ATTACHMENT A-1 CARDINAL CARE SMILES (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	\$26.99
D0140	LIMITED ORAL EVALUATION-	
	PROBLEM FOCUSED	\$33.25
D0145	ORAL EVALUATION FOR A PATIENT	
	UNDER THREE YEARS OF AGE AND	
	COUNSELING WITH PRIMARY	
	CAREGIVER	\$26.99
D0150	COMPREHENSIVE ORAL	
	EVALUATION - NEW OR	# 44.00
D0170	ESTABLISHED PATIENT RE-EVALUATION, LIMITED PROBLEM	\$41.92
D0170	FOCUSED	¢22.05
D0210	INTRAORAL - COMPREHENSIVE	\$33.25
D0210	SERIES OF RADIOGRAPHIC IMAGES	\$96.28
D0220	INTRAORAL - PERIAPICAL FIRST	ψ90.20
D0220	RADIOGRAPHIC IMAGE	\$14.97
D0230	INTRAORAL - PERIAPICAL EACH	Ψ14.57
D0200	ADDITIONAL RADIOGRAPHIC IMAGE	\$14.97
D0240	INTRAORAL - OCCLUSAL	ψσ.
202.0	RADIOGRAPHIC IMAGE	\$16.43
D0250	EXTRA-ORAL – 2D PROJECTION	
	RADIOGRAPHIC IMAGE CREATED	
	USING A STATIONARY RADIATION	
	SOURCE, AND DETECTOR	\$63.19
D0251	EXTRA-ORAL POSTERIOR DENTAL	
	RADIOGRAPHIC IMAGE	\$63.19
D0270	BITEWING - SINGLE RADIOGRAPHIC	
	IMAGE	\$14.97
D0272	BITEWINGS - TWO RADIOGRAPHIC	
	IMAGES	\$26.99
D0273	BITEWINGS - THREE	COO.44
D0074	RADIOGRAPHIC IMAGES	\$32.14
D0274	BITEWINGS - FOUR RADIOGRAPHIC	#26.06
D0330	IMAGES PANORAMIC RADIOGRAPHIC IMAGE	\$36.96
D0330	PANORAWIC RADIOGRAPHIC IWAGE	\$72.30
D0340	CEPHALOMETRIC RADIOGRAPHIC	
	IMAGE	\$96.44
D0372	INTRAORAL TOMOSYNTHESIS -	
	COMPREHENSIVE SERIES OF	
	RADIOGRAPHIC IMAGES	\$96.28
D0373	INTRAORAL TOMOSYNTHESIS -	
	BITEWING RADIOGRAPHIC IMAGE	\$14.97
D0374	INTRAORAL TOMOSYNTHESIS -	 -
D0470	PERIAPICAL RADIOGRAPHIC IMAGE	\$14.97
D0470	DIAGNOSTIC CASTS	\$69.83
D1110	PROPHYLAXIS - ADULT	
		\$63.19
D1120	PROPHYLAXIS - CHILD	\$44.89
D1206	TOPICAL APPLICATION OF	Ψ 1-1.00
	FLUORIDE VARNISH	\$27.84
D1208	TOPICAL APPLICATION OF	,
1	FLUORIDE - EXCLUDING VARNISH	\$27.84
D1351	SEALANT - PER TOOTH	
		\$43.22

Code	Description	Fee
D4054		
D1354	APPLICATION OF CARIES	
	ARRESTING MEDICAMENT- PER	£40.07
D4540	TOOTH	\$16.07
D1510	SPACE MAINTAINER-FIXED,	040457
D4540	UNILATERAL- PER QUADRANT SPACE MAINTAINERFIXED	\$184.57
D1516		# 005.05
D4547	BILATERAL, MAXILLARY	\$305.95
D1517	SPACE MAINTAINERFIXED	#205.05
D4500	BILATERAL, MANDIBULAR SPACE MAINTAINER-REMOVABLE-	\$305.95
D1520		040457
D4500	UNILATERAL SPACE MAINTAINERREMOVABLE	\$184.57
D1526		\$20E 0E
D1527	BILATERAL, MAXILLARY SPACE MAINTAINERREMOVABLE	\$305.95
D1521		\$20E 0E
D1551	BILATERAL, MANDIBULAR RE-CEMENT OR RE-BOND	\$305.95
וככום	BILATERAL SPACE MAINTAINER-	
	MAXILLARY	¢71 50
D1552	RE-CEMENT OR RE-BOND	\$71.50
D1332	BILATERAL SPACE MAINTAINER-	
	MANDIBULAR	\$71.50
D1553	RE-CEMENT OR RE-BOND	ψ <i>1</i> 1.50
D1333	UNILATERAL SPACE MAINTAINER-	
	PER QUADRANT	\$71.50
D1556	REMOVAL OF FIXED UNILATERAL	Ψ71.50
D1000	SPACE MAINTAINER- PER	
	QUADRANT	\$58.20
D1557	REMOVAL OF FIXED BILATERAL	φου. <u>Σ</u> υ
D 1007	SPACE MAINTAINER- MAXILLARY	\$58.20
D1558	REMOVAL OF FIXED BILATERAL	φου. <u>Σ</u> υ
D 1000	SPACE MAINTAINER- MANDIBULAR	\$58.20
D1575	DISTAL SHOE SPACE MAINTAINER -	¥000
	FIXED - UNILATERAL- PER	
	QUADRANT	\$184.57
D2140	AMALGAM - ONE SURFACE,	·
	PRIMARY OR PERMANENT	\$79.51
D2150	AMALGAM - TWO SURFACES,	·
	PRIMARY OR PERMANENT	\$101.14
D2160	AMALGAM - THREE SURFACES,	
	PRIMARY OR PERMANENT	\$119.41
D2161	AMALGAM - FOUR OR MORE	
	SURFACES, PRIMARY OR	
	PERMANENT	\$134.38
D2330	RESIN-BASED COMPOSITE - ONE	
	SURFACE, ANTERIOR	\$99.46
D2331	RESIN-BASED COMPOSITE - TWO	
	SURFACES, ANTERIOR	\$119.41
D2332	RESIN-BASED COMPOSITE - THREE	
	SURFACES, ANTERIOR	\$154.35
D2335	RESIN-BASED COMPOSITE - FOUR	
	OR MORE SURFACES (ANTERIOR)	\$177.63
D2390	RESIN-BASED COMPOSITE CROWN,	
	ANTERIOR	\$212.07
D2391	RESIN-BASED COMPOSITE - ONE	
	SURFACE, POSTERIOR	\$99.46
D2392	RESIN-BASED COMPOSITE - TWO	
	SURFACES, POSTERIOR	\$119.41

Code	Description	Fee
D2393	RESIN-BASED COMPOSITE - THREE	
D2000	SURFACES, POSTERIOR	\$154.35
D2394	RESIN-BASED COMPOSITE - FOUR	, , , , , , , , , , , , , , , , , , , ,
	OR MORE SURFACES, POSTERIOR	\$170.99
D2644	ONLAY-PORCELAIN/CERAMIC-4+	
	SURFACES	\$669.50
D2710	CROWN - RESIN-BASED	
B.====	COMPOSITE (INDIRECT)	\$327.57
D2720	CROWN-RESIN WITH HIGH NOBLE	ФССО FO
D2721	METAL CROWN - RESIN WITH	\$669.50
DZIZI	PREDOMINANTLY BASE METAL	\$669.50
D2722	CROWN - RESIN WITH NOBLE	φοσο.σσ
	METAL	\$669.50
D2740	CROWN - PORCELAIN/CERAMIC	
D0750	CROWN PORCEI AIN FLICER TO	\$669.50
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	\$669.50
D2751	CROWN - PORCELAIN FUSED TO	φ009.50
D2731	PREDOMINANTLY BASE METAL	\$669.50
D2752	CROWN - PORCELAIN FUSED TO	ψοσοίσο
	NOBLE METAL	\$669.50
D2753	CROWN- PORCELAIN FUSED TO	
	TITANIUM AND TITANIUM ALLOYS	\$669.50
D2790	CROWN - FULL CAST HIGH NOBLE	****
D0704	METAL CROWN - FULL CAST	\$669.50
D2791		\$660 F0
D2792	PREDOMINANTLY BASE METAL CROWN - FULL CAST NOBLE METAL	\$669.50
DZT3Z		\$669.50
D2794	CROWN- TITANIUM AND TITANIUM	
	ALLOYS	\$669.50
D2915	RE-CEMENT OR RE-BOND	
	INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE	\$58.20
D2920	RE-CEMENT OR RE-BOND CROWN	ψ30.20
		\$58.20
D2928	PREFABRICATED	
	PORCELAIN/CERAMIC CROWN –	#040.00
D2929	PERMANENT TOOTH PREFABRICATED	\$240.86
D2323	PORCELAIN/CERAMIC CROWN –	
	PRIMARY TOOTH	\$240.86
D2930	PREFABRICATED STAINLESS STEEL	
	CROWN - PRIMARY TOOTH	\$183.35
D2931	PREFABRICATED STAINLESS STEEL	
Doone	CROWN-PERMANENT TOOTH	\$183.35
D2932	PREFABRICATED RESIN CROWN	\$171.69
D2933	PREFABRICATED STAINLESS STEEL	
	CROWN WITH RESIN WINDOW	\$240.86
D2934	PREFABRICATED ESTHETIC	
	COATED STAINLESS STEEL CROWN	# 040.00
D2940	- PRIMARY TOOTH	\$240.86
D2940	PROTECTIVE RESTORATION	\$54.87
D2950	CORE BUILDUP, INCLUDING ANY	
	PINS WHEN REQUIRED	\$147.65
D2951	PIN RETENTION - PER TOOTH, IN	# 00 00
Dagge	ADDITION TO RESTORATION CAST POST AND CORE IN ADDITION	\$26.60
D2952	TO CROWN	\$164.78
D2954	PREFABRICATED POST AND CORE	ψ104.70
D2007	IN ADDITION TO CROWN	\$147.65
D2962	LABIAL VENEER (PORC LAMINATE) -	Ţ 3
	LABORATORY `	\$484.80

Code	Description	Fee
D2991	APPLICATION OF HYDROXYAPATITE	
	REGENERATION MEDICAMENT -	
50110	PER TOOTH	\$16.07
D3110	PULP CAP - DIRECT (EXLUDING FINAL RESTORATION)	\$24.65
D3120	PULP CAP - INDIRECT (EXCLUDING	φ24.03
50.20	FINAL RESTORATION)	\$24.65
D3220	THERAPEUTIC PULPOTOMY	
	(EXCLUDING FINAL RESTORATION) -	
	REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION	
	AND APPLICATION OF MEDICAMENT	\$111.39
D3221	PULPAL DEBRIDEMENT, PRIMARY	\$111.00
	AND PERMANENT TEETH	\$90.37
D3230	PULPAL THERAPY (RESORBABLE	
	FILLING) - ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL	
	RESTORATION)	\$221.81
D3240	PULPAL THERAPY (RESORBABLE	4 221101
	FILLING) - POSTERIOR, PRIMARY	
	TOOTH (EXCLUDING FINAL	#070.04
D3310	RESTORATION) ENDODONTIC THERAPY, ANTERIOR	\$279.31
D3310	TOOTH (EXCLUDING FINAL	
	RESTORATION)	\$502.13
D3320	ENDODONTIC THERAPY,	
	PREMOLAR TOOTH (EXCLUDING	0575 77
D3330	FINAL RESTORATION) ENDODONTIC THERAPY, MOLAR	\$575.77
D3330	TOOTH (EXCLUDING FINAL	
	RESTORATION)	\$909.18
D3346	RETREATMENT OF PREVIOUS ROOT	
D00.47	CANAL THERAPY-ANTERIOR	\$577.45
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - PREMOLAR	\$662.14
D3348	RETREATMENT OF PREVIOUS ROOT	ψ002.14
