

Dental Fee Schedule

CDT Code	DESCRIPTION	ALLOWED MAX	CDT Code	DESCRIPTION	ALLOWED MAX
00100	Infection Control Material	\$0.00	00110	Initial Oral Examination	\$18.75
00111	Oral Cancer Screening	\$0.00	00115	Oral Hygiene Instructions	\$10.50
00120	An Evaluation Performed On A Patient O	\$39.21	00130	Emergency Oral Examination	\$25.00
00140	An Evaluation Or Re-Evaluation Limited	\$63.46	00145	Oral Evaluation For A Patient Under Three Years	\$62.89
00150	This Would Include The Evaluation And	\$68.53	00160	A Detailed And Extensive Problem-Focus	\$162.37
00170	Re-Evaluation - Limited Problem Focused	\$34.75	00180	Comprehensive Periodontal Evaluation New-Establish	\$70.12
00201	Perio Rinse	\$0.00	00210	Intraoral - Complete Series (Including	\$114.08
00220	Intraoral - Periapical - First Film	\$22.91	00230	Intraoral - Periapical - Each Addition	\$18.28
00240	Intraoral - Occlusal Film	\$32.85	00250	Extraoral - First Film	\$43.50
00260	Extraoral - Each Additional Film	\$41.00	00270	Bitewing - Single Film	\$21.99
00272	Bitewings - Two Films	\$35.15	00273	Bitewings - Three Films	\$42.72
00274	Bitewings - Four Films	\$49.73	00275	Bitewing-Each Additional Film	\$6.25
00277	Vertical Bitewings - 7 To 8 Films	\$73.50	00290	Posterior-Anterior Or Lateral Skull An	\$149.00
00310	Sialography	\$350.00	00320	Temporomandibular Joint Arthrogram, In	\$567.00
00321	Other Temporomandibular Joint Films, B	\$12.50	00322	Tomographic Survey	\$503.00
00330	Panoramic Film	\$93.61	00340	Cephalometric Film	\$114.40
00350	Records	\$50.95	00360	Cone Beam Ct - Craniofacial Data Capture	\$633.00
00362	Cone Beam - Two-Dimensional Image Recon	\$510.00	00363	Cone Beam - Three-Dimensional Image Recon	\$529.00
00364	Cone Beam Ct - Craniofacial Data Capture	\$529.00	00365	Cone Beam Ct - Craniofacial Data Capture	\$529.00
00366	Cone Beam Ct - Craniofacial Data Capture	\$529.00	00367	Cone Beam Ct - Craniofacial Data Capture	\$529.00
00368	Cone Beam Ct - Craniofacial Data Capture	\$529.00	00396	Bleaching	\$0.00
00410	Initial Periodontic Examination	\$18.75	00415	May Include, But Is Not Limited To Tes	\$29.00
00416	Viral Culture	\$46.50	00417	Collection Of Saliva	\$0.00
00418	Analysis Of Saliva	\$0.00	00421	Genetic Test For Susceptibility To Oral Diseases	\$29.00
00425	Caries Susceptibility Tests	\$26.50	00431	Adjunctive Predx Tst Not Incl Cytology/Bx Proc	\$67.00
00460	Includes Multiple Teeth And Contralate	\$49.15	00470	Also Known As Diagnostic Models Or Stu	\$122.33
00471	This Includes Both Traditional Photogr	\$0.00	00472	Accession Of Tissue, Gross Examination, Prep	\$67.00
00473	Accession Of Tissue, Gross And Microscopic Exam	\$193.00	00474	Accession Of Tissue, Gross And Microscopic Exam	\$161.50
00475	Decalcification Procedure	\$88.50	00476	Special Stains For Microorganisms	\$88.50
00477	Special Stains Not For Microorganisms	\$107.50	00478	Immunohistochemical Stains	\$98.00
00479	Tissue Insitu Hybridization Incl Interpretation	\$150.00	00480	Accession Of Exfoliative Cytologic Smears, Micro	\$142.00

00481	Electron Microscopy Diagnostic	\$576.50	00482	Direct Immunofluorescence	\$126.50
00483	Indirect Immunofluorescence	\$115.50	00484	Consultation On Slides Prepared Elsewhere	\$207.50
00485	Consult Incl Prep Slides Bx Matl Spl Ref Src	\$239.00	00486	Accession Of Brush Biopsy Sample, Microscopic	\$107.50
00501	Refers To Gross And Microscopic Evalua	\$0.00	00502	See 00501	\$0.00
00999	Used For Procedure Which Is Not Adequa	\$0.00	01110	A Dental Prophylaxis Performed On Tran	\$70.93
01120	Refers To A Routine Dental Prophylaxis	\$49.00	01130	Difficult Prophy-By Report	\$31.25
01201	Used To Report Combined Procedures Of	\$70.06	01203	This Code Is Used When Reporting Proph	\$30.35
01204	This Code Is Used When Reporting Proph	\$28.19	01205	This Code Is Used To Report Combined P	\$80.18
01206	Topical Fluoride Varnish, Therapeutic Application	\$45.64	01208	Topical Application Flouride	\$31.00
01210	Topical Fluoride (Excluding Prophy)	\$0.00	01220	Office Fluoride Treatment	\$15.00
01230	Topical Application Of Fluoride	\$22.50	01310	Counseling On Food Selection And Dieta	\$45.00
01320	Tobacco Prevention And Cessation Servi	\$39.33	01330	This May Include Instructions For Home	\$59.60
01334	Oral Hygiene Aid (Peroxyl)	\$0.00	01340	Desensitizing Medication	\$7.50
01351	Pit And Fissure Sealants Have Been Doc	\$51.00	01352	Preventative Resin Restoration	\$0.00
