



## DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

DATE

The Honorable Guy J. Guzzone  
Chair  
Senate Budget and Taxation Committee  
3 West Miller Senate Office Bldg.  
Annapolis, MD 21401-1991

The Honorable Ben Barnes  
Chair  
House Appropriations Committee  
121 House Office Bldg.  
Annapolis, MD 21401-1991

**Re: 2023 Joint Chairmen's Report (p. 127 - 128) – Rate Adjustments for Dental Services under the Medical Assistance (Medicaid) Program**

Dear Chairs Guzzone and Barnes:

Pursuant to the requirements of the 2023 Joint Chairmen's Report (p. 127-128), please find enclosed a report that includes (1) the percentage increase in Medicaid reimbursement rates for dental services overall and by service type budgeted in fiscal 2023 over fiscal 2022 dental rates and fiscal 2024 over fiscal 2023 dental rates; (2) a comparison of fiscal 2024 Medicaid dental rates and commercial insurance rates for dental services in Maryland; (3) a comparison of fiscal 2023 and 2024 rate increases for Medicaid dental services and recent rate increases for other Medicaid medical services; and (4) additional adjustments to Medicaid dental rates that would need to be considered as part of the implementation of a permanent adult dental services benefit under the Medicaid program.

If you have any questions or need more information on the subjects included in this report, please contact Marie Grant, Assistant Secretary for Health Policy at [marie.grant@maryland.gov](mailto:marie.grant@maryland.gov).

Sincerely,

Laura Herrera Scott, M.D., M.P.H.  
Secretary

cc: Marie Grant, Assistant Secretary for Health Policy  
Ryan Moran, Deputy Secretary, Health Care Financing and Medicaid  
Tricia Roddy, Deputy Director, Office of Health Care Financing  
Alyssa Brown, Director, Office of Innovation, Research, and Development  
Sarah Albert, Department of Legislative Services (5 copies)



**Rate Adjustments for Dental Services under the Medical Assistance (Medicaid) Program**

**Pursuant to the 2023 Joint Chairmen's Report (p. 127 - 128)**

**December 2023**

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## Background

Pursuant to the requirements of the 2023 Joint Chairmen’s Report (page 128), the Maryland Department of Health (MDH) respectfully presents this report to provide updates to MDH dental services reimbursement rates, to compare other recent service rate increases, and compare Maryland dental services reimbursement rates with other state Medicaid programs.

The Maryland Medicaid Healthy Smiles dental program includes dental benefits for children, pregnant and postpartum individuals, and Rare and Expensive Case Management (REM) adult populations; and individuals who were formerly in foster care up until age 26. Starting June 1, 2019, MDH began a pilot program to provide dental benefits to adults between the ages of 21 and 64 who receive full Medicaid and Medicare benefits.<sup>1</sup> Beginning January 1, 2023, MDH expanded dental benefits to adults 21 and older.<sup>2</sup> The expansion now provides comprehensive services, including preventive, restorative, diagnostic, endodontics, periodontics, oral surgery, prosthodontics, and emergency services to more than 860,000 adults.

MDH has one set of rates for all dental services; it does not have a separate rate for children and adults. Therefore, all rate increases detailed below are for all populations that are served under the Healthy Smiles dental program.

### *Historical Rate Increases for Dental Services*

In State Fiscal Year (FY) 2015, the General Assembly allocated approximately \$940,000 in state general funds (\$2.15 million with matching federal funds, *i.e.*, total funds) to increase rates for five dental procedures in January through June 2015. The annual equivalent of \$4.3 million was earmarked for the five procedures included in Table 3.

During the 2022 legislative session, the Maryland FY 2023 Operating Budget directed \$19.5 million (\$7.3 million general funds) to provide a one-time increase for dental reimbursement rates by 9.4 percent,<sup>3</sup> effective July 1, 2022. The 2022 rate increase targeted 32 dental codes based on stakeholder feedback.<sup>4</sup> None of the five procedures included in the 2015 rate increase were included in the 2022 rate increase.

Utilization rates have increased and provider networks have expanded since MDH broadened and rebranded its dental benefit as the Maryland Healthy Smiles Dental Program in 2009. Maryland anticipates dental utilization will continue to grow given the new adult dental coverage that became effective January 1, 2023.

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<sup>1</sup> For more information on the Adult Dental Pilot Program, see <https://mmcp.health.maryland.gov/Documents/Overview.pdf>.

<sup>2</sup> The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) package of benefits is required for all Medicaid participants under the age of 21 years. Although EPSDT mandates dental care coverage for children, federal law does not mandate any minimum requirements for adult dental coverage through Medicaid.

<sup>3</sup> See

<https://health.maryland.gov/mmcp/Documents/FY23%20Provider%20Rate%20Increases%20Public%20Notice.pdf>.

<sup>4</sup>For the list of codes, please see Appendix B.

## FY 2024 Dental Rate Increases

Effective August 1, 2023, MDH provided an increase to dental reimbursement rates for all 66 preventative and restorative services.

During the 2023 legislative session, the Maryland FY 2024 Operating Budget directed \$19.6 million (\$9.1 million general funds) to increase dental reimbursement rates. MDH worked with the Maryland Dental Action Coalition (MDAC) to lead the stakeholder process. MDAC virtually convened a diverse group of stakeholders in late Spring 2023, which included advocates, the Office of Oral Health, and dental providers, and facilitated discussion to recommend the codes that would receive increased dental rates. MDAC recommended to include all 66 preventative and restorative codes that were broken down into two tiers based on a utilization analysis, with Tier 1 receiving an increase of 20 percent and Tier 2 receiving an increase of 5.49 percent. Tables 1 and 2 display the updated codes and rates for Tier 1 and Tier 2, respectively.

**Table 1. Dental Payment Rates Effective August 1, 2023 - Tier 1: 20% Rate Increase**

<b>Procedure Code</b>	<b>Description</b>	<b>New Rate</b>
D0220	Intraoral – Periapical First Radiographic Image	\$11.82
D1330	Oral Hygiene Instructions	\$7.20
D1351	Sealant - Per Tooth	\$39.88
D2390	Resin-Based Composite Crown, Anterior	\$90.00
D2740	Crown - Porcelain/Ceramic Substrate	\$393.84
D2750	Crown – Porcelain Fused to High Noble Metal	\$492.30
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	\$78.77
D4341	Periodontal Scaling and Root Planing – Four or More Teeth per Quadrant	\$90.00
D4342	Periodontal Scaling and Root Planing – One to Three Teeth per Quadrant	\$64.80
D7140	Extraction, Erupted Tooth Or Exposed Root	\$135.23

**Table 2. Dental Payment Rates Effective August 1, 2023 - Tier 2: 5.49% Rate Increase**

<b>Procedure Code</b>	<b>Description</b>	<b>New Rate</b>
D1110	Prophylaxis – Adult	\$67.12

D1120	Prophylaxis – Child	\$48.90
D1206	Topical Application of Fluoride Varnish	\$26.29
D1208	Topical Application of Fluoride – Excluding Varnish	\$24.26
D1352	Preventive Resin Restoration in a Moderate to High Caries Risk Patient	\$35.06
D1354	Interim Caries Arresting Medicament Application- Per Tooth	\$10.55
D1510	Space Maintainer – Fixed, Unilateral	\$88.62
D1516	Space Maintainer – Fixed – Bilateral, Maxillary	\$151.91
D1517	Space Maintainer – Fixed – Bilateral, Mandibular	\$151.91
D1520	Space Maintainer – Removable – Unilateral	\$67.52
D1526	Space Maintainer – Removable – Bilateral, Maxillary	\$101.28
D1527	Space Maintainer – Removable – Bilateral, Mandibular	\$101.28
D1553	Re-cement or re-bond unilateral space maintainer- per quadrant	\$25.32
D1556	Removal of fixed unilateral space maintainer- per quadrant	\$26.37
D2140	Amalgam – One Surface, Primary or Permanent	\$73.85
D2150	Amalgam – Two Surfaces, Primary or Permanent	\$92.84
D2160	Amalgam – Three Surfaces, Primary or Permanent	\$109.72
D2161	Amalgam – Four or More Surfaces, Primary or Permanent	\$109.72
D2330	Resin-Based Composite – One Surface, Anterior	\$96.95
D2331	Resin-Based Composite – Two Surfaces, Anterior	\$117.72
D2332	Resin-Based Composite – Three Surfaces, Anterior	\$144.26
D2335	Resin-Based Composite – Four or More Surfaces or Involving Incisal Angle (Anterior)	\$174.27
D2391	Resin-Based Composite – One Surface, Posterior	\$107.33
D2392	Resin-Based Composite – Two Surfaces, Posterior	\$138.49
D2393	Resin-Based Composite – Three Surfaces, Posterior	\$173.12

D2394	Resin-Based Composite – Four Or More Surfaces, Posterior	\$173.12
D2721	Crown – Resin with Predominantly Base Metal	\$263.74
D2751	Crown – Porcelain Fused to Predominantly Base Metal	\$395.61
D2752	Crown – Porcelain Fused to Noble Metal	\$395.61
D2780	Crown – $\frac{3}{4}$ Cast High Noble Metal	\$308.05
D2781	Crown – $\frac{3}{4}$ Cast Predominantly Base Metal	\$308.05
D2782	Crown – $\frac{3}{4}$ Cast Noble Metal	\$308.05
D2783	Crown – $\frac{3}{4}$ Porcelain/Ceramic	\$308.05
D2790	Crown – Full Cast High Noble Metal	\$308.05
D2791	Crown – Full Cast Predominantly Base Metal	\$308.05
D2792	Crown – Full Cast Noble Metal	\$308.05
D2794	Crown – Titanium	\$308.05
D2910	Re-cement or Re-bond Inlay, Onlay, Veneer or Partial Coverage Restoration	\$26.37
D2920	Re-cement or Re-bond Crown	\$26.37
D2928	Prefabricated porcelain/ceramic crown – Permanent Tooth	\$189.89
D2929	Prefabricated Porcelain/Ceramic Crown – Primary Tooth	\$162.46
D2930	Prefabricated Stainless Steel Crown – Primary Tooth	\$177.74
D2931	Prefabricated Stainless Steel Crown – Permanent Tooth	\$207.74
D2932	Prefabricated Resin Crown	\$79.12
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$85.45
D2934	Prefabricated Esthetic Coated Stainless Steel Crown – Primary Tooth	\$177.74
D2940	Protective Restoration	\$52.75
D2950	Core Buildup, Including Any Pins When Required	\$85.45
D2951	Pin Retention – Per Tooth, In Addition to Restoration	\$12.66



D2952	Post and Core In Addition to Crown, Indirectly Fabricated	\$101.28
D2954	Prefabricated Post and Core In Addition to Crown	\$73.85
D2955	Post Removal	\$26.37
D2960	Labial Veneer (Resin Laminate) – Chairside	\$85.45
D2961	Labial Veneer (Resin Laminate) – Laboratory	\$85.45
D2962	Labial Veneer (Porcelain Laminate) – Laboratory	\$113.93
D2980	Crown Repair Necessitated by Restorative Material Failure	\$98.11

## Other Recent Rate Increases in Maryland Medicaid

MDH has implemented various rate increases for other programs in recent years.

Pursuant to Chapter 464 of the Maryland Acts of 2002, MDH established an annual process to set the fee-for-service (FFS) reimbursement rates for Maryland Medicaid and the Maryland Children’s Health Insurance Program (CHIP) (herein jointly referred to as “Maryland Medicaid”). MDH submits an annual report on these rates that includes a comparison of Maryland Medicaid’s FFS reimbursement rates to those of nearby states, and a description of other measures of access and cost for Maryland’s Medicaid program.

MDH references Medicare’s fee schedule when changing physician rates. MDH’s first annual report concluded that Maryland’s 2001 average Medicaid reimbursement rates were approximately 36 percent of Medicare’s rates. In FY 2022, Maryland Medicaid’s overall reimbursement rates were approximately 91 percent of Medicare’s 2022 rates.

