

Arizona Health Care Cost Containment System
Final FFS Program Capped Fee Schedule Dental Rates
Effective 10/01/2025

Procedure Code	Procedure Description	FFS Rate	Flagstaff Rate
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	\$ 29.74	\$ 32.71
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	\$ 39.36	\$ 39.36
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMA	\$ 34.24	\$ 37.66
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$ 46.28	\$ 50.91
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED, BY REPORT	\$ 52.17	\$ 52.17
D0170	RE-EVALUATION-LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT POST-OPERATIVE VISIT)	\$ 29.00	\$ 29.00
D0171	RE-EVALUATION - POST-OPERATIVE OFFICE VISIT	\$ 35.00	\$ 35.00
D0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$ 47.49	\$ 47.49
D0190	SCREENING OF A PATIENT	\$ 30.02	\$ 30.02
D0191	ASSESSMENT OF A PATIENT	\$ 31.44	\$ 31.44
D0210	INTRAORAL - COMPLETE SERIES OF RADIOGRAPHIC IMAGES	\$ 72.29	\$ 72.29
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	\$ 14.88	\$ 16.37
D0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	\$ 12.23	\$ 13.45
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	\$ 15.40	\$ 15.40
D0250	EXTRA-ORAL - 2D PROJECTION RADIOGRAPHIC IMAGE CREATED USING A STATIONARY RADIATI	\$ 17.53	\$ 17.53
D0251	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE	\$ 35.00	\$ 35.00
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	\$ 12.38	\$ 12.38
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	\$ 23.90	\$ 26.29
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	\$ 29.44	\$ 29.44
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	\$ 34.28	\$ 37.71
D0277	VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES	\$ 43.48	\$ 43.48
D0310	SIALOGRAPHY	\$ 53.90	\$ 53.90
D0320	TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCLUDING INJECTION	\$ 118.89	\$ 118.89
D0321	OTHER TEMPOROMANDIBULAR JOINT RADIOGRAPHIC IMAGES, BY REPORT	\$ 56.84	\$ 56.84
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$ 61.90	\$ 61.90
D0340	2D CEPHALOMETRIC RADIOGRAPHIC IMAGE - ACQUISITION, MEASUREMENT AND ANALYSIS	\$ 54.78	\$ 54.78
D0350	2D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY	\$ 22.94	\$ 22.94
D0364	CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FI	\$ 70.00	\$ 70.00
D0367	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS; WITH OR	\$ 419.70	\$ 419.70
D0372	INTRAORAL TOMOSYNTHESIS-COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES	\$ 72.29	\$ 72.29
D0373	INTRAORAL TOMOSYNTHESIS- BITEWING RADIOGRAPHIC IMAGE	\$ 12.38	\$ 12.38
D0374	INTRAORAL TOMOSYNTHESIS-PERIAPICAL RADIOGRAPHIC IMAGE	\$ 14.88	\$ 14.88
D0388	INTRAORAL TOMOSYNTHESIS-BITEWING RADIOGRAPHIC IMAGE- IMAGE CAPTURE ONLY	\$ 12.38	\$ 12.38
D0389	INTRAORAL TOMOSYNTHESIS- PERIAPICAL RADIOGRAPHIC IMAGE-IMAGE CAPTURE ONLY	\$ 14.88	\$ 14.88
D0393	TREATMENT SIMULATION USING 3D IMAGE VOLUME	BR	BR
D0396	3D PRINTING OF A 3D DENTAL SURFACE SCAN	\$ 53.12	\$ 53.12
D0470	DIAGNOSTIC CASTS	\$ 53.12	\$ 53.12
D0502	OTHER ORAL PATHOLOGY PROCEDURES, BY REPORT	\$ 25.90	\$ 25.90
D0604	ANTIGEN TESTING FOR A PUBLIC HEALTH RELATED PATHOGEN, INCLUDING CORONAVIRUS	BR	BR
D0605	ANTIBODY TESTING FOR A PUBLIC HEALTH RELATED PATHOGEN, INCLUDING CORONAVIRUS	BR	BR
D0606	MOLECULAR TESTING FOR A PUBLIC HEALTH RELATED PATHOGEN, INCLUDING CORONAVIRUS	BR	BR
D0701	PANORAMIC RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY	\$ 61.90	\$ 61.90
D0702	2-D CEPHALOMETRIC RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY	\$ 54.78	\$ 54.78
D0703	2-D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY - IMAGE	\$ 22.94	\$ 22.94
D0705	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY	\$ 72.29	\$ 72.29
D0706	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY	\$ 15.40	\$ 15.40
D0707	INTRAORAL - PERIAPICAL RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY	\$ 14.88	\$ 14.88
D0708	INTRAORAL - BITEWING RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY	\$ 12.38	\$ 12.38
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT	BR	BR
D1110	PROPHYLAXIS-ADULT	\$ 54.36	\$ 54.36
D1120	PROPHYLAXIS-CHILD	\$ 44.44	\$ 48.88
