

**UFCW Fund Dental Fee Schedule \*\*Only Pays Up to Overall Annual Dental Maximum of \$1,500**

**\*\*Refer to your Cigna Contract if you are In-Network\*\***

CDT CODE	DESCRIPTION	ALLOWED MAX
00100	Infection Control Material	\$0.00
00111	Oral Cancer Screening	\$0.00
00120	Periodic Oral Evaluation Established Patient	\$39.21
00140	Limited Oral Evaluation - Problem Focused	\$63.46
00150	Comp Oral Evaluation - New/Established Patient	\$68.53
00170	Re-Evaluation - Limited Problem Focused	\$34.75
00180	Comp Periodontal Evaluation - New/Est Patient	\$70.12
00191	Assessment Of A Patient	\$0.00
00210	Intraoral-Complete Series Of Radiographic Images	\$114.08
00230	Intraoral - Periapical Each Add Radiograph Image	\$18.28
00250	Extra-Oral - 2D Projection X-Ray	\$43.50
00260	Extraoral - Each Additional Film	\$41.00
00272	Bitewings - Two Radiographic Images	\$35.15
00274	Bitewings - Four Radiographic Images	\$49.73
00277	Vertical Bitewings - 7 To 8 Radiographic Images	\$73.50
00310	Sialography	\$350.00
00321	Other Tmj Radiographic Images By Report	\$12.50
00330	Panoramic Radiographic Image	\$93.61
00350	Oral/Facial Photo Image Obtain Intra/Extraorlly	\$50.95
00360	Cone Beam Ct - Craniofacial Data Capture	\$633.00
00363	Cone Beam - Three-Dimensional Image Recon	\$529.00
00365	Cone Beam Ct Cap&Int Fd Vw 1 Full Dent Arch-Mand	\$529.00
00367	Cone Beam Ct Capture & Interp Fd View Both Jaws	\$529.00
00369	Maxillofacial Mri Capture And Interpretation	\$0.00
00371	Sialoendoscopy Capture And Interpretation	\$0.00
00381	Cone Bm Ct Imaq Cap Fd Vw 1 Full Dent Arch-Mand	\$0.00
00383	Cone Beam Ct Image Capture Field View Both Jaws	\$0.00
00385	Maxillofacial Mri Image Capture	\$0.00
00391	Interp Dx Imaq Practitner Not Assoc Cap Imaq Rpt	\$0.00
00394	Digitl Subtraction 2/> Images/Imaq Vol Same Modal	\$0.00
00396	Bleaching	\$0.00
00411	Hba1C In-Office Point Of Service Testing	\$0.00
00415	Collection Microorganisms Culture & Sensitivity	\$29.00
00417	Clct & Prep Saliva Sample For Lab Dx Testing	\$0.00
00421	Genetic Test For Susceptibility To Oral Diseases	\$0.00
00423	Genetic Test Susceptibility Diseases-Spec Analy	\$0.00
00431	Adjunctive Predx Tst Not Incl Cytology/Bx Proc	\$67.00
00470	Diagnostic Casts	\$122.33
00472	Accession Of Tissue Gross Examination Prep/Reprt	\$67.00
00474	Access Tiss Gr&Mic Ex Assess Surg Marg Prep/Rpt	\$161.50
00476	Special Stains For Microorganisms	\$88.50
00478	Immunohistochemical Stains	\$98.00
00480	Acess Exfoliative Cytol Smear Mic Exam Prep/Rept	\$142.00
00482	Direct Immunofluorescence	\$126.50
00484	Consultation On Slides Prepared Elsewhere	\$207.50
00486	Lab Accss Trnsepi Cvtl Smp Micro Ex Prep&Wrt Rpr	\$107.50
00502	Other Oral Pathology Procedures By Report	\$0.00
00601	Caries Risk Assessment & Doc Finding Low Risk	\$0.00
00603	Caries Risk Assessment & Doc Finding High Risk	\$0.00
01110	Prophylaxis - Adult	\$70.93
01130	Difficult Prophyl-BY Report	\$31.25
01203	This Code Is Used When Reporting Proph	\$30.35
01205	This Code Is Used To Report Combined P	\$80.18
01208	Topical Application Of Fluoride	\$31.00
01220	Office Fluoride Treatment	\$15.00
01310	Nutritional Counseling Control Of Dental Disease	\$45.00
01330	Oral Hygiene Instructions	\$59.60
01340	Desensitizing Medication	\$7.50
01352	Prev Rsn Rest Mod High Caries Risk Pt-Perm Tooth	\$0.00
01354	Interim Caries Arrest Medicament App - Per Tooth	\$0.00
01515	Space Maintainer - Fixed-Bilateral	\$378.00
01525	Space Maintainer - Removable-Bilateral	\$502.00
01555	Removal Of Fixed Space Maintainer	\$56.25

CDT CODE	DESCRIPTION	ALLOWED MAX
00110	Initial Oral Examination	\$18.75
00115	Oral Hygiene Instructions	\$10.50
00130	Emergency Oral Examination	\$25.00
00145	Oral Eval Pt Und 3 Yr Age Cnsl W/Prim Caregiver	\$62.89
00160	Dtl&Ext Oral Evaluation - Problem Focused Report	\$162.37
00171	Re-Evaluation - Post-Operative Office Visit	\$0.00
00190	Screening Of A Patient	\$0.00
00201	Perio Rinse	\$0.00
00220	Intraoral - Periapical First Radiographic Image	\$22.91
00240	Intraoral - Occlusal Radiographic Image	\$32.85
00251	Extra-Oral Posterior Dental Radiographic Image	\$0.00
00270	Bitewing - Single Radiographic Image	\$21.99
00273	Bitewings - Three Radiographic Images	\$42.72
00275	Bitewing-Each Additional Film	\$6.25
00290	Posterior-Anterior Or Lateral Skull An	\$149.00
00320	Temporomandibular Joint Arthrogram Incl Inj	\$567.00
00322	Tomographic Survey	\$503.00
00340	2D Cephalometric X-Ray - Acquisition Msr & Analy	\$114.40
00351	3D Photographic Image	\$0.00
00362	Cone Beam - Two-Dimensional Image Recon	\$510.00
00364	Cone Beam Ct Cap&Interp Ltd Fd View-<1 Whole Jaw	\$529.00
00366	Cone Bm Ct Cap&Int Fd View 1 Full Dent Arch-Max	\$529.00
00368	Cone Beam Ct Cap&Interp Tmj Series 2/> Exposures	\$529.00
00370	Maxillofacial Ultrasound Capture&Interpretation	\$0.00
00380	Cone Beam Ct Imaq Cap W/Ltd Fd View-<1 Whole	\$0.00
00382	Cone Beam Ct Imaq Cap Fd Vw 1 Full Dent Arch-Max	\$0.00
00384	Cone Beam Ct Imaq Cap Tmj Series 2/> Exposures	\$0.00
00386	Maxillofacial Ultrasound Image Capture	\$0.00
00393	Treatment Simulation Using 3D Image Volume	\$0.00
00395	Fusion 2/More 3D Images Volume 1/More Modalities	\$0.00
00410	Initial Periodontic Examination	\$18.75
00414	Lab Proc Microb Spec Inc Culture & Sens Studies	\$0.00
00416	Viral Culture	\$46.50
00418	Analysis Of Saliva Sample	\$0.00
00422	Collection & Preparation Of Genetic Sample Matl	\$0.00
