Proc	Procedure Description	FFS Rate	Eff Date
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	$29.74	10/01/2020
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	$39.36	10/01/2020
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMA	$34.24	10/01/2020
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	$46.28	10/01/2020
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED, BY REPORT	$52.17	10/01/2020
D0170	RE-EVALUATION-LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT POST-OPERATIVE VISIT)	$29.00	10/01/2020
D0171	RE-EVALUATION - POST-OPERATIVE OFFICE VISIT	BR	01/01/2015
D0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT	$47.49	10/01/2020
D0190	SCREENING OF A PATIENT	$30.02	10/01/2020
D0191	ASSESSMENT OF A PATIENT	$31.44	10/01/2020
D0210	INTRAORAL - COMPLETE SERIES OF RADIOGRAPHIC IMAGES	$72.29	10/01/2020
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	$14.88	10/01/2020
D0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	$12.23	10/01/2020
D0240	INTRAORAL - 0CCLUSAL RADIOGRAPHIC IMAGE	$15.40	10/01/2020
D0250	EXTRA-ORAL - 2D PROJECTION RADIOGRAPHIC IMAGE CREATED USING A STATIONARY RADIATI	$17.53	10/01/2020
D0251	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE	BR	01/01/2016
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	$12.38	10/01/2020
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	$23.90	10/01/2020
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	$29.44	10/01/2020
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	$34.28	10/01/2020
D0277	VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES	$43.48	10/01/2020
D0310	SIALOGRAPHY	$53.90	10/01/2020
D0320	TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCLUDING INJECTION	$118.89	10/01/2020
D0321	OTHER TEMPOROMANDIBULAR JOINT RADIOGRAPHIC IMAGES, BY REPORT	$56.84	10/01/2020
D0330	PANORAMIC RADIOGRAPHIC IMAGE	$61.90	10/01/2020
D0340	2D CEPHALOMETRIC RADIOGRAPHIC IMAGE - ACQUISITION, MEASUREMENT AND ANALYSIS	$54.78	10/01/2020
D0350	2D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY	$22.94	10/01/2020
D0367	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS; WITH OR	$419.70	10/01/2020
D0393	TREATMENT SIMULATION USING 3D IMAGE VOLUME	BR	01/01/2014
D0470	DIAGNOSTIC CASTS	$53.12	10/01/2020
D0502	OTHER ORAL PATHOLOGY PROCEDURES, BY REPORT	$25.90	10/01/2020
D0604	ANTIGEN TESTING FOR A PUBLIC HEALTH RELATED PATHOGEN, INCLUDING CORONAVIRUS	BR	01/01/2021
D0605	ANTIBODY TESTING FOR A PUBLIC HEALTH RELATED PATHOGEN, INCLUDING CORONAVIRUS	BR	01/01/2021
D0701	PANORAMIC RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY	$61.90	01/01/2021
D0702	2-D CEPHALOMETRIC RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY	$54.78	01/01/2021
D0703	2-D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY - IMAGE	$22.94	01/01/2021
D0705	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY	$72.29	01/01/2021
D0706	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY	$15.40	01/01/2021
D0707	INTRAORAL - PERIAPICAL RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY	$14.88	01/01/2021
D0708	INTRAORAL - BITEWING RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY	$12.38	01/01/2021
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT	BR	10/01/2007
D1110	PROPHYLAXIS-ADULT	$54.36	10/01/2020
D1120	PROPHYLAXIS-CHILD	$44.44	10/01/2020
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	$22.12	10/01/2020
D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	$20.93	10/01/2020
D1320	TOBACCO COUNSELING	$14.08	10/01/2015
D1321	COUNSELING FOR THE CONTROL AND PREVENTION OF ADVERSE ORAL, BEHAVIORAL, AND SYSTE	$14.08	01/01/2021
D1351	SEALANT-PER TOOTH	$29.70	10/01/2020
D1352	PREVENTIVE RESIN RESTORATION IN A MODERATE TO HIGH CARIES RISK PATIENT - PERMANE	$38.46	10/01/2020
D1353	SEALANT REPAIR - PER TOOTH	$29.03	10/01/2020
D1354	INTERIM CARIES ARRESTING MEDICAMENT APPLICATION - PER TOOTH	$22.12	10/01/2020
D1355	CARIES PREVENTIVE MEDICAMENT APPLICATION - PER TOOTH	$22.12	01/01/2021
