

PROCEDURE CODE	DESCRIPTION	FEES	AGE LIMITS
D0120	PERIODIC ORAL EVALUATION	\$ 32.00	None
D0140	LIMITED ORAL EVALUATION	\$ 45.00	None
D0145	ORAL EVALUATION OF PATIENT UNDER 3 YEARS	\$ 40.00	0 - 3
D0150	COMPREHENSIVE ORAL EVALUATION	\$ 35.00	None
D0160	DETAILED & EXTENSIVE ORAL EVALUATION-PROBLEM FOCUSED	\$ 32.00	0-20
D0170	RE-EVALUATION-LIMITED-PROBLEM FOCUSED	\$ 30.00	0-20
D0180	COMPREHENSIVE PERIODONTAL EVALUATION	MP	19-20
D0210	COMPLETE INTRAORAL SERIES XRAYs	\$ 90.00	None
D0220	INTRAORAL X-RAY- PERIAPICAL 1ST FILM	\$ 15.00	None
D0230	INTRAORAL X-RAY- PERIAPICAL EACH ADDITIONAL FILM	\$ 14.00	None
D0240	INTRAORAL X-RAY- OCCLUSAL FILM	\$ 16.00	None
D0270	BITEWING X-RAY - SINGLE FILM	\$ 18.00	None
D0272	BITEWING X-RAY - TWO FILMS	\$ 24.00	None
D0274	BITEWING X-RAY - FOUR FILMS	\$ 35.00	None
D0277	VERTICAL BITEWINGS - 7 TO 8 FILMS	\$ 32.00	None
D0290	POSTERIOR-ANTERIOR SKULL X-RAY	MP	None
D0322	TOMOGRAPHIC SURVEY	\$ 30.00	None
D0330	PANORAMIC FILM	\$ 60.00	5 & UP
D0460	PULP VITALITY TESTS	\$ 25.00	0 - 20
D0470	DIAGNOSTIC CASTS	\$ 35.00	0 - 20
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE	MP	None
D1110	PROPHYLAXIS, ADULT	\$ 50.00	12 & UP
D1120	PROPHYLAXIS, CHILD	\$ 35.00	0-11
D1203	TOPICAL FLUORIDE, CHILD	\$ 20.00	0-11
D1204	TOPICAL FLUORIDE, ADULT	\$ 16.00	12-14
D1206	TOPICAL FLUORIDE VARNISH	\$ 35.00	0-14
D1320	TOBACCO COUNSELING	\$ 13.54	12-20
D1351	SEALANT	\$ 28.00	0 - 20
D1510	SPACE MAINTAINER	\$ 145.00	0 - 20
D1515	SPACE MAINTAINER, BILATERAL	\$ 245.00	0 - 20
D1550	RE-CEMENTATION OF SPACE MAINTAINER	\$ 32.00	0 - 20
D2140	AMALGAM, ONE SURFACE	\$ 78.00	None
D2150	AMALGAM, TWO SURFACE	\$ 96.00	None
D2160	AMALGAM, THREE SURFACE	\$ 114.00	None
D2161	AMALGAM, FOUR OR MORE SURFACE	\$ 135.00	None
D2330	RESIN-BASED COMPOSITE, ONE SURFACE, ANTERIOR	\$ 82.00	None
D2331	RESIN-BASED COMPOSITE, TWO SURFACE, ANTERIOR	\$ 98.00	None
D2332	RESIN-BASED COMPOSITE, THREE SURFACE, ANTERIOR	\$ 132.00	None
D2335	RESIN-BASED COMPOSITE, FOUR OR MORE SURFACES, ANTERIOR	\$ 140.00	None
D2390	COMPOSITE CROWN, ANTERIOR	\$ 170.00	0 - 20
D2391	RESIN-BASED COMPOSITE, ONE SURFACE, POSTERIOR	\$ 78.00	None
D2392	RESIN-BASED COMPOSITE, TWO SURFACE, POSTERIOR	\$ 96.00	None
D2393	RESIN BASED COMPOSITE, THREE SURFACE, POSTERIOR	\$ 114.00	None
D2394	RESIN BASED COMPOSITE, FOUR OR MORE SURFACES, POSTERIOR	\$ 135.00	None
D2710	CROWN, RESIN-BASED COMPOSITE (INDIRECT)	\$ 190.00	14-20
D2720	CROWN, RESIN WITH HIGH NOBLE METAL	\$ 395.00	14-20