01510	Space Maintainer - Fixed - Unilateral	\$281.51	01515	Space Maintainer - Fixed - Bilateral	\$378.00
01520	Space Maintainer - Removable - Unilate	\$332.00	01525	Space Maintainer - Removable - Bilater	\$502.00
01550	Recementation Of Space Maintainer	\$60.67	01555	Removal Of Fixed Space Maintainer	\$56.25
01999	Infectious Control Procedure	\$0.00	02110	Amalgam - One Surface, Primary	\$15.00
02120	Amalgam - Two Surfaces, Primary	\$20.00	02130	Amalgam - Three Surfaces, Primary	\$25.00
02131	Amalgam - Four Or More Surfaces, Prima	\$31.25	02140	Amalgam - One Surface, Permanent	\$114.22
02150	Amalgam - Two Surfaces, Permanent	\$146.89	02160	Amalgam - Three Surfaces, Permanent	\$177.00
02161	Amalgam - Four Or More Surfaces, Perma	\$216.72	02190	Pin Retention, Per Pin	\$0.00
02210	Silicate Cement - Per Restoration	\$37.50	02330	Resin - One Surface, Anterior	\$119.08
02331	Resin - Two Surfaces, Anterior	\$152.64	02332	Resin - Three Surfaces, Anterior	\$185.31
02334	Iv Pro Bond Filling	\$0.00	02335	Resin - Four Or More Surfaces Or Invol	\$220.34
02336	Full Composite Resin Coverage Of Tooth	\$37.50	02338	Marathon Restoration (Post) 2 Surfaces	\$0.00
02339	Marathon Restoration (Post) 3 Surfaces	\$0.00	02380	Includes Preventive Resin Restoration	\$22.50
02381	Resin - Two Surfaces, Posterior-Primar	\$26.25	02382	Resin - Three Or More Surfaces, Poster	\$37.50
02385	Includes Preventive Resin Restoration	\$22.50	02386	Resin - Two Surfaces, Posterior-Perman	\$26.25
02387	Resin - Three Or More Surfaces, Poster	\$37.50	02388	Resin- Four Or More Surfaces	\$37.50
02390	Resin-Based Composite Crown, Anterior	\$244.00	02391	Resin-Based Composite- One Surface,Posterior	\$140.75
02392	Resin-Based Composite-Two Surfaces, Posterior	\$183.45	02393	Resin-Based Composite-Three Surfaces, Posterior	\$226.46
02394	Resin-Based Composite-Four Surfaces, Posterior	\$275.01	02410	Gold Foil - One Surface	\$230.00
02420	Gold Foil - Two Surfaces	\$383.50	02430	Gold Foil - Three Surfaces	\$665.00
02510	Inlay - Metallic - One Surface	\$608.50	02520	Inlay - Metallic - Two Surfaces	\$680.80
02530	Inlay - Metallic - Three Or More Surfa	\$831.33	02542	Onlay - Metallic - Two Surfaces	\$832.00
02543	Onlay-Metallic-Three Surfaces	\$816.50	02544	Onlay-Metallic-Four Or More Surfaces	\$831.46

02610	Inlay - Porcelain/Ceramic - One Surfac	\$716.00	02620	Inlay - Porcelain/Ceramic - Two Surfac	\$806.00
02630	Inlay - Porcelain/Ceramic - Three Or M	\$859.00	02642	Onlay - Porcelain/Ceramic - Two Surfac	\$828.00
02643	Onlay - Porcelain/Ceramic - Three Surf	\$892.77	02644	Onlay - Porcelain/Ceramic - Four Or Mo	\$948.14
02650	Inlay - Composite/Resin - One Surface	\$439.00	02651	Inlay - Composite/Resin - Two Surfaces	\$523.00
02652	Inlay - Composite/Resin - Three Or Mor	\$589.00	02662	Onlay - Composite/Resin - Two Surfaces	\$511.50
02663	Onlay - Composite/Resin - Three Surfac	\$601.50	02664	Onlay - Composite/Resin - Four Or More	\$644.00
02710	Crown - Resin (Laboratory)	\$387.00	02712	Crown 3/4 Resinbased Composite Indirect	\$363.00
02720	Crown - Resin With High Noble Metal	\$935.00	02721	Crown - Resin With Predominantly Base Metal	\$839.00
02722	Crown - Resin With Noble Metal	\$914.00	02740	Crown - Porcelain/Ceramic Substrate	\$937.23
02750	Crown - Porcelain Fused To High Noble	\$935.53	02751	Crown - Porcelain Fused To Predominant	\$853.22
02752	Crown - Porcelain Fused To Noble Metal	\$878.53	02780	Crown - 3/4 Cast High Noble Metal	\$894.78
02781	Crown - 3/4 Cast Predominately Base Metal	\$800.33	02782	Crown - 3/4 Cast Noble Metal	\$863.67
02783	Crown - 3/4 Porcelain/Ceramic	\$850.84	02790	Crown - Full Cast High Noble Metal	\$909.65
02791	Crown - Full Cast Predominantly Base M	\$838.93	02792	Crown - Full Cast Noble Metal	\$868.95
02794	Crown Titanium	\$895.00	02799	Provisional Crown	\$383.00
02810	Crown - 3/4 Cast Metallic	\$218.75	02830	Chrome Crown-Primary-Child	\$75.00
02892	Prefab Post & Comp/Amal In Add. Crown	\$0.00	02910	Recement Inlay	\$82.63
02915	Recement Cast Or Prefabricated Post And Core	\$81.54	02920	Recement Crown	\$82.92
02925	Seat Cr/Br Advance	\$0.00	02930	Prefabricated Stainless Steel Crown -	\$218.54
02931	Prefabricated Stainless Steel Crown -	\$251.63	02932	Prefabricated Resin Crown	\$257.22
02933	Open-Face Stainless Steel Crown With A	\$321.00	02934	Prefab Esthetic Coat Stnless Steel Crown Prim	\$289.00
02940	Temporary Restoration Intended To Reli	\$86.15	02950	Refers To Building Up Of Anatomical Cr	\$217.70
