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
D1552	RE-CEMENT OR RE-BOND UNILATERAL SPACE MAINTAINER-WANDIBUL 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

0.1557 R.C.CEMENT OR RE-BOND BILATERAL, SPACE MAINTAINER MADDIBUL	_			
1959 RECEMENT OR RE-BOND LINILATERAL SPACE MAINTAINES-PER QUADRANT \$35.5 II 101767 DISTA, BOTES AND CRAMMATINES - FIXED UNILATERAL \$166.85 101769 101767 DISTA, BOTES AND CRAMMATINES - FIXED UNILATERAL \$160.85 101760 101761	Proc	Procedure Description	FFS Rate	Eff Date
DISTAL SHOE SPACE MANTAINER - FIXED UNILATERIAL 518-88 101-10990 UNSPECIEIPD PREVENTIE PROCEDURE, BY REPORT 8 8 101-10990 UNSPECIEIPD PREVENTIE PROCEDURE, BY REPORT 8 8 101-10990 UNSPECIEIPD PREVENTIE PROCEDURE, BY REPORT 8 8 101-10990 UNIVERSITY STATE				10/01/2020
UNASPICATION DEVELOTIVE PROCEDURE, BY REPORT ST. 62 10				10/01/2020
MANLGAM-ONE SURFACE, PRIMARY OR PERMANENT \$7.02 10			 	10/01/2020
D21500 AMALGAM-THEE SURFACES, PRIMARY OR PERMANENT \$30.0 10		, , , , , , , , , , , , , , , , , , ,		01/01/2014
2016 AMALGAM-THEE SURFACES, PRIMARY OR PERMANENT \$102.0				10/01/2020
D2391 ANALGAM-FOUR OR MORE SURFACES, PRINARY OR PERMANENT \$122.00 10		,		10/01/2020
23331 RESIN-ONE SURPACE, ANTERIOR \$84.00 10 23331 RESIN-TINEE SURPACES, ANTERIOR \$105.33 10 23332 RESIN-TINEE SURPACES, ANTERIOR \$105.33 10 23332 RESIN-TINEE SURPACES, ANTERIOR \$110.80 10 23333 RESIN-TINEE SURPACES, ANTERIOR \$110.80 10 23336 RESIN-FOUR OR MORE SURPACES OR INVOLVING INCISAL ANGLE (ANTERIOR) \$152.73 10 23390 RESIN-BASED COMPOSITE CROWN, ANTERIOR \$191.32 10 23391 RESIN-BASED COMPOSITE CAN SURPACES, POSTERIOR \$191.32 10 23392 RESIN-BASED COMPOSITE - THEE SURPACES, POSTERIOR \$191.32 10 23392 RESIN-BASED COMPOSITE - THEE SURPACES, POSTERIOR \$110.10 10 23393 RESIN-BASED COMPOSITE - THEE SURPACES, POSTERIOR \$110.10 10 23394 RESIN-BASED COMPOSITE - THEE SURPACES, POSTERIOR \$110.10 10 23396 RESIN-BASED COMPOSITE - THEE SURPACES, POSTERIOR \$110.10 10 23397 CROWN-PORCELAIN FUSED TO FIRE METAL \$357.00 10 23597 CROWN-PORCELAIN FUSED TO FIRE METAL \$357.00 10 23597 CROWN-PORCELAIN FUSED TO FIRE METAL \$357.00 10 23597 CROWN-PORCELAIN FUSED TO FIRE METAL \$357.00 10 23598 CROWN-PORCELAIN FUSED TO FUSE METAL \$357.00 10 23599 CROWN-PORCELAIN FUSED TO FUSE METAL \$357.00 10 23590 CROWN-PORCELAIN FUSED TO FUSE METAL \$357.00 10 23591 CROWN-PORCELAIN FUSED TO FUSE METAL \$359.00 10 23592 CROWN-PORCELAIN FUSED TO FUSE METAL \$359.00 10 23593 CROWN-PORCELAIN FUSED TO FUSE METAL \$359.00 10 23594 CROWN-PORCELAIN FUSED TO FUSE METAL \$359.00 10 23595 CROWN-PORCELAIN FUSED TO FUSE METAL \$359.00 10 23596 CROWN-PORCELAIN FUSED TO FUSE METAL \$359.00 10 23597 CROWN-PORCELAIN FUSED TO FUSE METAL \$359.00 10 23599 CROWN-PORCELAIN FUSED TO FUSE METAL \$359.00 10 23591 CROWN-PORCELAIN FUSED TO FUSE METAL \$359.00 10 23592 CROWN-		'	·	10/01/2020
23312 RESINTWO SUBFACES, ANTERIOR \$10.53 510 23322 RESINTHOE SURFACES, ANTERIOR \$12.50 510 23326 RESINFOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR) \$15.73 510 23329 RESINFACIR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR) \$191.32 19 23329 RESINFACER OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR) \$191.32 19 23329 RESINFACES COMPOSITE - CHOICE SURFACES, POSTERIOR \$10.0000 \$10.00000 \$10.0000 \$10.0000 \$10.0000 \$10.0000 \$10.0000 \$10.00000 \$10.00000 \$, , , , , , , , , , , , , , , , , , ,		10/01/2020
123326 RESIN-THEER SURFACES, ANTERIOR \$19.52 10		, , , , , , , , , , , , , , , , , , ,	-	10/01/2020
RESINFOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR) \$191.32 192.0390 RESINFAGUR OSPITE CROWN, ANTERIOR \$191.32 192.0390 RESINFAGES COMPOSITE CROWN ANTERIOR \$191.32 192.0392 RESINFAGES COMPOSITE - TWO SURFACES, POSTERIOR \$80.00 10.03932 RESINFAGES COMPOSITE - TWO SURFACES, POSTERIOR \$181.15 10.03932 RESINFAGES COMPOSITE - TWO SURFACES, POSTERIOR \$181.15 10.03934 RESINFAGES COMPOSITE - TWO SURFACES, POSTERIOR \$181.15 10.03934 RESINFAGES COMPOSITE - TWO SURFACES, POSTERIOR \$181.15 10.03934 RESINFAGES COMPOSITE - TWO ROKE SURFACES, POSTERIOR \$181.15 10.03934 RESINFAGES COMPOSITE - TWO ROKE SURFACES, POSTERIOR \$181.15 10.03934 RESINFAGES COMPOSITE - TWO ROKE SURFACES, POSTERIOR \$181.15 10.03934 RESINFAGES COMPOSITE - TWO ROKE SURFACES, POSTERIOR \$181.15 10.03934 RESINFAGES COMPOSITE - TWO ROKE SURFACES, POSTERIOR \$181.15 10.03934 RESINFAGES COMPOSITE - TWO ROKE SURFACES, POSTERIOR \$181.15 10.03934 RESINFAGES COMPOSITE - TWO ROKE SURFACES, POSTERIOR \$181.15 10.03934 RESINFAGES COMPOSITE - TWO ROKE SURFACES, POSTERIOR \$181.15 10.03934 RESINFAGES COMPOSITE - TWO ROKE SURFACES, POSTERIOR \$181.15 10.03934 RESINFAGES COMPOSITE - TWO ROKE SURFACES, POSTERIOR \$181.15 10.03934 RESINFAGES COMPOSITE - TWO ROKE SURFAGES POSTERIOR \$181.15 10.03934 RESINFAGES COMPOSITE - TWO ROKE SURFAGES POSTERIOR \$183.00 10.03934 RESINFAGES COMPOSITE - TWO ROKE SURFAGES POSTERIOR \$183.00 10.03934 RESINFAGES COMPOSITE - TWO ROKE SURFAGES POSTERIOR \$183.00 10.03934 RESINFAGES COMPOSITE - TWO ROKE SURFAGES POSTERIOR \$183.00 10.03934 RESINFAGES COMPOSITE - TWO ROKE SURFAGES POSTERIOR \$183.00 10.03934 RESINFAGES COMPOSITE - TWO ROKE SURFAGES POSTERIOR \$183.00 10.03934 RESINFAGES COMPOSITE - TWO ROKE SURFAGES POSTERIOR \$183.00 10.03934 RESINFAGES COMPOSITE - TWO ROKE SURFAGES POSTERIOR \$183.00 10.03934 RESINFAGES COMPOSITE - TWO ROKE SURFAGES POSTERIOR \$183.00 10.03934 R				10/01/2020
23391 RESINEASED COMPOSITE CROWN, ANTERIOR \$89.05 10		· · · · · · · · · · · · · · · · · · ·		10/01/2020
RESIN-BASED COMPOSITE - TO NE SUBFACE, POSTERIOR \$80.90 10		, , ,		10/01/2020
D23932 RESIN-BASED COMPOSITE - TIWO SURFACES, POSTERIOR \$97.72 10		'		10/01/2020
