



CDT Procedure Code	Procedure Code Description	DIDD Rate	State Plan (\$1,000/ year) July 1 through June 30	Waiver-Basic (\$2,000/ year) Individual Anniversary Dates	Waiver-Major (\$10,000) July 1-2014 through June 30, 2019	EPSDT 18-20 year olds only
D0120	Periodic Oral Evaluation	\$ 45.57	Y	Y	N	Y
D0140	Limited Oral Evaluation Problem Focused	\$ 66.06	Y	Y	N	Y
D0150	Comprehensive Oral Evaluation	\$ 72.92	Y	Y	N	Y
D0160	Detailed & Extensive Oral Evaluation, Problem Focus	\$ 73.21	Y	Y	N	Y
D0170	Re-Evaluation Limit/Problem Focus, Est Patient	\$ 107.21	Y	Y	N	Y
D0171	Re-Evaluation-Post-Operative Office Visit	\$ 107.21	N	Y	N	N
D0180	Comprehensive Periodontal Evaluation	\$ 78.81	Y	Y	N	Y
D0190	Screening of a Patient	\$ 48.18	N	Y	N	Y
D0191	Assessment of a Patient	\$ 50.48	N	Y	N	Y
D0210	Intraoral Complete Film Series	\$ 120.56	Y	Y	N	Y
D0220	Intraoral Periapical First	\$ 24.92	Y	Y	N	Y
D0230	Intraoral Periapical-Each Additional	\$ 20.83	Y	Y	N	Y
D0240	Intraoral-Occlusal Radiographic Image	\$ 58.38	N	Y	N	Y
D0250	Extra-Oral- 2D Projection Radiographic Image Created Using a Stationary Radiation Source, and Detector	\$ 43.08	N	Y	N	Y
D0251	Extraoral Posterior Dental Radiographic Image	\$ 43.08	N	Y	N	Y
D0270	Dental Bitewing, Single Image	\$ 31.20	Y	Y	N	Y
D0272	Dental Bitewings, Two Images	\$ 40.24	Y	Y	N	Y
D0273	Bitewings, Three Images	\$ 48.21	Y	Y	N	Y
D0274	Bitewings, Four Images	\$ 56.69	Y	Y	N	Y
D0277	Vertical Bitewings, 7-8 Images	\$ 85.45	Y	Y	N	Y
D0290	Skull/facial bone image	\$ 100.06	N	Y	N	Y
D0310	Sialography	\$ 168.00	N	Y	N	Y
D0320	Temporomandibular Joint Arthrogram, Including Injection	\$ 152.00	N	Y	N	Y
D0321	Other Temporomandibular Joint Radiographic Images, By Report	\$ 99.46	N	Y	N	Y
D0322	Tomographic Survey	\$ 265.35	N	Y	N	Y
D0330	Panoramic Image	\$ 98.00	Y	Y	N	Y
D0340	2D Cephalometric Radiographic Image- acquisition, measurement and analysis	\$ 100.32	N	Y	N	Y
D0350	2D Oral/Facial Photographic Image Obtained Intra-Orally or Extra-Orally	\$ 42.66	N	Y	N	Y
D0351	3D Photographic Image	\$ 240.07	N	Y	N	Y
D0365	Cone beam ct interpret man	\$ 444.84	N	Y	N	Y
D0366	Cone beam ct interpret max	\$ 444.84	N	Y	N	Y
D0367	Cone beam ct interp both jaw	\$ 309.76	N	Y	N	Y
D0381	Cone beam ct capt mandible	\$ 326.41	N	N	N	Y
D0382	Cone beam ct capt maxilla	\$ 326.41	N	N	N	Y
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of image, including report	\$ 157.26	Y	Y	N	Y
D0411	HbA1c in-office point of service testing	\$ 83.27	Y	Y	N	Y
D0412	Blood Glucose Level Test	\$ 22.85	Y	Y	N	Y
D0425	Caries Susceptibility Tests	\$ 84.58	N	Y	N	Y
D0460	Pulp Vitality Tests	\$ 42.25	Y	Y	N	Y
D0470	Diagnosis Casts	\$81.32	N	N	N	Y



D1110	Prophylaxis Adult	\$ 85.14	Y	Y	N	Y
D1120	Prophylaxis Child	\$63.08	N	N	N	Y
D1206	Topical Fluoride Varnish	\$ 35.37	Y	Y	N	Y
D1208	Topical Application of Fluoride- excluding varnish	\$ 31.72	Y	Y	N	Y
D1351	Sealant- Per Tooth	\$53.46	N	Y	N	Y
D1352	Prev resin rest, perm tooth	\$ 87.78	N	Y	N	Y
D1353	Sealant Repair- Per Tooth	\$ 87.78	N	Y	N	Y
D1354	Interim Caries Arresting Medicament Application	\$54.84	N	Y	N	Y?