00425	Caries Susceptibility Tests	\$26.50
00460	Pulp Vitality Tests	\$49.15
00471	This Includes Both Traditional Photogr	\$0.00
00473	Access Tissue Gr&Mic Examination Prep/Reprt	\$193.00
00475	Decalcification Procedure	\$88.50
00477	Special Stains Not For Microorganisms	\$107.50
00479	Tissue Insitu Hybridization Incl Interpretation	\$150.00
00481	Electron Microscopy Diagnostic	\$576.50
00483	Indirect Immunofluorescence	\$115.50
00485	Consult Incl Prep Slides Bx Matl Spl Ref Src	\$239.00
00501	Refers To Gross And Microscopic Evalua	\$0.00
00600	Non-Ionizing Dx Proc Cpbl Quantifying Mon & Rec	\$0.00
00602	Caries Risk Assessment & Doc Finding Mod Risk	\$0.00
00999	Unspecified Diagnostic Procedure By Report	\$0.00
01120	Prophylaxis - Child	\$49.00
01201	Used To Report Combined Procedures Of	\$70.06
01204	This Code Is Used When Reporting Proph	\$28.19
01206	Topical Application Of Fluoride Varnish	\$45.64
01210	Topical Fluoride (Excluding Prophyl)	\$0.00
01230	Topical Application Of Fluoride	\$22.50
01320	Tobacco Cnsl Control&Prevention Oral Disease	\$39.33
01334	Oral Hygiene Aid (Peroxy)	\$0.00
01351	Sealant - Per Tooth	\$51.00
01353	Sealant Repair - Per Tooth	\$0.00
01510	Space Maintainer - Fixed-Unilateral	\$281.51
01520	Space Maintainer - Removable-Unilateral	\$332.00
01550	Recementation Of Space Maintainer	\$60.67
01575	Distal Shoe Space Maintainer-Fixed-Unilateral	\$0.00

01999	Unspecified Preventive Procedure By Report	\$0.00
02120	Amalgam - Two Surfaces, Primary	\$20.00
02131	Amalgam - Four Or More Surfaces, Prima	\$31.25
02150	Amalgam-Two Surfaces Primary Or Permanent	\$146.89
02161	Amalgam-Four/More Surfaces Primary/Permanent	\$216.72
02210	Silicate Cement - Per Restoration	\$37.50
02331	Resin-Based Composite Two Surfaces Anterior	\$152.64
02334	Iv Pro Bond Filling	\$0.00
02336	Full Composite Resin Coverage Of Tooth	\$37.50
02339	Marathon Restoration (Post) 3 Surfaces	\$0.00
02381	Resin - Two Surfaces, Posterior-Primar	\$26.25
02385	Includes Preventive Resin Restoration	\$22.50
02387	Resin - Three Or More Surfaces, Poster	\$37.50
02390	Resin-Based Composite Crown Anterior	\$244.00
02392	Resin-Based Composite - Two Surfaces Posterior	\$183.45
02394	Resin Compos - Four Or More Surfaces Posterior	\$275.01
02420	Gold Foil - Two Surfaces	\$383.50
02510	Inlay - Metallic - One Surface	\$608.50
02530	Inlay - Metallic - Three Or More Surfaces	\$831.33
02543	Onlay Metallic Three Surfaces	\$816.50
02610	Inlay - Porcelain/Ceramic - One Surface	\$716.00
02630	Inlay - Porcelain/Ceramic - Three/More Surfaces	\$859.00
02643	Onlay - Porcelain/Ceramic - Three Surfaces	\$892.77
02650	Inlay Resin Based Composite One Surface	\$439.00
02652	Inlay Resin Based Composite 3 Or More Surfaces	\$589.00
02663	Onlay Resin Based Composite Three Surfaces	\$601.50
02710	Crown - Resin-Based Composite	\$387.00
02720	Crown - Resin With High Noble Metal	\$935.00
02722	Crown - Resin With Noble Metal	\$914.00
02750	Crown - Porcelain Fused To High Noble Metal	\$935.53
02752	Crown - Porcelain Fused To Noble Metal	\$878.53
02781	Crown - 3/4 Cast Predominately Base Metal	\$800.33
02783	Crown - 3/4 Porcelain/Ceramic	\$850.84
02791	Crown - Full Cast Predominantly Base Metal	\$838.93
02794	Crown Titanium	\$895.00
02810	Crown - 3/4 Cast Metallic	\$218.75
02892	Prefab Post & Comp/Amal In Add. Crown	\$0.00
02915	Rececent Cast Or Prefabricated Post And Core	\$81.54
02921	Reattachment Tooth Fragment Incisal Edge/Cusp	\$0.00
02929	Prefab Porcelain/Ceramic Crown - Primary Tooth	\$0.00
02931	Prefabr Stainless Steel Crown - Permanent Tooth	\$251.63
02933	Prefabr Stainless Steel Crown W/Resin Window	\$321.00
02940	Protective Restoration	\$86.15
02949	Restorative Foundation An Indirect Restoration	\$0.00
02951	Pin Retention - Per Tooth Addition Restoration	\$46.41
02953	Each Additional Indirectly Fab Post Same Tooth	\$166.50
02955	Post Removal	\$216.00
02960	Labial Veneer Resin Laminate - Chairside	\$0.00
02962	Labial Veneer - Laboratory	\$0.00
02971	Add Proc New Crwn Und Xsting Part Dentur Frmewrk	\$134.00
02980	Crown Repair Necessitated Restorative Matl Fail	\$142.00
02982	Onlay Repair Necessitated Restorative Matl Fail	\$0.00
02990	Resin Infiltration Incipient Smooth Surface Les	\$0.00
03110	Pulp Cap - Direct	\$62.66
03220	Tx Pulp-Remv Pulp Coronal Dentinocementl Junc	\$142.35
03222	Part Pulpotomy For Apexogeneis Perm Tooth	\$58.00
03240	Pulpal Therapy - Posterior Primary Tooth	\$169.65
03302	Sterile Pack Operative	\$0.00
03320	Endodontic Therapy Premolar Tooth	\$756.38
03330	Endodontic Therapy Molar Tooth	\$983.98
03332	Incomplete Endo Tx: Inop Unrestorable/Fx Tooth	\$487.17
03346	Retreatment Previous Rc Therapy - Anterior	\$840.60
03348	Retreatment Previous Root Canal Therapy - Molar	\$1,193.30
03352	Apexification/Recalcificatn Interim Med Replace	\$159.00
03354	Pupal Regeneration	\$0.00
03356	Pulpal Regeneration - Interim Medication Replace	\$0.00
03410	Apicoectomy - Anterior	\$703.89
03425	Apicoectomy - Molar First Root	\$902.45
03427	Periradicular Surgery Without Apicoectomy	\$0.00
03429	Bone Graft Periradiculr Surg Ea Add Contig Tooth	\$0.00
03431	Biol Matl Soft Oss Tiss Regen Periradicular Surg	\$0.00

02110	Amalgam - One Surface, Primary	\$15.00
02130	Amalgam - Three Surfaces, Primary	\$25.00
02140	Amalgam-One Surface Primary Or Permanent	\$114.22
02160	Amalgam-Three Surfaces Primary Or Permanent	\$177.00
02190	Pin Retention, Per Pin	\$0.00