D2721	CROWN, RESIN WITH PREDOMINANTLY BASE METAL	\$ 202.00	14-20
D2722	CROWN, RESIN WITH NOBLE METAL	\$ 306.00	14-20
D2740	CROWN, PORCELAIN/CERAMIC SUBSTRATE	\$ 600.00	14-20
D2750	CROWN, PORCELAIN FUSED TO HIGH NOBLE METAL	\$ 600.00	14-20
D2751	CROWN, PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$ 600.00	14-20
D2752	CROWN, PORCELAIN FUSED TO NOBLE METAL	\$ 600.00	14-20
D2780	CROWN, 3/4 CAST HIGH NOBLE METAL	MP	14-20
D2781	CROWN, 3/4 CAST PREDOMINANTLY BASE METAL	MP	14-20
D2782	CROWN, 3/4 CAST NOBLE METAL	MP	14-20
D2783	CROWN, 3/4 PORCELAIN/CERAMIC	MP	14-20
D2790	CROWN, FULL CAST HIGH NOBLE METAL	\$ 540.00	14-20
D2791	CROWN, FULL CAST PREDOMINANTLY BASE METAL	\$ 420.00	14-20
D2792	CROWN, FULL CAST NOBLE METAL	\$ 420.00	14-20
D2910	RECEMENT INLAY, ONLAY, OR PARTIAL COVERAGE	\$ 25.00	0 - 20
D2915	RECEMENT CAST OR PREFABRICATED POST AND CORE	\$ 25.00	0 - 20
D2920	RECEMENT CROWN	\$ 30.00	0 - 20
D2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY	\$ 136.00	0 - 20
D2931	PREFABRICATED STAINLESS STEEL CROWN - PERMANENT	\$ 162.00	None
D2932	PREFABRICATED RESIN CROWN	\$ 127.00	None
D2933	PREFABRICATED S.S.CROWN WITH RESIN WINDOW	\$ 162.00	0 - 20
D2934	PREFABRICATED ESTHETIC COATED S.S. CROWN, PRIMARY	\$ 105.00	0 - 20
D2940	SEDATIVE FILLING	\$ 35.00	0 - 20
D2950	CORE BUILDUP, INCLUDING ANY PINS	\$ 129.00	0 - 20
D2951	PIN RETENTION, PER TOOTH, IN ADDITION TO RESTORATION	\$ 29.00	0 - 20
D2952	CAST POST AND CORE, INDIRECTLY FABRICATED	\$ 125.00	0 - 20
D2953	EACH ADDITIONAL INDIRECTLY FABRICATED POST SAME TOOTH	\$ 125.00	0 - 20
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$ 170.00	0 - 20
D2955	POST REMOVAL NOT IN CONJUNCTION WITH ENDO THERAPY	\$ 27.00	0 - 20
D2957	EACH ADDITIONAL PREFABRICATED POST	MP	0 - 20
D2961	LABIAL VENEER - RESIN LAMINATE, LABORATORY	MP	0 - 20
D2962	LABIAL VENEER - PORCELAIN LAMINATE, LABORATORY	\$ 450.00	0 - 20
D2980	CROWN REPAIR, BY REPORT	\$ 45.00	0 - 20
D2999	UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT	MP	0 - 20
D3110	PULP CAP - DIRECT, EXCLUDING FINAL RESTORATION	\$ 25.00	None
D3120	PULP CAP- INDIRECT, EXCLUDING FINAL RESTORATION	\$ 25.00	None
D3220	THERAPEUTIC PULPOTOMY	\$ 86.00	None
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TOOTH	\$ 100.00	None
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH	\$ 100.00	0 - 20
D3230	PULPAL THERAPY, ANTERIOR PRIMARY TOOTH	\$ 37.00	0 - 20
D3240	PULPAL THERAPY, POSTERIOR PRIMARY TOOTH	\$ 68.00	0 - 20
