

**ATTACHMENT A-1
SMILES FOR CHILDREN(GVWB2005)
SCHEDULE OF ALLOWABLE FEES**

****PLEASE REFER TO OFFICE REFERENCE MANUAL ON DENTAQUEST'S WEBSITE FOR COVERED SERVICES****

| Code | Description | Fee |
|-------|---|----------|
| D0120 | PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT | \$26.20 |
| D0140 | LIMITED ORAL EVALUATION-PROBLEM FOCUSED | \$32.28 |
| D0145 | ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER | \$26.20 |
| D0150 | COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT | \$40.70 |
| D0170 | RE-EVALUATION, LIMITED PROBLEM FOCUSED | \$32.28 |
| D0210 | INTRAORAL - COMPLETE SERIES OF RADIOGRAPHIC IMAGES | \$93.48 |
| D0220 | INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE | \$14.53 |
| D0230 | INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE | \$14.53 |
| D0240 | INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE | \$15.95 |
| D0250 | EXTRA-ORAL - 2D PROJECTION RADIOGRAPHIC IMAGE CREATED USING A STATIONARY RADIATION SOURCE, AND DETECTOR | \$61.35 |
| D0251 | EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE | \$61.35 |
| D0270 | BITEWING - SINGLE RADIOGRAPHIC IMAGE | \$14.53 |
| D0272 | BITEWINGS - TWO RADIOGRAPHIC IMAGES | \$26.20 |
| D0273 | BITEWINGS - THREE RADIOGRAPHIC IMAGES | \$31.20 |
| D0274 | BITEWINGS - FOUR RADIOGRAPHIC IMAGES | \$35.88 |
| D0330 | PANORAMIC RADIOGRAPHIC IMAGE | \$70.19 |
| D0340 | CEPHALOMETRIC RADIOGRAPHIC IMAGE | \$93.63 |
| D0470 | DIAGNOSTIC CASTS | \$67.80 |
| D1110 | PROPHYLAXIS - ADULT | \$61.35 |
| D1120 | PROPHYLAXIS - CHILD | \$43.58 |
| D1206 | TOPICAL APPLICATION OF FLUORIDE VARNISH | \$27.03 |
| D1208 | TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH | \$27.03 |
| D1351 | SEALANT - PER TOOTH | \$41.96 |
| D1354 | INTERIM CARIES ARRESTING MEDICAMENT APPLICATION - PER TOOTH | \$15.60 |
| D1355 | CARIES PREVENTIVE MEDICAMENT APPLICATION-PER TOOTH | \$15.60 |
| D1510 | SPACE MAINTAINER-FIXED, UNILATERAL- PER QUADRANT | \$179.19 |
| D1516 | SPACE MAINTAINER --FIXED-- BILATERAL, MAXILLARY | \$297.04 |
| D1517 | SPACE MAINTAINER --FIXED-- BILATERAL, MANDIBULAR | \$297.04 |