	CANAL THERAPY-MOLAR	\$1,045.56
D3351	APEXIFICATION/RECALCIFICATION -	
	INITIAL VISIT (APICAL CLOSURE / CALCIFIC REPAIR OF	
	PERFORATIONS, ROOT	
	RESORPTION, ETC.)	\$123.23
D3352	APEXIFICATION/RECALCIFICATION -	
	INTERIM MEDICATION	
Dagea	REPLACEMENT APEXIFICATION/RECALCIFICATION -	\$82.15
D3353	FINAL VISIT (INCLUDES COMPLETED	
	ROOT CANAL THERAPY - APICAL	
	CLOSURE/CALCIFIC REPAIR OF	
	PERFORATIONS, ROOT	054047
D3410	RESORPTION, ETC.) APICOECTOMY - ANTERIOR	\$542.17
D3410		\$372.47
D3421	APICOECTOMY - PREMOLAR (FIRST	#070 47
D2425	ROOT) APICOECTOMY - MOLAR (FIRST	\$372.47
D3425	ROOT)	\$372.47
D3426	APICOECTOMY (EACH ADDITIONAL	ΨΟ. Ξ. 11
	ROOT)	\$164.30
D3430	RETROGRADE FILLING - PER ROOT	\$82.15
D4210	GINGIVECTOMY OR	, J
	GINGIVOPLASTY - FOUR OR MORE	
	CONTIGUOUS TEETH OR TOOTH	¢455.04
<u> </u>	BOUNDED SPACES PER QUADRANT	\$455.61

Code	Description	Fee
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR TOOTH	4007.00
D4249	BOUNDED SPACES PER QUADRANT CLINICAL CROWN LENGTHENING -	\$267.80
D4260	HARD TISSUE OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$401.70 \$706.68
D4261	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$492.80
D4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	\$291.90
D4264	BONE REPLACEMENT GRAFT - EACH ADDITIONAL SITE IN QUADRANT	\$145.95
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$327.57
D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURE	\$533.87
D4277	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY), FIRST TOOTH OR EDENTULOUS TOOTH POSITION IN	
D4278	GRAFT FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY), EACH ADDITIONAL CONTIGUOUS TOOTH OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE	\$451.82 \$225.90
D4283	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) - EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT, OR ENDENTULOUS TOOTH POSITION IN SAME GRAFT SITE	\$173.77
D4322	SPLINT – INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS	\$196.19
D4323	SPLINT – EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS	\$344.21
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	\$124.71
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH PER QUADRANT	\$65.71
D4346	SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION, FULL MOUTH, AFTER ORAL EVALUATION	\$63.19
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Code	Description	Fee
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE A COMPREHENSIVE	
	PERIODONTAL EVALUATION AND	
	DIAGNOSIS ON A SUBSEQUENT	¢104 91
D4910	VISIT PERIODONTAL MAINTENANCE	\$104.81
	PROCEDURES	\$83.14
D5110	COMPLETE DENTURE - MAXILLARY	\$903.63
D5120	COMPLETE DENTURE - MANDIBULAR	\$903.63
D5130	IMMEDIATE DENTURE - MAXILLARY	\$903.63
D5140	IMMEDIATE DENTURE -	
D5211	MANDIBULAR MAXILLARY PARTIAL DENTURE,	\$903.63
DJZ11	RESIN BASE (INCLUDING	
	RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	¢004 60
D5212	MANDIBULAR PARTIAL DENTURE,	\$884.62
	RESIN BASE (INCLUDING	
	RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$884.62
D5213	MAXILLARY PARTIAL DENTURE -	ψ004.02
	CAST METAL FRAMEWORK WITH	
	RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING	
	MATERIALS, RESTS AND TEETH)	\$993.99
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH	
	RESIN DENTURE BASES	
	(INCLUDING RETENTIVE/CLASPING	
D5221	MATERIALS, RESTS AND TEETH) IMMEDIATE MAXILLARY PARTIAL	\$993.99
BOZZI	DENTURE – RESIN BASE	
	(INCLUDING ANY CONVENTIONAL	\$884.62
D5222	CLASPS, RESTS AND TEETH) IMMEDIATE MANDIBULAR PARTIAL	φοο4.02
	DENTURE - RESIN BASE	
	(INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$884.62
D5223	IMMEDIATE MAXILLARY PARTIAL	φου-ιοΣ
	DENTURE – CAST METAL	
	FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY	
	CONVENTIONAL CLASPS, RESTS	****
D5224	AND TEETH) IMMEDIATE MANDIBULAR PARTIAL	\$993.99
D3224	DENTURE – CAST METAL	
	FRAMEWORK WITH RESIN	
	DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS	
	AND TEETH)	\$993.99
D5225	MAXILLARY PARTIAL DENTURE- FLEXIBLE BASE	\$884.62
D5226	MANDIBULAR PARTIAL DENTURE-	
D5227	FLEXIBLE BASE IMMEDIATE MAXILLARY PARTIAL	\$884.62
DOZZI	DENTURE - FLEXIBLE BASE	
	(INCLUDING ANY CLASPS, RESTS	#004.00
D5228	AND TEETH) IMMEDIATE MANDIBULAR PARTIAL	\$884.62
20220	DENTURE - FLEXIBLE BASE	
	(INCLUDING ANY CLASPS, RESTS AND TEETH)	\$884.62
	AND ILLIII)	ψ004.02

D5282 REMOVABLE UNILATERAL PARTIAL DENTUREONE PIECECAST METAL (INCLUDING CLASPS AND TEETH), MAXILLARY \$366.88 D5283 REMOVABLE UNILATERAL PARTIAL DENTUREONE PIECECAST METAL (INCLUDING CLASPS AND TEETH), MAXILLARY \$366.88 D5284 REMOVEABLE UNILATERAL PARTIAL DENTUREONE PIECE FLEXIBLE BASE-PER QUADRANT \$366.88 D5286 REMOVEABLE UNILATERAL PARTIAL DENTURE- ONE PIECE RESIN BASE-PER QUADRANT \$366.88 D5286 REMOVEABLE UNILATERAL PARTIAL DENTURE- ONE PIECE RESIN BASE-PER QUADRANT \$366.88 D5410 ADJUST COMPLETE DENTURE- MAXILLARY \$43.22 D5411 ADJUST COMPLETE DENTURE- MAXILLARY \$43.22 D5411 ADJUST COMPLETE DENTURE- MAXILLARY \$26.60 D5511 REPAIR BROKEN COMPLETE DENTURE- MANDIBULAR \$26.60 D5512 REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR \$111.39 D5512 REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR \$111.39 D5520 REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE BASE, MANDIBULAR \$111.39 D5620 REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE BASE, MANDIBULAR \$111.39 D5621 REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR \$111.39 D5622 REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE BASE, MANDIBULAR \$111.39 D5621 REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR \$111.39 D5622 REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE BASE, MANDIBULAR \$111.39 D5621 REPAIR CAST PARTIAL DENTURE BASE, MANDIBULAR \$111.39 D5622 REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR \$111.39 D5623 REPAIR CAST PARTIAL DENTURE BASE, MANDIBULAR \$111.39 D5624 REPAIR CAST PARTIAL DENTURE BASE, MANDIBULAR \$111.39 D5625 REPAIR CAST PARTIAL DENTURE \$111.39 D5626 REPAIR CAST PARTIAL DENTURE \$111.39 D5627 REPAIR CAST PARTIAL DENTURE \$111.39 D5630 REPAIR CAST PARTIAL DENTURE \$111.39 D5640 REPLACE BROKEN TEETH-PER TOOTH \$154.62 D5740 RELINE COMPLETE MANDIBULAR \$154.62 D5750 RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE) \$138.00 D5741 RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE) \$138.00 D5750 RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE) \$138.00 D5761 RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE) \$138.00 D5761 RELINE MANDIBU	Code	Description	Fee