The Maryland Medicaid reimbursement rates for all evaluation and management (E&M) codes were 93 percent of Medicare for FY 2021 and later increased to 100 percent of Medicare rates effective July 1, 2022. Effective July 1, 2023, E&M rates continued to be maintained at 100 percent of Medicare’s 2022 rates. Currently, Maryland Medicaid’s E&M rates are on average 103 percent of 2023 Medicare rates. The most recent annual report is accessible via the footnote below.<sup>5</sup>

For the Long Term Services and Supports (LTSS) administered programs, providers have received rate increases since FY 2017, and will continue to receive rate increases through FY 2026. These rate increases are funded through the budget, House Bill (HB) 295 *Maryland Minimum Wage Act of 2014* (Ch. 262 of the 2014 Acts); HB 166/Senate Bill (SB) 280 *Labor and Employment – Payment of Wages – Minimum Wage (Fight for Fifteen)* (Chs 10 and 11 of

<sup>5</sup> <https://health.maryland.gov/mmcp/Documents/JCRs/2021/physicianfeeJCRfinal1-22.pdf>. The latest reports will be posted here when available: <https://health.maryland.gov/mmcp/Pages/Reports-and-Publications.aspx>.

2019 Acts)<sup>6</sup>, the Governor’s Supplemental Budget, and the American Rescue Plan Act (ARPA). Percentage increases and funding authority for each increase are listed below:

- FY 2017: 1.1 percent rate increase effective July 1, 2016.
- FY 2018: 2 percent rate increase effective July 1, 2017.
- FY 2019: 3 percent rate increase effective July 1, 2018.
- FY 2020: 3 percent rate increase effective July 1, 2019.
- FY 2021: 4 percent rate increase effective July 1, 2020; 4 percent rate increase effective January 1, 2021 (HB 166/SB 280).<sup>7</sup>
- FY 2022: 5.2 percent rate increase effective November 1, 2021 (ARPA).<sup>8</sup>
- FY 2023: Effective July 1, 2022 – Temporary, one time emergency 4 percent rate increase for FY 2023 only (ARPA); 4 percent rate increase (HB 166/SB 280); 4 percent rate increase allocated in Governor Hogan’s Supplemental Budget No. 4<sup>9</sup> in amendment to the budget for FY 2023.
- FY 2024: 4 percent rate increase effective July 1, 2023 (HB 166/SB 280); the temporary 4 percent rate increase authorized by ARPA terminates on July 1, 2023 and as such reimbursement rates remain unchanged; the 4 percent increase scheduled for FY 2025 and 4 percent scheduled for FY 2026 will be accelerated to provide an additional 8 percent rate increase effective January 1, 2024.<sup>10</sup>

## Dental Rates in Other State Medicaid Programs

### *Commercial Comparison*

Table 3 presents Maryland Medicaid dental rates in 2023, compared with median American Dental Association (ADA) fees in 2022. This fee data comes from a nationwide, random sample of dentists who self-reported on an ADA survey. Specialists and general dentists recorded the fees they charged most often for over 200 dental procedures. MDH compared the ADA median fees for five selected dental procedures for which rates increased in January 2015. As noted above, these procedures were not included in the 2023 rate increase.

It is important to note that the fees reflected in the ADA data reflected fees *charged by* dentists, not rates actually *paid* by commercial payers. Rates paid are typically lower than fees charged via contract.

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<sup>6</sup> <https://mgaleg.maryland.gov/2019RS/bills/sb/sb0280E.pdf>

<sup>7</sup> On December 17, 2020, Governor Larry Hogan announced that Medicaid behavioral health and long term care provider rate increases pursuant to Maryland Senate Bill 280 (2019) would go into effect January 1, 2021, rather than July 1, 2021, <https://health.maryland.gov/mmcp/Documents/MEDICAID%20PROVIDER%20RATE%20CHANGES%20FROM%20JANUARY%201%202021.pdf>

<sup>8</sup> For more information regarding MDH’s ARPA spending plan, see the quarterly updates posted here: <https://health.maryland.gov/mmcp/Pages/Public-Notices.aspx>

<sup>9</sup> <https://dbm.maryland.gov/budget/Documents/operbudget/2023/proposed/FY2023-Supplemental-Budget-No4.pdf>

<sup>10</sup>

<https://health.maryland.gov/mmcp/Documents/Public%20Notice/FY24%20Provider%20Rate%20Increases%20Public%20Notice%20CLEAN.pdf>



**Table 3. Maryland Medicaid 2023 Dental Rates Compared with Median ADA Self Reported Fees in 2022<sup>11</sup>**

<b>Procedure Code</b>	<b>Procedure Description</b>	<b>2022 Median ADA Fees</b>	<b>2014 Medicaid Rates</b>	<b>2015-2022 Medicaid Rates</b>	<b>2023 Medicaid Rates</b>
D1208	Topical Application of Fluoride	\$41.72	\$21.60	\$23.00	\$23.00
D1330	Oral Hygiene Instructions	\$56.89	\$0.00	\$6.00	\$6.00
D2940	Protective Restoration	\$143.86	\$18.00	\$50.00	\$50.00
D3120	Pulp Cap, Indirect	\$89.24	\$15.00	\$35.00	\$35.00
D9941	Athletic Mouthguard	\$280.30	\$40.00	\$103.00	\$103.00

*Medicaid Comparison*

Appendix A compares Maryland Medicaid dental rates for selected high-volume procedures with the corresponding rates in Delaware, Virginia, West Virginia, Pennsylvania, and Washington, D.C. Numbers of claims in Maryland were used to calculate the weighted average rank of Maryland and its neighboring states' rates.

The ranking of states' weighted average dental rates are: Delaware (first), Washington, D.C. (second), Maryland (third), West Virginia (fourth), Virginia (fifth), and Pennsylvania (sixth). Despite increases in many of the reimbursement rates for the procedures in the analysis, Maryland's ranking for dental procedures remains the same as previous years. Median rates from the ADA report correspond to CY 2022, and the states' rates correspond to CY 2023.

Maryland's neighboring states have their own Medicaid fee schedules. Table 4 compares Maryland Medicaid dental rates for selected high-volume procedures with the corresponding rates in Delaware, Virginia, West Virginia, Pennsylvania, and Washington, D.C. Numbers of claims in Maryland were used to calculate the weighted average rank of Maryland and its neighboring states' rates.

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<sup>11</sup> Source: ADA Survey of Dental Fees. <https://www.ada.org/en/resources/practice/practice-management/finances/survey-of-dental-fees>

**Table 4. Comparison of Maryland Medicaid and Neighboring States' 2023 Dental Rates with Median ADA Fees in 2022**

<b>Procedure Code</b>	<b>Procedure Description</b>	<b>ADA</b>	<b>MD</b>	<b>DE</b>	<b>VA</b>	<b>WV</b>	<b>PA</b>	<b>DC</b>
D0120	Periodic Oral Evaluation – Established Patient	\$60	\$32	\$45	\$26	\$28	\$20	\$35
D0150	Comprehensive Oral Evaluation – New or Established Patient	\$100	\$56	\$79	\$41	\$39	\$20	\$78
D0220	Intraoral – Periapical First Radiographic Image	\$33	\$10	\$26	\$15	\$17	\$8	\$20
D0272	Bitewings – Two Radiographic Images	\$52	\$16	\$38	\$26	\$28	\$16	\$40
D0274	Bitewings – Four Radiographic Images	\$74	\$24	\$56	\$36	\$41	\$28	\$48
D1110	Prophylaxis – Adult	\$107	\$64	\$79	\$61	\$61	\$36	\$78
D1120	Prophylaxis – Child	\$78	\$46	\$58	\$44	\$44	\$30	\$47
D1206	Topical Application of Fluoride Varnish	\$41	\$25	\$34	\$27	\$22	\$18	\$29
D1208	Topical Application of Fluoride – Excluding Varnish	\$42	\$23	\$32	\$27	\$22	\$19	\$25
D1330	Oral Hygiene Instructions	\$57	\$6	\$0	\$0	\$0	\$11	\$0
D1351	Sealant – Per Tooth	\$59	\$33	\$48	\$42	\$33	\$25	\$38
D2392	Resin-Based Composite – Two Surfaces, Posterior	\$267	\$131	\$276	\$116	\$125	\$60	\$160
<b>Ranking</b>			<b>3</b>	<b>1</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>2</b>

## **Conclusion**

MDH remains committed to ensuring access to dental services for Marylanders, and setting comparable rates for services is a crucial component. MDH continues to monitor how its reimbursement rates for dental services compare to nearby states as well as national trends for both Medicaid and commercial dental plans, *i.e.*, fees charged per ADA reports. MDH continues to have conversations with stakeholders, including dental providers, about reimbursement rates for dentistry. MDH greatly appreciates the strong commitment demonstrated by the Governor, the Maryland General Assembly, dental advocates, and providers to transform Maryland's capacity to provide oral health services

**Appendix A: Comparison of Maryland Medicaid and Neighboring States' 2023 Dental Rates with Median ADA Charges in 2022**

Code	Description of Procedure Code	ADA 2022 Southern Atlantic Survey	CY 2023 PA Medicaid	CY 2023 DC Medicaid	CY 2023 WV Medicaid	CY 2023 VA Medicaid	CY 2023 DE Medicaid	CY 2023 MD Medicaid
<b>Diagnostic</b>								
D0110	INITIAL ORAL EXAMINATION	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D0120	Periodic Oral Evaluation – Established Patient	\$59.57	\$20.00	\$35.00	\$27.50	\$26.20	\$45.14	\$31.81
D0130	EMERGENCY ORAL EXAMINATION	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D0140	Limited Oral Evaluation – Problem Focused	\$83.65	\$55.22	\$50.00	\$38.50	\$32.28	\$65.88	\$47.26
D0145	Oral Evaluation, Patient Under Three Years of Age and Counseling with Primary Caregiver	\$75.16	\$20.00	\$40.00	\$27.50	\$26.20	\$58.56	\$43.76
D0150	Comprehensive Oral Evaluation – New or Established Patient	\$99.96	\$20.00	\$77.50	\$38.50	\$40.70	\$78.69	\$56.34
D0160	Detailed and Extensive Oral Evaluation – Problem Focused, By Report	\$152.06	\$120.00	\$67.50	\$0.00	\$0.00	\$126.88	\$43.20
D0170	Re- evaluation- limited, problem focused (established patient; not post operative visit	\$78.16	\$25.00	\$45.00	\$0.00	\$32.28	\$61.00	\$0.00
D0171	RE-EVAL POST-OP VISIT	\$69.49*	N/A	N/A	N/A	N/A	N/A	N/A
D0180	COMP PERIODONTAL EVALUATION-NEW/ESTAB PA	\$107.75	\$0.00	\$77.50	\$50.00	\$0.00	\$81.74	\$0.00

D0190	SCREENING OF A PATIENT	\$68.18*	N/A	N/A	N/A	N/A	N/A	N/A
D0191	ASSESSMENT OF A PATIENT	\$67.06*	N/A	N/A	N/A	N/A	N/A	N/A
D0190	SCREENING OF A PATIENT	\$68.18*	N/A	N/A	N/A	N/A	N/A	N/A
D0191	ASSESSMENT OF A PATIENT	\$67.06*	N/A	N/A	N/A	N/A	N/A	N/A
D0210	Intraoral - Complete Series of Radiographic Images	\$152.97	\$45.00	\$91.00	\$82.50	\$93.48	\$112.24	\$57.00
D0220	Intraoral – Periapical First Radiographic Image	\$33.18	\$8.00	\$20.00	\$16.50	\$14.53	\$25.62	\$9.85
D0230	Intraoral – Periapical Each Additional Radiographic Image	\$26.95	\$8.00	\$16.00	\$11.00	\$14.53	\$22.57	\$6.56
D0240	Intraoral – Occlusal Radiographic Image	N/A	\$12.00	\$29.00	\$19.80	\$15.95	\$34.16	\$9.00
D0250	Extra-oral – 2D Projection Radiographic Image	N/A	\$8.00	\$0.00	\$17.60	\$61.35	\$0.00	\$24.00
D0251	Extra-oral posterior dental radiographic image	\$69.46*	\$8.00	\$0.00	\$0.00	\$61.35	\$0.00	\$0.00
D0260	EXTRAORAL EA ADDITIONAL FILM	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D0270	Bitewing – Single Radiographic Image	N/A	\$8.00	\$21.00	\$19.80	\$14.53	\$25.01	\$9.00
D0272	Bitewings – Two Radiographic Images	\$52.34	\$16.00	\$40.00	\$27.50	\$26.20	\$38.43	\$16.41
D0273	Bitewings – Three Radiographic Images	\$62.82	\$22.00	\$0.00	\$33.00	\$31.20	\$46.97	\$18.00
D0274	Bitewings – Four Radiographic Images	\$74.15	\$28.00	\$48.00	\$40.70	\$35.88	\$55.51	\$24.07



