



CDT Procedure Code	Procedure Code Description	DIDD Rate	State Plan July 1 through June 30	Waiver- Basic (\$2,000/ year) Individual Anniversary Dates	Waiver- Major (\$10,000) July 1 2019 through June 30, 2024
D0120	Periodic Oral Evaluation	\$48.57	Y	Y	N
D0140	Limited Oral Evaluation Problem Focused	\$70.42	Y	Y	N
D0150	Comprehensive Oral Evaluation	\$77.73	Y	Y	N
D0160	Detailed & Extensive Oral Evaluation, Problem Focus	\$78.05	Y	Y	N
D0170	Re-Evaluation Limit/Problem Focus, Est Patient	\$114.29	Y	Y	N
D0171	Re-Evaluation-Post-Operative Office Visit	\$114.29	N	Y	N
D0180	Comprehensive Periodontal Evaluation	\$84.02	Y	Y	N
D0190	Screening of a Patient	\$51.37	N	Y	N
D0191	Assessment of a Patient	\$53.82	N	Y	N
D0210	Intraoral Complete Film Series	\$128.52	Y	Y	N
D0220	Intraoral Periapical First	\$26.56	Y	Y	N
D0230	Intraoral Periapical-Each Additional	\$22.20	Y	Y	N
D0240	Intraoral-Occlusal Radiographic Image	\$62.24	N	Y	N
D0250	Extra-Oral- 2D Projection Radiographic Image Created Using a Stationary Radiation Source, and Detector	\$45.92	N	Y	N
D0251	Extraoral Posterior Dental Radiographic Image	\$45.92	N	Y	N
D0270	Dental Bitewing, Single Image	\$33.26	Y	Y	N
D0272	Dental Bitewings, Two Images	\$42.89	Y	Y	N
D0273	Bitewings, Three Images	\$51.40	Y	Y	N
D0274	Bitewings, Four Images	\$60.44	Y	Y	N
D0277	Vertical Bitewings, 7-8 Images	\$91.10	Y	Y	N
D0310	Sialography	\$179.09	N	Y	N
D0320	Temporomandibular Joint Arthrogram, Including Injection	\$162.05	N	Y	N
D0321	Other Temporomandibular Joint Radiographic Images, By Report	\$106.04	N	Y	N
D0322	Tomographic Survey	\$282.89	N	Y	N
D0330	Panoramic Image	\$104.47	Y	Y	N
D0340	2D Cephalometric Radiographic Image- acquisition, measurement and analysis	\$106.95	N	Y	N
D0350	2D Oral/Facial Photographic Image Obtained Intra-Orally or Extra-Orally	\$45.47	N	Y	N
D0351	3D Photographic Image	\$255.94	N	Y	N
D0365	Cone beam ct interpret man	\$474.23	N	Y	N
D0366	Cone beam ct interpret max	\$474.23	N	Y	N
D0367	Cone beam ct interp both jaw	\$330.23	N	Y	N
D0372	Intraoral Tomosynthesis - Comprehensive Series of Radiographic Images	\$130.01	Y	Y	N
D0373	Intraoral Tomosynthesis - Bitewing Radiographic Image	\$31.20	Y	Y	N



D0374	Intraoral Tomosynthesis - Periapical Radiographic Image	\$26.00	Y	Y	N
D0380	CBCT image capture with limited field of view-less than on whole jaw.	\$214.92	Y	Y	N
D0381	Cone beam ct capt mandible	\$347.98	N	N	N
D0382	Cone beam ct capt maxilla	\$347.98	N	N	N
D0383	CBCT image capture with field of view of both jaws, with or without cranium.	\$214.92	Y	Y	N
D0384	CBCT image capture of TMJ series including two or more exposures.	\$356.35	Y	Y	N
D0385	Maxillofacial MRI image capture.	\$513.99	Y	Y	N
D0386	Maxillofacial ultrasound image capture	\$128.31	Y	Y	N
D0387	Intraoral Tomosynthesis - Comprehensive Series of Radiographic Images - Image Capture Only	\$65.01	Y	Y	N
D0388	Intraoral Tomosynthesis - Bitewing Radiographic Image - Image Capture Only	\$19.51	Y	Y	N
D0389	Intraoral Tomosynthesis - Periapical Radiographic Image - Image Capture Only	\$23.45	Y	Y	N
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of image, including report	\$167.66	Y	Y	N
D0411	HbA1c in-office point of service testing	\$88.78	Y	Y	N
D0412	Blood Glucose Level Test	\$0.00	Y	Y	N
D0414	Lab Process Microbial Spec	\$80.97	Y	Y	N
D0425	Caries Susceptibility Tests	\$90.16	N	Y	N
D0460	Pulp Vitality Tests	\$45.04	Y	Y	N
D0470	Diagnositc Casts	\$86.70	N	N	N
D1110	Prophylaxis Adult	\$90.76	Y	Y	N
D1120	Prophylaxis Child	\$67.25	N	N	N
D1206	Topical Fluoride Varnish	\$37.71	Y	Y	N
D1208	Topical Application of Fluoride- excluding varnish	\$33.81	Y	Y	N
D1351	Sealant- Per Tooth	\$57.00	N	Y	N
D1352	Prev resin rest, perm tooth	\$93.57	N	Y	N
D1353	Sealant Repair- Per Tooth	\$93.57	N	Y	N
D1354	Interim Caries Arresting Medicament Application	\$58.46	N	Y	N
D1510	Space Maintainer Fixed Unilateral	\$309.63	N	Y	N
D1520	Space maintainer Removable Unilateral	\$259.06	N	Y	N
D1556	Removal of Fixed Unilateral Space Maintainer- Per Quadrant (Replacing D1555)	\$58.55	Y	Y	N
D1557	Removal of Fixed Bilateral Space Maintainer- Maxillary (Replacing D1555)	\$58.55	Y	Y	N
D1558	Removal of Fixed Bilateral Space Maintainer- Mandibular (Replacing D1555)	\$58.55	Y	Y	N
D1575	Distal shoe space maintainer – fixed – unilateral	\$309.63	Y	Y	N



