

Dental Fee Schedule Effective April 1, 2026

PROC CODE	PRODEDURE CODE DESCRIPTION	RATE TYPE	MAXIMUM ALLOWED
D0110	INITIAL ORAL EXAMINATION		\$0.00
D0120	PERIODIC ORAL EVALUATION	DEF	\$53.07
D0130	EMERGENCY ORAL EXAMINATION		\$0.00
D0140	LIMIT ORAL EVAL PROBLM FOCUS	DEF	\$78.69
D0145	ORAL EVALUATION, PT < 3YRS	DEF	\$67.10
D0150	COMPREHENSVE ORAL EVALUATION	DEF	\$90.89
D0160	EXTENSV ORAL EVAL PROB FOCUS	DEF	\$139.69
D0170	RE-EVAL, EST PT, PROBLEM FOCUS	DEF	\$68.32
D0171	RE-EVAL POST-OP VISIT		\$0.00
D0180	COMP PERIODONTAL EVALUATION	DEF	\$96.99
D0190	SCREENING OF A PATIENT	DEF	\$79.30
D0191	ASSESSMENT OF A PATIENT	DEF	\$75.64
D0210	INTRAOR COMPREHENSIVE SERIES	DEF	\$129.32
D0220	INTRAORAL PERIAPICAL FIRST	DEF	\$29.89
D0230	INTRAORAL PERIAPICAL EA ADD	DEF	\$25.62
D0240	INTRAORAL OCCLUSAL FILM	DEF	\$38.43
D0250	EXTRAORAL 2D PROJECT IMAGE		\$0.00
D0251	EXTRAORAL POSTERIOR IMAGE		\$0.00
D0260	EXTRAORAL EA ADDITIONAL FILM		\$0.00
D0270	DENTAL BITEWING SINGLE IMAGE	DEF	\$29.28
D0272	DENTAL BITEWINGS TWO IMAGES	DEF	\$43.31
D0273	BITEWINGS - THREE IMAGES	DEF	\$52.46
D0274	BITEWINGS FOUR IMAGES	DEF	\$61.61
D0275	BITEWINGS-EACH ADDITIONAL FILM		\$0.00
D0277	VERT BITEWINGS 7 TO 8 IMAGES	DEF	\$92.72
D0290	SKULL/FACIAL BONE IMAGE		\$0.00
D0310	DENTAL SALIOGRAPHY		\$0.00
D0320	DENTAL TMJ ARTHROGRAM INCL I		\$0.00
D0321	OTHER TMJ IMAGES BY REPORT		\$0.00
D0322	DENTAL TOMOGRAPHIC SURVEY	DEF	\$444.69
D0330	PANORAMIC IMAGE	DEF	\$113.46
D0340	2D CEPHALOMETRIC IMAGE		\$0.00
D0350	ORAL/FACIAL PHOTO IMAGES	DEF	\$65.27
D0351	3D PHOTOGRAPHIC IMAGE		\$0.00
D0360	Cone beam ct		\$0.00
D0362	Cone beam, two dimensional		\$0.00
D0363	CONE BEAM, THREE DIMENSIONAL		\$0.00
D0364	CONE BEAM CT CAPT & INTERP		\$0.00
D0365	CONE BEAM CT INTERPRETE MAN		\$0.00
D0366	CONE BEAM CT INTERPRETE MAX		\$0.00
D0367	CONE BEAM CT INTERP BOTH JAW		\$0.00
D0368	CONE BEAM CT INTERPRETE TMJ		\$0.00

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D0369	MAX MRI CAPTURE & INTERPRETE		\$0.00
D0370	MAX ULTRASOUND CAPT & INTERP		\$0.00
D0371	SIALOENDOSCOPY CAPT & INTERP		\$0.00
D0372	TOMO COMP SERIES IMAGES		\$0.00
D0373	TOMO BITEWING IMAGE		\$0.00
D0374	TOMO PERIAPICAL IMAGE		\$0.00
D0380	CONE BEAM CT CAPTURE LIMITED		\$0.00
D0381	CONE BEAM CT CAPT MANDIBLE		\$0.00
D0382	CONE BEAM CT CAPT MAXILLA		\$0.00
D0383	CONE BEAM CT BOTH JAWS		\$0.00
D0384	CONE BEAM CT CAPTURE TMJ		\$0.00
D0385	MAX MRI IMAGE CAPTURE		\$0.00
D0386	MAX ULTRASOUND IMAGE CAPTURE		\$0.00
D0387	COMP IMAGE CAPTURE ONLY		\$0.00
D0388	BITEWING IMAGE CAPTURE ONLY		\$0.00
D0389	PERIOPIC IMAGE CAPTURE ONLY		\$0.00
D0391	IMTERPRETE DIAGNOSTIC IMAGE		\$0.00
D0393	TRTMNT SIMULATION 3D IMAGE		\$0.00
D0394	DIGITAL SUB 2 OR MORE IMAGES		\$0.00
D0395	FUSION 2 OR MORE 3D IMAGES		\$0.00
D0396	3D PRINT OF 3D SURFACE SCAN		\$0.00
D0410	BACTERIOLOGIC STUDIES FOR DETERMINA		\$0.00
D0411	HBA1C IN OFFICE TESTING		\$0.00
D0412	BLOOD GLUCOSE LEVEL TEST		\$0.00
D0414	LAB PROCESS MICROBIAL SPEC		\$0.00
D0415	COLLECTION OF MICROORGANISMS		\$0.00
D0416	VIRAL CULTURE		\$0.00
D0417	COLLECT & PREP SALIVA SAMPLE		\$0.00
D0418	ANALYSIS OF SALIVA SAMPLE		\$0.00
D0419	ASSESS OF SALIVARY FLOW		\$0.00
D0420	CARIES SUSCEPTIBILITY TESTS		\$0.00
D0421	GEN TST SUSCEPT ORAL DISEASE		\$0.00
D0422	COLLECT & PREP GENETIC SAMP		\$0.00
D0423	GENETIC TEST SPEC ANALYSIS		\$0.00
D0425	CARIES SUSCEPTIBILITY TEST		\$0.00
D0426	COLL, ANALYS OF SALIVA		\$0.00
D0431	DIAG TST DETECT MUCOS ABNORM		\$0.00
D0460	PULP VITALITY TEST		\$0.00
D0461	TESTING FOR CRACKED TOOTH		\$0.00
D0470	DIAGNOSTIC CASTS		\$0.00
D0471	DIAGNOSTIC PHOTOGRAPHS		\$0.00
D0472	GROSS EXAM, PREP & REPORT		\$0.00

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D0473	MICRO EXAM, PREP & REPORT		\$0.00
D0474	MICRO W EXAM OF SURG MARGINS		\$0.00
D0475	DECALCIFICATION PROCEDURE		\$0.00
D0476	SPEC STAINS FOR MICROORGANIS		\$0.00
D0477	SPEC STAINS NOT FOR MICROORG		\$0.00
D0478	IMMUNOHISTOCHEMICAL STAINS		\$0.00
D0479	TISSUE IN-SITU HYBRIDIZATION		\$0.00
D0480	CYTOPATH SMEAR PREP & REPORT		\$0.00
D0481	ELECTRON MICROSCOPY		\$0.00
D0482	DIRECT IMMUNOFLUORESCENCE		\$0.00
D0483	INDIRECT IMMUNOFLUORESCENCE		\$0.00
D0484	CONSULT SLIDES PREP ELSEWHERE		\$0.00
D0485	CONSULT INC PREP OF SLIDES		\$0.00
D0486	ACCESS OF TRANSEP CYTOL SAMP		\$0.00
D0501	HISTOPATHOLOGIC EXAMINATIONS		\$0.00
D0502	OTHER ORAL PATHOLOGY PROCEDU		\$0.00
D0600	NON-IONIZING DIAG PROC		\$0.00
D0601	CARIES RISK ASSESS LOW RISK		\$0.00
D0602	CARIES RISK ASSESS MOD RISK		\$0.00
D0603	CARIES RISK ASSESS HIGH RISK		\$0.00
D0604	ANTIGEN TEST PUB HLTH PATHOG		\$0.00
D0605	ANTIBODY TEST PUB HLTH PATH		\$0.00
D0606	MOLECULAR TEST PUB HLTH PATH		\$0.00
D0701	PANO RADIO IMAGE		\$0.00
D0702	2D CEPHAL RADIO IMAGE		\$0.00
D0703	2D ORAL/FACIAL PHOTO IMAGE		\$0.00
D0704	3D PHOTO IMAGE CAPTURE ONLY		\$0.00
D0705	EXTRA ORAL POST RADIO IMAGE		\$0.00
D0706	INTRAORAL OCCLUS RADIO IMAGE		\$0.00
D0707	INTRAORAL PERIAP RADIO IMAGE		\$0.00
D0708	INTRAORAL BITE RADIO IMAGE		\$0.00
D0709	INTRAORAL COMP IMAGE CAPTURE		\$0.00
D0801	3D INTRAORAL SCAN DIRECT		\$0.00
D0802	3D DENTAL SCAN INDIRECT		\$0.00
D0803	3D FACIAL SCAN DIRECT		\$0.00
D0804	3D FACIAL SCAN INDIRECT		\$0.00
D0999	UNSPECIFIED DIAGNOSTIC PROCE	DEF	\$168.36
D1110	DENTAL PROPHYLAXIS ADULT	DEF	\$90.28
D1120	DENTAL PROPHYLAXIS CHILD	DEF	\$66.49
D1201	TOPICAL FLUOR W PROPHY CHILD		\$0.00
D1202	TOPICAL APPLICATION OF FLUORIDE (IN		\$0.00
D1203	Topical app fluoride child		\$0.00

