Proc	Procedure Description	01/01/2020 FFS Rate	Eff Date
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	\$26.02	10/01/2016
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	\$34.44	10/01/2016
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMA	\$29.96	10/01/2016
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$40.49	10/01/2016
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED, BY REPORT	\$45.64	10/01/2016
D0170	RE-EVALUATION-LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT POST-OPERATIVE VISIT)	\$25.37	03/20/2020
D0171	RE-EVALUATION - POST-OPERATIVE OFFICE VISIT	BR	01/01/2015
D0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$41.55	10/01/2016
D0190 D0191	SCREENING OF A PATIENT ASSESSMENT OF A PATIENT	\$26.26 \$27.51	10/01/2016
	INTRAORAL - COMPLETE SERIES OF RADIOGRAPHIC IMAGES	\$63.25	10/01/2016
D0210 D0220	INTRAORAL - COMPLETE SERIES OF RADIOGRAPHIC IMAGES	\$13.02	10/01/2016
D0220 D0230	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	\$13.02	10/01/2016
D0230 D0240	INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	\$10.70	10/01/2016
D0240 D0250	EXTRA-ORAL - 2D PROJECTION RADIOGRAPHIC IMAGE CREATED USING A STATIONARY RADIATI	\$15.34	10/01/2010
D0250 D0251	EXTRA-ORAL - 2D PROJECTION RADIOGRAPHIC IMAGE CREATED USING A STATIONART RADIATI	515.34 BR	01/01/2011
D0231 D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	\$10.83	10/01/2016
D0270	BITEWING - SINGLE KADIOGRAPHIC IMAGE	\$20.91	10/01/2016
D0272 D0273	BITEWINGS - TWO RADIOGRAPHIC IMAGES	\$20.91	10/01/2016
D0273	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	\$29.99	10/01/2016
D0274	VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES	\$38.04	10/01/2016
D0217	SIALOGRAPHY	\$47.16	10/01/2010
D0310	TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCLUDING INJECTION	\$104.02	10/01/2011
D0320	OTHER TEMPOROMANDIBULAR JOINT RADIOGRAPHIC IMAGES, BY REPORT	\$49.73	10/01/2011
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$54.16	10/01/2016
D0340	2D CEPHALOMETRIC RADIOGRAPHIC IMAGE - ACQUISITION, MEASUREMENT AND ANALYSIS	\$47.93	10/01/2011
D0350	2D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY	\$20.07	10/01/2016
D0367	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS; WITH OR	BR	01/01/2013
D0393	TREATMENT SIMULATION USING 3D IMAGE VOLUME	BR	01/01/2014
D0470	DIAGNOSTIC CASTS	\$46.47	10/01/2016
D0502	OTHER ORAL PATHOLOGY PROCEDURES, BY REPORT	\$22.66	10/01/2011
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT	BR	10/01/2007
D1110	PROPHYLAXIS-ADULT	\$47.56	10/01/2016
D1120	PROPHYLAXIS-CHILD	\$38.88	10/01/2016
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	\$19.35	10/01/2016
D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	\$18.31	10/01/2016
D1351	SEALANT-PER TOOTH	\$25.98	10/01/2016
D1352	PREVENTIVE RESIN RESTORATION IN A MODERATE TO HIGH CARIES RISK PATIENT - PERMANE	\$33.65	10/01/2016
D1353	SEALANT REPAIR - PER TOOTH	BR	01/01/2015
D1354	INTERIM CARIES ARRESTING MEDICAMENT APPLICATION - PER TOOTH	\$19.35	11/01/2017
D1510	SPACE MAINTAINER-FIXED UNILATERAL	\$148.58	10/01/2016
D1516	SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY	\$202.89	01/01/2019
D1517	SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR	\$202.89	01/01/2019
D1520	SPACE MAINTAINER-REMOVABLE UNILATERAL	\$134.79	10/01/2011
D1526	SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY	\$192.64	01/01/2019
D1527	SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR	\$192.64	01/01/2019
D1551	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER MAXILLA	\$30.78	01/01/2020
D1552	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER-MANDIBUL	\$30.78	01/01/2020
D1553	RE-CEMENT OR RE-BOND UNILATERAL SPACE MAINTAINER-PER QUADRANT	\$30.78	01/01/2020
D1556	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER MAXILLA	\$30.78	01/01/2020
D1557	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER-MANDIBUL	\$30.78	01/01/2020
D1558	RE-CEMENT OR RE-BOND UNILATERAL SPACE MAINTAINER-PER QUADRANT	\$30.78	01/01/2020
D1575	DISTAL SHOE SPACE MAINTAINER - FIXED UNILATERAL	\$148.58	01/01/2017
D1999	UNSPECIFIED PREVENTIVE PROCEDURE, BY REPORT	BR	01/01/2014
D2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	\$62.66	10/01/2016
D2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	\$77.08	10/01/2016
D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	\$89.33	10/01/2016
D2161	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	\$106.79	10/01/2016
D2330	RESIN-ONE SURFACE, ANTERIOR	\$73.56	10/01/2016
D2331	RESIN-TWO SURFACES, ANTERIOR	\$92.15	10/01/2016
D2332	RESIN-THREE SURFACES, ANTERIOR	\$110.94	10/01/2016
D2335	RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	\$133.62	10/01/2016
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	\$167.38	10/01/2016
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	\$70.78	10/01/2016
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	\$85.49	10/01/2016

Proc	Procedure Description	01/01/2020 FFS Rate	Eff Date
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	\$103.37	10/01/2016
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	\$123.45	10/01/2016
D2740	CROWN - PORCELAIN/CERAMIC	\$485.39	10/01/2016
D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	\$475.94	10/01/2016
D2751	CROWN-PROCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$461.10	10/01/2016