D1701	Pfizer-BioNTech Covid-19 vaccine administration - first dose SARSCOV2 COVID-19 VAC mRNA 30mcg/0.3mL IM DOSE 1	\$43.27	Y	N	N
D1702	Pfizer-BioNTech Covid-19 vaccine administration - second dose SARSCOV2 COVID-19 VAC mRNA 30mcg/0.3mL IM DOSE 2	\$43.27	Y	N	N
D1703	Moderna Covid-19 vaccine administration - first dose SARSCOV2 COVID-19 VAC mRNA 100mcg/0.5mL IM DOSE 1	\$43.27	Y	N	N
D1704	Moderna Covid-19 vaccine administration - second dose SARSCOV2 COVID-19 VAC mRNA 100mcg/0.5mL IM DOSE 2	\$43.27	Y	N	N
D1707	Janssen Covid-19 vaccine administration SARSCOV2 COVID-19 VAC Ad26 5x1010 VP/.5mL IM SINGLE DOSE	\$43.27	Y	N	N
D1781	Vaccine administration - Human PapillomaVirus - Dose 1 Gardasil 9 0.5mL intramuscular vaccine injection.	\$399.65	Y	Y	N
D1782	Vaccine administration - Human PapillomaVirus - Dose 2	\$399.65	Y	Y	N
D1783	Vaccine administration - Human PapillomaVirus - Dose 3	\$399.65	Y	Y	N
D1999	Unspecified Preventative Procedure, By Report	Code is manually priced	N	Y	N
D2140	Amalgam One Surface Permanent	\$163.63	Y	Y	N
D2150	Amalgam Two Surfaces Permanent	\$209.09	Y	Y	N
D2160	Amalgam Three Surfaces Permanent	\$256.39	Y	Y	N
D2161	Amalgam 4 or > Surfaces Permanent	\$310.69	Y	Y	N
D2330	Resin One Surface Anterior	\$155.01	Y	Y	N
D2331	Resin Two Surfaces Anterior	\$191.86	Y	Y	N
D2332	Resin Three Surfaces Anterior	\$235.15	Y	Y	N
D2335	Resin Four or > Surface/Incisor Anterior	\$283.74	Y	Y	N
D2390	Resin Based Composite Crown Anterior	\$34.67	Y	Y	N
D2391	Resin Based Composite One Surface Posterior	\$163.63	Y	Y	N
D2392	Resin Based Composite Two Surfaces Posterior	\$209.09	Y	Y	N
D2393	Resin Base Composite Three Surface Posterior	\$256.39	Y	Y	N
D2394	Resin Base Composite 4 or > Surfaces Posterior	\$310.69	Y	Y	N
D2710	Crown, Resin-Based Composite (Indirect)	\$728.19	Y	N	Y
D2712	Crown Resin Base Composite (Indirect)	\$728.19	Y	N	Y
D2721	Crown, Resin with Predominantly Base Metal	\$728.19	Y	N	Y



D2722	Crown, Resin Noble Metal	\$728.19	Y	N	Y
D2740	Crown, Porcelain/Ceramic Substrate	\$1,105.05	Y	N	Y
D2750	Crown Porcelain High Noble Metal	\$1,118.92	Y	N	Y
D2751	Crown Porcelain Base Metal	\$1,105.05	Y	N	Y
D2752	Crown Porcelain Noble Metal	\$1,105.05	Y	N	Y
D2753	Crown Porcelain Fused to Titanium and Titanium Alloys	\$1,105.05	Y	N	Y
D2781	Crown 3/4 Base Metal	\$1,105.05	Y	N	Y
D2782	Crown 3/4 Cast Noble Metal	\$1,105.05	Y	N	Y
D2783	Crown 3/4 Porcelain/Ceramic	\$1,105.05	Y	N	Y
D2790	Crown Full Cast High Noble Metal	\$1,105.05	Y	N	Y
D2791	Crown Full Cast Base Metal	\$1,105.05	Y	N	Y
D2792	Crown Full Cast Noble Metal	\$1,105.05	Y	N	Y
D2794	Crown Titanium	\$1,105.05	Y	N	Y
D2799	Provisional Crown	\$330.14	Y	N	Y
D2910	Recement or re-bond inlay, onlay, veneer or partial coverage restoration	\$87.73	Y	Y	N
D2915	Recement or re-bond Indirectly Fabricated or Prefabricated, Post and Core	\$98.43	N	Y	N
D2920	Recement or re-bond crown	\$98.43	Y	Y	N
D2928	Prefabricated Porcelain/Ceramic Crown – Permanent Tooth	\$258.42	Y	N	Y
D2929	Prefabricated Porcelain/Ceramic Crown- Primary Tooth	\$201.69	Y	N	Y
D2930	Prefabricated Stainless Steel Crown Primary	\$265.56	N	N	Y
D2931	Prefabricated Stainless Steel Crown Permanent	\$311.18	Y	N	Y
D2932	Prefabricated Resin Crown	\$258.42	N	N	Y
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$270.01	Y	N	Y
D2934	Prefabricated Esthetic Coated Stainless Steel Crown Primary	\$304.42	N	N	Y
D2940	Protective Restoration	\$111.30	Y	Y	N
D2941	Interim Therapeutic Restoration	\$163.04	N	N	N
D2950	Core Buildup Including Pins	\$250.12	Y	N	Y
D2951	Pin Retention Per Tooth	\$55.10	N	N	Y
D2952	Post and core cast + crown	\$382.07	Y	N	Y
D2953	Each addtnl cast post	\$370.17	N	N	Y
D2954	Prefabricated Post and Core + Crown	\$306.03	Y	N	Y
D2955	Post Removal	\$181.00	N	N	Y
D2957	Each Additional Prefabricated Post	\$191.75	N	N	Y
D2980	Crown Repair	\$175.43	N	Y	N
D2991	Application of hydroxyapatite regeneration medicament-per tooth	\$84.46	Y	Y	N
D2999	Unspecified Restorative Procedure	Code is manually priced	Y	N	Y
D3110	Pulp Cap Direct	\$77.76	N	Y	N
D3120	Pulp Cap Indirect	\$75.55	N	Y	N
D3220	Therapeutic Pulpotomy	\$179.90	N	N	N
D3221	Pulpal Debridement	\$187.07	Y	Y	N