02330	Resin-Based Composite One Surface Anterior	\$119.08
02332	Resin-Based Composite Three Surfaces Anterior	\$185.31
02335	Resin-Based Composite 4/> Surfaces Incisal Angle	\$220.34
02338	Marathon Restoration (Post) 2 Surfaces	\$0.00
02380	Includes Preventive Resin Restoration	\$22.50
02382	Resin - Three Or More Surfaces, Poster	\$37.50
02386	Resin - Two Surfaces, Posterior-Perman	\$26.25
02388	Resin- Four Or More Surfaces	\$37.50
02391	Resin-Based Composite - One Surface Posterior	\$140.75
02393	Resin-Based Composite - Three Surfaces Posterior	\$226.46
02410	Gold Foil - One Surface	\$230.00
02430	Gold Foil - Three Surfaces	\$665.00
02520	Inlay - Metallic - Two Surfaces	\$680.80
02542	Onlay - Metallic - Two Surfaces	\$832.00
02544	Onlay Metallic Four Or More Surfaces	\$831.46
02620	Inlay - Porcelain/Ceramic - Two Surfaces	\$806.00
02642	Onlay - Porcelain/Ceramic - Two Surfaces	\$828.00
02644	Onlay - Porcelain/Ceramic - 4 Or More Surfaces	\$948.14
02651	Inlay Resin Based Composite Two Surfaces	\$523.00
02662	Onlay Resin Based Composite Two Surfaces	\$511.50
02664	Onlay Resin Based Composite Four Or More Surfaces	\$644.00
02712	Crown - 3/4 Resin-Based Composite	\$363.00
02721	Crown - Resin With Predominantly Base Metal	\$839.00
02740	Crown - Porcelain/Ceramic	\$937.23
02751	Crown - Porcelain Fused Predominantly Base Metal	\$853.22
02780	Crown - 3/4 Cast High Noble Metal	\$894.78
02782	Crown - 3/4 Cast Noble Metal	\$863.67
02790	Crown - Full Cast High Noble Metal	\$909.65
02792	Crown - Full Cast Noble Metal	\$868.95
02799	Prov Crown-Fur Tx/Compl Dx Nec B4 Final Impress	\$383.00
02830	Chrome Crown-Primary-Child	\$75.00
02910	Rececent Inlay Onlay/Part Coverage Restoration	\$82.63
02920	Rececent Crown	\$82.92
02925	Seat Cr/Br Advance	\$0.00
02930	Prefabr Stainless Steel Crown - Primary Tooth	\$218.54
02932	Prefabricated Resin Crown	\$257.22
02934	Prefab Esthetic Coat Stnless Steel Crown Prim	\$289.00
02941	Interim Therapeutic Restoration-Primary Dentiitn	\$0.00
02950	Core Buildup Including Any Pins When Required	\$217.70
02952	Post And Core Addition To Crown Indirectly Fab	\$335.58
02954	Prefabricated Post And Core In Addition To Crown	\$272.63
02957	Each Additional Prefabricated Post - Same Tooth	\$135.33
02961	Labial Veneer - Laboratory	\$0.00
02970	Temporary Crown (Fractured Tooth)	\$231.25
02975	Coping	\$388.00
02981	Inlay Repair Necessitated Restorative Matl Fail	\$0.00
02983	Veneer Repair Necessitated Restorative Matl Fail	\$0.00
02999	Unspecified Restorative Procedure By Report	\$0.00
03120	Pulp Cap - Indirect	\$49.56
03221	Pulpal Debridement Primary And Permanent Teeth	\$161.76
03230	Pulpal Therapy - Anterior Primary Tooth	\$150.50
03300	Complete Endo. Treatment	\$0.00
03310	Endodontic Therapy Anterior Tooth	\$617.09
03321	Premolar Root Canal	\$137.50
03331	Treatment Rc Obstruction; Non-Surgical Access	\$210.50
03333	Internal Root Repair Of Perforation Defects	\$197.00
03347	Retreatment Of Previous Root Canal Tx - Premolar	\$996.05
03351	Apexification/Recalcification Initial Visit	\$363.00
03353	Apexification/Recalcification - Final Visit	\$503.50
03355	Pulpal Regeneration - Initial Visit	\$0.00
03357	Pulpal Regeneration - Completion Of Treatment	\$0.00
03421	Apicoectomy - Premolar	\$789.25
03426	Apicoectomy	\$297.38
03428	Bone Graft W/Periradicular Surg Per Tooth 1 Site	\$0.00
03430	Retrograde Filling - Per Root	\$215.53
03432	Guided Tiss Regen Resorb Barr Periradicular Surg	\$0.00

03450	Root Amputation - Per Root	\$444.92	03460	Endodontic Endosseous Implant	\$2,027.50
03470	Intentional Reimplantation W/Necessary Splinting	\$842.50	03910	Surgical Procedure Isolation Tooth W/Rubber Dam	\$117.00
03920	Hemisection Not Including Root Canal Therapy	\$330.00	03950	Canal Preparation&Fitting Preformed Dowel/Post	\$160.00
03960	Specify Whether Tooth Is Vital Or Nonv	\$0.00	03999	Unspecified Endodontic Procedure By Report	\$0.00
04100	Periodontal Charting	\$0.00	04110	Periodontal Maintenance	\$31.25
04210	Gingivect/Plsty 4/>Cntig/Tooth Bound Spaces-Quad	\$596.33	04211	Gingivect/Plsty 1-3 Cntig/Tooth Bound Space-Quad	\$257.47
04212	Ging/Gingivoplasty Allw Acss Restoratv Pro-Tooth	\$98.00	04220	Gingival Curettage.Report (Per Quad)	\$118.75
04230	Anat Crown Exp-4/>Cont Teeth/Bnd Tt Spaces Quad	\$854.50	04231	Anat Crown Exp 1-3 Teeth/Bnd Tooth Sp Per Quad	\$434.00
04240	Gingl Flp Proc 4/> Contig/Tooth Bound Space-Quad	\$731.29	04241	Gingl Flp Proc 1-3 Contig/Tooth Bound Space-Quad	\$436.22
04245	Apically Positioned Flap	\$521.00	04249	Clinical Crown Lengthening - Hard Tissue	\$828.60
04250	Mucogingival Surgical Procedures Are D	\$250.00	04260	Osseous Surg 4/> Contig/Tooth Bound Spaces-Quad	\$1,245.81
04261	Osseous Surg 1-3 Contig/Tooth Bound Spaces-Quad	\$666.32	04263	Bone Repl Gr - Ret Nat Tooth - 1St Site Quad	\$428.70
04264	Bone Repl Gr - Ret Nat Tooth - Ea Add Site Quad	\$395.95	04265	Biologic Materials Aid Soft&Osseous Tissue Regen	\$250.00
04266	Guid Tissue Regen - Resorbable Barrier Per Site	\$472.63	04267	Guid Tissue Regen - Nonresorb Barrier Per Site	\$625.00
04268	Surgical Revision Procedure Per Tooth	\$0.00	04270	Pedicle Soft Tissue Graft Procedure	\$862.36
04271	Gingival Or Masticatory Mucosa Is Graf	\$907.38	04272	Apically Repositioning Flap Procedure	\$0.00
04273	Autogenous Connective Tissue Graft Procedure	\$1,044.91	04274	Mesial/Distal Wedge Procedure Single Tooth	\$608.25
