

**ATTACHMENT A-1
SMILES FOR CHILDREN(GVWB2005)
SCHEDULE OF ALLOWABLE FEES**

****PLEASE REFER TO OFFICE REFERENCE MANUAL ON DENTAQUEST'S WEBSITE FOR COVERED SERVICES****

Code	Description	Fee
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	\$20.15
D0140	LIMITED ORAL EVALUATION-PROBLEM FOCUSED	\$24.83
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER	\$20.15
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$31.31
D0170	RE-EVALUATION, LIMITED PROBLEM FOCUSED	\$30.03
D0210	INTRAORAL - COMPLETE SERIES OF RADIOGRAPHIC IMAGES	\$71.91
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	\$11.18
D0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	\$11.18
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	\$12.27
D0250	EXTRA-ORAL - 2D PROJECTION RADIOGRAPHIC IMAGE CREATED USING A STATIONARY RADIATION SOURCE, AND DETECTOR	\$47.19
D0251	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE	\$47.19
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	\$11.18
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	\$20.15
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	\$24.00
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	\$27.60
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$53.99
D0340	CEPHALOMETRIC RADIOGRAPHIC IMAGE	\$72.02
D0470	DIAGNOSTIC CASTS	\$52.15
D1110	PROPHYLAXIS - ADULT	\$47.19
D1120	PROPHYLAXIS - CHILD	\$33.52
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	\$20.79
D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	\$20.79
D1351	SEALANT - PER TOOTH	\$32.28
D1354	INTERIM CARIES ARRESTING MEDICAMENT APPLICATION - PER TOOTH	\$12.00
D1510	SPACE MAINTAINER-FIXED, UNILATERAL- PER QUADRANT	\$137.84
D1516	SPACE MAINTAINER --FIXED-- BILATERAL, MAXILLARY	\$228.49
D1517	SPACE MAINTAINER --FIXED-- BILATERAL, MANDIBULAR	\$228.49
D1520	SPACE MAINTAINER-REMOVABLE- UNILATERAL	\$137.84

Code	Description	Fee
D1526	SPACE MAINTAINER --REMOVABLE-- BILATERAL, MAXILLARY	\$228.49
D1527	SPACE MAINTAINER --REMOVABLE-- BILATERAL, MANDIBULAR	\$228.49
D1551	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER- MAXILLARY	\$53.40
D1552	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER- MANDIBULAR	\$53.40
D1553	RE-CEMENT OR RE-BOND UNILATERAL SPACE MAINTAINER- PER QUADRANT	\$53.40
D1556	REMOVAL OF FIXED UNILATERAL SPACE MAINTAINER- PER QUADRANT	\$43.46
D1557	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER- MAXILLARY	\$43.46
D1558	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER- MANDIBULAR	\$43.46
D1575	DISTAL SHOE SPACE MAINTAINER - FIXED - UNILATERAL- PER QUADRANT	\$137.84
D2140	AMALGAM - ONE SURFACE, PRIMARY OR PERMANENT	\$59.38
D2150	AMALGAM - TWO SURFACES, PRIMARY OR PERMANENT	\$75.53
D2160	AMALGAM - THREE SURFACES, PRIMARY OR PERMANENT	\$89.18
D2161	AMALGAM - FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	\$100.36
D2330	RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR	\$74.28
D2331	RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR	\$89.18
D2332	RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR	\$115.27
D2335	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	\$132.66
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	\$158.38
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	\$74.28
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	\$89.18
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	\$115.27
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	\$127.70
D2644	ONLAY-PORCELAIN/CERAMIC-4+ SURFACES	\$500.00
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	\$244.64
D2720	CROWN-RESIN WITH HIGH NOBLE METAL	\$500.00
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	\$500.00
D2722	CROWN - RESIN WITH NOBLE METAL	\$500.00
D2740	CROWN - PORCELAIN/CERAMIC	\$500.00
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	\$500.00