D2752 D2753	CROWN-PORCELAIN FUSED TO NOBLE METAL	\$469.86	10/01/2016
D2755 D2790	CROWN-PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS CROWN-FULL CAST HIGH NOBLE METAL	\$518.76 \$483.84	01/01/2020 10/01/2016
D2790	CROWNFULL CAST FIREDOMINANTLY BASE METAL	\$514.70	10/01/2010
D2792	CROWN-FULL CAST NOBLE METAL	\$514.70	10/01/2011
D2794	CROWN-TITANIUM	\$342.95	10/01/2011
D2910	RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL COVERAGE RESTORATION	\$41.61	10/01/2011
D2915	RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE	\$41.61	10/01/2011
D2920	RE-CEMENT OR RE-BOND CROWN	\$41.12	10/01/2016
D2921	REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP	BR	01/01/2014
D2929	PREFABRICATED PORCELAIN/CERAMIC CROWN - PRIMARY TOOTH	\$125.44	10/01/2016
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	\$121.94	10/01/2016
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH	\$133.38	10/01/2016
D2932	PREFABRICATED RESIN CROWN	\$120.31	10/01/2011
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	\$142.91	10/01/2011
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH	\$142.91	10/01/2011
D2940		\$45.03	10/01/2016
D2941 D2950	INTERIM THERAPEUTIC RESTORATION - PRIMARY DENTITION CORE BUILD-UP, INCLUDING ANY PINS WHEN REQUIRED	BR \$114.94	01/01/2014 10/01/2016
D2950 D2951	PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION	\$114.94	10/01/2016
D2951 D2952	POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED	\$30.20	10/01/2016
D2952	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$170.70	10/01/2016
D2999	UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT	#121.82 BR	10/01/2007
D3110	PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)	\$25.77	10/01/2016
D3120	PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)	\$25.12	10/01/2016
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL TO	\$79.06	10/01/2016
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	\$82.57	10/01/2016
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELO	\$99.91	10/01/2016
D3230	PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RES	\$99.17	10/01/2016
D3240	PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL	\$103.08	10/01/2016
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	\$325.97	10/01/2016
D3320	ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION)	\$387.11	10/01/2016
D3330	ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION)	\$477.81	10/01/2016
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS	\$142.84	10/01/2016
D3332 D3333	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	\$181.72 \$106.77	10/01/2016 10/01/2011
D3335 D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR	\$106.77	10/01/2011
D3340	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - PREMOLAR	\$432.51	10/01/2016
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR	\$513.72	10/01/2016
D3351	APEXIFICATION/RECALCIFICATION - INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR OF	\$109.86	10/01/2016
D3352	APEXIFICATION/RECALCIFICATION - INTERIM MEDICATION REPLACEMENT (APICAL CLOSURE/C	\$79.13	10/01/2016
D3353	APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL	\$211.82	10/01/2016
D3410	APICOECTOMY - ANTERIOR	\$305.17	10/01/2016
D3421	APICOECTOMY - PREMOLAR (FIRST ROOT)	\$313.09	10/01/2016
D3425	APICOECTOMY - MOLAR (FIRST ROOT)	\$360.34	10/01/2016
D3426	APICOECTOMY (EACH ADDITIONAL ROOT)	\$153.83	10/01/2011
D3430	RETROGRADE FILLING-PER ROOT	\$107.63	10/01/2011
D3450		\$177.30	10/01/2011
D3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROOT CANAL THERAPY	\$177.30	10/01/2011
D3999 D4210	UNSPECIFIED ENDODONTIC PROCEDURE, BY REPORT GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED S	BR \$238.48	10/01/2007 10/01/2016
D4210 D4211	GINGIVECTOMY OR GINGIVOPLASTY - POUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED S	\$238.48	10/01/2016
D4211 D4240	GINGIVECTOM FOR GINGIVOPLAST FOR TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED S	\$104.79	10/01/2016
D4240 D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - POOR OK MOKE CONTIGUOUS TEETH	\$201.44	10/01/2016
D4249	CLINICAL CROWN LENGTHENING-HARD TISSUE	\$339.51	10/01/2016
D4240	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP ENTRY AND CLOSURE)	\$460.51	10/01/2016
D4261	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP ENTRY AND CLOSURE)	\$330.02	10/01/2016
D4263	BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - FIRST SITE IN QUADRANT	\$242.90	10/01/2016
D4264	BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - EACH ADDITIONAL SITE IN QUADRA	\$208.62	10/01/2016
D4265	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION	\$266.83	10/01/2011

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Proc	Procedure Description	01/01/2020 FFS Rate	Eff Date
D4266	GUIDED TISSUE REGENERATION - RESORBABLE BARRIER, PER SITE	\$259.96	10/01/2016
D4267	GUIDED TISSUE REGENERATION - NONRESORBABLE BARRIER, PER SITE, (INCLUDES	\$294.10	10/01/2016
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$274.95	10/01/2011
D4273 D4274	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURG MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION W	\$458.40 \$288.53	10/01/2016
D4274 D4275	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SITE AND DONOR MATER	\$385.73	10/01/2011
D4276	COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT, PER TOOTH	\$470.34	10/01/2011