D1510	Space Maintainer Fixed Unilateral	\$ 290.44	N	Y	N	Y
D1520	Space maintainer Removable Unilateral	\$ 243.00	N	Y	N	Y
D1550	Re-cement or Re-bond Space Maintainer	\$ 58.16	N	Y	N	Y
D1555	Removal of Fixed Space Maintainer	\$ 54.84	N	Y	N	Y
D1575	Distal shoe space maintainer – fixed – unilateral	\$ 290.44	Y	Y	N	Y
D1999	Unspecified Preventative Procedure, By Report	Code is manually priced	N	Y	N	Y
D2140	Amalgam One Surface Permanent	\$ 126.19	Y	Y	N	Y
D2150	Amalgam Two Surfaces Permanent	\$ 156.57	Y	Y	N	Y
D2160	Amalgam Three Surfaces Permanent	\$ 188.21	Y	Y	N	Y
D2161	Amalgam 4 or > Surfaces Permanent	\$ 224.28	Y	Y	N	Y
D2330	Resin One Surface Anterior	\$ 145.40	Y	Y	N	Y
D2331	Resin Two Surfaces Anterior	\$ 179.97	Y	Y	N	Y
D2332	Resin Three Surfaces Anterior	\$ 220.59	Y	Y	N	Y
D2335	Resin Four or > Surface/Incisor Anterior	\$ 266.16	Y	Y	N	Y
D2390	Resin Based Composite Crown Anterior	\$ 32.53	Y	Y	N	Y
D2391	Resin Based Composite One Surface Posterior	\$ 160.45	Y	Y	N	Y
D2392	Resin Based Composite Two Surfaces Posterior	\$ 208.90	Y	Y	N	Y
D2393	Resin Base Composite Three Surface Posterior	\$ 251.78	Y	Y	N	Y
D2394	Resin Base Composite 4 or > Surfaces Posterior	\$ 297.99	Y	Y	N	Y
D2710	Crown, Resin-Based Composite (Indirect)	\$ 683.05	Y	N	Y	Y
D2712	Crown Resin Base Composite (Indirect)	\$ 683.05	Y	N	Y	Y
D2721	Crown, Resin with Predominantly Base Metal	\$ 683.05	Y	N	Y	Y
D2722	Crown, Resin Noble Metal	\$ 683.05	Y	N	Y	Y
D2740	Crown, Porcelain/Ceramic Substrate	\$ 1,036.55	Y	N	Y	Y
D2750	Crown Porcelain High Noble Metal	\$ 1,049.56	Y	N	Y	Y
D2751	Crown Porcelain Base Metal	\$ 1,036.55	Y	N	Y	Y
D2752	Crown Porcelain Noble Metal	\$ 1,036.55	Y	N	Y	Y
D2781	Crown 3/4 Base Metal	\$ 1,036.55	Y	N	Y	Y
D2782	Crown 3/4 Cast Noble Metal	\$ 1,036.55	Y	N	Y	Y
D2783	Crown 3/4 Porcelain/Ceramic	\$ 1,036.55	Y	N	Y	Y
D2790	Crown Full Cast High Noble Metal	\$ 1,036.55	Y	N	Y	Y
D2791	Crown Full Cast Base Metal	\$ 1,036.55	Y	N	Y	Y
D2792	Crown Full Cast Noble Metal	\$ 1,036.55	Y	N	Y	Y
D2794	Crown Titanium	\$ 1,036.55	Y	N	Y	Y
D2799	Provisional Crown	\$ 309.68	Y	N	Y	Y
D2910	Recement or re-bond inlay, onlay, veneer or partial coverage restoration	\$ 82.29	Y	Y	N	Y
D2915	Recement or re-bond Indirectly Fabricated or Prefabricated, Post and Core	\$ 92.33	N	Y	N	Y
D2920	Recement or re-bond crown	\$ 92.33	Y	Y	N	Y
D2930	Prefabricated Stainless Steel Crown Primary	\$ 249.10	N	N	Y	Y
D2931	Prefabricated Stainless Steel Crown Permanent	\$ 291.89	Y	N	Y	Y
D2932	Prefabricated Resin Crown	\$ 242.40	N	N	Y	Y
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$ 253.28	Y	N	Y	Y



D2934	Prefabricated Esthetic Coated Stainless Steel Crown Primary	\$ 285.56	N	N	Y	Y
D2940	Protective Restoration	\$ 104.40	Y	Y	N	Y
D2941	Interim Therapeutic Restoration	\$152.93	N	N	N	Y
D2950	Core Buildup Including Pins	\$ 234.63	Y	N	Y	Y
D2951	Pin Retention Per Tooth	\$ 51.70	N	N	Y	Y
D2952	Post and core cast + crown	\$ 358.38	Y	N	Y	Y
D2953	Each addnl cast post	\$ 347.22	N	N	Y	Y
D2954	Prefabricated Post and Core + Crown	\$ 287.06	Y	N	Y	Y
D2955	Post Removal	\$ 169.78	N	N	Y	Y
D2957	Each Additional Prefabricated Post	\$ 179.86	N	N	Y	Y
D2980	Crown Repair	\$ 164.56	N	Y	N	Y
D2999	Unspecified Restorative Procedure	Code is manually priced	Y	N	Y	Y
D3110	Pulp Cap Direct	\$ 72.95	N	Y	N	Y
D3120	Pulp Cap Indirect	\$ 70.87	N	Y	N	Y
D3220	Therapeutic Pulpotomy	\$168.75	N	N	N	Y
D3221	Pulpal Debridement	\$ 175.47	Y	Y	N	Y
D3222	Partial Pulpotomy for Apexogenesis	\$ 204.50	N	Y	N	Y
D3230	Pulpal Therapy Anterior Primary Tooth	\$ 214.61	N	Y	N	Y
D3240	Pulpal Therapy Posterior Primary	\$ 236.57	N	Y	N	Y
D3310	End Therapy, Anterior Tooth	\$ 646.59	Y	Y	N	Y
D3320	End Therapy, Bicuspid Tooth	\$ 755.59	Y	Y	N	Y
D3330	End Therapy, Molar	\$ 918.31	Y	Y	N	Y
D3331	Root Canal Obstruction Non-Surgical	\$ 400.70	N	Y	N	Y
D3332	Incomplete Endodontic Therapy	\$ 304.11	N	Y	N	Y
D3333	Internal Root Repair o	\$ 177.10	N	Y	N	Y
D3346	Retreatment Root Canal Anterior	\$ 750.80	Y	Y	N	Y
D3347	Retreatment Root Canal Bicuspid	\$ 845.74	Y	Y	N	Y
D3348	Retreatment Root Canal Molar	\$ 1,002.58	Y	Y	N	Y
D3351	Apexification/Recalcification - Initial Visit (Apical Closure/Calcific Repair of Perforations, Root Resorption, etc.)	\$ 285.14	N	Y	N	Y
D3352	Apexification/Recalcification Interim	\$ 196.11	N	Y	N	Y