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D1204	Topical app fluoride adult		\$0.00
D1205	TOPICAL FLUORIDE W/ PROPHY A		\$0.00
D1206	TOPICAL FLUORIDE VARNISH	DEF	\$39.04
D1208	TOPICAL APP FLUORID EX VRNSH	DEF	\$37.82
D1301	IMMUNIZATION COUNSELING		\$0.00
D1310	NUTRI COUNSEL-CONTROL CARRIES		\$0.00
D1320	TOBACCO COUNSELING		\$0.00
D1321	COUNS FOR HIGH RISK SUB USE		\$0.00
D1330	ORAL HYGIENE INSTRUCTIONS		\$0.00
D1351	DENTAL SEALANT PER TOOTH	DEF	\$52.46
D1352	PREV RESIN REST, PERM TOOTH		\$0.00
D1353	SEALANT REPAIR PER TOOTH		\$0.00
D1354	INT CARRIES MED APP PER TOOTH	DEF	\$67.10
D1355	CARRIES MED APP PER TOOTH		\$0.00
D1510	SPACE MAINTAINER FXD UNILAT	DEF	\$293.41
D1515	FIXED BILAT SPACE MAINTAINER		\$0.00
D1516	FIXED BILAT SPACE MAINT, MAX	DEF	\$381.86
D1517	FIXED BILAT SPACE MAINT, MAN	DEF	\$387.35
D1520	REMOVE UNILAT SPACE MAINTAIN		\$0.00
D1525	REMOVE BILAT SPACE MAINTAIN		\$0.00
D1526	REMOVE BILAT SPACE MAIN, MAX		\$0.00
D1527	REMOVE BILAT SPACE MAIN, MAN		\$0.00
D1550	RECEMENT SPACE MAINTAINER		\$0.00
D1551	RECEMENT SPACE MAINT - MAX	DEF	\$92.11
D1552	RECEMENT SPACE MAINT - MAN	DEF	\$95.77
D1553	RECEMENT UNILAT SPACE MAINT	DEF	\$97.60
D1555	REMOVE FIX SPACE MAINTAINER		\$0.00
D1556	REM FIXED UNILAT SPACE MAINT	DEF	\$88.45
D1557	REMOVE FIXED BILAT MAINT MAX	DEF	\$101.26
D1558	REMOVE FIXED BILAT MAN	DEF	\$106.75
D1575	DIST SPACE MAINT, FIXED UNIL		\$0.00
D1701	PFIZER VACC ADMIN 1ST DOSE		\$0.00
D1702	PFIZER VACC ADMIN 2ND DOSE		\$0.00
D1703	MODERNA VACC ADMIN 1ST DOSE		\$0.00
D1704	MODERNA VACC ADMIN 2ND DOSE		\$0.00
D1705	ASTRAZENECA VACC ADM 1ST DOS		\$0.00
D1706	ASTRAZENECA VACC ADM 2ND DOS		\$0.00
D1707	JANSSEN VACCINE ADMIN		\$0.00
D1708	PFIZER VACC ADMIN 3RD DOSE		\$0.00
D1709	PFIZER VACCINE ADMIN BOOSTER		\$0.00
D1710	MODERNA VACC ADMIN 3RD DOSE		\$0.00
D1711	MODERNA VACC ADMIN BOOSTER		\$0.00

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D1712	JANSSEN VACC ADMIN BOOSTER		\$0.00
D1713	PFIZER VACC ADM PED 1ST DOSE		\$0.00
D1714	PFIZER VACC ADM PED 2ND DOSE		\$0.00
D1720	INFLUENZA VACC ADMIN		\$0.00
D1781	VAC ADMIN HUMAN PAP DOSE 1		\$0.00
D1782	VAC ADMIN HUMAN PAP DOSE 2		\$0.00
D1783	VAC ADMIN HUMAN PAP DOSE 3		\$0.00
D1999	UNSPECIFIED PREVENTIVE PROC		\$0.00
D2110	AMALGAM ONE SURFACE PRIMARY		\$0.00
D2120	AMALGAM TWO SURFACES PRIMARY		\$0.00
D2130	AMALGAM THREE SURFACES PRIMA		\$0.00
D2131	AMALGAM FOUR/MORE SURF PRIMA		\$0.00
D2140	AMALGAM ONE SURFACE PERMANEN	DEF	\$201.35
D2150	AMALGAM TWO SURFACES PERMANE	DEF	\$257.18
D2160	AMALGAM THREE SURFACES PERMA	DEF	\$311.33
D2161	AMALGAM 4 OR > SURFACES PERM	DEF	\$373.09
D2210	SILCATE CEMENT PER RESTORAT		\$0.00
D2330	RESIN ONE SURFACE-ANTERIOR	DEF	\$234.34
D2331	RESIN TWO SURFACES-ANTERIOR	DEF	\$279.18
D2332	RESIN THREE SURFACES-ANTERIO	DEF	\$340.09
D2335	RESIN 4/> SURF OR W INCIS AN	DEF	\$428.08
D2336	COMPOSITE RESIN CROWN		\$0.00
D2337	COMPO RESIN CROWN ANT-PERM		\$0.00
D2380	RESIN ONE SURF POSTER PRIMAR		\$0.00
D2381	RESIN TWO SURF POSTER PRIMAR		\$0.00
D2382	RESIN THREE/MORE SURF POST P		\$0.00
D2385	RESIN ONE SURF POSTER PERMAN		\$0.00
D2386	RESIN TWO SURF POSTER PERMAN		\$0.00
D2387	RESIN THREE/MORE SURF POST P		\$0.00
D2388	RESIN FOUR/MORE, POST PERM		\$0.00
D2390	ANT RESIN-BASED CMPST CROWN	DEF	\$631.12
D2391	POST 1 SRFC RESINBASED CMPST	DEF	\$249.57
D2392	POST 2 SRFC RESINBASED CMPST	DEF	\$318.94
D2393	POST 3 SRFC RESINBASED CMPST	DEF	\$386.62
D2394	POST >=4SRFC RESINBASE CMPST	DEF	\$453.46
D2410	DENTAL GOLD FOIL ONE SURFACE		\$0.00
D2420	DENTAL GOLD FOIL TWO SURFACE		\$0.00
D2430	DENTAL GOLD FOIL THREE SURFA		\$0.00
D2510	DENTAL INLAY METALIC 1 SURF		\$0.00
D2520	DENTAL INLAY METALLIC 2 SURF		\$0.00
D2530	DENTAL INLAY METL 3/MORE SUR		\$0.00
D2540	ONLAY-METALLIC-PER TOOTH (IN ADDITI		\$0.00

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D2542	DENTAL ONLAY METALLIC 2 SURF		\$0.00
D2543	DENTAL ONLAY METALLIC 3 SURF		\$0.00
D2544	DENTAL ONLAY METL 4/MORE SUR		\$0.00
D2610	INLAY PORCELAIN/CERAMIC 1 SU		\$0.00
D2620	INLAY PORCELAIN/CERAMIC 2 SU		\$0.00
D2630	DENTAL ONLAY PORC 3/MORE SUR		\$0.00
D2642	DENTAL ONLAY PORCELIN 2 SURF		\$0.00
D2643	DENTAL ONLAY PORCELIN 3 SURF		\$0.00
D2644	DENTAL ONLAY PORC 4/MORE SUR		\$0.00
D2650	INLAY COMPOSITE/RESIN ONE SU		\$0.00
D2651	INLAY COMPOSITE/RESIN TWO SU		\$0.00
D2652	DENTAL INLAY RESIN 3/MRE SUR		\$0.00
D2662	DENTAL ONLAY RESIN 2 SURFACE		\$0.00
D2663	DENTAL ONLAY RESIN 3 SURFACE		\$0.00
D2664	DENTAL ONLAY RESIN 4/MRE SUR		\$0.00
D2710	CROWN RESIN-BASED INDIRECT	DEF	\$1,240.24
D2712	CROWN 3/4 RESIN-BASED COMPOS		\$0.00
D2720	CROWN RESIN W/ HIGH NOBLE ME		\$0.00
D2721	CROWN RESIN W/ BASE METAL		\$0.00
D2722	CROWN RESIN W/ NOBLE METAL		\$0.00
D2740	CROWN PORCELAIN/CERAMIC	DEF	\$1,512.65
D2750	CROWN PORCELAIN W/ H NOBLE M		\$0.00
D2751	CROWN PORCELAIN FUSED BASE M	DEF	\$1,417.90
D2752	CROWN PORCELAIN W/ NOBLE MET	DEF	\$1,449.20
D2753	CROWN PORC FUSED TO TITANIUM		\$0.00
D2780	CROWN 3/4 CAST HI NOBLE MET		\$0.00
D2781	CROWN 3/4 CAST BASE METAL		\$0.00
D2782	CROWN 3/4 CAST NOBLE METAL		\$0.00
D2783	CROWN 3/4 PORCELAIN/CERAMIC		\$0.00
D2790	CROWN FULL CAST HIGH NOBLE M		\$0.00
D2791	CROWN FULL CAST BASE METAL	DEF	\$1,373.90
D2792	CROWN FULL CAST NOBLE METAL	DEF	\$1,487.27
D2794	CROWN-TITANIUM		\$0.00
D2799	INTERIM CROWN	DEF	\$589.66
D2810	CROWN 3/4 CAST METALLIC		\$0.00
D2910	RECEMENT INLAY ONLAY OR PART	DEF	\$168.35
D2915	RECEMENT CAST OR PREFAB POST	DEF	\$157.36
D2920	RE-CEMENT OR RE-BOND CROWN	DEF	\$164.12
D2921	REATTACH TOOTH FRAGMENT		\$0.00
D2928	PREFAB PORC/CER CROWN PERM		\$0.00
D2929	PREFAB PORC/CERAM CROWN PRI	DEF	\$532.98
D2930	PREFAB STNLSS STEEL CRWN PRI	DEF	\$360.40