(INCLUDING CLASPS AND TEETH), MAXILLARY D5283 REMOVABLE UNILATERAL PARTIAL DENTUREONE PIECECAST METAL (INCLUDING CLASPS AND TEETH), MANDIBULAR D5284 REMOVEABLE UNILATERAL PARTIAL DENTURE- ONE PIECE FLEXIBLE BASE-PER QUADRANT D5286 REMOVEABLE UNILATERAL PARTIAL DENTURE- ONE PIECE RESIN BASE- PER QUADRANT D5410 ADJUST COMPLETE DENTURE - MANDIBULAR D5411 ADJUST COMPLETE DENTURE - MANDIBULAR D5421 ADJUST COMPLETE DENTURE - MANDIBULAR D5421 ADJUST PARTIAL DENTURE- MANDIBULAR D5422 ADJUST PARTIAL DENTURE - MANDIBULAR D5511 REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR D5512 REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR D5512 REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR D5520 REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE (EACH TOOTH) D5611 REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR D5612 REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR D5612 REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR D5612 REPAIR RESIN PARTIAL FRAMEWORK, MANDIBULAR D5621 REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR D5621 REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR D5621 REPAIR CAST PARTIAL PREMIC CAST PARTIAL PRAMEWORK, MANDIBULAR D5621 REPAIR COMPLETE BASE, MANDIBULAR D5621 REPAIR COMPLETE BASE, MANDIBULAR D5622 REPAIR OR REPLACE BROKEN RETENTIVE/CLASPING MATERIALS PER TOOTH D5630 REPLACE BROKEN TEETH-PER TOOTH D5640 REPLACE BROKEN TEETH-PER TOOTH D5650 ADD TOOTH TO EXISTING PARTIAL DENTURE DENTURE (CHAIRSIDE) D5730 RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE) D5741 RELINE MANDIBULAR DENTURE (CHAIRSIDE) D5741 RELINE MANDIBULAR DENTURE (CHAIRSIDE) D5750 RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE) D5761 RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY) D5761 RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY) D5761 RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY) D5765 SOFT LINER FOR COMPLETE OR PARTIAL REMOVABLE DENTURE -	D5282	= = = = = = = = = = = = = = = = = = = =	
D5283			
DENTUREONE PIECECAST METAL (INCLUDING CLASPS AND TEETH), MANDIBULAR D5284 REMOVEABLE UNILATERAL PARTIAL DENTURE- ONE PIECE FLEXIBLE BASE-PER QUADRANT D5286 REMOVEABLE UNILATERAL PARTIAL DENTURE- ONE PIECE RESIN BASE- PER QUADRANT D5410 ADJUST COMPLETE DENTURE - MAXILLARY D5411 ADJUST COMPLETE DENTURE - MANDIBULAR D5421 ADJUST PARTIAL DENTURE- MANDIBULAR D5542 ADJUST PARTIAL DENTURE - MANDIBULAR D5511 REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR D5512 REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR D5520 REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE (EACH TOOTH) D5611 REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR D5612 REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR D5614 REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR D5615 REPAIR CAST PARTIAL D5616 REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR D5620 REPAIR ORST PARTIAL FRAMEWORK, MANDIBULAR D5621 REPAIR ORST PARTIAL FRAMEWORK, MANDIBULAR D5622 REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR D5624 REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR D5630 REPAIR ORST PARTIAL FRAMEWORK, MAXILLARY D5630 REPAIR OR REPLACE BROKEN RETENTIVE/CLASPING MATERIALS PER TOOTH D5640 REPLACE BROKEN TEETH-PER TOOTH D5650 ADD TOOTH TO EXISTING PARTIAL DENTURE D5725 REBASE HYBRID PROSTHESIS D5731 RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE) D5740 RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE) D5741 RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE) D5750 RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE) D5761 RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE) D5761 RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE) D5761 RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE) D5760 RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE) D5761 RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE) D5761 RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY) S117.53 D5760 RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY) D5761 RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY) D5761 RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY) D5761 RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY) D5765 SOFT LINER FOR COMPL	DECOS		\$366.88
MANDIBULAR \$366.88 D5284 REMOVEABLE UNILATERAL PARTIAL DENTURE- ONE PIECE FLEXIBLE BASE-PER QUADRANT \$366.88 D5286 REMOVEABLE UNILATERAL PARTIAL DENTURE- ONE PIECE RESIN BASE-PER QUADRANT \$366.88 D5410 ADJUST COMPLETE DENTURE - MANDIBULAR \$43.22 D5411 ADJUST COMPLETE DENTURE - MANDIBULAR \$43.22 D5421 ADJUST PARTIAL DENTURE - MANDIBULAR \$26.60 D5511 REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR \$111.39 D5512 REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR \$111.39 D5512 REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR \$111.39 D5512 REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR \$111.39 D5612 REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR \$111.39 D5612 REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR \$161.31 D5621 REPAIR RESIN PARTIAL PARTIAL PRAMEWORK, MANDIBULAR PARTIAL PRAMEWORK, MAND	D5283	DENTUREONE PIECECAST METAL	
D5284 REMOVEABLE UNILATERAL PARTIAL DENTURE- ONE PIECE FLEXIBLE BASE-PER QUADRANT \$366.88			# 000 00
BASE-PER QUADRANT \$366.88	D5284		\$366.88
D5286 REMOVEABLE UNILATERAL PARTIAL DENTURE- ONE PIECE RESIN BASE-PER QUADRANT \$366.88			4000.00
DENTURE- ONE PIECE RESIN BASE-PER QUADRANT \$366.88	D5286		\$366.88
D5410	20200	DENTURE- ONE PIECE RESIN BASE-	
MAXILLARY	D5410		\$366.88
MANDIBULAR		MAXILLARY	\$43.22
D5421 ADJUST PARTIAL DENTURE-	D5411		\$43.22
D5422	D5421		Ψ43.22
MANDIBULAR \$26.60	DE 400		\$26.60
D5511 REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR \$111.39 D5512 REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY \$111.39 D5520 REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE (EACH TOOTH) \$91.44 D5511 REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR \$111.39 D5612 REPAIR RESIN PARTIAL DENTURE BASE, MANILLARY \$111.39 D5621 REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR \$161.31 D5622 REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY \$161.31 D5630 REPAIR OR REPLACE BROKEN RETENTIVE/CLASPING MATERIALS PER TOOTH \$154.62 D5640 REPLACE BROKEN TEETH-PER TOOTH \$128.05 D5650 ADD TOOTH TO EXISTING PARTIAL DENTURE \$128.05 D5725 REBASE HYBRID PROSTHESIS \$215.41 D5730 RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE) \$271.00 D5740 RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE) \$138.00 D5741 RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY) \$317.53 D5750 RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY) \$317.53 D5761 RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	D5422		\$26.60
D5512	D5511	REPAIR BROKEN COMPLETE	
DENTURE BASE, MAXILLARY \$111.39	D5512	DENTURE BASE, MANDIBULAR REPAIR BROKEN COMPLETE	\$111.39
TEETH - COMPLETE DENTURE		DENTURE BASE, MAXILLARY	\$111.39
(EACH TOOTH)	D5520		