04275	Non-Autogenous Connective Tissue Graft	\$744.00	04276	Comb Cnctive Tissue&Dbl Pedicle Graft Per Tooth	\$1,266.00
04277	Free Sft Tss Gft Proc 1St T/Edntuls T Pstn Gft	\$470.00	04278	Free Sft Tss Gft Ea Add Cntig T/Ednt T Same Site	\$0.00
04283	Autogenous Connective Tissue Graft Procedure	\$1,044.91	04285	Non-Autogenous Connective Tissue Graft Procedure	\$744.00
04320	Provisional Splinting - Intracoronal	\$397.00	04321	Provisional Splinting - Extracoronal	\$340.89
04330	Occlusal Adjustment]	\$75.00	04340	Perio. Scaling-Entire Mouth	\$62.50
04341	Prdntal Scaling&Root Planing 4/More Teeth-Quad	\$209.50	04342	Prdntal Scaling&Root Planing 1-3 Teeth-Quad	\$117.63
04345	Gingivitis Therapy-Per Quad	\$118.75	04346	Scaling Presence Gen Mod/Sev Gingival Inflamm	\$140.00
04355	Full M Debrid Enbl Comp Or Eval & Dx Subq Visit	\$141.63	04360	Special Perio Dental Appliance	\$0.00
04380	Perio Evaluation	\$0.00	04381	Loc Del Antimicrob Aqt Dz Crevicular Tiss-Tooth	\$48.00
04910	Periodontal Maintenance	\$127.23	04920	Unscheduled Dressing Change Not Tx Dentist Staff	\$105.00
04921	Gingival Irrigation - Per Quadrant	\$0.00	04999	Unspecified Periodontal Procedure By Report	\$0.00
05001	Breakage Plan-Partial	\$0.00	05110	Complete Denture - Maxillary	\$1,276.12
05120	Complete Denture - Mandibular	\$1,275.92	05130	Immediate Denture - Maxillary	\$1,393.00
05140	Immediate Denture - Mandibular	\$1,392.59	05211	Maxillary Partial Denture - Resin Base	\$1,077.65
05212	Mandibular Partial Denture - Resin Base	\$1,250.76	05213	Max Part Dentur-Cast Metl Frmewrk W/Rsn Base	\$1,410.83
05214	Mand Part Dentur- Cast Metl Frmewrk W/Rsn Base	\$1,410.77	05215	Max. Partial/Hi-Noble Cast	\$437.50
05221	Immediate Maxillary Partial Denture - Resin Base	\$0.00	05222	Immediate Mandibular Partial Denture-Resin Base	\$1,393.00
05223	Immediate Maxillary Partial Denture-Cast Metl Fw	\$1,393.00	05224	Immediate Mandibular Part Denture-Cast Metl Fw	\$1,392.59
05225	Maxillary Partial Dentrue Flexible Base	\$1,080.50	05226	Mandibular Partial Denture Flexible Base	\$1,255.35
05231	Lower Cast Partial Denture	\$518.75	05251	Upper Cast Partial	\$518.75
05281	Remv Unilat Part Dentur - 1 Piece Cast Metal	\$820.53	05315	Additional Clasps	\$0.00
05410	Adjust Complete Denture - Maxillary	\$70.00	05411	Adjust Complete Denture - Mandibular	\$70.00
05421	Adjust Partial Denture - Maxillary	\$70.00	05422	Adjust Partial Denture - Mandibular	\$70.00
05510	Repair Broken Complete Denture Base	\$139.64	05511	Repair Broken Complete Denture Base Mandibular	\$0.00
05512	Repair Broken Complete Denture Base Maxillary	\$0.00	05520	Replace Missing/Broken Teeth - Complete Denture	\$116.20
05610	Repair Resin Denture Base	\$151.52	05611	Repair Resin Partial Denture Base Mandibular	\$0.00
05612	Repair Resin Partial Denture Base Maxillary	\$73.00	05620	Repair Cast Framework	\$163.20
05621	Repair Cast Partial Framework Mandibular	\$0.00	05622	Repair Cast Partial Framework Maxillary	\$0.00
05630	Repair Or Replace Broken Clasp - Per Tooth	\$198.34	05640	Replace Broken Teeth - Per Tooth	\$128.19
05650	Add Tooth To Existing Partial Denture	\$174.39	05660	Add Clasp To Existing Partial Denture-Per Tooth	\$209.24
05670	Replace All Teeth&Acrylic Cast Metal Frmewrk Max	\$513.50	05671	Replace All Teeth&Acrylic Cast Metl Frmewrk Mand	\$516.00
05710	Rebase Complete Maxillary Denture	\$519.50	05711	Rebase Complete Mandibular Denture	\$494.00
05720	Rebase Maxillary Partial Denture	\$491.33	05721	Rebase Mandibular Partial Denture	\$488.71
05730	Reline Complete Maxillary Denture Chairside	\$292.96	05731	Reline Complete Mandibular Denture Chairside	\$293.62
05740	Reline Maxillary Partial Denture Chairside	\$267.50	05741	Reline Mandibular Partial Denture Chairside	\$267.23
05750	Reline Complete Maxillary Denture Laboratory	\$390.36	05751	Reline Complete Mandibular Dentrue Laboratory	\$390.14
05760	Reline Maxillary Partial Denture Laboratory	\$383.80	05761	Reline Mandibular Partial Denture Laboratory	\$383.84
05810	Interim Complete Denture Maxillary	\$616.00	05811	Interim Complete Denture Mandibular	\$662.00
05820	Interim Partial Denture Maxillary	\$476.56	05821	Interim Partial Denture Mandibular	\$506.71
05850	Tissue Conditioning Maxillary	\$122.10	05851	Tissue Conditioning Mandibular	\$122.50
05860	Describe And Document Procedures As Pe	\$0.00	05861	Describe And Document Procedures As Pe	\$0.00
05862	Precision Attachment By Report	\$0.00	05863	Overdenture - Complete Maxillary	\$0.00
05864	Overdenture - Partial Maxillary	\$0.00	05865	Overdenture - Complete Mandibular	\$0.00
05866	Overdenture - Partial Mandibular	\$0.00	05867	Replacement Repl Part Semi-Prclsn/Prclsn Atch	\$0.00
05875	Modification Remv Prosth Follow Implant Surgery	\$0.00	05899	Uns Removable Prosthodontic Procedure Report	\$0.00
05911	Facial Moulage Sectional	\$324.50	05912	Facial Moulage Complete	\$324.50
05913	Nasal Prosthesis	\$6,836.50	05914	Auricular Prosthesis	\$6,836.50
05915	Orbital Prosthesis	\$9,251.00	05916	Ocular Prosthesis	\$2,467.50
05919	Facial Prosthesis	\$0.00	05922	Nasal Septal Prosthesis	\$0.00
05923	Ocular Prosthesis Interim	\$0.00	05924	Cranial Prosthesis	\$0.00
05925	Facial Augmentation Implant Prosthesis	\$0.00	05926	Nasal Prosthesis Replacement	\$0.00
05927	Auricular Prosthesis Replacement	\$0.00	05928	Orbital Prosthesis Replacement	\$0.00
05929	Facial Prosthesis Replacement	\$0.00	05931	Obturator Prosthesis Surgical	\$3,680.50
