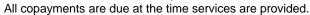
## Utilization Data Report — UDC Dental California, Inc.





Patient name _		Subscriber ID	
Facility name and ID		Date of services	
	Service Description* apply. Write tooth number if indicated.)	D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament
-	Routine office visit	D3310	Anterior (excluding final restoration)
	Periodic oral examination		Bicuspid (excluding final restoration)
	Limited oral examination-problem focused		Molar (excluding final restoration)
	Comprehensive oral evaluation – new or	Periodontics	,
	established patient	D4341	Periodontal scaling and root planing – four or
D0210	Intraoral – complete series (including bitewings)		more teeth per quadrant
	Intraoral – periapical – first film	D4355	Full mouth debridement to enable comprehensive
	Intraoral – periapical – each additional film		evaluation and diagnosis
	Bitewing – single film		Periodontal maintenance
	Bitewings – two films	Prosthodontics	
D0330	Panoramic film		Complete denture – maxillary
None**	Periodontal probing in the presence of periodontal		Complete denture – mandibular
	disease		Immediate denture – maxillary
Preventive			Immediate denture – mandibular
D1110	Prophylaxis – adult	T# D5213	Maxillary partial denture – cast metal framework with resin denture bases (including any
	Prophylaxis – child		conventional clasps, rests and teeth)
D1203	Topical application of fluoride (prophylaxis not	T# D5214	Mandibular partial denture – cast metal framework
	included) – child	111 DOZ11	with resin denture bases (including any
	Oral hygiene instructions		conventional clasps, rests and teeth)
	Sealant – per tooth	T# D5610	Repair resin denture base
Restorative	Assolution and surface and sur	T# D5620	Repair cast framework
	Amalgam – one surface, primary or permanent	T# D5630	Repair or replace broken clasp
	Amalgam – two surfaces, primary or permanent	T# D5640	Replace broken teeth – per tooth
	Amalgam – three surfaces, primary or permanent	T# D5650	Add tooth to existing partial denture
D2161	Amalgam – four or more surfaces, primary or permanent	T# D5750	Reline complete maxillary denture (laboratory)
D2330	Resin-based composite – one surface, anterior	T# D5751	Reline complete mandibular denture (laboratory)
	Resin-based composite – two surfaces, anterior	Prosthodontics	s, fixed
	Resin-based composite – two surfaces, anterior		Pontic – cast high noble metal
	Resin-based composite – one surface, posterior		Pontic – cast predominantly base metal
	Resin-based composite – two surfaces, posterior		Pontic – cast noble metal
	Resin-based composite – three surfaces,		Pontic – porcelain fused to high noble metal
	posterior	T# D6241	Pontic – porcelain fused to predominantly base
T# D2740	Crown – porcelain/ceramic substrate	T" D0040	metal
	Crown – porcelain fused to high noble metal		Pontic – porcelain fused to noble metal
	Crown – porcelain fused to predominantly base metal		Crown – porcelain fused to predominantly base metal
T# D2790	Crown – full cast high noble metal		Crown – full cast predominantly base metal
T#D2791	Crown – full cast predominantly base metal		ofacial Surgery
T# D2930	Prefabricated stainless steel crown – primary tooth		Extraction, coronal remnants – deciduous tooth Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
T# D2951	Pin retention – per tooth in addition to restoration	D7210	
T#D2952	Cast post and core in addition to crown	5/210	Surgical removal of erupted tooth requiring removal of mucoperiosteal flap and removal of
T# D2954	Prefabricated post and core in addition to crown		bone and/or section of tooth
T# D2960	Labial veneer (resin laminate) - chairside	D7220	Removal of impacted tooth – soft tissue
T# D2962	Labial veneer (porcelain laminate) – laboratory	Adjunctive Gen	The state of the s
Endodontics		-	Office visit – after regularly scheduled hours
	Pulp cap – direct (excluding final restoration)		Occlusal adjustment – limited
D3120	Pulp cap – indirect (excluding final restoration)		Occlusal adjustment – complete
			External bleaching, per arch
*Current Dental	Terminology @ American Dental Association		•

<sup>\*</sup>Current Dental Terminology © American Dental Association

<sup>\*\*</sup>Service does not have an American Dental Association Current Dental Terminology code or descriptor.