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	\$ 22.12	\$ 24.33
D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	\$ 20.93	\$ 20.93
D1320	TOBACCO COUNSELING	\$ 14.08	\$ 14.08
D1321	COUNSELING FOR THE CONTROL AND PREVENTION OF ADVERSE ORAL, BEHAVIORAL, AND SYSTE	\$ 14.08	\$ 14.08
D1351	SEALANT-PER TOOTH	\$ 29.70	\$ 32.67
D1352	PREVENTIVE RESIN RESTORATION IN A MODERATE TO HIGH CARIES RISK PATIENT - PERMANE	\$ 38.46	\$ 38.46
D1353	SEALANT REPAIR - PER TOOTH	\$ 29.03	\$ 29.03
D1354	INTERIM CARIES ARRESTING MEDICAMENT APPLICATION - PER TOOTH	\$ 22.12	\$ 24.33
D1355	CARIES PREVENTIVE MEDICAMENT APPLICATION - PER TOOTH	\$ 22.12	\$ 22.12
D1510	SPACE MAINTAINER-FIXED UNILATERAL	\$ 169.83	\$ 169.83
D1516	SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY	\$ 231.90	\$ 231.90
D1517	SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR	\$ 231.90	\$ 231.90
D1520	SPACE MAINTAINER-REMOVABLE UNILATERAL	\$ 154.06	\$ 154.06
D1526	SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY	\$ 220.19	\$ 220.19
D1527	SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR	\$ 220.19	\$ 220.19
D1551	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER MAXILLA	\$ 35.18	\$ 35.18
D1552	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER-MANDIBUL	\$ 35.18	\$ 35.18
D1553	RE-CEMENT OR RE-BOND UNILATERAL SPACE MAINTAINER-PER QUADRANT	\$ 35.18	\$ 35.18
D1556	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER MAXILLA	\$ 35.18	\$ 35.18
D1557	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER-MANDIBUL	\$ 35.18	\$ 35.18
D1558	RE-CEMENT OR RE-BOND UNILATERAL SPACE MAINTAINER-PER QUADRANT	\$ 35.18	\$ 35.18
D1575	DISTAL SHOE SPACE MAINTAINER - FIXED UNILATERAL	\$ 169.83	\$ 169.83
D1999	UNSPECIFIED PREVENTIVE PROCEDURE, BY REPORT	BR	BR

D2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	\$ 71.62	\$ 71.62
D2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	\$ 88.10	\$ 88.10
D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	\$ 102.10	\$ 102.10
D2161	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	\$ 122.06	\$ 122.06
D2330	RESIN-ONE SURFACE, ANTERIOR	\$ 84.08	\$ 84.08
D2331	RESIN-TWO SURFACES, ANTERIOR	\$ 105.33	\$ 105.33
D2332	RESIN-THREE SURFACES, ANTERIOR	\$ 126.80	\$ 126.80
D2335	RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	\$ 152.73	\$ 152.73
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	\$ 191.32	\$ 191.32
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	\$ 80.90	\$ 80.90
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	\$ 97.72	\$ 107.49
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	\$ 118.15	\$ 118.15
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	\$ 141.10	\$ 141.10
D2740	CROWN - PORCELAIN/CERAMIC	\$ 554.80	\$ 554.80
D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	\$ 544.00	\$ 544.00
D2751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$ 527.04	\$ 527.04
D2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	\$ 537.05	\$ 537.05
D2753	CROWN-PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$ 592.94	\$ 592.94
D2790	CROWN-FULL CAST HIGH NOBLE METAL	\$ 553.03	\$ 553.03
D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	\$ 588.30	\$ 588.30
D2792	CROWN-FULL CAST NOBLE METAL	\$ 588.30	\$ 588.30
D2794	CROWN-TITANIUM	\$ 391.99	\$ 391.99
D2910	RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL COVERAGE RESTORATION	\$ 47.56	\$ 47.56
D2915	RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE	\$ 47.56	\$ 47.56
D2920	RE-CEMENT OR RE-BOND CROWN	\$ 47.00	\$ 47.00
D2921	REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP	BR	BR
D2928	PREFABRICATED PORCELAIN/CERAMIC CROWN - PERMANENT TOOTH	\$ 152.45	\$ 152.45
D2929	PREFABRICATED PORCELAIN/CERAMIC CROWN - PRIMARY TOOTH	\$ 143.38	\$ 157.72
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	\$ 139.38	\$ 153.32
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH	\$ 152.45	\$ 152.45
D2932	PREFABRICATED RESIN CROWN	\$ 137.51	\$ 137.51
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	\$ 163.35	\$ 163.35
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH	\$ 163.35	\$ 163.35
D2940	PROTECTIVE RESTORATION	\$ 51.47	\$ 51.47
D2950	CORE BUILD-UP, INCLUDING ANY PINS WHEN REQUIRED	\$ 131.38	\$ 131.38