D3222	Partial Pulpotomy for Apexogenesis	\$218.03	N	Y	N
D3230	Pulpal Therapy Anterior Primary Tooth	\$228.79	N	Y	N
D3240	Pulpal Therapy Posterior Primary	\$252.20	N	Y	N
D3310	End Therapy, Anterior Tooth	\$689.32	Y	Y	N
D3320	End Therapy, Bicuspid Tooth	\$805.52	Y	Y	N
D3330	End Therapy, Molar	\$979.01	Y	Y	N
D3331	Root Canal Obstruction Non-Surgical	\$427.18	N	Y	N
D3332	Incomplete Endodontic Therapy	\$324.21	N	Y	N
D3333	Internal Root Repair o	\$188.80	N	Y	N
D3346	Retreatment Root Canal Anterior	\$800.42	Y	Y	N
D3347	Retreatment Root Canal Bicuspid	\$901.64	Y	Y	N
D3348	Retreatment Root Canal Molar	\$1,068.84	Y	Y	N
D3351	Apexification/Recalcification - Initial Visit (Apical Closure/Calcific Repair of Perforations, Root Resorption, etc.)	\$303.98	N	Y	N
D3352	Apexification/Recalcification Interim	\$209.07	N	Y	N
D3353	Apexification/Recalcification- Final	\$440.87	N	Y	N
D3355	Pulpal Regeneration Initial Visit (replaces D3354)	\$449.18	N	Y	N
D3356	Pulpal Regeneration Interim Medication Replacement (replaces D3354)	\$197.54	N	Y	N
D3357	Pulpal Regeneration Completion of Treatment (replaces D3354)	\$197.54	N	Y	N
D3410	Apicoectomy/Periradicular Surgery Anter	\$654.32	N	Y	N
D3421	Apicoectomy/Periradicular Surgery Bicus	\$712.78	N	Y	N
D3425	Apicoectomy/Periradicular Surgery Molar	\$786.88	N	Y	N
D3426	Apicoectomy/Periradicular Surgery Ea Add	\$279.16	N	Y	N
D3430	Retrograde Filling Per Root	\$212.19	N	Y	N
D3450	Root Amputation Per Root	\$341.65	N	Y	N
D3460	Endodontic Endosseous Implant	\$677.50	N	Y	N
D3470	Intentional Reimplantation	\$1,341.15	N	Y	N
D3910	Isolation Tooth with Rubber Dam	\$144.68	N	Y	N
D3920	Hemisection Incl Rt Remov Excl Rt Canal	\$399.71	N	Y	N
D3921	Decoronation or submergence of an erupted tooth	\$436.71	Y	Y	Y
D3950	Canal Preparation and Fitting of Preformed Dowel/Post	\$169.26	N	Y	N
D3999	Unspecified Endodontic Procedure	Code is manually priced	Y	Y	N
D4210	Gingivectomy/Plasty 4 or More	\$504.38	Y	Y	N
D4211	Gingivectomy/Plasty 1 to 3	\$248.45	Y	Y	N
D4212	Gingivectomy/plasty rest	\$217.62	Y	Y	N
D4240	Gingival Flap Proc w Planin	\$647.64	N	Y	N
D4245	Apically Positioned Flap	\$458.13	N	Y	N
D4249	Crown Lengthening Hard Tissue	\$680.25	N	Y	N
D4260	Osseous Surgery (Including Elevation of a Full Thickness Flap Entry and Closure) - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$999.30	N	Y	N



D4261	Osseous Surgery (Including Elevation of a Full Thickness Flap Entry and Closure) - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$712.84	N	Y	N
D4263	Bone Replacement Graft First Site	\$531.09	N	Y	N
D4264	Bone Replacement Graft Each Additional Site	\$389.59	N	Y	N
D4265	Biologic Materials to Aid in Soft and Osseous Tissue Regeneration	\$417.90	N	Y	N
D4266	Guided Tissue Regen Resorbable	\$566.19	N	Y	N
D4267	Guided Tissue Regen Nonresorbable	\$696.18	N	Y	N
D4268	Surgical Revision Procedure Per Tooth	\$420.65	N	Y	N
D4270	Pedicle Soft Tissue Graft Procedure	\$694.52	N	Y	N
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	\$993.85	N	Y	N
D4274	Distal/Proximal Wedge	\$417.52	N	Y	N
D4275	Non-Autogenous Connective Tissue Graft Procedure	\$911.06	N	Y	N
D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	\$796.92	N	Y	N
D4278	Free Soft Tissue Graft Procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	\$513.19	N	Y	N
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	\$993.85	N	Y	N
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	\$993.85	N	Y	N
D4286	Removal of Non-Resorbable Barrier	\$143.62	N	N	Y
D4322	Splint- Intra-Coronal; Natural teeth or prosthetic crowns	\$323.43	N	Y	N
D4323	Splint- Extra-Coronal; Natural Teeth or prosthetic crowns	\$377.15	N	Y	N
D4341	Periodontal Scaling & Root Planing	\$245.40	Y	Y	N
D4342	Periodontal Scaling 1 to 3 Teeth	\$172.78	Y	Y	N
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	\$121.13	Y	Y	N
D4355	Full Mouth Debridement	\$167.72	Y	Y	N
D4381	Localized delivery antimicro	\$86.20	N	Y	N
D4910	Periodontal Maintenance	\$131.97	Y	Y	N
D4999	Unspecified Periodontal Procedure	Code is manually priced	Y	Y	N