202393 RESIN-BASED COMPOSITE - FUNDE ON ROBE SURFACES, POSTERIOR \$114.10 10 202340 RESIN-BASED COMPOSITE - FUNDE ON ROBE SURFACES, POSTERIOR \$14.10 10 202750 CROWN-PORCELAIN/CERAMIC \$554.80 10 202750 CROWN-PORCELAIN/CERAMIC \$554.80 10 202751 CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL \$554.00 10 202752 CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL \$553.00 10 202753 CROWN-PORCELAIN FUSED TO TO NOBLE METAL \$553.00 10 202750 CROWN-PORCELAIN FUSED TO TO NOBLE METAL \$553.00 10 202760 CROWN-PORCELAIN FUSED TO THORD MAIN AND THANIUM ALLOYS \$592.00 10 202760 CROWN-PULL CAST HIGH NOBLE METAL \$553.00 10 202790 CROWN-FULL CAST HIGH NOBLE METAL \$553.00 10 202791 CROWN-FULL CAST RECOMMENTALY BASE METAL \$553.00 10 202792 CROWN-FULL CAST ROBLE METAL \$553.00 10 202793 CROWN-FULL CAST ROBLE METAL \$553.00 10 202794 CROWN-FULL CAST NOBLE METAL \$550.00 10 202796 CROWN-FULL CAST NOBLE METAL \$550.00 10 202797 CROWN-FULL CAST NOBLE METAL \$550.00 10 202791 RECEMENT OR RE-GOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE \$47.56 10 202910 RE-CEMENT OR RE-GOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE \$47.56 10 202921 RE-CEMENT OR RE-GOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE \$47.56 10 202920 RE-CEMENT OR RE-GOND ROWN \$47.56 10 202921 REATTACHMENT OF TOOTH FRAGMENT, INCIDAL EDGE OR CUSP \$88.00 202920 RE-PABRICATED PORCELAIN/CERAMIC CROWN - PRIMARY TOOTH \$154.30 10 202921 RE-PABRICATED PORCELAIN/CERAMIC CROWN - PRIMARY TOOTH \$154.30 10 202920 PREFABRICATED PORCELAIN/CERAMIC CROWN - PRIMARY TOOTH \$154.30 10 202921 PREFABRICATED PORCELAIN/CERAMIC CROWN - PRIMARY TOOTH \$150.30 10 202921 PREFABRICATED PORCELAIN/CERAMIC CROWN - PRIMARY TOOTH \$150.30 10 202922 PREFABRICATED SIGN CROWN - PRIMARY TOOTH \$150.30 10 202923 PREFABRICATED PORCELAIN/CERAMIC CROWN - PRIMARY TOOTH \$150.30 10 202924		, , , , , , , , , , , , , , , , , , ,		10/01/2020
D2740 CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL \$554.80 10 D2750 CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL \$544.00 10 D2752 CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL \$527.04 10 D2753 CROWN-PORCELAIN FUSED TO TO NOBLE METAL \$537.05 10 D2750 CROWN-PORCELAIN FUSED TO THANIUM AND TITANIUM ALLOYS \$583.03 10 D2760 CROWN-FULL CAST HIGH INDRE METAL \$583.03 10 D27791 CROWN-FULL CAST HIGH INDRE METAL \$588.30 10 D27792 CROWN-FULL CAST NOBLE METAL \$588.30 10 D27794 CROWN-FULL CAST NOBLE METAL \$588.30 10 D27792 CROWN-FULL CAST NOBLE METAL \$588.30 10 D27910 RE-CEMENT OR RE-BOND INLAY, VENEER OR PARTIAL COVERAGE RESTORATION \$47.56 10 D2910 RE-CEMENT OR RE-BOND CROWN \$47.50 10 D2921 RE-CEMENT OR RE-BOND CROWN \$47.50 10 D2922 RE-CEMENT OR RE-BOND CROWN \$47.50 10 D2922 RE-FABRICA	D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR		10/01/2020
D2750 CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL \$544.00 10 D2751 CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL \$527.04 10 D2752 CROWN-PORCELAIN FUSED TO TO SOBLE METAL \$557.05 10 D2753 CROWN-PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS \$592.94 10 D2790 CROWN-FULL CAST FIGH NOBLE METAL \$583.03 10 D2791 CROWN-FULL CAST FIGH NOBLE METAL \$588.30 10 D2792 CROWN-FULL CAST NOBLE METAL \$588.30 10 D2794 CROWN-FULL CAST NOBLE METAL \$588.30 10 D2796 CROWN-FULL CAST NOBLE METAL \$588.30 10 D2970 RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE \$47.56 10 D2910 RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR CUSP BR 01 D2921 RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR CUSP BR 01 D2922 RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR CUSP BR 01 D2923 RE-FABRICATED STAINLESS STEEL CROWN-PREMANENT TOOTH \$13.24 01	D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR		10/01/2020
D2751 CROWN-PROCELAIN FUSED TO PREDOMINATILY BASE METAL \$537.05 10	D2740	CROWN - PORCELAIN/CERAMIC	\$554.80	10/01/2020
D2752 CROWN-PORCELAIN FUSED TO NOBLE METAL \$592.94 10 D2753 CROWN-PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS \$592.94 10 D2799 CROWN-FULL CAST HIGH NOBLE METAL \$583.03 31 D2791 CROWN-FULL CAST HIGH NOBLE METAL \$588.30 10 D2792 CROWN-FULL CAST HIGH NOBLE METAL \$588.30 10 D2794 CROWN-FULL CAST HIGH METAL \$588.30 10 D2794 CROWN-FULL CAST HIGH SETAL \$588.30 10 D2794 CROWN-TITANIUM \$391.99 10 D2910 RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL COVERAGE RESTORATION \$47.56 10 D29210 RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OP STAND CORE \$47.56 10 D29210 RE-CEMENT OR RE-BOND CROWN \$47.00 10 D2921 REFADRICATED OR FRE-BOND CROWN \$84.70 10 D2922 PREFABRICATED PORCELAIN/CERAMIC CROWN - PERMANENT TOOTH \$152.245 10 D2923 PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH \$152.245 10 D2924	D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	\$544.00	10/01/2020
02753 CROWN-PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS \$582.94 10 02790 CROWN-FULL CAST HIGH NOBLE METAL \$583.03 10 02791 CROWN-FULL CAST PREDOMINANTLY BASE METAL \$588.30 10 02792 CROWN-FULL CAST ROBLE METAL \$588.30 10 02794 CROWN-TITANIUM \$381.99 10 02910 RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL COVERAGE RESTORATION \$47.56 10 029210 RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE \$47.56 10 029210 RE-CEMENT OR RE-BOND CROWN \$47.00 10 029221 RE-CEMENT OR RE-BOND CROWN \$47.00 10 029220 RE-CEMENT OR RE-BOND CROWN \$47.56 10 029221 REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP \$87.00 10 029229 PREFABRICATED PORCELAINCERAMIC CROWN - PRIMARY TOOTH \$153.33 10 029230 PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH \$153.35 10 029231 PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH \$152.56 <t< td=""><td>D2751</td><td>CROWN-PROCELAIN FUSED TO PREDOMINANTLY BASE METAL</td><td>\$527.04</td><td>10/01/2020</td></t<>	D2751	CROWN-PROCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$527.04	10/01/2020
02790 CROWN-FULL CAST HIGH NOBLE METAL \$563.03 10 02791 CROWN-FULL CAST REDOMINANTLY BASE METAL \$588.30 10 02792 CROWN-FULL CAST ROBLE METAL \$588.30 10 02794 CROWN-FULL CAST NOBLE METAL \$588.30 10 02794 CROWN-FULL CAST NOBLE METAL \$391.99 10 02910 RE-CEMENT OR DE-BOND INLY, ONLAY, VENEER OR PARTIAL COVERAGE RESTORATION \$47.56 10 02920 RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE \$47.56 10 02921 RE-CEMENT OR RE-BOND CROWN \$87.00 10 02921 REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP \$8.70 10 02929 PREFABRICATED PORCELAINCERAMIC CROWN - PERMANENT TOOTH \$152.45 01 02929 PREFABRICATED PORCELAINCERAMIC CROWN - PERMANENT TOOTH \$153.35 10 02930 PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH \$153.35 10 02931 PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH \$153.35 10 02932 PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW </td <td>D2752</td> <td>CROWN-PORCELAIN FUSED TO NOBLE METAL</td> <td>\$537.05</td> <td>10/01/2020</td>	D2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	\$537.05	10/01/2020