| Code | Description | Fee |
|-------|---|----------|
| D1520 | SPACE MAINTAINER-REMOVABLE- UNILATERAL | \$179.19 |
| D1526 | SPACE MAINTAINER --REMOVABLE-- BILATERAL, MAXILLARY | \$297.04 |
| D1527 | SPACE MAINTAINER --REMOVABLE-- BILATERAL, MANDIBULAR | \$297.04 |
| D1551 | RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER- MAXILLARY | \$69.42 |
| D1552 | RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER- MANDIBULAR | \$69.42 |
| D1553 | RE-CEMENT OR RE-BOND UNILATERAL SPACE MAINTAINER- PER QUADRANT | \$69.42 |
| D1556 | REMOVAL OF FIXED UNILATERAL SPACE MAINTAINER- PER QUADRANT | \$56.50 |
| D1557 | REMOVAL OF FIXED BILATERAL SPACE MAINTAINER- MAXILLARY | \$56.50 |
| D1558 | REMOVAL OF FIXED BILATERAL SPACE MAINTAINER- MANDIBULAR | \$56.50 |
| D1575 | DISTAL SHOE SPACE MAINTAINER - FIXED - UNILATERAL- PER QUADRANT | \$179.19 |
| D2140 | AMALGAM - ONE SURFACE, PRIMARY OR PERMANENT | \$77.19 |
| D2150 | AMALGAM - TWO SURFACES, PRIMARY OR PERMANENT | \$98.19 |
| D2160 | AMALGAM - THREE SURFACES, PRIMARY OR PERMANENT | \$115.93 |
| D2161 | AMALGAM - FOUR OR MORE SURFACES, PRIMARY OR PERMANENT | \$130.47 |
| D2330 | RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR | \$96.56 |
| D2331 | RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR | \$115.93 |
| D2332 | RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR | \$149.85 |
| D2335 | RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR) | \$172.46 |
| D2390 | RESIN-BASED COMPOSITE CROWN, ANTERIOR | \$205.89 |
| D2391 | RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR | \$96.56 |
| D2392 | RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR | \$115.93 |
| D2393 | RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR | \$149.85 |
| D2394 | RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR | \$166.01 |
| D2644 | ONLAY-PORCELAIN/CERAMIC-4+ SURFACES | \$650.00 |
| D2710 | CROWN - RESIN-BASED COMPOSITE (INDIRECT) | \$318.03 |
| D2720 | CROWN-RESIN WITH HIGH NOBLE METAL | \$650.00 |
| D2721 | CROWN - RESIN WITH PREDOMINANTLY BASE METAL | \$650.00 |
| D2722 | CROWN - RESIN WITH NOBLE METAL | \$650.00 |
| D2740 | CROWN - PORCELAIN/CERAMIC | \$650.00 |

| Code | Description | Fee |
|-------|---|----------|
| D2750 | CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL | \$650.00 |
| D2751 | CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL | \$650.00 |
| D2752 | CROWN - PORCELAIN FUSED TO NOBLE METAL | \$650.00 |
| D2753 | CROWN- PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS | \$650.00 |
| D2790 | CROWN - FULL CAST HIGH NOBLE METAL | \$650.00 |
| D2791 | CROWN - FULL CAST PREDOMINANTLY BASE METAL | \$650.00 |
| D2792 | CROWN - FULL CAST NOBLE METAL | \$650.00 |
| D2794 | CROWN- TITANIUM AND TITANIUM ALLOYS | \$650.00 |
| D2915 | RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE | \$56.50 |
| D2920 | RE-CEMENT OR RE-BOND CROWN | \$56.50 |
| D2928 | PREFABRICATED PORCELAIN/CERAMIC CROWN – PERMANENT TOOTH | \$233.84 |
| D2929 | PREFABRICATED PORCELAIN/CERAMIC CROWN – PRIMARY TOOTH | \$233.84 |
| D2930 | PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH | \$178.01 |
| D2931 | PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH | \$178.01 |
| D2932 | PREFABRICATED RESIN CROWN | \$166.69 |
| D2933 | PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW | \$233.84 |
| D2934 | PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH | \$233.84 |
| D2940 | PROTECTIVE RESTORATION | \$53.27 |
| D2950 | CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED | \$143.35 |
| D2951 | PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION | \$25.83 |
| D2952 | CAST POST AND CORE IN ADDITION TO CROWN | \$159.98 |
| D2954 | PREFABRICATED POST AND CORE IN ADDITION TO CROWN | \$143.35 |
| D2962 | LABIAL VENEER (PORC LAMINATE) - LABORATORY | \$470.68 |
| D3110 | PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION) | \$23.93 |
| D3120 | PULP CAP - INDIRECT (EXCLUDING FINAL RESTORATION) | \$23.93 |
| D3220 | THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT | \$108.15 |
| D3221 | PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH | \$87.74 |
| D3230 | PULPAL THERAPY (RESORBABLE FILLING) - ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION) | \$215.35 |
| D3240 | PULPAL THERAPY (RESORBABLE FILLING) - POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION) | \$271.17 |