D3353	Apexification/Recalcification- Final	\$ 413.55	N	Y	N	Y
D3355	Pulpal Regeneration Initial Visit (replaces D3354)	\$ 421.33	N	Y	N	Y
D3356	Pulpal Regeneration Interim Medication Replacement (replaces D3354)	\$ 185.30	N	Y	N	Y
D3357	Pulpal Regeneration Completion of Treatment (replaces D3354)	\$ 185.30	N	Y	N	Y
D3410	Apicoectomy/Periradicular Surgery Anter	\$ 613.76	N	Y	N	Y
D3421	Apicoectomy/Periradicular Surgery Bicus	\$ 668.60	N	Y	N	Y
D3425	Apicoectomy/Periradicular Surgery Molar	\$ 738.10	N	Y	N	Y
D3426	Apicoectomy/Periradicular Surgery Ea Add	\$ 261.86	N	Y	N	Y
D3430	Retrograde Filling Per Root	\$ 199.04	N	Y	N	Y
D3450	Root Amputation Per Root	\$ 320.46	N	Y	N	Y
D3460	Endodontic Endosseous Implant	\$ 635.50	N	Y	N	Y
D3470	Intentional Reimplantation	\$ 1,258.00	N	Y	N	Y
D3910	Isolation Tooth with Rubber Dam	\$ 135.72	N	Y	N	Y
D3920	Hemisection Incl Rt Remov Excl Rt Canal	\$ 374.94	N	Y	N	Y
D3950	Canal Preparation and Fitting of Preformed Dowel/Post	\$ 158.78	N	Y	N	Y
D3999	Unspecified Endodontic Procedure	Code is manually priced	Y	Y	N	Y
D4210	Gingivectomy/Plasty 4 or More	\$ 473.12	Y	Y	N	Y



D4211	Gingivectomy/Plasty 1 to 3	\$ 233.06	Y	Y	N	Y
D4212	Gingivectomy/plasty rest	\$ 204.13	Y	Y	N	Y
D4240	Gingival Flap Proc w Planin	\$ 607.49	N	Y	N	Y
D4245	Apically Positioned Flap	\$ 429.74	N	Y	N	Y
D4249	Crown Lengthening Hard Tissue	\$ 638.08	N	Y	N	Y
D4260	Osseous Surgery (Including Elevation of a Full Thickness Flap Entry and Closure) - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$ 937.35	N	Y	N	Y
D4261	Osseous Surgery (Including Elevation of a Full Thickness Flap Entry and Closure) - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$ 668.65	N	Y	N	Y
D4263	Bone Replacement Graft First Site	\$ 498.17	N	Y	N	Y
D4264	Bone Replacement Graft Each Additional Site	\$ 365.44	N	Y	N	Y
D4265	Biologic Materials to Aid in Soft and Osseous Tissue Regeneration	\$ 392.00	N	Y	N	N
D4266	Guided Tissue Regen Resorbable	\$ 531.09	N	Y	N	Y
D4267	Guided Tissue Regen Nonresorbable	\$ 653.02	N	Y	N	Y
D4268	Surgical Revision Procedure Per Tooth	\$ 394.58	N	Y	N	Y
D4270	Pedicle Soft Tissue Graft Procedure	\$ 651.46	N	Y	N	Y
D4273	Autogenous Connective Tissue Graft Procedure (including donor and recipient surgical sites)- each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$ 932.23	N	Y	N	Y
D4274	Distal/Proximal Wedge	\$ 391.64	N	Y	N	Y
D4275	Non-Autogenous Connective Tissue Graft Procedure	\$854.58	N	Y	N	N
D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	\$ 747.51	N	Y	N	Y
D4278	Free Soft Tissue Graft Pcedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	\$ 481.38	N	Y	N	Y
D4283	Autogenous Connective Tissue Graft Procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$ 932.23	N	Y	N	Y
D4285	Non-Autogenous Connective Tissue Graft Procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$ 932.23	N	Y	N	Y
D4320	Provisional Splinting Intracoronal	\$ 303.38	N	Y	N	Y
D4321	Provisional Splinting Extracoronal	\$ 353.77	N	Y	N	Y
D4341	Periodontal Scaling & Root Planing	\$ 230.19	Y	Y	N	Y
D4342	Periodontal Scaling 1 to 3 Teeth	\$ 162.07	Y	Y	N	Y
D4346	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	\$113.62	Y	Y	N	Y
D4355	Full Mouth Debridement	\$ 157.32	Y	Y	N	Y
D4381	Localized delivery antimicro	\$ 80.86	N	Y	N	Y
D4910	Periodontal Maintenance	\$ 123.79	Y	Y	N	Y
D4999	Unspecified Periodontal Procedure	Code is manually priced	Y	Y	N	Y



D5110	Complete Denture Maxillary	\$ 1,468.82	Y	N	Y	Y
D5120	Complete Denture Mandibular	\$ 1,472.96	Y	N	Y	Y
D5130	Immediate Denture Maxillary	\$ 1,559.31	N	N	Y	Y
D5140	Immediate Denture Mandibular	\$ 1,560.70	N	N	Y	Y
D5211	Maxillary Partial Denture Resin	\$ 1,115.13	Y	N	Y	Y
D5212	Mandibular Partial Denture Resin	\$ 1,117.10	Y	N	Y	Y
D5213	Maxillary Partial Denture Cast Metal	\$ 1,492.58	Y	N	Y	Y
D5214	Mandibular Partial Denture Cast Metal	\$ 1,496.49	Y	N	Y	Y
D5221	Immediate Maxillary Partial Denture – resin base (including any conventional clasps, rests and teeth)	\$ 1,115.13	N	N	Y	Y
D5222	Immediate Mandibular Partial Denture – resin base (including any conventional clasps, rests and teeth)	\$ 1,117.10	N	N	Y	Y
D5223	Immediate Maxillary Partial Denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$ 1,492.58	N	N	Y	Y
D5224	Immediate Mandibular Partial Denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$ 1,496.49	N	N	Y	Y
