

**ATTACHMENT A-1
CARDINAL CARE SMILES (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	\$26.99
D0140	LIMITED ORAL EVALUATION- PROBLEM FOCUSED	\$33.25
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER	\$26.99
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$41.92
D0170	RE-EVALUATION, LIMITED PROBLEM FOCUSED	\$33.25
D0210	INTRAORAL - COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES	\$96.28
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	\$14.97
D0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	\$14.97
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	\$16.43
D0250	EXTRA-ORAL - 2D PROJECTION RADIOGRAPHIC IMAGE CREATED USING A STATIONARY RADIATION SOURCE, AND DETECTOR	\$63.19
D0251	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE	\$63.19
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	\$14.97
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	\$26.99
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	\$32.14
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	\$36.96
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$72.30
D0340	CEPHALOMETRIC RADIOGRAPHIC IMAGE	\$96.44
D0372	INTRAORAL TOMOSYNTHESIS - COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES	\$96.28
D0373	INTRAORAL TOMOSYNTHESIS - BITEWING RADIOGRAPHIC IMAGE	\$14.97
D0374	INTRAORAL TOMOSYNTHESIS - PERIAPICAL RADIOGRAPHIC IMAGE	\$14.97
D0470	DIAGNOSTIC CASTS	\$69.83
D1110	PROPHYLAXIS - ADULT	\$63.19
D1120	PROPHYLAXIS - CHILD	\$44.89
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	\$27.84
D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	\$27.84
D1351	SEALANT - PER TOOTH	\$43.22

Code	Description	Fee
D1354	APPLICATION OF CARIES ARRESTING MEDICAMENT- PER TOOTH	\$16.07
D1510	SPACE MAINTAINER-FIXED, UNILATERAL- PER QUADRANT	\$184.57
D1516	SPACE MAINTAINER --FIXED-- BILATERAL, MAXILLARY	\$305.95
D1517	SPACE MAINTAINER --FIXED-- BILATERAL, MANDIBULAR	\$305.95
D1520	SPACE MAINTAINER-REMOVABLE- UNILATERAL	\$184.57
D1526	SPACE MAINTAINER --REMOVABLE-- BILATERAL, MAXILLARY	\$305.95
D1527	SPACE MAINTAINER --REMOVABLE-- BILATERAL, MANDIBULAR	\$305.95
D1551	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER- MAXILLARY	\$71.50
D1552	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER- MANDIBULAR	\$71.50
D1553	RE-CEMENT OR RE-BOND UNILATERAL SPACE MAINTAINER- PER QUADRANT	\$71.50
D1556	REMOVAL OF FIXED UNILATERAL SPACE MAINTAINER- PER QUADRANT	\$58.20
D1557	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER- MAXILLARY	\$58.20
D1558	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER- MANDIBULAR	\$58.20
D1575	DISTAL SHOE SPACE MAINTAINER - FIXED - UNILATERAL- PER QUADRANT	\$184.57
D2140	AMALGAM - ONE SURFACE, PRIMARY OR PERMANENT	\$79.51
D2150	AMALGAM - TWO SURFACES, PRIMARY OR PERMANENT	\$101.14
D2160	AMALGAM - THREE SURFACES, PRIMARY OR PERMANENT	\$119.41
D2161	AMALGAM - FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	\$134.38
D2330	RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR	\$99.46
D2331	RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR	\$119.41
D2332	RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR	\$154.35
D2335	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES (ANTERIOR)	\$177.63
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	\$212.07
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	\$99.46
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	\$119.41

Code	Description	Fee
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	\$154.35
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	\$170.99
D2644	ONLAY-PORCELAIN/CERAMIC-4+ SURFACES	\$669.50
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	\$327.57
D2720	CROWN-RESIN WITH HIGH NOBLE METAL	\$669.50
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	\$669.50
D2722	CROWN - RESIN WITH NOBLE METAL	\$669.50
D2740	CROWN - PORCELAIN/CERAMIC	\$669.50
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	\$669.50
D2751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$669.50
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	\$669.50
D2753	CROWN- PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$669.50
D2790	CROWN - FULL CAST HIGH NOBLE METAL	\$669.50
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	\$669.50
D2792	CROWN - FULL CAST NOBLE METAL	\$669.50
D2794	CROWN- TITANIUM AND TITANIUM ALLOYS	\$669.50
D2915	RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE	\$58.20
D2920	RE-CEMENT OR RE-BOND CROWN	\$58.20
D2928	PREFABRICATED PORCELAIN/CERAMIC CROWN - PERMANENT TOOTH	\$240.86
D2929	PREFABRICATED PORCELAIN/CERAMIC CROWN - PRIMARY TOOTH	\$240.86
D2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH	\$183.35
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH	\$183.35
D2932	PREFABRICATED RESIN CROWN	\$171.69
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	\$240.86
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH	\$240.86
D2940	PROTECTIVE RESTORATION	\$54.87
D2950	CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED	\$147.65
D2951	PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION	\$26.60
D2952	CAST POST AND CORE IN ADDITION TO CROWN	\$164.78
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$147.65
D2962	LABIAL VENEER (PORC LAMINATE) - LABORATORY	\$484.80