| Code | Description | Fee |
|-------|---|-----------|
| D3310 | ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) | \$487.50 |
| D3320 | ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION) | \$559.00 |
| D3330 | ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION) | \$882.70 |
| D3346 | RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR | \$560.63 |
| D3347 | RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - PREMOLAR | \$642.85 |
| D3348 | RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR | \$1015.11 |
| D3351 | APEXIFICATION/RECALCIFICATION - INITIAL VISIT (APICAL CLOSURE / CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.) | \$119.64 |
| D3352 | APEXIFICATION/RECALCIFICATION - INTERIM MEDICATION REPLACEMENT | \$79.76 |
| D3353 | APEXIFICATION/RECALCIFICATION - FINAL VISIT (INCLUDES COMPLETED ROOT CANAL THERAPY - APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.) | \$526.38 |
| D3410 | APICOECTOMY - ANTERIOR | \$361.62 |
| D3421 | APICOECTOMY - PREMOLAR (FIRST ROOT) | \$361.62 |
| D3425 | APICOECTOMY - MOLAR (FIRST ROOT) | \$361.62 |
| D3426 | APICOECTOMY (EACH ADDITIONAL ROOT) | \$159.51 |
| D3430 | RETROGRADE FILLING - PER ROOT | \$79.76 |
| D4210 | GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT | \$442.34 |
| D4211 | GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT | \$260.00 |
| D4249 | CLINICAL CROWN LENGTHENING - HARD TISSUE | \$390.00 |
| D4260 | OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT | \$686.10 |
| D4261 | OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT | \$478.45 |
| D4263 | BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT | \$283.40 |
| D4264 | BONE REPLACEMENT GRAFT - EACH ADDITIONAL SITE IN QUADRANT | \$141.70 |
| D4270 | PEDICLE SOFT TISSUE GRAFT PROCEDURE | \$318.03 |
| D4273 | SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURE | \$518.32 |

| Code | Description | Fee |
|-------|---|----------|
| D4277 | FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY), FIRST TOOTH OR EDENTULOUS TOOTH POSITION IN GRAFT | \$438.66 |
| D4278 | FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY), EACH ADDITIONAL CONTIGUOUS TOOTH OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE | \$219.32 |
| D4322 | SPLINT – INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS | \$190.48 |
| D4323 | SPLINT – EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS | \$334.18 |
| D4341 | PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT | \$121.08 |
| D4342 | PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH PER QUADRANT | \$63.80 |
| D4346 | SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION – FULL MOUTH, AFTER ORAL EVALUATION | \$61.35 |
| D4355 | FULL MOUTH DEBRIDEMENT TO ENABLE A COMPREHENSIVE ORAL EVALUATION AND DIAGNOSIS ON A SUBSEQUENT VISIT | \$101.76 |
| D4910 | PERIODONTAL MAINTENANCE PROCEDURES | \$80.72 |
| D5110 | COMPLETE DENTURE - MAXILLARY | \$877.31 |
| D5120 | COMPLETE DENTURE - MANDIBULAR | \$877.31 |
| D5130 | IMMEDIATE DENTURE - MAXILLARY | \$877.31 |
| D5140 | IMMEDIATE DENTURE - MANDIBULAR | \$877.31 |
| D5211 | MAXILLARY PARTIAL DENTURE – RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH) | \$858.85 |
| D5212 | MANDIBULAR PARTIAL DENTURE – RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH) | \$858.85 |
| D5213 | MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH) | \$965.04 |
| D5214 | MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH) | \$965.04 |
| D5221 | IMMEDIATE MAXILLARY PARTIAL DENTURE – RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH) | \$858.85 |
| D5222 | IMMEDIATE MANDIBULAR PARTIAL DENTURE – RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH) | \$858.85 |
| D5223 | IMMEDIATE MAXILLARY PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH) | \$965.04 |