D5110	Complete Denture Maxillary	\$1,565.89	Y	N	Y
D5120	Complete Denture Mandibular	\$1,570.31	Y	N	Y
D5130	Immediate Denture Maxillary	\$1,662.38	N	N	Y
D5140	Immediate Denture Mandibular	\$1,663.84	N	N	Y
D5211	Maxillary Partial Denture Resin	\$1,188.83	Y	N	Y
D5212	Mandibular Partial Denture Resin	\$1,190.93	Y	N	Y
D5213	Maxillary Partial Denture Cast Metal	\$1,591.23	Y	N	Y
D5214	Mandibular Partial Denture Cast Metal	\$1,595.40	Y	N	Y
D5221	Immediate Maxillary Partial Denture – resin base (including any conventional clasps, rests and teeth)	\$1,188.83	N	N	Y
D5222	Immediate Mandibular Partial Denture – resin base (including any conventional clasps, rests and teeth)	\$1,190.93	N	N	Y
D5223	Immediate Maxillary Partial Denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$1,591.23	N	N	Y
D5224	Immediate Mandibular Partial Denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$1,595.40	N	N	Y
D5227	Immediate maxillary partial denture- flexible base (including any clasps, rests, and teeth)	\$1,416.10	Y	N	Y
D5228	Immediate mandibular partial denture- flexible base (including any clasps, rests, and teeth)	\$1,420.26	Y	N	Y
D5282	Removable Unilateral Partial Denture – One Piece Cast Metal (Including Clasps and Teeth), Maxillary	\$819.93	N	N	Y
D5283	Removable Unilateral Partial Denture – One Piece Cast Metal (Including Clasps and Teeth), Mandibular	\$819.93	N	N	Y
D5284	Removable Unilateral Partial Denture- One Piece Flexible Base (Including Clasps and Teeth), Per Quadrant	\$819.93	N	N	Y
D5286	Removable Unilateral Partial Denture- One Piece Resin (Including Clasps and Teeth), Per Quadrant	\$819.93	N	N	Y
D5410	Adjust Complete Denture Maxillary	\$83.24	Y	Y	N
D5411	Adjust Complete Denture Mandibular	\$83.24	Y	Y	N
D5421	Adjust Partial Denture Maxillary	\$83.24	Y	Y	N
D5422	Adjust Partial Denture Mandibular	\$83.24	Y	Y	N
D5511	Repair broken complete denture base, mandibular	\$234.19	Y	Y	N
D5512	Repair broken complete denture base, maxillary	\$234.19	Y	Y	N
D5520	Replace Complete Denture, Each Tooth	\$172.91	Y	N	Y
D5611	Repair resin partial denture base, mandibular	\$172.15	Y	Y	N
D5612	Repair resin partial denture base, maxillary	\$172.15	Y	Y	N
D5621	Repair cast partial framework, mandibular	\$229.22	Y	Y	N
D5622	Repair cast partial framework, maxillary	\$229.22	Y	Y	N
D5630	Repair or Replace Broken Clasp- per tooth	\$256.62	Y	Y	N
D5640	Replace Broken Teeth, Per Tooth	\$169.21	Y	N	Y
D5650	Add Tooth to Existing Partial Denture	\$195.00	Y	N	Y
D5660	Add Clasp to Existing Partial Denture- per tooth	\$234.50	Y	N	Y
D5670	Replace Teeth & Acrylic Cast Metal Max	\$651.25	Y	N	Y
D5671	Replace Teeth & Acrylic Cast Metal Mandi	\$651.25	Y	N	Y



D5710	Rebase Complete Maxillary Denture	\$519.50	Y	Y	N
D5711	Rebase Complete Mandibular Denture	\$533.04	Y	Y	N
D5720	Rebase Maxillary Partial Denture	\$495.75	Y	Y	N
D5721	Rebase Mandibular Partial Denture	\$495.75	Y	Y	N
D5725	Rebase hybrid prosthesis	\$530.87	Y	Y	N
D5730	Reline Complete Maxillary Denture Chair	\$313.26	Y	Y	N
D5731	Reline Comp Mandibular Denture Chair	\$313.71	Y	Y	N
D5740	Reline Maxillary Partial Denture Chair	\$260.79	Y	Y	N
D5741	Reline Mandibular Partial Denture Chair	\$263.43	Y	Y	N
D5750	Reline Complete Maxillary Denture Lab	\$421.95	Y	Y	N
D5751	Reline Complete Mandibular Denture Lab	\$422.74	Y	Y	N
D5760	Reline Maxillary Partial Denture Lab	\$426.44	Y	Y	N
D5761	Reline Mandibular Partial Denture Lab	\$426.44	Y	Y	N
D5765	Soft liner for complete or partial removable denture-indirect	\$443.79	Y	Y	N
D5810	Interim Complete Denture Maxillary	\$720.96	N	N	Y
D5811	Interim Complete Denture Mandibular	\$704.66	N	N	Y
D5820	Interim Partial Denture Maxillary	\$553.36	N	N	Y
D5821	Interim Partial Denture Mandibular	\$546.88	N	N	Y
D5850	Tissue Conditioning Maxillary	\$175.06	Y	N	Y
D5851	Tissue Conditioning Mandibular	\$175.06	Y	N	Y
D5862	Precision Attachment, By Report	\$352.92	Y	N	Y
D5863	Overdenture-Complete Maxillary	\$1,311.83	N	N	Y
D5864	Overdenture-Partial Maxillary	\$1,194.15	N	N	Y
D5865	Overdenture-Complete Mandibular	\$1,311.83	N	N	Y
D5866	Overdenture-Partial Mandibular	\$1,194.15	N	N	Y
D5867	Replacement of Precision Attachment	\$217.55	Y	Y	N
D5875	Modification of Removable Prosthesis following implant surgery	\$331.55	N	Y	N
D5899	Unspecified Removable Prosthodontic	\$471.46	N	N	Y
D5911	Facial Moulage (sectional)	\$410.15	N	N	N
D5912	Facial Moulage (complete)	\$511.32	N	N	N
D5913	Nasal Prosthesis	\$4,365.52	N	N	N
D5914	Auricular Prosthesis	\$4,255.35	N	N	N
D5915	Orbital Prosthesis	\$3,245.14	N	N	N
D5916	Ocular Prosthesis	\$3,668.76	N	N	N
D5919	Facial Prosthesis	\$4,927.53	N	N	N
D5922	Nasal Septal Prosthesis	\$1,810.13	N	N	N
D5923	Ocular Prosthesis, interim	\$1,881.68	N	N	N
D5924	Cranial Prosthesis	\$1,723.41	N	N	N
D5925	Facial Augment Implant Prosthesis	\$971.26	N	N	N
D5926	Nasal Prosthesis, replacement	\$639.66	N	N	N
D5927	Auricular Prosthesis Replacement	\$639.66	N	N	N
D5928	Orbital Prosthesis Replacement	\$768.49	N	N	N
D5929	Facial Prosthesis Replacement	\$639.66	N	N	N
D5931	Obturator Prosthesis Surgical	\$1,827.13	N	N	N
D5932	Obturator Prosthesis Definitive	\$2,853.05	N	N	N