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D2931	PREFAB STNLSS STEEL CROWN PE	DEF	\$426.38
D2932	PREFABRICATED RESIN CROWN	DEF	\$470.38
D2933	PREFAB STAINLESS STEEL CROWN	DEF	\$467.84
D2934	PREFAB STEEL CROWN PRIMARY	DEF	\$470.38
D2940	PLACE DIRECT RESTORATION	DEF	\$178.51
D2941	INT THERAPEUTIC RESTORATION		\$0.00
D2949	RESTORATIVE FOUNDATION		\$0.00
D2950	CORE BUILD-UP INCL ANY PINS	DEF	\$361.24
D2951	TOOTH PIN RETENTION	DEF	\$106.60
D2952	POST AND CORE CAST + CROWN	DEF	\$554.13
D2953	EACH ADDTNL CAST POST	DEF	\$416.23
D2954	PREFAB POST/CORE + CROWN	DEF	\$448.38
D2955	POST REMOVAL	DEF	\$374.78
D2956	INDIRECT REST REMOV		\$0.00
D2957	EACH ADDTNL PREFAB POST	DEF	\$257.18
D2960	LABIAL VENEER RESIN DIRECT		\$0.00
D2961	LABIAL VENEER RESIN INDIRECT		\$0.00
D2962	LABIAL VENEER PORC INDIRECT		\$0.00
D2970	TEMP CROWN (FRACTURED TOOTH)		\$0.00
D2971	ADD PROC CONSTRUCT NEW CROWN		\$0.00
D2975	COPING		\$0.00
D2976	BAND STABILIZATION PER TOOTH		\$0.00
D2980	CROWN REPAIR	DEF	\$374.78
D2981	INLAY REPAIR		\$0.00
D2982	ONLAY REPAIR		\$0.00
D2983	VENEER REPAIR		\$0.00
D2989	EXCAVATE TOOTH NON-RESTORABL		\$0.00
D2990	RESIN INFILTRATION OF LESION		\$0.00
D2991	APP OF HYDROXYAPATITE		\$0.00
D2999	DENTAL UNSPEC RESTORATIVE PR	DEF	\$346.01
D3110	PULP CAP DIRECT	DEF	\$102.51
D3120	PULP CAP INDIRECT	DEF	\$99.07
D3220	THERAPEUTIC PULPOTOMY	DEF	\$242.18
D3221	GROSS PULPAL DEBRIDEMENT	DEF	\$261.44
D3222	PART PULP FOR APEXOGENESIS	DEF	\$326.80
D3230	PULPAL THERAPY ANTERIOR PRIM	DEF	\$299.97
D3240	PULPAL THERAPY POSTERIOR PRI	DEF	\$329.55
D3310	END THXPY, ANTERIOR TOOTH	DEF	\$866.19
D3320	END THXPY, PREMOLAR TOOTH	DEF	\$972.83
D3330	END THXPY, MOLAR TOOTH	DEF	\$1,173.04
D3331	NON-SURG TX ROOT CANAL OBS		\$0.00
D3332	INCOMPLETE ENDODONTIC TX	DEF	\$492.61

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D3333	INTERNAL ROOT REPAIR	DEF	\$392.85
D3340	FOUR OR MORE CANALS (EXCLUDING FINA		\$0.00
D3346	RETREAT ROOT CANAL ANTERIOR	DEF	\$1,023.74
D3347	RETREAT ROOT CANAL PREMOLAR	DEF	\$1,115.25
D3348	RETREAT ROOT CANAL MOLAR	DEF	\$1,317.52
D3350	APEXIFICATION (PER TREATMENT VISIT)		\$0.00
D3351	APEXIFICATION/RECALC INITIAL	DEF	\$393.54
D3352	APEXIFICATION/RECALC INTERIM	DEF	\$286.90
D3353	APEXIFICATION/RECALC FINAL	DEF	\$560.72
D3354	PULPAL REGENERATION		\$0.00
D3355	PULPAL REGENERATION INITIAL		\$0.00
D3356	PULPAL REGENERATION INTERIM		\$0.00
D3357	PULPAL REGENERATION COMPLETE		\$0.00
D3410	APICOECTOMY - ANTERIOR	DEF	\$850.37
D3411	APICOECTOMY (PER TOOTH) - EACH ADDI		\$0.00
D3421	ROOT SURGERY PREMOLAR	DEF	\$926.74
D3425	ROOT SURGERY MOLAR	DEF	\$1,056.77
D3426	ROOT SURGERY EA ADD ROOT	DEF	\$494.67
D3427	PERIRADICULAR SURGERY		\$0.00
D3428	BONE GRAFT PERI PER TOOTH		\$0.00
D3429	BONE GRAFT PERI EACH ADDL		\$0.00
D3430	RETROGRADE FILLING	DEF	\$341.25
D3431	BIOLOGICAL MATERIALS		\$0.00
D3432	GUIDED TISSUE REGENERATION		\$0.00
D3440	APICAL CURETTAGE		\$0.00
D3450	ROOT AMPUTATION		\$0.00
D3460	ENDODONTIC ENDOSSEOUS IMPLAN		\$0.00
D3470	INTENTIONAL REPLANTATION		\$0.00
D3471	SURG REP ROOT RES ANTERIOR		\$0.00
D3472	SURG REP ROOT RES PREMOLAR		\$0.00
D3473	SURG REP ROOT RES MOLAR		\$0.00
D3501	SURG EXP ROOT SURF ANTERIOR		\$0.00
D3502	SURG EXP ROOT SURF PREMOLAR		\$0.00
D3503	SURG EXP ROOT SURF MOLAR		\$0.00
D3910	ISOLATION- TOOTH W RUBB DAM		\$0.00
D3911	INTRAORIFICE BARRIER		\$0.00
D3920	TOOTH SPLITTING		\$0.00
D3921	DECOR OR SUBMERG ERUPT TOOTH		\$0.00
D3940	RECALCIFICATION OR REPAIR (PERFORAT		\$0.00
D3950	CANAL PREP/FITTING OF DOWEL		\$0.00
D3960	BLEACHING OF DISCOLORED TOOT		\$0.00
D3999	ENDODONTIC PROCEDURE	DEF	\$375.65

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D4210	GINGIVECTOMY/PLASTY 4 OR MOR	DEF	\$701.76
D4211	GINGIVECTOMY/PLASTY 1 TO 3	DEF	\$398.35
D4212	GINGIVECTOMY/PLASTY REST	DEF	\$325.42
D4220	GINGIVAL CURETTAGE PER QUADR		\$0.00
D4230	ANA CROWN EXP 4 OR> PER QUAD		\$0.00
D4231	ANA CROWN EXP 1-3 PER QUAD		\$0.00
D4240	GINGIVAL FLAP PROC W/ PLANIN		\$0.00
D4241	GNGVL FLAP W ROOTPLAN 1-3 TH		\$0.00
D4245	APICALLY POSITIONED FLAP		\$0.00
D4249	CROWN LENGTHEN HARD TISSUE		\$0.00
D4260	OSSEOUS SURGERY 4 OR MORE	DEF	\$1,293.44
D4261	OSSEOUS SURG 1 TO 3 TEETH	DEF	\$1,025.81
D4262	BONE REPLACEMENT GRAFT-MULTIPLE SIT		\$0.00
D4263	BONE REPLCE GRAFT FIRST SITE	DEF	\$707.26
D4264	BONE REPLCE GRAFT EACH ADD	DEF	\$600.62
D4265	BIO MTRLS TO AID SOFT/OS REG	DEF	\$593.06
D4266	GUIDED TISS REGEN RESORBLE	DEF	\$751.30
D4267	GUIDED TISS REGEN NONRESORB	DEF	\$892.34
D4268	SURGICAL REVISION PROCEDURE		\$0.00
D4270	PEDICLE SOFT TISSUE GRAFT PR	DEF	\$1,033.38
D4271	Free soft tissue graft proc		\$0.00
D4272	APICALLY REPOSITIONING FLAP PROCEDU		\$0.00
D4273	AUTO TISSUE GRAFT 1ST TOOTH	DEF	\$1,196.43
D4274	MESIAL/DISTAL WEDGE PROC	DEF	\$721.02
D4275	NON-AUTO GRAFT 1ST TOOTH	DEF	\$1,168.22
D4276	CON TISSUE W PEDICLE GRAFT	DEF	\$1,319.58
D4277	SOFT TISSUE GRAFT FIRSTTOOTH		\$0.00
D4278	SOFT TISSUE GRAFT ADDL TOOTH		\$0.00
D4283	AUTO TISSUE GRAFT ADDL TOOTH		\$0.00
D4285	NON-AUTO GRAFT ADDL TOOTH		\$0.00
D4286	REMOVE NON-RESORB BARRIER		\$0.00
D4320	PROVISION SPLNT INTRACORONAL		\$0.00
D4321	PROVISIONAL SPLINT EXTRACORO		\$0.00
D4322	SPLINT INTRA-CORONAL	DEF	\$567.60
D4323	SPLINT EXTRA-CORONAL	DEF	\$534.58
D4340	PERIODONTAL SCALING AND ROOT PLANIN		\$0.00
D4341	PERIODONTAL SCALING & ROOT	DEF	\$288.27
D4342	PERIODONTAL SCALING 1-3TEETH	DEF	\$220.85
D4346	SCALING GINGIV INFLAMMATION		\$0.00
D4355	FULL MOUTH DEBRIDEMENT	DEF	\$211.22
D4381	LOCALIZED DELIVERY ANTIMICRO		\$0.00
D4910	PERIODONTAL MAINT PROCEDURES	DEF	\$155.49

