

**Provider Type 22 Dentist  
Reimbursement Schedule  
Division of Healthcare Financing and Policy (DHCFP)**

\*Rate review refers to a comprehensive review of all the rates associated with this provider type. In 2017 the NV Legislature passed Assembly Bill 108 which, starting in 2018, requires NV Medicaid to perform a comprehensive rate review for each provider type at least once every four years. These reviews may or may not result in changes to reimbursement amounts.

This schedule reflects rate data as of : **07/2025**

**Notes:**

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This provider type was last subject to a rate review\* on : **2023**

Proc	Desc	Mod	Enhancement	Rate	Rate Begin Date
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT		DNI	\$38.39	01/01/2024
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT		DEF	\$34.90	01/01/2024
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED		DEF	\$34.90	01/01/2024
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER		DNT	\$21.53	01/01/2024
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT		DNI	\$38.39	01/01/2024
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT		DEF	\$34.90	01/01/2024
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED, BY REPORT RE-EVALUATION-LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT POST-OPERATIVE VISIT)		DEF	\$38.73	01/01/2024
D0170	SCREENING OF A PATIENT		DEF	\$19.36	01/01/2024
D0190	ASSESSMENT OF A PATIENT		DEF	\$14.95	01/01/2024
D0191	ASSESSMENT OF A PATIENT		DEF	\$10.68	01/01/2024
D0210	INTRAORAL - COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES		DNI	\$68.07	01/01/2024
D0210	INTRAORAL - COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES		DEF	\$61.89	01/01/2024
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE		DNI	\$21.79	01/01/2024
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE		DEF	\$19.80	01/01/2024
D0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE		DNI	\$6.80	01/01/2024
D0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE		DEF	\$6.18	01/01/2024
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE		DNI	\$16.33	01/01/2024
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE		DEF	\$14.85	01/01/2024
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE		DEF	\$12.38	01/01/2024
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES		DEF	\$22.27	01/01/2024
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES		DNI	\$24.50	01/01/2024
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES		DEF	\$17.22	01/01/2024
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES		DEF	\$24.75	01/01/2024
D0277	VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES		DEF	\$5.25	01/01/2024

D0322	TOMOGRAPHIC SURVEY	DEF	\$161.69	01/01/2024
D0330	PANORAMIC RADIOGRAPHIC IMAGE	DNI	\$47.63	01/01/2024
D0330	PANORAMIC RADIOGRAPHIC IMAGE	DEF	\$43.30	01/01/2024
D0340	2D CEPHALOMETRIC RADIOGRAPHIC IMAGE - ACQUISITION, MEASUREMENT AND ANALYSIS	DEF	\$43.04	01/01/2024
D0350	2D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY	DNI	\$23.68	01/01/2024
D0350	2D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY	DEF	\$21.53	01/01/2024
D0364	CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW - LESS THAN ONE WHOLE JAW	DEF	\$179.54	01/01/2024
D0365	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MANDIBLE	DEF	\$179.54	01/01/2024
D0366	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MAXILLA, WITH OR WITHOUT CRANIUM	DEF	\$179.54	01/01/2024
D0367	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS, WITH OR WITHOUT CRANIUM	DEF	\$179.54	01/01/2024
D0370	MAXILLOFACIAL ULTRASOUND CAPTURE AND INTERPRETATION	DEF	\$158.16	01/01/2024
D0372	INTRAORAL TOMOSYNTHESIS - COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES	DNT	\$53.81	01/01/2024
D0373	INTRAORAL TOMOSYNTHESIS - BITEWING RADIOGRAPHIC IMAGE	DNT	\$21.53	01/01/2024
D0374	INTRAORAL TOMOSYNTHESIS - PERIAPICAL RADIOGRAPHIC IMAGE	DNT	\$21.53	01/01/2024
D0380	CONE BEAM CT IMAGE CAPTURE WITH LIMITED FIELD OF VIEW - LESS THAN ONE WHOLE JAW	DEF	\$143.20	01/01/2024
D0381	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MANDIBLE	DEF	\$143.20	01/01/2024
D0382	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MAXILLA, WITH OR WITHOUT CRANIUM	DEF	\$143.20	01/01/2024
D0383	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF BOTH JAWS, WITH OR WITHOUT CRANIUM	DEF	\$143.20	01/01/2024
D0386	MAXILLOFACIAL ULTRASOUND IMAGE CAPTURE	DEF	\$85.49	01/01/2024
D0387	INTRAORAL TOMOSYNTHESIS - COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES - IMAGE CAPTURE ONLY	DNT	\$43.05	01/01/2024
D0388	INTRAORAL TOMOSYNTHESIS - BITEWING RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY	DNT	\$10.76	01/01/2024
D0389	INTRAORAL TOMOSYNTHESIS - PERIAPICAL RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY	DNT	\$10.76	01/01/2024
D0414	LABORATORY PROCESSING OF MICROBIAL SPECIMEN TO INCLUDE CULTURE AND SENSITIVITY STUDIES, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	DEF	\$32.29	01/01/2024
D0415	COLLECTION OF MICROORGANISMS FOR CULTURE AND SENSITIVITY	DEF	\$36.59	01/01/2024
D0416	VIRAL CULTURE	DEF	\$36.59	01/01/2024
D0460	PULP VITALITY TESTS	DEF	\$10.76	01/01/2024
D0470	DIAGNOSTIC CASTS	DNI	\$29.59	01/01/2024
D0470	DIAGNOSTIC CASTS	DEF	\$26.90	01/01/2024
D0473	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	DNI	\$47.36	01/01/2024