D5933	Obturator Prosthesis Modification	\$553.16	N	N	N
D5934	Mandibular Resection Prosthesis Flange	\$3,610.94	N	N	N
D5935	Mandibular Resect Prosthesis w/o Flange	\$3,309.92	N	N	N
D5936	Obturator/prosthesis, interim	\$1,608.36	N	N	N
D5937	Trimus Appliance not for TMD	\$379.86	N	N	N
D5951	Feeding Aid	\$1,070.98	N	N	N
D5952	Speech Aid Prosthesis Pediatric	\$3,353.37	N	N	N
D5954	Palatal Augment Prosthesis	\$1,705.34	N	N	N
D5955	Palatal Lift Prosthesis Definitive	\$3,183.83	N	N	N
D5958	Palatal Lift Prosthesis Interim	\$1,926.02	N	N	N
D5959	Palatal Lift Prosthesis Modification	\$606.34	N	N	N
D5960	Speech Aid Prosthesis Modification	\$469.08	N	N	N
D5982	Surgical Stent	\$515.68	N	N	N
D5983	Radiation Carrier	\$170.57	N	N	N
D5984	Radiation Shield	\$597.41	N	N	N
D5985	Radiation Cone Locator	\$1,128.46	N	N	N
D5986	Fluoride Gel Carrier	\$99.50	N	N	N
D5987	Commissure Splint	\$266.52	N	N	N
D5988	Surgical Splint	\$1,038.01	N	N	N
D5991	Topical medicament carrier	\$245.24	N	N	N
D5992	Adjust max prost appliance	\$126.01	N	N	N
D5993	Main/clean max prosthesis	\$174.83	N	N	N
D5999	Unspecified Maxillofacial Prosthesis	Code is manually priced	Y	N	Y
D6010	Surgical Placement of Implant Body: Endosteal Implant	\$1,906.15	N	N	Y
D6011	Second Stage Implant Surgery 21 and Older	\$640.19	N	N	Y
D6012	Surgical Placement of Interim Implant Body: Endosteal Implant	\$1,563.05	N	N	Y
D6055	Implant connecting bar	\$2,147.88	N	N	Y
D6056	Prefabricated abutment	\$671.48	N	N	Y
D6057	Custom Abutment	\$827.82	N	N	Y
D6058	Abutment Supported Porcelain/Ceramic Crown	\$1,047.44	N	N	Y
D6059	Abutment Supported Procelain Fused to Metal Crown (High Noble Metal)	\$1,377.26	N	N	Y
D6060	Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)	\$1,439.23	N	N	Y
D6061	Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)	\$1,439.23	N	N	Y
D6062	Abutment Supported Cast Metal Crown	\$1,439.23	N	N	Y
D6063	Abutment Support Base Metal	\$1,439.23	N	N	Y
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	\$1,439.23	N	N	Y
D6070	Abut Supp Retain Por-Base Metal	\$1,524.58	N	N	Y
D6073	Abut Supp Retain Base Metal	\$1,478.92	N	N	Y
D6080	Implant Maintenance	\$182.24	N	Y	N



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	\$172.78	N	Y	N
D6082	Implant Supported Crown- Porcelain Fused to Predominantly Base Alloy	\$1,439.23	N	N	Y
D6084	Implant Supported Crown- Porcelain Fused to Titanium and Titanium Alloy	\$1,439.23	N	N	Y
D6086	Implant Supported Crown- Predominantly Base Alloys	\$1,439.23	N	N	Y
D6088	Implant Supported Crown- Titanium and Titanium Alloys	\$1,439.23	N	N	Y
D6089	Accessing and retorquing loose dental implant screw	\$165.03	N	N	Y
D6090	Repair Implant Supported Prosthesis	\$277.17	N	Y	N
D6092	Re-Cement or Re-Bond Implant/Abutment Supported Crown	\$101.28	N	Y	N
D6093	Re-Cement or Re-Bond Implant/Abutment Supported Fixed Partial Denture	\$106.60	N	Y	N
D6095	Repair Implant Abutment, By Report	\$415.77	N	Y	N
D6096	Remove broken implant retaining screw	\$319.82	N	Y	N
D6097	Abutment Supported Crown- Porcelain Fused to Titanium and Titanium Alloys	\$1,439.23	N	N	Y
D6098	Implant Supported Retainer- Porcelain Fused to Predominantly Base Alloys	\$1,439.23	N	N	Y
D6100	Implant Removal, By Report	\$135.93	N	N	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	\$405.42	N	N	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	\$481.59	N	N	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	\$1,012.79	N	N	Y
D6105	Removal of implant body not requiring bone removal or flap elevation	\$185.17	N	N	Y
D6106	Guided tissue regeneration - resorbable barrier, per implant	\$628.55	N	N	Y
D6107	Guided tissue regeneration - non-resorbable barrier, per implant	\$734.83	N	N	Y
D6110	Implant/Abutment Supported Removable Denture for Edentulous Arch-Maxillary	\$1,584.49	N	N	Y
D6111	Implant/Abutment Supported Removable Denture for Edentulous Arch-Mandibular	\$1,584.49	N	N	Y
D6112	Implant/Abutment Supported Removable Denture for Partially Edentulous Arch- Maxillary	\$1,584.49	N	N	Y
D6113	Implant/Abutment Supported Removable Denture for Partially Edentulous Arch-Mandibular	\$1,584.49	N	N	Y
D6114	Implant/Abutment Supported Fixed Denture for Edentulous Arch-Maxillary	\$1,584.49	N	N	Y



D6115	Implant/Abutment Supported Fixed Denture for Edentulous Arch-Mandibular	\$1,584.49	N	N	Y
D6116	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch-Maxillary	\$1,584.49	N	N	Y
D6117	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch-Mandibular	\$1,584.49	N	N	Y
D6118	Implant/abutment supported interim fixed denture for edentulous arch – mandibular	\$3,111.93	N	N	Y
D6119	Implant/abutment supported interim fixed denture for edentulous arch – maxillary	\$3,111.93	N	N	Y
D6121	Implant Supported Retainer for Metal FPD- Predominantly Base Alloys	\$1,439.23	N	N	Y
D6194	Abutment Supported Retainer Crown for FPD (Titanium)	\$1,439.23	N	N	Y
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported	\$132.50	N	N	Y
D6198	Remove interim implant component	\$522.64	N	N	Y
D6199	Unspecified Implant Procedure, By Report	Code is manually priced	N	N	Y
D6210	Pontic-Cast High Noble Metal	\$1,101.21	N	N	Y
D6211	Pontic-Cast Predominantly Base Metal	\$1,101.21	N	N	Y
D6240	Pontic- Titanium	\$1,101.21	N	N	Y
D6241	Pontic Porcelain-Base Metal	\$1,101.21	N	N	Y
D6245	Pontic Porcelain-Ceramic	\$634.24	N	N	Y
D6545	Retainer Cast Metal	\$668.06	N	N	Y
D6548	Retainer-Porcelain/Ceramic for Resin Bonded Fixed Prosthesis	\$637.26	N	N	Y
D6549	Resin Retainer-For Resin Bonded Fixed Prosthesis	\$668.06	N	N	Y
D6740	Crown-Porcelain/Ceramic	\$637.26	N	N	Y
D6750	Pontic-Resin with High Noble Metal	\$668.06	N	N	Y
D6751	Crown Porcelain Fused Base Metal	\$1,021.05	N	N	Y
D6752	Crown-Porcelain Fused to High Noble Metal	\$1,226.64	N	N	Y
D6781	Crown- 3/4 Cast Predominantly Base Metal	\$969.87	N	N	Y
D6782	Crown- 3/4 Cast Noble Metal	\$969.87	N	N	Y
D6783	Crown-3/4 Porcelain/Ceramic	\$969.87	N	N	Y
D6790	Crown-Full Cast High Noble Metal	\$1,115.17	N	N	Y
D6791	Crown Full Cast Predominantly Base Metal	\$1,021.05	N	N	Y
D6792	Crown-Full Cast Noble Metal	\$1,115.17	N	N	Y
D6793	Provisional Retainer Crown	\$457.24	N	N	Y
D6794	Crown-Titanium	\$920.82	N	N	Y
D6920	Connector Bar	\$493.78	N	N	Y
D6930	Re-Cement or Re-Bond Fixed Partial Denture	\$151.44	N	Y	N
D6940	Stress Breaker	\$368.82	N	N	Y
D6950	Precision Attachment	\$645.35	N	N	Y
D6975	Coping	\$475.80	N	N	Y
D6980	Fixed partial repair	\$234.43	N	Y	N