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PROC CODE	PRODEDURE CODE DESCRIPTION	RATE TYPE	MAXIMUM ALLOWED
D4920	UNSCHEDULED DRESSING CHANGE	DEF	\$115.58
D4921	GINGIVAL IRRIGATION PER QUAD		\$0.00
D4999	UNSPECIFIED PERIODONTAL PROC	DEF	\$216.72
D5110	DENTURES COMPLETE MAXILLARY	DEF	\$2,083.26
D5120	DENTURES COMPLETE MANDIBLE	DEF	\$2,077.07
D5130	DENTURES IMMEDIAT MAXILLARY		\$0.00
D5140	DENTURES IMMEDIAT MANDIBLE		\$0.00
D5211	DENTURES MAXILL PART RESIN	DEF	\$1,636.75
D5212	DENTURES MAND PART RESIN	DEF	\$1,639.50
D5213	DENTURES MAXILL PART METAL	DEF	\$2,118.35
D5214	DENTURES MANDIBL PART METAL	DEF	\$2,118.35
D5215	UPPER PARTIAL - HIGH NOBLE CAST BAS		\$0.00
D5216	LOWER PARTIAL - HIGH NOBLE CAST BAS		\$0.00
D5221	IMMED MAX PART DENTURE RESIN		\$0.00
D5222	IMMED MAN PART DENTURE RESIN		\$0.00
D5223	IMMED MAX PART DENT METAL		\$0.00
D5224	IMMED MAND PART DENT METAL		\$0.00
D5225	MAXILLARY PART DENTURE FLEX	DEF	\$1,730.32
D5226	MANDIBULAR PART DENTURE FLEX	DEF	\$1,746.14
D5227	IMMED MAX PART DENTURE		\$0.00
D5228	IMMED MAND PART DENTURE		\$0.00
D5280	REMOVABLE UNILATERAL PARTIAL DENTUR		\$0.00
D5281	REMOVABLE PARTIAL DENTURE		\$0.00
D5282	REMOVE UNIL PART DENTURE,MAX		\$0.00
D5283	REMOVE UNIL PART DENTURE,MAN		\$0.00
D5284	REM UNILAT DENT FLEX BASE		\$0.00
D5286	REM UNILAT DENT 1 PC RESIN		\$0.00
D5410	DENTURES ADJUST CMPLT MAXIL	DEF	\$110.08
D5411	DENTURES ADJUST CMPLT MAND	DEF	\$109.39
D5421	DENTURES ADJUST PART MAXILL	DEF	\$108.02
D5422	DENTURES ADJUST PART MANDBL	DEF	\$110.08
D5510	DENTUR REPR BROKEN COMPL BAS		\$0.00
D5511	REP BROKE COMP DENT BASE MAN	DEF	\$279.33
D5512	REP BROKE COMP DENT BASE MAX	DEF	\$278.64
D5520	REPLACE DENTURE TEETH COMPLT	DEF	\$234.61
D5610	DENTURES REPAIR RESIN BASE		\$0.00
D5611	REP RESIN PART DENT BASE MAN		\$0.00
D5612	REP RESIN PART DENT BASE MAX		\$0.00
D5620	REP PART DENTURE CAST FRAME		\$0.00
D5621	REP CAST PART FRAME MAN		\$0.00
D5622	REP CAST PART FRAME MAX		\$0.00
D5630	REP PARTIAL DENTURE CLASP	DEF	\$308.91

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PROC CODE	PRODEDURE CODE DESCRIPTION	RATE TYPE	MAXIMUM ALLOWED
D5640	REPLACE PART DENTURE TEETH	DEF	\$234.61
D5650	ADD TOOTH TO PARTIAL DENTURE	DEF	\$275.20
D5660	ADD CLASP TO PARTIAL DENTURE	DEF	\$305.47
D5670	REPLC TTH&ACRLC ON MTL FRMWK	DEF	\$807.71
D5671	REPLC TTH&ACRLC MANDIBULAR	DEF	\$814.59
D5710	DENTURES REBASE CMPLT MAXIL		\$0.00
D5711	DENTURES REBASE CMPLT MAND		\$0.00
D5720	DENTURES REBASE PART MAXILL		\$0.00
D5721	DENTURES REBASE PART MANDBL		\$0.00
D5725	REBASE HYBRID PROSTHESIS		\$0.00
D5730	DENTURE RELN CMPLT MAX DIR	DEF	\$434.13
D5731	DENTURE RELN CMPLT MAND DIR	DEF	\$432.75
D5740	DENTURE RELN PART MAX DIR	DEF	\$430.69
D5741	DENTURE RELN PART MAND DIR	DEF	\$424.50
D5750	DENTURE RELN CMPLT MAX INDIR	DEF	\$522.88
D5751	DENTURE RELN CMPLT MAND IND	DEF	\$528.38
D5760	DENTURE RELN PART MAX INDIR	DEF	\$527.01
D5761	DENTURE RELN PART MAND INDIR	DEF	\$527.01
D5765	LINER COMPL/PARTIAL REM DENT		\$0.00
D5810	DENTURE INTERM CMPLT MAXILL	DEF	\$1,043.01
D5811	DENTURE INTERM CMPLT MANDBL	DEF	\$1,097.36
D5820	DENTURE INTERM PART MAXILL	DEF	\$807.02
D5821	DENTURE INTERM PART MANDBL	DEF	\$806.34
D5850	DENTURE TISS CONDITN MAXILL	DEF	\$249.74
D5851	DENTURE TISS CONDTIN MANDBL	DEF	\$249.06
D5860	OVERDENTURE COMPLETE		\$0.00
D5861	OVERDENTURE PARTIAL		\$0.00
D5862	PRECISION ATTACHMENT		\$0.00
D5863	OVERDENTURE COMPLETE MAX		\$0.00
D5864	OVERDENTURE PARTIAL MAX		\$0.00
D5865	OVERDENTURE COMPLETE MANDIB		\$0.00
D5866	OVERDENTURE PARTIAL MANDIB		\$0.00
D5867	REPLACEMENT OF PRECISION ATT		\$0.00
D5875	PROSTHESIS MODIFICATION		\$0.00
D5876	ADD METAL SUB TO ACRYLC DENT		\$0.00
D5877	DUP OF COMPLT DENT-MAXILL		\$0.00
D5878	DUP OF COMPLT DENT-MANDIB		\$0.00
D5899	REMOVABLE PROSTHODONTIC PROC		\$0.00
D5909	MAX GUID PROTHES W/ FLANGE		\$0.00
D5911	FACIAL MOULAGE SECTIONAL		\$0.00
D5912	FACIAL MOULAGE COMPLETE		\$0.00
D5913	NASAL PROSTHESIS		\$0.00