02951	Report Each Pin Separately.	\$46.41	02952	Cast Post And Core Is Separate From Cr	\$335.58
02953	Each Additional Indirectly Fabricated Post	\$166.50	02954	Core Is Built Around A Prefabricated P	\$272.63
02955	For Removal Of Posts (E.G. Fractured P	\$216.00	02957	Each Additional Prefabricated Post - Same Tooth	\$135.33
02960	Refers To Labial/Facial Bonded Veneers	\$662.79	02961	Refers To Labial/Facial Bonded Veneers	\$730.00
02962	Refers To Labial/Facial Bonded Veneers	\$813.66	02970	Temporary Crown (Fractured Tooth)	\$231.25
02971	Add Proc New Crwn Und Xsting Part Dentur Frmewrk	\$134.00	02975	Coping	\$388.00
02980	Includes Removal Of Crown, If Necessar	\$142.00	02999	Use For Procedure Which Is Not Adequat	\$0.00
03110	Procedure In Which The Exposed Pulp Is	\$62.66	03120	Procedure In Which The Nearly Exposed	\$49.56
03220	Performed On Primary Or Permanent Teet	\$142.35	03221	Pulpal Debridement, Primary & Permanent Teeth	\$161.76
03222	Therapeutic Pupotomy	\$58.00	03230	Primary Incisors And Cuspids.	\$150.50
03240	Primary First And Second Molars.	\$169.65	03300	Complete Endo. Treatment	\$0.00
03302	Sterile Pack Operative	\$0.00	03310	Anterior (Excluding Final Restoration)	\$617.09
03320	Bicuspid (Excluding Final Restoration)	\$756.38	03321	Premolar Root Canal	\$137.50
03330	Molar (Excluding Final Restoration)	\$983.98	03331	Treatment Of Root Canal Obstruction; Non-Surgical	\$210.50
03332	Incomplete Endo Tx; Inop Unrestorable/Fx Tooth	\$487.17	03333	Internal Root Repair Of Perforation Defects	\$197.00

03346	Retreatment Of Previous Root Canal The	\$840.60
03348	Retreatment Of Previous Root Canal The	\$1,193.30
03352	For Visits In Which The Intra-Canal Me	\$159.00
03354	Pupal Regeneration	\$0.00
03421	For Surgery On One Root Of A Bicuspid.	\$789.25
03426	Typically Used For Bicuspid And Molar	\$297.38
03450	Root Resection Of A Multirooted Tooth	\$444.92
03470	For The Intentional Removal, Inspectio	\$842.50
03920	Includes Separation Of A Multirooted T	\$330.00
03960	Specify Whether Tooth Is Vital Or Nonv	\$0.00
04100	Periodontal Charting	\$0.00
04210	Involves The Excision Of The Soft Tiss	\$596.33
04212	Gingi Access For Restorative Proc Per Tooth	\$98.00
04230	Anatomical Crown Exposure - Four Or More	\$854.50
04240	Surgical Debridement Of The Root Surfa	\$731.29
04245	Apically Positioned Flap	\$521.00
04250	Mucogingival Surgical Procedures Are D	\$250.00
04261	Bone Replace. Graft Single	\$666.32
04264	Bone Replacement Graft - Each Addition	\$395.95
04266	A Membrane Is Placed Over The Root Sur	\$472.63
04268	Surgical Revision Procedure Per Tooth	\$0.00
04271	Gingival Or Masticatory Mucosa Is Graf	\$907.38
04273	This Procedure Is Performed To Create	\$1,044.91
04275	Soft Tissue Allograft	\$744.00
04277	Free Soft Tissue Graft Procedure (Including Donor	\$470.00
04285	Soft Tissue Allograft	\$744.00
04321	This Is An Interim Stabilization Of Mo	\$340.89
04340	Perio. Scaling-Entire Mouth	\$62.50
04342	Peridontal Scaling One To Three Teeth	\$117.63
04346	Perio. Scaling	\$140.00
04360	Special Perio Dental Appliance	\$0.00
04381	Synthetic Fibers Or Other Approved Del	\$48.00
04920	Unscheduled Dressing Change (By Someon	\$105.00
04999	Use For Procedure Which Is Not Adequat	\$0.00
05110	Complete Denture - Maxillary	\$1,276.12
05130	Includes Limited Follow-Up Care Only;	\$1,393.00
05211	All Partial Include Major Connectors	\$1,077.65

03347	Retreatment Of Previous Root Canal The	\$996.05
03351	Includes Opening Tooth, Pulpectomy, Pr	\$363.00
03353	Includes Removal Of Intra-Canal Medica	\$503.50
03410	For Surgery On Root Of Anterior Tooth.	\$703.89
03425	For Surgery On One Root Of A Molar Too	\$902.45
03430	For Placement Of Retrograde Filling Ma	\$215.53
03460	Placement Of Implant Material Which Ex	\$2,027.50
03910	Surgical Procedure For Isolation Of To	\$117.00
03950	Should Not Be Reported In Conjunction	\$160.00
03999	Used For Procedure Which Is Not Adequa	\$0.00
04110	Periodontal Maintenance	\$31.25
04211	Involves The Excision Of The Soft Tiss	\$257.47
04220	Gingival Curettage,Report (Per Quad)	\$118.75
04231	Anatomical Crown Exposure - One To Three Teeth	\$434.00
04241	Gingival Flap Procedure, Including Root Planing	\$436.22
04249	This Procedure Is Employed To Allow Re	\$828.60
04260	This Procedure Modifies The Bony Suppo	\$1,245.81
04263	Bone Replacement Graft - First Site In	\$428.70
04265	Biologic Materials To Aid In Soft And Osseous	\$250.00
