	197	D5282	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary	158
D4261	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) – One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	79	D5283	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular	158
D4263	Bone Replacement Graft - Retained Natural Tooth - First Site In Quadrant	98	ADJUSTMENTS TO DENTURES		
D4264	Bone Replacement Graft - Retained Natural Tooth - Each Additional Site In Quadrant	99	D5410	Adjust Complete Denture - Maxillary	14
D4274	Mesial/Distal Wedge Procedure, Single Tooth (When Not Performed In Conjunction With Surgical Procedures In The Same Anatomical Area)	46	D5411	Adjust Complete Denture - Mandibular	14
NON-SURGICAL PERIODONTAL SERVICES			D5421	Adjust Partial Denture - Maxillary	14
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	0	D5422	Adjust Partial Denture - Mandibular	14
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	0	REPAIRS TO COMPLETE DENTURES		
D4346	Scaling In Presence Of Generalized Moderate Or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation	0	D5511	Repair Broken Complete Denture Base, Mandibular	27
D4355	Full Mouth Debridement To Enable a Comprehensive Oral Evaluation And Diagnosis on a Subsequent Visit	0	D5512	Repair Broken Complete Denture Base, Maxillary	27
D4381	Localized Delivery Of Antimicrobial Agents Via Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth	100	D5520	Replace Missing Or Broken Teeth-Complete Denture (Each Tooth)	28
OTHER PERIODONTAL SERVICES			REPAIRS TO PARTIAL DENTURES		
D4910	Periodontal Maintenance	0	D5611	Repair Resin Partial Denture Base, Mandibular	26
D4921	Gingival Irrigation - Per Quadrant	25	D5612	Repair Resin Partial Denture Base, Maxillary	26
COMPLETE DENTURES (including routine post delivery care)			D5621	Repair Cast Partial Framework, Mandibular	29
D5110	Complete Denture - Maxillary	266	D5622	Repair Cast Partial Framework, Maxillary	29
D5120	Complete Denture - Mandibular	266	D5630	Repair Or Replace Broken Retentive Clasping Materials - Per Tooth	32
D5130	Immediate Denture - Maxillary	282	D5640	Replace Broken Teeth-Per Tooth	24
D5140	Immediate Denture - Mandibular	282	D5650	Add Tooth To Existing Partial Denture	30
PARTIAL DENTURES (including routine post-delivery care)			D5660	Add Clasp To Existing Partial Denture - Per Tooth	36

ADA Code	ADA Description	Member Pays \$
REPAIRS TO PARTIAL DENTURES		
D5670	Replace All Teeth And Acrylic On Cast Metal Framework (Maxillary)	183
D5671	Replace All Teeth And Acrylic On Cast Metal Framework (Mandibular)	183
DENTURE REBASE PROCEDURES		
D5710	Rebase Complete Maxillary Denture	81
D5711	Rebase Complete Mandibular Denture	81
D5720	Rebase Maxillary Partial Denture	95
D5721	Rebase Mandibular Partial Denture	95
DENTURE RELINE PROCEDURES		
D5730	Reline Complete Maxillary Denture (Chairside)	52
D5731	Reline Complete Mandibular Denture (Chairside)	52
D5740	Reline Maxillary Partial Denture (Chairside)	48
D5741	Reline Mandibular Partial Denture (Chairside)	48
D5750	Reline Complete Maxillary Denture (Laboratory)	77
D5751	Reline Complete Mandibular Denture (Laboratory)	77
D5760	Reline Maxillary Partial Denture (Laboratory)	81
D5761	Reline Mandibular Partial Denture (Laboratory)	81
OTHER REMOVABLE PROSTHETIC SERVICES		
D5850	Tissue Conditioning, Maxillary	0
D5851	Tissue Conditioning, Mandibular	0
D5863	Overdenture - Complete Maxillary	266
D5864	Overdenture - Partial Maxillary	282
D5865	Overdenture - Complete Mandibular	266
D5866	Overdenture - Partial Mandibular	282
FIXED PARTIAL DENTURE PONTICS		
D6205	Pontic - Indirect Resin Based Composite	220
D6210	Pontic-Cast High Noble Metal	212
D6211	Pontic-Cast Predominantly Base Metal	194
D6212	Pontic-Cast Noble Metal	202
D6214	Pontic - Titanium	194
D6240	Pontic-Porcelain Fused To High Noble Metal	215
D6241	Pontic-Porcelain Fused To Predominantly Base Metal	207
D6242	Pontic-Porcelain Fused To Noble Metal	211
D6245	Pontic - Porcelain/Ceramic	220
FIXED PARTIAL DENTURE RETAINERS - CROWNS		
D6710	Retainer Crown - Indirect Resin Based Composite	220
D6740	Retainer Crown - Porcelain/Ceramic	220
D6750	Retainer Crown, Porcelain Fused To High Noble Metal	215
D6751	Retainer Crown - Porcelain Fused To Predominantly Base Metal	207
D6752	Retainer Crown, Porcelain Fused To Noble Metal	211
D6780	Retainer Crown, 3/4 Cast High Noble Metal	210
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	194
D6782	Retainer Crown - 3/4 Cast Noble Metal	202
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	220
D6790	Retainer Crown, Full Cast High Noble Metal	212