D3310	ENDODONTIC THERAPY, ANTERIOR	\$ 335.00	None
D3320	ENDODONTIC THERAPY, BICUSPID	\$ 416.00	None
D3330	ENDODONTIC THERAPY, MOLAR	\$ 520.00	None
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION, NON-SURGICAL ACCESS	\$ 60.00	0 - 20
D3332	INCOMPLETE ENDODONTIC THERAPY, INOPERABLE, FRACTURED TOOTH	MP	0 - 20
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	MP	0 - 20
D3346	RETREATMENT, ROOT CANAL - ANTERIOR	\$ 230.00	0 - 20

D3347	RETREATMENT, ROOT CANAL - BICUSPID	\$ 300.00	0 - 20
D3348	RETREATMENT, ROOT CANAL - MOLAR	\$ 366.00	0 - 20
D3351	APEXIFICATION/RECALCIFICATION, INITIAL VISIT	\$ 98.00	0 - 20
D3352	APEXIFICATION/RECALCIFICATION, INTERIM MEDICAITON REPLACEMENT	\$ 54.00	0 - 20
D3353	APEXIFICATION/RECALCIFICATION, FINAL VISIT	\$ 318.00	0 - 20
D3410	APICOECTOMY/PERIRADICULAR SURGERY, ANTERIOR	\$ 334.00	0 - 20
D3421	APICOECTOMY/PERIRADICULAR SURGERY, BICUSPID, FIRST ROOT	\$ 192.00	0 - 20
D3425	APICOECTOMY/PERIRADICULAR SURGERY, MOLAR	\$ 197.00	0 - 20
D3426	APICOECTOMY/PERIADICULAR SURGERY, EACH ADDITIONAL ROOT	\$ 43.00	0 - 20
D3430	RETROGRADE FILLING, PER ROOT	\$ 40.00	0 - 20
D3450	ROOT AMPUTATION - PER ROOT	MP	0 - 20
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	MP	0 - 20
D3470	INTENTIONAL REIMPLANTATION	\$ 166.00	0 - 20
D3910	SURGICAL PROCEDURE FOR ISOLATION OF TOOTH WITH RUBBER DAM	MP	0 - 20
D3920	HEMISECTION, NOT INCLUDING ROOT CANAL THERAPY	MP	0 - 20
D3950	CANAL PREPARATION AND FITTING OF PREFORMED DOWEL/POST	MP	0 - 20
D3999	UNSPECIFIED ENDODONTIC PROCEDURE BY REPORT	MP	0 - 20
D4210	GINGIVECTOMY OR GINGIVOPLASTY	\$ 175.00	0 - 20
D4211	GINGIVECTOMY OR GINGIVOPLASTY,	\$ 66.00	0 - 20
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING	MP	0 - 20
D4241	GINGIVAL FLAP PROCEDURE, 1-3 TEETH	MP	0 - 20
D4245	APICALLY POSITIONED FLAP	MP	0 - 20
D4249	CLINICAL CROWN LENGTHENING	MP	0 - 20
D4260	OSSEOUS SURGERY, 4 OR MORE CONTIGUOUS TEETH	\$ 257.00	0 - 20
D4261	OSSEOUS SURGERY 1 TO 3 TEETH	MP	0 - 20
D4263	BONE REPLACEMENT GRAFT, FIRST SITE	MP	0 - 20
D4264	BONE REPLACEMENT GRAFT, EACH ADDITIONAL SITE	MP	0 - 20
D4265	BIOLOGIC MATERIALS TO AID REGEN	MP	0 - 20
D4266	GUIDED TISSUE REGENERATION,RESORBABLE BARRIER	MP	0 - 20
D4267	GUIDED TISSUE REGENERATION, NONRESORBABLE BARRIER	MP	0 - 20
D4268	SURGICAL REVISION PROCEDURE, PER TOOTH	MP	0 - 20
D4270	PEDICLE SOFT TISSUE GRAFT PROCÉ	MP	0 - 20
D4271	FREE SOFT TISSUE GRAFT	MP	0 - 20