04267	This Procedure Is Used To Regenerate L	\$625.00
04270	A Pedicle Flap Of Gingiva Can Be Raise	\$862.36
04272	Apically Repositioning Flap Procedure	\$0.00
04274	This Procedure Is Performed In An Eden	\$608.25
04276	Comb Cnctive Tissue&Dbl Pedicle Graft Per Tooth	\$1,266.00
04283	This Procedure Is Performed To Create	\$1,044.91
04320	This Is An Interim Stabilization Of Mo	\$397.00
04330	Occlusal Adjustment]	\$75.00
04341	This Procedure Involves Instrumentatio	\$209.50
04345	Gingivitis Therapy-Per Quad	\$118.75
04355	The Removal Of Subgingival And/Or Supr	\$141.63
04380	Perio Evaluation	\$0.00
04910	This Procedure Is For Patients Who Hav	\$127.23
04921	Gingival Irrigation - Per Quadrant	\$0.00
05001	Breakage Plan-Partial	\$0.00
05120	Complete Denture - Mandibular	\$1,275.92
05140	Immediate Lower Denture	\$1,392.59
05212	Includes Acrylic Resin Base Denture Wi	\$1,250.76

05213	Cast Metal Base Alloys Have Less Than	\$1,410.83	05214	Lower Partial, Metal Base	\$1,410.77
05215	Max. Partial/Hi-Noble Cast	\$437.50	05222	Includes Limited Follow-Up Care Only;	\$1,393.00
05223	Includes Limited Follow-Up Care Only;	\$1,393.00	05224	Immediate Lower Denture	\$1,392.59
05225	Maxillary Partial Denture - 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	Removable Unilateral Partial Denture -	\$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	05520	Replace Missing Or Broken Teeth - Comp	\$116.20
05610	Repair Resin Denture Base	\$151.52	05612	Resin Partial Denture Base, Maxillary	\$73.00
05620	Repair Cast Framework	\$163.20	05630	Repair Or Replace Broken Clasp	\$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	\$209.24	05670	Replace All Teeth And Acrylic On Cast Metal Maxill	\$513.50
05671	Replace All Teeth And Acrylic On Cast Metal Mandib	\$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 (Cha	\$292.96
05731	Reline Complete Mandibular Denture (Ch	\$293.62	05740	Reline Maxillary Partial Denture (Chai	\$267.50
05741	Reline Mandibular Partial Denture (Cha	\$267.23	05750	Reline Complete Maxillary Denture (Lab	\$390.36
05751	Reline Complete Mandibular Denture (La	\$390.14	05760	Reline Maxillary Partial Denture (Labo	\$383.80
05761	Reline Mandibular Partial Denture (Lab	\$383.84	05810	Interim Complete Denture (Maxillary)	\$616.00
05811	Interim Complete Denture (Mandibular)	\$662.00	05820	Includes Any Necessary Clasps And Rest	\$476.56
05821	Includes Any Necessary Clasps And Rest	\$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	Each Set Of Male And Female Components	\$0.00
05867	Replacement Repl Part Semi-Prcisn/Prcisn Attch	\$0.00	05875	Modification Remv Prosth Follow Implant Surgery	\$0.00
05899	Use For A Procedure Which Is Not Adequ	\$0.00	05911	A Sectional Facial Moulage Impression	\$324.50
05912	A Complete Facial Moulage Impression I	\$324.50	05913	A Removable Prosthesis Attached To The	\$6,836.50
05914	(Auricular Prosthesis, Replacement).	\$6,836.50	05915	A Prosthesis Which Artificially Restor	\$9,251.00
05916	A Prosthesis Which Artificially Replac	\$2,467.50	05919	A Removable Prosthesis Which Artificia	\$0.00
05922	Adverse Chemical Degradation In This M	\$0.00	05923	A Temporary Replacement Generally Made	\$0.00
05924	A Biocompatible, Permanently Implanted	\$0.00	05925	Although Some Forms Of Premade Surgica	\$0.00
05926	An Artificial Nose Produced From A Pre	\$0.00	05927	An Artificial Ear Produced From A Prev	\$0.00
05928	A Replacement For A Previously Made Or	\$0.00	05929	A Replacement Facial Prosthesis Made F	\$0.00
05931	A Temporary Prosthesis Inserted During	\$3,680.50	05932	A Definitive Obturator Is Made When It	\$6,884.00
05933	Revision Or Alteration Of An Existing	\$0.00	05934	A Prosthesis Which Guides The Remainin	\$6,274.50
05935	A Prosthesis Which Helps Guide The Par	\$5,459.50	05936	A Prosthesis Which Is Made Following C	\$6,132.00
05937	A Prosthesis Which Assists The Patient	\$771.00	05951	A Prosthesis Which Maintains The Right	\$1,002.00

05952	A Temporary Or Interim Prosthesis Used	\$3,253.50	05953	A Definitive Prosthesis Which Can Impr	\$6,179.00
05954	A Removable Prosthesis Which Alters Th	\$5,726.00	05955	A Definitive Palatal Lift Is Usually M	\$5,296.00
05958	A Prosthesis Which Elevates And Assist	\$0.00	05959	Alterations In The Adaptation, Contour	\$0.00
05960	Any Revision Of A Pediatric Or Adult S	\$0.00	05982	A Surgical Stent May Be Required In Su	\$633.00