D2951	PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION	\$ 41.38	\$ 41.38
D2952	POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED	\$ 195.11	\$ 195.11
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$ 142.78	\$ 142.78
D2976	BAND STABILIZATION - PER TOOTH	BR	BR
D2999	UNSPECIFIED RESTORATIVE PROCEDURE BY REPORT	BR	BR
D3110	PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)	\$ 29.46	\$ 29.46
D3120	PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)	\$ 28.71	\$ 28.71
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL TO	\$ 90.37	\$ 90.37
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	\$ 94.38	\$ 94.38
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELO	\$ 114.20	\$ 114.20
D3230	PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RES	\$ 113.35	\$ 113.35
D3240	PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL	\$ 117.82	\$ 117.82
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	\$ 372.58	\$ 372.58
D3320	ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION)	\$ 442.47	\$ 442.47
D3330	ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION)	\$ 546.14	\$ 546.14
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS	\$ 163.27	\$ 163.27
D3332	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH	\$ 207.71	\$ 207.71
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	\$ 122.04	\$ 122.04
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR	\$ 454.94	\$ 454.94
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - PREMOLAR	\$ 494.36	\$ 494.36
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR	\$ 587.18	\$ 587.18
D3351	APEXIFICATION/RECALCIFICATION - INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR OF	\$ 125.57	\$ 125.57
D3352	APEXIFICATION/RECALCIFICATION - INTERIM MEDICATION REPLACEMENT (APICAL CLOSURE/C	\$ 90.45	\$ 90.45
D3353	APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL	\$ 242.11	\$ 242.11
D3410	APICOECTOMY - ANTERIOR	\$ 348.81	\$ 348.81
D3421	APICOECTOMY - PREMOLAR (FIRST ROOT)	\$ 357.86	\$ 357.86
D3425	APICOECTOMY - MOLAR (FIRST ROOT)	\$ 411.87	\$ 411.87
D3426	APICOECTOMY (EACH ADDITIONAL ROOT)	\$ 175.83	\$ 175.83
D3430	RETROGRADE FILLING-PER ROOT	\$ 123.02	\$ 123.02
D3450	ROOT AMPUTATION-PER ROOT	\$ 202.65	\$ 202.65
D3471	SURGICAL REPAIR OF ROOT RESORPTION - ANTERIOR	\$ 348.81	\$ 348.81
D3472	SURGICAL REPAIR OF ROOT RESORPTION - PREMOLAR	\$ 357.86	\$ 357.86
D3473	SURGICAL REPAIR OF ROOT RESORPTION - MOLAR	\$ 411.87	\$ 411.87
D3501	SURGICAL EXPOSURE OF ROOT SURFACE WITHOUT APICOECTOMY OR REPAIR OF ROOT RESORPTI	\$ 348.81	\$ 348.81
D3502	SURGICAL EXPOSURE OF ROOT SURFACE WITHOUT APICOECTOMY OR REPAIR OF ROOT RESORPTI	\$ 357.86	\$ 357.86
D3503	SURGICAL EXPOSURE OF ROOT SURFACE WITHOUT APICOECTOMY OR REPAIR OF ROOT RESORPTI	\$ 411.87	\$ 411.87
D3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROOT CANAL THERAPY	\$ 202.65	\$ 202.65
D3921	DECORONATION OR SUBMERGENCE OF AN ERUPTED TOOTH	\$ 156.02	\$ 156.02
D3999	UNSPECIFIED ENDODONTIC PROCEDURE, BY REPORT	BR	BR
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED S	\$ 272.58	\$ 272.58
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED S	\$ 119.77	\$ 119.77
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH	\$ 321.69	\$ 321.69
D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH	\$ 222.18	\$ 222.18
D4249	CLINICAL CROWN LENGTHENING-HARD TISSUE	\$ 388.06	\$ 388.06
D4260	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP ENTRY AND CLOSURE)	\$ 526.36	\$ 526.36

D4261	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP ENTRY AND CLOSURE)	\$ 377.21	\$ 377.21
D4263	BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - FIRST SITE IN QUADRANT	\$ 277.63	\$ 277.63
D4264	BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - EACH ADDITIONAL SITE IN QUADRA	\$ 238.45	\$ 238.45
D4265	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION	\$ 304.99	\$ 304.99
D4266	GUIDED TISSUE REGENERATION - RESORBABLE BARRIER, PER SITE	\$ 297.13	\$ 297.13
D4267	GUIDED TISSUE REGENERATION - NONRESORBABLE BARRIER, PER SITE, (INCLUDES	\$ 336.16	\$ 336.16
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$ 314.27	\$ 314.27