D2791 CROWN-FULL CAST PREDOMINANTLY BASE METAL \$588.30 10 D2792 CROWN-FULL CAST NOBLE METAL \$588.30 10 D2794 CROWN-FULL CAST NOBLE METAL \$589.30 10 D2910 RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL COVERAGE RESTORATION \$47.56 10 D2915 RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL COVERAGE RESTORATION \$47.56 10 D2920 RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PREFABRICATED POST AND CORE \$47.56 10 D2920 RE-CEMENT OR RE-BOND DORDECTLY FABRICATED OR ORDER \$47.00 10 D2921 REACHMENT OR TRE-BOND CROWN BR 01 D2922 REFEABRICATED PORCELAINCERAMIC CROWN - PERMANENT TOOTH \$152.45 01 D29230 PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH \$133.38 10 D2931 PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH \$152.45 10 D2932 PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH \$152.46 10 D2933 PREFABRICATED STAINLESS STEEL CROWN PERMANENT TOOTH \$152.46 10 D2934	D2753	CROWN-PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$592.94	10/01/2020
D2792 CROWN-FULL CAST NOBLE METAL \$588.30 10 D2794 CROWN-TITANIUM \$391.99 10 D2910 RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE \$47.56 10 D2915 RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE \$47.56 10 D2920 RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE \$47.56 10 D2921 REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP BR 01 D2928 PREFABRICATED PORCELAINCERAMIC CROWN - PERMANENT TOOTH \$152.45 01 D2929 PREFABRICATED PORCELAINCERAMIC CROWN - PRIMARY TOOTH \$139.38 10 D2930 PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH \$139.38 10 D2931 PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH \$152.45 10 D2932 PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW \$137.51 10 D2933 PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW \$163.35 10 D2940 PREFABRICATED STAINLESS STEEL CROWN PRIMARY TOOTH \$163.35 10	D2790	CROWN-FULL CAST HIGH NOBLE METAL	\$553.03	10/01/2020
D2291 CROWN-TITANIUM \$391.99 100 102910 RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL COVERAGE RESTORATION \$47.66 100 102915 RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE \$47.06 100 102920 RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE \$47.00 100 102921 RE-CEMENT OR RE-BOND CROWN \$47.00 100 102921 RE-CEMENT OR RE-BOND CROWN \$47.00 100 102921 RE-CEMENT OR THE FABRICATED PORCELAIN/CERAMIC CROWN - PERMANENT TOOTH \$152.45 101 102929 PREFABRICATED PORCELAIN/CERAMIC CROWN - PERMANENT TOOTH \$152.45 101 102929 PREFABRICATED STAINLESS STEEL CROWN-PERMANY TOOTH \$139.38 101 102931 PREFABRICATED STAINLESS STEEL CROWN-PERMANY TOOTH \$152.45 101 102931 PREFABRICATED STAINLESS STEEL CROWN-PERMANY TOOTH \$152.45 101 102932 PREFABRICATED STAINLESS STEEL CROWN-PERMANY TOOTH \$152.45 101 102932 PREFABRICATED STAINLESS STEEL CROWN-PERMANY TOOTH \$152.45 101 102933 PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW \$163.35 101 102934 PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW \$163.35 101 102934 PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW \$163.35 101 102940 PROTICCTIVE RESTORATION \$163.35 101 102940 PROTICCTIVE RESTORATION \$51.47 101 102940 PROTICCTIVE RESTORATION \$51.47 101 102941 INTERIM THERAPEUTIC RESTORATION \$51.47 101 102951 PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION \$44.38 101 102952 POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED \$195.11 101 102954 PREFABRICATED POST AND CORE IN ADDITION TO CROWN \$142.78 101 102952 POST AND CORE IN ADDITION TO CROWN \$104.27 101 102954 PREFABRICATED POST AND CORE IN ADDITION TO CROWN \$104.07 102954 PREFABRICATED POST AND CORE IN ADDITION TO CROWN \$104.07 102954 PREFABRICATED POST AND CORE IN ADDITION TO CROWN \$104.07 102954 PREFABRICATED RESTORATIVE PROCEDURE, BY REPORT \$90.37 10	D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	\$588.30	10/01/2020
D2910 RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL COVERAGE RESTORATION \$47.56 10	D2792	CROWN-FULL CAST NOBLE METAL	\$588.30	10/01/2020
D2915 RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE \$47.06 10 D2920 RE-CEMENT OR RE-BOND CROWN \$47.00 10 D2921 REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP BR 0 D2928 PREFABRICATED PORCELAIN/CERAMIC CROWN - PERMANENT TOOTH \$152.45 0 D2929 PREFABRICATED PORCELAIN/CERAMIC CROWN - PRIMARY TOOTH \$133.38 10 D2930 PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH \$139.39 10 D2931 PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH \$152.45 10 D2932 PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH \$157.51 10 D2932 PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW \$163.35 10 D2933 PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH \$163.35 10 D2940 PROTECTIVE RESTORATION \$163.35 10 D2941 INTERIM THERAPEUTIC RESTORATION \$181.32 10 D2951 PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION \$131.38 10 D2951 PIN RETENT	D2794		\$391.99	10/01/2020
D2920 RE-CEMENT OR RE-BOND CROWN \$47.00 10 D2921 REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP BR 01 D2928 PREFABRICATED PORCELAIN/CERAMIC CROWN - PERMANENT TOOTH \$152.45 01 D2929 PREFABRICATED PORCELAIN/CERAMIC CROWN - PRIMARY TOOTH \$143.38 10 D2930 PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH \$152.45 10 D2931 PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH \$152.45 10 D2932 PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW \$163.35 10 D2933 PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW \$163.35 10 D2934 PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH \$163.35 10 D2940 PROTECTIVE RESTORATION \$61.47 10 D2941 INTERIM THERAPEUTIC RESTORATION - PRIMARY DOTH \$61.35 10 D2950 CORE BUILD-UP, INCLUDING ANY PRIN WHEN REQUIRED \$131.38 10 D2951 PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION \$41.38 10 D2952 POST AND CORE IN ADDI			\$47.56	10/01/2020