D1510	SPACE MAINTAINER-FIXED UNILATERAL	$169.83	10/01/2020
D1516	SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY	$231.90	10/01/2020
D1517	SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR	$231.90	10/01/2020
D1520	SPACE MAINTAINER-REMOVABLE UNILATERAL	$154.06	10/01/2020
D1526	SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY	$220.19	10/01/2020
D1527	SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR	$220.19	10/01/2020
D1551	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER MAXILLA	$35.18	10/01/2020
D1552	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER-MANDIBUL	$35.18	10/01/2020
D1553	RE-CEMENT OR RE-BOND UNILATERAL SPACE MAINTAINER-PER QUADRANT	$35.18	10/01/2020
D1556	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER MAXILLA	$35.18	10/01/2020
D1557	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER-MANDIBUL	$35.18	10/01/2020
D1558	RE-CEMENT OR RE-BOND UNILATERAL SPACE MAINTAINER-PER QUADRANT	$35.18	10/01/2020
D1575	DISTAL SHOE SPACE MAINTAINER - FIXED UNILATERAL	$169.83	10/01/2020
D1999	UNSPECIFIED PREVENTIVE PROCEDURE, BY REPORT	BR	01/01/2014
D2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	$71.62	10/01/2020

Proc	Procedure Description	FFS Rate	Eff Date
D2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	$88.10	10/01/2020
D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	$102.10	10/01/2020
D2161	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	$122.06	10/01/2020
D2330	RESIN-ONE SURFACE, ANTERIOR	$84.08	10/01/2020
D2331	RESIN-TWO SURFACES, ANTERIOR	$105.33	10/01/2020
D2332	RESIN-THREE SURFACES, ANTERIOR	$126.80	10/01/2020
D2335	RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	$152.73	10/01/2020
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	$191.32	10/01/2020
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	$80.90	10/01/2020
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	$97.72	10/01/2020
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	$118.15	10/01/2020
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	$141.10	10/01/2020
D2740	CROWN - PORCELAIN/CERAMIC	$554.80	10/01/2020
D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	$544.00	10/01/2020
D2751	CROWN-PROCELAIN FUSED TO PREDOMINANTLY BASE METAL	$527.04	10/01/2020
D2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	$537.05	10/01/2020
D2753	CROWN-PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	$592.94	10/01/2020
D2790	CROWN-FULL CAST HIGH NOBLE METAL	$553.03	10/01/2020
D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	$588.30	10/01/2020
D2792	CROWN-FULL CAST NOBLE METAL	$588.30	10/01/2020
D2794	CROWN-TITANIUM	$391.99	10/01/2020
D2910	RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL COVERAGE RESTORATION	$47.56	10/01/2020
D2915	RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE	$47.56	10/01/2020
D2920	RE-CEMENT OR RE-BOND CROWN	$47.00	10/01/2020
D2921	REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP	BR	01/01/2014
D2928	PREFABRICATED PORCELAIN/CERAMIC CROWN - PERMANENT TOOTH	$152.45	01/01/2021
D2929	PREFABRICATED PORCELAIN/CERAMIC CROWN - PRIMARY TOOTH	$143.38	10/01/2020
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	$139.38	10/01/2020
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH	$152.45	10/01/2020
D2932	PREFABRICATED RESIN CROWN	$137.51	10/01/2020
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	$163.35	10/01/2020
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH	$163.35	10/01/2020
D2940	PROTECTIVE RESTORATION	$51.47	10/01/2020
D2941	INTERIM THERAPEUTIC RESTORATION - PRIMARY DENTITION	$43.36	10/01/2021
D2950	CORE BUILD-UP, INCLUDING ANY PINS WHEN REQUIRED	$131.38	10/01/2020
D2951	PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION	$41.38	10/01/2020
D2952	POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED	$195.11	10/01/2020
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	$142.78	10/01/2020
D2999	UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT	BR	10/01/2007