Code	Description	Fee
D2991	APPLICATION OF HYDROXYAPATITE REGENERATION MEDICAMENT - PER TOOTH	\$16.07
D3110	PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)	\$24.65
D3120	PULP CAP - INDIRECT (EXCLUDING FINAL RESTORATION)	\$24.65
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT	\$111.39
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	\$90.37
D3230	PULPAL THERAPY (RESORBABLE FILLING) - ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	\$221.81
D3240	PULPAL THERAPY (RESORBABLE FILLING) - POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	\$279.31
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	\$502.13
D3320	ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION)	\$575.77
D3330	ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION)	\$909.18
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR	\$577.45
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - PREMOLAR	\$662.14
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR	\$1,045.56
D3351	APEXIFICATION/RECALCIFICATION - INITIAL VISIT (APICAL CLOSURE / CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	\$123.23
D3352	APEXIFICATION/RECALCIFICATION - INTERIM MEDICATION REPLACEMENT	\$82.15
D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT (INCLUDES COMPLETED ROOT CANAL THERAPY - APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	\$542.17
D3410	APICOECTOMY - ANTERIOR	\$372.47
D3421	APICOECTOMY - PREMOLAR (FIRST ROOT)	\$372.47
D3425	APICOECTOMY - MOLAR (FIRST ROOT)	\$372.47
D3426	APICOECTOMY (EACH ADDITIONAL ROOT)	\$164.30
D3430	RETROGRADE FILLING - PER ROOT	\$82.15
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$455.61

Code	Description	Fee
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$267.80
D4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	\$401.70
D4260	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$706.68
D4261	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$492.80
D4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	\$291.90
D4264	BONE REPLACEMENT GRAFT - EACH ADDITIONAL SITE IN QUADRANT	\$145.95
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$327.57
D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURE	\$533.87
D4277	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY), FIRST TOOTH OR EDENTULOUS TOOTH POSITION IN GRAFT	\$451.82
D4278	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY), EACH ADDITIONAL CONTIGUOUS TOOTH OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE	\$225.90
D4283	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) - EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE	\$173.77
D4322	SPLINT – INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS	\$196.19
D4323	SPLINT – EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS	\$344.21
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	\$124.71
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH PER QUADRANT	\$65.71
D4346	SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION, FULL MOUTH, AFTER ORAL EVALUATION	\$63.19

Code	Description	Fee
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE A COMPREHENSIVE PERIODONTAL EVALUATION AND DIAGNOSIS ON A SUBSEQUENT VISIT	\$104.81
D4910	PERIODONTAL MAINTENANCE PROCEDURES	\$83.14
D5110	COMPLETE DENTURE - MAXILLARY	\$903.63
D5120	COMPLETE DENTURE - MANDIBULAR	\$903.63
D5130	IMMEDIATE DENTURE - MAXILLARY	\$903.63
D5140	IMMEDIATE DENTURE - MANDIBULAR	\$903.63
D5211	MAXILLARY PARTIAL DENTURE, RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$884.62
D5212	MANDIBULAR PARTIAL DENTURE, RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$884.62
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$993.99
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$993.99
D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE – RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$884.62
D5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$884.62
D5223	IMMEDIATE MAXILLARY PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$993.99
D5224	IMMEDIATE MANDIBULAR PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$993.99
D5225	MAXILLARY PARTIAL DENTURE-FLEXIBLE BASE	\$884.62
D5226	MANDIBULAR PARTIAL DENTURE-FLEXIBLE BASE	\$884.62
D5227	IMMEDIATE MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	\$884.62
D5228	IMMEDIATE MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	\$884.62