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PROC CODE	PRODEDURE CODE DESCRIPTION	RATE TYPE	MAXIMUM ALLOWED
D5914	AURICULAR PROSTHESIS		\$0.00
D5915	ORBITAL PROSTHESIS		\$0.00
D5916	OCULAR PROSTHESIS		\$0.00
D5917	COMPOSITE FACIAL PROSTHESIS		\$0.00
D5918	REPLACEMENT PROSTHESIS		\$0.00
D5919	FACIAL PROSTHESIS		\$0.00
D5920	OCULAR IMPLANT		\$0.00
D5921	ORBITAL IMPLANT		\$0.00
D5922	NASAL SEPTAL PROSTHESIS		\$0.00
D5923	OCULAR PROSTHESIS INTERIM		\$0.00
D5924	CRANIAL PROSTHESIS		\$0.00
D5925	FACIAL AUGMENTATION IMPLANT		\$0.00
D5926	REPLACEMENT NASAL PROSTHESIS		\$0.00
D5927	AURICULAR REPLACEMENT		\$0.00
D5928	ORBITAL REPLACEMENT		\$0.00
D5929	FACIAL REPLACEMENT		\$0.00
D5930	MAX GUID PROTHES W/O FLANGE		\$0.00
D5931	SURGICAL OBTURATOR		\$0.00
D5932	POSTSURGICAL OBTURATOR		\$0.00
D5933	REFITTING OF OBTURATOR		\$0.00
D5934	MANDIBULAR FLANGE PROSTHESIS		\$0.00
D5935	MANDIBULAR DENTURE PROSTH		\$0.00
D5936	TEMP OBTURATOR PROSTHESIS		\$0.00
D5937	TRISMUS APPLIANCE	DEF	\$747.17
D5938	RESCT PROTH MAX COMP REMOV		\$0.00
D5939	RESCT PROTH MAND COMP REMOV		\$0.00
D5940	RESCT PROTH MAX PART REMOV		\$0.00
D5941	RESCT PROTH MAND PART REMOV		\$0.00
D5942	PROTH MAX IMPLT SUP REMV		\$0.00
D5943	PROTH MANDIB IMPLT SUP REMV		\$0.00
D5944	MAX IMPLT SUP REMV PART		\$0.00
D5945	MAND IMPLT SUP REMV PART		\$0.00
D5946	MAX IMPLT SUP FIX		\$0.00
D5947	MAND IMPLT SUP FIX		\$0.00
D5948	MAX IMPLT SUP FIX PART		\$0.00
D5949	MAND IMPLT SUP FIX PART		\$0.00
D5951	FEEDING AID		\$0.00
D5952	PEDIATRIC SPEECH AID		\$0.00
D5953	ADULT SPEECH AID		\$0.00
D5954	SUPERIMPOSED PROSTHESIS		\$0.00
D5955	PALATAL LIFT PROSTHESIS		\$0.00
D5956	OBTURATOR		\$0.00

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PROC CODE	PRODEDURE CODE DESCRIPTION	RATE TYPE	MAXIMUM ALLOWED
D5957	SPEECH BULB		\$0.00
D5958	INTRAORAL CON DEF INTER PLT		\$0.00
D5959	INTRAORAL CON DEF MOD PALAT		\$0.00
D5960	MODIFY SPEECH AID PROSTHESIS		\$0.00
D5971	SIMPLE IMPLANT		\$0.00
D5972	COMPLEX IMPLANT		\$0.00
D5973	SUBPERIOSTEAL IMPLANT		\$0.00
D5974	ENDOSSEOUS IMPLANT (IN THE BONE)		\$0.00
D5976	MANDIBULAR STAPLE IMPLANT		\$0.00
D5982	SURGICAL STENT		\$0.00
D5983	RADIATION APPLICATOR		\$0.00
D5984	RADIATION SHIELD		\$0.00
D5985	RADIATION CONE LOCATOR		\$0.00
D5986	FLUORIDE APPLICATOR	DEF	\$225.66
D5987	COMMISSURE SPLINT		\$0.00
D5988	SURGICAL SPLINT		\$0.00
D5991	VESICULOBULLOUS DISEASE CARR	DEF	\$278.64
D5992	ADJUST MAX PROST APPLIANCE		\$0.00
D5993	MAIN/CLEAN MAX PROSTHESIS		\$0.00
D5994	PERIDONTAL MEDICAMENT		\$0.00
D5995	PERI MEDICAMENT W/SEAL, MAX		\$0.00
D5996	PERI MEDICAMENT W/SEAL, MAND		\$0.00
D5999	MAXILLOFACIAL PROSTHESIS		\$0.00
D6010	ODONTICS ENDOSTEAL IMPLANT		\$0.00
D6011	SECOND STAGE IMPLANT SURGERY		\$0.00
D6012	ENDOSTEAL IMPLANT		\$0.00
D6013	SURGICAL PLACE MINI IMPLANT		\$0.00
D6020	ODONTICS ABUTMENT PLACEMENT		\$0.00
D6040	ODONTICS EPOSTEAL IMPLANT		\$0.00
D6049	SCALE IMPLT PERI-IMPLT INFLM		\$0.00
D6050	ODONTICS TRANSOSTEAL IMPLNT		\$0.00
D6051	INTERIM IMPLANT ABUTMENT		\$0.00
D6052	SEMI PRECISION ATTACH ABUT		\$0.00
D6053	IMPLNT/ABTMNT SPPRT REMV DNT		\$0.00
D6054	IMPLNT/ABTMNT SPPRT REMVPRTL		\$0.00
D6055	IMPLANT CONNECTING BAR		\$0.00
D6056	PREFABRICATED ABUTMENT		\$0.00
D6057	CUSTOM ABUTMENT		\$0.00
D6058	ABUTMENT SUPPORTED CROWN		\$0.00
D6059	ABUTMENT SUPPORTED MTL CROWN		\$0.00
D6060	ABUTMENT SUPPORTED MTL CROWN		\$0.00
D6061	ABUTMENT SUPPORTED MTL CROWN		\$0.00

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PROC CODE	PRODEDURE CODE DESCRIPTION	RATE TYPE	MAXIMUM ALLOWED
D6062	ABUTMENT SUPPORTED MTL CROWN		\$0.00
D6063	ABUTMENT SUPPORTED MTL CROWN		\$0.00
D6064	ABUTMENT SUPPORTED MTL CROWN		\$0.00
D6065	IMPLANT SUPPORTED CROWN		\$0.00
D6066	IMPLANT SUPPORTED MTL CROWN		\$0.00
D6067	IMPLANT SUPPORTED MTL CROWN		\$0.00
D6068	ABUTMENT SUPPORTED RETAINER		\$0.00
D6069	ABUTMENT SUPPORTED RETAINER		\$0.00
D6070	ABUTMENT SUPPORTED RETAINER		\$0.00
D6071	ABUTMENT SUPPORTED RETAINER		\$0.00
D6072	ABUTMENT SUPPORTED RETAINER		\$0.00
D6073	ABUTMENT SUPPORTED RETAINER		\$0.00
D6074	ABUTMENT SUPPORTED RETAINER		\$0.00
D6075	IMPLANT SUPPORTED RETAINER		\$0.00
D6076	IMPLANT SUPPORTED RETAINER		\$0.00
D6077	IMPLANT SUPPORTED RETAINER		\$0.00
D6078	IMPLNT/ABUT SUPRTD FIXD DENT		\$0.00
D6079	IMPLNT/ABUT SUPRTD FIXD DENT		\$0.00
D6080	IMPLANT MAINTENANCE		\$0.00
D6081	SCALE & DEBRIDE, SINGLE IMP		\$0.00
D6082	IMP CROWN PORC TO BASE ALLOY		\$0.00
D6083	IMP CROWN PORC TO NOBLE ALLO		\$0.00
D6084	IMP CROWN PORC TO TITANIUM		\$0.00
D6085	INTERIM IMPLANT CROWN		\$0.00
D6086	IMP CROWN BASE ALLOYS		\$0.00
D6087	IMPLANT CROWN NOBLE ALLOYS		\$0.00
D6088	IMP CROWN TITANIUM ALLOYS		\$0.00
D6089	ACCESS/RETORQ IMPLANT SCREW		\$0.00
D6090	REPAIR IMPLANT		\$0.00
D6091	REPL SEMI/PRECISION ATTACH		\$0.00
D6092	RECEMENT SUPP CROWN		\$0.00
D6093	RECEMENT SUPP PART DENTURE		\$0.00
D6094	ABUT SUPPORT CROWN TITANIUM		\$0.00
D6095	ODONTICS REPR ABUTMENT		\$0.00
D6096	REMOVE BROKEN IMP RET SCREW		\$0.00
D6097	ABUT CROWN PORC TO TITANIUM		\$0.00
D6098	IMP RETAIN PORC TO BASE ALLO		\$0.00
D6099	IMP RETAINER FOR FPD		\$0.00
D6100	SURG REMOVAL OF IMPLANT BODY		\$0.00
D6101	DEBRIDEMENT OF A PERIIMPLANT		\$0.00
D6102	DEBRIDEMENT & CONTOURING		\$0.00
D6103	BONE GRAFT REPAIR PERIMPLANT		\$0.00