D4273	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURG	\$ 523.95	\$ 523.95
D4274	MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION W	\$ 329.79	\$ 329.79
D4275	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SITE AND DONOR MATER	\$ 440.89	\$ 440.89
D4276	COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT, PER TOOTH	\$ 537.60	\$ 537.60
D4286	REMOVAL OF NON-RESORBABLE BARRIER	\$ 91.13	\$ 91.13
D4322	SPLINT - INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS	\$ 181.97	\$ 181.97
D4323	SPLINT - EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS	\$ 166.54	\$ 166.54
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	\$ 139.17	\$ 139.17
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT	\$ 89.63	\$ 89.63
D4346	SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION - FU	\$ 77.72	\$ 77.72
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE A COMPREHENSIVE ORAL EVALUATION AND DIAGNOSIS O	\$ 81.43	\$ 81.43
D4910	PERIODONTAL MAINTENANCE	\$ 71.77	\$ 71.77
D4920	UNSCHEDULED DRESSING CHANGE (BY SOMEONE OTHER THAN TREATING DENTIST OR THEIR STA	\$ 31.06	\$ 31.06
D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	\$ 0.74	\$ 0.74
D5110	COMPLETE DENTURE - MAXILLARY	\$ 792.33	\$ 792.33
D5120	COMPLETE DENTURE - MANDIBULAR	\$ 796.21	\$ 796.21
D5130	IMMEDIATE DENTURE - MAXILLARY	\$ 867.26	\$ 867.26
D5140	IMMEDIATE DENTURE - MANDIBULAR	\$ 865.93	\$ 865.93
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING, RETENTIVE/CLASPING MATERIALS,	\$ 667.72	\$ 667.72
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING, RETENTIVE/CLASPING MATERIALS	\$ 668.27	\$ 668.27
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES	\$ 846.84	\$ 846.84
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES	\$ 848.52	\$ 848.52
D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL CLA	BR	BR
D5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL CL	BR	BR
D5223	IMMEDIATE MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BA	BR	BR
D5224	IMMEDIATE MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE B	BR	BR
D5227	IMMEDIATE MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS	BR	BR
D5228	IMMEDIATE MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, REST	BR	BR
D5282	REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE CAST METAL (INCLUDING CLASPS AN	\$ 372.18	\$ 372.18
D5283	REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE CAST METAL (INCLUDING CLASPS AN	\$ 372.18	\$ 372.18
D5284	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE FLEXIBLE	\$ 743.08	\$ 743.08
D5286	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE RESIN	\$ 743.08	\$ 743.08
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$ 41.38	\$ 41.38
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	\$ 41.38	\$ 41.38
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$ 41.38	\$ 41.38
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$ 41.38	\$ 41.38
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	\$ 107.35	\$ 107.35
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	\$ 107.35	\$ 107.35
D5520	REPLACE MISSING OR BROKEN TEETH-COMPLETE DENTURE (EACH TOOTH)	\$ 87.14	\$ 87.14
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	\$ 89.99	\$ 89.99
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	\$ 89.99	\$ 89.99
D5621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	\$ 87.89	\$ 87.89
D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	\$ 87.89	\$ 87.89
D5630	REPAIR OR REPLACE BROKEN RETENTIVE CLASPING MATERIALS - PER TOOTH	\$ 89.95	\$ 89.95
D5640	REPLACE BROKEN TEETH-PER TOOTH	\$ 86.18	\$ 86.18
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$ 101.81	\$ 101.81
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE - PER TOOTH	\$ 127.50	\$ 127.50
D5710	REBASE COMPLETE MAXILLARY DENTURE	\$ 297.25	\$ 297.25
D5711	REBASE COMPLETE MANDIBULAR DENTURE	\$ 318.39	\$ 318.39
D5720	REBASE MAXILLARY PARTIAL DENTURE	\$ 318.39	\$ 318.39
D5721	REBASE MANDIBULAR PARTIAL DENTURE	\$ 318.39	\$ 318.39
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	\$ 171.30	\$ 171.30
D5731	RELINE LOWER COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	\$ 171.03	\$ 171.03