ADA Code	ADA Description	Member Pays \$
FIXED PARTIAL DENTURE RETAINERS - CROWNS		
D6791	Retainer Crown, Full Cast Predominantly Base Metal	194
D6792	Retainer Crown, Full Cast Noble Metal	202
D6794	Retainer Crown - Titanium	194
OTHER FIXED PARTIAL DENTURE SERVICES		
D6930	Re-Cement Or Re-Bond Fixed Partial Denture	0
EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)		
D7111	Extraction, Coronal Remnants - Primary Tooth	0
D7140	Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)	0
SURGICAL EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)		
D7210	Extraction, Erupted Tooth Requiring Removal Of Bone And/Or Sectioning Of Tooth, And Including Elevation Of Mucoperiosteal Flap If Indicated	45
D7220	Removal Of Impacted Tooth - Soft Tissue	56
D7230	Removal Of Impacted Tooth - Partially Bony	75
D7240	Removal Of Impacted Tooth - Completely Bony	89
D7241	Removal Of Impacted Tooth - Completely Bony, With Unusual Surgical Complications	90
D7250	Removal Of Residual Tooth Roots (Cutting Procedure)	45
D7251	Coronectomy-Intentional Partial Tooth Removal	89
OTHER SURGICAL PROCEDURES		
D7280	Exposure Of An Unerupted Tooth	86
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	22
D7288	Brush Biopsy - Transepithelial Sample Collection	45
ALVEOLOPLASTY (surgical preparation of ridge for dentures)		
D7310	Alveoplasty In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	46
D7320	Alveoplasty Not In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	59
D7321	Alveoplasty Not In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant	24
SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS		
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Lesion Diameter Up To 1.25 Cm	75
OTHER REPAIR PROCEDURES		
D7960	Frenulectomy - Also Known As Frenectomy Or Frenotomy - Separate Procedure Not Incidental To Another Procedure	68
D7963	Frenuloplasty	34
LIMITED ORTHODONTIC TREATMENT		
D8010	Limited Orthodontic Treatment Of Primary Dentition	750
D8020	Limited Orthodontic Treatment Of Transitional Dentition	750
D8030	Limited Orthodontic Treatment Of Adolescent Dentition	750
D8040	Limited Orthodontic Treatment Of The Adult Dentition	750

ADA Code	ADA Description	Member Pays \$
INTERCEPTIVE ORTHODONTIC TREATMENT		
D8050	Interceptive Orthodontic Treatment Of Primary Dentition	900
D8060	Interceptive Orthodontic Treatment Of Transitional Dentition	900
COMPREHENSIVE ORTHODONTIC TREATMENT		
D8070	Comprehensive Orthodontic Treatment Of Transitional Dentition	1900
D8080	Comprehensive Orthodontic Treatment Of Adolescent Dentition	2100
D8090	Comprehensive Orthodontic Treatment Of Adult Dentition	2300
MINOR TREATMENT TO CONTROL HARMFUL HABITS		
D8210	Removable Appliance Therapy For Control Of Harmful Habits	212
D8220	Fixed Appliance Therapy For Control Of Harmful Habits	222
OTHER ORTHODONTIC SERVICES		
D8680	Orthodontic Retention (Removal Of Appliances, Construction And Placement Of Retainer(S))	400
⊕	Orthodontic Records Fee	350
UNCLASSIFIED TREATMENT		
D9110	Palliative (Emergency) Treatment Of Dental Pain, Minor Procedures	0
ANESTHESIA		
D9219	Evaluation For Moderate Sedation, Deep Sedation Or General Anesthesia	0
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	100
D9223	Deep Sedation/General Anesthesia - Each Subsequent 15 Minute Increment	100
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes	100
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute Increment	100
PROFESSIONAL CONSULTATION		
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician Other Than Requesting Dentist Or Physician	30
D9311	Consultation With A Medical Health Care Professional	0
PROFESSIONAL VISITS		
D9430	Office Visit For Observation (During Regularly Scheduled Hours) - No Other Services Performed	0
D9440	Office Visit After Regularly Scheduled Hours	43
MISCELLANEOUS SERVICES		
D9932	Cleaning And Inspection Of Removable Complete Denture, Maxillary	0
D9933	Cleaning And Inspection Of Removable Complete Denture, Mandibular	0
D9934	Cleaning And Inspection Of Removable Partial Denture, Maxillary	0
D9935	Cleaning And Inspection Of Removable Partial Denture, Mandibular	0
D9986	Missed Appointment	10
D9987	Cancelled appointment	10
D9990	Certified translation or sign-language services - per visit	0

ADA Code	ADA Description	Member Pays \$
MISCELLANEOUS SERVICES		
D9991	Dental Case Management - Addressing Appointment Compliance Barriers	0
D9992	Dental Case Management - Care Coordination	0
D9993	Dental Case Management - Motivational Interviewing	0
D9994	Dental Case Management - Patient Education To Improve Oral Health Literacy	0
D9995	Teledentistry - Synchronous; Real-Time Encounter	0
D9996	Teledentistry - Asynchronous; Information Stored and Forwarded to Dentist for Subsequent Review	0

FOOTNOTES

◆ Charges for the use of precious (high noble) or semi precious (noble) metal are not included in the copayment for crowns, bridges, pontics, inlays and onlays. The decision to use these materials is a cooperative effort between the provider and the patient, based on the professional advice of the provider. Providers are expected to charge no more than an additional \$125 for these materials.

⊕ Please Report Under Code D8999 "Unspecified Orthodontic Procedure, By Report." Records Include All Diagnostic Procedures, Such As Cephalometric Films, Full Mouth X-Rays, Models, And Treatment Plans.