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PROC CODE	PRODEDURE CODE DESCRIPTION	RATE TYPE	MAXIMUM ALLOWED
D6104	BONE GRAFT TIME OF IMPLANT		\$0.00
D6105	REMOVE IMPLANT BODY		\$0.00
D6106	TISSUE REGEN RESORBABLE		\$0.00
D6107	TISSUE REGEN NON-RESORBABLE		\$0.00
D6110	IMPLNT/ABUT REMOV DENT MAX		\$0.00
D6111	IMPLNT/ABUT REMOV DENT MAND		\$0.00
D6112	IMP/ABUT REM DENT PART MAX		\$0.00
D6113	IMP/ABUT REM DENT PART MAND		\$0.00
D6114	IMPLNT/ABUT FIXED DENT MAX		\$0.00
D6115	IMPLNT/ABUT FIXED DENT MAND		\$0.00
D6116	IMP/ABUT FIXED DENT PART MAX		\$0.00
D6117	IMP/ABUT FIXED DENT PART MAN		\$0.00
D6118	IMP/ABUT INT FIXED DENT MAN		\$0.00
D6119	INT/ABUT INT FIXED DENT MAX		\$0.00
D6120	IMP RETAIN PORC TO TITANIUM		\$0.00
D6121	RETAIN METAL FPD BASE ALLOYS		\$0.00
D6122	RETAIN METAL FPD NOBLE ALLOY		\$0.00
D6123	RETAIN METAL FPD TITANIUM		\$0.00
D6180	IMPLNT MAINT PROCED		\$0.00
D6190	RADIO/SURGICAL IMPLANT INDEX		\$0.00
D6191	SEMI PRECISION ABUTMENT		\$0.00
D6192	SEMI PRECISION ATTACHMENT		\$0.00
D6193	REPLACE IMPLNT SCREW		\$0.00
D6194	ABUT SUPPORT RETAINER TITANI		\$0.00
D6195	ABUT RETAIN PORC TO TITANIUM		\$0.00
D6196	REMOV OF IND REST ON IMPLT		\$0.00
D6197	REPLACE MATERIAL PROSTHESIS		\$0.00
D6198	REMOVE INTERIM IMPLANT		\$0.00
D6199	IMPLANT PROCEDURE		\$0.00
D6205	PONTIC-INDIRECT RESIN BASED		\$0.00
D6210	PROSTHODONT HIGH NOBLE METAL		\$0.00
D6211	BRIDGE BASE METAL CAST	DEF	\$1,179.92
D6212	BRIDGE NOBLE METAL CAST	DEF	\$1,199.87
D6214	PONTIC TITANIUM		\$0.00
D6240	BRIDGE PORCELAIN HIGH NOBLE		\$0.00
D6241	BRIDGE PORCELAIN BASE METAL	DEF	\$1,149.65
D6242	BRIDGE PORCELAIN NOBEL METAL	DEF	\$1,243.22
D6243	PONTIC PORCELAIN TO TITANIUM		\$0.00
D6245	BRIDGE PORCELAIN/CERAMIC		\$0.00
D6250	BRIDGE RESIN W/HIGH NOBLE		\$0.00
D6251	BRIDGE RESIN BASE METAL		\$0.00
D6252	BRIDGE RESIN W/NOBLE METAL		\$0.00

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PROC CODE	PRODEDURE CODE DESCRIPTION	RATE TYPE	MAXIMUM ALLOWED
D6253	INTERIM PONTIC		\$0.00
D6254	Interim pontic		\$0.00
D6280	IMPLT MAINT PROCD REMV IMPLT		\$0.00
D6519	INLAY/ONLAY PORCE/CERAMIC		\$0.00
D6520	DENTAL RETAINER TWO SURFACES		\$0.00
D6530	RETAINER METALLIC 3+ SURFACE		\$0.00
D6540	ONLAY-METALLIC-PER TOOTH (IN ADDITI		\$0.00
D6543	DENTAL RETAINR ONLAY 3 SURF		\$0.00
D6544	DENTAL RETAINR ONLAY 4/MORE		\$0.00
D6545	DENTAL RETAINR CAST METL	DEF	\$1,016.18
D6548	PORCELAIN/CERAMIC RETAINER		\$0.00
D6549	RESIN RETAINER		\$0.00
D6600	PORCELAIN/CERAMIC INLAY 2SRF		\$0.00
D6601	PORC/CERAM INLAY >= 3 SURFAC		\$0.00
D6602	CST HGH NBLE MTL INLAY 2 SRF		\$0.00
D6603	CST HGH NBLE MTL INLAY >=3SR		\$0.00
D6604	CST BSE MTL INLAY 2 SURFACES		\$0.00
D6605	CST BSE MTL INLAY >= 3 SURFA		\$0.00
D6606	CAST NOBLE METAL INLAY 2 SUR		\$0.00
D6607	CST NOBLE MTL INLAY >=3 SURF		\$0.00
D6608	ONLAY PORC/CRMC 2 SURFACES		\$0.00
D6609	ONLAY PORC/CRMC >=3 SURFACES		\$0.00
D6610	ONLAY CST HGH NBL MTL 2 SRFC		\$0.00
D6611	ONLAY CST HGH NBL MTL >=3SRF		\$0.00
D6612	ONLAY CST BASE MTL 2 SURFACE		\$0.00
D6613	ONLAY CST BASE MTL >=3 SURFA		\$0.00
D6614	ONLAY CST NBL MTL 2 SURFACES		\$0.00
D6615	ONLAY CST NBL MTL >=3 SURFAC		\$0.00
D6624	INLAY TITANIUM		\$0.00
D6634	ONLAY TITANIUM		\$0.00
D6710	CROWN-INDIRECT RESIN BASED		\$0.00
D6720	RETAIN CROWN RESIN W HI NBLE		\$0.00
D6721	CROWN RESIN W/BASE METAL		\$0.00
D6722	CROWN RESIN W/NOBLE METAL		\$0.00
D6740	CROWN PORCELAIN/CERAMIC		\$0.00
D6750	CROWN PORCELAIN HIGH NOBLE		\$0.00
D6751	CROWN PORCELAIN BASE METAL	DEF	\$1,215.01
D6752	CROWN PORCELAIN NOBLE METAL	DEF	\$1,245.28
D6753	RETAIN CROWN PORC TO TITANIU		\$0.00
D6780	CROWN 3/4 HIGH NOBLE METAL		\$0.00
D6781	CROWN 3/4 CAST BASED METAL		\$0.00
D6782	CROWN 3/4 CAST NOBLE METAL		\$0.00

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PROC CODE	PRODEDURE CODE DESCRIPTION	RATE TYPE	MAXIMUM ALLOWED
D6783	CROWN 3/4 PORCELAIN/CERAMIC		\$0.00
D6784	RETAINER CROWN 3/4 TITANIUM		\$0.00
D6790	CROWN FULL HIGH NOBLE METAL		\$0.00
D6791	CROWN FULL BASE METAL CAST	DEF	\$1,184.74
D6792	CROWN FULL NOBLE METAL CAST	DEF	\$1,247.34
D6793	INTERIM RETAINER CROWN		\$0.00
D6794	CROWN TITANIUM		\$0.00
D6795	Interim retainer crown		\$0.00
D6920	DENTAL CONNECTOR BAR		\$0.00
D6930	RECEMENT/BOND PART DENTURE	DEF	\$213.28
D6940	STRESS BREAKER		\$0.00
D6950	PRECISION ATTACHMENT		\$0.00
D6970	Post & core plus retainer		\$0.00
D6971	CAST POST BRIDGE RETAINER		\$0.00
D6972	Prefab post & core plus reta		\$0.00
D6973	Core build up for retainer		\$0.00
D6975	COPING		\$0.00
D6976	Each addtnl cast post		\$0.00
D6977	Each addtl prefab post		\$0.00
D6980	FIXED PARTIAL REPAIR	DEF	\$439.63
D6985	PEDIATRIC PARTIAL DENTURE FX		\$0.00
D6999	FIXED PROSTHODONTIC PROC		\$0.00
D7110	ORAL SURGERY SINGLE TOOTH		\$0.00
D7111	EXTRACTION CORONAL REMNANTS	DEF	\$165.12
D7120	EACH ADD TOOTH EXTRACTION		\$0.00
D7130	TOOTH ROOT REMOVAL		\$0.00
D7140	EXTRACTION ERUPTED TOOTH/EXR	DEF	\$228.42
D7210	REM IMP TOOTH W MUCOPER FLP	DEF	\$329.55
D7220	IMPACT TOOTH REMOV SOFT TISS	DEF	\$369.46
D7230	IMPACT TOOTH REMOV PART BONY	DEF	\$448.58
D7240	IMPACT TOOTH REMOV COMP BONY	DEF	\$545.58
D7241	IMPACT TOOTH REM BONY W/COMP	DEF	\$626.77
D7250	TOOTH ROOT REMOVAL	DEF	\$351.57
D7252	PART EXTRACT FOR IMPLANT		\$0.00
D7259	NERVE DISSECTION		\$0.00
D7260	ORAL ANTRAL FISTULA CLOSURE		\$0.00
D7261	PRIMARY CLOSURE SINUS PERF		\$0.00
D7270	TOOTH REIMPLANTATION	DEF	\$616.45
D7271	TOOTH IMPLANTATION		\$0.00
D7272	TOOTH TRANSPLANTATION	DEF	\$813.22
D7280	EXPOSURE OF UNERUPTED TOOTH	DEF	\$573.10
D7281	EXPOSURE TOOTH AID ERUPTION		\$0.00