D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT	MP	0 - 20
D4274	DISTAL OR PROXIMAL WEDGE	MP	0 - 20
D4275	SOFT TISSUE ALLOGRAFT	MP	0 - 20
D4276	COMBINED CONNECT TISSUE & GRAFT	MP	0 - 20
D4320	PROVISIONAL SPLINTING, INTRACORONAL	MP	0 - 20
D4321	PROVISIONAL SPLINTING, EXTRACORONAL	\$ 145.00	0 - 20
D4341	PERIODONTAL SCALING	\$ 120.00	0 - 20
D4342	PERIODONTAL SCALING 1 TO 3 TEET	\$ 100.00	0 - 20
D4355	FULL MOUTH DEBRIDEMENT	\$ 90.00	0 - 20
D4381	LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS	MP	0 - 20
D4910	PERIODONTAL MAINTENANCE	\$ 65.00	0 - 20
D4920	UNSCHEDULED DRESSING CHANGE	MP	0 - 20
D4999	UNSPECIFIED PERIODONTAL PROCEDU	MP	0 - 20
D5110	COMPLETE DENTURE, MAXILLARY	\$ 800.00	None
D5120	COMPLETE DENTURE, MANDIBULAR	\$ 800.00	None
D5130	IMMEDIATE DENTURE, MAXILLARY	\$ 800.00	None
D5140	IMMEDIATE DENTURE, MANDIBULAR	\$ 800.00	None
D5211	MAXILLARY PARTIAL DENTURE, RESIN BASED	\$ 600.00	None
D5212	MANDIBULAR PARTIAL DENTURE, RESIN BASED	\$ 600.00	None
D5213	MAXILLARY PARTIAL DENTURE, CAST METAL FRAMEWORK	\$ 600.00	None
D5214	MANDIBULAR PARTIAL DENTURE, CAST METAL FRAMEWORK	\$ 600.00	None
D5225	MAXILLARY PARTIAL DENTURE, FLEXIBLE BASE	\$ 510.00	None
D5226	MANDIBULAR PARTIAL DENTURE, FLEXIBLE BASE	\$ 510.00	None
D5281	REMOVAL UNILATERAL PARTIAL DENTURE-ONE PIECE CAST METAL	\$ 400.00	0-20
D5410	ADJUST COMPLETE DENTURE, MAXILLARY	\$ 50.00	None
D5411	ADJUST COMPLETE DENTURE, MANDIBULAR	\$ 50.00	None
D5421	ADJUST PARTIAL DENTURE, MAXILLARY	\$ 16.00	None
D5422	ADJUST PARTIAL DENTURE, MANDIBULAR	\$ 16.00	None
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	\$ 40.00	None
D5520	REPLACE TEETH - DENTURE	\$ 36.00	None
D5610	REPAIR RESIN DENTURE BASE, PARTIAL	\$ 52.00	None
D5620	REPAIR CAST FRAMEWORK	\$ 35.00	None
D5630	REPAIR OR REPLACE BROKEN CLASP	\$ 90.00	None
D5640	REPLACE BROKEN TEETH - PER TOOTH	\$ 40.00	None
D5650	ADD TOOTH TO EXISTING PARTIAL	\$ 55.00	None
D5660	ADD CLASP TO EXISTING PARTIAL	\$ 70.00	None
D5670	REPLACE ALL TEETH AND ACRYLIC,CAST METAL FRAMEWORK, MAX.	MP	None
D5671	REPLACE ALL TEETH AND ACRYLIC,CAST METAL FRAMEWORK, MAN..	MP	None
D5710	REBASE COMPLETE MAXILLARY DENTURE	\$ 160.00	0 - 20
D5711	REBASE COMPLETE MANDIBULAR DENTURE	\$ 155.00	0 - 20
D5720	REBASE MAXILLARY PARTIAL DENTURE	\$ 130.00	0 - 20
D5721	REBASE MANDIBULAR PARTIAL DENTURE	\$ 130.00	0 - 20
D5730	RELINE COMPLETE MAXILLARY DENTURE, CHAIRSIDE	\$ 150.00	None
D5731	RELINE COMPLETE MANDIBULAR DENTURE, CHAIRSIDE	\$ 150.00	None