Code	Description	Fee
D2751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$500.00
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	\$500.00
D2753	CROWN- PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$500.00
D2790	CROWN - FULL CAST HIGH NOBLE METAL	\$500.00
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	\$500.00
D2792	CROWN - FULL CAST NOBLE METAL	\$500.00
D2794	CROWN- TITANIUM AND TITANIUM ALLOYS	\$500.00
D2915	RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE	\$43.46
D2920	RE-CEMENT OR RE-BOND CROWN	\$43.46
D2929	PREFABRICATED PORCELAIN/CERAMIC CROWN - PRIMARY TOOTH	\$179.88
D2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH	\$136.93
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH	\$136.93
D2932	PREFABRICATED RESIN CROWN	\$128.22
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	\$179.88
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH	\$179.88
D2940	PROTECTIVE RESTORATION	\$40.98
D2950	CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED	\$110.27
D2951	PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION	\$19.87
D2952	CAST POST AND CORE IN ADDITION TO CROWN	\$123.06
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$110.27
D2962	LABIAL VENEER (PORC LAMINATE) - LABORATORY	\$362.06
D3110	PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)	\$18.41
D3120	PULP CAP - INDIRECT (EXCLUDING FINAL RESTORATION)	\$18.41
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT	\$83.19
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	\$67.49
D3230	PULPAL THERAPY (RESORBABLE FILLING) - ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	\$165.65
D3240	PULPAL THERAPY (RESORBABLE FILLING) - POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	\$208.59
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	\$375.00
D3320	ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION)	\$430.00

Code	Description	Fee
D3330	ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION)	\$679.00
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR	\$431.25
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - PREMOLAR	\$494.50
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR	\$780.85
D3351	APEXIFICATION/RECALCIFICATION - INITIAL VISIT (APICAL CLOSURE / CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	\$92.03
D3352	APEXIFICATION/RECALCIFICATION - INTERIM MEDICATION REPLACEMENT	\$61.35
D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT (INCLUDES COMPLETED ROOT CANAL THERAPY - APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	\$404.91
D3410	APICOECTOMY - ANTERIOR	\$278.17
D3421	APICOECTOMY - PREMOLAR (FIRST ROOT)	\$278.17
D3425	APICOECTOMY - MOLAR (FIRST ROOT)	\$278.17
D3426	APICOECTOMY (EACH ADDITIONAL ROOT)	\$122.70
D3430	RETROGRADE FILLING - PER ROOT	\$61.35
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$340.26
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$200.00
D4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	\$300.00
D4260	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$527.77
D4261	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$368.04
D4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	\$218.00
D4264	BONE REPLACEMENT GRAFT - EACH ADDITIONAL SITE IN QUADRANT	\$109.00
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$244.64
D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURE	\$398.71
D4277	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY), FIRST TOOTH OR EDENTULOUS TOOTH POSITION IN GRAFT	\$337.43
D4278	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY), EACH ADDITIONAL CONTIGUOUS TOOTH OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE	\$168.71

Code	Description	Fee
D4320	PROVISION SPLINTING - INTRACORONAL	\$146.52
D4321	PROVISION SPLINTING - EXTRACORONAL	\$257.06
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	\$93.14
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH PER QUADRANT	\$49.08
D4346	SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION – FULL MOUTH, AFTER ORAL EVALUATION	\$47.19
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE A COMPREHENSIVE ORAL EVALUATION AND DIAGNOSIS ON A SUBSEQUENT VISIT	\$78.28
D4910	PERIODONTAL MAINTENANCE PROCEDURES	\$62.09
D5110	COMPLETE DENTURE - MAXILLARY	\$674.85
D5120	COMPLETE DENTURE - MANDIBULAR	\$674.85
D5130	IMMEDIATE DENTURE - MAXILLARY	\$674.85
D5140	IMMEDIATE DENTURE - MANDIBULAR	\$674.85
D5211	MAXILLARY PARTIAL DENTURE – RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$660.65
D5212	MANDIBULAR PARTIAL DENTURE – RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$660.65
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$742.34
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$742.34
D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE – RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$660.65
D5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE – RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$660.65
D5223	IMMEDIATE MAXILLARY PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$742.34
D5224	IMMEDIATE MANDIBULAR PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$742.34
D5225	MAXILLARY PARTIAL DENTURE- FLEXIBLE BASE	\$660.65
D5226	MANDIBULAR PARTIAL DENTURE- FLEXIBLE BASE	\$660.65