05983	A Device Used To Administer Radiation	\$1,541.50	05984	An Intraoral Prosthesis Designed To Sh	\$1,541.50
05985	A Prosthesis Utilized To Direct And Re	\$1,541.50	05986	A Prosthesis Which Covers The Teeth In	\$131.00
05987	Synonymous Terminology: Lip Splint; A	\$2,313.50	05988	Splints Are Designed To Utilize Existi	\$0.00
05991	Topical Medicament Carrier	\$0.00	05992	Adjust Maxiofacial Prosthetic Appliance	\$0.00
05993	Cleaning Of Maxillofacial Prothesis	\$0.00	05999	Used For Procedure Which Is Not Adequa	\$0.00
06010	Includes Second Stage Surgery And Plac	\$2,132.01	06012	Surgical Placement Of Interim Implant Body For	\$2,020.00
06020	An Abutment Is Placed To Permit Fabric	\$138.75	06040	An Eposteal (Subperiosteal) Framework	\$7,394.00
06050	A Transosteal (Transosseous) Biocompat	\$5,488.50	06053	Implant/Abutment Supported Removable Denture	\$1,596.00
06054	Implant/Abutment Suported Removable Denture Partia	\$1,588.00	06055	A Device Attached To Transmucosal Abut	\$546.00
06056	Prefabricated Abutment Includes Placement	\$378.05	06057	Custom Abutment Includes Placement	\$494.68
06058	Abutment Supported Porcelain/Ceramic Crown	\$1,225.75	06059	Abutment Supported Porcelain/Ceramic Crown	\$1,208.25
06060	Abut Supp Porcelain To Mtl Crown Predom Base Mtl	\$1,149.38	06061	Abut Supp Porcelain To Metal Crown Noble Metal	\$1,169.50
06062	Abutment Supp Cast Metal Crown High Noble Metal	\$1,161.00	06063	Abutment Supp Cast Metal Crown Predom Base Metal	\$1,007.00
06064	Abutment Supp Cast Metal Crown Noble Metal	\$1,059.67	06065	Implant Supported Porcelain/Ceramic Crown	\$1,207.90
06066	Implant Supported Porcelain Fused To Metal Crown	\$1,177.96	06067	Implant Supported Metal Crown	\$1,139.00
06068	Abut Supported Retainer Porcelain/Ceramic Fpd	\$1,231.00	06069	Abut Retainr Porceln To Metl Fpd Hi Nobl Metl	\$1,208.00
06070	Abut Retn Porceln To Metl Fpd Predom Base Metl	\$1,148.00	06071	Abut Supported Retainer Porceln Fused Metal Fpd	\$1,165.00
06072	Abutment Supported Retainer For Cast Metal Fpd	\$1,196.00	06073	Abut Retainr Cast Metl Fpd Predom Base Metl	\$1,082.50
06074	Abutment Retainr Cast Metal Fpd Noble Metal	\$1,166.50	06075	Implant Supported Retainer For Ceramic Fpd	\$1,205.00
06076	Implant Supported Retain Porceln Fused Metal Fpd	\$1,174.00	06077	Implant Supported Retainer For Cast Metal Fpd	\$1,144.50
06078	Implnt/Abut Supp Fixed Denture Cmpl Endent Arch	\$0.00	06079	Impl/Abut Supported Fix Dentur Part Edntuls Arch	\$0.00
06080	This Procedure Includes A Prophylaxis	\$100.55	06090	This Procedure Involves The Repair Or	\$0.00
06091	Replacement Of Semi-Precision Or Precision Attach	\$484.50	06092	Recement Implant/Abutment Supported Crown	\$94.54
06093	Recement Implant/Abutment Supported Fixed	\$148.50	06094	Abutment Supported Crown Titanium	\$963.50
06095	This Procedure Involves The Repair Or	\$0.00	06100	This Procedure Involves The Surgical R	\$270.00
06104	Surgical Bone Graft	\$980.00	06110	Implant/Abutment Supported Removable Denture	\$998.00
06190	Radiographic/Surgical Implant Index By Report	\$216.00	06194	Abutment Supported Retainer Crown For Fpd	\$993.00
06199	Use For Procedure Which Is Not Adequat	\$0.00	06205	Pontic Indirect Resin Based Composite	\$558.00
06210	Pontic - Cast High Noble Metal	\$892.43	06211	Pontic - Cast Predominantly Base Metal	\$842.84
06212	Pontic - Cast Noble Metal	\$814.67	06214	Pontic Titanium	\$859.00

06240	Pontic - Porcelain Fused To High Noble	\$869.39	06241	Pontic - Porcelain Fused To Predominan	\$779.24
06242	Pontic - Porcelain Fused To Noble Meta	\$832.25	06245	Pontic - Porcelain/Ceramic	\$900.05
06250	Pontic - Resin With High Noble Metal	\$843.20	06251	Pontic - Resin With Predominantly Base	\$784.00
06252	Pontic - Resin With Noble Metal	\$792.50	06253	Provisional Pontic	\$382.00
06520	Inlay - Metallic - Two Surfaces	\$90.00	06530	Inlay - Metallic - Three Or More Surfa	\$112.50
06543	Onlay - Metallic - Three Surfaces	\$108.75	06544	Onlay - Metallic - Four Or More Surfac	\$108.75
06545	Report Pontics Separately With Appropr	\$358.05	06548	Retainer - Porceln/Ceramic Rsn Bonded Fix Prosth	\$408.33
06600	Inlay-Porcelain/Ceramic, Two Surfaces	\$703.00	06601	Inlay-Porcelain/Ceramic, Three Or More Surfaces	\$785.00
06602	Inlay-Cast High Noble Metal, Two Surfaces	\$800.00	06603	Inlay-Cast High Noble Metal, Three Or More Surface	\$827.00
06604	Inlay-Cast Predominantly Base Metal, Two Surfaces	\$736.50	06605	Inlay-Cast Predominantly Base Metal, Three Or More	\$780.50