05932	Obturator Prosthesis Definitive	\$6,884.00	05933	Obturator Prosthesis Modification	\$0.00

05934	Mandibular Resection Prosthesis W/Guide Flange	\$6,274.50
05936	Obturator/Prosthesis Interim	\$6,132.00
05951	Feeding Aid	\$1,002.00
05953	Speech Aid Prosthesis Adult	\$6,179.00
05955	Palatal Lift Prosthesis Definitive	\$5,296.00
05959	Palatal Lift Prosthesis Modification	\$0.00
05982	Surgical Stent	\$633.00
05984	Radiation Shield	\$1,541.50
05986	Fluoride Gel Carrier	\$131.00
05988	Surgical Splint	\$0.00
05992	Adjust Maxillofacial Prosth Appliance By Report	\$0.00
05994	Periodontal Med Carr Periph Seal Lab Processed	\$0.00
06010	Surg Placement Implant Body: Endosteal Implant	\$2,132.01
06012	Surg Plcmt Interim Impl Trnsitionl Pros: Endos	\$2,020.00
06020	An Abutment Is Placed To Permit Fabric	\$138.75
06050	Surgical Placement: Transosteal Implant	\$5,488.50
06052	Semi-Precision Attachment Abutment	\$0.00
06054	Implant/Abutment Supported Removable Denture	\$1,588.00
06056	Prefabricated Abutment-Incl Mod & Placement	\$378.05
06058	Abutment Supported Porcelain/Ceramic Crown	\$1,225.75
06060	Abut Supp Porcelain To Mtl Crown Predom Base Mtl	\$1,149.38
06062	Abutment Supp Cast Metal Crown High Noble Metal	\$1,161.00
06064	Abutment Supp Cast Metal Crown Noble Metal	\$1,059.67
06066	Implant Supported Porcelain Fused To Metal Crown	\$1,177.96
06068	Abut Supported Retainer Porcelain/Ceramic Fpd	\$1,231.00
06070	Abut Retn Porceln To Metl Fpd Predom Base Metl	\$1,148.00
06072	Abutment Supported Retainer For Cast Metal Fpd	\$1,196.00
06074	Abutment Retainr Cast Metal Fpd Noble Metal	\$1,166.50
06076	Implant Supported Retain Porceln Fused Metal Fpd	\$1,174.00
06078	Implnt/Abut Supp Fixed Denture Cmpl Endent Arch	\$0.00
06080	Impl Maint Proc Remv Reinsrt Clean Prosth & Abut	\$100.55
06085	Provisional Implant Crown	\$0.00
06091	Repl Attachmnt Impl/Abut Supp Pros Per Attachmnt	\$484.50
06093	Recement Impl/Abutmnt Supported Fix Part Denture	\$148.50
06095	Repair Implant Abutment By Report	\$0.00
06100	Implant Removal By Report	\$270.00
06102	Debr&Oss Cntr Periimpl Dfct:Surf&Flap Entry&Clos	\$748.00
06104	Bone Graft At Time Of Implant Placement	\$980.00
06111	Impl/Abut Supp Remv Denture Edentulous Arch-Mnd	\$0.00
06113	Impl/Abut Supp Remv Denture Part Edent Arch-Mand	\$0.00
06115	Impl/Abut Supp Fixd Denture Edentulous Arch-Mand	\$0.00
06117	Impl/Abut Supp Fixd Denture Part Edent Arch-Mand	\$0.00
06119	Impl/Abut Sptd Int Fix Dentur Edent Arch-Max	\$0.00
06194	Abutment Supported Retainer Crown For Fpd	\$993.00
06205	Pontic Indirect Resin Based Composite	\$558.00
06211	Pontic - Cast Predominantly Base Metal	\$842.84
06214	Pontic Titanium	\$859.00
06241	Pontic - Porceln Fused Predominantly Base Metal	\$779.24
06245	Pontic - Porcelain/Ceramic	\$900.05
06251	Pontic - Resin With Predominantly Base Metal	\$784.00
06253	Prvs Pontic-Fur Tx/Cmpl Dx Nec B4 Final Impress	\$382.00
06530	Inlay - Metallic - Three Or More Surfa	\$112.50
06544	Onlay - Metallic - Four Or More Surfac	\$108.75
06548	Retainer - Porceln/Ceramic Rsn Bonded Fix Prosth	\$408.33
06600	Retainer Inlay - Porcelain/Ceramic Two Surfaces	\$703.00
06602	Retainer Inlay-Cast High Noble Metal 2 Surfaces	\$800.00
06604	Retainer Inlay - Cast Pdmt Base Metal 2 Surfaces	\$736.50
06606	Retainer Inlay - Cast Noble Metal Two Surfaces	\$724.50
06608	Retainer Onlay - Porcelain/Ceramic Two Surfaces	\$764.50
06610	Retainer Onlay-Cast High Noble Metal 2 Surfaces	\$811.00
06612	Onlay - Cast Predominantly Base Metal 2 Surfaces	\$806.50
06614	Retainer Onlay - Cast Noble Metal Two Surfaces	\$789.50
06624	Retainer Inlay - Titanium	\$751.50
06640	Replace Crown Facing	\$0.00
06720	Retainer Crown - Resin With High Noble Metal	\$959.67
06722	Retainer Crown - Resin With Noble Metal	\$907.50
06750	Retainer Crown - Porcelain Fused Hi Noble Metal	\$996.99
06752	Retainer Crown - Porcelain Fused To Noble Metal	\$928.79
06781	Retainer Crown-3/4 Cast Predominantly Base Metal	\$907.50
06783	Retainer Crown - 3/4 Porcelain/Ceramic	\$934.00
06791	Retainer Crown-Full Cast Predominantly Base Metl	\$903.10

05935	Mandibular Resection Prosthesis W/O Guide Flange	\$5,459.50
05937	Trismus Appliance Not For Tmd Treatment	\$771.00
05952	Speech Aid Prosthesis Pediatric	\$3,253.50
05954	Palatal Augmentation Prosthesis	\$5,726.00
05958	Palatal Lift Prosthesis Interim	\$0.00
05960	Speech Aid Prosthesis Modification	\$0.00
05983	Radiation Carrier	\$1,541.50
05985	Radiation Cone Locator	\$1,541.50
05987	Commissure Splint	\$2,313.50
05991	Vesiculobullous Disease Medicament Carrier	\$0.00
05993	Maint Clean Maxillofacial Prosth Oth Thn Req Adj	\$0.00
05999	Unspecified Maxillofacial Prosthesis By Report	\$0.00
06011	Second Stage Implant Surgerv	\$0.00
06013	Surgical Placement Of Mini Implant	\$0.00
06040	Surgical Placement: Eposteal Implant	\$7,394.00
06051	Interim Abutment	\$0.00
06053	Implant/Abutment Supported Removable Denture	\$1,596.00
06055	Connecting Bar Implant Or Abutment Supported	\$546.00
06057	Custom Fabricated Abutment - Includes Placement	\$494.68
06059	Abut Supp Porcelain To Metl Crown Hi Noble Metl	\$1,208.25
06061	Abut Supp Porcelain To Metal Crown Noble Metal	\$1,169.50
06063	Abutment Supp Cast Metal Crown Predom Base	\$1,007.00
06065	Implant Supported Porcelain/Ceramic Crown	\$1,207.90
06067	Implant Supported Metal Crown	\$1,139.00