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	\$ 161.28	\$ 161.28
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	\$ 161.28	\$ 161.28
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	\$ 234.60	\$ 234.60
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	\$ 234.32	\$ 234.32
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	\$ 208.84	\$ 208.84
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	\$ 208.84	\$ 208.84
D5765	SOFT LINER FOR COMPLETE OR PARTIAL REMOVABLE DENTURE INDIRECT	\$ 87.89	\$ 87.89
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	\$ 351.50	\$ 351.50
D5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	\$ 351.50	\$ 351.50
D5850	TISSUE CONDITIONING, MAXILLARY	\$ 87.89	\$ 87.89
D5851	TISSUE CONDITIONING, MANDIBULAR	\$ 87.89	\$ 87.89
D5876	ADD METAL SUBSTRUCTURE TO ACRYLIC FULL DENTURE (PER ARCH)	BR	BR
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT	BR	BR
D5911	FACIAL MOULAGE (SECTIONAL)	BR	BR
D5912	FACIAL MOULAGE (COMPLETE)	BR	BR
D5913	NASAL PROSTHESIS	BR	BR
D5914	AURICULAR PROSTHESIS	BR	BR
D5915	ORBITAL PROSTHESIS	BR	BR
D5916	OCULAR PROSTHESIS	BR	BR
D5919	FACIAL PROSTHESIS	BR	BR

D5922	NASAL SEPTAL PROSTHESIS		BR	BR
D5923	OCULAR PROSTHESIS, INTERIM		BR	BR
D5924	CRANIAL PROSTHESIS		BR	BR
D5925	FACIAL AUGMENTATION IMPLANT PROSTHESIS		BR	BR
D5926	NASAL PROSTHESIS, REPLACEMENT		BR	BR
D5927	AURICULAR PROSTHESIS, REPLACEMENT		BR	BR
D5928	ORBITAL PROSTHESIS, REPLACEMENT		BR	BR
D5929	FACIAL PROSTHESIS, REPLACEMENT		BR	BR
D5931	OBTURATOR PROSTHESIS, SURGICAL		BR	BR
D5932	OBTURATOR PROSTHESIS, DEFINITIVE		BR	BR
D5933	OBTURATOR PROSTHESIS, MODIFICATION		BR	BR
D5934	MANDIBULAR RESECTION PROSTHESIS WITH GUIDE FLANGE		BR	BR
D5935	MANDIBULAR RESECTION PROSTHESIS WITHOUT GUIDE FLANGE		BR	BR
D5936	OBTURATOR/PROSTHESIS, INTERIM		BR	BR
D5937	TRISMUS APPLIANCE (NOT FOR TM TREATMENT)		BR	BR
D5951	FEEDING AID		BR	BR
D5952	SPEECH AID PROSTHESIS, PEDIATRIC		BR	BR
D5953	SPEECH AID PROSTHESIS, ADULT		BR	BR
D5954	PALATAL AUGMENTATION PROSTHESIS		BR	BR
D5955	PALATAL LIFT PROSTHESIS, DEFINITIVE		BR	BR
D5958	PALATAL LIFT PROSTHESIS, INTERIM		BR	BR
D5959	PALATAL LIFT PROSTHESIS, MODIFICATION		BR	BR
D5960	SPEECH AID PROSTHESIS, MODIFICATION		BR	BR
D5982	SURGICAL STENT		BR	BR
D5983	RADIATION CARRIER		BR	BR
D5984	RADIATION SHIELD		BR	BR
D5985	RADIATION CONE LOCATOR		BR	BR
D5986	FLUORIDE GEL CARRIER		BR	BR
D5987	COMMISSURE SPLINT		BR	BR
D5988	SURGICAL SPLINT		BR	BR
D5991	VESICULOBULLOUS DISEASE MEDICAMENT CARRIER	\$ 171.50	\$	171.50
D5992	ADJUST MAXILLOFACIAL PROSTHETIC APPLIANCE	\$ 41.38	\$	41.38
D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT		BR	BR
D6081	SCALING AND DEBRIDEMENT IN THE PRESENCE OF INFLAMMATION OR MUCOSITIS OF A SINGLE	\$ 77.72	\$	77.72
D6105	REMOVAL OF IMPLANT BODY NOT REQUIRING BONE REMOVAL OR FLAP ELEVATION	\$ 87.59	\$	87.59
D6193	REPLACEMENT OF AN IMPLANT SCREW	\$ 100.00	\$	100.00
D6197	REPLACEMENT OF RESTORATIVE MATERIAL USED TO CLOSE AND ACCESS OPENING FOR SCREW RETAINED IMPLANT SUPPORTED PROSTHESIS, PER IMPLANT	\$ 84.08	\$	84.08
D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE, BY REPORT		BR	BR
D7111	EXTRACTION, CORONAL REMNANTS - PRIMARY TOOTH	\$ 60.19	\$	60.19
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	\$ 87.59	\$	96.35
D7210	EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH,	\$ 133.09	\$	133.09
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	\$ 157.55	\$	157.55
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	\$ 199.33	\$	199.33
D7240	REMOVAL OF IMPACTED TOOTH-COMpletely BONY	\$ 233.39	\$	233.39
D7241	REMOVAL OF IMPACTED TOOTH-COMpletely BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	\$ 299.88	\$	299.88
D7250	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	\$ 136.44	\$	136.44
D7251	CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL	\$ 156.02	\$	156.02
D7259	NERVE DISSECTION	\$ 87.59	\$	87.59
D7260	ORAL ANTRAL FISTULA CLOSURE	\$ 310.20	\$	310.20
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	\$ 310.20	\$	310.20
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED	\$ 314.12	\$	314.12
D7280	EXPOSURE OF AN UNERUPTED TOOTH	\$ 223.34	\$	223.34