D5740	RELINE MAXILLARY PARTIAL DENTURE, CHAIRSIDE	\$ 60.00	None
D5741	RELINE MANDIBULAR PARTIAL DENTURE, CHAIRSIDE	\$ 60.00	None
D5750	RELINE COMPLETE MAXILLARY DENTURE, LABORATORY	\$ 175.00	None
D5751	RELINE COMPLETE MANDIBULAR DENTURE, LABORATORY	\$ 175.00	None
D5760	RELINE MAXILLARY PARTIAL DENTURE, LABORATORY	\$ 105.00	None
D5761	RELINE MANDIBULAR PARTIAL DENTURE, LABORATORY	\$ 105.00	None
D5810	INTERIM COMPLETE DENTURE, MAXILLARY	\$ 200.00	0 - 20
D5811	INTERIM COMPLETE DENTURE, MANDIBULAR	\$ 200.00	0 - 20
D5820	INTERIM PARTIAL DENTURE, MAXILLARY	\$ 270.00	0 - 20
D5821	INTERIM PARTIAL DENTURE, MANDIBULAR	\$ 180.00	0 - 20
D5850	TISSUE CONDITIONING, MAXILLARY	\$ 30.00	None
D5851	TISSUE CONDITIONING, MANDIBULAR	\$ 40.00	None
D5860	OVERDENTURE, COMPLETE, BY REPORT	MP	0 - 20
D5861	OVERDENTURE, PARTIAL BY REPORT	MP	0 - 20
D5862	PRECISION ATTACHMENT, BY REPORT	MP	0 - 20
D5867	REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PREC. ATTCH.	MP	0 - 20
D5875	MODIFICATION OF REMOVABLE PROSTHESIS FOLLOWING IMPLANT SURG	MP	0 - 20
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROC.	MP	0 - 20
D5986	FLUORIDE GEL CARRIER	MP	0 - 20
D5991	TOPICAL MEDICAMENT CARRIER	MP	0 - 20

D6010	SURGICAL PLACEMENT OF IMPLANT	\$ 1,200.00	0 - 20
D6040	SURGICAL PLACEMENT, EPOSTEAL IMPLANT	MP	0 - 20
D6050	SURGICAL PLACEMENT	MP	0 - 20
D6053	IMPLANT/ABUTMENT, REMOVABLE DENT, COMPLETELY EDENTULOUS	MP	0 - 20
D6054	IMPLANT/ABUTMENT, REMOVABLE DENTURE, PARTIALLY EDENTULOUS	MP	0 - 20
D6055	DENTAL IMPLANT SUPPORTED CONNECTING BAR	MP	0 - 20
D6056	PREFABRICATED ABUTMENT - INCLUDES PLACEMENT	MP	0 - 20
D6057	CUSTOM ABUTMENT - INCLUDES PLACEMENT	MP	0 - 20
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	MP	0 - 20
D6059	ABUTMENT SUPPORTED PORCELAIN FUSED CROWN, HIGH NOBLE METAL	MP	0 - 20
D6060	ABUTMENT SUPPORTED PORCELAIN FUSED CROWN, PREDOMINANTLY BASE	MP	0 - 20
D6061	ABUTMENT SUPPORTED PORCELAIN FUSED CROWN, NOBLE METAL	MP	0 - 20
D6062	ABUTMENT SUPPORTED CAST CROWN, HIGH NOBLE METAL	MP	0 - 20
D6063	ABUTMENT SUPPORTED CAST CROWN, PREDOMINANTLY BASE METAL	MP	0 - 20
D6064	ABUTMENT SUPPORTED CAST CROWN, NOBLE METAL	MP	0 - 20
D6065	IMPLANT SUPPORTED PORCELAIN/ CERAMIC CROWN	MP	0 - 20
D6066	IMPLANT SUPPORTED PORCELAIN CROWN, TITANIUM,T.ALLOY, HIGH NOBLE	MP	0 - 20
D6067	IMPLANT SUPPORTED METAL CROWN, TITANIUM,T.ALLOY, HIGH NOBLE	MP	0 - 20
D6068	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC FPD	MP	0 - 20