D6999	Unspecified Fixed Prosthodontic	Code is manually priced	Y	N	Y
D7111	Extraction, Coronal Remnants	\$119.46	N	Y	N
D7140	Extraction Erupted Tooth/Exposed Root	\$158.26	Y	Y	N
D7210	Rem imp tooth w mucoper flap	\$253.26	Y	Y	N
D7220	Removal Impacted Tooth Soft Tissue	\$291.14	Y	Y	N
D7230	Removal Impacted Tooth Partially Bony	\$366.21	Y	Y	N
D7240	Removal Impacted Tooth Complete Bony	\$429.72	Y	Y	N
D7241	Remov Impact Tooth Comp Bony Surg Comp	\$470.82	Y	Y	N
D7250	Surgical Removal of Residual Tooth Roots	\$267.89	Y	Y	N
D7251	Coronectomy	\$350.51	Y	Y	N
D7260	Oral Antral Fistula Closure	\$650.42	Y	Y	N
D7261	Primary Closure Sinus Perforation	\$636.27	Y	Y	N
D7270	Tooth Reimplantation	\$413.74	N	Y	N
D7272	Tooth Transplantation	\$554.43	N	Y	N
D7280	Surgical Access of an Unerupted Tooth	\$390.53	N	Y	N
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	\$407.87	N	Y	N
D7283	Place device impacted tooth	\$227.16	N	Y	N
D7284	Excisional biopsy of minor salivary glands, by report	Code is manually priced	Y	N	Y
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	\$338.48	Y	Y	N
D7286	Incisional biopsy of oral tissue - soft	\$285.87	Y	Y	N
D7287	Cytology Sample Collection	Code is manually priced	Y	Y	N
D7288	Brush Biopsy-Transepithelial Sample Collection	\$171.76	N	Y	N
D7290	Surgical Reposition of Teeth	\$405.05	N	Y	N
D7291	Transseptal Fiberotomy	\$180.19	N	Y	N
D7292	Surgical Placement of Temporary Anchorage Device (Screw Retained Plate) Requiring Flap; Includes Device Removal	\$1,551.71	N	Y	N
D7293	Surgical Placement of Temporary Anchorage Device Requiring Flap; Includes Device Removal	\$1,136.45	N	Y	N
D7294	Surgical Placement of Temporary Anchorage Device without Flap; Includes Device Removal	\$843.58	N	Y	N
D7295	Bone harvest,auto graft proc	\$594.18	N	Y	N
D7296	Corticotomy – one to three teeth or tooth spaces, per quadrant	\$469.77	N	N	N
D7297	Corticotomy – four or more teeth or tooth spaces, per quadrant	\$486.38	N	N	N
D7298	Removal of temporary anchorage device (screw retained plate), requiring flap	\$543.10	N	N	N
D7299	Removal of temporary anchorage device, requiring flap	\$397.76	N	N	N
D7300	Removal of temporary anchorage device without flap	\$295.25	N	N	N
D7310	Alveoplasty with Extraction	\$274.93	Y	Y	N
D7311	Alveoplasty with Extractions 1-3	\$274.93	Y	Y	N