Code	Description	Fee
D5282	REMOVABLE UNILATERAL PARTIAL DENTURE--ONE PIECECAST METAL (INCLUDING CLASPS AND TEETH), MAXILLARY	\$273.99
D5283	REMOVABLE UNILATERAL PARTIAL DENTURE--ONE PIECECAST METAL (INCLUDING CLASPS AND TEETH), MANDIBULAR	\$273.99
D5284	REMOVEABLE UNILATERAL PARTIAL DENTURE- ONE PIECE FLEXIBLE BASE- PER QUADRANT	\$273.99
D5286	REMOVEABLE UNILATERAL PARTIAL DENTURE- ONE PIECE RESIN BASE- PER QUADRANT	\$273.99
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$32.28
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	\$32.28
D5421	ADJUST PARTIAL DENTURE-MAXILLARY	\$19.87
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$19.87
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	\$83.19
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	\$83.19
D5520	REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE (EACH TOOTH)	\$68.29
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	\$83.19
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	\$83.19
D5621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	\$120.47
D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	\$120.47
D5630	REPAIR OR REPLACE BROKEN RETENTIVE/CLASPING MATERIALS PER TOOTH	\$115.48
D5640	REPLACE BROKEN TEETH-PER TOOTH	\$109.27
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$95.63
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	\$115.48
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	\$202.39
D5731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	\$202.39
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	\$103.06
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	\$103.06
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	\$237.14
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	\$237.14
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	\$146.52
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	\$146.52
D5850	TISSUE CONDITIONING, MAXILLARY	\$125.00
D5851	TISSUE CONDITIONING, MANDIBULAR	\$125.00
D5951	FEEDING AID	\$391.41

Code	Description	Fee
D6096	REMOVE BROKEN IMPLANT RETAINING SCREW	\$43.46
D6205	PONTIC - INDIRECT RESIN BASED COMPOSITE	\$500.00
D6211	PONTIC-CAST BASE METAL	\$500.00
D6212	PONTIC - CAST NOBLE METAL	\$500.00
D6214	PONTIC - TITANIUM AND TITANIUM ALLOYS	\$500.00
D6240	PONTIC-PORCELAIN FUSED-HIGH NOBLE	\$500.00
D6241	PONTIC-PORCELAIN FUSED TO BASE METAL	\$500.00
D6242	PONTIC-PORCELAIN FUSED-NOBLE METAL	\$500.00
D6243	PONTIC - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$500.00
D6245	PROSTHODONTICS FIXED, PONTIC - PORCELAIN/CERAMIC	\$500.00
D6250	PONTIC-RESIN WITH HIGH NOBLE METAL	\$500.00
D6251	PONTIC-RESIN WITH BASE METAL	\$500.00
D6252	PONTIC-RESIN WITH NOBLE METAL	\$500.00
D6545	RETAINER - CAST METAL FIXED	\$293.56
D6548	PROSTHODONTICS FIXED, RETAINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHODONTIC	\$293.56
D6710	CROWN - INDIRECT RESIN BASED COMPOSITE	\$500.00
D6720	CROWN-RESIN WITH HIGH NOBLE METAL	\$500.00
D6721	CROWN-RESIN WITH BASE METAL	\$500.00
D6722	CROWN-RESIN WITH NOBLE METAL	\$500.00
D6740	RETAINER CROWN - PORCELAIN/CERAMIC	\$500.00
D6750	CROWN-PORCELAIN FUSED HIGH NOBLE	\$500.00
D6751	CROWN-PORCELAIN FUSED TO BASE METAL	\$500.00
D6752	CROWN-PORCELAIN FUSED NOBLE METAL	\$500.00
D6753	RETAINER CROWN- PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$500.00
D6784	RETAINER CROWN 3/4- TITANIUM AND TITANIUM ALLOYS	\$500.00
D6790	CROWN-FULL CAST HIGH NOBLE	\$500.00
D6791	CROWN - FULL CAST BASE METAL	\$500.00
D6792	CROWN - FULL CAST NOBLE METAL	\$500.00
D6794	RETAINER CROWN - TITANIUM AND TITANIUM ALLOYS	\$500.00
D6930	RE-CEMENT OR RE-BOND FIXED PARTIAL DENTURE	\$63.33
D7111	EXTRACTION, CORONAL REMNANTS - PRIMARY TOOTH	\$18.41
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	\$69.00