D5225	Maxillary Partial Denture Flexible Base	\$ 1,328.30	Y	N	Y	Y
D5226	Mandibular Part Denture Flexible Base	\$ 1,332.20	Y	N	Y	Y
D5282	Removable Unilateral Partial Denture – One Piece Cast Metal (Including Clasps and Teeth), Maxillary	\$ 769.10	N	N	Y	Y
D5283	Removable Unilateral Partial Denture – One Piece Cast Metal (Including Clasps and Teeth), Mandibular	\$ 769.10	N	N	Y	Y
D5410	Adjust Complete Denture Maxillary	\$ 78.08	Y	Y	N	Y
D5411	Adjust Complete Denture Mandibular	\$ 78.08	Y	Y	N	Y
D5421	Adjust Partial Denture Maxillary	\$ 78.08	Y	Y	N	Y
D5422	Adjust Partial Denture Mandibular	\$ 78.08	Y	Y	N	Y
D5510	Repair Broken Complete Denture Base	\$ 188.51	Y	Y	N	Y
D5511	Repair broken complete denture base, mandibular	\$ 219.68	Y	Y	N	Y
D5512	Repair broken complete denture base, maxillary	\$ 219.68	Y	Y	N	Y
D5520	Replace Complete Denture, Each Tooth	\$ 162.19	Y	N	Y	Y
D5610	Repair Resin Denture Base	\$ 185.44	Y	Y	N	Y
D5611	Repair resin partial denture base, mandibular	\$ 161.47	Y	Y	N	Y
D5612	Repair resin partial denture base, maxillary	\$ 161.47	Y	Y	N	Y
D5620	Repair Cast Framework	\$ 254.60	Y	Y	N	Y
D5621	Repair cast partial framework, mandibular	\$ 215.01	Y	Y	N	Y
D5622	Repair cast partial framework, maxillary	\$ 215.01	Y	Y	N	Y
D5630	Repair or Replace Broken Clasp- per tooth	\$ 240.72	Y	Y	N	Y
D5640	Replace Broken Teeth, Per Tooth	\$ 158.73	Y	N	Y	Y
D5650	Add Tooth to Existing Partial Denture	\$ 182.92	Y	N	Y	Y
D5660	Add Clasp to Existing Partial Denture- per tooth	\$ 219.96	Y	N	Y	Y
D5670	Replace Teeth & Acrylic Cast Metal Max	\$ 610.88	Y	N	Y	Y
D5671	Replace Teeth & Acrylic Cast Metal Mandi	\$ 610.88	Y	N	Y	Y
D5710	Rebase Complete Maxillary Denture	\$ 487.29	Y	Y	N	Y
D5711	Rebase Complete Mandibular Denture	\$ 500.00	Y	Y	N	Y
D5720	Rebase Maxillary Partial Denture	\$ 465.02	Y	Y	N	Y
D5721	Rebase Mandibular Partial Denture	\$ 465.02	Y	Y	N	Y
D5730	Reline Complete Maxillary Denture Chair	\$ 293.84	Y	Y	N	Y
D5731	Reline Comp Mandibular Denture Chair	\$ 294.26	Y	Y	N	Y



D5740	Reline Maxillary Partial Denture Chair	\$ 244.63	Y	Y	N	Y
D5741	Reline Mandibular Partial Denture Chair	\$ 247.10	Y	Y	N	Y
D5750	Reline Complete Maxillary Denture Lab	\$ 395.80	Y	Y	N	Y
D5751	Reline Complete Mandibular Denture Lab	\$ 396.54	Y	Y	N	Y
D5760	Reline Maxillary Partial Denture Lab	\$ 400.00	Y	Y	N	Y
D5761	Reline Mandibular Partial Denture Lab	\$ 400.00	Y	Y	N	Y
D5810	Interim Complete Denture Maxillary	\$ 676.26	N	N	Y	Y
D5811	Interim Complete Denture Mandibular	\$ 660.98	N	N	Y	Y
D5820	Interim Partial Denture Maxillary	\$ 519.06	N	N	Y	Y
D5821	Interim Partial Denture Mandibular	\$ 512.98	N	N	Y	Y
D5850	Tissue Conditioning Maxillary	\$ 164.21	Y	N	Y	Y
D5851	Tissue Conditioning Mandibular	\$ 164.21	Y	N	Y	Y
D5862	Precision Attachment, By Report	\$ 331.04	Y	N	Y	Y
D5863	Overdenture-Complete Maxillary	\$ 1,230.50	N	N	Y	Y
D5864	Overdenture-Partial Maxillary	\$ 1,120.12	N	N	Y	Y
D5865	Overdenture-Complete Mandibular	\$ 1,230.50	N	N	Y	Y
D5866	Overdenture-Partial Mandibular	\$ 1,120.12	N	N	Y	Y
D5867	Replacement of Precision Attachment	\$ 204.06	Y	Y	N	Y
D5875	Modification of Removable Prosthesis following implant surgery	\$ 311.00	N	Y	N	Y
D5899	Unspecified Removable Prosthodontic	\$ 442.24	N	N	Y	Y
D5911	Facial Moulage (sectional)	\$ 384.73	N	N	N	Y
D5912	Facial Moulage (complete)	\$ 479.62	N	N	N	Y
D5913	Nasal Prosthesis	\$ 4,094.87	N	N	N	Y
D5914	Auricular Prosthesis	\$ 3,991.53	N	N	N	Y
D5915	Orbital Prosthesis	\$ 3,043.95	N	N	N	Y
D5916	Ocular Prosthesis	\$ 3,441.30	N	N	N	Y
D5919	Facial Prosthesis	\$ 4,622.03	N	N	N	Y
D5922	Nasal Septal Prosthesis	\$ 1,697.91	N	N	N	Y
D5923	Ocular Prosthesis, interim	\$ 1,765.02	N	N	N	Y
D5924	Cranial Prosthesis	\$ 1,616.57	N	N	N	Y
D5925	Facial Augment Implant Prosthesis	\$ 911.06	N	N	N	Y
D5926	Nasal Prosthesis, replacement	\$ 600.00	N	N	N	Y
D5927	Auricular Prosthesis Replacement	\$ 600.00	N	N	N	Y
D5928	Orbital Prosthesis Replacement	\$ 720.85	N	N	N	Y
D5929	Facial Prosthesis Replacement	\$ 600.00	N	N	N	Y
D5931	Obturator Prosthesis Surgical	\$ 1,713.86	N	N	N	Y
D5932	Obturator Prosthesis Definitive	\$ 2,676.17	N	N	N	Y
D5933	Obturator Prosthesis Modification	\$ 518.86	N	N	N	Y
D5934	Mandibular Resection Prosthesis Flange	\$ 3,387.07	N	N	N	Y
D5935	Mandibular Resect Prosthesis w/o Flange	\$ 3,104.71	N	N	N	Y