D0275	BITEWINGS-EACH ADDITIONAL FILM	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D0277	Vertical Bitewings – 7 to 8 Radiographic Images	\$103.37	\$0.00	\$0.00	\$0.00	\$0.00	\$80.52	\$0.00
D0290	SKULL/FACIAL BONE IMAGE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D0310	Sialography	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$57.00
D0320	Temporomandibular Joint Arthrogram, Including Injection	N/A	\$0.00	\$0.00	\$169.40	\$0.00	\$0.00	\$96.00
D0321	Other Temporomandibular Joint Radiographic Images, by Report	N/A	\$0.00	\$0.00	\$77.00	\$0.00	\$0.00	\$30.00
D0322	Dental tomographic survey	N/A	\$0.00	\$0.00	\$77.00	\$0.00	\$389.79	\$0.00
D0330	Panoramic Radiographic Image	\$132.09	\$37.00	\$80.00	\$73.70	\$70.19	\$97.60	\$45.95
D0340	2D Cephalometric Radiographic Image	N/A	\$19.50	\$100.00	\$66.07	\$93.63	\$0.00	\$42.00
D0350	2D Oral/facial photographic images obtained intra- orally or extra orally	\$72.75*	\$0.00	\$59.00	\$20.00	\$0.00	\$56.73	\$0.00
D0351	3D PHOTOGRAPHIC IMAGE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D0364	CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW - LESS THAN ONE WHOLE JAW	\$286.79*	N/A	N/A	N/A	N/A	N/A	N/A
D0365	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MANDIBLE	\$329.39*	N/A	N/A	N/A	N/A	N/A	N/A
D0366	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MAXILLA WITH OR WITHOUT CRANIUM	\$345.60*	N/A	N/A	N/A	N/A	N/A	N/A

D0367	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS WITH OR WITHOUT CRANIUM	\$326.91*	N/A	N/A	N/A	N/A	N/A	N/A
D0431	Adjunctive Oral Cancer Screening	\$62.80*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.00
D0460	Pulp Vitality Tests	N/A	\$0.00	\$39.00	\$0.00	\$0.00	\$0.00	\$10.00
D0470	Diagnostic cast	\$143.39	\$0.00	\$75.00	\$39.60	\$67.80	\$0.00	\$0.00
D0474	Micro w exam of surg margins	N/A	\$0.00	\$0.00	\$68.20	\$0.00	\$0.00	\$0.00
D0486	Accession of brush biopsy	N/A	\$0.00	\$0.00	\$82.50	\$0.00	\$0.00	\$0.00
D0604	ANTIGEN TESTING FOR A PUBLIC HEALTH RELATED PATHOGEN INCLUDING CORONAVIRUS	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D0605	ANTIBODY TESTING FOR A PUBLIC HEALTH RELATED PATHOGEN INCLUDING CORONAVIRUS	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D0606	MOLECULAR TESTING FOR A PUBLIC HEALTH RELATED PATHOGEN INCLUDING CORONAVIRUS	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Preventive</b>								
D0999	UNSPECIFIED DIAGNOSTIC PROCE	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$132.37	\$0.00
D1110	Prophylaxis – Adult	\$106.74	\$36.00	\$77.50	\$60.50	\$61.35	\$79.30	\$63.62
D1120	Prophylaxis – Child	\$78.10	\$30.00	\$47.00	\$44.00	\$43.58	\$57.95	\$46.35
D1203	Topical app fluoride child	N/A	\$0.00	\$0.00	\$20.90	\$0.00	\$0.00	\$0.00

D1206	Topical Application of Fluoride Varnish	\$41.02	\$18.00	\$29.00	\$22.00	\$27.03	\$34.16	\$24.92
D1208	Topical Application of Fluoride – Excluding Varnish	\$41.72	\$18.72	\$25.00	\$22.00	\$27.03	\$32.33	\$23.00
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	N/A	\$19.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D1320	Tobacco counseling for the control and prevention of oral disease	\$69.40*	\$19.33	\$0.00	\$31.87	\$0.00	\$0.00	\$0.00
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	N/A	\$13.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D1330	Oral Hygiene Instructions	\$56.89	\$11.08	\$0.00	\$0.00	\$0.00	\$0.00	\$6.00
D1351	Sealant – Per Tooth	\$58.90	\$25.00	\$38.00	\$33.00	\$41.96	\$47.58	\$33.23
D1352	Preventive Resin Restoration in a Moderate to High Caries Risk Patient – Permanent Tooth	\$101.73	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$33.23
D1353	Sealant Repair - per tooth	N/A	\$0.00	\$0.00	\$16.50	\$0.00	\$0.00	\$0.00
D1354	Interim caries arresting medicament application - per tooth	\$58.52*	\$25.00	\$0.00	\$56.10	\$15.60	\$63.44	\$10.00
D1510	Space Maintainer – Fixed, Unilateral	\$360.85	\$120.00	\$230.00	\$154.00	\$179.19	\$262.30	\$84.00
D1516	Space Maintainer – Fixed – Bilateral, Maxillary	\$461.19*	\$190.00	\$350.00	\$220.00	\$297.04	\$350.14	\$144.00
D1517	Space Maintainer – Fixed – Bilateral, Mandibular	\$452.10*	\$190.00	\$350.00	\$220.00	\$297.04	\$355.02	\$144.00
D1520	Space Maintainer – Removable – Unilateral	N/A	\$0.00	\$0.00	\$90.20	\$179.19	\$0.00	\$64.00

D1526	Space Maintainer – Removable – Bilateral, Maxillary	N/A	\$0.00	\$0.00	\$132.00	\$297.04	\$0.00	\$96.00
D1527	Space Maintainer – Removable – Bilateral, Mandibular	N/A	\$0.00	\$0.00	\$132.00	\$297.04	\$0.00	\$96.00
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	N/A	\$30.00	\$60.00	\$27.50	\$69.42	\$77.47	\$0.00
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	N/A	\$30.00	\$60.00	\$27.50	\$69.42	\$79.91	\$0.00
D1553	Re-cement or re-bond unilateral space maintainer- per quadrant	N/A	\$30.00	\$30.00	\$27.50	\$69.42	\$80.52	\$24.00
D1556	Removal of fixed unilateral space maintainer- per quadrant	N/A	\$25.00	\$30.00	\$0.00	\$56.50	\$76.86	\$25.00
D1557	Removal of fixed bilateral space maintainer – maxillary	N/A	\$25.00	\$60.00	\$0.00	\$56.50	\$87.23	\$0.00
D1558	Removal of fixed bilateral space maintainer – mandibular	\$137.40*	\$25.00	\$60.00	\$0.00	\$56.50	\$87.84	\$0.00
D1575	Distal Shoe space maintainer-fixed-unilateral-per quadrant fabrication and delivery of fixed appliance extending subgingivally and distally to guide the eruption of the first permanent molar	N/A	\$0.00	\$230.00	\$154.00	\$179.19	\$0.00	\$0.00
<b>Restorative</b>								
D2140	Amalgam – One Surface, Primary or Permanent	\$154.26	\$45.00	\$90.00	\$80.30	\$77.19	\$172.58	\$70.00
D2150	Amalgam – Two Surfaces, Primary or Permanent	\$191.36	\$55.00	\$115.00	\$97.90	\$98.19	\$217.42	\$88.00
D2160	Amalgam – Three Surfaces, Primary or Permanent	\$230.51	\$65.00	\$139.00	\$114.40	\$115.93	\$266.49	\$104.00
D2161	Amalgam – Four or More Surfaces, Primary or Permanent	\$272.85	\$65.00	\$165.00	\$127.60	\$130.47	\$317.25	\$104.00
D2330	Resin-Based Composite – One Surface, Anterior	\$192.73	\$50.00	\$106.00	\$93.50	\$96.56	\$200.50	\$91.90

D2331	Resin-Based Composite – Two Surfaces, Anterior	\$227.58	\$60.00	\$135.00	\$113.30	\$115.93	\$244.49	\$111.59
D2332	Resin-Based Composite – Three Surfaces, Anterior	\$272.09	\$65.00	\$165.00	\$137.50	\$149.85	\$297.79	\$136.75
D2335	Resin-Based Composite – Four or More Surfaces or Involving Incisal Angle (Anterior)	\$334.14	\$65.00	\$200.00	\$162.80	\$172.46	\$373.09	\$165.19
D2390	Resin-Based Composite Crown, Anterior	\$461.68	\$150.00	\$0.00	\$181.50	\$205.89	\$530.44	\$75.00
D2391	Resin-Based Composite – One Surface, Posterior	\$212.84	\$50.00	\$120.00	\$102.30	\$96.56	\$216.58	\$101.74
D2392	Resin-Based Composite – Two Surfaces, Posterior	\$266.67	\$60.00	\$160.00	\$125.40	\$115.93	\$275.80	\$131.28
D2393	Resin-Based Composite – Three Surfaces, Posterior	\$320.85	\$65.00	\$200.00	\$151.80	\$149.85	\$340.94	\$164.10
D2394	Resin-Based Composite – Four Or More Surfaces, Posterior	\$369.70	\$65.00	\$236.00	\$173.80	\$166.01	\$401.00	\$164.10
D2644	ONLAY-PORCELAIN/CERAMIC-4+ SURFACES	\$1,285.13	\$0.00	\$0.00	\$0.00	\$650.00	\$0.00	\$0.00
D2710	Crown - resin-based composite (indirect)	\$889.51*	\$150.00	\$400.00	\$0.00	\$318.03	\$1,115.03	\$0.00
D2720	CROWN-RESIN WITH HIGH NOBLE METAL	N/A	\$0.00	\$0.00	\$0.00	\$650.00	\$0.00	\$0.00
D2721	Crown – Resin with Predominantly Base Metal	N/A	\$200.00	\$0.00	\$0.00	\$650.00	\$0.00	\$250.00
D2722	CROWN - RESIN WITH NOBLE METAL	N/A	\$0.00	\$400.00	\$0.00	\$650.00	\$0.00	\$0.00
D2740	Crown – Porcelain/Ceramic Substrate	\$1,330.67	\$500.00	\$600.00	\$698.50	\$650.00	\$1,329.07	\$328.20
D2750	Crown – Porcelain Fused to High Noble Metal	\$1,320.23	\$0.00	\$500.00	\$698.50	\$650.00	\$0.00	\$410.25