D3110	PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)	$29.46	10/01/2020
D3120	PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)	$28.71	10/01/2020
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL TO	$90.37	10/01/2020
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	$94.38	10/01/2020
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELO	$114.20	10/01/2020
D3230	PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RES	$113.35	10/01/2020
D3240	PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL	$117.82	10/01/2020
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	$372.58	10/01/2020
D3320	ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION)	$442.47	10/01/2020
D3330	ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION)	$546.14	10/01/2020
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS	$163.27	10/01/2020
D3332	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH	$207.71	10/01/2020
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	$122.04	10/01/2020
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR	$454.94	10/01/2020
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - PREMOLAR	$494.36	10/01/2020
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR	$587.18	10/01/2020
D3351	APEXIFICATION/RECALCIFICATION - INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR OF	$125.57	10/01/2020
D3352	APEXIFICATION/RECALCIFICATION - INTERIM MEDICATION REPLACEMENT (APICAL CLOSURE/C	$90.45	10/01/2020
D3353	APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL	$242.11	10/01/2020
D3410	APICOECTOMY - ANTERIOR	$348.81	10/01/2020
D3421	APICOECTOMY - PREMOLAR (FIRST ROOT)	$357.86	10/01/2020
D3425	APICOECTOMY - MOLAR (FIRST ROOT)	$411.87	10/01/2020
D3426	APICOECTOMY (EACH ADDITIONAL ROOT)	$175.83	10/01/2020
D3430	RETROGRADE FILLING-PER ROOT	$123.02	10/01/2020
D3450	ROOT AMPUTATION-PER ROOT	$202.65	10/01/2020
D3471	SURGICAL REPAIR OF ROOT RESORPTION - ANTERIOR	$348.81	01/01/2021
D3472	SURGICAL REPAIR OF ROOT RESORPTION - PREMOLAR	$357.86	01/01/2021
D3473	SURGICAL REPAIR OF ROOT RESORPTION - MOLAR	$411.87	01/01/2021
D3501	SURGICAL EXPOSURE OF ROOT SURFACE WITHOUT APICOECTOMY OR REPAIR OF ROOT RESORPTI	$348.81	01/01/2021

Proc	Procedure Description	FFS Rate	Eff Date
D3502	SURGICAL EXPOSURE OF ROOT SURFACE WITHOUT APICOECTOMY OR REPAIR OF ROOT RESORPTI	$357.86	01/01/2021
D3503	SURGICAL EXPOSURE OF ROOT SURFACE WITHOUT APICOECTOMY OR REPAIR OF ROOT RESORPTI	$411.87	01/01/2021
D3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROOT CANAL THERAPY	$202.65	10/01/2020
D3999	UNSPECIFIED ENDODONTIC PROCEDURE, BY REPORT	BR	10/01/2007
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED S	$272.58	10/01/2020
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED S	$119.77	10/01/2020
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH	$321.69	10/01/2020
D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH	$222.18	10/01/2020
D4249	CLINICAL CROWN LENGTHENING-HARD TISSUE	$388.06	10/01/2020
D4260	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP ENTRY AND CLOSURE)	$526.36	10/01/2020
D4261	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP ENTRY AND CLOSURE)	$377.21	10/01/2020
D4263	BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - FIRST SITE IN QUADRANT	$277.63	10/01/2020
D4264	BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - EACH ADDITIONAL SITE IN QUADRA	$238.45	10/01/2020
D4265	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION	$304.99	10/01/2020
D4266	GUIDED TISSUE REGENERATION - RESORBABLE BARRIER, PER SITE	$297.13	10/01/2020
D4267	GUIDED TISSUE REGENERATION - NONRESORBABLE BARRIER, PER SITE, (INCLUDES	$336.16	10/01/2020
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	$314.27	10/01/2020
D4273	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURG	$523.95	10/01/2020
D4274	MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION W	$329.79	10/01/2020
D4275	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SITE AND DONOR MATER	$440.89	10/01/2020