BASE, MANDIBULAR \$111.39 D5612 REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY \$111.39 D5621 REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR \$161.31 D5622 REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY \$161.31 D5630 REPAIR OR REPLACE BROKEN RETENTIVE/CLASPING MATERIALS PER TOOTH \$154.62 D5640 REPLACE BROKEN TEETH-PER TOOTH \$146.31 D5650 ADD TOOTH TO EXISTING PARTIAL DENTURE \$128.05 D5660 ADD CLASP TO EXISTING PARTIAL DENTURE \$154.62 D5725 REBASE HYBRID PROSTHESIS \$215.41 D5730 RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE) \$271.00 D5731 RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE) \$271.00 D5740 RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE) \$138.00 D5741 RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE) \$138.00 D5750 RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY) \$317.53 D5751 RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY) \$317.53 D5760 RELINE MAXILLARY PARTIAL DENTURE (LABORATORY) \$196.19 D5761 RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY) \$196.19 D5765 SOFT LINER FOR COMPLETE OR PARTIAL REMOVABLE DENTURE —			\$91.44
D5612 REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY \$111.39 D5621 REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR \$161.31 D5622 REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY \$161.31 D5630 REPAIR OR REPLACE BROKEN RETENTIVE/CLASPING MATERIALS PER TOOTH \$154.62 D5640 REPLACE BROKEN TEETH-PER TOOTH \$146.31 D5650 ADD TOOTH TO EXISTING PARTIAL DENTURE \$128.05 D5660 ADD CLASP TO EXISTING PARTIAL DENTURE \$154.62 D5725 REBASE HYBRID PROSTHESIS \$215.41 D5730 RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE) \$271.00 D5731 RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE) \$271.00 D5740 RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE) \$138.00 D5741 RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY) \$138.00 D5750 RELINE COMPLETE MAXILLARY DENTURE (LABORATORY) \$317.53 D5761 RELINE MAXILLARY PARTIAL DENTURE (LABORATORY) \$196.19 D5761 RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY) \$196.19 D5765 SOFT LINER FOR COMPLETE OR PARTIAL REMOVABLE DENTURE – \$196.19 </td <td>D5611</td> <td>I</td> <td>Ф444 2O</td>	D5611	I	Ф444 2O
D5621 REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR D5622 REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY D5630 REPAIR OR REPLACE BROKEN RETENTIVE/CLASPING MATERIALS PER TOOTH D5640 REPLACE BROKEN TEETH-PER TOOTH D5650 ADD TOOTH TO EXISTING PARTIAL DENTURE D5660 ADD CLASP TO EXISTING PARTIAL DENTURE D5725 REBASE HYBRID PROSTHESIS D5730 RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE) D5731 RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE) D5740 RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE) D5741 RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE) D5750 RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE) D5751 RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE) D5750 RELINE COMPLETE MAXILLARY DENTURE (LABORATORY) D5761 RELINE MAXILLARY PARTIAL DENTURE (LABORATORY) D5761 RELINE MAXILLARY PARTIAL DENTURE (LABORATORY) D5761 RELINE MAXILLARY PARTIAL DENTURE (LABORATORY) D5765 SOFT LINER FOR COMPLETE OR PARTIAL REMOVABLE DENTURE —	D5612	REPAIR RESIN PARTIAL DENTURE	\$111.39
FRAMEWORK, MANDIBULAR D5622 REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY D5630 REPAIR OR REPLACE BROKEN RETENTIVE/CLASPING MATERIALS PER TOOTH D5640 REPLACE BROKEN TEETH-PER TOOTH D5650 ADD TOOTH TO EXISTING PARTIAL DENTURE D5660 ADD CLASP TO EXISTING PARTIAL DENTURE D5725 REBASE HYBRID PROSTHESIS D5730 RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE) D5731 RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE) D5740 RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE) D5741 RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE) D5750 RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE) D5751 RELINE COMPLETE MAXILLARY DENTURE (LABORATORY) D5760 RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY) D5761 RELINE MAXILLARY PARTIAL DENTURE (LABORATORY) D5761 RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY) D5761 RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY) D5765 SOFT LINER FOR COMPLETE OR PARTIAL REMOVABLE DENTURE -	D=00/	BASE, MAXILLARY	\$111.39
FRAMEWORK, MAXILLARY	D5621		\$161.31
D5630 REPAIR OR REPLACE BROKEN RETENTIVE/CLASPING MATERIALS PER TOOTH \$154.62	D5622		0404.04
RETENTIVE/CLASPING MATERIALS PER TOOTH \$154.62	D5630	·	\$161.31
D5640 REPLACE BROKEN TEETH-PER		RETENTIVE/CLASPING MATERIALS	
TOOTH	D5640		\$154.62
DENTURE	20010	ТООТН	\$146.31
D5660 ADD CLASP TO EXISTING PARTIAL DENTURE \$154.62 D5725 REBASE HYBRID PROSTHESIS \$215.41 D5730 RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE) \$271.00 D5731 RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE) \$271.00 D5740 RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE) \$138.00 D5741 RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE) \$138.00 D5750 RELINE COMPLETE MAXILLARY DENTURE (LABORATORY) \$317.53 D5751 RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY) \$317.53 D5760 RELINE MAXILLARY PARTIAL DENTURE (LABORATORY) \$196.19 D5761 RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY) \$196.19 D5765 SOFT LINER FOR COMPLETE OR PARTIAL REMOVABLE DENTURE — \$196.19	D5650		\$128.05
D5725 REBASE HYBRID PROSTHESIS \$215.41 D5730 RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE) \$271.00 D5731 RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE) \$271.00 D5740 RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE) \$138.00 D5741 RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE) \$138.00 D5750 RELINE COMPLETE MAXILLARY DENTURE (LABORATORY) \$317.53 D5751 RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY) \$317.53 D5760 RELINE MAXILLARY PARTIAL DENTURE (LABORATORY) \$196.19 D5761 RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY) \$196.19 D5765 SOFT LINER FOR COMPLETE OR PARTIAL REMOVABLE DENTURE — \$196.19	D5660		Ψ120.03
\$215.41 \$215.41 \$215.41 \$271.00 \$271.00 \$271.0	DEZOE		\$154.62
DENTURE (CHAIRSIDE) \$271.00			\$215.41
D5731 RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE) \$271.00 D5740 RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE) \$138.00 D5741 RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE) \$138.00 D5750 RELINE COMPLETE MAXILLARY DENTURE (LABORATORY) \$317.53 D5751 RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY) \$317.53 D5760 RELINE MAXILLARY PARTIAL DENTURE (LABORATORY) \$196.19 D5761 RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY) \$196.19 D5765 SOFT LINER FOR COMPLETE OR PARTIAL REMOVABLE DENTURE —	D5730		\$271.00
D5740 RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE) \$138.00 D5741 RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE) \$138.00 D5750 RELINE COMPLETE MAXILLARY DENTURE (LABORATORY) \$317.53 D5751 RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY) \$317.53 D5760 RELINE MAXILLARY PARTIAL DENTURE (LABORATORY) \$196.19 D5761 RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY) \$196.19 D5765 SOFT LINER FOR COMPLETE OR PARTIAL REMOVABLE DENTURE —	D5731	RELINE COMPLETE MANDIBULAR	
DENTURE (CHAIRSIDE)	D5740		\$271.00
DENTURE (CHARSIDE) \$138.00 D5750 RELINE COMPLETE MAXILLARY DENTURE (LABORATORY) \$317.53 D5751 RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY) \$317.53 D5760 RELINE MAXILLARY PARTIAL DENTURE (LABORATORY) \$196.19 D5761 RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY) \$196.19 D5765 SOFT LINER FOR COMPLETE OR PARTIAL REMOVABLE DENTURE -	D3740	DENTURE (CHAIRSIDE)	\$138.00