D2751	Crown – Porcelain Fused to Predominantly Base Metal	\$1,250.18	\$500.00	\$320.00	\$698.50	\$650.00	\$1,231.78	\$375.00
D2752	Crown – Porcelain Fused to Noble Metal	\$1,296.01	\$0.00	\$0.00	\$0.00	\$650.00	\$1,271.54	\$375.00
D2753	CROWN- PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	N/A	\$0.00	\$450.00	\$0.00	\$650.00	\$0.00	\$0.00
D2780	Crown – Cast High Noble Metal	\$1302.13*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$292.00
D2781	Crown – Cast Predominantly Base Metal	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$292.00
D2782	Crown – Cast Noble Metal	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$292.00
D2783	Crown – Porcelain/Ceramic	\$1,307.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$292.00
D2790	Crown – Full Cast High Noble Metal	\$1,400.76	\$0.00	\$600.00	\$0.00	\$650.00	\$0.00	\$292.00
D2791	Crown – Full Cast Predominantly Base Metal	N/A	\$475.00	\$0.00	\$693.00	\$650.00	\$1,203.86	\$292.00
D2792	Crown – Full Cast Noble Metal	N/A	\$0.00	\$0.00	\$0.00	\$650.00	\$1,277.46	\$292.00
D2794	Crown – Titanium	\$1,355.24*	\$0.00	\$0.00	\$0.00	\$650.00	\$0.00	\$292.00
D2799	Provisional crown- further treatment or completion of diagnosis necessary prior to final impression	\$396.32	\$0.00	\$375.00	\$0.00	\$0.00	\$513.52	\$0.00
D2910	Re-cement or Re-bond Inlay, Onlay, Veneer or Partial Coverage Restoration	N/A	\$25.00	\$0.00	\$0.00	\$0.00	\$137.90	\$25.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	N/A	\$25.00	\$0.00	\$0.00	\$56.50	\$137.90	\$0.00
D2920	Re-cement or Re-bond Crown	\$127.46	\$25.00	\$75.00	\$27.50	\$56.50	\$139.59	\$25.00
D2928	Prefabricated porcelain/ceramic crown – Permanent Tooth	\$588.35*	\$0.00	\$250.00	\$0.00	\$233.84	\$0.00	\$180.00

D2929	Prefabricated Porcelain/Ceramic Crown – Primary Tooth	\$410.55*	\$0.00	\$0.00	\$161.70	\$233.84	\$445.84	\$154.00
D2930	Prefabricated Stainless Steel Crown – Primary Tooth	\$316.46	\$99.00	\$300.00	\$161.70	\$178.01	\$315.56	\$168.48
D2931	Prefabricated Stainless Steel Crown – Permanent Tooth	\$369.90	\$110.00	\$102.40	\$173.80	\$178.01	\$373.09	\$196.92
D2932	Prefabricated Resin Crown	N/A	\$50.00	\$0.00	\$178.20	\$166.69	\$412.85	\$75.00
D2933	Prefabricated Stainless Steel Crown with Resin Window	N/A	\$145.00	\$0.00	\$146.32	\$233.84	\$412.00	\$81.00
D2934	Prefabricated Esthetic Coated Stainless Steel Crown – Primary Tooth	N/A	\$145.00	\$300.00	\$161.70	\$233.84	\$414.54	\$168.48
D2940	Protective Restoration	\$143.86	\$0.00	\$0.00	\$55.00	\$53.27	\$155.66	\$50.00
D2941	INTERIM THERAPEUTIC RESTORATION - PRIMARY DENTITION	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D2950	Core Buildup, Including Any Pins When Required	\$309.88	\$0.00	\$220.00	\$154.00	\$143.35	\$317.25	\$81.00
D2951	Pin Retention – Per Tooth, In Addition to Restoration	N/A	\$0.00	\$0.00	\$16.50	\$25.83	\$93.06	\$12.00
D2952	Post and Core In Addition to Crown, Indirectly Fabricated	\$439.79	\$80.00	\$100.00	\$72.60	\$159.98	\$483.07	\$96.00
D2953	EACH ADDTNL CAST POST	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$357.86	\$0.00
D2954	Prefabricated Post and Core In Addition to Crown	\$367.96	\$80.00	\$80.00	\$176.00	\$143.35	\$390.85	\$70.00
D2955	Post Removal	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$335.86	\$25.00
D2957	EACH ADDTNL PREFAB POST	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$233.50	\$0.00
D2960	Labial Veneer (Resin Laminate) – Chairside	\$735.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$81.00

D2961	Labial Veneer (Resin Laminate) – Laboratory	\$1,068.69	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$81.00
D2962	Labial Veneer (Porcelain Laminate) – Laboratory	\$1,334.46	\$0.00	\$0.00	\$0.00	\$470.68	\$0.00	\$108.00
D2980	Crown Repair Necessitated by Restorative Material Failure	\$306.82	\$42.00	\$0.00	\$0.00	\$0.00	\$0.00	\$93.00
D2999	DENTAL UNSPEC RESTORATIVE PR	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Endodontics</b>								
D3110	Pulp Cap – Direct (Excluding Final Restoration)	\$91.85	\$0.00	\$55.00	\$0.00	\$23.93	\$0.00	\$15.00
D3120	Pulp Cap – Indirect (Excluding Final Restoration)	\$89.24	\$0.00	\$0.00	\$68.00	\$23.93	\$0.00	\$35.00
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	\$229.89	\$75.00	\$134.00	\$101.20	\$108.15	\$220.16	\$65.64
D3221	Pulpal Debridement, Primary and Permanent Teeth	\$243.64	\$0.00	\$0.00	\$0.00	\$87.74	\$239.42	\$70.00
D3222	PART PULP FOR APEXOGENESIS	\$288.24*	N/A	N/A	N/A	N/A	N/A	N/A
D3230	Pulpal Therapy (Resorbable Filling) – Anterior, Primary Tooth (Excluding Final Restoration)	\$306.72	\$150.00	\$0.00	\$0.00	\$215.35	\$280.02	\$96.00
D3240	Pulpal Therapy (Resorbable Filling) – Posterior, Primary Tooth (Excluding Final Restoration)	\$318.72*	\$180.00	\$0.00	\$0.00	\$271.17	\$308.91	\$115.00
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$928.48	\$275.00	\$498.00	\$445.50	\$487.50	\$757.49	\$550.00
D3320	Endodontic Therapy, Bicuspid Tooth (Excluding Final Restoration)	\$1,058.60	\$375.00	\$591.00	\$548.90	\$559.00	\$867.57	\$650.00
D3330	Endodontic Therapy, Molar (Excluding Final Restoration)	\$1,285.06	\$500.00	\$728.00	\$693.00	\$882.70	\$1,056.77	\$748.00
D3332	INCOMPLETE ENDODONTIC TX	\$441.03*	N/A	N/A	N/A	N/A	N/A	N/A
D3333	INTERNAL ROOT REPAIR	N/A	N/A	N/A	N/A	N/A	N/A	N/A



D3346*	Retreatment of Previous Root Canal Therapy – Anterior	\$1,079.79	\$0.00	\$552.00	\$176.00	\$560.63	\$893.02	\$634.00
D3347*	Retreatment of Previous Root Canal Therapy – Bicuspid	\$1,213.96	\$0.00	\$657.00	\$209.00	\$642.85	\$1,003.10	\$721.00
D3348*	Retreatment of Previous Root Canal Therapy – Molar	\$1,432.78	\$0.00	\$808.00	\$275.00	\$1,015.11	\$1,181.98	\$829.00
D3351	Apexification/Recalcification – Initial Visit	\$386.79*	\$0.00	\$248.00	\$149.60	\$119.64	\$374.27	\$108.00
D3352	Apexification/Recalcification – Interim Medication Replacement	\$260.69*	\$0.00	\$0.00	\$104.50	\$79.76	\$266.94	\$67.00
D3353	Apexification/Recalcification – Final Visit	\$590.11*	\$0.00	\$0.00	\$246.40	\$526.38	\$525.63	\$67.00
D3410	Apicoectomy – Anterior	\$834.70*	\$70.00	\$426.00	\$374.00	\$361.62	\$732.72	\$504.00
D3421	Apicoectomy – Bicuspid (First Root)	\$924.71*	\$70.00	\$522.00	\$154.00	\$361.62	\$838.67	\$570.00
D3425	Apicoectomy – Molar (First Root)	\$1035.07*	\$70.00	\$580.00	\$0.00	\$361.62	\$938.43	\$659.00
D3426	Apicoectomy (Each Additional Root)	\$413.81*	\$70.00	\$216.00	\$0.00	\$159.51	\$440.32	\$217.00
D3428	BONE GRAFT IN CONJUNCTION WITH PERIRADICULAR SURGERY - PER TOOTH SINGLE SITE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D3429	BONE GRAFT IN CONJUNCTION WITH PERIRADICULAR SURGERY - EACH ADDITIONAL CONTIGUOUS TOOTH IN THE SAME SURGICAL SITE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D3430	Retrograde Filling – Per Root	N/A	\$0.00	\$144.00	\$0.00	\$79.76	\$303.41	\$100.00
D3432	GUIDED TISSUE REGENERATION RESORBABLE BARRIER PER SITE IN CONJUNCTION WITH PERIRADICULAR SURGERY	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D3450	Root Amputation – Per Root	N/A	\$0.00	\$293.00	\$0.00	\$0.00	\$0.00	\$355.00
D3470	Intentional Re-implantation (Including Necessary Splinting)	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$629.00

D3471	Surgical repair of root resorption anterior	N/A	\$208.00	\$245.00	\$0.00	\$0.00	\$0.00	\$0.00
D3472	Surgical repair of root resorption-premolar	N/A	\$208.00	\$320.00	\$0.00	\$0.00	\$0.00	\$0.00
D3473	Surgical repair of root resorption-molar	N/A	\$208.00	\$395.00	\$0.00	\$0.00	\$0.00	\$0.00
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	N/A	\$208.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	N/A	\$208.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	N/A	\$208.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D3920	Hemisection (Including Any Root Removal), Not Including Root Canal Therapy	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$221.00
D3921	DECORONATION OR SUBMERGENCE OF AN ERUPTED TOOTH	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D3999	ENDODONTIC PROCEDURE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Periodontics</b>								
D4210	Gingivectomy or Gingivoplasty – Four or More Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$699.39	\$125.00	\$446.00	\$143.00	\$442.34	\$641.90	\$108.00
D4211	Gingivectomy or Gingivoplasty – One to Three Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$372.49	\$0.00	\$160.00	\$48.40	\$260.00	\$357.07	\$25.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$296.17	\$0.00	\$200.00	\$0.00	\$0.00	\$299.28	\$0.00

D4230	Anatomical Crown Exposure – Four or More Contiguous Teeth per Quadrant	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$108.00
D4231	Anatomical Crown Exposure – One to Three Teeth per Quadrant	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25.00
D4240	Gingival Flap Procedure, Including Root Planing – Four or More Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$872.48	\$0.00	\$125.00	\$0.00	\$0.00	\$0.00	\$63.00
D4241	Gingival Flap Procedure, Including Root Planing – One to Three Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$669.47	\$0.00	\$125.00	\$0.00	\$0.00	\$0.00	\$75.00
D4249	Clinical Crown Lengthening – Hard Tissue	\$832.82	\$0.00	\$496.00	\$0.00	\$390.00	\$0.00	\$150.00
D4260	Osseous Surgery – Four or More Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$1,266.37*	\$0.00	\$700.00	\$246.40	\$686.10	\$1,144.83	\$108.00
D4261	Osseous Surgery – One to Three Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$1,030.25*	\$0.00	\$500.00	\$165.00	\$478.45	\$907.47	\$150.00
D4263	BONE REPLCE GRAFT FIRST SITE	\$623.77*	N/A	N/A	N/A	N/A	N/A	N/A
D4264	BONE REPLCE GRAFT EACH ADD	\$494.62*	N/A	N/A	N/A	N/A	N/A	N/A
D4265	BIO MTRLS TO AID SOFT/OS REG	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D4266	GUIDED TISS REGEN RESORBLE	\$619.70*	N/A	N/A	N/A	N/A	N/A	N/A
D4267	GUIDED TISS REGEN NONRESORB	\$736.86*	N/A	N/A	N/A	N/A	N/A	N/A
D4270	PEDICLE SOFT TISSUE GRAFT PR	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D4273	AUTO TISSUE GRAFT 1ST TOOTH	\$1,197.55*	N/A	N/A	N/A	N/A	N/A	N/A
D4274	MESIAL/DISTAL WEDGE PROC	N/A	N/A	N/A	N/A	N/A	N/A	N/A