| Code | Description | Fee |
|-------|---|----------|
| D5224 | IMMEDIATE MANDIBULAR PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH) | \$965.04 |
| D5225 | MAXILLARY PARTIAL DENTURE-FLEXIBLE BASE | \$858.85 |
| D5226 | MANDIBULAR PARTIAL DENTURE-FLEXIBLE BASE | \$858.85 |
| D5227 | IMMEDIATE MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH) | \$858.85 |
| D5228 | IMMEDIATE MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH) | \$858.85 |
| D5282 | REMOVABLE UNILATERAL PARTIAL DENTURE--ONE PIECECAST METAL (INCLUDING CLASPS AND TEETH), MAXILLARY | \$356.19 |
| D5283 | REMOVABLE UNILATERAL PARTIAL DENTURE--ONE PIECECAST METAL (INCLUDING CLASPS AND TEETH), MANDIBULAR | \$356.19 |
| D5284 | REMOVEABLE UNILATERAL PARTIAL DENTURE- ONE PIECE FLEXIBLE BASE-PER QUADRANT | \$356.19 |
| D5286 | REMOVEABLE UNILATERAL PARTIAL DENTURE- ONE PIECE RESIN BASE-PER QUADRANT | \$356.19 |
| D5410 | ADJUST COMPLETE DENTURE - MAXILLARY | \$41.96 |
| D5411 | ADJUST COMPLETE DENTURE - MANDIBULAR | \$41.96 |
| D5421 | ADJUST PARTIAL DENTURE-MAXILLARY | \$25.83 |
| D5422 | ADJUST PARTIAL DENTURE - MANDIBULAR | \$25.83 |
| D5511 | REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR | \$108.15 |
| D5512 | REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY | \$108.15 |
| D5520 | REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE (EACH TOOTH) | \$88.78 |
| D5611 | REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR | \$108.15 |
| D5612 | REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY | \$108.15 |
| D5621 | REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR | \$156.61 |
| D5622 | REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY | \$156.61 |
| D5630 | REPAIR OR REPLACE BROKEN RETENTIVE/CLASPING MATERIALS PER TOOTH | \$150.12 |
| D5640 | REPLACE BROKEN TEETH-PER TOOTH | \$142.05 |
| D5650 | ADD TOOTH TO EXISTING PARTIAL DENTURE | \$124.32 |
| D5660 | ADD CLASP TO EXISTING PARTIAL DENTURE | \$150.12 |
| D5725 | REBASE HYBRID PROSTHESIS | \$209.14 |
| D5730 | RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE) | \$263.11 |
| D5731 | RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE) | \$263.11 |
| D5740 | RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE) | \$133.98 |

| Code | Description | Fee |
|-------|---|----------|
| D5741 | RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE) | \$133.98 |
| D5750 | RELINE COMPLETE MAXILLARY DENTURE (LABORATORY) | \$308.28 |
| D5751 | RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY) | \$308.28 |
| D5760 | RELINE MAXILLARY PARTIAL DENTURE (LABORATORY) | \$190.48 |
| D5761 | RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY) | \$190.48 |
| D5765 | SOFT LINER FOR COMPLETE OR PARTIAL REMOVABLE DENTURE – INDIRECT | \$133.98 |
| D5850 | TISSUE CONDITIONING, MAXILLARY | \$162.50 |
| D5851 | TISSUE CONDITIONING, MANDIBULAR | \$162.50 |
| D5951 | FEEDING AID | \$508.83 |
| D6096 | REMOVE BROKEN IMPLANT RETAINING SCREW | \$56.50 |
| D6205 | PONTIC - INDIRECT RESIN BASED COMPOSITE | \$650.00 |
| D6211 | PONTIC-CAST BASE METAL | \$650.00 |
| D6212 | PONTIC - CAST NOBLE METAL | \$650.00 |
| D6214 | PONTIC - TITANIUM AND TITANIUM ALLOYS | \$650.00 |
| D6240 | PONTIC-PORCELAIN FUSED-HIGH NOBLE | \$650.00 |
| D6241 | PONTIC-PORCELAIN FUSED TO BASE METAL | \$650.00 |
| D6242 | PONTIC-PORCELAIN FUSED-NOBLE METAL | \$650.00 |
| D6243 | PONTIC - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS | \$650.00 |
| D6245 | PROSTHODONTICS FIXED, PONTIC - PORCELAIN/CERAMIC | \$650.00 |
| D6250 | PONTIC-RESIN WITH HIGH NOBLE METAL | \$650.00 |
| D6251 | PONTIC-RESIN WITH BASE METAL | \$650.00 |
| D6252 | PONTIC-RESIN WITH NOBLE METAL | \$650.00 |
| D6545 | RETAINER - CAST METAL FIXED | \$381.63 |
| D6548 | PROSTHODONTICS FIXED, RETAINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHODONTIC | \$381.63 |
| D6710 | CROWN - INDIRECT RESIN BASED COMPOSITE | \$650.00 |
| D6720 | CROWN-RESIN WITH HIGH NOBLE METAL | \$650.00 |
| D6721 | CROWN-RESIN WITH BASE METAL | \$650.00 |
| D6722 | CROWN-RESIN WITH NOBLE METAL | \$650.00 |
| D6740 | RETAINER CROWN – PORCELAIN/CERAMIC | \$650.00 |
| D6750 | CROWN-PORCELAIN FUSED HIGH NOBLE | \$650.00 |
| D6751 | CROWN-PORCELAIN FUSED TO BASE METAL | \$650.00 |
| D6752 | CROWN-PORCELAIN FUSED NOBLE METAL | \$650.00 |
| D6753 | RETAINER CROWN- PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS | \$650.00 |
| D6784 | RETAINER CROWN 3/4- TITANIUM AND TITANIUM ALLOYS | \$650.00 |