D4320	PROVISIONAL SPLINTING-INTRACORONAL	\$159.20	10/01/2011
D4321	PROVISIONAL SPLINTING-EXTRACORONAL	\$145.70	10/01/2016
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	\$121.76	10/01/2016
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT	\$78.42	10/01/2016
D4346	SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION - FU	\$68.00	01/01/2017
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE A COMPREHENSIVE ORAL EVALUATION AND DIAGNOSIS O	\$71.24	10/01/2016
D4910 D4920	PERIODONTAL MAINTENANCE UNSCHEDULED DRESSING CHANGE (BY SOMEONE OTHER THAN TREATING DENTIST OR THEIR STA	\$62.79 \$27.17	10/01/2016
D4920 D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	\$0.65	10/01/2011
D5110	COMPLETE DENTURE - MAXILLARY	\$693.20	10/01/2007
D5120	COMPLETE DENTURE - MANDIBULAR	\$696.60	10/01/2016
D5130	IMMEDIATE DENTURE - MAXILLARY	\$758.76	10/01/2016
D5140	IMMEDIATE DENTURE - MANDIBULAR	\$757.59	10/01/2016
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING, RETENTIVE/CLASPING MATERIALS,	\$584.18	10/01/2016
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING, RETENTIVE/CLASPING MATERIALS	\$584.66	10/01/2016
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES	\$740.89	10/01/2016
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES	\$742.36	10/01/2016
D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL CLA	BR	01/01/2016
D5222 D5223	IMMEDIATE MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL CL IMMEDIATE MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BA	BR BR	01/01/2016
D5223 D5224	IMMEDIATE MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESINDENTURE BA	BR	01/01/2016
D5282	REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE CAST METAL MAINEWORK WITH RESIDENTIONE B	\$325.62	01/01/2010
D5283	REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE CAST METAL (INCLUDING CLASPS AN	\$325.62	01/01/2019
D5284	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE FLEXIBLE	\$650.11	01/01/2020
D5286	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE RESIN	\$650.11	01/01/2020
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$36.20	10/01/2011
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	\$36.20	10/01/2011
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$36.20	10/01/2011
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$36.20	10/01/2011
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	\$93.92	01/01/2018
D5512 D5520	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY REPLACE MISSING OR BROKEN TEETH-COMPLETE DENTURE (EACH TOOTH)	\$93.92 \$76.24	01/01/2018
D5520 D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	\$78.73	10/01/2016 01/01/2018
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	\$78.73	01/01/2018
D5621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	\$76.89	01/01/2018
D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	\$76.89	01/01/2018
D5630	REPAIR OR REPLACE BROKEN RETENTIVE CLASPING MATERIALS - PER TOOTH	\$78.70	10/01/2011
D5640	REPLACE BROKEN TEETH-PER TOOTH	\$75.40	10/01/2016
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$89.07	10/01/2016
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE - PER TOOTH	\$111.55	10/01/2016
D5710	REBASE COMPLETE MAXILLARY DENTURE	\$260.06	10/01/2016
D5711	REBASE COMPLETE MANDIBULAR DENTURE	\$278.56	10/01/2011
D5720 D5721	REBASE MAXILLARY PARTIAL DENTURE REBASE MANDIBULAR PARTIAL DENTURE	\$278.56 \$278.56	10/01/2011 10/01/2011
D5721	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	\$149.87	10/01/2011
D5731	RELINE LOWER COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	\$149.63	10/01/2016
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	\$141.10	10/01/2011
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	\$141.10	10/01/2011
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	\$205.25	10/01/2016
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	\$205.00	10/01/2016
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	\$182.71	10/01/2011
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	\$182.71	10/01/2011
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	\$307.52	10/01/2011
D5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	\$307.52	10/01/2011
D5850	TISSUE CONDITIONING, MAXILLARY	\$76.89	10/01/2011
D5851 D5876	TISSUE CONDITIONING, MANDIBULAR ADD METAL SUBSTRUCTURE TO ACRYLIC FULL DENTURE (PER ARCH)	\$76.89 BR	10/01/2011 01/01/2019
		BR	01/01/2019

Proc	Procedure Description	01/01/2020 FFS Rate	Eff Date
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 D5922	FACIAL PROSTHESIS NASAL SEPTAL PROSTHESIS	BR	10/01/2007
D5922 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		BR	10/01/2007
D5952	SPEECH AID PROSTHESIS, PEDIATRIC	BR	10/01/2007
D5953 D5954	SPEECH AID PROSTHESIS, ADULT PALATAL AUGMENTATION PROSTHESIS	BR	10/01/2007
D5954 D5955	PALATAL AUGMENTATION PROSTHESIS 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	\$150.04	10/01/2011
D5992		\$36.20	10/01/2011
D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT	BR	10/01/2007
D6081	SCALING AND DEBRIDEMENT IN THE PRESENCE OF INFLAMMATION OR MUCOSITIS OF A SINGLE	\$68.00 BR	01/01/2017
D6999 D7111	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE, BY REPORT EXTRACTION, CORONAL REMNANTS - PRIMARY TOOTH	\$52.66	10/01/2007 10/01/2016
D7140	EXTRACTION, EQUIVAL REMINANTS - REMOVAL FOOT	\$76.63	10/01/2016
