

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

All copayments are due at the time services are provided.



**ASSURANT Employee
Benefits®**

Patient name _____

Subscriber ID _____

Facility name and ID _____

Date of services _____

ADA

Code* Service Description*

(Check all that apply. Write tooth number if indicated.)

Diagnostic

- _____ None** Routine office visit
- _____ D0120 Periodic oral examination
- _____ D0140 Limited oral examination-problem focused
- _____ D0150 Comprehensive oral evaluation – new or established patient
- _____ D0210 Intraoral – complete series (including bitewings)
- _____ D0220 Intraoral – periapical – first film
- _____ D0230 Intraoral – periapical – each additional film
- _____ D0270 Bitewing – single film
- _____ D0272 Bitewings – two films
- _____ D0330 Panoramic film
- _____ None** Periodontal probing in the presence of periodontal disease

Preventive

- _____ D1110 Prophylaxis – adult
- _____ D1120 Prophylaxis – child
- _____ D1203 Topical application of fluoride (prophylaxis not included) – child
- _____ D1330 Oral hygiene instructions
- _____ D1351 Sealant – per tooth

Restorative

- _____ D2140 Amalgam – one surface, primary or permanent
- _____ D2150 Amalgam – two surfaces, primary or permanent
- _____ D2160 Amalgam – three surfaces, primary or permanent
- _____ D2161 Amalgam – four or more surfaces, primary or permanent
- _____ D2330 Resin-based composite – one surface, anterior
- _____ D2331 Resin-based composite – two surfaces, anterior
- _____ D2332 Resin-based composite – three surfaces, anterior
- _____ D2391 Resin-based composite – one surface, posterior
- _____ D2392 Resin-based composite – two surfaces, posterior
- _____ D2393 Resin-based composite – three surfaces, posterior
- T# ___ D2740 Crown – porcelain/ceramic substrate
- T# ___ D2750 Crown – porcelain fused to high noble metal
- T# ___ D2751 Crown – porcelain fused to predominantly base metal
- T# ___ D2790 Crown – full cast high noble metal
- T# ___ D2791 Crown – full cast predominantly base metal
- T# ___ D2930 Prefabricated stainless steel crown – primary tooth
- T# ___ D2951 Pin retention – per tooth in addition to restoration
- T# ___ D2952 Cast post and core in addition to crown
- T# ___ D2954 Prefabricated post and core in addition to crown
- T# ___ D2960 Labial veneer (resin laminate) – chairside
- T# ___ D2962 Labial veneer (porcelain laminate) – laboratory
- _____ D3110 Pulp cap – direct (excluding final restoration)
- _____ D3120 Pulp cap – indirect (excluding final restoration)

*Current Dental Terminology © American Dental Association

**Service does not have an American Dental Association Current Dental Terminology code or descriptor.

Please mail or fax to: **UDC Dental California, Inc.** PO Box 219914, Kansas City, MO 64121 Attn: Utilization/Encounter

Fax 816.881.8558

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- _____ D3220 Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament
- _____ D3310 Anterior (excluding final restoration)
- _____ D3320 Bicuspid (excluding final restoration)
- _____ D3330 Molar (excluding final restoration)
- Periodontics**
- _____ D4341 Periodontal scaling and root planing – four or more teeth per quadrant
- _____ D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis
- _____ D4910 Periodontal maintenance
- Prosthodontics (removable)**
- T# ___ D5110 Complete denture – maxillary
- T# ___ D5120 Complete denture – mandibular
- T# ___ D5130 Immediate denture – maxillary
- T# ___ D5140 Immediate denture – mandibular
- T# ___ D5213 Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
- T# ___ D5214 Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
- T# ___ D5610 Repair resin denture base
- T# ___ D5620 Repair cast framework
- T# ___ D5630 Repair or replace broken clasp
- T# ___ D5640 Replace broken teeth – per tooth
- T# ___ D5650 Add tooth to existing partial denture
- T# ___ D5750 Reline complete maxillary denture (laboratory)
- T# ___ D5751 Reline complete mandibular denture (laboratory)
- Prosthodontics, fixed**
- T# ___ D6210 Pontic – cast high noble metal
- T# ___ D6211 Pontic – cast predominantly base metal
- T# ___ D6212 Pontic – cast noble metal
- T# ___ D6240 Pontic – porcelain fused to high noble metal
- T# ___ D6241 Pontic – porcelain fused to predominantly base metal
- T# ___ D6242 Pontic – porcelain fused to noble metal
- T# ___ D6751 Crown – porcelain fused to predominantly base metal
- T# ___ D6791 Crown – full cast predominantly base metal
- Oral and Maxillofacial Surgery**
- _____ D7111 Extraction, coronal remnants – deciduous tooth
- _____ D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
- _____ D7210 Surgical removal of erupted tooth requiring removal of mucoperiosteal flap and removal of bone and/or section of tooth
- _____ D7220 Removal of impacted tooth – soft tissue
- Adjunctive General Services**
- _____ D9440 Office visit – after regularly scheduled hours
- _____ D9951 Occlusal adjustment – limited
- _____ D9952 Occlusal adjustment – complete
- _____ D9972 External bleaching, per arch