Code	Description	Fee
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	\$128.00
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	\$154.00
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	\$213.00
D7240	REMOVAL OF IMPACTED TOOTH-COMpletely BONY	\$247.00
D7241	REMOVAL OF IMPACTED TOOTH-COMpletely BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	\$266.00
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	\$128.00
D7260	OROANTRAL FISTULA CLOSURE	\$382.38
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	\$184.02
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH	\$337.43
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	\$271.00
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	\$125.42
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	\$99.00
D7285	INCISIONAL BIOPSY OF ORAL TISSUE-HARD (BONE, TOOTH)	\$81.95
D7286	INCISIONAL BIOPSY OF ORAL TISSUE-SOFT	\$81.95
D7288	BRUSH BIOPSY - TRANSEPIHELIAL SAMPLE COLLECTION	\$61.35
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	\$101.84
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	\$49.08
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	\$171.38
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	\$85.88
D7450	REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25CM	\$142.14
D7451	REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION GREATER THAN 1.25CM	\$161.01
D7471	REMOVAL OF EXOSTOSIS - PER SITE	\$171.38
D7472	REMOVAL OF TORUS PALATINUS	\$245.40
D7473	REMOVAL OF TORUS MANDIBULARIS	\$171.38
D7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	\$171.38
D7510	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE	\$31.04

Code	Description	Fee
D7511	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)	\$68.00
D7880	OCCLUSAL ORTHOTIC DEVICE, BY REPORT	\$391.41
D7960	FRENULECTOMY – ALSO KNOWN AS FRENECTOMY OR FRENOTOMY – SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE	\$340.26
D7963	FRENULOPLASTY	\$368.04
D7970	EXCISION OF HYPERPLASTIC TISSUE - PER ARCH	\$163.90
D7971	EXCISION OF PERICORONAL GINGIVA	\$86.92
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	\$163.90
D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	\$331.57
D8030	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	\$331.57
D8040	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION	\$331.57
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	\$1403.70
D8210	REMOVABLE APPLIANCE THERAPY (INCLUDES APPLIANCES FOR THUMB SUCKING AND TONGUE THRUSTING)	\$202.46
D8220	FIXED APPLIANCE THERAPY (INCLUDES APPLIANCES FOR THUMB SUCKING AND TONGUE THRUSTING)	\$245.88
D8660	PRE-ORTHODONTIC TREATMENT EXAMINATION TO MONITOR GROWTH AND DEVELOPMENT	\$200.00
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT	\$701.84
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES)	\$421.02
D8703	REPLACEMENT OF LOST OR BROKEN RETAINER - MAXILLARY	\$125.00
D8704	REPLACEMENT OF LOST OR BROKEN RETAINER - MANDIBULAR	\$125.00
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	\$46.48
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROCEDURE	\$48.43
D9222	DEEP SEDATION/GENERAL ANESTHESIA FIRST 15 MINUTES	\$64.00
D9223	DEEP SEDATION/GENERAL ANESTHESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	\$64.00
D9230	INHALATION OF NITROUS OXIDE/ANALGESIA, ANXIOLYSIS	\$33.74
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA- FIRST 15 MINUTES	\$52.50
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	\$52.50
D9248	NON-INTRAVENOUS MODERATE (CONSCIOUS) SEDATION	\$110.00

Code	Description	Fee
D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN	\$83.19
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	\$64.56
D9440	OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS	\$32.28
D9610	THERAPEUTIC DRUG INJECTION, BY REPORT	\$19.87
D9612	THERAPEUTIC DRUG INJECTION - 2 OR MORE MEDICATIONS BY REPORT	\$39.74
D9630	OTHER DRUGS AND/OR MEDICAMENTS, BY REPORT	\$19.87
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	\$32.28
D9920	BEHAVIOR MANAGEMENT, BY REPORT	\$68.50
D9930	TREATMENT OF COMPLICATIONS (POST-SURGICAL) - UNUSUAL CIRCUMSTANCES, BY REPORT	\$33.52
D9944	OCCLUSAL GUARD--HARD APPLIANCE, FULL ARCH	\$200.00
D9945	OCCLUSAL GUARD--SOFT APPLIANCE FULL ARCH	\$150.00
D9946	OCCLUSAL GUARD--HARD APPLIANCE, PARTIAL ARCH	\$150.00
D9990	CERTIFIED TRANSLATION OR SIGN-LANGUAGE SERVICES PER VISIT	\$12.50
D9992	DENTAL CASE MANAGEMENT – CARE COORDINATION	\$8.28
D9994	DENTAL CASE MANAGEMENT – PATIENT EDUCATION TO IMPROVE ORAL HEALTH LITERACY	\$8.28
D9995	TELEDENTISTRY – SYNCHRONOUS; REAL-TIME ENCOUNTER	\$35.00
D9996	TELEDENTISTRY – ASYNCHRONOUS; INFORMATION STORED AND FORWARDED TO DENTIST FOR SUBSEQUENT REVIEW	\$15.00
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT	\$153.25