D7210	EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH,	\$116.44	10/01/2016
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	\$137.84	10/01/2016
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	\$174.39	10/01/2016
D7240	REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY	\$204.19	10/01/2016
D7241	REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	\$262.36	10/01/2011
D7250	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	\$119.37	10/01/2016
D7251	CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL	\$136.50	10/01/2016
D7260	ORAL ANTRAL FISTULA CLOSURE	\$271.39	10/01/2011
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	\$271.39	10/01/2011
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED	\$274.82	10/01/2016
D7280	EXPOSURE OF AN UNERUPTED TOOTH	\$195.40	10/01/2011
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	\$123.22	10/01/2016
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH INCISIONAL BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)	\$47.93 \$138.40	10/01/2011
D7285 D7286	INCISIONAL BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)	\$138.40 \$136.30	10/01/2011 10/01/2016
D7286 D7292	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE [SCREW RETAINED PLATE] REQUIRING FLAP; I	\$136.30 BR	10/01/2016
D7292 D7293	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE [SCREW RETAINED FLATE] REQUIRING FLAF, T	BR	10/01/2007
D7293 D7294	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE REQUINING 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	\$131.70	10/01/2016

Proc	Procedure Description	01/01/2020 FFS Rate	Eff Date
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH	\$86.87	10/01/2011
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH	\$179.61	10/01/2016
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH	\$120.31	10/01/2011
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	\$193.09	10/01/2019
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	\$212.54	10/01/2011
D7412	EXCISION OF BENIGN LESION, COMPLICATED	\$248.73	10/01/2011
D7413 D7414	EXCISION OF MALIGNANT LESION UP TO 1.25 CM EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM	\$189.98 \$280.45	10/01/2011
D7414 D7415	EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM	\$280.45	10/01/2011
D7440	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER UP TO 1.25 CM	\$201.95	10/01/2016
D7441	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER GREATER THAN 1.25 CM	\$275.90	10/01/2011
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 CM	\$162.24	10/01/2016
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN 1.25 CM	\$176.35	10/01/2011
D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 CM	\$100.41	10/01/2011
D7461	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN	\$132.90	10/01/2011
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHODS, BY REPORT	\$64.31	10/01/2011
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	\$214.35	10/01/2011
D7472	REMOVAL OF TORUS PALATINUS	\$300.09	10/01/2011
D7473	REMOVAL OF TORUS MANDIBULARIS	\$471.56	10/01/2011
D7485	REDUCTION OF OSSEOUS TUBEROSITY	\$244.35	10/01/2011
D7490	RADICAL RESECTION OF MAXILLA OR MANDIBLE	\$2,957.95	10/01/2011
D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE	\$67.37	10/01/2016
D7511	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE - COMPLICATED	\$214.35	10/01/2011
D7520	INCISION AND DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE	\$115.75	10/01/2011
D7521	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE - COMPLICATED	\$235.78	10/01/2011
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE	\$79.73	10/01/2011
D7540 D7550	REMOVAL OF REACTION-PRODUCING FOREIGN BODIES-MUSCULOSKELETAL SYSTEM PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE	\$98.60 \$162.91	10/01/2011 10/01/2011
D7550 D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY	\$162.91	10/01/2011
D7500	MAXILLART SINUSOTOMITEOR REMOVAL OF TOOTH FRAGMENT OR POREIGN BODT	\$312.94	10/01/2011
D7620	MAXILLA-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	\$1,071.72	10/01/2011
D7630	MANDIBLE-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	\$1,827.92	10/01/2011
D7640	MANDIBLE-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	\$943.11	10/01/2011
D7650	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	\$1,071.72	10/01/2011
D7660	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION	\$728.77	10/01/2011
D7670	ALVEOLUS - CLOSED REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	\$294.08	10/01/2011
D7671	ALVEOLUS - OPEN REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	\$1,478.97	10/01/2011
D7680	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL	\$2,443.52	10/01/2011
D7710	MAXILLA-OPEN REDUCTION	\$1,671.89	10/01/2011
D7720	MAXILLA-CLOSED REDUCTION	\$1,024.57	10/01/2011
D7730	MANDIBLE-OPEN REDUCTION	\$1,757.62	10/01/2011
D7740	MANDIBLE-CLOSED REDUCTION	\$1,106.02	10/01/2011
D7750	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	\$1,607.58	10/01/2011
D7760	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION	\$1,110.30	10/01/2011
D7770	ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH	\$1,071.72	10/01/2011
D7771 D7780	ALVEOLUS, CLOSED REDUCTION STABILIZATION OF TEETH FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE APPROACHES	\$621.59 \$3,077.98	10/01/2011 10/01/2011