D5750 RELINE COMPLETE MAXILLARY DENTURE (LABORATORY) \$317.53 D5751 RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY) \$317.53 D5760 RELINE MAXILLARY PARTIAL DENTURE (LABORATORY) \$196.19 D5761 RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY) \$196.19 D5765 SOFT LINER FOR COMPLETE OR PARTIAL REMOVABLE DENTURE -	D5741	_	¢420.00
D5751 RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY) \$317.53 D5760 RELINE MAXILLARY PARTIAL DENTURE (LABORATORY) \$196.19 D5761 RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY) \$196.19 D5765 SOFT LINER FOR COMPLETE OR PARTIAL REMOVABLE DENTURE -	D5750		\$130.00
DENTURE (LABORATORY) \$317.53 D5760 RELINE MAXILLARY PARTIAL DENTURE (LABORATORY) \$196.19 D5761 RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY) \$196.19 D5765 SOFT LINER FOR COMPLETE OR PARTIAL REMOVABLE DENTURE -			\$317.53
D5760 RELINE MAXILLARY PARTIAL DENTURE (LABORATORY) \$196.19 D5761 RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY) \$196.19 D5765 SOFT LINER FOR COMPLETE OR PARTIAL REMOVABLE DENTURE —	05/51		\$317.53
D5761 RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY) \$196.19 D5765 SOFT LINER FOR COMPLETE OR PARTIAL REMOVABLE DENTURE –	D5760	RELINE MAXILLARY PARTIAL	
DENTURE (LABORATORY) \$196.19 D5765 SOFT LINER FOR COMPLETE OR PARTIAL REMOVABLE DENTURE —	D5761	DENTURE (LABORATORY)	\$196.19
PARTIAL REMOVABLE DENTURE –		DENTURE (LABORATORY)	\$196.19
	D5765		
		INDIRECT	\$138.00

Code	Description	Fee
D5850	TISSUE CONDITIONING, MAXILLARY	\$167.38
D5851	TISSUE CONDITIONING,MANDIBULAR	\$167.38
D5951	FEEDING AID	\$524.09
D6096	REMOVE BROKEN IMPLANT RETAINING SCREW	\$58.20
D6205	PONTIC - INDIRECT RESIN BASED COMPOSITE	\$669.50
D6211	PONTIC-CAST BASE METAL	\$669.50
D6212	PONTIC - CAST NOBLE METAL	\$669.50
D6214	PONTIC - TITANIUM AND TITANIUM ALLOYS	\$669.50
D6240	PONTIC-PORCELAIN FUSED-HIGH NOBLE	\$669.50
D6241	PONTIC-PORCELAIN FUSED TO	
D6242	PONTIC-PORCELAIN FUSED-NOBLE	\$669.50
D6243	METAL PONTIC - PORCELAIN FUSED TO	\$669.50
D6245	TITANIUM AND TITANIUM ALLOYS PROSTHODONTICS FIXED, PONTIC -	\$669.50
D0243	PORCELAIN/CERAMIC	\$669.50
D6250	PONTIC-RESIN WITH HIGH NOBLE METAL	\$669.50
D6251	PONTIC-RESIN WITH BASE METAL	\$669.50
D6252	PONTIC-RESIN WITH NOBLE METAL	\$669.50
D6545	RETAINER - CAST METAL FIXED	\$393.08
D6548	PROSTHODONTICS FIXED, RETAINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXED	#202.00
D6710	PROSTHODONTIC CROWN - INDIRECT RESIN BASED COMPOSITE	\$393.08 \$669.50
D6720	CROWN-RESIN WITH HIGH NOBLE	
D6721	METAL CROWN-RESIN WITH BASE METAL	\$669.50
D6722	CROWN-RESIN WITH NOBLE METAL	\$669.50 \$669.50
D6740	RETAINER CROWN,	
D6750	PORCELAIN/CERAMIC CROWN-PORCELAIN FUSED HIGH	\$669.50
D6751	NOBLE CROWN-PORCELAIN FUSED TO	\$669.50
D6752	BASE METAL CROWN-PORCELAIN FUSED NOBLE	\$669.50
D6753	METAL RETAINER CROWN- PORCELAIN	\$669.50
D0733	FUSED TO TITANIUM AND TITANIUM ALLOYS	\$669.50
D6784	RETAINER CROWN 3/4- TITANIUM AND TITANIUM ALLOYS	\$669.50
D6790	CROWN-FULL CAST HIGH NOBLE	\$669.50
D6791	CROWN - FULL CAST BASE METAL	\$669.50
D6792	CROWN - FULL CAST NOBLE METAL	\$669.50
D6794	RETAINER CROWN - TITANIUM AND TITANIUM ALLOYS	\$669.50
D6930	RE-CEMENT OR RE-BOND FIXED PARTIAL DENTURE	\$84.80
D7111	EXTRACTION, CORONAL REMNANTS - PRIMARY TOOTH	\$24.65

D7140	Code	Description	Fee
AND/OR FORCEPS REMOVAL) \$92.39	D7140		
D7210 SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED \$171.39 D7220 REMOVAL OF IMPACTED TOOTH-SOFT IISSUE \$206.21 D7230 REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY \$285.21 D7240 REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY \$330.73 D7241 REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLETIONS \$356.17 D7250 SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE) \$171.39 D7260 OROANTRAL FISTULA CLOSURE \$512.00 D7261 PRIMARY CLOSURE OF A SINUS PERFORATION \$246.41 D7270 TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH \$362.87 D7280 SURGICAL ACCESS OF AN UNREUPTED TOOTH \$362.87 D7282 MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION \$167.94 D7283 PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH \$132.56 D7284 EXCICIONAL BIOPSY OF ORAL TISSUE-HARD (BONE, TOOTH) \$109.74 D7285 INCISIONAL BIOPSY OF ORAL TISSUE-SOFT \$109.74 <t< td=""><td></td><td></td><td>\$Q2 3Q</td></t<>			\$Q2 3Q
BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED \$171.39	D7210		Ψ02.00
TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP FINDICATED \$171.39			
D7220			
FLAP IF INDICATED \$171.39			
SOFT TISSUE		FLAP IF INDICATED	\$171.39
D7230 REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY \$285.21 D7240 REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY \$330.73 D7241 REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY WITH UNUSUAL SURGICAL COMPLICATIONS \$356.17 D7250 SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE) \$171.39 D7260 OROANTRAL FISTULA CLOSURE \$512.00 D7261 PRIMARY CLOSURE OF A SINUS PERFORATION \$246.41 D7270 TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH \$451.82 D7280 SURGICAL ACCESS OF AN UNSERVEY OF MINOR SALIVARY GLANDS \$451.82 D7282 MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION OF IMPACTED TOOTH \$167.94 D7283 PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH \$132.56 D7284 EXCICIONAL BIOPSY OF ORAL TISSUE-HARD (BONE, TOOTH) \$109.74 D7285 INCISIONAL BIOPSY OF ORAL TISSUE-HARD (BONE, TOOTH) \$109.74 D7286 INCISIONAL BIOPSY OF ORAL TISSUE-SOFT \$109.74 D7310 ALVEOLOPLASTY IN CONJUNCTION MITH EXTRACTIONS CONTON WITH EXTRACTIONS CONTO	D7220		\$206.21
D7240 REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY \$330.73 D7241 REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS \$356.17 D7250 SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE) \$171.39 D7260 OROANTRAL FISTULA CLOSURE \$512.00 D7261 PRIMARY CLOSURE OF A SINUS PERFORATION \$246.41 D7270 TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH \$451.82 D7280 SURGICAL ACCESS OF AN UNERUPTED TOOTH \$362.87 D7281 MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION \$167.94 D7282 MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION FINANCE SALIVARY GLANDS \$141.25 D7284 EXCICIONAL BIOPSY OF MINOR SALIVARY GLANDS \$141.25 D7285 INCISIONAL BIOPSY OF ORAL TISSUE-SOFT \$109.74 D7286 INCISIONAL BIOPSY OF ORAL TISSUE-SOFT \$109.74 D7287 BRUSH BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION \$82.15 D7310 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT \$65.71 D7311 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EX	D7230		φ200.21