D4276	COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT, PER TOOTH	$537.60	10/01/2020
D4320	PROVISIONAL SPLINTING-INTRACORONAL	$181.97	10/01/2020
D4321	PROVISIONAL SPLINTING-EXTRACORONAL	$166.54	10/01/2020
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	$139.17	10/01/2020
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT	$89.63	10/01/2020
D4346	SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION - FU	$77.72	10/01/2020
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE A COMPREHENSIVE ORAL EVALUATION AND DIAGNOSIS O	$81.43	10/01/2020
D4910	PERIODONTAL MAINTENANCE	$71.77	10/01/2020
D4920	UNSCHEDULED DRESSING CHANGE (BY SOMEONE OTHER THAN TREATING DENTIST OR THEIR STA	$31.06	10/01/2020
D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	$0.74	10/01/2020
D5110	COMPLETE DENTURE - MAXILLARY	$792.33	10/01/2020
D5120	COMPLETE DENTURE - MANDIBULAR	$796.21	10/01/2020
D5130	IMMEDIATE DENTURE - MAXILLARY	$867.26	10/01/2020
D5140	IMMEDIATE DENTURE - MANDIBULAR	$865.93	10/01/2020
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING, RETENTIVE/CLASPING MATERIALS,	$667.72	10/01/2020
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING, RETENTIVE/CLASPING MATERIALS	$668.27	10/01/2020
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES	$846.84	10/01/2020
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES	$848.52	10/01/2020
D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL CLA	BR	01/01/2016
D5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL CL	BR	01/01/2016
D5223	IMMEDIATE MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BA	BR	01/01/2016
D5224	IMMEDIATE MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE B	BR	01/01/2016
D5282	REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE CAST METAL (INCLUDING CLASPS AN	$372.18	10/01/2020
D5283	REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE CAST METAL (INCLUDING CLASPS AN	$372.18	10/01/2020
D5284	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE FLEXIBLE	$743.08	10/01/2020
D5286	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE RESIN	$743.08	10/01/2020
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	$41.38	10/01/2020
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	$41.38	10/01/2020
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	$41.38	10/01/2020
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	$41.38	10/01/2020
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	$107.35	10/01/2020
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	$107.35	10/01/2020
D5520	REPLACE MISSING OR BROKEN TEETH-COMPLETE DENTURE (EACH TOOTH)	$87.14	10/01/2020
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	$89.99	10/01/2020
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	$89.99	10/01/2020
D5621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	$87.89	10/01/2020
D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	$87.89	10/01/2020
D5630	REPAIR OR REPLACE BROKEN RETENTIVE CLASPING MATERIALS - PER TOOTH	$89.95	10/01/2020
D5640	REPLACE BROKEN TEETH-PER TOOTH	$86.18	10/01/2020
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	$101.81	10/01/2020
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE - PER TOOTH	$127.50	10/01/2020
D5710	REBASE COMPLETE MAXILLARY DENTURE	$297.25	10/01/2020
D5711	REBASE COMPLETE MANDIBULAR DENTURE	$318.39	10/01/2020
D5720	REBASE MAXILLARY PARTIAL DENTURE	$318.39	10/01/2020
D5721	REBASE MANDIBULAR PARTIAL DENTURE	$318.39	10/01/2020
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	$171.30	10/01/2020
D5731	RELINE LOWER COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	$171.03	10/01/2020
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	$161.28	10/01/2020

Proc	Procedure Description	FFS Rate	Eff Date
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	$161.28	10/01/2020
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	$234.60	10/01/2020
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	$234.32	10/01/2020