D5936	Obturator/prosthesis, interim	\$ 1,508.65	N	N	N	Y
D5937	Trimus Appliance not for TMD	\$ 356.31	N	N	N	Y
D5951	Feeding Aid	\$ 1,004.59	N	N	N	Y
D5952	Speech Aid Prosthesis Pediatric	\$ 3,145.46	N	N	N	Y
D5954	Palatal Augment Prosthesis	\$ 1,599.61	N	N	N	Y
D5955	Palatal Lift Prosthesis Definitive	\$ 2,986.44	N	N	N	Y
D5958	Palatal Lift Prosthesis Interim	\$ 1,806.61	N	N	N	Y
D5959	Palatal Lift Prosthesis Modification	\$ 568.76	N	N	N	Y
D5960	Speech Aid Prosthesis Modification	\$ 440.00	N	N	N	Y
D5982	Surgical Stent	\$ 483.71	N	N	N	Y
D5983	Radiation Carrier	\$ 160.00	N	N	N	Y
D5984	Radiation Shield	\$ 560.38	N	N	N	Y
D5985	Radiation Cone Locator	\$ 1,058.50	N	N	N	Y
D5986	Fluoride Gel Carrier	\$ 93.33	N	N	N	Y
D5987	Commissure Splint	\$ 250.00	N	N	N	Y
D5988	Surgical Splint	\$ 973.67	N	N	N	Y
D5991	Topical medicament carrier	\$ 230.04	N	N	N	Y



D5992	Adjust max prost appliance	\$ 118.20	N	N	N	Y
D5993	Main/clean max prosthesis	\$ 164.00	N	N	N	Y
D5999	Unspecified Maxillofacial Prosthesis	Code is manually priced	Y	N	Y	Y
D6010	Surgical Placement of Implant Body: Endosteal Implant	\$ 1,787.97	N	N	Y	N
D6011	Second Stage Implant Surgery 21 and Older	\$ 600.50	N	N	Y	N
D6012	Surgical Placement of Interim Implant Body: Endosteal Implant	\$ 1,466.15	N	N	Y	N
D6055	Implant connecting bar	\$ 2,014.72	N	N	Y	Y
D6056	Prefabricated abutment	\$ 629.86	N	N	Y	Y
D6057	Custom Abutment	\$ 776.51	N	N	Y	Y
D6058	Abutment Supported Porcelain/Ceramic Crown	\$982.50	N	N	Y	N
D6059	Abutment Supported Procelain Fused to Metal Crown (High Noble Metal)	\$ 1,291.87	N	N	Y	Y
D6060	Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)	\$ 1,350.00	N	N	Y	Y
D6061	Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)	\$ 1,350.00	N	N	Y	Y
D6062	Abutment Supported Cast Metal Crown	\$ 1,350.00	N	N	Y	Y
D6063	Abutment Support Base Metal	\$ 1,350.00	N	N	Y	Y
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	\$ 1,350.00	N	N	Y	N
D6070	Abut Supp Retain Por-Base Metal	\$ 1,430.07	N	N	Y	Y
D6073	Abut Supp Retain Base Metal	\$ 1,387.23	N	N	Y	Y
D6080	Implant Maintenance	\$ 170.95	N	Y	N	Y
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	\$162.07	N	Y	N	Y
D6090	Repair Implant Supported Prosthesis	\$ 260.00	N	Y	N	Y
D6092	Re-Cement or Re-Bond Implant/Abutment Supported Crown	\$ 95.00	N	Y	N	Y
D6093	Re-Cement or Re-Bond Implant/Abutment Supported Fixed Partial Denture	\$ 100.00	N	Y	N	Y
D6095	Repair Implant Abutment, By Report	\$ 390.00	N	Y	N	Y
D6096	Remove broken implant retaining screw	\$ 300.00	N	Y	N	Y
D6100	Implant Removal, By Report	\$ 127.50	N	N	Y	Y
D6101	Debridement of a Peri-Implant Defect or Defects Surrounding a Single Implant, and Surface Cleaning of the Exposed Implant Surfaces, Including Flap Entry and Closure	\$ 380.28	N	N	Y	Y
D6102	Debridement and Osseous Contouring of a Peri-Implant Defect or Defects Surrounding a Single Implant and Includes Surface Cleaning of the Exposed Implant Surfaces, Including Flap Entry and Closure	\$ 451.74	N	N	Y	Y
D6103	Bone Graft for Repair of Peri-Implant Defect-Does Not Include Flap Entry and Closure, Placement of a Barrier Membrane or Biologic Materials to Aid in Osseous Regeneration are Reported Separately	\$ 950.00	N	N	Y	Y
D6110	Implant/Abutment Supported Removable Denture for Edentulous Arch-Maxillary	\$ 1,486.25	N	N	Y	Y
D6111	Implant/Abutment Supported Removable Denture for Edentulous Arch-Mandibular	\$ 1,486.25	N	N	Y	Y



D6112	Implant/Abutment Supported Removable Denture for Partially Edentulous Arch- Maxillary	\$ 1,486.25	N	N	Y	Y
D6113	Implant/Abutment Supported Removable Denture for Partially Edentulous Arch-Mandibular	\$ 1,486.25	N	N	Y	Y
D6114	Implant/Abutment Supported Fixed Denture for Edentulous Arch-Maxillary	\$ 1,486.25	N	N	Y	Y
D6115	Implant/Abutment Supported Fixed Denture for Edentulous Arch-Mandibular	\$ 1,486.25	N	N	Y	Y
D6116	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch-Maxillary	\$ 1,486.25	N	N	Y	Y
D6117	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch-Mandibular	\$ 1,486.25	N	N	Y	Y
D6118	Implant/abutment supported interim fixed denture for edentulous arch – mandibular	\$ 2,919.00	N	N	Y	Y
D6119	Implant/abutment supported interim fixed denture for edentulous arch – maxillary	\$ 2,919.00	N	N	Y	Y
D6194	Abutment Supported Retainer Crown for FPD (Titanium)	\$ 1,350.00	N	N	Y	Y