D7241 REMOVAL OF IMPACTED TOOTH- COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS \$356.17 D7250 SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE) \$171.39 D7260 OROANTRAL FISTULA CLOSURE \$512.00 D7261 PRIMARY CLOSURE OF A SINUS PERFORATION \$246.41 D7270 TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH \$451.82 D7280 SURGICAL ACCESS OF AN UNERUPTED TOOTH \$362.87 D7282 MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION \$167.94 D7283 PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH \$132.56 D7284 EXCICIONAL BIOPSY OF MINOR SALIVARY GLANDS \$141.25 D7285 INCISIONAL BIOPSY OF ORAL TISSUE-HARD (BONE, TOOTH) \$109.74 D7286 INCISIONAL BIOPSY OF ORAL TISSUE-SOFT \$109.74 D7288 BRUSH BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT \$136.36 D7311 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT \$65.71 D7320 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT \$229.47 D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT \$229.47 D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT \$229.47 D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT \$114.99 D7450 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION UP TO 1.25CM D7451 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION GREATER		PARTIALLY BONY	\$285.21
D7241 REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS \$356.17	D7240		#220.72
COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS D7250 SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE) D7260 OROANTRAL FISTULA CLOSURE \$512.00 D7261 PRIMARY CLOSURE OF A SINUS PERFORATION D7270 TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH D7280 SURGICAL ACCESS OF AN UNERUPTED TOOTH D7282 MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION D7283 PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH D7284 EXCICIONAL BIOPSY OF MINOR SALIVARY GLANDS D7285 INCISIONAL BIOPSY OF ORAL TISSUE-HARD (BONE, TOOTH) D7286 INCISIONAL BIOPSY OF ORAL TISSUE-SOFT D7288 BRUSH BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION D7280 BRUSH BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION D7281 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT D7310 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT D7320 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT D7451 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION GREATER	D7241		\$330.73
D7250 SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE) \$171.39	D7241		
D7250 SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE) \$171.39			0050 47
TOOTH ROOTS (CUTTING PROCEDURE) \$171.39	D7250		\$356.17
D7260 OROANTRAL FISTULA CLOSURE \$512.00	D7230		
\$512.00		PROCEDURE)	\$171.39
D7261 PRIMARY CLOSURE OF A SINUS PERFORATION \$246.41 D7270 TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH \$451.82 D7280 SURGICAL ACCESS OF AN UNERUPTED TOOTH \$362.87 D7282 MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION \$167.94 D7283 PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH \$132.56 D7284 EXCICIONAL BIOPSY OF MINOR SALIVARY GLANDS \$141.25 D7285 INCISIONAL BIOPSY OF ORAL TISSUE-HARD (BONE, TOOTH) \$109.74 D7286 INCISIONAL BIOPSY OF ORAL TISSUE-SOFT \$109.74 D7288 BRUSH BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION \$82.15 D7310 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT \$136.36 D7311 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT \$65.71 D7320 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT \$229.47 D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT \$229.47 D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT \$114.99 D7450 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION UP TO 1.25CM \$190.32	D7260	OROANTRAL FISTULA CLOSURE	\$512.00
D7270 TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH \$451.82 D7280 SURGICAL ACCESS OF AN UNERUPTED TOOTH \$362.87 D7282 MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION \$167.94 D7283 PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH \$132.56 D7284 EXCICIONAL BIOPSY OF MINOR SALIVARY GLANDS \$141.25 D7285 INCISIONAL BIOPSY OF ORAL TISSUE-HARD (BONE, TOOTH) \$109.74 D7286 INCISIONAL BIOPSY OF ORAL TISSUE-SOFT \$109.74 D7288 BRUSH BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION \$82.15 D7310 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT \$136.36 D7311 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT \$65.71 D7320 ALVEOLOPLASTY NOT IN CONJUNCTION SPACES, PER QUADRANT \$65.71 D7321 ALVEOLOPLASTY NOT IN CONJUNCTION SPACES, PER QUADRANT \$229.47 D7321 ALVEOLOPLASTY NOT IN CONJUNCTION SPACES, PER QUADRANT \$229.47 D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT \$229.47 D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT \$229.47 D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT \$114.99 D7450 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION UP TO 1.25CM \$190.32	D7261		¥0.1=.00
STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH \$451.82 D7280 SURGICAL ACCESS OF AN UNERUPTED TOOTH \$362.87 D7282 MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION D7283 PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH D7284 EXCICIONAL BIOPSY OF MINOR SALIVARY GLANDS D7285 INCISIONAL BIOPSY OF ORAL TISSUE-HARD (BONE, TOOTH) D7286 INCISIONAL BIOPSY OF ORAL TISSUE-SOFT D7288 BRUSH BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT D7310 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT D7320 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT D7320 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT D7450 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION UP TO 1.25CM REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION GREATER			\$246.41
EVULSED OR DISPLACED TOOTH \$451.82	D/2/0		
D7280 SURGICAL ACCESS OF AN UNERUPTED TOOTH \$362.87 D7282 MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION \$167.94 D7283 PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH \$132.56 D7284 EXCICIONAL BIOPSY OF MINOR SALIVARY GLANDS \$141.25 D7285 INCISIONAL BIOPSY OF ORAL TISSUE-HARD (BONE, TOOTH) \$109.74 D7286 INCISIONAL BIOPSY OF ORAL TISSUE-SOFT \$109.74 D7288 BRUSH BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION \$82.15 D7310 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT \$136.36 D7311 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT \$65.71 D7320 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT \$65.71 D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT \$229.47 D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT \$229.47 D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT \$114.99 D7450 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION UP TO 1.25CM \$190.32		EVULSED OR DISPLACED TOOTH	\$451.82
D7282 MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION \$167.94 D7283 PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH \$132.56 D7284 EXCICIONAL BIOPSY OF MINOR SALIVARY GLANDS \$141.25 D7285 INCISIONAL BIOPSY OF ORAL TISSUE-HARD (BONE, TOOTH) \$109.74 D7286 INCISIONAL BIOPSY OF ORAL TISSUE-SOFT \$109.74 D7288 BRUSH BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION \$82.15 D7310 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT \$136.36 D7311 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT \$65.71 D7320 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT \$229.47 D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT \$114.99 D7450 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION UP TO 1.25CM \$190.32	D7280		