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	$208.84	10/01/2020
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	$208.84	10/01/2020
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	$351.50	10/01/2020
D5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	$351.50	10/01/2020
D5850	TISSUE CONDITIONING, MAXILLARY	$87.89	10/01/2020
D5851	TISSUE CONDITIONING, MANDIBULAR	$87.89	10/01/2020
D5876	ADD METAL SUBSTRUCTURE TO ACRYLIC FULL DENTURE (PER ARCH)	BR	01/01/2019
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT	BR	10/01/2007
D5911	FACIAL MOULAGE (SECTIONAL)	BR	10/01/2007
D5912	FACIAL MOULAGE (COMPLETE)	BR	10/01/2007
D5913	NASAL PROSTHESIS	BR	10/01/2007
D5914	AURICULAR PROSTHESIS	BR	10/01/2007
D5915	ORBITAL PROSTHESIS	BR	10/01/2007
D5916	OCULAR PROSTHESIS	BR	10/01/2007
D5919	FACIAL PROSTHESIS	BR	10/01/2007
D5922	NASAL SEPTAL PROSTHESIS	BR	10/01/2007
D5923	OCULAR PROSTHESIS, INTERIM	BR	10/01/2007
D5924	CRANIAL PROSTHESIS	BR	10/01/2007
D5925	FACIAL AUGMENTATION IMPLANT PROSTHESIS	BR	10/01/2007
D5926	NASAL PROSTHESIS, REPLACEMENT	BR	10/01/2007
D5927	AURICULAR PROSTHESIS, REPLACEMENT	BR	10/01/2007
D5928	ORBITAL PROSTHESIS, REPLACEMENT	BR	10/01/2007
D5929	FACIAL PROSTHESIS, REPLACEMENT	BR	10/01/2007
D5931	OBTURATOR PROSTHESIS, SURGICAL	BR	10/01/2007
D5932	OBTURATOR PROSTHESIS, DEFINITIVE	BR	10/01/2007
D5933	OBTURATOR PROSTHESIS, MODIFICATION	BR	10/01/2007
D5934	MANDIBULAR RESECTION PROSTHESIS WITH GUIDE FLANGE	BR	10/01/2007
D5935	MANDIBULAR RESECTION PROSTHESIS WITHOUT GUIDE FLANGE	BR	10/01/2007
D5936	OBTURATOR/PROSTHESIS, INTERIM	BR	10/01/2007
D5937	TRISMUS APPLIANCE (NOT FOR TM TREATMENT)	BR	10/01/2007
D5951	FEEDING AID	BR	10/01/2007
D5952	SPEECH AID PROSTHESIS, PEDIATRIC	BR	10/01/2007
D5953	SPEECH AID PROSTHESIS, ADULT	BR	10/01/2007
D5954	PALATAL AUGMENTATION PROSTHESIS	BR	10/01/2007
D5955	PALATAL LIFT PROSTHESIS, DEFINITIVE	BR	10/01/2007
D5958	PALATAL LIFT PROSTHESIS, INTERIM	BR	10/01/2007
D5959	PALATAL LIFT PROSTHESIS, MODIFICATION	BR	10/01/2007
D5960	SPEECH AID PROSTHESIS, MODIFICATION	BR	10/01/2007
D5982	SURGICAL STENT	BR	10/01/2007
D5983	RADIATION CARRIER	BR	10/01/2007
D5984	RADIATION SHIELD	BR	10/01/2007
D5985	RADIATION CONE LOCATOR	BR	10/01/2007
D5986	FLUORIDE GEL CARRIER	BR	10/01/2007
D5987	COMMISSURE SPLINT	BR	10/01/2007
D5988	SURGICAL SPLINT	BR	10/01/2007
D5991	VESICULOBULLOUS DISEASE MEDICAMENT CARRIER	$171.50	10/01/2020
D5992	ADJUST MAXILLOFACIAL PROSTHETIC APPLIANCE	$41.38	10/01/2020
D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT	BR	10/01/2007
D6081	SCALING AND DEBRIDEMENT IN THE PRESENCE OF INFLAMMATION OR MUCOSITIS OF A SINGLE	$77.72	10/01/2020
D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE, BY REPORT	BR	10/01/2007
D7111	EXTRACTION, CORONAL REMNANTS - PRIMARY TOOTH	$60.19	10/01/2020
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	$87.59	10/01/2020
D7210	EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH,	$133.09	10/01/2020
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	$157.55	10/01/2020
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	$199.33	10/01/2020
D7240	REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY	$233.39	10/01/2020
D7241	REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	$299.88	10/01/2020
D7250	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	$136.44	10/01/2020
D7251	CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL	$156.02	10/01/2020
D7260	ORAL ANTRAL FISTULA CLOSURE	$310.20	10/01/2020
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	$310.20	10/01/2020
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED	$314.12	10/01/2020
D7280	EXPOSURE OF AN UNERUPTED TOOTH	$223.34	10/01/2020
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	$140.84	10/01/2020
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	$54.78	10/01/2020

Proc	Procedure Description	FFS Rate	Eff Date
D7285	INCISIONAL BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)	$158.19	10/01/2020