D6199	Unspecified Implant Procedure, By Report	Code is manually priced	N	N	Y	Y
D6210	Pontic-Cast High Noble Metal	\$ 1,032.94	N	N	Y	Y
D6211	Pontic-Cast Predominantly Base Metal	\$ 1,032.94	N	N	Y	Y
D6240	Pontic- Titanium	\$ 1,032.94	N	N	Y	Y
D6241	Pontic Porcelain-Base Metal	\$ 1,032.94	N	N	Y	Y
D6545	Retainer Cast Metal	\$ 626.65	N	N	Y	Y
D6548	Retainer-Porcelain/Ceramic for Resin Bonded Fixed Prosthesis	\$597.75	N	N	Y	N
D6549	Resin Retainer-For Resin Bonded Fixed Prosthesis	\$ 626.65	N	N	Y	N
D6740	Crown-Porcelain/Ceramic	\$597.75	N	N	Y	N
D6750	Pontic-Resin with High Noble Metal	\$ 626.65	N	N	Y	N
D6751	Crown Porcelain Fused Base Metal	\$ 957.75	N	N	Y	Y
D6752	Crown-Porcelain Fused to High Noble Metal	\$ 1,150.60	N	N	Y	N
D6781	Crown- 3/4 Cast Predominantly Base Metal	\$ 909.75	N	N	Y	N
D6782	Crown- 3/4 Cast Noble Metal	\$ 909.75	N	N	Y	N
D6783	Crown-3/4 Porcelain/Ceramic	\$ 909.75	N	N	Y	N
D6790	Crown-Full Cast High Noble Metal	\$ 1,046.04	N	N	Y	N
D6791	Crown Full Cast Predominantly Base Metal	\$ 957.75	N	N	Y	Y
D6792	Crown-Full Cast Noble Metal	\$ 1,046.04	N	N	Y	N
D6793	Provisional Retainer Crown	\$ 428.89	N	N	Y	N
D6794	Crown-Titanium	\$ 863.74	N	N	Y	N
D6920	Connector Bar	\$ 463.17	N	N	Y	Y
D6930	Re-Cement or Re-Bond Fixed Partial Denture	\$ 142.06	N	Y	N	Y
D6940	Stress Breaker	\$ 345.96	N	N	Y	Y
D6950	Precision Attachment	\$ 605.34	N	N	Y	Y
D6975	Coping	\$ 446.30	N	N	Y	Y
D6980	Fixed partial repair	\$ 219.90	N	Y	N	Y
D6999	Unspecified Fixed Prosthodontic	Code is manually priced	Y	N	Y	Y
D7111	Extraction, Coronal Remnants	\$ 112.06	N	Y	N	Y
D7140	Extraction Erupted Tooth/Exposed Root	\$ 148.45	Y	Y	N	Y
D7210	Rem imp tooth w mucoper flap	\$ 237.57	Y	Y	N	Y
D7220	Removal Impacted Tooth Soft Tissue	\$ 273.10	Y	Y	N	Y
D7230	Removal Impacted Tooth Partially Bony	\$ 343.50	Y	Y	N	Y



D7240	Removal Impacted Tooth Complete Bony	\$ 403.08	Y	Y	N	Y
D7241	Remov Impact Tooth Comp Bony Surg Comp	\$ 441.64	Y	Y	N	Y
D7250	Surgical Removal of Residual Tooth Roots	\$ 251.29	Y	Y	N	Y
D7251	Coronectomy	\$ 328.79	Y	Y	N	Y
D7260	Oral Antral Fistula Closure	\$ 610.10	Y	Y	N	Y
D7261	Primary Closure Sinus Perforation	\$ 596.82	Y	Y	N	Y
D7270	Tooth Reimplantation	\$ 388.10	N	Y	N	Y
D7272	Tooth Transplantation	\$ 520.06	N	Y	N	Y
D7280	Surgical Access of an Unerupted Tooth	\$366.32	N	Y	N	Y
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	\$382.59	N	Y	N	Y
D7283	Place device impacted tooth	\$ 213.08	N	Y	N	Y
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	\$ 317.49	Y	Y	N	Y
D7286	Incisional biopsy of oral tissue - soft	\$ 268.15	Y	Y	N	Y
D7287	Cytology Sample Collection	Code is manually priced	Y	Y	N	Y
D7288	Brush Biopsy-Transepithelial Sample Collection	\$ 161.12	N	Y	N	N
D7290	Surgical Reposition of Teeth	\$ 379.94	N	Y	N	Y
D7291	Transseptal Fiberotomy	\$ 169.02	N	Y	N	Y
D7292	Surgical Placement of Temporary Anchorage Device (Screw Retained Plate) Requiring Flap; Includes Device Removal	\$ 1,455.50	N	Y	N	N
D7293	Surgical Placement of Temporary Anchorage Device Requiring Flap; Includes Device Removal	\$ 1,066.00	N	Y	N	N
D7294	Surgical Placement of Temporary Anchorage Device without Flap; Includes Device Removal	\$ 791.28	N	Y	N	N
D7295	Bone harvest,auto graft proc	\$ 557.34	N	Y	N	Y
D7296	Corticotomy – one to three teeth or tooth spaces, per quadrant	\$ 440.66	N	N	N	Y
D7297	Corticotomy – four or more teeth or tooth spaces, per quadrant	\$ 456.22	N	N	N	Y
D7979	Non – surgical sialolithotomy	\$ 378.81	Y	Y	N	Y
D7310	Alveoplasty with Extraction	\$ 257.89	Y	Y	N	Y
D7311	Alveoplasty with Extractions 1-3	\$ 257.89	Y	Y	N	Y
D7320	Alveoplasty without Extraction	\$ 365.38	Y	Y	N	Y
D7321	Alveoplasty not with Extractions	\$ 365.38	Y	Y	N	Y
D7340	Vestibuloplasty Ridge Extension	\$ 738.21	Y	Y	N	Y
D7350	Vestibuloplasty Ridge Extension Grafts	\$ 1,503.28	N	Y	N	Y
D7410	Excision of Benign Lesion up to 1.25 cm	\$ 286.94	Y	Y	N	Y
D7411	Excision Benign Lesion > 1.25 cm	\$ 341.00	Y	Y	N	Y
D7412	Excision Benign Lesion, Complicated	\$ 1,059.53	Y	Y	N	Y
D7413	Excision Malignant Lesion, up to 1.25 cm	\$ 475.78	Y	Y	N	Y
D7414	Excision Malignant Lesion > 1.25 cm	\$ 713.67	Y	Y	N	Y
D7415	Excision Malignant Lesion, Complicated	\$ 875.28	Y	Y	N	Y
D7440	Excision Malignant Tumor Lesion 1.25 cm	\$ 581.72	Y	Y	N	Y