D7320	Alveoplasty without Extraction	\$389.53	Y	Y	N
D7321	Alveoloplasty not with Extractions	\$389.53	Y	Y	N
D7340	Vestibuloplasty Ridge Extension	\$787.00	Y	Y	N
D7350	Vestibuloplasty Ridge Extension Grafts	\$1,602.63	N	Y	N
D7410	Excision of Benign Lesion up to 1.25 cm	\$305.91	Y	Y	N
D7411	Excision Benign Lesion > 1.25 cm	\$363.53	Y	Y	N
D7412	Excision Benign Lesion, Complicated	\$1,129.55	Y	Y	N
D7413	Excision Malignant Lesion, up to 1.25 cm	\$507.22	Y	Y	N
D7414	Excision Malignant Lesion > 1.25 cm	\$760.84	Y	Y	N
D7415	Excision Malignant Lesion, Complicated	\$933.14	Y	Y	N
D7440	Excision Malignant Tumor Lesion 1.25 cm	\$620.16	Y	Y	N
D7441	Excision Malignant Tumor Lesion > 1.25 c	\$486.92	Y	Y	N
D7450	Removal Benign Odontogenic Cyst, up to 1.25 cm	\$491.39	Y	Y	N
D7451	Removal Benign Odontogenic Cyst, > 1.25 cm	\$416.70	Y	Y	N
D7460	Removal Benign Nonodontogenic Cyst, up to 1.25 cm	\$424.18	Y	Y	N
D7461	Removal Benign Nonodontogenic Cyst, > 1.25 cm	\$601.16	Y	Y	N
D7465	Destruction of Lesion(s) by Physical or Chemical Method, By Report	\$244.51	N	Y	N
D7471	Removal Lateral Exostosis	\$523.65	Y	Y	N
D7472	Removal of Torus Palatinus	\$618.93	Y	Y	N
D7473	Removal of Torus Mandibularis	\$603.25	Y	Y	N
D7485	Surgical Reduction of Osseous Tuberosity	\$557.18	Y	Y	N
D7490	Radical Resection of Mandible	\$7,017.00	Y	Y	N
D7509	Marsupialization of odontogenic cyst	\$911.19	Y	N	Y
D7510	Incision & Drainage Abscess Intraoral	\$190.60	Y	Y	N
D7511	Incision/Drain Abscess Intraoral	\$551.85	Y	Y	N
D7520	Incision/Drain Abscess Extraoral Soft	\$325.70	Y	Y	N
D7521	Incision/Drain Abscess Extraoral	\$461.90	Y	Y	N
D7530	Removal Foreign Body/Skin/Tissue	\$294.30	Y	Y	N
D7540	Removal Reaction Producing Foreign Body	\$607.39	Y	Y	N
D7550	Part Ostectomy/Sequestrectomy	\$432.55	Y	Y	N
D7560	Maxillary Sinusotomy	\$948.86	Y	Y	N
D7610	Maxilla Open Reduction Teeth Immobilize	\$3,567.15	Y	N	N
D7620	Maxilla Close Reduction Teeth Immobilize	\$2,823.56	Y	N	N
D7630	Mandible Open Reduction Teeth Immobilize	\$3,570.27	Y	N	N
D7640	Mandible Close Reduct Teeth Immobilize	\$4,022.17	Y	N	N
D7650	Malar/ Zygomatic Arch-Open Reduction	\$3,065.64	Y	N	N
D7660	Malar/ Zygomatic Arch-Closed Reduction	\$2,641.31	Y	N	N
D7670	Alveolus Closed Reduction	\$1,130.04	Y	N	N
D7671	Alveolus Open Reduction	\$1,498.44	Y	N	N
D7680	Facial Bones Complicated Reduction	\$5,349.71	Y	N	N
D7710	Maxilla Open Reduction	\$3,719.00	Y	N	N
D7720	Maxilla Closed Reduction	\$2,779.58	Y	N	N
D7730	Mandible Open Reduction	\$3,940.01	Y	N	N
D7740	Mandible Closed Reduction	\$4,460.53	Y	N	N
D7750	Malar/Zygomatic Arch Open Reduction	\$3,391.20	Y	N	N



D7760	Malar/Zygomatic Arch Close Reduction	\$3,930.60	Y	N	N
D7770	Alveolus Open Reduction Stabilization	\$2,216.10	Y	N	N
D7771	Alveolus Closed Reduction Stabilization	\$2,122.84	Y	N	N
D7780	Facial Bones Complicated Reduction	\$6,626.37	Y	N	N
D7810	Open Reduction of Dislocation	\$3,493.85	Y	N	N
D7820	Closed Reduction Dislocation	\$471.31	Y	N	N
D7830	Manipulation Under Anesthesia	\$627.32	Y	N	N
D7840	Condylectomy	\$4,398.73	Y	Y	N
D7850	Surgical Discectomy with/without Implant	\$4,310.45	Y	Y	N
D7852	Disc Repair	\$4,641.68	Y	Y	N
D7854	Synovectomy	\$4,310.45	Y	Y	N
D7856	Myotomy	\$2,898.96	Y	Y	N
D7858	Joint Reconstruction	Code is manually priced	Y	Y	N
D7860	Arthrotomy	Code is manually priced	Y	Y	N
D7865	Artoplasty	Code is manually priced	Y	Y	N
D7870	Arthrocentesis	\$337.24	Y	Y	N
D7871	Non-Arthroscopic Lysis and Lavage	Code is manually priced	Y	Y	N
D7872	Arthroscopy Diagnosis with/wo Biopsy	Code is manually priced	Y	Y	N
D7873	Arthroscopy Surgical Lavage & Lysis Adh	Code is manually priced	Y	Y	N
D7874	Arthroscopy Surgical Disc Reposit & Stab	Code is manually priced	Y	Y	N
D7875	Arthroscopy Surgical Synovectomy	Code is manually priced	Y	Y	N
D7876	Arthroscopy Surgica Discectomy	Code is manually priced	Y	Y	N
D7877	Arthroscopy Surgical Debridement	Code is manually priced	Y	Y	N
D7880	Occlusal orthotic device	\$597.33	N	N	N
D7899	Unspecified TMD Therapy	Code is manually priced	Y	Y	N
D7910	Suture Recent Small Wounds, up to 5 cm	\$243.40	Y	Y	N
D7911	Complicated Suture up to 5 cm	\$235.53	Y	Y	N
D7912	Complicated Suture > 5 cm	\$730.07	Y	Y	N
D7920	Skin Graft Identify Defect Covered	\$1,959.21	Y	Y	N
D7921	Collection and Application of Autologous Blood Concentrate Product	\$152.97	N	Y	N



D7940	Osteoplasty Orthognathic Deformities	\$1,235.17	N	N	N
D7941	Osteotomy Madibular Rami	\$2,372.71	N	N	N
D7943	Osteotomy Mandibular Rami w/ Bone Graft	\$2,640.82	N	N	N
D7944	Bone cutting segmented	\$1,833.30	N	N	N
D7945	Osteotomy Body Mandible	\$2,043.56	N	N	N
D7946	LeFort I Maxilla Total	\$3,007.88	N	N	N
D7947	LeFort I Maxilla Segmented	\$2,674.10	Y	N	N
D7948	LeFort II/LeFortIII w/o Bone Graft	\$2,961.16	N	N	N
D7949	LeFort II/LeFortIII w/ Bone Graft	\$967.36	N	N	N
D7950	Mandible graft	\$2,584.54	Y	N	N
D7951	Sinus aug w bone or bone sub	\$1,094.09	N	N	N
D7953	Bone Replacement Graft for Ridge Preservations-Per Site	\$450.52	Y	Y	N
D7955	Repair of maxillofacial soft and/or hard tissue defect	\$4,375.45	Y	N	N
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site	\$590.97	N	N	Y
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier per site	\$709.16	N	N	Y
D7960	Frenulectomy/frenectomy	\$532.59	N	N	N
D7961	Buccal/labial frenectomy (frenulectomy)- Separate procedure not incidental to another procedure (Replacing D7960)	\$319.68	Y	N	Y
D7962	Lingual frenectomy (frenulectomy)-Separate procedure not incidental to another procedure (Replacing D7960)	\$319.68	Y	N	Y
D7963	Frenuloplasty	\$368.37	N	N	N
D7970	Excision Hyperplastic Tissue per Arch	\$395.36	Y	N	N
D7971	Excision of pericoronal gingiva	\$192.22	Y	N	N
D7972	Surgical Reduction Fibrous Tuberosity	\$598.25	Y	N	N
D7979	Non – surgical sialolithotomy	\$403.84	Y	Y	N
D7980	Sialolithotomy	\$673.14	Y	N	N
D7981	Excision of Salivary Gland, By Report	Code is manually priced	Y	Y	N
D7982	Sialodochoplasty	\$1,381.52	Y	N	N
D7983	Closure Salivary Fistula	\$1,004.30	Y	N	N
D7990	Emergency Tracheotomy	\$1,040.28	Y	Y	N
D7991	Coronoidectomy	Code is manually priced	Y	Y	N
D7995	Synthetic Graft Mandible/Facial Bones	\$651.16	N	N	N
D7996	Implant Mandible Augmentation Purposes	\$1,408.20	N	N	N
D7997	Appliance Removal	\$95.94	Y	Y	N
D7999	Unspecified Oral Surgery	Code is manually priced	Y	Y	N
D8010	Limited Orthodontic Treatment of Primary Dentition	\$4,242.98	Y	N	N
D8020	Limited Orthodontic Treatment of the Transitional Dentition	\$5,599.19	Y	N	N