06069	Abut Retainr Porceln To Metl Fpd Hi Nobl Metl	\$1,208.00
06071	Abut Supported Retainer Porceln Fused Metal Fpd	\$1,165.00
06073	Abut Retainr Cast Metl Fpd Predom Base Metl	\$1,082.50
06075	Implant Supported Retainer For Ceramic Fpd	\$1,205.00
06077	Implant Supported Retainer For Cast Metal Fpd	\$1,144.50
06079	Impl/Abut Supported Fix Dentur Part Edntuls Arch	\$0.00
06081	Scal&Debr Pres Inf/Mucosit 1 Impl No F Ent&Clos	\$0.00
06090	Repair Implantsupported Prosthesis By Report	\$0.00
06092	Recement Implant/Abutment Supported Crown	\$94.54
06094	Abutment Supported Crown Titanium	\$963.50
06096	Remove Broken Implant Retaining Screw	\$0.00
06101	Debr Periimpl Dfct Clin Expsd Impl Flp Entry Clo	\$0.00
06103	Bone Graft For Repair Of Peri-Implant Defect	\$0.00
06110	Impl/Abut Supp Remv Denture Edentulous Arch-Max	\$998.00
06112	Impl/Abut Supp Remv Denture Part Edent Arch-Max	\$0.00
06114	Impl/Abut Supp Fixed Denture Edentulous Arch-Max	\$0.00
06116	Impl/Abut Supp Fixed Denture Part Edent Arch-Max	\$0.00
06118	Impl/Abut Sptd Intrm Fix Dentur Edent Arch-Mand	\$0.00
06190	Radiographic/Surgical Implant Index By Report	\$216.00
06199	Unspecified Implant Procedure By Report	\$0.00
06210	Pontic - Cast High Noble Metal	\$892.43
06212	Pontic - Cast Noble Metal	\$814.67
06240	Pontic - Porcelain Fused To High Noble Metal	\$869.39
06242	Pontic - Porcelain Fused To Noble Metal	\$832.25
06250	Pontic - Resin With High Noble Metal	\$843.20
06252	Pontic - Resin With Noble Metal	\$792.50
06520	Inlay - Metallic - Two Surfaces	\$90.00
06543	Onlay - Metallic - Three Surfaces	\$108.75
06545	Retainer - Cast Metal Resin Bonded Fix Prosth	\$358.05
06549	Retainer - For Resin Bonded Fixed Prosthesis	\$0.00
06601	Retainer Inlay - Porcelain/Ceramic 3/More Surf	\$785.00
06603	Retainer Inlay-Cast High Noble Metal 3/More Surf	\$827.00
06605	Retainer Inlay-Cast Pdmt Base Metal 3/More Surf	\$780.50
06607	Retainer Inlay - Cast Noble Metal 3/More Surf	\$804.50
06609	Retainer Onlay - Porcelain/Ceramic 3/More Surf	\$849.00
06611	Retainer Onlay-Cast High Noble Metal 3/More Surf	\$887.00
06613	Retainer Onlay-Cast Pdmt Base Metal 3/More Surf	\$843.00
06615	Retainer Onlay-Cast Noble Metal 3/More Surfaces	\$820.50
06634	Retainer Onlay - Titanium	\$789.50
06710	Retainer Crown - Indirect Resin Based Composite	\$857.00
06721	Retainer Crown-Resin W/Predominantly Base Metal	\$948.00
06740	Retainer Crown - Porcelain/Ceramic	\$1,013.58
06751	Retainer Crown-Porcelain Fused Pdmt Base Metal	\$902.44
06780	Retainer Crown - 3/4 Cast High Noble Metal	\$907.50
06782	Retainer Crown - 3/4 Cast Noble Metal	\$843.00
06790	Retainer Crown - Full Cast High Noble Metal	\$960.33
06792	Retainer Crown - Full Cast Noble Metal	\$949.73

06793	Prvs Ret Crwn-Fur Tx/Cmpl Dx Nec B4 Final Imprss	\$406.00
06920	Connector Bar	\$193.50
06940	Stress Breaker	\$239.00
06970	Cast Post And Core In Addition To Fixe	\$297.67
06972	Prefabricated Post And Core In Additio	\$249.69
06975	It Can Be Used As A Definitive Restora	\$547.50
06977	Each Add Prefabricated Post - Same Tooth	\$129.00
06985	Pediatric Partial Denture Fixed	\$457.00
07110	Extraction	\$25.00
07115	Extraction Single Primary Tooth	\$25.00
07130	Root Removal - Exposed Roots	\$0.00
07210	Extraction Eru Tooth Rqr Rmv Bone &/Sectn Tooth	\$204.24
07230	Removal Of Impacted Tooth - Partially Bony	\$341.41
07241	Rmv Imp Tooth - Cmpl Bony W/Unusual Surg	\$504.39
07251	Coronectomy - Intentional Partial Tooth Removal	\$0.00
07261	Primary Closure Of A Sinus Perforation	\$586.00
07272	Tooth Transplantation	\$610.00
07281	Dense Fibrous Tissue Overlying An Impa	\$0.00
07283	Plcmt Device Facilitate Eruption Impacted Tooth	\$116.21
07286	Biopsy Of Oral Tissue Soft	\$349.21
07288	Brush Biopsy Transepithelial Sample Collection	\$88.00
07291	Transseptal Fiberot/Supra Crestal Fiberot Br	\$0.00
07293	Placement Temp Anc Devc Rqr Flap; Inc Devc Rmv	\$371.50
07295	Harvest Bone For Use Autogenous Grafting Proc	\$0.00
07297	Corticotomy-Four Or More Teeth/Tooth Sp Per Quad	\$0.00
07311	Alveoplasty Coninc Xtract 1-3 Teeth/Spaces Quad	\$185.17
07321	Alveoplasty Not Cnjnc Xtrct 1-3 Teeth/Spce Quad	\$291.00
07350	Vestibuloplasty Ridge Ext W/Soft Tiss Grafts	\$5,969.00
07411	Excision Of Benign Lesion Greater Than 1.25 Cm	\$1,304.00
07413	Excision Of Malignant Lesion Up To 1.25 Cm	\$981.50
07415	Excision Of Malignant Lesion Complicated	\$1,565.00
07430	Excision Of Benign Tumor - Lesion Diam	\$93.75
07440	Exc Maliq Tumor-Lesion Diameter Up To 1.25 Cm	\$1,343.50
07450	Removal Ben Odontogenic Cyst/Tumr- Up To 1.25	\$759.94
07460	Removal Ben Nonodontogenic Cyst/Tumr- Up 1.25	\$763.00
07465	Destruction Lesion Physical/Chem Method By Reprt	\$434.00
07471	Removal Of Lateral Exostosis	\$788.11
07473	Removal Of Torus Mandibularis	\$882.50
07485	Reduction Of Osseous Tuberosity	\$786.00
07510	Incision & Drainage Abscess-Intraoral Soft Tiss	\$227.58
07520	Incision & Drainage Abscess-Extraoral Soft Tiss	\$1,086.50
07530	Removal Fb From Mucosa Skin/Subcut Alveol Tissue	\$393.00
07550	Part Ostec/Sequestrectomy Removal Non-Vital Bone	\$271.00
07610	Maxilla-Open Reduction	\$3,475.00
07630	Mandible-Open Reduction	\$4,518.50
07650	Malar And/Or Zygomatic Arch-Open Reduction	\$2,172.00
07670	Alveolus - Closed Reduction May Inc Stabil Teeth	\$996.00
07680	Fce Bns - Comp Rduc W/Fix&Mx Surg Approches Cpt	\$6,496.00
07720	Maxilla-Closed Reduction	\$2,867.00
07740	Mandible-Closed Reduction	\$2,923.50