D4275	NON-AUTO GRAFT 1ST TOOTH	\$1,105.56*	N/A	N/A	N/A	N/A	N/A	N/A
D4276	CON TISSUE W PEDICLE GRAFT	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D4277	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY), FIRST TOOTH OR EDENTULOUS TOOTH POSITION IN GRAFT	\$1,041.34*	\$0.00	\$0.00	\$0.00	\$438.66	\$0.00	\$0.00
D2478	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY), EACH ADDITIONAL CONTIGUOUS TOOTH OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE	N/A	\$0.00	\$0.00	\$0.00	\$219.32	\$0.00	\$0.00
D4320	Provisional Splinting – Intracoronal	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D4321	Provisional Splinting – Extracoronal	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D4322	SPLINT INTRA-CORONAL	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D4323	SPLINT EXTRA-CORONAL	\$518.25*	N/A	N/A	N/A	N/A	N/A	N/A
D4341	Periodontal Scaling and Root Planing – Four or More Teeth per Quadrant	\$290.01	\$75.00	\$181.00	\$162.80	\$121.08	\$262.82	\$75.00
D4342	Periodontal Scaling and Root Planing – One to Three Teeth per Quadrant	\$213.86	\$0.00	\$70.00	\$89.10	\$63.80	\$198.83	\$54.00
D4346	Scaling in presence of generalized moderate or severe gingival	N/A	\$43.20	\$100.00	\$93.50	\$61.35	\$0.00	\$0.00
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	\$200.63	\$60.00	\$130.00	\$93.50	\$101.76	\$188.51	\$100.00
D4910	Periodontal Maintenance	\$158.51	\$44.00	\$70.00	\$60.00	\$80.72	\$141.04	\$54.00
D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist or Their Staff)	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$101.14	\$24.00

D4999	UNSPECIFIED PERIODONTAL PROC	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Prosthodontics (Removable)</b>								
D5110	Complete Denture – Maxillary	\$1,959.04	\$525.00	\$1,120.00	\$595.00	\$877.31	\$1,805.31	\$375.00
D5120	Complete Denture – Mandibular	\$1,972.67	\$525.00	\$1,125.00	\$595.00	\$877.31	\$1,819.76	\$375.00
D5130	Immediate Denture-Maxillary	\$2,051.92	\$525.00	\$0.00	\$595.00	\$877.31	\$0.00	\$0.00
D5140	Immediate Denture-Mandibular	\$2,043.63	\$525.00	\$0.00	\$595.00	\$877.31	\$0.00	\$0.00
D5211	Maxillary Partial Denture – Resin Base	\$1,404.70	\$375.00	\$838.00	\$595.00	\$858.85	\$1,426.91	\$225.00
D5212	Mandibular Partial Denture – Resin Base	\$1,406.61	\$375.00	\$838.00	\$595.00	\$858.85	\$1,420.72	\$225.00
D5213	Maxillary partial denture- cast metal framework with resin denture bases (including retentive /clasping materials, rest and teeth	\$1,939.75	\$550.00	\$1,200.00	\$595.00	\$965.04	\$1,860.35	\$0.00
D5214	Mandibular partial denture- cast metal framework with resin denture bases (including retentive /clasping materials, rest and teeth	\$1,988.18	\$550.00	\$1,200.00	\$595.00	\$965.04	\$1,850.72	\$0.00
D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE – RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$1,558.31*	\$0.00	\$838.00	\$0.00	\$858.85	\$0.00	\$0.00
D5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE – RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$1,568.47*	\$0.00	\$838.00	\$0.00	\$858.85	\$0.00	\$0.00
D5223	IMMEDIATE MAXILLARY PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$1,989.94*	\$0.00	\$1,200.00	\$0.00	\$965.04	\$0.00	\$0.00

D5224	IMMEDIATE MANDIBULAR PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$1,981.93*	\$0.00	\$1,200.00	\$0.00	\$965.04	\$0.00	\$0.00
D5225	Maxillary Partial Denture – Flexible Base	\$1,701.31	\$0.00	\$838.00	\$595.00	\$858.85	\$1,577.58	\$275.00
D5226	Mandibular Partial Denture – Flexible Base	\$1,686.26	\$0.00	\$838.00	\$595.00	\$858.85	\$1,587.90	\$275.00
D5227	IMMEDIATE MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS RESTS AND TEETH)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D5228	IMMEDIATE MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS RESTS AND TEETH)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D5282	Removable unilateral partial denture-one piece case metal (including clasps and teeth), per quadrant	N/A	\$0.00	\$0.00	\$247.50	\$356.19	\$0.00	\$0.00
D5283	Removable unilateral partial denture-one piece case metal (including clasps and teeth), per quadrant	N/A	\$0.00	\$0.00	\$247.50	\$356.19	\$0.00	\$0.00
D5284	Removable unilateral partial denture-one piece flexible base (including clasps and teeth), per quadrant	N/A	\$0.00	\$0.00	\$247.50	\$356.19	\$0.00	\$0.00
D5286	Removable unilateral partial denture-one piece case resin (including clasps and teeth), per quadrant	N/A	\$0.00	\$0.00	\$247.50	\$356.19	\$0.00	\$0.00
D5410	On FS but per Adult Expanded dental	N/A	\$20.00	\$0.00	\$15.40	\$41.96	\$95.63	\$20.00
D5411	Adjust Complete Denture – Mandibular	N/A	\$20.00	\$0.00	\$15.40	\$41.96	\$94.94	\$20.00
D5421	Adjust Partial Denture – Maxillary	N/A	\$20.00	\$0.00	\$15.40	\$25.83	\$94.26	\$20.00
D5422	Adjust Partial Denture – Mandibular	N/A	\$20.00	\$0.00	\$15.40	\$25.83	\$95.63	\$20.00

D5510	Repair Broken Complete Denture Base	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D5511	Repair Broken Complete Denture Base- Mandibular	N/A	\$50.00	\$150.00	\$50.60	\$108.15	\$239.42	\$40.00
D5512	Repair Broken Complete Denture Base- Maxillary	N/A	\$50.00	\$150.00	\$50.60	\$108.15	\$236.67	\$40.00
D5520	Replace Missing Or Broken Teeth-Complete Denture Each Tooth	\$217.93	\$45.00	\$100.00	\$42.90	\$88.78	\$201.58	\$20.00
D5610	Repair Resin Denture Base	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D5611	Repair Resin Partial Denture Base- Mandibular	N/A	\$50.00	\$175.00	\$50.60	\$108.15	\$0.00	\$63.00
D5612	Repair Resin Partial Denture Base- Maxillary	N/A	\$50.00	\$175.00	\$72.60	\$108.15	\$0.00	\$63.00
D5620	Repair Cast Framework	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D5621	Repair Cast Partial Framework- Mandibular	N/A	\$60.00	\$200.00	\$0.00	\$156.61	\$0.00	\$70.00
D5622	Repair Cast Partial Framework- Maxillary	N/A	\$60.00	\$200.00	\$0.00	\$156.61	\$0.00	\$70.00
D5630	Repair/Replace Broken Clasp – per Tooth	N/A	\$60.00	\$70.00	\$64.90	\$150.12	\$271.07	\$63.00
D5640	Replace Broken Teeth - Per Tooth	\$222.56	\$45.00	\$125.00	\$41.80	\$142.05	\$205.71	\$20.00
D5650	Add Tooth to Existing Partial Denture	\$254.09	\$50.00	\$60.00	\$55.00	\$124.32	\$238.05	\$57.00
D5660	Add Clasp To Existing Partial Denture – per Tooth	\$291.26	\$50.00	\$80.00	\$70.40	\$150.12	\$273.82	\$65.00
D5670	REPLC TTH&ACRLC ON MTL FRMWK	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D5671	REPLC TTH&ACRLC MANDIBULAR	N/A	N/A	N/A	N/A	N/A	N/A	N/A

D5710	Rebase Complete Maxillary Denture	\$642.41	\$0.00	\$170.00	\$150.70	\$0.00	\$0.00	\$160.00
D5711	Rebase Complete Mandibular Denture	\$640.24	\$0.00	\$170.00	\$150.70	\$0.00	\$0.00	\$160.00
D5720	Rebase Maxillary Partial Denture	\$600.10	\$0.00	\$160.00	\$150.70	\$0.00	\$0.00	\$160.00
D5721	Rebase Mandibular Partial Denture	\$604.21	\$0.00	\$160.00	\$150.70	\$0.00	\$0.00	\$160.00
D5730	Reline Complete Maxillary Denture (chairside)	\$432.75	\$70.00	\$110.00	\$88.00	\$263.11	\$385.28	\$0.00
D5731	Reline Complete Mandibular Denture (chairside)	\$435.92	\$70.00	\$110.00	\$88.00	\$263.11	\$379.78	\$0.00
D5740	Reline maxillary partial denture (chairside)	N/A	\$70.00	\$100.00	\$88.00	\$133.98	\$376.34	\$0.00
D5741	Reline mandibular partial denture (chairside)	N/A	\$70.00	\$100.00	\$88.00	\$133.98	\$375.65	\$0.00
D5750	Reline Complete Maxillary Denture (Laboratory)	\$547.07	\$100.00	\$0.00	\$132.00	\$308.28	\$477.47	\$150.00
D5751	Reline Complete Mandibular Denture (Laboratory)	\$546.50	\$100.00	\$0.00	\$132.00	\$308.28	\$481.60	\$150.00
D5760	Reline Maxillary Partial Denture (Laboratory)	N/A	\$100.00	\$0.00	\$132.00	\$190.48	\$470.59	\$150.00
D5761	Reline Mandibular Partial Denture (Laboratory)	N/A	\$100.00	\$0.00	\$132.00	\$190.48	\$470.59	\$150.00
D5765	SOFT LINER FOR COMPLETE OR PARTIAL REMOVABLE DENTURE INDIRECT	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D5810	Interim (Temporary) complete upper denture	N/A	\$0.00	\$0.00	\$300.00	\$0.00	\$943.94	\$0.00
D5811	Interim (Temporary) complete lower denture	N/A	\$0.00	\$0.00	\$300.00	\$0.00	\$943.25	\$0.00
D5820	Interim (Temporary) complete upper denture with clasps	\$788.45	\$0.00	\$0.00	\$300.00	\$0.00	\$723.09	\$0.00
D5821	Interim (Temporary) complete lower denture with clasps	\$788.96	\$0.00	\$0.00	\$300.00	\$0.00	\$721.71	\$0.00



D5850	Tissue Conditioning, Maxillary	N/A	\$0.00	\$0.00	\$25.00	\$162.50	\$222.22	\$24.00
D5851	Tissue Conditioning, Mandibular	N/A	\$0.00	\$0.00	\$25.00	\$125.00	\$220.85	\$24.00
D5863	Overdenture – Complete Maxillary	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$325.00
D5864	Overdenture – Partial Maxillary	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$325.00
D5865	Overdenture – Complete Mandibular	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$325.00
D5866	Overdenture – Partial Mandibular	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$325.00
D5876	ADD METAL SUBSTRUCTURE TO ACRYLIC FULL DENTURE (PER ARCH)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D5911	Facial moulage sectional	N/A	\$0.00	\$0.00	\$275.00	\$0.00	\$0.00	\$0.00
D5915	Orbital prosthesis	N/A	\$0.00	\$0.00	\$668.14	\$0.00	\$0.00	\$0.00
D5924	Cranial prosthesis	N/A	\$0.00	\$0.00	\$711.54	\$0.00	\$0.00	\$0.00
D5925	Facial augmentation implant	N/A	\$0.00	\$0.00	\$672.17	\$0.00	\$0.00	\$0.00
D5931	Surgical obturator	N/A	\$0.00	\$0.00	\$847.00	\$0.00	\$0.00	\$0.00
D5932	Postsurgical obturator	N/A	\$0.00	\$0.00	\$924.00	\$0.00	\$0.00	\$0.00
D5937	TRISMUS APPLIANCE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D5951	FEEDING AID	N/A	\$0.00	\$0.00	\$0.00	\$508.83	\$0.00	\$0.00