D2921 REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP BR 01 D2928 PREFABRICATED PORCELAIN/CERAMIC CROWN - PERMANENT TOOTH \$152.45 01 D2929 PREFABRICATED PORCELAIN/CERAMIC CROWN - PERMANENT TOOTH \$143.38 10 D2930 PREFABRICATED STAINLESS STEEL CROWN - PERMANENT TOOTH \$139.38 10 D2931 PREFABRICATED STAINLESS STEEL CROWN - PERMANENT TOOTH \$152.45 10 D2932 PREFABRICATED RESIN CROWN \$137.75 11 D2933 PREFABRICATED RESIN CROWN \$163.35 10 D2934 PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW \$163.35 10 D2934 PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH \$163.35 10 D2940 PROTECTIVE RESTORATION \$51.47 10 D2941 INTERIM THERAPEUTIC RESTORATION - PRIMARY DENTITION BR 01 D2950 CORB BUILD-UP, INCLUDING ANY PINS WHEN REQUIRED \$131.38 10 D2951 PIN RETERTION-PER TOOTH, IN ADDITION TO RESTORATION \$41.28 10 D2952 POST AND CORE IN ADDITION TO CROWN <td></td> <td></td> <td></td> <td>10/01/2020</td>				10/01/2020
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D2930 PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH \$139.38 10 D2931 PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH \$152.45 10 D2932 PREFABRICATED RESIN CROWN \$137.51 10 D2933 PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW \$163.35 10 D2934 PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH \$163.35 10 D2940 PROTECTIVE RESTORATION \$51.77 10 D2941 INTERIM THERAPEUTIC RESTORATION - PRIMARY DENTITION BR 01 D2950 CORE BUILD-UP, INCLUDING ANY PINS WHEN REQUIRED \$131.38 10 D2951 PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION \$41.38 10 D2952 POST AND CORE IN ADDITION TO CROWN \$142.78 10 D2954 PREFABRICATED POST AND CORE IN ADDITION TO CROWN \$142.78 10 D2954 PREFABRICATED RESTORATIVE PROCEDURE, BY REPORT BR 10 D3120 PULP CAP-INDRECT (EXCLUDING FINAL RESTORATION) \$22.71 10 D3121 PULP CAP-INDRECT (EXCLUDING FINAL RESTORATION)				01/01/2021
D2931 PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH \$152.45 10 D2932 PREFABRICATED RESIN CROWN \$137.51 10 D2933 PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW \$163.35 10 D2934 PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH \$163.35 10 D2940 PROTECTIVE RESTORATION \$51.47 10 D2941 INTERIM THERAPEUTIC RESTORATION - PRIMARY DENTITION BR 01 D2950 CORE BUILD-UP, INCLUDING ANY PINS WHEN REQUIRED \$131.38 10 D2951 PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION \$41.38 10 D2952 POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED \$195.11 10 D2954 PREFABRICATED POST AND CORE IN ADDITION TO CROWN \$142.78 10 D3110 PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION) \$29.46 10 D3110 PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION) \$22.4 10 D3220 PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH \$90.37 10 D3221 PULPAL THERAPY (RESORBABLE FILLING)-A				10/01/2020
D2932 PREFABRICATED RESIN CROWN \$137.51 10 D2933 PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW \$163.35 10 D2934 PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH \$163.35 10 D2940 PROTECTIVE RESTORATION \$51.47 10 D2941 INTERIM THERAPEUTIC RESTORATION - PRIMARY DENTITION BR 01 D2950 CORE BUILD-UP, INCLUDING ANY PINS WHEN REQUIRED \$131.38 10 D2951 PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION \$41.38 10 D2952 POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED \$195.11 10 D2954 PREFABRICATED POST AND CORE IN ADDITION TO CROWN \$142.78 10 D2999 UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT BR 10 D3110 PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION) \$22.46 10 D3120 PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION) \$28.71 10 D3221 PULPAL DEBRIDAMENT, PINIARY AND PERMANENT TECHT \$94.38 10 D3222 TARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT				10/01/2020
D2933 PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW \$163.35 10 D2934 PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH \$163.35 10 D2940 PROFECTIVE RESTORATION \$51.47 10 D2941 INTERIM THERAPEUTIC RESTORATION - PRIMARY DENTITION BR 01 D2950 CORE BUILD-UP, INCLUDING ANY PINS WHEN REQUIRED \$131.38 10 D2951 PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION \$41.38 10 D2952 POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED \$195.11 10 D2954 PREFABRICATED POST AND CORE IN ADDITION TO CROWN \$142.78 10 D2959 POST AND CORE IN ADDITION TO CROWN \$142.78 10 D2999 UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT BR 10 D3110 PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION) \$29.46 10 D3120 PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION) \$28.41 10 D3220 THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) \$28.71 10 D3220 THERAPEUTIC PULPOTOMY FOR APEXO				10/01/2020
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D2940 PROTECTIVE RESTORATION \$51.47 10 D2941 INTERIM THERAPEUTIC RESTORATION - PRIMARY DENTITION BR 01 D2950 CORE BUILD-UP, INCLUDING ANY PINS WHEN REQUIRED \$131.38 10 D2951 PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION \$41.38 10 D2952 POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED \$195.11 10 D2954 PREFABRICATED POST AND CORE IN ADDITION TO CROWN \$142.78 10 D2959 UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT BR 10 D3110 PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION) \$22.46 10 D3110 PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION) \$28.71 10 D3220 THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) \$28.71 10 D3221 PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH \$94.38 10 D3222 PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELO \$114.20 10 D3230 PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RES \$113.35 10 D3				10/01/2020
D2941 INTERIM THERAPEUTIC RESTORATION - PRIMARY DENTITION BR 01 D2950 CORE BUILD-UP, INCLUDING ANY PINS WHEN REQUIRED \$131.38 10 D2951 PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION \$41.38 10 D2952 POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED \$195.11 1 D2954 PREFABRICATED POST AND CORE IN ADDITION TO CROWN \$142.78 10 D2999 UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT BR 10 D3110 PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION) \$29.46 10 D3120 PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION) \$28.71 10 D3220 THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) \$90.37 10 D3221 PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH \$94.38 10 D3222 PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELO \$114.20 10 D3230 PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL \$117.82 10 D33240 PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL \$117.82				10/01/2020