D7441	Excision Malignant Tumor Lesion > 1.25 c	\$ 456.74	Y	Y	N	Y
D7450	Removal Benign Odontogenic Cyst, up to 1.25 cm	\$ 460.93	Y	Y	N	Y
D7451	Removal Benign Odontogenic Cyst, > 1.25 cm	\$ 390.87	Y	Y	N	Y
D7460	Removal Benign Nonodontogenic Cyst, up to 1.25 cm	\$ 397.89	Y	Y	N	Y
D7461	Removal Benign Nonodontogenic Cyst, > 1.25 cm	\$ 563.89	Y	Y	N	Y



D7465	Destruction of Lesion(s) by Physical or Chemical Method, By Report	\$ 229.36	N	Y	N	Y
D7471	Removal Lateral Exostosis	\$ 491.19	Y	Y	N	Y
D7472	Removal of Torus Palatinus	\$ 580.57	Y	Y	N	Y
D7473	Removal of Torus Mandibularis	\$ 565.85	Y	Y	N	Y
D7485	Surgical Reduction of Osseous Tuberosity	\$ 522.64	Y	Y	N	Y
D7490	Radical Resection of Mandible	\$ 6,581.96	Y	Y	N	Y
D7510	Incision & Drainage Abscess Intraoral	\$ 178.79	Y	Y	N	Y
D7511	Incision/Drain Abscess Intraoral	\$ 517.64	Y	Y	N	Y
D7520	Incision/Drain Abscess Extraoral Soft	\$ 305.51	Y	Y	N	Y
D7521	Incision/Drain Abscess Extraoral	\$ 433.26	Y	Y	N	Y
D7530	Removal Foreign Body/Skin/Tissue	\$ 276.06	Y	Y	N	Y
D7540	Removal Reaction Producing Foreign Body	\$ 569.74	Y	Y	N	Y
D7550	Part Ostectomy/Sequestrectomy	\$ 405.74	Y	Y	N	Y
D7560	Maxillary Sinusotomy	\$ 890.04	Y	Y	N	Y
D7610	Maxilla Open Reduction Teeth Immobilize	\$ 3,346.00	Y	N	N	Y
D7620	Maxilla Close Reduction Teeth Immobilize	\$ 2,648.51	Y	N	N	Y
D7630	Mandible Open Reduction Teeth Immobilize	\$ 3,348.92	Y	N	N	Y
D7640	Mandible Close Reduct Teeth Immobilize	\$ 3,772.81	Y	N	N	Y
D7650	Malar/ Zygomatic Arch-Open Reduction	\$ 2,875.58	Y	N	N	Y
D7660	Malar/ Zygomatic Arch-Closed Reduction	\$ 2,477.57	Y	N	N	Y
D7670	Alveolus Closed Reduction	\$ 1,059.98	Y	N	N	Y
D7671	Alveolus Open Reduction	\$ 1,405.55	Y	N	N	Y
D7680	Facial Bones Complicated Reduction	\$ 5,018.04	Y	N	N	Y
D7710	Maxilla Open Reduction	\$ 3,488.43	Y	N	N	Y
D7720	Maxilla Closed Reduction	\$ 2,607.26	Y	N	N	Y
D7730	Mandible Open Reduction	\$ 3,695.74	Y	N	N	Y
D7740	Mandible Closed Reduction	\$ 4,183.99	Y	N	N	Y
D7750	Malar/Zygomatic Arch Open Reduction	\$ 3,180.96	Y	N	N	Y
D7760	Malar/Zygomatic Arch Close Reduction	\$ 3,686.91	Y	N	N	Y
D7770	Alveolus Open Reduction Stabilization	\$ 2,078.72	Y	N	N	Y
D7771	Alveolus Closed Reduction Stabilization	\$ 1,991.23	Y	N	N	Y
D7780	Facial Bones Complicated Reduction	\$ 6,215.55	Y	N	N	Y
D7810	Open Reduction of Dislocation	\$ 3,277.23	Y	N	N	Y
D7820	Closed Reduction Dislocation	\$ 442.09	Y	N	N	Y
D7830	Manipulation Under Anesthesia	\$ 588.43	Y	N	N	Y
D7840	Condylectomy	\$ 4,126.02	Y	Y	N	Y
D7850	Surgical Discectomy with/without Implant	\$ 4,043.21	Y	Y	N	Y
D7852	Disc Repair	\$ 4,353.92	Y	Y	N	Y
D7854	Synovectomy	\$ 4,043.21	Y	Y	N	Y
D7856	Myotomy	\$ 2,719.23	Y	Y	N	Y
D7858	Joint Reconstruction	Code is manually priced	Y	Y	N	Y
D7860	Arthrotomy	Code is manually priced	Y	Y	N	Y
D7865	Artoplasty	Code is manually priced	Y	Y	N	Y
D7870	Arthrocentesis	\$ 316.34	Y	Y	N	Y
D7871	Non-Arthroscopic Lysis and Lavage	Code is manually priced	Y	Y	N	Y
D7872	Arthroscopy Diagnosis with/wo Biopsy	Code is manually priced	Y	Y	N	Y



D7873	Arthroscopy Surgical Lavage & Lysis Adh	Code is manually priced	Y	Y	N	Y
D7874	Arthroscopy Surgical Disc Reposit & Stab	Code is manually priced	Y	Y	N	Y
D7875	Arthroscopy Surgical Synovectomy	Code is manually priced	Y	Y	N	Y
D7876	Arthroscopy Surgica Discectomy	Code is manually priced	Y	Y	N	Y
D7877	Arthroscopy Surgical Debridement	Code is manually priced	Y	Y	N	Y
D7880	Occlusal orthotic device	\$ 560.30	N	N	N	Y
D7899	Unspecified TMD Therapy	Code is manually priced	Y	Y	N	Y
D7910	Suture Recent Small Wounds, up to 5 cm	\$ 228.31	Y	Y	N	Y
D7911	Complicated Suture up to 5 cm	\$ 220.93	Y	Y	N	Y
D7912	Complicated Suture > 5 cm	\$ 684.81	Y	Y	N	Y
D7920	Skin Graft Identify Defect Covered	\$ 1,837.74	Y	Y	N	Y
D7921	Collection and Application of Autologous Blood Concentrate Product	\$ 143.48	N	Y	N	Y
D7940	Osteoplasty Orthognathic Deformities	\$ 1,158.60	N	N	N	Y
D7941	Osteotomy Madibular Rami	\$ 2,225.62	N	N	N	Y
D7943	Osteotomy Mandibular Rami w/ Bone Graft	\$ 2,477.10	N	N	N	Y
D7944	Bone cutting segmented	\$ 1,719.64	N	N	N	Y
D7945	Osteotomy Body Mandible	\$ 1,916.87	N	N	N	Y
D7946	LeFort I Maxilla Total	\$ 2,821.40	N	N	N	Y
D7947	LeFort I Maxilla Segmented	\$ 2,508.31	Y	N	N	Y
D7948	LeFort II/LeFortIII w/o Bone Graft	\$ 2,777.58	N	N	N	Y
D7949	LeFort II/LeFortIII w/ Bone Graft	\$ 907.39	N	N	N	Y