D7286	INCISIONAL BIOPSY OF ORAL TISSUE - SOFT	$155.79	10/01/2020
D7292	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE [SCREW RETAINED PLATE] REQUIRING FLAP; I	BR	10/01/2007
D7293	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE REQUIRING FLAP; INCLUDES DEVICE REMOVAL	BR	10/01/2007
D7294	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP; INCLUDES DEVICE REMOVAL	BR	10/01/2007
D7296	CORTICOTOMY - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	BR	01/01/2018
D7297	CORTICOTOMY - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	BR	01/01/2018
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPAC	$150.53	10/01/2020
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH	$99.29	10/01/2020
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH	$205.29	10/01/2020
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH	$137.51	10/01/2020
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	$220.70	10/01/2020
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	$242.93	10/01/2020
D7412	EXCISION OF BENIGN LESION, COMPLICATED	$284.30	10/01/2020
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM	$217.15	10/01/2020
D7414	EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM	$320.55	10/01/2020
D7415	EXCISION OF MALIGNANT LESION, COMPLICATED	$336.03	10/01/2020
D7440	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER UP TO 1.25 CM	$230.83	10/01/2020
D7441	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER GREATER THAN 1.25 CM	$315.35	10/01/2020
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP T0 1.25 CM	$185.44	10/01/2020
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN 1.25 CM	$201.57	10/01/2020
D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 CM	$114.77	10/01/2020
D7461	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN	$151.90	10/01/2020
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHODS, BY REPORT	$73.51	10/01/2020
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	$245.00	10/01/2020
D7472	REMOVAL OF TORUS PALATINUS	$343.00	10/01/2020
D7473	REMOVAL OF TORUS MANDIBULARIS	$538.99	10/01/2020
D7485	REDUCTION OF OSSEOUS TUBEROSITY	$279.29	10/01/2020
D7490	RADICAL RESECTION OF MAXILLA OR MANDIBLE	$3,380.94	10/01/2020
D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE	$77.00	10/01/2020
D7511	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE - COMPLICATED	$245.00	10/01/2020
D7520	INCISION AND DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE	$132.30	10/01/2020
D7521	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE - COMPLICATED	$269.50	10/01/2020
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE	$91.13	10/01/2020
D7540	REMOVAL OF REACTION-PRODUCING FOREIGN BODIES-MUSCULOSKELETAL SYSTEM	$112.70	10/01/2020
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE	$186.21	10/01/2020
D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY	$357.69	10/01/2020
D7610	MAXILLA-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	$1,714.97	10/01/2020
D7620	MAXILLA-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	$1,224.98	10/01/2020
D7630	MANDIBLE-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	$2,089.31	10/01/2020
D7640	MANDIBLE-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	$1,077.97	10/01/2020
D7650	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	$1,224.98	10/01/2020
D7660	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION	$832.98	10/01/2020
D7670	ALVEOLUS - CLOSED REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	$336.13	10/01/2020
D7671	ALVEOLUS - OPEN REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	$1,690.46	10/01/2020
D7680	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL	$2,792.94	10/01/2020
D7710	MAXILLA-OPEN REDUCTION	$1,910.97	10/01/2020
D7720	MAXILLA-CLOSED REDUCTION	$1,171.08	10/01/2020
D7730	MANDIBLE-OPEN REDUCTION	$2,008.96	10/01/2020
D7740	MANDIBLE-CLOSED REDUCTION	$1,264.18	10/01/2020
D7750	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	$1,837.46	10/01/2020