| Code | Description | Fee |
|-------|---|----------|
| D6790 | CROWN-FULL CAST HIGH NOBLE | \$650.00 |
| D6791 | CROWN - FULL CAST BASE METAL | \$650.00 |
| D6792 | CROWN - FULL CAST NOBLE METAL | \$650.00 |
| D6794 | RETAINER CROWN - TITANIUM AND TITANIUM ALLOYS | \$650.00 |
| D6930 | RE-CEMENT OR RE-BOND FIXED PARTIAL DENTURE | \$82.33 |
| D7111 | EXTRACTION, CORONAL REMNANTS - PRIMARY TOOTH | \$23.93 |
| D7140 | EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL) | \$89.70 |
| D7210 | SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED | \$166.40 |
| D7220 | REMOVAL OF IMPACTED TOOTH-SOFT TISSUE | \$200.20 |
| D7230 | REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY | \$276.90 |
| D7240 | REMOVAL OF IMPACTED TOOTH-COMpletely BONY | \$321.10 |
| D7241 | REMOVAL OF IMPACTED TOOTH-COMpletely BONY, WITH UNUSUAL SURGICAL COMPLICATIONS | \$345.80 |
| D7250 | SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE) | \$166.40 |
| D7260 | OROANTRAL FISTULA CLOSURE | \$497.09 |
| D7261 | PRIMARY CLOSURE OF A SINUS PERFORATION | \$239.23 |
| D7270 | TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH | \$438.66 |
| D7280 | SURGICAL ACCESS OF AN UNERUPTED TOOTH | \$352.30 |
| D7282 | MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION | \$163.05 |
| D7283 | PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH | \$128.70 |
| D7285 | INCISIONAL BIOPSY OF ORAL TISSUE-HARD (BONE, TOOTH) | \$106.54 |
| D7286 | INCISIONAL BIOPSY OF ORAL TISSUE-SOFT | \$106.54 |
| D7288 | BRUSH BIOPSY - TRANSEPIHELIAL SAMPLE COLLECTION | \$79.76 |
| D7310 | ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT | \$132.39 |
| D7311 | ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT | \$63.80 |
| D7320 | ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT | \$222.79 |
| D7321 | ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT | \$111.64 |
| D7450 | REMOVAL OF ODONTOGENIC CYST OR | \$184.78 |