D2950 CORE BUILD-UP, INCLUDING ANY PINS WHEN REQUIRED \$131.38 10 D2951 PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION \$41.38 10 D2952 POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED \$195.11 10 D2954 PREFABRICATED POST AND CORE IN ADDITION TO CROWN \$142.78 10 D2999 UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT BR 10 D3110 PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION) \$29.46 10 D3120 PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION) \$28.71 10 D3220 THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) \$90.37 10 D3221 PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH \$94.38 10 D3222 PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELO \$114.20 10 D3230 PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RES \$113.35 10 D3240 PULPAL THERAPY (RESORBABLE FILLING)-FOSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL \$117.82 10 D3310 ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)				01/01/2014
D2952 POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED D2954 PREFABRICATED POST AND CORE IN ADDITION TO CROWN D2999 UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT BR 10 D3110 PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION) D3120 PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION) D3220 THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) D3221 PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH D3222 PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELO D3230 PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RES D3240 PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RES D3240 PULPAL THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) D3310 ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) D3320 ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3321 TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS D3332 INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH D3333 INTERNAL ROOT REPAIR OF PERFORATION DEFECTS D3346 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR D3347 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-PREMOLAR S587.18 10 D3348 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR S587.18 10	D2950	CORE BUILD-UP, INCLUDING ANY PINS WHEN REQUIRED	\$131.38	10/01/2020
D2954 PREFABRICATED POST AND CORE IN ADDITION TO CROWN \$142.78 10 D2999 UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT BR 10 D3110 PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION) \$29.46 10 D3120 PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION) \$28.71 10 D3220 THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL TO \$90.37 10 D3221 PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH \$94.38 10 D3222 PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELO \$114.20 10 D3230 PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RES \$113.35 10 D3240 PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL \$117.82 10 D3310 ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) \$372.58 10 D3320 ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION) \$442.47 10 D3331 TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS \$163.72 10 D3332 INCOMPLETE ENDODONT	D2951	PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION	\$41.38	10/01/2020
D2999 UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT BR 10 D3110 PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION) \$29.46 10 D3120 PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION) \$28.71 10 D3220 THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL TO \$90.37 10 D3221 PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH \$94.38 10 D3222 PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELO \$114.20 10 D3230 PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RES \$113.35 10 D3240 PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL \$117.82 10 D3310 ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) \$372.58 10 D3320 ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION) \$442.47 10 D3331 TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS \$163.27 10 D3332 INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH \$207.71 10 D3333	D2952	POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED	\$195.11	10/01/2020
D3110 PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION) D3120 PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION) D3220 THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) PEMOVAL OF PULP CORONAL TO D3221 PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH D3222 PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELO D3230 PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RES D3240 PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RES D3310 ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) D3320 ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3331 TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS D3332 INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH D3333 INTERNAL ROOT REPAIR OF PERFORATION DEFECTS D3346 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR D3347 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - PREMOLAR S587.18 10 D3348 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - PREMOLAR \$587.18 10	D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$142.78	10/01/2020
D3120 PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION) D3210 THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL TO D3221 PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH D3222 PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELO D3230 PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RES D3240 PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL D3310 ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) D3320 ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3330 ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3331 TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS D3332 INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH D3333 INTERNAL ROOT REPAIR OF PERFORATION DEFECTS D3346 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR D3348 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-PREMOLAR S587.18 10	D2999	UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT	BR	10/01/2007
THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL TO \$90.37 10 \$90.37 10 \$90.37 10 \$90.321 PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	D3110	PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)	\$29.46	10/01/2020
D3221 PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH D3222 PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELO D3230 PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RES D3240 PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RES D3310 ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) D3320 ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3330 ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3331 TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS D3332 INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH D3333 INTERNAL ROOT REPAIR OF PERFORATION DEFECTS D3346 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR D3347 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-PREMOLAR S587.18 10	D3120	PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)	\$28.71	10/01/2020
PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELO \$114.20 10 D3230 PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RES \$113.35 10 D3240 PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RES \$117.82 10 D3310 ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) \$372.58 10 D3320 ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION) \$3442.47 10 D3330 ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION) \$3442.47 10 D3331 TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS \$163.27 10 D3332 INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH \$207.71 10 D3333 INTERNAL ROOT REPAIR OF PERFORATION DEFECTS \$122.04 10 D3346 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR \$454.94 10 D3347 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - PREMOLAR \$587.18 10		· ·		10/01/2020
D3230 PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RES D3240 PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL B3310 ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) D3320 ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3330 ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3331 TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS D3332 INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH D3333 INTERNAL ROOT REPAIR OF PERFORATION DEFECTS D3346 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR D3347 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-PREMOLAR \$557.18 10		,	\$94.38	10/01/2020
D3240 PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL \$117.82 10 D3310 ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) \$372.58 10 D3320 ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION) \$442.47 10 D3330 ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION) \$546.14 10 D3331 TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS \$163.27 10 D3332 INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH \$207.71 10 D3333 INTERNAL ROOT REPAIR OF PERFORATION DEFECTS \$122.04 10 D3346 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR \$454.94 10 D3347 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - PREMOLAR \$587.18 10			·	10/01/2020
D3310 ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) D3320 ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3330 ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3331 TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS D3332 INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH D3333 INTERNAL ROOT REPAIR OF PERFORATION DEFECTS D3346 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR D3347 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - PREMOLAR D3348 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR \$587.18 10				10/01/2020
D3320 ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3330 ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3331 TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS D3332 INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH D3333 INTERNAL ROOT REPAIR OF PERFORATION DEFECTS D3346 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR D3347 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - PREMOLAR D3348 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR S587.18 10				10/01/2020
D3330 ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION) D3331 TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS D3332 INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH D3333 INTERNAL ROOT REPAIR OF PERFORATION DEFECTS D3346 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR D3347 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - PREMOLAR D3348 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR S587.18 10		· · · · · · · · · · · · · · · · · · ·		10/01/2020
D3331 TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS \$163.27 10 D3332 INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH \$207.71 10 D3333 INTERNAL ROOT REPAIR OF PERFORATION DEFECTS \$122.04 10 D3346 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR \$454.94 10 D3347 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - PREMOLAR \$494.36 10 D3348 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR \$587.18 10				10/01/2020
D3332INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH\$207.7110D3333INTERNAL ROOT REPAIR OF PERFORATION DEFECTS\$122.0410D3346RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR\$454.9410D3347RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - PREMOLAR\$494.3610D3348RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR\$587.1810				10/01/2020
D3333INTERNAL ROOT REPAIR OF PERFORATION DEFECTS\$122.0410D3346RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR\$454.9410D3347RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - PREMOLAR\$494.3610D3348RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR\$587.1810		· · · · · · · · · · · · · · · · · · ·		10/01/2020 10/01/2020
D3346RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR\$454.9410D3347RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - PREMOLAR\$494.3610D3348RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR\$587.1810				10/01/2020
D3347 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - PREMOLAR \$494.36 10 D3348 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR \$587.18 10				10/01/2020