Code	Description	Fee
D5282	REMOVABLE UNILATERAL PARTIAL DENTURE--ONE PIECECAST METAL (INCLUDING CLASPS AND TEETH), MAXILLARY	\$366.88
D5283	REMOVABLE UNILATERAL PARTIAL DENTURE--ONE PIECECAST METAL (INCLUDING CLASPS AND TEETH), MANDIBULAR	\$366.88
D5284	REMOVEABLE UNILATERAL PARTIAL DENTURE- ONE PIECE FLEXIBLE BASE- PER QUADRANT	\$366.88
D5286	REMOVEABLE UNILATERAL PARTIAL DENTURE- ONE PIECE RESIN BASE- PER QUADRANT	\$366.88
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$43.22
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	\$43.22
D5421	ADJUST PARTIAL DENTURE- MAXILLARY	\$26.60
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$26.60
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	\$111.39
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	\$111.39
D5520	REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE (EACH TOOTH)	\$91.44
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	\$111.39
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	\$111.39
D5621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	\$161.31
D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	\$161.31
D5630	REPAIR OR REPLACE BROKEN RETENTIVE/CLASPING MATERIALS PER TOOTH	\$154.62
D5640	REPLACE BROKEN TEETH-PER TOOTH	\$146.31
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$128.05
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	\$154.62
D5725	REBASE HYBRID PROsthESIS	\$215.41
D5730	RELIN COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	\$271.00
D5731	RELIN COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	\$271.00
D5740	RELIN MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	\$138.00
D5741	RELIN MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	\$138.00
D5750	RELIN COMPLETE MAXILLARY DENTURE (LABORATORY)	\$317.53
D5751	RELIN COMPLETE MANDIBULAR DENTURE (LABORATORY)	\$317.53
D5760	RELIN MAXILLARY PARTIAL DENTURE (LABORATORY)	\$196.19
D5761	RELIN MANDIBULAR PARTIAL DENTURE (LABORATORY)	\$196.19
D5765	SOFT LINER FOR COMPLETE OR PARTIAL REMOVABLE DENTURE - INDIRECT	\$138.00

Code	Description	Fee
D5850	TISSUE CONDITIONING, MAXILLARY	\$167.38
D5851	TISSUE CONDITIONING,MANDIBULAR	\$167.38
D5951	FEEDING AID	\$524.09
D6096	REMOVE BROKEN IMPLANT RETAINING SCREW	\$58.20
D6205	PONTIC - INDIRECT RESIN BASED COMPOSITE	\$669.50
D6211	PONTIC-CAST BASE METAL	\$669.50
D6212	PONTIC - CAST NOBLE METAL	\$669.50
D6214	PONTIC - TITANIUM AND TITANIUM ALLOYS	\$669.50
D6240	PONTIC-PORCELAIN FUSED-HIGH NOBLE	\$669.50
D6241	PONTIC-PORCELAIN FUSED TO BASE METAL	\$669.50
D6242	PONTIC-PORCELAIN FUSED-NOBLE METAL	\$669.50
D6243	PONTIC - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$669.50
D6245	PROsthODONTICS FIXED, PONTIC - PORCELAIN/CERAMIC	\$669.50
D6250	PONTIC-RESIN WITH HIGH NOBLE METAL	\$669.50
D6251	PONTIC-RESIN WITH BASE METAL	\$669.50
D6252	PONTIC-RESIN WITH NOBLE METAL	\$669.50
D6545	RETAINER - CAST METAL FIXED	\$393.08
D6548	PROsthODONTICS FIXED, RETAINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROsthODONTIC	\$393.08
D6710	CROWN - INDIRECT RESIN BASED COMPOSITE	\$669.50
D6720	CROWN-RESIN WITH HIGH NOBLE METAL	\$669.50
D6721	CROWN-RESIN WITH BASE METAL	\$669.50
D6722	CROWN-RESIN WITH NOBLE METAL	\$669.50
D6740	RETAINER CROWN, PORCELAIN/CERAMIC	\$669.50
D6750	CROWN-PORCELAIN FUSED HIGH NOBLE	\$669.50
D6751	CROWN-PORCELAIN FUSED TO BASE METAL	\$669.50
D6752	CROWN-PORCELAIN FUSED NOBLE METAL	\$669.50
D6753	RETAINER CROWN- PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$669.50
D6784	RETAINER CROWN 3/4- TITANIUM AND TITANIUM ALLOYS	\$669.50
D6790	CROWN-FULL CAST HIGH NOBLE	\$669.50
D6791	CROWN - FULL CAST BASE METAL	\$669.50
D6792	CROWN - FULL CAST NOBLE METAL	\$669.50
D6794	RETAINER CROWN - TITANIUM AND TITANIUM ALLOYS	\$669.50
D6930	RE-CEMENT OR RE-BOND FIXED PARTIAL DENTURE	\$84.80
D7111	EXTRACTION, CORONAL REMNANTS - PRIMARY TOOTH	\$24.65

Code	Description	Fee
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	\$92.39
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	\$171.39
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	\$206.21
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	\$285.21
D7240	REMOVAL OF IMPACTED TOOTH-COMpletely BONY	\$330.73
D7241	REMOVAL OF IMPACTED TOOTH-COMpletely BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	\$356.17
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	\$171.39
D7260	OROANTRAL FISTULA CLOSURE	\$512.00
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	\$246.41
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH	\$451.82
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	\$362.87
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	\$167.94
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	\$132.56
D7284	EXCISIONAL BIOPSY OF MINOR SALIVARY GLANDS	\$141.25
D7285	INCISIONAL BIOPSY OF ORAL TISSUE-HARD (BONE, TOOTH)	\$109.74
D7286	INCISIONAL BIOPSY OF ORAL TISSUE-SOFT	\$109.74
D7288	BRUSH BIOPSY - TRANSEPIHELIAL SAMPLE COLLECTION	\$82.15
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	\$136.36
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	\$65.71
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	\$229.47
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	\$114.99
D7450	REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION UP TO 1.25CM	\$190.32
D7451	REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION GREATER THAN 1.25CM	\$215.59