D7810	OPEN REDUCTION OF DISLOCATION	\$1,534.71	10/01/2011
D7820	CLOSED REDUCTION OF DISLOCATION	\$132.90	10/01/2011
D7830	MANIPULATION UNDER ANESTHESIA	\$201.49	10/01/2011
D7840	CONDYLECTOMY	\$1,950.53	10/01/2011
D7850	SURGICAL DISCECTOMY; WITH/WITHOUT IMPLANT	\$1,779.06	10/01/2011
D7852	DISC REPAIR	BR	10/01/2007
D7854	SYNOVECTOMY	\$2,220.61	10/01/2011
D7856	МУОТОМУ	\$1,164.32	10/01/2011
D7858	JOINT RECONSTRUCTION	\$2,329.49	10/01/2011
D7860	ARTHROTOMY	\$458.70	10/01/2011
D7865	ARTHROPLASTY	\$2,329.49	10/01/2011
D7870	ARTHROCENTESIS	\$141.46	10/01/2011
D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE	\$257.21	10/01/2011
D7872	ARTHROSCOPY-DIAGNOSIS, WITH OR WITHOUT BIOPSY	\$398.68	10/01/2011
D7873	ARTHROSCOPY: LAVAGE AND LYSIS OF ADHESIONS	\$1,041.71	10/01/2011
D7874	ARTHROSCOPY: DISC REPOSITIONING AND STABILIZATION	\$1,041.71	10/01/2011
D7875		\$1,407.81	10/01/2011
D7876	ARTHROSCOPY: DISCECTOMY	\$1,407.81	10/01/2011

97880 OCCLUSAL ORTHOTIC APPLANCE \$282 91 10012011 97880 NURSECTIE DUD THERAPY, BY REPORT \$31.44 10012011 97810 COMPLICATED SUURLE-OREATER THAN C/M \$23.44 10012011 97810 COMPLICATED SUURLE-OREATER THAN C/M \$23.878 10012011 97811 COMPLICATED SUURLE-OREATER THAN C/M \$23.878 10012011 97812 COMPLICATED SUURLE-OREATER THAN C/M \$23.878 10012011 97812 COMPLICATED SUURLE-OREATER THAN C/M \$23.878 10012011 97812 CORTINUE-OREATER THAN C/M \$23.878 10012011 97840 DETECTION'S SUBMERARM WTH BOAE GRAFT, INCLUDES OBTAINNO THE GRAFT \$2.872.410112011 97845 DETECTION'S SUBMERARM WTH BOAE GRAFT OF THE MANDELE OR MANDELE \$2.872.410112011 97846 LEFORT II (MARLLA-TOTAL) \$2.872.410112011 \$2.872.410112011 97846 DETECTION'S SUBMERARM WTH BOAE GRAFT OF THE MANDELE OR MAND	Proc	Procedure Description	01/01/2020 FFS Rate	Eff Date
97898 UNAPECIFIED TWD THERAPY, BY REPORT 9213.44 1001/2017 97101 ULURE OF RECENT SMUL WOUNDS UP to 5 CM 982.44 1001/2017 97111 COMPLICATED SUTUR-UP TO 5 CM 982.44 1001/2017 97112 COMPLICATED SUTUR-UP TO 5 CM 983.74 1001/2017 97121 COMPLICATED SUTUR-UP TO 5 CM 983.74 1001/2017 97121 COMPLICATED SUTUR-UP TO 5 CM 983.74 1001/2017 97121 COMPLICATED SUTUR-OPTONE COVERED, LOCATION, AND TYPE DF GRAFT 52.077.65 1001/2017 97140 OSTEOCTAW'- MANDBULA RAMI MED MED GRAFT, INCLUDES OBTAINING THE GRAFT 52.076.75 1001/2017 97140 OSTEOCTAW'- MANDBULA RAMI WTH BORG BRAFT 52.076.25 1001/2017 97141 IECRAT IN MANULA SIGMENTED 82.076.25 1001/2017 97142 IECRAT IN MANULA SIGMENTED 82.076.25 1001/2017 97143 IECRAT IN MANULA SIGMENTED 82.076.25 1001/2017 97144 IECRAT IN MANULA SIGMENTED 82.076.25 1001/2017 97155 IECRAT IN MANULA SIGMENTED 82.076.25 92.079	D7877	ARTHROSCOPY: DEBRIDEMENT	\$2,329.49	10/01/2011
9710 BUTURE OF RECENT SMALL WOUNDS UP to 5 CM \$101141 \$101141 \$101141 \$101141 \$101141 \$101141 \$101141 \$101141 \$101141 \$101141 \$101141 \$101141 \$101141 \$101141 \$101141 \$101141 \$101142 \$10012011 \$101141 \$1011141 \$101141 \$101141	D7880			10/01/2016
97911 COMPLICATED SUTURE-00P TO 5 CM \$287.76 97912 COMPLICATED SUTURE-00P TO 5 CM \$287.76 97912 COMPLICATED SUTURE-00P TO 5 CM \$287.76 97912 COMPLICATED SUTURE-00P CONSTITUC DEFORMITIE \$107.71 97903 STEOTOM* - MANDBULLAR RAMI \$287.76 97914 CORTON-MORDU CH MANDBULLAR RAMI \$287.76 97943 STEOTOM* - MANDBULLAR RAMI \$287.76 97944 CORTON-MANDBULLAR RAMI \$28.77.85 97945 STEOTOM* - MANDBULLAR RAMI \$28.77.85 97946 STEOTOM* - MANDBULLAR RAMI \$28.77.85 97945 STEOTOM* DEFORTING TEAL, OF CARLAGE RAPT OF THE MANDBULE OR MANLLAL AUTODE \$28.20.00 97946 STEOTOM* DEFORTING TEAL, OF CARLAGE RESERVITEON + FOR STE \$38.20.61 97946 </td <td>D7899</td> <td></td> <td></td> <td></td>	D7899			
97912 COMPLICATED SULVIE-GREATER THUN 5 CM 9282 78 1001/2007 97920 SING DALLATED SULVIE-GREATER THUN 5 CM 987 712 1001/2007 97920 SING DALLATED SULVIE-GREATER THUN 5 CM 987 712 1001/2007 97940 SISTEOPLASTY-FOR ORTHOONATHE CERCOMMENT \$28,975,89 1001/2017 97941 SISTEOTOMY - MANDELLAR RAMI (MTHEONE GRAFT, ILLUESS DETAINING THE GRAFT \$28,975,89 1001/2017 97944 SISTEOTOMY - MANDELLA RAMI (MTHEONE GRAFT, ILLUESS DETAINING THE GRAFT \$28,972,89 1001/2017 97944 SISTEOTOMY - BANDELLA \$24,972,29 1001/2017 97944 SISTEOTOMY - BANDELLA \$24,972,29 1001/2017 97944 LEFORT II MANILLASEGRIENTED \$24,972,29 1001/2017 97945 LEFORT II MANILLASEGRIENTED \$24,972,29 1001/2017 97946 LEFORT II MANILLASEGRIENTED \$24,972,29 1001/2017 97947 LESORT II MANILLASEGRIENTED \$24,972,29 1001/2017 97948 LEFORT II MANILLASEGRIENTED \$24,972,49 1001/2017 97949 LESORT II MANILLASEGRIENTED	D7910			
97800 SIGN GRAFT (DENTRY DEFECT COVERED. LOCATION, AND TYPE OF GRAFT) BR 1001/2007 97840 STEEDTOMY - MANDIBULAR RAMI \$2,957,85 1001/2017 97843 OSTEOTOMY - MANDIBULAR RAMI \$2,957,85 1001/2017 97843 OSTEOTOMY - MANDIBULAR RAMI \$2,967,85 1001/2017 97843 OSTEOTOMY - SEAMENTED OR SUBAPCAL \$2,962,24 1001/2017 97845 OSTEOTOMY - SEAMENTED \$2,962,24 1001/2017 97846 OSTEOTOMY - SEAMENTED \$2,982,24 1001/2017 97846 LEFORT 1 (MAXILLA SEGMENTED) \$2,323,23 1001/2017 97845 DESTEOTOMY - SEAMENTED \$2,324,35 1001/2017 97855 ROMERTIC DESTEOTI SUCKATTOR FRANCE OR FART \$3,324,85 1001/2017 97856 SORE ORE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SITE \$2,202,11 1001/2017 97857 ROMERTIC DESTERVART FOR RIDGE PRESERVATION - PER SITE \$3,324 1001/2017 97857 ROMERTIC DESTERVART FOR RIDGE PRESERVATION - PER SITE \$3,324 1001/2017 97858 ROMERLICALEDTOMY - ALSO KROWN AS FRENECTOMY OR FRENETO				