06606	Inlay - Cast Noble Metal Two Surfaces	\$724.50	06607	Inlay-Case Noble Metal, Three Or More Surfaces	\$804.50
06608	Onlay-Porcelain/Ceramic, Two Surfaces	\$764.50	06609	Onlay-Porcelain/Ceramic, Three Or More Surfaces	\$849.00
06610	Onlay-Cast High Noble Metal, Two Surfaces	\$811.00	06611	Onlay-Cast High Noble Metal, Three Or More Surface	\$887.00
06612	Onlay-Cast Predominantly Base Metal, Two Surfaces	\$806.50	06613	Onlay-Cast Predominantly Base Metal, Three Or More	\$843.00
06614	Onlay-Cast Noble Metal, Two Surfaces	\$789.50	06615	Onlay-Cast Noble Metal, Three Or More Surfaces	\$820.50
06624	Inlay Titanium	\$751.50	06634	Onlay Titanium	\$789.50
06640	Replace Crown Facing	\$0.00	06710	Crown Indirect Resin Based Composite	\$857.00
06720	Crown - Resin With High Noble Metal	\$959.67	06721	Crown - Resin With Predominantly Base	\$948.00
06722	Crown - Resin With Noble Metal	\$907.50	06740	Crown - Porcelain/Ceramic	\$1,013.58
06750	Crown - Porcelain Fused To High Noble	\$996.99	06751	Crown - Porcelain Fused To Predominant	\$902.44
06752	Crown - Porcelain Fused To Noble Metal	\$928.79	06780	Crown - 3/4 Cast High Noble Metal	\$907.50
06781	Crown - 3/4 Cast Predominately Based Metal	\$907.50	06782	Crown 3/4 Cast Noble Metal-Denture	\$843.00
06783	Crown 3/4 Porcelain/Ceramic-Denture	\$934.00	06790	Crown - Full Cast High Noble Metal	\$960.33
06791	Crown - Full Cast Predominantly Base M	\$903.10	06792	Crown - Full Cast Noble Metal	\$949.73
06793	Provisional Retainer Crown	\$406.00	06794	Crown Titanium	\$912.50
06920	Connector Bar	\$193.50	06930	Recement Fixed Partial Denture	\$116.85
06940	A Non-Rigid Connector.	\$239.00	06950	Report Attachment Separately From Crow	\$526.00
06970	Cast Post And Core In Addition To Fixe	\$297.67	06971	Cast Post As Part Of Fixed Partial Den	\$256.00
06972	Prefabricated Post And Core In Additio	\$249.69	06973	Core Build Up For Retainer, Including	\$208.33
06975	It Can Be Used As A Definitive Restora	\$547.50	06976	Each Additional Indirectly Fabricated Post - Same	\$250.00
06977	Each Add Prefabricated Post - Same Tooth	\$129.00	06980	Fixed Partial Denture Repair, By Repor	\$0.00
06985	Pediatric Partial Denture, Fixed	\$457.00	06999	Used For Procedure Which Is Not Adequa	\$0.00
07110	Extraction	\$25.00	07111	Cornal Remnants-Deciduous Tooth	\$92.65
07115	Extraction Single Primary Tooth	\$25.00	07120	Typically May Be Reported For An Addit	\$25.00

07130	Root Removal - Exposed Roots	\$0.00	07140	Extraction, Erupted Tooth Or Exposed Root	\$122.23
07210	Includes Cutting Of Gingiva And Bone,	\$204.24	07220	Occlusal Surface Of Tooth Covered By S	\$256.54
07230	Part Of Crown Covered By Bone; Require	\$341.41	07240	Most Or All Of Crown Covered By Bone;	\$400.48
07241	Most Or All Of Crown Covered By Bone;	\$504.39	07250	Includes Cutting Of Gingiva And Bone,	\$216.34
07251	Coronectomy Oral Maxillofacial Surgery	\$0.00	07260	Excision Of Fistulous Tract Between Ma	\$1,804.00
07261	Primary Clousre Of A Sinus Perforation	\$586.00	07270	Includes Splinting And/Or Stabilizatio	\$434.25
07272	Tooth Transplantation (Includes Reimpl	\$610.00	07280	An Incision Is Made And The Tissue Is	\$370.64
07281	Dense Fibrous Tissue Overlying An Impa	\$0.00	07282	Mobilization Of Erupted Or Malpositioned Tooth To	\$174.00
07283	Plcmt Device Facilitate Eruption Impacted Tooth	\$116.21	07285	For Surgical Oral Pathology Procedures	\$773.00
07286	For Surgical Oral Pathology Procedures	\$349.21	07287	Cytology Sample Collection	\$111.50
07288	Brush Biopsy Transepithelial Sample Collection	\$88.00	07290	Surgical Repositioning Of Teeth	\$392.50
07291	The Supraosseous Connective Tissue Att	\$0.00	07292	Surgical Placement: Temporary Anchorage Device	\$584.00
07293	Surgical Placement: Temporary Anchorage Device	\$371.50	07294	Surgical Placement: Temporary Anchorage Device	\$268.00
07310	Usually In Preparation For A Prothesi	\$238.43	07311	Alveoloplasty Conjnc Xtract 1-3 Teeth/Spaces Quad	\$185.17
07320	No Extractions Performed In An Edentul	\$344.39	07321	Alveoloplasty Not Crjnc Xtrct 1-3 Teeth/Spce Quad	\$291.00
07340	Vestibuloplasty - Ridge Extension (Sec	\$1,910.00	07350	Vestibuloplasty - Ridge Extension (Inc	\$5,969.00
07410	Radical Excision - Lesion Diameter Up	\$760.35	07411	Excision Of Benign Lesion Greater Than 1.25.Cm	\$1,304.00
07412	Excision Of Benign Lesion, Complicated	\$1,445.50	07413	Excision Of Malignant Lesion Up To 1.25 Cm	\$981.50