Code	Description	Fee
D7471	REMOVAL OF EXOSTOSIS - PER SITE	\$229.47
D7472	REMOVAL OF TORUS PALATINUS	\$328.59
D7473	REMOVAL OF TORUS MANDIBULARIS	\$229.47
D7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	\$229.47
D7510	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE	\$41.56
D7511	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)	\$91.05
D7880	OCCLUSAL ORTHOTIC DEVICE, BY REPORT	\$524.09
D7961	BUCCAL / LABIAL FRENECTOMY (FRENULECTOMY)	\$455.61
D7962	LINGUAL FRENECTOMY (FRENULECTOMY)	\$455.61
D7963	FRENULOPLASTY	\$492.80
D7970	EXCISION OF HYPERPLASTIC TISSUE - PER ARCH	\$219.46
D7971	EXCISION OF PERICORONAL GINGIVA	\$116.39
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	\$219.46
D8010	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	\$443.97
D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	\$443.97
D8030	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	\$443.97
D8040	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION	\$443.97
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	\$1,408.63
D8210	REMOVABLE APPLIANCE THERAPY (INCLUDES APPLIANCES FOR THUMB SUCKING AND TONGUE THRUSTING)	\$271.10
D8220	FIXED APPLIANCE THERAPY (INCLUDES APPLIANCES FOR THUMB SUCKING AND TONGUE THRUSTING)	\$329.23
D8660	PRE-ORTHODONTIC TREATMENT EXAMINATION TO MONITOR GROWTH AND DEVELOPMENT	\$267.80
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT	\$545.29
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES)	\$563.75
D8703	REPLACEMENT OF LOST OR BROKEN RETAINER - MAXILLARY	\$167.38
D8704	REPLACEMENT OF LOST OR BROKEN RETAINER - MANDIBULAR	\$167.38
D9110	PALLIATIVE TREATMENT OF DENTAL PAIN - PER VISIT	\$64.85

Code	Description	Fee
D9219	EVALUATION FOR MODERATE SEDATION, DEEP SEDATION OR GENERAL ANESTHESIA	\$56.65
D9222	DEEP SEDATION/GENERAL ANESTHESIA FIRST 15 MINUTES	\$85.70
D9223	DEEP SEDATION/GENERAL ANESTHESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	\$85.70
D9230	INHALATION OF NITROUS OXIDE/ANALGESIA, ANXIOLYSIS	\$45.18
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA- FIRST 15 MINUTES	\$70.30
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	\$70.30
D9248	NON-INTRAVENOUS MODERATE SEDATION	\$147.29
D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN	\$111.39
D9410	HOUSE/EXTENDED CARE FACILITY CALL	\$105.32
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	\$86.45
D9440	OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS	\$43.22
D9610	THERAPEUTIC DRUG INJECTION, BY REPORT	\$26.60

Code	Description	Fee
D9612	THERAPEUTIC DRUG INJECTION - 2 OR MORE MEDICATIONS BY REPORT	\$53.21
D9630	OTHER DRUGS AND/OR MEDICAMENTS, BY REPORT	\$26.60
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	\$43.22
D9920	BEHAVIOR MANAGEMENT, BY REPORT	\$91.72
D9930	TREATMENT OF COMPLICATIONS (POST-SURGICAL) - UNUSUAL CIRCUMSTANCES, BY REPORT	\$44.89
D9944	OCCLUSAL GUARD--HARD APPLIANCE, FULL ARCH	\$267.80
D9945	OCCLUSAL GUARD--SOFT APPLIANCE FULL ARCH	\$200.85
D9946	OCCLUSAL GUARD--HARD APPLIANCE, PARTIAL ARCH	\$200.85
D9990	CERTIFIED TRANSLATION OR SIGN-LANGUAGE SERVICES PER VISIT	\$16.74
D9992	DENTAL CASE MANAGEMENT – CARE COORDINATION	\$11.08
D9994	DENTAL CASE MANAGEMENT – PATIENT EDUCATION TO IMPROVE ORAL HEALTH LITERACY	\$11.08
D9995	TELEDENTISTRY – SYNCHRONOUS; REAL-TIME ENCOUNTER	\$46.87
D9996	TELEDENTISTRY – ASYNCHRONOUS; INFORMATION STORED AND FORWARDED TO DENTIST FOR SUBSEQUENT REVIEW	\$20.09