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	\$ 140.84	\$	140.84
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	\$ 54.78	\$	54.78
D7284	EXCISIONAL BIOPSY OF MINOR SALIVARY GLANDS	\$ 739.89	\$	739.89
D7285	INCISIONAL BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)	\$ 158.19	\$	158.19
D7286	INCISIONAL BIOPSY OF ORAL TISSUE - SOFT	\$ 155.79	\$	155.79
D7294	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP; INCLUDES DEVICE REMOVAL		BR	BR
D7296	CORTICOTOMY - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT		BR	BR
D7297	CORTICOTOMY - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT		BR	BR
D7300	REMOVAL OF TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP		BR	BR
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPAC	\$ 150.53	\$	150.53
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH	\$ 99.29	\$	99.29
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH	\$ 205.29	\$	205.29
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH	\$ 137.51	\$	137.51
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	\$ 220.70	\$	220.70
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	\$ 242.93	\$	242.93
D7412	EXCISION OF BENIGN LESION, COMPLICATED	\$ 284.30	\$	284.30
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM	\$ 217.15	\$	217.15
D7414	EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM	\$ 320.55	\$	320.55
D7415	EXCISION OF MALIGNANT LESION, COMPLICATED	\$ 336.03	\$	336.03
D7440	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER UP TO 1.25 CM	\$ 230.83	\$	230.83
D7441	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER GREATER THAN 1.25 CM	\$ 315.35	\$	315.35
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 CM	\$ 185.44	\$	185.44
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN 1.25 CM	\$ 201.57	\$	201.57
D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 CM	\$ 114.77	\$	114.77
D7461	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN	\$ 151.90	\$	151.90
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHODS, BY REPORT	\$ 73.51	\$	73.51
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	\$ 245.00	\$	245.00

D7472	REMOVAL OF TORUS PALATINUS	\$ 343.00	\$ 343.00
D7473	REMOVAL OF TORUS MANDIBULARIS	\$ 538.99	\$ 538.99
D7485	REDUCTION OF OSSEOUS TUBEROSITY	\$ 279.29	\$ 279.29
D7490	RADICAL RESECTION OF MAXILLA OR MANDIBLE	\$ 3,380.94	\$ 3,380.94
D7509	MARSUPIALIZATION OF ODONTOGENIC CYST	\$ 132.30	\$ 132.30
D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE	\$ 77.00	\$ 77.00
D7511	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE - COMPLICATED	\$ 245.00	\$ 245.00
D7520	INCISION AND DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE	\$ 132.30	\$ 132.30
D7521	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE - COMPLICATED	\$ 269.50	\$ 269.50
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE	\$ 91.13	\$ 91.13
D7540	REMOVAL OF REACTION-PRODUCING FOREIGN BODIES-MUSCULOSKELETAL SYSTEM	\$ 112.70	\$ 112.70
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE	\$ 186.21	\$ 186.21
D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY	\$ 357.69	\$ 357.69
D7610	MAXILLA-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	\$ 1,714.97	\$ 1,714.97
D7620	MAXILLA-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	\$ 1,224.98	\$ 1,224.98
D7630	MANDIBLE-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	\$ 2,089.31	\$ 2,089.31
D7640	MANDIBLE-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	\$ 1,077.97	\$ 1,077.97
D7650	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	\$ 1,224.98	\$ 1,224.98
D7660	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION	\$ 832.98	\$ 832.98
D7670	ALVEOLUS - CLOSED REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	\$ 336.13	\$ 336.13
D7671	ALVEOLUS - OPEN REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	\$ 1,690.46	\$ 1,690.46
D7680	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL	\$ 2,792.94	\$ 2,792.94
D7710	MAXILLA-OPEN REDUCTION	\$ 1,910.97	\$ 1,910.97
D7720	MAXILLA-CLOSED REDUCTION	\$ 1,171.08	\$ 1,171.08
D7730	MANDIBLE-OPEN REDUCTION	\$ 2,008.96	\$ 2,008.96
D7740	MANDIBLE-CLOSED REDUCTION	\$ 1,264.18	\$ 1,264.18