D5952	Pediatric speech aid	N/A	\$0.00	\$0.00	\$550.00	\$0.00	\$0.00	\$0.00
D5955	Palatal lift prosthesis	N/A	\$0.00	\$0.00	\$880.00	\$0.00	\$0.00	\$0.00
D5982	Surgical stent	N/A	\$0.00	\$380.00	\$220.00	\$0.00	\$0.00	\$0.00
D5986	Fluoride applicator	\$187.35	\$0.00	\$0.00	\$55.00	\$0.00	\$200.90	\$0.00
D5991	VESICULOBULLOUS DISEASE CARR	\$241.62*	N/A	N/A	N/A	N/A	N/A	N/A
D5992	Adjust Maxillofacial Prosthetic Appliance, by Report	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20.00
D5993	Maintenance & Cleaning of Maxillofacial Prosthesis (Extra- or Intra-oral) Other than Required Adjustments, by Report	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20.00
<b>Prosthodontics, Fixed</b>								
D6010	SURGICAL PLACEMENT OF IMPLANT BODY ENDOSTEAL IMPLANT	\$2,195.37	N/A	N/A	N/A	N/A	N/A	N/A
D6056	PREFABRICATED ABUTMENT - INCLUDES MODIFICATION AND PLACEMENT	\$904.44	N/A	N/A	N/A	N/A	N/A	N/A
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D6081	SCALING AND DEBRIDEMENT IN THE PRESENCE OF INFLAMMATION OR MUCOSITIS OF A SINGLE IMPLANT INCLUDING CLEANING OF THE IMPLANT SURFACES WITHOUT FLAP ENTRY AND CLOSURE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D6082	IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE ALLOYS	N/A	N/A	N/A	N/A	N/A	N/A	N/A

D6083	IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO NOBLE ALLOYS	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D6084	IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D6085	PROVISIONAL IMPLANT CROWN	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D6096	REMOVE BROKEN IMPLANT RETAINING SCREW	N/A	\$0.00	\$584.62	\$0.00	\$56.50	\$0.00	\$0.00
D6097	ABUTMENT SUPPORTED CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D6101	Debridement of a peri-implant defect or defects surrounding a single implant and surface cleaning of the exposed implant surfaces including flap entry and closure	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D6102	Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces including flap entry and closure	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D6103	Bone graft for repair of peri-implant defect - does not include flap entry and closure	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D6104	BONE GRAFT AT TIME OF IMPLANT PLACEMENT	\$609.14*	N/A	N/A	N/A	N/A	N/A	N/A
D6110	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH - MAXILLARY	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D6111	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH - MANDIBULAR	N/A	N/A	N/A	N/A	N/A	N/A	N/A

D6112	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH - MAXILLARY	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D6113	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH - MANDIBULAR	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D6191	SEMI-PRECISION ABUTMENT - PLACEMENT	\$714.21*	N/A	N/A	N/A	N/A	N/A	N/A
D6192	SEMI-PRECISION ATTACHMENT - PLACEMENT	\$599.14*	N/A	N/A	N/A	N/A	N/A	N/A
D6205	PONTIC - INDIRECT RESIN BASED COMPOSITE	\$1,048.13*	\$0.00	\$0.00	\$0.00	\$650.00	\$0.00	\$0.00
D6211	Bridge base metal cast	N/A	\$0.00	\$0.00	\$341.00	\$650.00	\$1,038.88	\$0.00
D6212	BRIDGE NOBLE METAL CAST	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D6214	PONTIC - TITANIUM AND TITANIUM ALLOYS	N/A	\$0.00	\$0.00	\$0.00	\$650.00	\$0.00	\$0.00
D6240	Pontic- porcelain fused to high noble metal	\$1,320.11	\$0.00	\$0.00	\$0.00	\$650.00	\$0.00	\$0.00
D6241	Bridge porcelain base metal	\$1,198.91	\$0.00	\$0.00	\$341.00	\$650.00	\$1,049.89	\$0.00
D6242	BRIDGE PORCELAIN NOBEL METAL	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D6243	PONTIC - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	N/A	\$0.00	\$0.00	\$0.00	\$650.00	\$0.00	\$0.00
D6245	Pontic - porcelain/ceramic	\$1,296.08	\$0.00	\$0.00	\$112.20	\$650.00	\$0.00	\$0.00
D6250	PONTIC-RESIN WITH HIGH NOBLE METAL	N/A	\$0.00	\$0.00	\$0.00	\$650.00	\$0.00	\$0.00
D6251	PONTIC-RESIN WITH BASE METAL	N/A	\$0.00	\$0.00	\$0.00	\$650.00	\$0.00	\$0.00

D6252	PONTIC-RESIN WITH NOBLE METAL	N/A	\$0.00	\$0.00	\$0.00	\$650.00	\$0.00	\$0.00
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$781.30	\$0.00	\$0.00	\$0.00	\$381.63	\$904.72	\$0.00
D6548	PROSTHODONTICS FIXED, RETAINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHODONTIC	N/A	\$0.00	\$0.00	\$0.00	\$381.63	\$0.00	\$0.00
D6710	CROWN - INDIRECT RESIN BASED COMPOSITE	\$1,157.94*	\$0.00	\$0.00	\$0.00	\$650.00	\$0.00	\$0.00
D6720	CROWN-RESIN WITH HIGH NOBLE METAL	N/A	\$0.00	\$0.00	\$0.00	\$650.00	\$0.00	\$0.00
D6721	CROWN-RESIN WITH BASE METAL	N/A	\$0.00	\$0.00	\$0.00	\$650.00	\$0.00	\$0.00
D6722	CROWN-RESIN WITH NOBLE METAL	N/A	\$0.00	\$0.00	\$0.00	\$650.00	\$0.00	\$0.00
D6740	RETAINER CROWN – PORCELAIN/CERAMIC	N/A	\$0.00	\$0.00	\$0.00	\$650.00	\$0.00	\$0.00
D6750	Retainer - crown porcelain fused to predominantly base metal	\$1,320.22	\$0.00	\$0.00	\$0.00	\$650.00	\$0.00	\$0.00
D6751	CROWN PORCELAIN BASE METAL	\$1,214.36	N/A	N/A	N/A	N/A	N/A	N/A
D6752	CROWN PORCELAIN NOBLE METAL	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D6753	RETAINER CROWN- PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	N/A	\$0.00	\$0.00	\$0.00	\$650.00	\$0.00	\$0.00
D6784	RETAINER CROWN 3/4- TITANIUM AND TITANIUM ALLOYS	N/A	\$0.00	\$0.00	\$0.00	\$650.00	\$0.00	\$0.00
D6790	Retainer crown - full cast high nobel metal	\$1,326.81	\$0.00	\$0.00	\$0.00	\$650.00	\$0.00	\$0.00

D6791	CROWN FULL BASE METAL CAST	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D6792	CROWN FULL NOBLE METAL CAST	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D6794	RETAINER CROWN - TITANIUM AND TITANIUM ALLOYS	N/A	\$0.00	\$0.00	\$0.00	\$650.00	\$0.00	\$0.00
D6930	Re-cement or Re-bond Fixed Partial Denture	\$201.54	\$30.00	\$0.00	\$77.00	\$82.33	\$180.94	\$32.00
D6980	Fixed partial denture repair necessitated by restorative material failure	N/A	\$35.00	\$0.00	\$0.00	\$0.00	\$383.22	\$0.00
<b>Oral And Maxillofacial Surgery</b>								
D7111	Extraction, Coronal Remnants – Deciduous Tooth	\$149.49	\$0.00	\$50.00	\$0.00	\$23.93	\$140.35	\$27.00
D7140	Extraction, Erupted Tooth Or Exposed Root	\$217.88	\$65.00	\$110.00	\$88.00	\$89.70	\$198.83	\$112.69
D7210	Extraction, Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated	\$322.58	\$65.00	\$192.00	\$143.00	\$166.40	\$291.71	\$112.69
D7220	Removal of Impacted Tooth – Soft Tissue	\$362.83	\$90.00	\$210.00	\$189.20	\$200.20	\$329.55	\$157.54
D7230	Removal of Impacted Tooth – Partially Bony	\$449.56	\$170.00	\$285.00	\$225.50	\$276.90	\$409.36	\$230.83
D7240	Removal of Impacted Tooth – Completely Bony	\$545.90	\$200.00	\$350.00	\$269.50	\$321.10	\$491.23	\$303.04
D7241	Removal of Impacted Tooth – Completely Bony, with Unusual Surgical Complications	N/A	\$0.00	\$350.00	\$0.00	\$345.80	\$562.10	\$415.00
D7250	Removal of Residual Tooth Roots (Cutting Procedure)	\$343.04	\$100.00	\$350.00	\$100.00	\$166.40	\$314.42	\$103.01

D7251	Coronectomy – Intentional Partial Tooth Removal	\$490.66*	\$0.00	\$338.00	\$0.00	\$0.00	\$0.00	\$415.00
D7260	Oralantral Fistula Closure	N/A	\$75.00	\$0.00	\$0.00	\$497.09	\$0.00	\$125.00
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	N/A	\$0.00	\$0.00	\$0.00	\$239.23	\$0.00	\$0.00
D7270	Tooth Re-implantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth	N/A	\$320.00	\$375.00	\$154.00	\$438.66	\$563.47	\$64.00
D7272	Tooth Transplantation	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$756.11	\$27.00
D7280	Exposure of an Unerupted Tooth	N/A	\$80.00	\$341.00	\$154.00	\$352.30	\$508.43	\$369.00
D7281	Exposure tooth aid eruption	N/A	\$0.00	\$0.00	\$74.80	\$0.00	\$0.00	\$0.00
D7282	MOBILIZE ERUPTED/MALPOS TOOTH	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D7283	Placement of device to facilitate eruption of impacted tooth	N/A	\$35.00	\$0.00	\$74.80	\$128.70	\$467.84	\$0.00
D7285	Incisional Biopsy of Oral Tissue – Hard (Bone, Tooth)	N/A	\$0.00	\$359.00	\$165.00	\$106.54	\$0.00	\$85.00
D7286	Incisional Biopsy of Oral Tissue – Soft	\$402.49	\$0.00	\$201.00	\$143.00	\$106.54	\$0.00	\$231.00
D7288	brush biopsy - transepithelial sample collection	\$209.24*	\$34.50	\$0.00	\$0.00	\$79.76	\$0.00	\$0.00
D7290	Surgical Repositioning of Teeth	N/A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$165.00
D7310	Alveoloplasty In Conjunction with Extractions - Four or more teeth or tooth spaces, per Quadrant	\$372.45	\$30.00	\$200.00	\$74.80	\$132.39	\$316.48	\$90.00
D7311	Alveoloplasty In Conjunction with Extractions -One to Three Teeth or Tooth Spaces, per Quadrant	N/A	\$0.00	\$0.00	\$0.00	\$63.80	\$0.00	\$50.00