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PROC CODE	PRODEDURE CODE DESCRIPTION	RATE TYPE	MAXIMUM ALLOWED
D7282	MOBILIZE ERUPTED/MALPOS TOOT	DEF	\$521.50
D7283	PLACE DEVICE IMPACTED TOOTH	DEF	\$498.11
D7284	EXC BIOPSY OF SALIV GLANDS		\$0.00
D7285	BIOPSY OF ORAL TISSUE HARD		\$0.00
D7286	BIOPSY OF ORAL TISSUE SOFT		\$0.00
D7287	EXFOLIATIVE CYTOLOG COLLECT		\$0.00
D7288	BRUSH BIOPSY		\$0.00
D7290	REPOSITIONING OF TEETH		\$0.00
D7291	TRANSSEPTAL FIBEROTOMY		\$0.00
D7292	SCREW RETAINED PLATE		\$0.00
D7293	TEMP ANCHORAGE DEV W FLAP		\$0.00
D7294	TEMP ANCHORAGE DEV W/O FLAP		\$0.00
D7295	BONE HARVEST,AUTO GRAFT PROC		\$0.00
D7296	CORTICOTOMY, 1-3 TEETH		\$0.00
D7297	CORTICOTOMY, 4 OR MORE TEETH		\$0.00
D7298	REMOVE SCREW RETAINED PLATE		\$0.00
D7299	REM ANCHORAGE DEVICE W/FLAP		\$0.00
D7300	REM ANCHORAGE DEV W/O FLAP		\$0.00
D7310	ALVEOPLASTY W/ EXTRACTION	DEF	\$355.70
D7320	ALVEOPLASTY W/O EXTRACTION	DEF	\$510.50
D7340	VESTIBULOPLASTY RIDGE EXTENS		\$0.00
D7350	VESTIBULOPLASTY EXTEN GRAFT		\$0.00
D7420	LESION > 1.25 CM		\$0.00
D7430	EXC BENIGN TUMOR TO 1.25 CM		\$0.00
D7431	BENIGN TUMOR EXC > 1.25 CM		\$0.00
D7465	LESION DESTRUCTION		\$0.00
D7470	REM EXOSTOSIS MAXILLA/MANDIB		\$0.00
D7480	PARTIAL OSTECTOMY		\$0.00
D7490	MAXILLA OR MANDIBLE RESECTIO		\$0.00
D7509	MARSUPIALIZATION ODON CYST		\$0.00
D7510	I&D ABSC INTRAORAL SOFT TISS	DEF	\$284.14
D7511	INCISION/DRAIN ABSCESS INTRA	DEF	\$430.00
D7520	I&D ABSCESS EXTRAORAL	DEF	\$642.59
D7521	INCISION/DRAIN ABSCESS EXTRA	DEF	\$813.22
D7560	MAXILLARY SINUSOTOMY		\$0.00
D7610	MAXILLA OPEN REDUCT SIMPLE		\$0.00
D7620	CLSD REDUCT SIMPL MAXILLA FX		\$0.00
D7630	OPEN RED SIMPL MANDIBLE FX		\$0.00
D7640	CLSD RED SIMPL MANDIBLE FX		\$0.00
D7650	OPEN RED SIMP MALAR/ZYGOM FX		\$0.00
D7660	CLSD RED SIMP MALAR/ZYGOM FX		\$0.00
D7670	CLOSD RDUCTN SPLINT ALVEOLUS		\$0.00

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PROC CODE	PRODEDURE CODE DESCRIPTION	RATE TYPE	MAXIMUM ALLOWED
D7671	ALVEOLUS OPEN REDUCTION		\$0.00
D7680	REDUCT SIMPLE FACIAL BONE FX		\$0.00
D7710	MAXILLA OPEN REDUCT COMPOUND		\$0.00
D7720	CLSD REDUCT COMPD MAXILLA FX		\$0.00
D7730	OPEN REDUCT COMPD MANDBLE FX		\$0.00
D7740	CLSD REDUCT COMPD MANDBLE FX		\$0.00
D7750	OPEN RED COMP MALAR/ZYGMA FX		\$0.00
D7760	CLSD RED COMP MALAR/ZYGMA FX		\$0.00
D7770	OPEN REDUC COMPD ALVEOLUS FX		\$0.00
D7771	ALVEOLUS CLSD REDUC STBLZ TE		\$0.00
D7780	REDUCT COMPND FACIAL BONE FX		\$0.00
D7810	TMJ OPEN REDUCT-DISLOCATION		\$0.00
D7820	CLOSED TMP MANIPULATION		\$0.00
D7830	TMJ MANIPULATION UNDER ANEST		\$0.00
D7840	REMOVAL OF TMJ CONDYLE		\$0.00
D7850	TMJ MENISCECTOMY		\$0.00
D7852	TMJ REPAIR OF JOINT DISC		\$0.00
D7854	TMJ EXCISN OF JOINT MEMBRANE		\$0.00
D7856	TMJ CUTTING OF A MUSCLE		\$0.00
D7858	TMJ RECONSTRUCTION		\$0.00
D7860	TMJ CUTTING INTO JOINT		\$0.00
D7865	TMJ RESHAPING COMPONENTS		\$0.00
D7870	TMJ ASPIRATION JOINT FLUID		\$0.00
D7871	LYSIS + LAVAGE W CATHETERS		\$0.00
D7872	TMJ DIAGNOSTIC ARTHROSCOPY		\$0.00
D7873	TMJ ARTHROSCOPY LYSIS ADHESN		\$0.00
D7874	TMJ ARTHROSCOPY DISC REPOSIT		\$0.00
D7875	TMJ ARTHROSCOPY SYNOVECTOMY		\$0.00
D7876	TMJ ARTHROSCOPY DISCECTOMY		\$0.00
D7877	TMJ ARTHROSCOPY DEBRIDEMENT		\$0.00
D7880	OCCLUSAL ORTHOTIC APPLIANCE		\$0.00
D7881	OCC ORTHOTIC DEVICE ADJUST		\$0.00
D7899	TMJ UNSPECIFIED THERAPY		\$0.00
D7910	DENT SUTUR RECENT WND TO 5CM	DEF	\$338.50
D7911	DENTAL SUTURE WOUND TO 5 CM		\$0.00
D7912	SUTURE COMPLICATE WND > 5 CM		\$0.00
D7920	DENTAL SKIN GRAFT		\$0.00
D7921	COLLECT & APPL BLOOD PRODUCT		\$0.00
D7922	PLACE INTRA-SOCKET BIO DRESS		\$0.00
D7939	INDEXING FOR OSTEOTOMY		\$0.00
D7940	RESHAPING BONE ORTHOGNATHIC		\$0.00
D7941	BONE CUTTING RAMUS CLOSED		\$0.00

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PROC CODE	PRODEDURE CODE DESCRIPTION	RATE TYPE	MAXIMUM ALLOWED
D7942	BONE CUTTING RAMUS OPEN		\$0.00
D7943	CUTTING RAMUS OPEN W/GRAFT		\$0.00
D7944	BONE CUTTING SEGMENTED		\$0.00
D7945	BONE CUTTING BODY MANDIBLE		\$0.00
D7946	RECONSTRUCTION MAXILLA TOTAL		\$0.00
D7947	RECONSTRUCT MAXILLA SEGMENT		\$0.00
D7948	RECONSTRUCT MIDFACE NO GRAFT		\$0.00
D7949	RECONSTRUCT MIDFACE W/GRAFT		\$0.00
D7951	SINUS AUG W BONE OR BONE SUB		\$0.00
D7952	SINUS AUGMENTATION VERTICAL		\$0.00
D7953	BONE REPLACEMENT GRAFT		\$0.00
D7955	REPAIR MAXILLOFACIAL DEFECTS		\$0.00
D7956	TISS REGEN EDENT RESORB		\$0.00
D7957	TISS REGEN EDENT NONRESORB		\$0.00
D7960	FRENULECTOMY/FRENECTOMY		\$0.00
D7961	BUCCAL/LABIAL FRENECTOMY	DEF	\$509.12
D7962	LINGUAL FRENECTOMY	DEF	\$514.62
D7963	FRENULOPLASTY		\$0.00
D7970	EXCISION HYPERPLASTIC TISSUE	DEF	\$570.35
D7971	EXCISION PERICORONAL GINGIVA	DEF	\$328.86
D7972	SURG REDCT FIBROUS TUBEROSIT		\$0.00
D7979	NON-SURGICAL SIALOLITHOTOMY		\$0.00
D7980	SURGICAL SIALOLITHOTOMY		\$0.00
D7981	EXCISION OF SALIVARY GLAND		\$0.00
D7982	SIALODOCHOPLASTY		\$0.00
D7983	CLOSURE OF SALIVARY FISTULA		\$0.00
D7990	EMERGENCY TRACHEOTOMY		\$0.00
D7991	DENTAL CORONOIDECTOMY		\$0.00
D7992	EMINENECTOMY		\$0.00
D7993	SURG PLACE CRANIOFACIAL IMPL		\$0.00
D7994	SURG PLACE ZYGOMATIC IMPL		\$0.00
D7995	SYNTHETIC GRAFT FACIAL BONES		\$0.00
D7996	IMPLANT MANDIBLE FOR AUGMENT		\$0.00
D7997	APPLIANCE REMOVAL		\$0.00
D7998	INTRAORAL PLACE OF FIX DEV		\$0.00
D7999	ORAL SURGERY PROCEDURE		\$0.00
D8010	LIMITED DENTAL TX PRIMARY		\$0.00
D8020	LIMITED DENTAL TX TRANSITION	DEF	\$2,977.66
D8030	LIMITED DENTAL TX ADOLESCENT		\$0.00
D8040	LIMITED DENTAL TX ADULT		\$0.00
D8050	INTERCEP DENTAL TX PRIMARY		\$0.00
D8060	INTERCEP DENTAL TX TRANSITN		\$0.00