D8050	Interceptive Ortho Primary Dentition	\$1,494.02	N	N	N
D8060	Interceptive Ortho Transition Dentition	\$1,507.80	N	N	N
D8070	Comprehen Ortho Transition Dentition	\$3,786.55	N	N	N
D8080	Comprehen Ortho Adolescent Dentition	\$3,786.55	N	N	N
D8090	Comprehen Ortho Adult Dentition	\$3,786.55	N	N	N
D8210	Removable Appliance Therapy	\$537.86	N	N	N
D8220	Fixed Appliance Therapy	\$647.39	N	N	N
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$189.74	N	N	N
D8670	Periodic Orthodontic Treatment Visit (Paid at 6 months)	\$257.70	N	N	N
D8670	Periodic Orthodontic Treatment Visit (Paid at 12 months)	\$257.70	N	N	N
D8670	Periodic Orthodontic Treatment Visit (Paid at 18 months)	\$257.70	N	N	N
D8680	Orthodontic Retention (removal of appliances, construction and placement of retainer(s))	\$354.58	N	N	N
D8695	Removal of Fixed Orthodontic Appliances for Reasons Other Than Completion of Treatment	\$156.40	N	N	N
D8696	Repair of Orthodontic Appliance- Maxillary (Replacing D8691)	\$277.05	Y	N	N
D8697	Repair of Orthodontic Appliance- Mandibular (Replacing D8691)	\$277.05	Y	N	N
D8698	Re-cement or Re-bond Fixed Retainer- Maxillary (Replacing D8693)	\$171.98	Y	N	N
D8699	Re-cement or Rebond Fixed Retainer- Mandibular (Replacing D8693)	\$171.98	Y	N	N
D8701	Repair of Fixed Retainer, Includes Reattachment- Maxillary (Replacing D8694)	\$118.86	Y	N	N
D8702	Repair of Fixed Retainer, Includes Reattachment- Mandibular (Replacing D8694)	\$118.86	Y	N	N
D8703	Replacement of Lost or Broken Retainer- Maxillary (Replacing D8692)	\$237.74	Y	N	Y
D8704	Replacement of Lost or Broken Retainer- Mandibular (Replacing D8692)	\$237.74	Y	N	Y
D8999	Unspecified orthodontic procedure, by report	\$978.61	N	N	N
D9110	Palliative Emergency Minor	\$122.92	Y	Y	N
D9219	Evaluation for Deep Sedation or General Anesthesia	\$44.77	Y	N	N
D9222	Deep sedation/general anesthesia – first 15 minutes	\$175.56	Y	N	N
D9223	Deep Sedation/General Anesthesia – each 15 minute increment	\$201.21	Y	N	N



D9230	Analgesia	\$56.25	N	Y	N
D9239	intravenous moderate (conscious) sedation/analgesia-first 15 minutes	\$157.61	Y	N	N
D9243	Intravenous Moderate (conscious) Sedation/Analgesia – each 15 minute increment	\$122.72	Y	N	N
D9248	Non-Intravenous Moderate (Conscious) Sedation	\$188.55	N	Y	N
D9310	Dental Consultation	\$85.97	Y	Y	N
D9311	Consultation with a medical health care professional	\$85.97	Y	Y	N
D9410	House/Extended Care Facility Call	\$184.29	Y	Y	N
D9420	Hospital/ASC Call	\$223.35	Emergency Only	Y	N
D9613	Infiltration of Sustained Release Therapeutic Drug-Single or Multiple Sites	\$50.64	Y	Y	N
D9911	Application Desensitizing Resin	\$57.03	N	N	N
D9932	Cleaning and Inspection of Removable Complete Denture, Maxillary	\$18.16	N	Y	N
D9933	Cleaning and inspection of Removable Complete Denture, Mandibular	\$18.16	N	Y	N
D9934	Cleaning and Inspection of Removable Partial Denture, Maxillary	\$18.16	N	Y	N
D9935	Cleaning and Inspection of Removable Partial Denture, Mandibular	\$18.16	N	Y	N
D9939	Placement of a custom removable clear plastic temporary aesthetic appliance	\$495.28	N	N	Y
D9942	Occlusal Guard Repair	\$155.21	N	Y	N
D9943	Occlusal Guard Adjustment	\$81.39	N	Y	N
D9944	Occlusal Guard- Hard Appliance, Full Arch	\$392.54	N	Y	N
D9945	Occlusal Guard- Soft Appliance, Full Arch	\$392.52	N	Y	N
D9946	Occlusal Guard- Hard Appliance, Partial Arch	\$310.40	N	Y	N
D9950	Occlusal Adjustment-Limited	\$316.08	N	Y	N
D9951	Occlusal adjustment - limited	\$161.47	N	N	N
D9952	Occlusal Adjustment-Complete	\$517.81	N	Y	N
D9971	Odontoplasty- Removal of Enamel Pojection	\$39.25	N	N	N
D9996	Tele dentistry – asynchronous; information stored and forwarded to dentist for subsequent review	\$123.37	Y	N	N
D9999	Unspecified Adjunctive Procedure, By Report	Code is manually priced	Y	Y	N





