07414	Excision Of Malignant Lesion Greater Than 1.25 Cm	\$1,459.00	07415	Excision Of Malignant Lesion, Complicated	\$1,565.00
07420	Radical Excision - Lesion Diameter Gre	\$93.75	07430	Excision Of Benign Tumor - Lesion Diam	\$93.75
07431	Excision Of Benign Tumor - Lesion Diam	\$93.75	07440	Excision Of Malignant Tumor-Lesion Dia	\$1,343.50
07441	Excision Of Malignant Tumor - Lesion D	\$2,088.50	07450	Removal Of Odontogenic Cyst Or Tumor -	\$759.94
07451	Removal Of Odontogenic Cyst Or Tumor -	\$1,193.29	07460	Removal Of Nonodontogenic Cyst Or Tumo	\$763.00
07461	Removal Of Nonodontogenic Cyst Or Tumo	\$1,230.00	07465	Examples Include Using Cryo, Laser Or	\$434.00
07470	Includes Removal Of Tori, Osseous Tube	\$0.00	07471	Removal Of Lateral Exostosis	\$788.11
07472	Removal Of Torus Palatinus	\$936.00	07473	Removal Of Torus Mandibularis	\$882.50
07480	Surgical Procedure To Remove Nonvital	\$0.00	07485	Surgical Reduction Of Osseous Tuberosity	\$786.00
07490	Radical Resection Of Mandible With Bon	\$6,367.00	07510	Involves Incision Through Mucosa.	\$227.58
07511	I & D Abscess Intraoral Soft Tissue Complicated	\$344.00	07520	Involves Incision Through Skin.	\$1,086.50
07521	I & D Abscess Extraoral Soft Tissue Complicated	\$1,194.00	07530	Removal Of Foreign Body, Skin, Or Subc	\$393.00
07540	May Include, But Is Not Limited To, Re	\$434.00	07550	Removal Of Loose Or Sloughed-Off Dead	\$271.00
07560	Maxillary Sinusotomy For Removal Of To	\$2,146.67	07610	Teeth May Be Wired, Banded Or Splinted	\$3,475.00
07620	No Incision Required To Reduce Fractur	\$2,606.50	07630	Teeth May Be Wired, Banded Or Splinted	\$4,518.50
07640	No Incision Required To Reduce Fractur	\$2,867.00	07650	Malar And/Or Zygomatic Arch - Open Red	\$2,172.00
07660	Malar And/Or Zygomatic Arch - Closed R	\$1,281.00	07670	Teeth May Be Wired, Banded Or Splinted	\$996.00
07671	Alveolus-Open Reduction, May Include Stabilization	\$1,884.00	07680	Facial Bones Include Upper And Lower J	\$6,496.00
07710	Surgical Incision Required To Reduce F	\$4,084.00	07720	Maxilla - Closed Reduction	\$2,867.00

07730	Surgical Incision Required To Reduce F	\$5,908.50	07740	Mandible - Closed Reduction	\$2,923.50
07750	Surgical Incision Required To Reduce F	\$3,718.00	07760	Malar And/Or Zygomatic Arch - Closed R	\$1,492.00
07770	Fractured Bone(S) Are Exposed To Mouth	\$2,021.50	07771	Alveolus, Closed Reduction Stabilization Of Teeth	\$1,560.00
07780	Surgical Incision Required To Reduce F	\$8,689.00	07810	Access To Tmj Via Surgical Opening.	\$3,822.50
07820	Joint Manipulated Into Place; No Surgi	\$626.00	07830	Usually Done Via General Anesthesia.	\$359.00
07840	Surgical Removal Of All Or Portion Of	\$5,210.50	07850	Excision Of The Intra-Articular Disc O	\$4,499.50
07852	Repositioning And/Or Sculpting Of Disc	\$5,151.50	07854	Excision Of A Portion Or All Of The Sy	\$5,316.00
07856	Cutting Of Muscle For Therapeutic Purp	\$3,772.00	07858	Reconstruction Of Osseous Components I	\$10,752.50
07860	Cutting Into Joint (Separate Procedure	\$4,583.00	07865	Reduction Of Osseous Components Of The	\$7,385.50
07870	Withdrawal Of Fluid From A Joint Space	\$244.00	07871	Non-Arthroscopic Lysis And Lavage	\$488.50
07872	Arthroscopy - Diagnosis, With Or Witho	\$2,605.00	07873	Removal Of Adhesions Using The Arthros	\$3,137.00
07874	Repositioning And Stabilization Of Dis	\$4,499.50	07875	Removal Of Inflamed And Hyperplastic S	\$4,929.00
07876	Removal Of Disc And Remodeled Posterio	\$5,314.00	07877	Removal Of Pathologic Hard And/Or Soft	\$4,690.00
07880	Presently Includes Splints Provided Fo	\$586.06	07899	Used For Procedure Which Is Not Adequa	\$0.00
07910	Suture Of Recent Small Wounds Up To 5	\$348.00	07911	Complicated Suture - Up To 5 Cm	\$869.00
07912	Complicated Suture - Greater Than 5 Cm	\$1,564.00	07920	Skin Graft (Identify Defect Covered, L	\$2,562.50
07940	Reconstruction Of Jaws For Correction	\$0.00	07941	Intraoral	\$6,526.00
07942	Extraoral	\$0.00	07943	See 07942.	\$5,995.50
07944	Osteotomy - Segmented Or Subapical - P	\$5,343.00	07945	Surgical Section Of Lower Jaw. This In	\$7,109.50
07946	Lefort I (Maxilla - Total)	\$8,807.50	07947	Lefort I (Maxilla - Segmented)	\$7,407.00
07948	Lefort Ii Or Lefort Iii (Osteoplasty O	\$9,614.00	07949	Includes Obtaining Autografts.	\$12,521.50
07950	Includes Obtaining Autograft And/Or Al	\$0.00	07951	Sinus Augmentation With Bone Or Bone Substitutes	\$0.00