D7760	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION	$1,269.07	10/01/2020
D7770	ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH	$1,224.98	10/01/2020
D7771	ALVEOLUS, CLOSED REDUCTION STABILIZATION OF TEETH	$710.48	10/01/2020
D7780	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE APPROACHES	$3,518.13	10/01/2020
D7810	OPEN REDUCTION OF DISLOCATION	$1,754.17	10/01/2020
D7820	CLOSED REDUCTION OF DISLOCATION	$151.90	10/01/2020
D7830	MANIPULATION UNDER ANESTHESIA	$230.30	10/01/2020
D7840	CONDYLECTOMY	$2,229.46	10/01/2020
D7850	SURGICAL DISCECTOMY; WITH/WITHOUT IMPLANT	$2,033.47	10/01/2020
D7852	DISC REPAIR	BR	10/01/2007
D7854	SYNOVECTOMY	$2,538.16	10/01/2020
D7856	MYOTOMY	$1,330.82	10/01/2020
D7858	JOINT RECONSTRUCTION	$2,662.61	10/01/2020
D7860	ARTHROTOMY	$524.29	10/01/2020
D7865	ARTHROPLASTY	$2,662.61	10/01/2020
D7870	ARTHROCENTESIS	$161.69	10/01/2020
D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE	$293.99	10/01/2020

Proc	Procedure Description	FFS Rate	Eff Date
D7872	ARTHROSCOPY-DIAGNOSIS, WITH OR WITHOUT BIOPSY	$455.69	10/01/2020
D7873	ARTHROSCOPY: LAVAGE AND LYSIS OF ADHESIONS	$1,190.67	10/01/2020
D7874	ARTHROSCOPY: DISC REPOSITIONING AND STABILIZATION	$1,190.67	10/01/2020
D7875	ARTHROSCOPY: SYNOVECTOMY	$1,609.13	10/01/2020
D7876	ARTHROSCOPY: DISCECTOMY	$1,609.13	10/01/2020
D7877	ARTHROSCOPY: DEBRIDEMENT	$2,662.61	10/01/2020
D7880	OCCLUSAL ORTHOTIC APPLIANCE	$375.94	10/01/2020
D7899	UNSPECIFIED TMD THERAPY, BY REPORT	$244.01	10/01/2020
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	$94.69	10/01/2020
D7911	COMPLICATED SUTURE-UP TO 5 CM	$115.65	10/01/2020
D7912	COMPLICATED SUTURE-GREATER THAN 5 CM	$269.50	10/01/2020
D7920	SKIN GRAFT (IDENTIFY DEFECT COVERED, LOCATION, AND TYPE OF GRAFT)	BR	10/01/2007
D7940	OSTEOPLASTY-FOR ORTHOGNATHIC DEFORMITIES	$1,224.98	10/01/2020
D7941	OSTEOTOMY - MANDIBULAR RAMI	$3,380.94	10/01/2020
D7943	OSTEOTOMY - MANDIBULAR RAMI WITH BONE GRAFT; INCLUDES OBTAINING THE GRAFT	$3,380.94	10/01/2020
D7944	OSTEOTOMY-SEGMENTED OR SUBAPICAL	$2,837.04	10/01/2020
D7945	OSTEOTOMY-BODY OF MANDIBLE	$3,062.43	10/01/2020
D7946	LEFORT I (MAXILLA-TOTAL)	$3,420.13	10/01/2020
D7947	LEFORT I (MAXILLA-SEGMENTED)	$3,131.04	10/01/2020
D7948	LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR	$3,918.95	10/01/2020
D7949	LEFORT II OR LEFORT III-WITH BONE GRAFT	$4,066.92	10/01/2020
D7950	OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF THE MANDIBLE OR MAXILLA - AUTOGE	$2,548.89	10/01/2020
D7951	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES VIA A LATERAL OPEN APPROACH	BR	10/01/2007
D7953	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SITE	$231.01	10/01/2020
D7955	REPAIR OF MAXILLOFACIAL SOFT AND/OR HARD TISSUE DEFECT	$886.88	10/01/2020
D7961	BUCCAL / LABIAL FRENECTOMY (FRENULECTOMY)	$173.90	01/01/2021
D7962	LINGUAL FRENECTOMY (FRENULECTOMY)	$173.90	01/01/2021
D7963	FRENULOPLASTY	$143.08	10/01/2020
D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	$174.92	10/01/2020
D7971	EXCISION OF PERICORONAL GINGIVA	$72.52	10/01/2020
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	$122.50	10/01/2020
D7979	NON-SURGICAL SIALOLITHOTOMY	BR	01/01/2018
D7980	SURGICAL SIALOLITHOTOMY	$191.10	10/01/2020
D7981	EXCISION OF SALIVARY GLAND, BY REPORT	$739.89	10/01/2020
D7982	SIALODOCHOPLASTY	$538.99	10/01/2020
D7983	CLOSURE OF SALIVARY FISTULA	$200.89	10/01/2020
D7990	EMERGENCY TRACHEOTOMY	$357.69	10/01/2020
D7991	CORONOIDECTOMY	$1,249.48	10/01/2020
D7995	SYNTHETIC GRAFT-MANDIBLE OR FACIAL BONES, BY REPORT	BR	10/01/2007
D7996	IMPLANT-MANDIBLE FOR AUGMENTATION PURPOSES (EXCLUDING ALVEOLAR RIDGE), BY REPORT	BR	10/01/2007
D7997	APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE), INCLUDES REMOVAL OF	BR	10/01/2007
D7998	INTRAORAL PLACEMENT OF A FIXATION DEVICE NOT IN CONJUNCTION WITH A FRACTURE	BR	10/01/2007
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	BR	10/01/2007
D8010	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	$289.51	10/01/2020