97440 SOTEOPLASTY-FOR ORTHOGNATHIE DEFORMITIES \$1,07,12 100/2011 97440 SOTEOTOMY - MANDBULAR RAM \$2,957,81 100/2011 97440 SOTEOTOMY - MANDBULAR RAM, WITH EONE GRAFT, INCLUDES OBTANING THE GRAFT \$2,857,81 100/2011 97440 SOTEOTOMY - MANDBULA RAM, WITH EONE GRAFT, INCLUDES OBTANING THE GRAFT \$2,873,81 100/2011 97440 SOTEOTOMY - MANDBULA RAM, WITH EONE GRAFT, INCLUDES OBTANING THE GRAFT \$2,873,82 100/2011 97440 LEFORT II (MAXILLA-TOTAL) \$2,873,82 100/2011 97440 LEFORT II OR LEFORT II INVITH BONE GRAFT \$3,358,11 100/2011 97460 LEFORT II OR LEFORT II INVITH BONE GRAFT \$3,358,11 100/2011 97481 LEFORT II OR LEFORT III ONNITH SONE GRAFT OF THE MANDBUE OR MAXILLA - AUTOCE \$2,23,01 100/2011 97490 DESCIDENCINC - ALSO RUDOR HAND THARD TISSUE DEFECT \$3,75,11 100/2011 97491 SIGTER FRENULECANNY CLASS RUDOR HAND THARD TISSUE DEFECT \$3,75,12 100/2011 97408 RENAULECANNY CLASS RUDOR HAND THARD TISSUE DEFECT \$3,75,12 100/2011 97408 RENAULECANNY AS RENELECANY CLASS RUDO			· · · · · · · · · · · · · · · · · · ·	
97441 OSTECTOM" - MANDBULAR RAMI UT BONG GRAPT, INCLUDES OBTAINING THE GRAPT \$22,873.61 100/0201 97443 OSTECTOM" - SEGUENTED OR SUBAP/CAL \$22,873.61 100/0201 97444 OSTECTOM" - SEGUENTED OR SUBAP/CAL \$22,872.61 100/0201 97454 OSTECTOM" - SEGUENTED \$22,922.41 100/0201 97444 LEFORT I (MAXILLA-STAL) \$22,932.21 100/0201 97444 LEFORT I OR LEFORT ITI MAXILLA-SEGUENTED \$23,828.61 100/0201 97444 LEFORT I OR LEFORT ITI MONE OR SARTAT FERANDEL OR LEFORT IMONE HIP ONCE OR SARTAT \$33,828.61 100/0201 97561 SINUS AUGENTATION WITH BONCE OR SARTAT FERANDEL OR LARGENTAL OR CARTILAGE GRAFT OF THE MANDBLE OR MAXILLA - AUTOGE \$22,30.01 100/0201 97561 SINUS AUGENTATION WITH BONCE OR SARTATION - FER SITE \$30,22.11 100/0201 97561 SINUS AUGENTATION FRENCTOMY OF FRENCTOMY OR FRENCTOMY - FER SITE \$37.23.10 100/0201 97561 SINUS AUGENTAL SOFT ANDOR HARD TISSUE PERECT \$7.33.24 100/0201 97563 FRESULLOCTOM - FERICOTOMY - SEPARATE PROCEDURE NOT N \$1.53.41 100/0201 <td< td=""><td></td><td></td><td></td><td></td></td<>				
37943 OSTECTOWY - MANDBULAR RAM WITH BONE GRAFT. INCLUDES OBTAINING THE GRAFT \$2,297,28 1001/2011 37944 OSTECTOWY-SEGMENTED DE SUBAPICAL \$2,292,20 1001/2011 37944 OSTECTOWY-SEGMENTED DE SUBAPICAL \$2,292,20 1001/2011 37944 LEFORT II MAXILLA-TOTAL) \$2,292,20 1001/2011 37944 LEFORT II MAXILLA-TOTAL) \$2,292,21 1001/2011 37944 LEFORT II OR LEFORT III COSTEOLAST OF FACAL BONES FOR MDFACE HYPOPLASIA OR \$3,358,81 1001/2011 37948 LEFORT II OR LEFORT III CORTICAL OR CR BONE SUBSTITUTES VIA A LATERAL OPEN APPROACH BR 1001/2010 37950 DSSEDENCERTAL, OR RANDOR HARD TISSUE DEFECT \$3752,11 1001/2010 37955 SIDER REPLACEMENT GRANT TOR RIDGE PRESERVATION. PERS RS TE \$302,21 1001/2010 37967 EXCESION OF HYPERHELSTIC TISSUE-PER ARCH \$153,16 1001/2010 37978 EXCESION OF HYPERHELSTIC TISSUE-PER ARCH \$153,26 1001/2010 37977 EXCESION OF HYPERHELSTIC TISSUE-PER ARCH \$153,26 1001/2010 37978 EXCESION OF FACHALLORANA SERAREARCH \$163,24 1001/2010	D7941		. ,	
9744 0STECTOM*SEGNENTED OR SUBAP/CAL \$2,42.10 1007/2014 9745 0STECTOM*SEGNENTED OR SUBAP/CAL \$2,792.20 1007/2014 9746 DEFORT I (MAXILLA-STOLA) \$2,792.20 1007/2014 9747 LEFORT I (MAXILLA-STOLA) \$2,793.20 1007/2014 9744 LEFORT I IOR LEFORT III (USTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR \$3,428.61 1007/2017 97546 DESSEDUS, OSTEOPERIOSTRAL, OR CARTILAGE GRAFT OF THE MANIBLE OR MAXILLA - AUTOGE \$2,23.00 1007/2016 97565 NEMA AUGENTATION WITH BONE OR BONE SUBSTITUTES VIA A LATERAL OPEN APPROACH B0 1007/2016 1007/2016 97565 REPAR (MAXILLOFACIL, SOFT ANDOR HARD TISSUE DEFECT \$775.20 1007/2017 97568 REPAR (DOL SATY \$162.14 1007/2017 97571 EXCISION OF FREROATIC TISSUE-PER ARCH \$163.34 1007/2017 97572 EXCISION OF FREROATIC TISSUE-PER ARCH \$167.17 1007/2017 97572 EXCISION OF FREROATIC TISSUE-PER ARCH \$167.16 1007/2017 97572 EXCISION OF FREROATIC TISSUE-PER ARCH \$167.16 1007/2017 97	D7943		¥ /···	10/01/2011
97948 LEFORT (MAXILLA-TOTAL) \$2,992.2 1001/2011 97947 LEFORT II OR LEFORT III OSTECPLASTY OF FACIAL BONES FOR MIDFACE HYDOLASIA OR \$3,428.6 1001/2011 97948 LEFORT II OR LEFORT III OR LEFORT III OR LEFORT IIINTH BONE GRAFT \$3,428.6 1001/2011 97948 LEFORT II OR LEFORT IIINT BONE GRAFT \$3,428.6 1001/2011 97951 SINUS AUMENTATION WITH BONE GRADE USBSTTUTES VIA LATERAL OPEN APPROACH PR 1001/2001 97951 SINUS AUMENTATION VITH BONE GRADE USBSTTUTES VIA LATERAL OPEN APPROACH PR 1001/2011 97956 REPLACEMENT GRAFT FOR REGIST PRESERVATION - PER STE \$375.20 1001/2011 97966 FREINLECTOMY - ALSO KNOWN AS FRENECTOMY OR FRENOTOMY - SEPARATE PROCEDURE NOT IN \$112.16 1001/2011 97976 EXCISION OF PRECISIONAL GIORIA \$13.64 1001/2011 1001/2011 97977 EXCISION OF PLACTOR ONL, GINGAN \$18.16 1001/2011 1001/2011 97978 EVENDEROLA, GUALUMATY GLAND, KREPORT \$103.71 1001/2011 1001/2011 97979 EXCISION OF FAULVARY GLAND, KREPORT \$1001/2011 1001/2011 1001/2011 <	D7944	OSTEOTOMY-SEGMENTED OR SUBAPICAL	-	10/01/2011