D7750	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	\$ 1,837.46	\$ 1,837.46
D7760	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION	\$ 1,269.07	\$ 1,269.07
D7770	ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH	\$ 1,224.98	\$ 1,224.98
D7771	ALVEOLUS, CLOSED REDUCTION STABILIZATION OF TEETH	\$ 710.48	\$ 710.48
D7780	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE APPROACHES	\$ 3,518.13	\$ 3,518.13
D7810	OPEN REDUCTION OF DISLOCATION	\$ 1,754.17	\$ 1,754.17
D7820	CLOSED REDUCTION OF DISLOCATION	\$ 151.90	\$ 151.90
D7830	MANIPULATION UNDER ANESTHESIA	\$ 230.30	\$ 230.30
D7840	CONDYLECTOMY	\$ 2,229.46	\$ 2,229.46
D7850	SURGICAL DISCECTOMY; WITH/WITHOUT IMPLANT	\$ 2,033.47	\$ 2,033.47
D7852	DISC REPAIR	BR	BR
D7854	SYNOVECTOMY	\$ 2,538.16	\$ 2,538.16
D7856	MYOTOMY	\$ 1,330.82	\$ 1,330.82
D7858	JOINT RECONSTRUCTION	\$ 2,662.61	\$ 2,662.61
D7860	ARTHROTOMY	\$ 524.29	\$ 524.29
D7865	ARTHROPLASTY	\$ 2,662.61	\$ 2,662.61
D7870	ARTHROCENTESIS	\$ 161.69	\$ 161.69
D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE	\$ 293.99	\$ 293.99
D7872	ARTHROSCOPY-DIAGNOSIS, WITH OR WITHOUT BIOPSY	\$ 455.69	\$ 455.69
D7873	ARTHROSCOPY: LAVAGE AND LYSIS OF ADHESIONS	\$ 1,190.67	\$ 1,190.67
D7874	ARTHROSCOPY: DISC REPOSITIONING AND STABILIZATION	\$ 1,190.67	\$ 1,190.67
D7875	ARTHROSCOPY: SYNOVECTOMY	\$ 1,609.13	\$ 1,609.13
D7876	ARTHROSCOPY: DISCECTOMY	\$ 1,609.13	\$ 1,609.13
D7877	ARTHROSCOPY: DEBRIDEMENT	\$ 2,662.61	\$ 2,662.61
D7880	OCCLUSAL ORTHOTIC APPLIANCE	\$ 375.94	\$ 375.94
D7899	UNSPECIFIED TMD THERAPY, BY REPORT	\$ 244.01	\$ 244.01
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	\$ 94.69	\$ 94.69
D7911	COMPLICATED SUTURE-UP TO 5 CM	\$ 115.65	\$ 115.65
D7912	COMPLICATED SUTURE-GREATER THAN 5 CM	\$ 269.50	\$ 269.50
D7920	SKIN GRAFT (IDENTIFY DEFECT COVERED, LOCATION, AND TYPE OF GRAFT)	BR	BR
D7939	INDEXING FOR OSTECTOMY USING DYNAMIC ROBOTIC ASSISTED OR DYNAMIC	\$ 2,837.04	\$ 2,837.04
D7940	OSTEOPLASTY-FOR ORTHOGNATHIC DEFORMITIES	\$ 1,224.98	\$ 1,224.98
D7941	OSTECTOMY - MANDIBULAR RAMI	\$ 3,380.94	\$ 3,380.94
D7943	OSTECTOMY - MANDIBULAR RAMI WITH BONE GRAFT; INCLUDES OBTAINING THE GRAFT	\$ 3,380.94	\$ 3,380.94
D7944	OSTECTOMY-SEGMENTED OR SUBAPICAL	\$ 2,837.04	\$ 2,837.04
D7945	OSTECTOMY-BODY OF MANDIBLE	\$ 3,062.43	\$ 3,062.43
D7946	LEFORT I (MAXILLA-TOTAL)	\$ 3,420.13	\$ 3,420.13
D7947	LEFORT I (MAXILLA-SEGMENTED)	\$ 3,131.04	\$ 3,131.04
D7948	LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR	\$ 3,918.95	\$ 3,918.95
D7949	LEFORT II OR LEFORT III-WITH BONE GRAFT	\$ 4,066.92	\$ 4,066.92
D7950	OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF THE MANDIBLE OR MAXILLA - AUTOGE	\$ 2,548.89	\$ 2,548.89
D7951	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES VIA A LATERAL OPEN APPROACH	BR	BR
D7953	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SITE	\$ 231.01	\$ 231.01
D7955	REPAIR OF MAXILLOFACIAL SOFT AND/OR HARD TISSUE DEFECT	\$ 886.88	\$ 886.88
D7956	GUIDED TISSUE REGENERATION, EDENTULOUS AREA-RESORBABLE BARRIER, PER SITE	\$ 297.13	\$ 297.13
D7957	GUIDED TISSUE REGENERATION, EDENTULOUS ARE-NON RESORBABLE BARRIER PER SITE	\$ 336.16	\$ 336.16
D7961	BUCCAL / LABIAL FRENECTOMY (FRENULECTOMY)	\$ 173.90	\$ 173.90
D7962	LINGUAL FRENECTOMY (FRENULECTOMY)	\$ 173.90	\$ 173.90
D7963	FRENULOPLASTY	\$ 143.08	\$ 143.08
D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	\$ 174.92	\$ 174.92
D7971	EXCISION OF PERICORONAL GINGIVA	\$ 72.52	\$ 72.52
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	\$ 122.50	\$ 122.50
D7980	SURGICAL SIALOLITHOTOMY	\$ 191.10	\$ 191.10

D7981	EXCISION OF SALIVARY GLAND, BY REPORT	\$ 739.89	\$ 739.89
D7982	SIALODOCHOPLASTY	\$ 538.99	\$ 538.99
D7983	CLOSURE OF SALIVARY FISTULA	\$ 200.89	\$ 200.89
D7990	EMERGENCY TRACHEOTOMY	\$ 357.69	\$ 357.69
D7991	CORONOIDECTOMY	\$ 1,249.48	\$ 1,249.48
D7995	SYNTHETIC GRAFT-MANDIBLE OR FACIAL BONES, BY REPORT	BR	BR
D7996	IMPLANT-MANDIBLE FOR AUGMENTATION PURPOSES (EXCLUDING ALVEOLAR RIDGE), BY REPORT	BR	BR
D7997	APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE), INCLUDES REMOVAL OF ARC	BR	BR
D7998	INTRAORAL PLACEMENT OF A FIXATION DEVICE NOT IN CONJUNCTION WITH A FRACTURE	BR	BR