| Code | Description | Fee |
|-------|---|-----------|
| | TUMOR - LESION DIAMETER UP TO 1.25CM | |
| D7451 | REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION GREATER THAN 1.25CM | \$209.31 |
| D7471 | REMOVAL OF EXOSTOSIS - PER SITE | \$222.79 |
| D7472 | REMOVAL OF TORUS PALATINUS | \$319.02 |
| D7473 | REMOVAL OF TORUS MANDIBULARIS | \$222.79 |
| D7485 | SURGICAL REDUCTION OF OSSEOUS TUBEROSITY | \$222.79 |
| D7510 | INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE | \$40.35 |
| D7511 | INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES) | \$88.40 |
| D7880 | OCCLUSAL ORTHOTIC DEVICE, BY REPORT | \$508.83 |
| D7961 | BUCCAL / LABIAL FRENECTOMY (FRENULECTOMY) | \$442.35 |
| D7962 | LINGUAL FRENECTOMY (FRENULECTOMY) | \$442.34 |
| D7963 | FRENULOPLASTY | \$478.45 |
| D7970 | EXCISION OF HYPERPLASTIC TISSUE - PER ARCH | \$213.07 |
| D7971 | EXCISION OF PERICORONAL GINGIVA | \$113.00 |
| D7972 | SURGICAL REDUCTION OF FIBROUS TUBEROSITY | \$213.07 |
| D8020 | LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION | \$431.04 |
| D8030 | LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION | \$431.04 |
| D8040 | LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION | \$431.04 |
| D8080 | COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION | \$1367.60 |
| D8210 | REMOVABLE APPLIANCE THERAPY (INCLUDES APPLIANCES FOR THUMB SUCKING AND TONGUE THRUSTING) | \$263.20 |
| D8220 | FIXED APPLIANCE THERAPY (INCLUDES APPLIANCES FOR THUMB SUCKING AND TONGUE THRUSTING) | \$319.64 |
| D8660 | PRE-ORTHODONTIC TREATMENT EXAMINATION TO MONITOR GROWTH AND DEVELOPMENT | \$260.00 |
| D8670 | PERIODIC ORTHODONTIC TREATMENT VISIT | \$529.41 |
| D8680 | ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES) | \$547.33 |
| D8703 | REPLACEMENT OF LOST OR BROKEN RETAINER - MAXILLARY | \$162.50 |
| D8704 | REPLACEMENT OF LOST OR BROKEN RETAINER - MANDIBULAR | \$162.50 |
| D8999 | UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT | \$60.42 |
| D9110 | PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROCEDURE | \$62.96 |
| D9222 | DEEP SEDATION/GENERAL ANESTHESIA FIRST 15 MINUTES | \$83.20 |
| D9223 | DEEP SEDATION/GENERAL ANESTHESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT | \$83.20 |

| Code | Description | Fee |
|-------|---|----------|
| D9230 | INHALATION OF NITROUS OXIDE/ANALGESIA, ANXIOLYSIS | \$43.86 |
| D9239 | INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - FIRST 15 MINUTES | \$68.25 |
| D9243 | INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT | \$68.25 |
| D9248 | NON-INTRAVENOUS MODERATE (CONSCIOUS) SEDATION | \$143.00 |
| D9310 | CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN | \$108.15 |
| D9410 | HOUSE/EXTENDED CARE FACILITY CALL | \$102.25 |
| D9420 | HOSPITAL OR AMBULATORY SURGICAL CENTER CALL | \$83.93 |
| D9440 | OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS | \$41.96 |
| D9610 | THERAPEUTIC DRUG INJECTION, BY REPORT | \$25.83 |
| D9612 | THERAPEUTIC DRUG INJECTION - 2 OR MORE MEDICATIONS BY REPORT | \$51.66 |
| D9630 | OTHER DRUGS AND/OR MEDICAMENTS, BY REPORT | \$25.83 |
| D9910 | APPLICATION OF DESENSITIZING MEDICAMENT | \$41.96 |
| D9920 | BEHAVIOR MANAGEMENT, BY REPORT | \$89.05 |
| D9930 | TREATMENT OF COMPLICATIONS (POST-SURGICAL) - UNUSUAL CIRCUMSTANCES, BY REPORT | \$43.58 |
| D9944 | OCCLUSAL GUARD--HARD APPLIANCE, FULL ARCH | \$260.00 |
| D9945 | OCCLUSAL GUARD--SOFT APPLIANCE FULL ARCH | \$195.00 |
| D9946 | OCCLUSAL GUARD--HARD APPLIANCE, PARTIAL ARCH | \$195.00 |
| D9990 | CERTIFIED TRANSLATION OR SIGN-LANGUAGE SERVICES PER VISIT | \$16.25 |
| D9992 | DENTAL CASE MANAGEMENT - CARE COORDINATION | \$10.76 |
| D9994 | DENTAL CASE MANAGEMENT - PATIENT EDUCATION TO IMPROVE ORAL HEALTH LITERACY | \$10.76 |
| D9995 | TELEDENTISTRY - SYNCHRONOUS; REAL-TIME ENCOUNTER | \$45.50 |
| D9996 | TELEDENTISTRY - ASYNCHRONOUS; INFORMATION STORED AND FORWARDED TO DENTIST FOR SUBSEQUENT REVIEW | \$19.50 |
| D9999 | UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT | \$199.23 |