D7320	Alveoloplasty Not in Conjunction with Extractions - Four or more teeth or Tooth Spaces, per Quadrant	\$553.36	\$30.00	\$295.00	\$96.80	\$222.79	\$452.02	\$48.00
D7321	Alveoloplasty Not in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, per Quadrant	N/A	\$0.00	\$0.00	\$0.00	\$111.64	\$0.00	\$95.00
D7340	Vestibuloplasty – Ridge Extension (Secondary Epithelialization)	N/A	\$0.00	\$635.00	\$385.00	\$0.00	\$0.00	\$270.00
D7350	Vestibuloplasty – Ridge Extension (Including Soft Tissue Grafts)	N/A	\$0.00	\$2,050.00	\$1,155.00	\$184.78	\$0.00	\$405.00
D7351	REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION GREATER THAN 1.25CM	N/A	\$0.00	\$0.00	\$0.00	\$209.31	\$0.00	\$0.00
D7410	Excision of Benign Lesion Up To 1.25 cm	\$466.51	\$0.00	\$188.57	\$94.60	\$0.00	\$0.00	\$84.00
D7411	Excision benign lesion>1.25c	N/A	\$0.00	\$273.42	\$385.00	\$0.00	\$0.00	\$0.00
D7440*	Excision of Malignant Tumor – Lesion Diameter Up To 1.25 cm	\$729.33	\$0.00	\$0.00	\$308.00	\$0.00	\$0.00	\$108.00
D7441	Malig tumor > 1.25 cm	N/A	\$0.00	\$0.00	\$1,540.00	\$0.00	\$0.00	\$0.00
D7450	Removal of Benign Odontogenic Cyst or Tumor – Lesion Diameter Up To 1.25 cm	\$538.46*	\$40.00	\$0.00	\$114.40	\$0.00	\$0.00	\$97.00
D7451	Removal of Benign Odontogenic Cyst or Tumor – Lesion Diameter Greater Than 1.25 cm	N/A	\$80.00	\$474.00	\$924.00	\$0.00	\$0.00	\$125.00
D7460	Removal of Benign Nonodontogenic Cyst or Tumor – Lesion Diameter Up To 1.25 cm	N/A	\$40.00	\$264.00	\$115.50	\$0.00	\$0.00	\$95.00
D7461	Removal of Benign Nonodontogenic Cyst or Tumor – Lesion Diameter Greater Than 1.25 cm	N/A	\$80.00	\$0.00	\$924.00	\$0.00	\$0.00	\$125.00



D7471	Removal of Lateral Exostosis – (Maxilla or Mandible)	N/A	\$60.00	\$444.00	\$138.60	\$222.79	\$0.00	\$105.00
D7472	Removal of Torus Palatinus	N/A	\$60.00	\$548.00	\$231.00	\$319.02	\$0.00	\$105.00
D7473	Removal of Torus Mandibularis	N/A	\$60.00	\$516.00	\$231.00	\$222.79	\$0.00	\$105.00
D7485	Reduction of osseous tuberosity	N/A	\$60.00	\$0.00	\$231.00	\$222.79	\$0.00	\$0.00
D7490	Maxilla or mandible resection	N/A	\$0.00	\$0.00	\$2,695.00	\$0.00	\$0.00	\$0.00
D7510	Incision & Drainage of Abscess – Intraoral Soft Tissue	N/A	\$25.50	\$155.00	\$137.50	\$40.35	\$253.18	\$48.00
D7511	Incision and drainage of abscess – intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	N/A	\$88.50	\$0.00	\$0.00	\$88.40	\$372.90	\$0.00
D7520	Incision & Drainage of Abscess – Extraoral Soft Tissue	N/A	\$38.50	\$250.00	\$192.50	\$0.00	\$531.82	\$68.00
D7521	Incision and drainage of abscess – extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	N/A	\$88.50	\$0.00	\$0.00	\$0.00	\$705.89	\$0.00
D7530	Removal fb skin/areolar tiss	N/A	\$0.00	\$247.00	\$133.33	\$0.00	\$0.00	\$0.00
D7550	Partial Osteotomy/Sequestrectomy for Removal of Non- Vital Bone	N/A	\$0.00	\$0.00	\$231.00	\$0.00	\$0.00	\$68.00
D7953	Bone replacement graft for ridge preservation - per site	\$662.63	N/A	N/A	N/A	N/A	N/A	N/A
D7560	Maxillary sinusotomy	N/A	\$0.00	\$0.00	\$693.00	\$0.00	\$0.00	\$0.00
D7610	Maxilla open reduct simple	N/A	\$0.00	\$796.24	\$1,155.00	\$0.00	\$0.00	\$0.00

D7620	Clsd reduct simpl maxilla fx	N/A	\$0.00	\$694.02	\$770.00	\$0.00	\$0.00	\$0.00
D7630	Open red simpl mandible fx	N/A	\$0.00	\$2,024.51	\$1,155.00	\$0.00	\$0.00	\$0.00
D7640	Clsd red simpl mandible fx	N/A	\$0.00	\$1,098.85	\$770.00	\$0.00	\$0.00	\$0.00
D7650	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D7660	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D7670	ALVEOLUS - CLOSED REDUCTION MAY INCLUDE STABILIZATION OF TEETH	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D7671	Alveolus open reduction	N/A	\$0.00	\$0.00	\$462.00	\$0.00	\$0.00	\$0.00
D7710	Maxilla open reduct compound	N/A	\$0.00	\$0.00	\$1,386.00	\$0.00	\$0.00	\$0.00
D7720	Clsd reduct compd maxilla fx	N/A	\$0.00	\$0.00	\$924.00	\$0.00	\$0.00	\$0.00
D7730	Open reduct compd mandble fx	N/A	\$0.00	\$0.00	\$1,556.17	\$0.00	\$0.00	\$0.00
D7740	Clsd reduct compd mandble fx	N/A	\$0.00	\$0.00	\$924.00	\$0.00	\$0.00	\$0.00
D7750	Open red comp malar/zygma fx	N/A	\$0.00	\$0.00	\$2,310.00	\$0.00	\$0.00	\$0.00
D7770	Open reduc compd alveolus fx	N/A	\$0.00	\$0.00	\$462.00	\$0.00	\$0.00	\$0.00
D7780	Reduct compnd facial bone fx	N/A	\$0.00	\$0.00	\$1,353.00	\$0.00	\$0.00	\$0.00
D7810	Tmj open reduct-dislocation	N/A	\$0.00	\$0.00	\$1,925.00	\$0.00	\$0.00	\$0.00

D7820	Closed tmp manipulation	N/A	\$0.00	\$112.50	\$154.00	\$0.00	\$0.00	\$0.00
D7830	Tmj manipulation under anest	N/A	\$0.00	\$0.00	\$616.00	\$0.00	\$0.00	\$0.00
D7840	CONDYLECTOMY	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D7850	Tmj meniscectomy	N/A	\$0.00	\$630.00	\$1,925.00	\$0.00	\$0.00	\$0.00
D7852	Tmj repair of joint disc	N/A	\$0.00	\$0.00	\$1,925.00	\$0.00	\$0.00	\$0.00
D7858	Tmj reconstruction	N/A	\$0.00	\$0.00	\$3,850.00	\$0.00	\$0.00	\$0.00
D7860	ARTHROTOMY	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D7865	Tmj reshaping components	N/A	\$0.00	\$0.00	\$1,925.00	\$0.00	\$0.00	\$0.00
D7870	Tmj aspiration joint fluid	N/A	\$0.00	\$36.00	\$231.00	\$0.00	\$0.00	\$0.00
D7871	Non-arthroscopic lysis and lavage	N/A	\$64.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D7872	Tmj diagnostic arthroscopy	N/A	\$0.00	\$0.00	\$1,155.00	\$0.00	\$0.00	\$0.00
D7873	Tmj arthroscopy lysis adhesn	N/A	\$0.00	\$0.00	\$1,540.00	\$0.00	\$0.00	\$0.00
D7874	Tmj arthroscopy disc reposit	N/A	\$0.00	\$0.00	\$1,540.00	\$0.00	\$0.00	\$0.00
D7876	Tmj arthroscopy discectomy	N/A	\$0.00	\$0.00	\$1,925.00	\$0.00	\$0.00	\$0.00
D7877	Tmj arthroscopy debridement	N/A	\$0.00	\$0.00	\$1,155.00	\$0.00	\$0.00	\$0.00
D7880	Occlusal orthotic appliance	\$907.10*	\$0.00	\$0.00	\$273.90	\$508.83	\$0.00	\$0.00

D7899	Tmj unspecified therapy	N/A	\$0.00	\$0.00	\$53.90	\$0.00	\$0.00	\$0.00
D7910	Dent sutur recent wnd to 5cm	\$305.47*	\$0.00	\$190.00	\$53.90	\$0.00	\$299.28	\$0.00
D7911	Dental suture wound to 5 cm	N/A	\$0.00	\$307.00	\$385.00	\$0.00	\$0.00	\$0.00
D7912	Suture complicate wnd > 5 cm	N/A	\$0.00	\$0.00	\$110.00	\$0.00	\$0.00	\$0.00
D7920	Dental skin graft	N/A	\$0.00	\$0.00	\$924.00	\$0.00	\$0.00	\$0.00
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization,	N/A	\$0.00	\$0.00	\$16.50	\$0.00	\$0.00	\$0.00
D7940	OSTEOPLASTY(PROGNATHISM MICROG	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D7941	Bone cutting ramus closed	N/A	\$0.00	\$0.00	\$2,310.00	\$0.00	\$0.00	\$0.00
D7943	Cutting ramus open w/graft	N/A	\$0.00	\$0.00	\$3,080.00	\$0.00	\$0.00	\$0.00
D7944	Bone cutting segmented	N/A	\$0.00	\$0.00	\$1,540.00	\$0.00	\$0.00	\$0.00
D7946	Reconstruction maxilla total	N/A	\$0.00	\$0.00	\$3,080.00	\$0.00	\$0.00	\$0.00
D7947	Reconstruct maxilla segment	N/A	\$0.00	\$0.00	\$1,485.00	\$0.00	\$0.00	\$0.00
D7948	Reconstruct midface no graft	N/A	\$0.00	\$0.00	\$1,342.08	\$0.00	\$0.00	\$0.00
D7949	Reconstruct midface w/graft	N/A	\$0.00	\$0.00	\$1,503.47	\$0.00	\$0.00	\$0.00
D7950	Mandible graft	N/A	\$0.00	\$1,800.00	\$924.00	\$0.00	\$0.00	\$0.00

D7953	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SITE	\$662.63	N/A	N/A	N/A	N/A	N/A	N/A
D7955	Repair maxillofacial defects	N/A	\$0.00	\$0.00	\$2,750.00	\$0.00	\$0.00	\$0.00
D7960	FRENULECTOMY – ALSO KNOWN AS FRENECTOMY OR FRENOTOMY – SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D7961	Buccal/labial frenectomy (frenulectomy)	\$457.61*	\$156.42	\$350.00	\$87.00	\$442.35	\$469.22	\$63.00
D7962	Lingual frenectomy (frenulectomy)	\$453.43*	\$156.42	\$350.00	\$87.00	\$442.35	\$469.90	\$63.00
D7963	FRENULOPLASTY	N/A	\$0.00	\$0.00	\$0.00	\$478.45	\$0.00	\$0.00
D7970	Excision of Hyperplastic Tissue – Per Arch	\$503.49*	\$80.00	\$425.00	\$104.50	\$213.07	\$505.68	\$27.00
D7971	Excision of Pericoronal Gingiva	N/A	\$0.00	\$0.00	\$0.00	\$113.00	\$279.33	\$25.00
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	N/A	\$0.00	\$675.00	\$0.00	\$213.07	\$0.00	\$0.00
D7979	Non-surgical silaolithotomy	N/A	\$0.00	\$100.00	\$57.75	\$0.00	\$0.00	\$0.00
D7980	Sialolithotomy	N/A	\$0.00	\$0.00	\$115.50	\$0.00	\$0.00	\$0.00
D7981	Excision of salivary gland	N/A	\$0.00	\$0.00	\$1,155.00	\$0.00	\$0.00	\$0.00
D7982	Sialodochoplasty	N/A	\$0.00	\$1,200.00	\$346.50	\$0.00	\$0.00	\$0.00
D7991	Dental coronoidectomy	N/A	\$0.00	\$0.00	\$924.00	\$0.00	\$0.00	\$0.00