D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	$692.48	10/01/2020
D8030	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	$815.75	10/01/2020
D8040	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION	$913.59	10/01/2020
D8050	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	$1,273.32	10/01/2020
D8060	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	$1,258.29	10/01/2020
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	$2,655.95	10/01/2020
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	$2,864.43	10/01/2020
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	$2,966.44	10/01/2020
D8210	REMOVABLE APPLIANCE THERAPY	$315.35	10/01/2020
D8220	FIXED APPLIANCE THERAPY	$346.34	10/01/2020
D8660	PRE-ORTHODONTIC TREATMENT EXAMINATION TO MONITOR GROWTH AND DEVELOPMENT	$46.58	10/01/2020
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT	$134.33	10/01/2020
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF	$206.78	10/01/2020
D8690	ORTHODONTIC TREATMENT (ALTERNATIVE BILLING TO A CONTRACT FEE)	$108.18	10/01/2020
D8695	REMOVAL OF FIXED ORTHODONTIC APPLIANCES FOR REASONS OTHER THAN COMPLETION OF TRE	BR	01/01/2018
D8696	REPAIR OF ORTHODONTIC APPLIANCE-MAXILLARY	$41.19	10/01/2020
D8697	REPAIR OF ORTHODONTIC APPLIANCE-MANDIBULAR	$41.19	10/01/2020
D8698	RE-CEMENT OR RE-BOND FIXED RETAINER-MAXILLARY	$47.56	10/01/2020
D8699	RE-CEMENT OR RE-BOND FIXED RETAINER-MANDIBULAR	$47.56	10/01/2020
D8701	REPAIR OF FIXED RETAINER, INCLUDES REATTACHMENT-MAXILLARY	$35.18	10/01/2020
D8702	REPAIR OF FIXED RETAINER, INCLUDES REATTACHMENT-MANDIBULAR	$35.18	10/01/2020
D8703	REPLACEMENT OF LOST OR BROKEN RETAINER-MAXILLARY	$136.94	10/01/2020
D8704	REPLACEMENT OF LOST OR BROKEN RETAINER-MANDIBULAR	$136.94	10/01/2020
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	BR	10/01/2007

Proc	Procedure Description	FFS Rate	Eff Date
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MINOR PROCEDURES	$61.62	10/01/2020
D9120	FIXED PARTIAL DENTURE SECTIONING	$70.95	10/01/2020
D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	$10.37	10/01/2020
D9222	DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTES	$71.54	10/01/2020
D9223	DEEP SEDATION/GENERAL ANESTHESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	$71.54	10/01/2020
D9230	INHALATION OF NITROUS OXIDE/ANXIOLYSIS, ANALGESIA	$28.29	10/01/2020
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - FIRST 15 MINUTES	$88.83	10/01/2020
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH SUBSEQUENT 15 MINUTE	$88.83	10/01/2020
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	$80.22	10/01/2020
D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN RE	$43.86	10/01/2020
D9410	HOUSE/EXTENDED CARE FACILITY CALL	$70.55	10/01/2020
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	$276.38	10/01/2020
D9430	OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED HOURS) NO OTHER	$30.37	10/01/2020
D9440	OFFICE VISIT-AFTER REGULARLY SCHEDULED HOURS	$70.91	10/01/2020
D9610	THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION	$23.02	10/01/2020
D9612	THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, DIFFERENT MEDICATIONS	$31.06	10/01/2020
D9930	TREATMENT OF COMPLICATIONS (POSTSURGICAL) - UNUSUAL CIRCUMSTANCES, BY REPORT	$45.15	10/01/2020
D9932	CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE	BR	01/01/2019
D9933	CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE	BR	01/01/2019
D9934	CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, M	BR	01/01/2019
D9935	CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, M	BR	01/01/2019
D9944	OCCLUSAL GUARD - HARD APPLIANCE, FULL ARCH	$219.11	10/01/2020
D9945	OCCLUSAL GUARD - SOFT APPLIANCE, FULL ARCH	$219.11	10/01/2020
D9946	OCCLUSAL GUARD - HARD APPLIANCE, PARTIAL ARCH	$219.11	10/01/2020
D9951	OCCLUSAL ADJUSTMENT-LIMITED	$60.41	10/01/2020
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT	BR	10/01/2007

Note: D9995 and D9996 are codes that were added for COVID-19 and are not subject to reimbursement.