07953	Bone Replacement Graft For Ridge Preservation - Pe	\$132.00	07955	Various Soft Tissue Grafting Procedure	\$0.00
07960	The Frenum May Be Excised When The Ton	\$233.17	07963	Frenuloplasty	\$504.00
07970	Excision Of Hyperplastic Tissue - Per	\$466.00	07971	Surgical Removal Of Inflammatory Or Hy	\$164.60
07972	Surgical Reduction Of Fibrous Tuberosity	\$592.00	07980	Surgical Procedure By Which A Stone Wi	\$668.50
07981	Excision Of Salivary Gland, By Report	\$0.00	07982	Surgical Procedure For The Repair Of A	\$1,581.00
07983	Surgical Closure Of An Opening Between	\$1,517.50	07990	Surgical Formation Of A Tracheal Openi	\$1,305.00
07991	Surgical Removal Of The Coronoid Proce	\$3,183.50	07995	Includes Allogenic Material.	\$0.00
07996	Implant-Mandible For Augmentation Purp	\$0.00	07997	Appliance Removal Includes Removal Of Archbar	\$244.00
07998	Intraoral Placement Of A Fixation Device Not In	\$1,061.50	07999	Used For Procedure Which Is Not Adequa	\$0.00
08003	Orthodontic Visit	\$0.00	08010	Limited Orthodontic Treatment Of The P	\$0.00
08020	Limited Orthodontic Treatment Of The T	\$500.00	08030	Limited Orthodontic Treatment Of The A	\$31.25
08040	Limited Orthodontic Treatment Of The A	\$0.00	08050	Interceptive Orthodontic Treatment Of	\$31.25
08060	Interceptive Orthodontic Treatment Of	\$31.25	08070	Orthodontic Appliance Insertion	\$500.00
08080	Orthodontic Appliance Insertion	\$500.00	08090	Comprehensive Orthodontic Treatment Of	\$500.00

08210	Removable Indicates Patient Can Remove	\$112.50
08360	Removable Orthodontic Retaining Applia	\$86.25
08570	Class Ii Permanent Malocclusion	\$31.25
08670	Periodic Orthodontic Treatment Visit (\$31.25
08690	Services Provided By Dentist Other Tha	\$31.25
08692	Replacement Of Lost Or Broken Retainer	\$0.00
08750	Post Treatment Stablization	\$0.00
08999	Used For Procedure Which Is Not Adequa	\$0.00
09110	This Is Typically Reported On A 'Per V	\$91.93
09210	Local Anesthesia Not In Conjunction Wi	\$28.33
09212	Trigeminal Division Block Anesthesia	\$80.50
09220	General Anesthesia - First 30 Minutes	\$370.31
09222	Deep Sedation First 15 Minutes	\$145.00
09230	Includes Nitrous Oxide.	\$49.38
09240	Intravenous Sedation	\$45.00
09242	Iv Conscious Sedation/Analg - Ea Add 15 Minutes	\$126.87
09248	Non-Intravenous Conscious Sedation	\$64.81
09410	Includes Nursing Home Visits, Long-Ter	\$210.00
09430	Office Visit For Observation (During R	\$60.23
09445	Bite Opener	\$0.00
09610	Includes Antibiotic Or Injection Of Se	\$7.50
09612	Therapeutic Parenteral Drugs, Two Or More	\$0.00
09630	Includes, But Is Not Limited To, Oral	\$0.00
09910	Includes In-Office Treatment For Root	\$40.56
09920	May Be Reported In Addition To Treatme	\$0.00
09940	Removable Dental Appliances Which Are	\$0.00
09942	Repair And/Or Reline Of Occlusal Guard	\$137.00
09951	May Also Be Known As Equilibration; Re	\$117.48
09962	Mircro Toothbrush	\$0.00
09971	Odontoplasty 1-2 Teeth; Incl Removal Enamel Proj	\$0.00
09973	External Bleaching - Per Tooth	\$0.00
09980	Asepsis	\$0.00
09999	Used For Procedure Which Is Not Adequa	\$0.00
99999	Monthly Orthodontic Adj. Fee	\$31.25

08220	Fixed Indicates Patient Cannot Remove	\$101.25
08370	Upper Fixed Appliance	\$93.75
08660	Pre-Orthodontic Treatment Visit	\$37.50
08680	Orthodontic Retention (Removal Of Appl	\$86.25
08691	Repair Of Orthodontic Appliance	\$0.00
08693	Rebonding Or Recementing; And/Or Repair, As Req	\$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	\$28.21
09221	General Anesthesia - Each Additional 1	\$151.68
09223	General Anesthesia - First 30 Minutes	\$370.31
09239	Light Sedation First 15 Minutes	\$147.00
09241	Iv Sedation	\$293.17
09243	Iv Sedation	\$293.17
09310	See 00120 - 00160.	\$196.44
09420	May Be Reported When Providing Treatme	\$369.00
09440	Office Visit - After Regularly Schedul	\$121.67
09450	Case Presentation, Detailed And Extensive Treatmen	\$62.00
09611	Subgingival Irrigation	\$0.00
09620	Emergency Prescription	\$0.00
09640	Home Fluoride	\$0.00
09911	Applic Desenznt Rsn Cerv &Or Root Surf-Tooth	\$68.93
09930	Treatment Of Complications (Post-Surgi	\$0.00
09941	Fabrication Of Athletic Mouthguard	\$148.20
09950	Includes, But Is Not Limited To, Faceb	\$262.00
09952	Occlusal Adjustment May Require Severa	\$686.00
09970	The Removal Of Discolored Surface Enam	\$0.00
09972	External Bleaching - Per Arch	\$0.00
09974	Internal Bleaching - Per Tooth	\$0.00
09995	Consultation	\$0.00
99998	Insertion Of Orthodontic Appliance	\$500.00