D6069	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED FPD, HIGH NOBLE	MP	0 - 20
D6070	ABUTMENT RETAINER PORCELAIN FUSED FPD, PREDOMINATELY BASE	MP	0 - 20
D6071	ABUTMENT SUPPORTED RETAINER PORCELAIN FUSED FPD, NOBLE METAL	MP	0 - 20
D6072	ABUTMENT SUPPORTED RETAINER CAST METAL FPD, HIGH NOBLE	MP	0 - 20
D6073	ABUTMENT SUPPORTED RETAINER CAST METAL FPD, PREDOMINATELY BASE	MP	0 - 20
D6074	ABUTMENT SUPPORTED RETAINER CAST METAL FPD, NOBLE METAL	MP	0 - 20
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	MP	0 - 20
D6076	IMPLANT RETAINER, PORCELAIN FUSED FPD.TITANIUM,T.ALLOY, HIGH NOBLE	MP	0 - 20
D6077	IMPLANT RETAINER, CAST METAL FPD, TITANIUM, T.ALLOY, HIGH NOBLE	MP	0 - 20
D6078	IMPLANT/ABUTMENT FIXED DENTURE, COMPLETELY EDENTULOUS	MP	0 - 20
D6079	IMPLANT/ABUTMENT FIXED DENTURE, PARTIALLY EDENTULOUS	MP	0 - 20
D6080	IMPLANT MAINTENANCE PROCEDURES,	MP	0 - 20
D6090	REPAIR IMPLANT SUPPORTED PROSTHESIS, BY REPORT	MP	0 - 20
D6095	REPAIR IMPLANT ABUTMENT, BY REPORT	MP	0 - 20
D6100	IMPLANT REMOVAL	MP	0 - 20
D6199	UNSPECIFIED IMPLANT PROCEDURE, BY REPORT	MP	0 - 20
D6210	PONTIC, CAST HIGH NOBLE METAL	\$ 480.00	14-20
D6211	PONTIC, CAST PREDOMINANTLY BASE METAL	\$ 500.00	14-20
D6212	PONTIC, CAST NOBLE METAL	\$ 500.00	14-20
D6240	PONTIC, PORCELAIN FUSED TO HIGH NOBLE METAL	\$ 525.00	14-20
D6241	PONTIC, PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$ 512.00	14-20
D6242	PONTIC, PORCELAIN FUSED TO NOBLE METAL	\$ 430.00	14-20
D6245	PONTIC - PORCELAIN/CERAMIC	\$ 430.00	14-20
D6250	PONTIC, RESIN WITH HIGH NOBLE METAL	\$ 200.00	14-20
D6251	PONTIC, RESIN WITH PREDOMINANTLY BASE METAL	\$ 200.00	14-20
D6252	PONTIC, RESIN WITH NOBLE METAL	\$ 200.00	14-20
D6253	PROVISIONAL PONTIC	MP	14-20
D6545	RETAINER, CAST METAL FOR RESIN BONDED FIXED PROSTHESIS	\$ 430.00	14-20
D6548	RETAINER, PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHESIS	MP	14-20
D6600	INLAY, PORCELAIN/CERAMIC, 2 SURFACES	MP	0 - 20
D6601	INLAY, PORCELAIN/CERAMIC, 3 OR MORE SURFACES	MP	0 - 20
D6602	INLAY, CAST HIGH NOBLE METAL, 2 SURFACES	MP	0 - 20
D6603	INLAY, CAST HIGH NOBLE METAL, 3 OR MORE SURFACES	MP	0 - 20
D6604	INLAY, PREDOMINANTLY BASE METAL, 2 SURFACES	MP	0 - 20
D6605	INLAY, PREDOMINANTLY BASE METAL, 3 OR MORE SURFACES	MP	0 - 20
D6606	INLAY, CAST NOBLE METAL, 2 SURFACES	MP	0 - 20
D6607	INLAY, CAST NOBLE METAL, 3 OR MORE SURFACES	MP	0 - 20
D6608	ONLAY- PORCELAIN/CERAMIC, TWO SURFACE	MP	0 - 20
D6609	ONLAY- PORCELAIN/CERAMIC, THREE OR MORE SURFACES	MP	0 - 20