97947 LEFORT I (MAXILA-SEGMENTED) \$2,793.2 100/2011 97948 LEFORT II OR LEFORT III OR LEFORT III STEPOPLASTY OF FACIAL BONES FOR MIDFACE HYDOPLASIA OR \$3,486.6 100/2011 97948 LEFORT II OR LEFORT III OR LEFORT III STEPOPLASTY OF FACIAL BONES FOR MIDFACE HYDOPLASIA OR \$3,486.6 100/2012 97940 DSECUEX, OSTEPOPENDETAL, OR CARTILAGE GRAFT OF THE MANDIBLE OR MAXILLA - AUTOCE \$2,223.00 100/2012 97951 DONE REPLACEMENT GRAFT FOR RIGGE PRESERVATION - PRE STE \$2072.11 100/2012 97968 REPAR OF MAXILLOFACIAL SOFT AND/OR HAD TISSUE DEFECT \$775.22 100/2012 97969 FERENLICETAMY - ALS DON/WIN AS FRENETCIONY OR FRENOTOMY - SEPARATE PROCEDURE NOT IN \$185.84 100/2012 97978 EXCISION OF FERICORONAL GINDIA \$33.44 100/2012 \$3777 100/2011 97978 EXCISION OF FERICORONAL GINDIA \$3747 100/2011 \$3777 100/2011 97978 EXCISION OF FERICORONAL GINDIA \$3777 100/2011 \$3777 100/2011 97978 EXCISION OF FERICORONAL GINDIA \$37771 100/2011 \$37771 100/2011 \$37797 10	D7945	OSTEOTOMY-BODY OF MANDIBLE	\$2,679.29	10/01/2011
97948 LEPORT II OR LEPORT III OSTEOPALASTY OF FACIAL BONES FOR MIDACE HYPOPLASIA OR \$3.428.65 1001/2011 97948 LEPORT II OR LEFORT IIIVIT BONE GRAFT \$3.438.61 1001/2011 97948 LEPORT II OR LEFORT IIIVIT BONE GRAFT \$3.200.60 1001/2011 97948 SUNG MUMENTATION WITH BONE GRADE SUBSTITUTES \$3.200.60	D7946	LEFORT I (MAXILLA-TOTAL)	\$2,992.24	10/01/2011
97349 LEFORT II OR LEFORT III WITH BONE GRAFT \$3,559.11 1001/2015 97360 OSSEQUES, OSTECOPERIOSTAL, OR CARTLAGE GRAFT OF THE MANDIEL OR MAXILLA - AUTOGE \$2,230.01 1001/2015 97361 SINUS ALLOMENTATION WITH BONE OR BONE SUBSITUTES VIA A LATERAL OPEN APPROACH BR 1001/2015 97363 SORR FERI-ACCEMENT GRAFT FOR RIDGE PRESERVATION. PER STE \$202.11 1001/2015 97365 REPAIR OF MAXILLORACIAL SOFT AND/OR HARD TISSUE DEFECT \$775.52 1001/2011 97366 FRENULOFLASTY \$102.11 1001/2011 97376 FRENULOFLASTY \$101/2011 \$101/2011 97377 EXCISION OF HYPERRHASTC TISSUE-PER ARCH \$153.01 1001/2011 97377 EXCISION OF FERICARDAL CINKUM \$63.45 1001/2011 97378 SURGICAL SIALCUTHOTOMY \$107.17 1001/2011 97380 SURGICAL SIALCUTHOTOMY \$187.16 1001/2011 97391 EXCISION OF FERICARDAL \$175.76 1001/2011 97392 SURGICAL SIALCUTHOTOMY \$187.16 1001/2011 97393 SURGICAL SIALCUTHOTOMY \$1001/2011	D7947	LEFORT I (MAXILLA-SEGMENTED)	\$2,739.32	10/01/2011
97990 OSSEOUS, OSTEOPERIORITEAL, OR CARTILAGE GRAFT OF THE MANDIBLE OR MAXILA - AUTOGE \$22.000 1001/2007 97915 SINUA AUMENTATION WITH BONE OR BONE SUBSTITUTES VIA A LATERAL OPEN APPROACH BR 1001/2007 97915 REPAIR OF MAXILOFACIAL SOFT AND/OR PRESERVATION - PER SITE \$202.11 1001/2017 97960 FRENULECTOM* - ALSO KNOWN AS FRENECTOMY OR FRENOTOMY - SEPARATE PROCEDURE NOT IN \$152.14 1001/2017 97976 FRENULDETAM* - ALSO KNOWN AS FRENECTOMY OR FRENOTOMY - SEPARATE PROCEDURE NOT IN \$152.14 1001/2017 97976 EXCISION OF HERRERTATISTING PER ARCH \$150.14 1001/2017 97977 EXCISION OF FREICORONAL GINGVA \$86.345 1001/2017 97978 SURGICAL REDUCTION OF FIREOUS TUBEROSITY \$167.19 910/12017 97980 SURGICAL SULOLITHOTOMY \$87.16 1001/2017 97981 SURGICAL SULOLITHOTOMY \$167.19 1001/2017 97982 SURGICAL SULOLITHOTOMY \$47.156 1001/2017 97983 SURGICAL SULOLITHOTOMY \$167.19 1001/2017 97984 SURGICAL SULOLITHOTOMY \$47.156 10001/2017	D7948		\$3,428.65	10/01/2011
27951 SNUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES VIA ALATERAL OPEN APPROACH BR 27963 DONE FERLACEMENT GRAFT FOR RIDGE PRESERVATION. PER SITE \$202.11 27968 REPARE OF MAXILOFACIAL SOFT AND/OR HARD TISUE DEFECT \$775.92 27968 FRENULCOPLASTY \$152.14 27968 FRENULOPLASTY \$152.14 27970 EXCISION OF HYPERPLASTIC TISUE-PER ARCH \$153.04 27971 EXCISION OF FYPERPLASTIC TISUE-PER ARCH \$163.04 27972 EXCISION OF FYPERPLASTIC TISUE-PER ARCH \$10012011 27972 EXCISION OF FYPERPLASTIC TISUE-PER ARCH \$10012011 27972 EXCISION OF FYPERPLASTIC TISUE-PER ARCH \$10012011 27972 EXCISION OF EXCISION TO WIDERPOST B10012001 27978 EXCISION OF SALIARAY EXCUENCE TOMY \$167.16 27988 EXCISION OF SALIARAY EXCUENCE TOMY \$10012011 297991 CORCOUNCE OTA	D7949			
9783 BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SITE \$202.11 100/2016 9786 REPAR (P MANLLOFACUAL SOFT AND/OR HARD TISSUE DEFECT \$775.22 100/2017 9786 REPARLECTOMY - ALSO KNOWN AS FRENECTOMY OR FRENDTOMY - SEPARATE PROCEDURE NOT IN \$152.14 100/2016 9786 REPARLECTOMY - ALSO KNOWN AS FRENECTOMY OR FRENDTOMY - SEPARATE PROCEDURE NOT IN \$152.14 100/2016 9787 ERCISION OF HYPERPLASTIC TISSUE-PER ARCH \$153.40 100/2016 9787 ERCISION OF FRENCORONAL GINGUX \$66.40 100/2016 9787 ERCISION OF FRENCORONAL GINGUX \$60.71 100/2017 9788 SURGICAL SALOLITHOTOMY \$86.71 100/2017 9789 SURGICAL SALOLITHOTOMY \$87.76 100/2017 9788 SURJOCHOPLASTY \$47.76 100/2017 9789 EVERTACOTOMY \$11.76 100/2017 9789 EVERTACOTOMY \$11.08.16 100/2017 9789 EVERTACOTOMY \$11.08.16 100/2017 9789 MERANTAMANDIBLE OF ACALL BORES, BY REPORT \$81.100/2016 \$100/2016 <td></td> <td></td> <td>. ,</td> <td></td>			. ,	
97965 REPAIR OF MAXILLOFACIAL SOFT AND/OR HARD TISSUE DEFECT \$775.92 1001/2011 97966 FRENULOPLASTY \$152.14 1001/2011 97966 FRENULOPLASTY \$152.14 1001/2011 97976 FRENULOPLASTY \$152.14 1001/2011 97971 EXCISION OF HYPERCORONAL GINGUA \$63.45 1001/2011 97971 EXCISION OF HYPERCORONAL GINGUA \$63.45 1001/2011 97971 EXCISION OF HYPERCORONAL GINGUA \$63.45 1001/2011 97972 EXCISION OF SALLVARY GLAND, BY REPORT \$107.17 1001/2011 97978 ONS-SUGGAL SIALOUTHOTOMY \$167.16 1001/2011 97981 EXCISION OF SALLVARY GLAND, BY REPORT \$847.36 1001/2011 97982 CLOSUMCY GLAND, MY REPORT \$175.61 1001/2011 97983 CHADRE OF SALLVARY FISTULA \$175.76 1001/2011 97984 CORONDECTOMY \$312.44 1001/2011 97985 INTEACALY ANANDIBLE FOR ALUMENTATION PURPOSES (EXCLUDING ALVEOLAR RIDGE), BY REPORT \$81.001/2001 9001/2007 \$817.100 <	D7951			