D7999	Unspecified oral surgery procedure, by report	N/A	\$80.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Orthodontics</b>								
D8010	Limited dental tx primary	N/A	\$0.00	\$0.00	\$297.00	\$0.00	\$0.00	\$0.00
D8020	Limited dental tx transition	\$3,126.55*	\$0.00	\$0.00	\$297.00	\$431.04	\$2,833.87	\$0.00
D8030	Limited dental tx adolescent	\$3,424.12*	\$0.00	\$0.00	\$297.00	\$431.04	\$0.00	\$0.00
D8040	Limited dental tx adult	\$3,626.39*	\$0.00	\$0.00	\$297.00	\$431.04	\$0.00	\$0.00
D8050	Intercep dental tx primary	N/A	\$0.00	\$0.00	\$297.00	\$0.00	\$0.00	\$0.00
D8060	Intercep dental tx transitn	N/A	\$0.00	\$0.00	\$297.00	\$0.00	\$0.00	\$0.00
D8070	Compre dental tx transition	\$5,432.43*	\$0.00	\$0.00	\$2,079.00	\$0.00	\$0.00	\$0.00
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition	\$5,514.03*	\$1,000.00	\$5,000.00	\$2,695.00	\$1,367.60	\$0.00	\$1,035.00
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition (self-ligating)	\$5,651.81*	\$0.00	\$0.00	\$3,003.00	\$0.00	\$1,992.00	\$900.00
D8210	Removable appliance therapy	N/A	\$200.00	\$552.00	\$297.00	\$263.20	\$0.00	\$0.00
D8220	Fixed appliance therapy	N/A	\$200.00	\$677.00	\$385.00	\$319.64	\$0.00	\$0.00
D8660	Pre-Orthodontic Treatment Examination to Monitor Growth and Development	\$314.80*	\$35.00	\$0.00	\$0.00	\$260.00	\$415.55	\$150.00
D8670	Periodic Orthodontic Treatment Visit	\$268.29*	\$350.00	\$0.00	\$0.00	\$529.41	\$288.96	\$75.00
D8680	Orthodontic Retention (Removal of Appliances,	N/A	\$150.00	\$557.00	\$198.00	\$547.33	\$477.47	\$200.00

D8695	Removal of fixed orthodontic appliance(s) - other than at conclusion of treatment	N/A	\$0.00	\$250.00	\$220.00	\$0.00	\$0.00	\$0.00
D8696	Repair of orthodontic appliance - maxillary	N/A	\$0.00	\$0.00	\$55.00	\$0.00	\$0.00	\$0.00
D8697	Repair of orthodontic appliance - mandibular	N/A	\$0.00	\$0.00	\$55.00	\$0.00	\$0.00	\$0.00
D8698	Re-cement or re-bonding fixed retainers- Maxillary	\$177.98*	\$0.00	\$0.00	\$27.50	\$0.00	\$0.00	\$40.00
D8699	Re-cement or re-bonding fixed retainers- Mandibular	N/A	\$0.00	\$0.00	\$27.50	\$0.00	\$0.00	\$40.00
D8701	Repair of fixed retainer, includes reattachment-maxillary	N/A	\$0.00	\$0.00	\$27.50	\$0.00	\$0.00	\$0.00
D8702	Repair of fixed retainer, includes reattachment-mandibular	N/A	\$0.00	\$0.00	\$27.50	\$0.00	\$0.00	\$0.00
D8703	Replacement of lost or broken retainer- Maxillary	\$267.15*	\$142.50	\$200.00	\$198.00	\$162.50	\$292.40	\$140.00
D8704	Replacement of lost or broken retainer- Mandibular	N/A	\$142.50	\$200.00	\$198.00	\$162.50	\$295.84	\$140.00
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	N/A	\$0.00	\$1,200.00	\$0.00	\$60.42	\$0.00	\$550.00
<b>Adjunctive General Services</b>								
D9110	Palliative (Emergency) Treatment of Dental Pain – Minor Procedure	\$132.15	\$30.00	\$85.00	\$0.00	\$62.96	\$135.09	\$20.00
D9120	FIX PARTIAL DENTURE SECTION	\$203.88	\$0.00	\$0.00	\$0.00	\$0.00	\$221.78	\$0.00
D9222	Deep Sedation/General Anesthesia- First 15 Minutes	N/A	\$122.00	\$130.00	\$136.20	\$83.20	\$296.00	\$77.67
D9223	Deep Sedation / General Anesthesia – Each 15 Minute Increment	\$234.61*	\$122.00	\$130.00	*varies	\$83.20	\$296.00	\$77.67

D9230	Inhalation of Nitrous Oxide/Analgesia, Anxiolysis	\$91.40	\$44.00	\$46.00	\$44.00	\$43.86	\$83.80	\$19.69
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia- First 15 Minute	N/A	\$128.50	\$0.00	\$136.20	\$68.25	\$242.73	\$59.00
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia – Each 15 Minute Increment	\$195.26*	\$128.50	\$0.00	*varies	\$68.25	\$239.11	\$59.00
D9248	Non-Intravenous Conscious Sedation	\$314.66*	\$184.00	\$0.00	\$136.20	\$143.00	\$303.41	\$186.91
D9310	Consultation – Diagnostic Service Provided by Dentist of Physician Other than Requesting Dentist of Physician	\$130.86	\$0.00	\$112.50	\$55.00	\$108.15	\$0.00	\$48.00
D9410	House/Extended Care Facility Call	\$232.25*	\$0.00	\$0.00	\$0.00	\$102.25	\$0.00	\$15.00
D9420	Hospital or Ambulatory Surgical Center Call	\$276.95*	\$0.00	\$33.00	\$38.50	\$83.93	\$0.00	\$15.00
D9430	OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED HOURS) - NO OTHER SERVICES PERFORMED	\$71.74	N/A	N/A	N/A	N/A	N/A	N/A
D9440	Office visit - after regularly scheduled hours	\$175.94	\$0.00	\$0.00	\$0.00	\$41.96	\$182.77	\$0.00
D9610	SP - Therapeutic Parental Drug	\$83.96*	\$0.00	\$0.00	\$27.00	\$25.83	\$106.19	\$0.00
D9612	THERA PAR DRUGS 2 OR > ADMIN	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D9630	Other drugs/medicaments	\$36.06	\$0.00	\$0.00	\$16.00	\$25.83	\$0.00	\$0.00
D9910	Apply of Desensitizing Medication	\$56.43	\$0.00	\$0.00	\$0.00	\$41.96	\$0.00	\$10.00
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	\$68.29	N/A	N/A	N/A	N/A	N/A	N/A



D9920	Behavior Management Fee (a visit fee for difficult to manage persons with developmental disabilities. Developmental disability – a substantial handicap having its onset before the age of 18 years of indefinite duration and attributable to neuropathy)	\$128.31*	\$125.00	\$0.00	\$0.00	\$89.05	\$145.20	\$0.00
D9930	Treatment of complications (post-surgical)- unusual circumstances, by report	\$121.19*	\$15.00	\$0.00	\$0.00	\$43.58	\$124.25	\$0.00
D9941	Fabrication of Athletic Mouthguard	\$280.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$103.00
D9944	Occlusal Guard - Hard Appliance, Full Arch	\$635.77	\$0.00	\$500.00	\$132.00	\$260.00	\$560.58	\$150.00
D9945	Occlusal Guard - Soft Appliance, Full Arch	\$490.88	\$0.00	\$250.00	\$132.00	\$195.00	\$0.00	\$150.00
D9946	Occlusal Guard - Hard Appliance, Partial Arch	N/A	\$0.00	\$300.00	\$132.00	\$195.00	\$0.00	\$150.00
D9947	CUSTOM SLEEP APNEA APPLIANCE FABRICATION AND PLACEMENT	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D9948	ADJUSTMENT OF CUSTOM SLEEP APNEA APPLIANCE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D9949	REPAIR OF CUSTOM SLEEP APNEA APPLIANCE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D9951	Occlusal Adjustment - Limited	\$188.27	\$0.00	\$116.00	\$49.50	\$0.00	\$0.00	\$33.00
D9952	Occlusal Adjustment - Complete	\$602.23	\$0.00	\$474.00	\$132.00	\$0.00	\$0.00	\$66.00
D9990	CERTIFIED TRANSLATION OR SIGN-LANGUAGE SERVICES PER VISIT	N/A	\$0.00	\$0.00	\$0.00	\$16.25	\$0.00	\$0.00
D9992	DENTAL CASE MANAGEMENT – CARE COORDINATION	N/A	\$0.00	\$0.00	\$0.00	\$10.76	\$0.00	\$0.00

D9994	DENTAL CASE MANAGEMENT – PATIENT EDUCATION TO IMPROVE ORAL HEALTH LITERACY	N/A	\$0.00	\$0.00	\$0.00	\$10.76	\$0.00	\$0.00
D9995	Teledentistry	\$124.52*	\$0.00	\$0.00	\$38.50	\$45.50	\$0.00	\$0.00
D9996	TELEDENTISTRY – ASYNCHRONOUS; INFORMATION STORED AND FORWARDED TO DENTIST FOR SUBSEQUENT REVIEW	\$108.27*	\$0.00	\$0.00	\$0.00	\$19.50	\$0.00	\$0.00
D9997	DENTAL CASE MANAGEMENT - PATIENTS WITH SPECIAL HEALTH CARE NEEDS	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT	N/A	\$0.00	\$0.00	\$0.00	\$199.23	\$0.00	\$0.00
<b>Maxillofacial Prosthetics</b>								
21076	Impression and custom preparation; surgical obturator prosthesis	N/A	\$387.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21079	Impression and custom preparation: Interim obturator prosthesis	N/A	\$387.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21080	Impression and custom preparation: definitive obturator prosthesis	N/A	\$387.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21081	Impression and custom preparation: mandibular resection prosthesis	N/A	\$387.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21082	Impression and custom preparation: palatal augmentation prosthesis	N/A	\$387.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21083	Impression and custom preparation: palatal lift prosthesis	N/A	\$387.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21084	Impression and custom preparation: speech aid prosthesis	N/A	\$387.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21085	Impression and custom preparation: oral surgical splint	N/A	\$387.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21086	Impression and custom preparation: auricular prosthesis	N/A	\$387.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

21087	Impression and custom preparation: nasal prosthesis	N/A	\$387.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21088	Impression and custom preparation: facial prosthesis	N/A	\$387.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Notes: 1) N/A indicates the code was not present on the fee schedule. 2) ADA rates with an asterisk (\*) were not present on the South Atlantic Division survey so were taken from the National Practitioners survey

### Appendix B. Dental Codes Subject to the July 1, 2022 Rate Increase

CDT	Description
D0120	Periodic Oral Evaluation – Established Patient
D0140	Limited Oral Evaluation – Problem Focused
D0145	Oral Evaluation, Patient Under Three Years Of Age And Counseling With Primary Caregiver
D0150	Comprehensive Oral Evaluation – New or Established Patient
D0220	Intraoral – Periapical First Radiographic Image
D0230	Intraoral – Periapical Each Additional Radiographic Image
D0272	Bitewings – Two Radiographic Images
D0274	Bitewings – Four Radiographic Images
D0330	Panoramic Radiographic Image
D1110	Prophylaxis – Adult
D1120	Prophylaxis – Child
D2330	Resin-Based Composite – One Surface, Anterior

D2331	Resin-Based Composite – Two Surfaces, Anterior
D2332	Resin-Based Composite – Three Surfaces, Anterior
D2335	Resin-Based Composite – Four or More Surfaces or Involving Incisal Angle (Anterior)
D2391	Resin-Based Composite – One Surface, Posterior
D2392	Resin-Based Composite – Two Surfaces, Posterior
D2393	Resin-Based Composite – Three Surfaces, Posterior
D2394	Resin-Based Composite – Four or More Surfaces, Posterior
D2740	Crown – Porcelain/Ceramic Substrate
D2750	Crown – Porcelain Fused to High Noble Metal
D2930	Prefabricated Stainless Steel Crown – Primary Tooth
D2931	Prefabricated Stainless Steel Crown – Permanent Tooth
D2934	Prefabricated Esthetic Coated Stainless Steel Crown – Primary Tooth
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)
D7140	Extraction, Erupted Tooth Or Exposed Root

D7220	Removal of Impacted Tooth – Soft Tissue
D7230	Removal of Impacted Tooth – Partially Bony
D7240	Removal of Impacted Tooth – Completely Bony
D9222	Deep Sedation/General Anesthesia – First 15 Minutes
D9223	Deep Sedation/General Anesthesia – Each 15 Minute Increment
D9230	Inhalation of Nitrous Oxide/Analgesia, Anxiolysis