D7950	Mandible graft	\$ 2,424.30	Y	N	N	Y
D7951	Sinus aug w bone or bone sub	\$ 1,026.26	N	N	N	Y
D7953	Bone Replacement Graft for Ridge Preservations-Per Site	\$ 422.61	Y	Y	N	Y
D7955	Repair of maxillofacial soft and/or hard tissue defect	\$ 4,104.19	Y	N	N	Y
D7960	Frenulectomy/frenectomy	\$499.58	N	N	N	Y
D7963	Frenuloplasty	\$345.54	N	N	N	Y
D7970	Excision Hyperplastic Tissue per Arch	\$ 370.86	Y	N	N	Y
D7971	Excision of pericoronal gingiva	\$ 180.30	Y	N	N	Y
D7972	Surgical Reduction Fibrous Tuberosity	\$ 561.17	Y	N	N	Y
D7980	Sialolithotomy	\$ 631.41	Y	N	N	Y
D7981	Excision of Salivary Gland, By Report	Code is manually priced	Y	Y	N	Y
D7982	Sialodochoplasty	\$ 1,295.87	Y	N	N	Y
D7983	Closure Salivary Fistula	\$ 942.04	Y	N	N	Y
D7990	Emergency Tracheotomy	\$ 975.78	Y	Y	N	Y
D7991	Coronoidectomy	Code is manually priced	Y	Y	N	Y
D7995	Synthetic Graft Mandible/Facial Bones	\$ 610.80	N	N	N	Y
D7996	Implant Mandible Augmentation Purposes	\$ 1,320.90	N	N	N	Y
D7997	Appliance Removal	\$ 90.00	Y	Y	N	Y



D7999	Unspecified Oral Surgery	Code is manually priced	Y	Y	N	Y
D8050	Interceptive Ortho Primary Dentition	\$1,401.40	N	N	N	Y
D8060	Interceptive Ortho Transition Dentition	\$1,414.32	N	N	N	Y
D8070	Comprehen Ortho Transition Dentition	\$2,906.34	N	N	N	Y
D8080	Comprehen Ortho Adolescent Dentition	\$2,466.81	N	N	N	Y
D8090	Comprehen Ortho Adult Dentition	\$3,551.79	N	N	N	Y
D8210	Removable Appliance Therapy	\$504.52	N	N	N	Y
D8220	Fixed Appliance Therapy	\$607.26	N	N	N	Y
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$177.98	N	N	N	Y
D8670	Periodic Orthodontic Treatment Visit (Paid at 6 months)	\$241.73	N	N	N	Y
D8670	Periodic Orthodontic Treatment Visit (Paid at 12 months)	\$241.73	N	N	N	Y
D8670	Periodic Orthodontic Treatment Visit (Paid at 18 months)	\$241.73	N	N	N	Y
D8680	Orthodontic Retention (removal of appliances, construction and placement of retainer(s))	\$332.60	N	N	N	Y
D8691	Repair of Orthodontic Appliance	\$116.62	N	N	N	Y
D8692	Replacement of lost or broken retainer	\$244.13	N	N	N	Y
D8693	Re-cement or re-bond fixed retainer	\$109.67	N	N	N	Y
D8694	Repair of fixed retainers, includes reattachment	\$196.12	N	N	N	Y
D8695	removal of fixed orthodontic appliances for reasons other than completion of treatment	\$146.70	N	N	N	Y
D8999	Unspecified orthodontic procedure, by report	\$917.95	N	N	N	Y
D9110	Palliative Emergency Minor	\$ 115.30	Y	Y	N	Y
D9219	Evaluation for Deep Sedation or General Anesthesia	\$42.00	Y	N	N	Y
D9222	Deep sedation/general anesthesia – first 15 minutes	\$164.69	Y	N	N	Y
D9230	Analgesia	\$ 52.77	N	Y	N	Y
D9233	Deep Sedation/General Anesthesia – each 15 minute increment	\$ 188.73	Y	N	N	Y
D9239	intravenous moderate (conscious) sedation/analgesia-first 15 minutes	\$ 147.85	Y	N	N	Y
D9243	Intravenous Moderate (conscious) Sedation/Analgesia – each 15 minute increment	\$ 115.12	Y	N	N	Y
D9248	Non-Intravenous Moderate (Conscious) Sedation	\$ 176.87	N	Y	N	Y
D9310	Dental Consultation	\$ 80.65	Y	Y	N	Y
D9311	Consultation with a medical health care professional	\$ 80.65	Y	Y	N	Y
D9410	House/Estended Care Facility Call	\$ 172.88	Y	Y	N	Y
D9420	Hospital/ASC Call	\$ 209.50	Emergency Only	Y	N	Y
D9911	Application Desensitizing Resin	\$ 53.49	N	N	N	Y
D9932	Cleaning and Inspection of Removable Complete Denture, Maxillary	\$ 17.03	N	Y	N	N
D9933	Cleaning and inspection of Removable Complete Denture, Mandibular	\$ 17.03	N	Y	N	N
D9934	Cleaning and Inspection of Removable Partial Denture, Maxillary	\$ 17.03	N	Y	N	N
D9935	Cleaning and Inspection of Removable Partial Denture, Mandibular	\$ 17.03	N	Y	N	N
D9942	Occlusal Guard Repair	\$ 145.60	N	Y	N	Y



D9943	Occlusal Guard Adjustment	\$ 76.35	N	Y	N	Y
D9944	Occlusal Guard- Hard Appliance, Full Arch	\$ 368.20	N	Y	N	Y
D9945	Occlusal Guard- Soft Appliance, Full Arch	\$ 368.18	N	Y	N	Y
D9946	Occlusal Guard- Hard Appliance, Partial Arch	\$ 291.16	N	Y	N	Y
D9950	Occlusal Adjustment-Limited	\$ 296.48	N	Y	N	Y
D9951	Occlusal adjustment - limited	\$ 151.46	N	N	N	Y
D9952	Occlusal Adjustment-Complete	\$ 485.71	N	Y	N	Y
D9971	Odontoplasty- Removal of Enamel Pojection	\$36.82	N	N	N	Y
D9996	Tele dentistry – asynchronous; information stored and forwarded to dentist for subsequent review	\$115.73	Y	N	N	Y
D9999	Unspecified Adjunctive Procedure, By Report	Code is manually priced	Y	Y	N	Y