D3348 RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR \$587.18 10				10/01/2020
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Proc	Procedure Description	FFS Rate	Eff Date
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 D3473	SURGICAL REPAIR OF ROOT RESORPTION - PREMOLAR SURGICAL REPAIR OF ROOT RESORPTION - MOLAR	\$357.86 \$411.87	01/01/2021
D3473 D3501	SURGICAL EXPOSURE OF ROOT SURFACE WITHOUT APICOECTOMY OR REPAIR OF ROOT RESORPTI		01/01/2021 01/01/2021
D3501	SURGICAL EXPOSURE OF ROOT SURFACE WITHOUT AFTICOECTOMY OR REPAIR OF ROOT RESORPTI	\$348.81 \$357.86	01/01/2021
D3502	SURGICAL EXPOSURE OF ROOT SURFACE WITHOUT AFTICOECTOMY 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	Ψ202.03 BR	10/01/2020
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 UNSPECIFIED PERIODONTAL PROCEDURE. BY REPORT	\$31.06	10/01/2020
D4999 D5110	COMPLETE DENTURE - MAXILLARY	\$0.74 \$792.33	10/01/2020
D5110 D5120	COMPLETE DENTURE - MANDIBULAR	\$792.33 \$796.21	10/01/2020
D5120 D5130	IMMEDIATE DENTURE - MAXILLARY	\$867.26	10/01/2020
D5130	IMMEDIATE DENTURE - MANDIBULAR	\$865.93	10/01/2020
D5140 D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING, RETENTIVE/CLASPING MATERIALS,	\$667.72	10/01/2020
D5211	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

Proc	Procedure Description	FFS Rate	Eff Date
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 D5650	REPLACE BROKEN TEETH-PER TOOTH ADD TOOTH TO EXISTING PARTIAL DENTURE	\$86.18 \$101.81	10/01/2020 10/01/2020
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE - PER TOOTH	\$101.61	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
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 NASAL SEPTAL PROSTHESIS	BR BR	10/01/2007
D5922 D5923	OCULAR PROSTHESIS, INTERIM	BR	10/01/2007 10/01/2007
D5923	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 PARIATION CARRIER	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

Proc	Procedure Description	FFS Rate	Eff Date
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
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
D7610	MAXILLA-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	\$1,714.97	10/01/2020
D7620	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
		Ψ1,077.97	10/01/2020

Proc	Procedure Description	FFS Rate	Eff Date
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 D7760	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION	\$1,837.46	10/01/2020
D7770	ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH	\$1,269.07	10/01/2020
D7771	ALVEOLUS, CLOSED REDUCTION STABILIZATION OF TEETH	\$1,224.98 \$710.48	10/01/2020 10/01/2020
D7771	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
D7810	CLOSED REDUCTION OF DISLOCATION	\$1,754.17	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	Ψ2,033.47 BR	10/01/2020
D7854	SYNOVECTOMY	\$2,538.16	10/01/2007
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
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 D7946	OSTEOTOMY-BODY OF MANDIBLE	\$3,062.43 \$3,420.13	10/01/2020
D7946 D7947	LEFORT I (MAXILLA-TOTAL) LEFORT I (MAXILLA-SEGMENTED)	\$3,420.13	10/01/2020 10/01/2020
D7947 D7948	LEFORT I (MAXILLA-SEGMENTED) LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR	\$3,918.95	10/01/2020
D7948 D7949	LEFORT II OR LEFORT III (031E0FLAST) OF FACIAL BONES FOR MIDFACE HTFOFLASIA OR 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	Ψ2,546.09 BR	10/01/2020
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
D7960	FRENULECTOMY - ALSO KNOWN AS FRENECTOMY OR FRENOTOMY - SEPARATE PROCEDURE NOT IN	\$173.90	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

OPEN-1000-0001-0014-0014-0014-0014-0014-001	Proc	Procedure Description	FFS Rate	Eff Date
DYTHER DECEMBER ANABOBLE FOR FACIAL BONES, BY REPORT BIR 1001/2007.	D7990	EMERGENCY TRACHEOTOMY	\$357.69	10/01/2020
D77989 MPILANT-MANDIBLE FOR AUGMENTATION PURPOSES EXCLUDING ALVEOLAR RIDGE, BY REPORT BR 1001/2007 POPPOY POPUNE FRENDER, BY 1001 POPUNE POPUNE FRENDER, BY 1001/2007 POPOY POPUNE FRENDER, BY 1001/2007 POPOY POPUNE FRENDER, BY 1001/2007 POPOY PO	D7991	CORONOIDECTOMY	\$1,249.48	10/01/2020
DIPPIES APPLIANCE REMOVAL INDT BY DENTIST WHICH PLACED APPLIANCE, INCLUDES REMOVAL OF BR 1001/2007 DIPPIES TARRORAL PLACEMENT OF A FIXATION DEVICE OF IT INCLUDES REMOVAL OF BR 1001/2007 DIPPIES UNISPECIFIED ORAL SURGERY PROCEDURE, BY REPORT BR 1001/2007 DIPPIES UNISPECIFIED ORAL SURGERY PROCEDURE, BY REPORT BR 1001/2007 DIPPIES UNISPECIFIED ORAL SURGERY PROCEDURE, BY REPORT BR 1001/2007 DIPPIES UNISPECIFIED ORAL SURGERY PROCEDURE, BY REPORT BR 1001/2007 DIPPIES UNISPECIFIED ORAL SURGERY PROCEDURE, BY REPORT BR 1001/2007 DIPPIES UNISPECIFIED ORAL SURGERY PROCEDURE, BY REPORT BR 1001/2007 DIPPIES UNISPECIFIED ORAL SURGERY PROCEDURE, BY REPORT BR 1001/2007 DIPPIES UNISPECIFIED ORAL SURGERY PROCEDURE, BY REPORT BR 1001/2007 DIPPIES UNISPECIFIED ORAL SURGERY PROCEDURE, BY REPORT BR 1001/2007 DIPPIES UNISPECIFIED ORAL SURGERY PROCEDURE, BY REPORT BR 1001/2007 DIPPIES UNISPECIFIED ORAL SURGERY PROCEDURE, BY REPORT BR 1001/2007 DIPPIES UNISPECIFIED ORAL SURGERY PROCEDURE, BY REPORT BR 1001/2007 DIPPIES UNISPECIFIED ORAL SURGERY PROCEDURE, BY REPORT BR 1001/2007 DIPPIES UNISPECIFIED ORAL SURGERY PROCEDURE, BY REPORT BR 1001/2007 DIPPIES UNISPECIFIED ORAL SURGERY PROCEDURE, BY REPORT BR 1001/2007 DIPPIES UNISPECIFIED ORAL SURGERY PROCEDURE, BY REPORT BR 1001/2007 DIPPIES UNISPECIFIED ORAL SURGERY PROCEDURE, BY REPORT BR 1001/2007 DIPPIES UNISPECIFIED ORAL SURGERY PROCEDURE, BY REPORT BR 1001/2007 DIPPIES UNISPECIFIED ORAL SURGERY PROCEDURE, BY REPORT BR 1001/2007 DIPPIES UNISPECIFIED ORAL SURGERY PROCEDURE, BY REPORT BR 1001/2007 DIPPIES UNISPECIFIED ORAL SURGERY PROCEDURE, BY REPORT BR 1001/2007 DIPPIES UNISPECIFIED ORAL SURGERY PROCEDURE, BY REPORT HAND COMPLETION OF THE BR 1001/2007 DIPPIES UNISPECIFIED ORAL SURGERY PROCEDURE, BY REPORT HAND COMPLETION OF THE BR 1001/2007 DIPPIES UNISPECIFIED ORAL SURGERY PROCEDURE, BY RE	D7995	,		
D7999 INTRAORAL FLACEMENT OF A FIXATION DEVICE NOT IN CONJUNCTION WITH A FRACTURE BR 1001/2007 1007/2007	D7996	, , , , , , , , , , , , , , , , , , , ,	<u> </u>	
DEBPS		· ·		
BIRDID LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION \$289.51 1001/2202				
B00200 LIMITED ORTHODONITE TREATMENT OF THE TRANSITIONAL DENTITION \$992,44 1001/2002 1001/20		·	<u> </u>	