D6610	ONLAY- CAST HIGH NOBLE METAL, TWO SURFACE	MP	0 - 20
D6611	ONLAY- CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	MP	0 - 20
D6612	ONLAY- CAST PREDOMINANTLY BASE METAL, TWO SURFACE	MP	0 - 20
D6613	ONLAY- CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	MP	0 - 20
D6614	ONLAY- CAST NOBLE METAL, TWO SURFACES	MP	0 - 20
D6615	ONLAY- CAST NOBLE METAL, THREE OR MORE SURFACES	MP	0 - 20
D6710	CROWN, INDIRECT RESIN BASED COMPOSITE	\$ 270.00	14-20
D6720	CROWN, RESIN WITH HIGH NOBLE METAL	\$ 600.00	14-20
D6721	CROWN, RESIN WITH PREDOMINANTLY BASE METAL	\$ 240.00	14-20
D6722	CROWN, RESIN WITH NOBLE METAL	\$ 202.00	14-20
D6740	CROWN, PORCELAIN/CERAMIC	MP	14-20
D6750	CROWN, PORCELAIN FUSED TO HIGH NOBLE METAL	\$ 425.00	14-20
D6751	CROWN, PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$ 426.00	14-20
D6752	CROWN, PORCELAIN FUSED TO NOBLE METAL	\$ 441.00	14-20
D6780	CROWN, 3/4 CAST HIGH NOBLE METAL	\$ 214.00	14-20
D6781	CRWON, 3/4 CAST PREDOMINANTLY BASE METAL	MP	14-20
D6782	CROWN, 3/4 CAST NOBLE METAL	MP	14-20
D6783	CROWN, 3/4 PORCELAIN/CERAMIC	MP	14-20
D6790	CROWN, FULL CAST HIGH NOBLE METAL	\$ 452.00	14-20
D6791	CROWN, FULL CAST PERDONMINANTLY BASE METAL	\$ 214.00	14-20
D6792	CROWN, FULL CAST NOBLE METAL	\$ 214.00	14-20
D6793	PROVISIONAL RETAINER CROWN	MP	14-20
D6920	CONNECTOR BAR	MP	14-20
D6930	RECEMENT FIXED PARTIAL DENTURE	\$ 21.00	0 - 20
D6940	STRESS BREAKER	MP	0 - 20
D6950	PRECISION ATTACHMENT	MP	0 - 20
D6970	POST & CORE, ADDITION TO FIXED PARTIAL DENTURE RETAINER, INDIRECT	MP	0 - 20
D6972	PREFABRICATED POST & CORE, ADDITION TO FIXED PART.DENT.RETAINER	\$ 132.00	0 - 20
D6973	CORE BUILD UP FOR RETAINER, INCLUDING ANY PINS	\$ 85.00	0 - 20
D6975	COPING, METAL	MP	0 - 20
D6976	EACH ADDITIONAL INDIRECTLY FABRICATED POST SAME TOOTH	MP	0 - 20
D6977	EACH ADDITIONAL PREFABRICATED POST SAME TOOTH	MP	0 - 20
D6980	FIXED PARTIAL DENTURE REPAIR, BY REPORT	MP	0 - 20
D6999	UNSPECIFIED PROSTHODONTIC PROCEDURE, BY REPORT	MP	0 - 20
D7111	EXTRACTION CORONAL REMNANTS-DECIDUOUS TOOT	\$ 52.00	None
D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT	\$ 70.00	None
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH	\$ 132.00	None
D7220	REMOVAL IMPACTED TOOTH, SOFT TISSUE	\$ 160.00	None
D7230	REMOVAL IMPACTED TOOTH, PARTIALLY BONY	\$ 175.00	None

D7240	REMOVAL IMPACTED TOOTH, COMPLETELY BONY	\$ 200.00	None
D7241	REMOVAL IMPACTED TOOTH, COMPLETELY BONY, UNUSUAL COMPLICATIONS	\$ 240.00	None