07760	Malar And/Or Zygomatic Arch Closed Reduction	\$1,492.00
07771	Alveolus Closed Reduction Stabilization Of Teeth	\$1,560.00
07810	Open Reduction Of Dislocation	\$3,822.50
07830	Manipulation Under Anesthesia	\$359.00
07850	Surgical Disectomy; With/Without Implant	\$4,499.50
07854	Synovectomy	\$5,316.00
07858	Joint Reconstruction	\$10,752.50
07865	Arthroplasty	\$7,385.50
07871	Non-Arthroscopic Lysis And Lavage	\$488.50
07873	Arthroscopy: Lavage And Lysis Of Adhesions	\$3,137.00
07875	Arthroscopy: Synovectomy	\$4,929.00
07877	Arthroscopy: Debridement	\$4,690.00
07881	Occlusal Orthotic Device Adjustment	\$0.00
07910	Suture Of Recent Small Wounds Up To 5 Cm	\$348.00
07912	Complicated Suture-Greater Than 5 Cm	\$1,564.00
07921	Collection & Applic Auto Blood Concentrate Prod	\$0.00
07941	Osteotomy - Mandibular Rami	\$6,526.00
07943	Osteot-Mandib Rami W/Bone Grft;Incl Obtain Graft	\$5,995.50
07945	Osteotomy-Body Of Mandible	\$7,109.50
07947	Lefort I Maxilla Segmented	\$7,407.00

06794	Retainer Crown - Titanium	\$912.50
06930	Rececent Fixed Partial Denture	\$116.85
06950	Precision Attachment	\$526.00
06971	Cast Post As Part Of Fixed Partial Den	\$256.00
06973	Core Build Up For Retainer. Including	\$208.33
06976	Each Additional Indirectly Fabricated Post - Same	\$250.00
06980	Fixed Partial Denture Repr Nec Restorativ Matl Fail	\$0.00
06999	Unspecified Fixed Prosthodontic Procedure Report	\$0.00
07111	Extraction Coronal Remnants-Primary Tooth	\$92.65
07120	Typically May Be Reported For An Addit	\$25.00
07140	Extraction Erupted Tooth Or Exposed Root	\$122.23
07220	Removal Of Impacted Tooth - Soft Tissue	\$256.54
07240	Removal Of Impacted Tooth - Completely Bony	\$400.48
07250	Removal Of Residual Tooth Roots	\$216.34
07260	Oroantral Fistula Closure	\$1,804.00
07270	Tooth Reimpl &Or Stbl Acc Evulsd/Displcd Tooth	\$434.25
07280	Exposure Of An Unerupted Tooth	\$370.64
07282	Mobiliz Erupted/Malpositioned Tooth Aid Eruption	\$174.00
07285	Biopsy Of Oral Tissue Hard	\$773.00
07287	Exfoliative Cytological Sample Collection	\$111.50
07290	Surgical Repositioning Of Teeth	\$392.50
07292	Plcmt Temp Anc Devc Screw Retn Plate Rqr Flap;	\$584.00
07294	Placement Temp Anc Devc W/O Flap; Inc Devc Rmv	\$268.00
07296	Corticotomy-One To Three Teeth/Tooth Sp Per Quad	\$0.00
07310	Alveoplasty W/Extraction 4/> Teeth/Space Quad	\$238.43
07320	Alveoplasty Not W/Extractions 4/> Teeth/Space	\$344.39
07340	Vestibuloplasty Ridge Ext Sec Epithelialization	\$1,910.00
07410	Excision Of Benign Lesion Up To 1.25 Cm	\$760.35
07412	Excision Of Benign Lesion Complicated	\$1,445.50
07414	Excision Of Malignant Lesion > 1.25 Cm	\$1,459.00
07420	Radical Excision - Lesion Diameter Gre	\$93.75
07431	Excision Of Benign Tumor - Lesion Diam	\$93.75
07441	Exc Maliq Tumor-Lesion Diam Greater Than 1.25 Cm	\$2,088.50
07451	Removal Benign Odontogenic Cyst/Tumor - > 1.25 Cm	\$1,193.29
07461	Removal Ben Nonodontogenic Cyst/Tumor > 1.25 Cm	\$1,230.00
07470	Includes Removal Of Tori, Osseous Tube	\$0.00
07472	Removal Of Torus Palatinus	\$936.00
07480	Surgical Procedure To Remove Nonvital	\$0.00
07490	Radical Resection Of Maxilla Or Mandible	\$6,367.00
07511	I & D Abscess Intraoral Soft Tissue Complicated	\$344.00
07521	I & D Abscess Extraoral Soft Tissue Complicated	\$1,194.00
07540	Rmv React-Prodnc Foreign Bodies-Musculoskel Sys	\$434.00
07560	Maxillary Sinusotomy Removal Tooth Fragment/Fb	\$2,146.67
07620	Maxilla-Closed Reduction	\$2,606.50
07640	Mandible-Closed Reduction	\$2,867.00
07660	Malar And/Or Zygomatic Arch-Closed Reduction	\$1,281.00
07671	Alveolus - Open Rduc May Incl Stabilizatn Teeth	\$1,884.00
07710	Maxilla-Open Reduction	\$4,084.00
07730	Mandible-Open Reduction	\$5,908.50
07750	Malar And/Or Zygomatic Arch-Open Reduction	\$3,718.00
07770	Alveolus - Open Reduction Stabilization Of Teeth	\$2,021.50
07780	Facial Bones-Comp Rduc Fix & Mx Surg Approaches	\$8,689.00
07820	Closed Reduction Of Dislocation	\$626.00
07840	Condylectomy	\$5,210.50
07852	Disc Repair	\$5,151.50
07856	Mvotomy	\$3,772.00
07860	Arthrotomy	\$4,583.00
07870	Arthrocentesis	\$244.00
07872	Arthroscopy-Diagnosis With Or Without Biopsy	\$2,605.00
07874	Arthroscopy: Disc Repositioning & Stabilization	\$4,499.50
07876	Arthroscopy: Disectomy	\$5,314.00
07880	Occlusal Orthotic Device By Report	\$586.06
07899	Unspecified Tmd Therapy By Report	\$0.00
07911	Complicated Suture-Up To 5 Cm	\$869.00
07920	Skin Graft	\$2,562.50
07940	Osteoplasty - For Orthognathic Deformities	\$0.00
07942	Extraoral	\$0.00
07944	Osteotomy Segmented Or Subapical	\$5,343.00
07946	Lefort I Maxilla Total	\$8,807.50
07948	Lefort Ii/Lefort Iii - W/O Bone Graft	\$9,614.00
07950	Osseous Osteoperiosteal/Cartilage Graft Mand/Max	\$0.00

07949	Letort II/Letort III - W/Bone Graft	\$12,521.50
07951	Sinus Augmentation Bone/Bone Subst Lat Open Appr	\$0.00
07953	Bone Replcmt Graft Ridge Preservation Per Site	\$132.00
07960	Frenulectomy Sep Proc Not Incidentl Another Proc	\$233.17
07970	Excision Of Hyperplastic Tissue-Per Arch	\$466.00
07972	Surgical Reduction Of Fibrous Tuberosity	\$592.00
07980	Surgical Sialolithotomy	\$668.50
07982	Sialodochoplasty	\$1,581.00
07990	Emergency Tracheotomy	\$0.00
07995	Synthetic Graft-Mandible/Facial Bones By Report	\$0.00
07997	Appliance Removal Includes Removal Of Archbar	\$244.00
07999	Unspecified Oral Surgery Procedure By Report	\$0.00
08010	Limited Orthodontic Treatment Primary Dentition	\$0.00