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	BR	BR
D8010	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	\$ 289.51	\$ 289.51
D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	\$ 692.48	\$ 692.48
D8030	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	\$ 815.75	\$ 815.75
D8040	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION	\$ 913.59	\$ 913.59
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	\$ 2,655.95	\$ 2,655.95
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	\$ 2,864.43	\$ 2,864.43
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	\$ 2,966.44	\$ 2,966.44
D8091	COMPREHENSIVE ORTHODONTIC TREATMENT WITH ORTHOGNATHIC SURGERY	\$ 2,828.94	\$ 2,828.94
D8210	REMOVABLE APPLIANCE THERAPY	\$ 315.35	\$ 315.35
D8220	FIXED APPLIANCE THERAPY	\$ 346.34	\$ 346.34
D8660	PRE-ORTHODONTIC TREATMENT EXAMINATION TO MONITOR GROWTH AND DEVELOPMENT	\$ 46.58	\$ 46.58
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT	\$ 134.33	\$ 134.33
D8671	PERIODIC ORTHODONTIC TREATMENT VISIT ASSOCIATED WITH ORTHOGNATHIC SURGERY	\$ 134.33	\$ 134.33
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF	\$ 206.78	\$ 206.78
D8695	REMOVAL OF FIXED ORTHODONTIC APPLIANCES FOR REASONS OTHER THAN COMPLETION OF TRE	\$ 70.00	\$ 70.00
D8696	REPAIR OF ORTHODONTIC APPLIANCE-MAXILLARY	\$ 41.19	\$ 41.19
D8697	REPAIR OF ORTHODONTIC APPLIANCE-MANDIBULAR	\$ 41.19	\$ 41.19
D8698	RE-CEMENT OR RE-BOND FIXED RETAINER-MAXILLARY	\$ 47.56	\$ 47.56
D8699	RE-CEMENT OR RE-BOND FIXED RETAINER-MANDIBULAR	\$ 47.56	\$ 47.56
D8701	REPAIR OF FIXED RETAINER, INCLUDES REATTACHMENT-MAXILLARY	\$ 35.18	\$ 35.18
D8702	REPAIR OF FIXED RETAINER, INCLUDES REATTACHMENT-MANDIBULAR	\$ 35.18	\$ 35.18
D8703	REPLACEMENT OF LOST OR BROKEN RETAINER-MAXILLARY	\$ 136.94	\$ 136.94
D8704	REPLACEMENT OF LOST OR BROKEN RETAINER-MANDIBULAR	\$ 136.94	\$ 136.94
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	BR	BR
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MINOR PROCEDURES	\$ 61.62	\$ 61.62
D9120	FIXED PARTIAL DENTURE SECTIONING	\$ 70.95	\$ 70.95
D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	\$ 10.37	\$ 10.37
D9222	DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTES	\$ 71.54	\$ 71.54
D9223	DEEP SEDATION/GENERAL ANESTHESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	\$ 71.54	\$ 71.54
D9230	INHALATION OF NITROUS OXIDE/ANXIOLYSIS, ANALGESIA	\$ 28.29	\$ 28.29
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - FIRST 15 MINUTES	\$ 88.83	\$ 88.83
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH SUBSEQUENT 15 MINUTE	\$ 88.83	\$ 88.83
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	\$ 80.22	\$ 80.22
D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN RE	\$ 43.86	\$ 43.86
D9410	HOUSE/EXTENDED CARE FACILITY CALL	\$ 70.55	\$ 70.55
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	\$ 276.38	\$ 276.38
D9430	OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED HOURS) NO OTHER	\$ 30.37	\$ 30.37
D9440	OFFICE VISIT-AFTER REGULARLY SCHEDULED HOURS	\$ 70.91	\$ 70.91
D9610	THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION	\$ 23.02	\$ 23.02
D9612	THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, DIFFERENT MEDICATIONS	\$ 31.06	\$ 31.06
D9920	BEHAVIOR MANAGEMENT, BY REPORT	\$ 40.82	\$ 40.82
D9930	TREATMENT OF COMPLICATIONS (POSTSURGICAL) - UNUSUAL CIRCUMSTANCES, BY REPORT	\$ 45.15	\$ 45.15
D9932	CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, MAXILLARY	BR	BR
D9933	CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, MANDIBULAR	BR	BR
D9934	CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, MAXILLARY	BR	BR
D9935	CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, MANDIBULAR	BR	BR
D9938	FABRICATION OF A CUSTOM REMOVABLE CLEAR PLASTIC TEMPORARY AESTHETIC APPLIANCE	\$ 351.50	\$ 351.50
D9944	OCCLUSAL GUARD - HARD APPLIANCE, FULL ARCH	\$ 219.11	\$ 219.11
D9945	OCCLUSAL GUARD - SOFT APPLIANCE, FULL ARCH	\$ 219.11	\$ 219.11
D9946	OCCLUSAL GUARD - HARD APPLIANCE, PARTIAL ARCH	\$ 219.11	\$ 219.11
D9951	OCCLUSAL ADJUSTMENT-LIMITED	\$ 60.41	\$ 60.41
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE BY REPORT	BR	BR

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