

**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 - COMPREHENSIVE 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
D0372	A RADIOGRAPHIC SURVEY OF THE WHOLE MOUTH INTENDED TO DISPLAY THE CROWNS AND ROOTS OF ALL TEETH, PERIAPICAL AREAS, INTERPROXIMAL AREAS AND ALVEOLAR BONE INCLUDING EDENTULOUS AREAS	\$93.48
D0373	INTRAORAL TOMOSYNTHESIS - BITEWING RADIOGRAPHIC IMAGE	\$14.53
D0374	INTRAORAL TOMOSYNTHESIS - PERIAPICAL RADIOGRAPHIC IMAGE	\$14.53
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

Code	Description	Fee
D1354	INTERIM CARIES ARRESTING 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
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

Code	Description	Fee
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
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
D2991	APPLICATION OF HYDROXYAPATITE REGENERATION MEDICAMENT – PER TOOTH	\$15.60
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

Code	Description	Fee
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
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

Code	Description	Fee
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
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

Code	Description	Fee
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
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

Code	Description	Fee
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
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

Code	Description	Fee
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
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
D7284	EXCISIONAL BIOPSY OF MINOR SALIVARY GLANDS	\$137.14
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



Code	Description	Fee
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 TUMOR - LESION DIAMETER UP TO 1.25CM	\$184.78
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
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT 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

Code	Description	Fee
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
D9219	EVALUATION FOR MODERATE SEDATION, DEEP SEDATION OR GENERAL ANESTHESIA	\$55.00
D9222	DEEP SEDATION/GENERAL ANESTHESIA FIRST 15 MINUTES	\$83.20
D9223	DEEP SEDATION/GENERAL ANESTHESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	\$83.20
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

Code	Description	Fee
D9996	TELEDENTISTRY – ASYNCHRONOUS; INFORMATION STORED AND FORWARDED TO DENTIST FOR SUBSEQUENT REVIEW	\$19.50
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT	\$199.23