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS, CUTTING PROCEDURE	\$ 120.00	None
D7261	PRIMARY CLOSURE OF SINUS PERFORATION	MP	0 - 20
D7270	TOOTH REIMPLANTATION/STABILIZATION	\$ 180.00	0 - 20
D7280	SURGICAL ACCESS OF UNERUPTED TOOTH	\$ 90.00	0 - 20
D7282	MOBILIZATION OF ERUPTED/MALPOSITIONED TOOTH	MP	0 - 20
D7287	EXFOLIATIVE CYTOLOGY SAMPLE COLLECTION	MP	0 - 20
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - 1 TO 3	MP	0 - 20
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS -1 TO 3	MP	0 - 20
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM, SOFT TISSUES LESIONS	\$ 120.00	None
D7411	EXCISION OF BENIGN LESION GREATER, SOFT TISSUE	\$ 125.00	None
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHOD	\$ 120.00	0 - 20
D7510	INCISION AND DRAINAGE OF ABSCEES, INTRAORAL SOFT TISSUE	\$ 90.00	None
D7880	OCCLUSAL ORTHOTIC DEVICE, BY REPORT	\$ 250.00	None
D7960	FRENULECTOMY(FRENECTOMY OR FRENOTOMY), SEPARATE PROCEDURE	\$ 120.00	0 - 20
D7963	FRENULOPLASTY	\$ 160.00	0 - 20
D9110	PALLIATIVE TREATMENT OF DENTAL PAIN	\$ 58.00	None
D9220	DEEP SEDATION/GENERAL ANESTHESIA, FIRST 30 MIN.	\$ 215.00	None
D9221	DEEP SEDATION/GENERAL ANESTHESIA, EACH ADDITIONAL 15 MIN.	\$ 50.00	None
D9241	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA, FIRST 30 MIN.	\$ 125.00	None
D9242	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA, ADDITIONAL 15 MINS.	\$ 25.00	None
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	\$ 100.00	0 - 20
D9310	CONSULTATION, DIAGNOSTIC SERVICE OTHER THAN REQUESTING DENTIST	\$ 40.00	0 - 20
D9410	HOUSE/EXTENDED CARE FACILITY CALL	\$ 24.00	0 - 20
D9420	HOSPITAL CALL	\$ 140.00	None
D9430	OFFICE VISIT, OBERSERVATION, REGULAR HOURS, NO OTHER SERVICES	\$ 35.00	0 - 20
D9440	OFFICE VISIT, AFTER REGULAR HOURS	\$ 75.00	0 - 20
D9450	CASE PRESENTATION, DETAILED/EXTENSIVE TREATMENT PLANNING	MP	0 - 20
D9610	THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION	\$ 25.00	None
D9630	OTHER DRUGS AND/OR MEDICANMENTS, BY REPORT	\$ 30.00	None
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	\$ 15.00	0 - 20
D9911	APPLILCATION OF DESENSITIZING RESIN FOR CERVICAL SURFACE, PER TOOTH	\$ 10.00	0 - 20
D9920	BEHAVIOR MANAGEMENT, BY REPORT	\$ 60.00	0-10
D9930	TREATMENT OF COMPLICATIONS POST SURGICAL, BY REPORT	\$ 26.00	None
D9950	OCCLUSION ANALYSIS	MP	0 - 20
D9951	OCCLUSAL ADJUSTMENT, LIMITED	\$ 35.00	0 - 20
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT	MP	0 - 20