08030	Ltd Orthodontic Treatment Adolescent Dentition	\$31.25
08050	Interceptive Orthodontic Tx Primary Dentition	\$31.25
08070	Comp Orthodontic Tx Transitional Dentition	\$500.00
08090	Comprehensive Orthodontic Tx Adult Dentition	\$500.00
08220	Fixed Appliance Therapy	\$101.25
08370	Upper Fixed Appliance	\$93.75
08660	Preorthodontic Treatment Visit	\$37.50
08680	Orthodontic Retention	\$86.25
08690	Orthodontic Treatment	\$31.25
08692	Replacement Of Lost Or Broken Retainer	\$0.00
08694	Repair Of Fixed Retainers Includes Reattachment	\$0.00
08750	Post Treatment Stabilization	\$0.00
08999	Unspecified Orthodontic Procedure By Report	\$0.00
09110	Palliative Emergency Tx Dental Pain Minor Proc	\$91.93
09210	Local Anes-Not Coniunction W/Op/Surgical Proc	\$28.33
09212	Trigeminal Division Block Anesthesia	\$80.50
09219	Evaluation For Deep Sedation/General Anesthesia	\$0.00
09221	General Anesthesia - Each Additional 1	\$151.68
09223	Deep Sedat/Gen Anesthesia-Ea Substq 15 Min Incr	\$370.31
09239	Intravenous Moderate Sedat/Analgesia-1St 15 Mins	\$147.00
09241	Iv Sedation	\$293.17
09243	Intravenous Mod Sed/Anal-Ea Substq 15 Min Incr	\$293.17
09310	Consult Dx Serv Dent/Phy Not Requesting Dent/Phy	\$196.44
09410	House/Extended Care Facility Call	\$0.00
09430	Office Visit Observation No Other Svc Performed	\$60.23
09445	Bite Opener	\$0.00
09610	Therapeutic Parenteral Drug Singl Administration	\$0.00
09612	Tx Parenteral Drugs 2/> Administrations Diff Med	\$0.00
09630	Drugs/Medicaments Dispensed Office For Home Use	\$0.00
09910	Application Of Desensitizing Medicament	\$40.56
09920	Behavior Management By Report	\$0.00
09932	Cleaning & Inspection Remv Cmpl Dentur Maxillary	\$0.00
09934	Cleaning & Inspection Remv Part Dentur Maxillary	\$0.00
09940	Occlusal Guard By Report	\$0.00
09942	Repair And/Or Reline Of Occlusal Guard	\$137.00
09944	Occlusal Guard By Report	\$0.00
09951	Occlusal Adjustment - Limited	\$117.48
09962	Micro Toothbrush	\$0.00
09971	Odontoplasty 1-2 Teeth; Incl Removal Enamel Proj	\$0.00
09973	External Bleaching - Per Tooth	\$0.00
09975	Ext Bleach Hom Applic-Arch; Matl Fab Cstm Trays	\$0.00
09985	Sales Tax	\$0.00
09987	Cancelled Appointment	\$0.00
09992	Dental Case Management - Care Coordination	\$0.00
09994	Dental Case Mgmt - Pt Ed Imp Oral Health Litracv	\$0.00
09996	Teledentistry-Async; Info Std&Fwd Dent Subsq Rev	\$0.00
99998	Insertion Of Orthodontic Appliance	\$500.00

07952	Sinus Augmentation Via A Vertical Approach	\$0.00
07955	Repair Maxlofacial Soft &/ Hard Tissue Defect	\$0.00
07963	Frenuloplasty	\$504.00
07971	Excision Of Pericoronal Gingiva	\$164.60
07979	Non - Surgical Sialolithotomy	\$0.00
07981	Excision Of Salivary Gland By Report	\$0.00
07983	Closure Of Salivary Fistula	\$1,517.50
07991	Coronoidectomy	\$3,183.50
07996	Implant-Mandible Augmentation Purposes By Report	\$0.00
07998	Intraoral Plcmt Fix Device Not Coniunction W/Fx	\$1,061.50
08003	Orthodontic Visit	\$0.00
08020	Ltd Orthodontic Treatment Transitional Dentition	\$500.00
08040	Limited Orthodontic Treatment Adult Dentition	\$0.00
08060	Intrcptv Orthodontic Tx Transitional Dentition	\$31.25
08080	Comprehensive Orthodontic Tx Adoles Dentition	\$500.00
08210	Removable Appliance Therapy	\$112.50
08360	Removable Orthodontic Retaining Applia	\$86.25
08570	Class II Permanent Malocclusion	\$31.25
08670	Periodic Orthodontic Treatment Visit	\$31.25
08681	Removable Orthodontic Retainer Adjustment	\$0.00
08691	Repair Of Orthodontic Appliance	\$0.00
08693	Rebonding Or Recementing Of Fixed Retainer	\$0.00
08695	Remv Fix Orthodont Applinc Rsn Oth Than Cmpl Tx	\$0.00
08902	Sterile Pack-Hygiene	\$0.00
09100	Infection Control Fee	\$0.00
09120	Fixed Partial Denture Sectioning	\$109.00
09211	Regional Block Anesthesia	\$40.50
09215	Local Anesthesia Coniunction Operative/Surg Proc	\$28.21
09220	General Anesthesia - First 30 Minutes	\$370.31
09222	Deep Sedation/General Anesthesia-1St 15 Minutes	\$145.00
09230	Inhalation Of Nitrous Oxide/Analgesia Anxiolysis	\$49.38
09240	Intravenous Sedation	\$45.00
09242	Iv Conscious Sedation/Analq - Ea Add 15 Minutes	\$126.87
09248	Non-Intravenous Conscious Sedation	\$64.81
09311	Consultation W/Medical Health Care Professional	\$0.00
09420	Hospital Or Ambulatory Surgical Center Call	\$0.00
09440	Office Visit-After Regularly Scheduled Hours	\$121.67
09450	Case Presentation Detailed&Extensive Tx Planning	\$62.00
09611	Subgingival Irrigation	\$0.00
09620	Emergency Prescription	\$0.00
09640	Home Fluoride	\$0.00
09911	Applic Desentz Rsn Cerv &Or Root Surf-Tooth	\$68.93
09930	Tx Complications - Unusual Circumstances Report	\$0.00
09933	Cleaning & Inspection Remv Cmpl Dentur Mandibulr	\$0.00
09935	Cleaning & Inspection Remv Part Dentur Mandibulr	\$0.00
09941	Fabrication Of Athletic Mouthguard	\$148.20
09943	Occlusal Guard Adjustment	\$0.00
09950	Occlusion Analysis - Mounted Case	\$262.00
09952	Occlusal Adjustment - Complete	\$686.00
09970	Enamel Microabrasion	\$0.00
09972	External Bleaching - Per Arch - Performed Office	\$0.00
09974	Internal Bleaching - Per Tooth	\$0.00
09980	Asepsis	\$0.00
09986	Missed Appointment	\$0.00
09991	Dental Case Mgmt - Addressing Appt Ca Barriers	\$0.00
09993	Dental Case Management - Motivational Intv	\$0.00
09995	Teledentistry - Synchronous; Real-Time Encounter	\$0.00
09999	Unspecified Adjunctive Procedure By Report	\$0.00
99999	Monthly Orthodontic Adj. Fee	\$0.00