MALPOSITIONED TOOTH TO AID ERUPTION D7283 PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH D7284 EXCICIONAL BIOPSY OF MINOR SALIVARY GLANDS D7285 INCISIONAL BIOPSY OF ORAL TISSUE-HARD (BONE, TOOTH) D7286 INCISIONAL BIOPSY OF ORAL TISSUE-SOFT D7288 BRUSH BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION D7310 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT D7311 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT D7320 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT D7450 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION UP TO 1.25CM D7451 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION GREATER	D7000		\$362.87
D7283 PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH D7284 EXCICIONAL BIOPSY OF MINOR SALIVARY GLANDS D7285 INCISIONAL BIOPSY OF ORAL TISSUE-HARD (BONE, TOOTH) D7286 INCISIONAL BIOPSY OF ORAL TISSUE-SOFT D7288 BRUSH BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION D7310 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT D7311 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT D7320 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT D7450 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION UP TO 1.25CM D7451 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION GREATER	D7282		
FACILITATE ERUPTION OF IMPACTED TOOTH D7284 EXCICIONAL BIOPSY OF MINOR SALIVARY GLANDS D7285 INCISIONAL BIOPSY OF ORAL TISSUE-HARD (BONE, TOOTH) D7286 INCISIONAL BIOPSY OF ORAL TISSUE-SOFT D7288 BRUSH BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION D7310 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT D7311 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT D7320 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT D7450 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION UP TO 1.25CM D7451 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION GREATER			\$167.94
IMPACTED TOOTH \$132.56 D7284 EXCICIONAL BIOPSY OF MINOR SALIVARY GLANDS \$141.25 D7285 INCISIONAL BIOPSY OF ORAL TISSUE-HARD (BONE, TOOTH) \$109.74 D7286 INCISIONAL BIOPSY OF ORAL TISSUE-SOFT \$109.74 D7288 BRUSH BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION \$82.15 D7310 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT \$136.36 D7311 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT \$65.71 D7320 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT \$229.47 D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT \$114.99 D7450 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION UP TO 1.25CM \$190.32	D7283		
D7284 EXCICIONAL BIOPSY OF MINOR SALIVARY GLANDS \$141.25 D7285 INCISIONAL BIOPSY OF ORAL TISSUE-HARD (BONE, TOOTH) \$109.74 D7286 INCISIONAL BIOPSY OF ORAL TISSUE-SOFT \$109.74 D7288 BRUSH BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION \$82.15 D7310 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT \$136.36 D7311 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT \$65.71 D7320 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT \$229.47 D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT \$114.99 D7450 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION UP TO 1.25CM \$190.32			¢132.56
D7285 INCISIONAL BIOPSY OF ORAL TISSUE-HARD (BONE, TOOTH) \$109.74 D7286 INCISIONAL BIOPSY OF ORAL TISSUE-SOFT \$109.74 D7288 BRUSH BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION \$82.15 D7310 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT \$136.36 D7311 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT \$65.71 D7320 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT \$229.47 D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT \$114.99 D7450 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION UP TO 1.25CM \$190.32	D7284	EXCICIONAL BIOPSY OF MINOR	ψ102.00
TISSUE-HARD (BONE, TOOTH) D7286 INCISIONAL BIOPSY OF ORAL TISSUE-SOFT \$109.74 D7288 BRUSH BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION \$82.15 D7310 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT \$136.36 D7311 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT \$65.71 D7320 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT \$229.47 D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT \$114.99 D7450 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION UP TO 1.25CM \$190.32			\$141.25
D7286 INCISIONAL BIOPSY OF ORAL TISSUE-SOFT \$109.74 D7288 BRUSH BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION \$82.15 D7310 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT \$136.36 D7311 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT \$65.71 D7320 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT \$229.47 D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT \$114.99 D7450 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION UP TO 1.25CM \$190.32	D7285		#400.74
TISSUE-SOFT \$109.74 D7288 BRUSH BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION \$82.15 D7310 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT \$136.36 D7311 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT \$65.71 D7320 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT \$229.47 D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT \$229.47 D7450 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION UP TO 1.25CM \$190.32 D7451 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION GREATER	D7286	INCISIONAL BIOPSY OF ORAL	\$109.74
SAMPLE COLLECTION \$82.15 D7310 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT \$136.36 D7311 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT \$65.71 D7320 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT \$229.47 D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT \$114.99 D7450 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION UP TO 1.25CM \$190.32 D7451 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION GREATER	D7200		\$109.74
D7310 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT \$136.36 D7311 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT \$65.71 D7320 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT \$229.47 D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT \$114.99 D7450 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION UP TO 1.25CM \$190.32	D7288		
WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT D7311 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT D7320 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT D7450 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION UP TO 1.25CM \$136.36	D7240		\$82.15
MORE TEETH OR TOOTH SPACES, PER QUADRANT D7311 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT D7320 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT D7450 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION UP TO 1.25CM D7451 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION GREATER	D/310		