BB030 LIMITE D GRITHODONITIC TREATMENT OF THE ADULE DENTITION 8915,75 1001/2020 BB040 LIMITE D GRITHODONITIC TREATMENT OF THE REDULE DENTITION \$313,99 1001/2020 BB040 LIMITE D GRITHODONITIC TREATMENT OF THE PRIMARY DENTITION \$12,73,32 1001/2020 BB060 INTERCEPTIVE ORTHODONITIC TREATMENT OF THE TRANSITIONAL DENTITION \$1,282,92 1001/2020 BB070 COMPREHENSIVE ORTHODONITIC TREATMENT OF THE ADULT DENTITION \$2,264,43 1001/2020 BB080 COMPREHENSIVE ORTHODONITIC TREATMENT OF THE ADULT DENTITION \$2,264,41 1001/2020 BB080 COMPREHENSIVE ORTHODONITIC TREATMENT OF THE ADULT DENTITION \$2,968,41 1001/2020 BB210 COMPREHENSIVE ORTHODONITIC TREATMENT OF THE ADULT DENTITION \$3,053,41 1001/2020 BB220 FIRED APPLIANCE THERAPY \$30,033,41 1001/2020 BB221 FIRED APPLIANCE THERAPY \$30,033,41 1001/2020 BB220 FIRED APPLIANCE THERAPY \$30,033,41 1001/2020 BB221 FIRED APPLIANCE THERAPY \$30,033,41 1001/2020 BB222 FIRED APPLIANCE STONITION ON THE ADULT ON THE ADULT ON THE ADULT ON TH				
DRIVETO CHINDOCHTIC TREATMENT OF THE ADULT DENTITION \$913.59 1001/2202				
D00500 INTERCEPTIVE ORTHODONITIC TREATMENT OF THE FRANSITIONAL DENTITION \$1,273.22 1001/2202				
INTERCEPTIVE ORTHODONITIC TREATMENT OF THE TRANSITIONAL DENTITION \$1.258.28 1001/2020				
DB0070 COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION \$2.895.45 1001/2202 DB0080 COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION \$2.896.44 1001/2202 DB0080 COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION \$2.896.44 1001/2202 DB0080 COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION \$2.896.44 1001/2202 DB0082 PRE-ORTHODONTIC TREATMENT OF THE ADULT DENTITION \$2.896.44 1001/2202 DB0082 PRE-ORTHODONTIC TREATMENT OF THE ADULT DENTITION \$3.16.35 1001/2202 DB0082 PRE-ORTHODONTIC TREATMENT VISIT \$4.65.81 1001/2202 DB0080 PRE-ORTHODONTIC TREATMENT VISIT \$4.65.81 1001/2202 DB0080 PRE-ORTHODONTIC TREATMENT VISIT \$4.65.81 1001/2202 DB0080 ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF \$3.06.78 1001/2202 DB0080 ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF \$3.06.78 1001/2202 DB0080 ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES FOR REASONS OTHER THAN COMPLETION OF TRE				
D00800 COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADDLESCENT DENTITION \$2,884.43 100102020 D00800 COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION \$2,986.44 100102020 D02200 FIXED APPLIANCE THERAPY \$34.53.51 100172020 D02200 FIXED APPLIANCE THERAPY \$34.53.51 100172020 D08200 FIXED APPLIANCE THERAPY \$34.53.51 100172020 D08600 PERIODIC ORTHODONTIC TREATMENT EXAMINATION TO MONITOR GROWTH AND DEVELOPMENT \$36.58.81 100172020 D08600 PERIODIC ORTHODONTIC TREATMENT WISHING \$13.43.31 100172020 D08600 ORTHODONTIC TREATMENT GULTERATIVE BILLING TO A CONTRACT FEE) \$108.18 100172020 D08690 RETHODONTIC TREATMENT GULTERATIVE BILLING TO A CONTRACT FEE) \$10.918.81 100172020 D08697 REPAIR OF GORTHODONTIC APPLIANCES AND REASONS OTHER THAN COMPLETION OF TRE \$6.11.91 100172020 D08697 REPAIR OF GORTHODONTIC APPLIANCES AND REASONS OTHER THAN COMPLETION OF TRE \$4.11.91 1001072020 D08702 REPAIR OF GORTHODONTIC APPLIANCE ANDIBULAR \$4.19 1001072020 D08898 REPAIR OF				
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DB210 REMOVABLE APPLIANCE THERAPY \$315.35 001/2020 DB220 FIXED APPLIANCE THERAPY \$346.34 1001/2020 DB860 PRE-ORTHODONTIC TREATMENT EXAMINATION TO MONITOR GROWTH AND DEVELOPMENT \$46.85 1001/2020 DB860 PREODICIO CRETHODONTIC TREATMENT VISIT \$134.33 1001/2020 DB860 PREDODIC ORTHODONTIC TREATMENT VISIT \$134.33 1001/2020 DB860 ORTHODONTIC TREATMENT (ALTERNATIVE BILLING TO A CONTRACT FEE) \$108.18 1001/2020 DB869 ORTHODONTIC TREATMENT (ALTERNATIVE BILLING TO A CONTRACT FEE) \$10.818 1001/2020 DB869 REPAIR OF ORTHODONTIC APPLIANCES FOR REASONS OTHER THAN COMPLETION OF TRE \$6.001/2020 DB869 REPAIR OF CRITHODONTIC APPLIANCE-MANUBLUARY \$41.19 1001/2020 DB869 REPAIR OF CRITHODONTIC APPLIANCE-MANUBLUARY \$45.56 1001/2020 DB869 RECEMBET OR RE-BOND FIXER DETAINER-MANUBLUARY \$45.56 1001/2020 DB870 REPAIR OF FIXED RETAINER, MANUBLUARY \$35.81 1001/2020 DB701 REPAIR OF FIXED RETAINER, MANUBLUARY \$35.81 1001/2020 DB70				
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DB6600 PRE-ORTHODONTIC TREATMENT EXAMINATION TO MONITOR GROWTH AND DEVELOPMENT \$46.85 1001/2020 D8670 PERIODIC ORTHODONTIC TREATMENT VISIT \$134.33 1001/2020 D8680 ORTHODONTIC TREATMENT VISIT \$206.76 1001/2020 D8680 ORTHODONTIC TREATMENT (ALTERNATIVE BILLING TO A CONTRACT FEE) \$100.18 1001/2020 D8690 ORTHODONTIC TREATMENT (ALTERNATIVE BILLING TO A CONTRACT FEE) \$10.19 1001/2020 D8696 REPAIR OF CRITHODONTIC APPLIANCES FOR REASONS OTHER THAN COMPLETION OF TRE BR 1001/2020 D8697 REPAIR OF CRITHODONTIC APPLIANCES FOR PEASONS OTHER THAN COMPLETION OF TRE \$41.19 1001/2020 D8697 REPAIR OF CRITHODONTIC APPLIANCES MAXILLARY \$41.19 1001/2020 D8698 RECEMENT OR RE-BOND FIXED RETAINER-MAXILLARY \$47.56 1001/2020 D8709 REPAIR OF FIXED RETAINER, INCLUDES REATTACHMENT-MAXILLARY \$35.18 1001/2020 D8702 REPAIR OF FIXED RETAINER, INCLUDES REATTACHMENT-MAXILLARY \$136.94 1001/2020 D8703 REPLACEMENT OF LOST OR BROKEN RETAINER-MAXILLARY \$136.94 1001/2020 D8704 REPLACEMENT O				
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D8990 ORTHODONTIC TREATMENT (ALTERNATIVE BILLING TO A CONTRACT FEE) \$108.18 10/01/2020 D8985 REMOVAL OF FIXED ORTHODONTIC APPLIANCES FOR REASONS OTHER THAN COMPLETION OF TRE BR 01/01/2018 D8986 REPRIR OF ORTHODONTIC APPLIANCE—MAXILLARY \$41.19 10/01/2020 D8987 REPAIR OF ORTHODONTIC APPLIANCE—MANDIBULAR \$41.19 10/01/2020 D8689 RE-CEMENT OR RE-BOND FIXED RETAINER MANDIBULAR \$47.56 10/01/2020 D8701 REPAIR OF ORTHODONTIC APPLIANCE—MANDIBULAR \$47.56 10/01/2020 D8701 REPAIR OF FIXED RETAINER, MAXILLARY \$47.56 10/01/2020 D8702 REPAIR OF FIXED RETAINER, INCLUDES REATTACHMENT—MAXILLARY \$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 D8709 UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT BR 10/01/2020 D8101 PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MINOR PROCEDURES \$16.62 10/01/2020 D9210 FIXED PARTIAL DENTURE SECTIONING \$7			 	
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	D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT	\$00.41 BR	10/01/2020

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