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27990 EMERGENCY TRACHEOTOMY \$312.94 1001/2011 7991 CORONOIDECTOMY \$1,093.16 1001/2001 7996 SYNTHETIC GRAFT-MANDIBLE OR FACIAL BONES, BY REPORT BR 1001/2007 7997 APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE), INCLUDES REMOVAL OF BR 1001/2007 7997 APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE), INCLUDES REMOVAL OF BR 1001/2007 7998 ITRAORAL PLACEMENT OF A FIXATION DEVICE NOT IN CONJUNCTION WITH A FRACTURE BR 1001/2007 79990 UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT BR 1001/2007 79901 LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION \$253.29 1001/2016 70910 UNITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION \$713.69 1001/2016 70930 INTERCEPTIVE ORTHODONTIC TREATMENT OF THE RANSITIONAL DENTITION \$1,10.87 1001/2016 70940 INTERCEPTIVE ORTHODONTIC TREATMENT OF THE RANSITIONAL DENTITION \$1,00.87 1001/2016 70940 INTERCEPTIVE ORTHODONTIC TREATMENT OF THE RANSITIONAL DENTITION \$2,32.67 1001/2016 70940 INTERCEPTIVE ORTHODONTIC	D7982	SIALODOCHOPLASTY	\$471.56	10/01/2011
27891 CORONOIDECTOMY \$1,093.16 10/01/2011 7796 INPLATIC GRAFT-MANDIBLE FOR AUGMENTATION PURPOSES (EXCLUDING ALVEOLAR RIDGE), BY REPORT BR 10/01/2007 7796 INPLANCE REMOVAL, (NOT BY DENTIST WHO PLACED APPLIANCE), INCLUDES REMOVAL OF BR 10/01/2007 7798 INPLANCE REMOVAL, (NOT BY DENTIST WHO PLACED APPLIANCE), INCLUDES REMOVAL OF BR 10/01/2007 77998 INTRAGRAL PLACEMENT OF A FIXATION DEVICE NOT IN CONJUNCTION WITH A FRACTURE BR 10/01/2007 79999 UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT BR 10/01/2007 70990 UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT BR 10/01/2016 70901 LIMITED ORTHODONTIC TREATMENT OF THE RENASTIONAL DENTITION \$253.29 10/01/2016 70020 LIMITED ORTHODONTIC TREATMENT OF THE RANSITIONAL DENTITION \$713.69 10/01/2016 70030 LIMITED ORTHODONTIC TREATMENT OF THE RANSITIONAL DENTITION \$1.100.87 10/01/2016 70030 INTERCEPTIVE ORTHODONTIC TREATMENT OF THE RANSITIONAL DENTITION \$2.100.12/011 \$1.001/2016 70030 INTERCEPTIVE ORTHODONTIC TREATMENT OF THE RANSITIONAL DENTITION \$2.4598.31 10/01/2016	D7983	CLOSURE OF SALIVARY FISTULA	\$175.76	10/01/2011
27995 SYNTHETIC GRAFT-MANDIBLE OR FACIAL BONES, BY REPORT BR 1001/2007 1MPLANT-MANDIBLE FOR AUGMENTATION PURPOSES (EXCLUDING ALVEOLAR RIDGE), BY REPORT BR 1001/2007 7997 APPLANCE REMOVAL (NOT BY DENTST WHO PLACED APPLIANCE), INCLUDES REMOVAL OF BR 1001/2007 7999 INTRAORAL PLACEMENT OF A FIXATION DEVICE NOT IN CONJUNCTION WITH A FRACTURE BR 1001/2007 7999 UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT BR 1001/2017 7990 UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT BR 1001/2017 79010 LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION \$253.28 1001/2016 79020 LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION \$114.02 1001/2016 79040 LIMITED ORTHODONTIC TREATMENT OF THE ANNITIONAL DENTITION \$1,114.02 1001/2016 79050 INTERCEPTIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION \$1,114.02 1001/2016 79060 COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION \$2,23.67 1001/2016 79060 COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION \$2,566.06 1001/2016 79060	D7990	EMERGENCY TRACHEOTOMY	\$312.94	10/01/2011
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D9120 FIXED PARTIAL DENTURE SECTIONING \$62.07 10/01/2016	D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	BR	10/01/2007
	D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MINOR PROCEDURES		10/01/2016
D9210 LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES \$9.07 10/01/2011	D9120			10/01/2016
	D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	\$9.07	10/01/2011

Proc	Procedure Description	01/01/2020 FFS Rate	Eff Date
D9222	DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTES	\$62.59	05/01/2018
D9223	DEEP SEDATION/GENERAL ANESTHESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	\$62.59	01/01/2016
D9230	INHALATION OF NITROUS OXIDE/ANXIOLYSIS, ANALGESIA	\$24.75	10/01/2016
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - FIRST 15 MINUTES	\$77.72	05/01/2018
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH SUBSEQUENT 15 MINUTE	\$77.72	01/01/2016
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	\$70.18	10/01/2016
D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN RE	\$38.37	10/01/2016
D9410	HOUSE/EXTENDED CARE FACILITY CALL	\$61.72	10/01/2016
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	\$241.80	10/01/2019
D9430	OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED HOURS) NO OTHER	\$26.57	10/01/2016
D9440	OFFICE VISIT-AFTER REGULARLY SCHEDULED HOURS	\$62.04	10/01/2016
D9610	THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION	\$20.14	10/01/2016
D9612	THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, DIFFERENT MEDICATIONS	\$27.17	10/01/2011
D9930	TREATMENT OF COMPLICATIONS (POSTSURGICAL) - UNUSUAL CIRCUMSTANCES, BY REPORT	\$39.50	10/01/2016
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	\$191.70	01/01/2019
D9945	OCCLUSAL GUARD - SOFT APPLIANCE, FULL ARCH	\$191.70	01/01/2019
D9946	OCCLUSAL GUARD - HARD APPLIANCE, PARTIAL ARCH	\$191.70	01/01/2019
D9951	OCCLUSAL ADJUSTMENT-LIMITED	\$52.85	10/01/2016
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT	BR	10/01/2007

Note: D9995 and D9996 are codes for COVID-19 related claims and are not subject to reimbursement.