D7311 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT \$65.71 D7320 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT \$229.47 D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT \$114.99 D7450 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION UP TO 1.25CM \$190.32 D7451 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION GREATER			
WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT \$65.71 D7320 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT \$229.47 D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT \$114.99 D7450 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION UP TO 1.25CM \$190.32 D7451 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION GREATER	D7044		\$136.36
THREE TEETH OR TOOTH SPACES, PER QUADRANT \$65.71 D7320 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT \$229.47 D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT \$114.99 D7450 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION UP TO 1.25CM \$190.32 D7451 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION GREATER	D/311		
D7320 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT \$229.47 D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT \$114.99 D7450 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION UP TO 1.25CM \$190.32 D7451 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION GREATER			
CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT \$229.47 D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT \$114.99 D7450 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION UP TO 1.25CM \$190.32 D7451 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION GREATER			\$65.71
- FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT \$229.47 D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT \$114.99 D7450 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION UP TO 1.25CM \$190.32 D7451 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION GREATER	D7320		
D7321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT \$114.99 D7450 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION UP TO 1.25CM \$190.32 D7451 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION GREATER			
CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT \$114.99 D7450 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION UP TO 1.25CM \$190.32 D7451 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION GREATER		SPACES, PER QUADRANT	\$229.47
- ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT \$114.99 D7450 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION UP TO 1.25CM \$190.32 D7451 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION GREATER	D7321		
SPACES, PER QUADRANT \$114.99			
D7450 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION UP TO 1.25CM \$190.32 D7451 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION GREATER			\$114.99
D7451 REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION GREATER	D7450	REMOVAL OF ODONTOGENIC CYST	
OR TUMOR - LESION GREATER	D7454		\$190.32
	D/451		
			\$215.59

Code	Description	Fee
D7471	REMOVAL OF EXOSTOSIS - PER	
D7472	SITE REMOVAL OF TORUS PALATINUS	\$229.47
		\$328.59
D7473	REMOVAL OF TORUS MANDIBULARIS	\$229.47
D7485	SURGICAL REDUCTION OF	ΨΖΖ3.41
	OSSEOUS TUBEROSITY	\$229.47
D7510	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT	
	TISSUE	\$41.56
D7511	INCISION AND DRAINAGE OF	
	ABSCESS - INTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES	
	DRAINAGE OF MULTIPLE FASCIAL	
D7000	SPACES)	\$91.05
D7880	OCCLUSAL ORTHOTIC DEVICE, BY REPORT	\$524.09
D7961	BUCCAL / LABIAL FRENECTOMY	ψοΣ 1.00
D7000	(FRENULECTOMY)	\$455.61
D7962	LINGUAL FRENECTOMY (FRENULECTOMY)	\$455.61
D7963	FRENULOPLASTY	
D7970	EXCISION OF HYPERPLASTIC	\$492.80
	TISSUE - PER ARCH	\$219.46
D7971	EXCISION OF PERICORONAL	£44C 20
D7972	GINGIVA SURGICAL REDUCTION OF FIBROUS	\$116.39
2.0.2	TUBEROSITY	\$219.46
D8010	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY	
	DENTITION	\$443.97
D8020	LIMITED ORTHODONTIC	
	TREATMENT OF THE TRANSITIONAL DENTITION	\$443.97
D8030	LIMITED ORTHODONTIC	Ψ110.01
	TREATMENT OF THE ADOLESCENT	£440.07
D8040	DENTITION LIMITED ORTHODONTIC	\$443.97
D0040	TREATMENT OF THE ADULT	
Bassa	DENTITION CONTINUE OF THE PROPERTY OF THE PROP	\$443.97
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT	
	DENTITION	\$1,408.63
D8210	REMOVABLE APPLIANCE THERAPY (INCLUDES APPLIANCES FOR	
	THUMB SUCKING AND TONGUE	
	THRUSTING)	\$271.10
D8220	FIXED APPLIANCE THERAPY (INCLUDES APPLIANCES FOR	
	THUMB SUCKING AND TONGUE	
	THRUSTING)	\$329.23
D8660	PRE-ORTHODONTIC TREATMENT EXAMINATION TO MONITOR	
	GROWTH AND DEVELOPMENT	\$267.80
D8670	PERIODIC ORTHODONTIC	ФЕ 4E 00
D8680	TREATMENT VISIT ORTHODONTIC RETENTION	\$545.29
	(REMOVAL OF APPLIANCES)	\$563.75
D8703	REPLACEMENT OF LOST OR	#407.00
D8704	BROKEN RETAINER - MAXILLARY REPLACEMENT OF LOST OR	\$167.38
23704	BROKEN RETAINER - MANDIBULAR	\$167.38
D9110	PALLIATIVE TREATMENT OF	# C4.05
L	DENTAL PAIN - PER VISIT	\$64.85

Code	Description	Fee
D9219	EVALUATION FOR MODERATE SEDATION. DEEP SEDATION OR	
	GENERAL ANESTHESIA	\$56.65
D9222	DEEP SEDATION/GENERAL	φοσ.σσ
	ANESTHESIA FIRST 15 MINUTES	\$85.70
D9223	DEEP SEDATION/GENERAL	
	ANESTHESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	\$85.70
D9230	INHALATION OF NITROUS	ψ05.70
	OXIDE/ANALGESIA, ANXIOLYSIS	\$45.18
D9239	INTRAVENOUS MODERATE	
	(CONSCIOUS)	
	SEDATION/ANALGESIA- FIRST 15 MINUTES	\$70.30
D9243	INTRAVENOUS MODERATE	ψ7 0.00
	(CONSCIOUS)	
	SEDATION/ANALGESIA - EACH	
	SUBSEQUENT 15 MINUTE INCREMENT	\$70.30
D9248	NON-INTRAVENOUS MODERATE	\$70.30
D0240	SEDATION	\$147.29
D9310	CONSULTATION - DIAGNOSTIC	
	SERVICE PROVIDED BY DENTIST	
	OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR	
	PHYSICIAN	\$111.39
D9410	HOUSE/EXTENDED CARE FACILITY	Ψ111.00
	CALL	\$105.32
D9420	HOSPITAL OR AMBULATORY	***
D0440	SURGICAL CENTER CALL OFFICE VISIT - AFTER REGULARLY	\$86.45
D9440	SCHEDULED HOURS	\$43.22
D9610	THERAPEUTIC DRUG INJECTION, BY	ψ-το.22
	REPORT	\$26.60

Code	Description	Fee
D9612	THERAPEUTIC DRUG INJECTION - 2	
	OR MORE MEDICATIONS BY	#50.04
Doooo	REPORT AND/OR	\$53.21
D9630	OTHER DRUGS AND/OR MEDICAMENTS, BY REPORT	\$26.60
D9910	APPLICATION OF DESENSITIZING	\$26.60
Daalo	MEDICAMENT	\$43.22
D9920	BEHAVIOR MANAGEMENT, BY	* -
	REPORT	\$91.72
D9930	TREATMENT OF COMPLICATIONS	
	(POST-SURGICAL) - UNUSUAL	
	CIRCUMSTANCES, BY REPORT	\$44.89
D9944	OCCLUSAL GUARDHARD	
	APPLIANCE, FULL ARCH	\$267.80
D9945	OCCLUSAL GUARDSOFT	#000 0F
D0040	APPLIANCE FULL ARCH	\$200.85
D9946	OCCLUSAL GUARDHARD APPLIANCE, PARTIAL ARCH	\$200.85
D9990	CERTIFIED TRANSLATION OR SIGN-	\$200.03
D3330	LANGUAGE SERVICES PER VISIT	\$16.74
D9992	DENTAL CASE MANAGEMENT -	* -
	CARE COORDINATION	\$11.08
D9994	DENTAL CASE MANAGEMENT –	
	PATIENT EDUCATION TO IMPROVE	
	ORAL HEALTH LITERACY	\$11.08
D9995	TELEDENTISTRY – SYNCHRONOUS;	
	REAL-TIME ENCOUNTER	\$46.87
D9996	TELEDENTISTRY –	
	ASYNCHRONOUS; INFORMATION	
	STORED AND FORWARDED TO DENTIST FOR SUBSEQUENT	
	REVIEW	\$20.09
L	INCAICAA	Ψ20.03