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PROC CODE	PRODEDURE CODE DESCRIPTION	RATE TYPE	MAXIMUM ALLOWED
D8070	COMPRE DENTAL TX TRANSITION		\$0.00
D8080	COMPRE DENTAL TX ADOLESCENT		\$0.00
D8090	COMPRE DENTAL TX ADULT	DEF	\$1,992.00
D8091	COMPRE ORTHO TREAT W SURG		\$0.00
D8110	REMOVABLE APPLIANCE THERAPY		\$0.00
D8120	FIXED APPLIANCE THERAPY		\$0.00
D8210	ORTHODONTIC REM APPLIANCE TX		\$0.00
D8220	FIXED APPLIANCE THERAPY HABT		\$0.00
D8360	REMOVABLE APPLIANCE THERAPY		\$0.00
D8370	FIXED APPLIANCE THERAPY		\$0.00
D8460	CLASS I MALOCCLUSION		\$0.00
D8470	CLASS II MALOCCLUSION		\$0.00
D8480	CLASS III MALOCCLUSION		\$0.00
D8560	CLASS I MALOCCLUSION		\$0.00
D8570	CLASS II MALOCCLUSION		\$0.00
D8580	CLASS III MALOCCLUSION		\$0.00
D8650	TREATMENT OF THE ATYPICAL OR EXTEND		\$0.00
D8660	PREORTHODONTIC TX VISIT	DEF	\$417.62
D8670	PERIODIC ORTHODONTIC TX VISIT	DEF	\$293.09
D8671	PERIODIC ORTH TREAT W SURG		\$0.00
D8680	ORTHODONTIC RETENTION	DEF	\$504.30
D8681	REMOVABLE RETAINER ADJUST		\$0.00
D8690	ORTHODONTIC TREATMENT		\$0.00
D8691	REPAIR ORTHO APPLIANCE		\$0.00
D8692	REPLACEMENT RETAINER		\$0.00
D8693	REBOND/RECEMENT RETAINERS		\$0.00
D8694	REPAIR FIXED RETAINERS		\$0.00
D8695	REMOVE FIXED ORTHO APPLIANCE		\$0.00
D8696	REP OF ORTHO APPLIANCE MAX		\$0.00
D8697	REP OF ORTHO APPLIANCE MAN		\$0.00
D8698	RECEMENT FIXED RETAINER MAX		\$0.00
D8699	RECEMENT FIXED RETAINER MAN		\$0.00
D8701	REPAIR FIXED RETAINER MAX		\$0.00
D8702	REPAIR OF FIXED RETAINER MAN		\$0.00
D8703	REPLACE BROKEN RETAINER MAX	DEF	\$317.86
D8704	REPLACE BROKEN RETAINER MAN	DEF	\$318.54
D8750	POST-TREATMENT STABILIZATION		\$0.00
D8999	ORTHODONTIC PROCEDURE		\$0.00
D9110	PALLIATIVE TX DENTAL PAIN	DEF	\$156.76
D9120	FIX PARTIAL DENTURE SECTION	DEF	\$243.45
D9128	PHOTOBIO THERPY-FIRST 15 MIN		\$0.00
D9129	PHOTOBIO THERPY-SUB 15 MINS		\$0.00

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PROC CODE	PRODEDURE CODE DESCRIPTION	RATE TYPE	MAXIMUM ALLOWED
D9130	TEMPOROMANDIBULAR JOINT DYSF		\$0.00
D9210	DENT ANESTHESIA W/O SURGERY		\$0.00
D9211	REGIONAL BLOCK ANESTHESIA		\$0.00
D9212	TRIGEMINAL BLOCK ANESTHESIA		\$0.00
D9215	LOCAL ANESTHESIA		\$0.00
D9219	EVAL MOD/DEEP SED/GEN ANEST		\$0.00
D9220	GENERAL ANESTHESIA		\$0.00
D9221	GENERAL ANESTHESIA EA AD 15M		\$0.00
D9222	DEEP ANEST, 1ST 15 MIN	DEF	\$296.00
D9223	GENERAL ANESTH EA ADDL 15 MI	DEF	\$296.00
D9224	GEN ANES ADV AIR-15 MIN		\$0.00
D9225	GEN ANES ADV AIR-SUB 15 MIN		\$0.00
D9230	ANALGESIA	DEF	\$98.25
D9239	IV MOD SEDATION, 1ST 15 MIN	DEF	\$287.52
D9240	INTRAVENOUS SEDATION		\$0.00
D9241	INTRAVENOUS SEDATION		\$0.00
D9242	IV SEDATION EA AD 15 M		\$0.00
D9243	IV SEDATION EA ADDL 15M	DEF	\$256.45
D9244	OFFICE MIN SED DRUG ENTERAL		\$0.00
D9245	ADMIN MOD SEDATION-ENTERAL		\$0.00
D9246	MOD SEDATION NONIV-15 MIN		\$0.00
D9247	MOD SEDATION NONIV-SUB15MIN		\$0.00
D9248	SEDATION (NON-IV)		\$0.00
D9310	DENTAL CONSULTATION		\$0.00
D9311	CONSULT W/MED HLTH CARE PROF		\$0.00
D9410	DENTAL HOUSE CALL		\$0.00
D9420	HOSPITAL/ASC CALL		\$0.00
D9430	OFFICE VISIT DURING HOURS		\$0.00
D9440	OFFICE VISIT AFTER HOURS	DEF	\$210.94
D9450	CASE PRESENTATION TX PLAN		\$0.00
D9610	DENT THERAPEUTIC DRUG INJECT	DEF	\$110.53
D9612	THERA PAR DRUGS 2 OR > ADMIN	DEF	\$198.66
D9613	INFILTRATION THERA DRUG		\$0.00
D9630	DRUGS/MEDS DISP FOR HOME USE		\$0.00
D9910	DENT APPL DESENSITIZING MED		\$0.00
D9911	APPL DESENSITIZING RESIN		\$0.00
D9912	PRE-VISIT PATIENT SCREENING		\$0.00
D9913	ADMIN OF NEUROMOD		\$0.00
D9914	ADMIN OF DERMAL FILL		\$0.00
D9920	BEHAVIOR MANAGEMENT	DEF	\$171.93
D9930	TREATMENT OF COMPLICATIONS	DEF	\$138.70
D9931	CLEAN/INSPECT REM APPLIANCE		\$0.00

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PROC CODE	PRODEDURE CODE DESCRIPTION	RATE TYPE	MAXIMUM ALLOWED
D9932	CLEAN & INSPECT REM DENT MAX		\$0.00
D9933	CLEAN & INSPECT REM DENT MAN		\$0.00
D9934	CLEAN REM PART DENTURE MAX		\$0.00
D9935	CLEAN REM PART DENTURE MAND		\$0.00
D9936	CLEAN OCC GUARD		\$0.00
D9938	FAB REMOVABLE APPLIANCE		\$0.00
D9939	PLACEMNT REMOVABLE APPLIANCE		\$0.00
D9940	DENTAL OCCLUSAL GUARD		\$0.00
D9941	FABRICATION ATHLETIC GUARD		\$0.00
D9942	REPAIR/RELIN OCCLUSAL GUARD		\$0.00
D9943	OCCLUSAL GUARD ADJUSTMENT		\$0.00
D9944	OCC GUARD, HARD, FULL ARCH	DEF	\$608.26
D9945	OCC GUARD, SOFT, FULL ARCH		\$0.00
D9946	OCC GUARD, HARD, PART ARCH		\$0.00
D9947	SLEEP APNEA APPLIANCE		\$0.00
D9948	ADJUST SLEEP APNEA APPLIANCE		\$0.00
D9949	REPAIR SLEEP APNEA APPLIANCE		\$0.00
D9950	OCCLUSION ANALYSIS		\$0.00
D9951	LIMITED OCCLUSAL ADJUSTMENT		\$0.00
D9952	COMPLETE OCCLUSAL ADJUSTMENT		\$0.00
D9953	RELIN SLEEP APNEA APPLIANCE		\$0.00
D9954	FAB/DEL ORAL APPLIANCE THXPY		\$0.00
D9955	ORAL APP THXPY TITRATION VIS		\$0.00
D9956	ADMIN HOME SLEEP APNEA TEST		\$0.00
D9957	SCREENING SLEEP DISORDERS		\$0.00
D9959	UNSPEC SLEEP AP PROC		\$0.00
D9960	COMPLETION OF CLAIM FORM		\$0.00
D9961	DUP/COPY PATIENT'S RECORDS		\$0.00
D9970	ENAMEL MICROABRASION		\$0.00
D9971	ODONTOPLASTY PER TOOTH		\$0.00
D9972	EXTRNL BLEACHING PER ARCH		\$0.00
D9973	EXTRNL BLEACHING PER TOOTH		\$0.00
D9974	INTRNL BLEACHING PER TOOTH		\$0.00
D9975	EXTERNAL BLEACHING HOME APP		\$0.00
D9985	SALES TAX		\$0.00
D9986	MISSED APPOINTMENT		\$0.00
D9987	CANCELLED APPOINTMENT		\$0.00
D9990	TRANS OR SIGN LANGUAGE SVCS		\$0.00
D9991	CASE MGMT, APPT BARRIERS		\$0.00
D9992	CASE MGMT, CARE COORDINATION		\$0.00
D9993	CASE MGMT, INTERVIEWING		\$0.00
D9994	CASE MGMT, PT EDUCATION		\$0.00

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PROC CODE	PRODEDURE CODE DESCRIPTION	RATE TYPE	MAXIMUM ALLOWED
D9995	TELEDENTISTRY REAL-TIME		\$0.00
D9996	TELEDENTISTRY DENT REVIEW		\$0.00
D9997	DENT CASE MGMT SPECIAL NEEDS		\$0.00
D9999	ADJUNCTIVE PROCEDURE		\$0.00