	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION, INCLUDING			
	ASSESSMENT OF SURGICAL MARGINS FOR PRESENCE OF DISEASE, PREPARATION AND			
D0474	TRANSMISSION OF WRITTEN REPORT	DNI	\$56.83	01/01/2024
D0502	OTHER ORAL PATHOLOGY PROCEDURES, BY REPORT	DEF	\$58.11	01/01/2024
	NON-IONIZING DIAGNOSTIC PROCEDURE CAPABLE OF QUANTIFYING, MONITORING,			
D0600	AND RECORDING CHANGES IN STRUCTURE OF ENAMEL, DENTIN, AND CEMENTUM	DEF	\$6.46	01/01/2024
D0701	PANORAMIC RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY	DNT	\$25.83	01/01/2024
D0702	2-D CEPHALOMETRIC RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY	DNT	\$34.44	01/01/2024
	2-D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY -			
D0703	IMAGE CAPTURE ONLY	DNT	\$17.22	01/01/2024
D0706	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY	DNT	\$8.61	01/01/2024
D0707	INTRAORAL - PERIAPICAL RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY	DNT	\$4.31	01/01/2024
D0708	INTRAORAL - BITEWING RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY	DNT	\$6.46	01/01/2024
	INTRAORAL - COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES - IMAGE CAPTURE			
D0709	ONLY	DNT	\$32.29	01/01/2024
D1110	PROPHYLAXIS - ADULT	DNI	\$57.53	01/01/2024
D1110	PROPHYLAXIS - ADULT	DEF	\$52.30	01/01/2024
D1120	PROPHYLAXIS - CHILD	DEF	\$60.14	01/01/2024
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	DEF	\$55.97	01/01/2024
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	DNI	\$61.56	09/09/2024
D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	DEF	\$10.75	01/01/2024
D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	DNI	\$11.82	01/01/2024
D1351	SEALANT-PER TOOTH	DEF	\$24.75	01/01/2024
D1351	SEALANT-PER TOOTH	DNI	\$27.22	09/09/2024
	PREVENTIVE RESIN RESTORATION IN A MODERATE TO HIGH CARIES RISK PATIENT -			
D1352	PERMANENT TOOTH	DEF	\$10.76	01/01/2024
D1353	SEALANT REPAIR - PER TOOTH	DEF	\$17.22	01/01/2024
D1353	SEALANT REPAIR - PER TOOTH	DNI	\$18.94	09/09/2024
D1354	APPLICATION OF CARIES ARRESTING MEDICAMENT - PER TOOTH	DNI	\$14.21	01/01/2024
D1354	APPLICATION OF CARIES ARRESTING MEDICAMENT - PER TOOTH	DEF	\$12.92	01/01/2024
D1355	CARIES PREVENTIVE MEDICAMENT APPLICATION - PER TOOTH	DNT	\$64.58	01/01/2024
D1510	SPACE MAINTAINER - FIXED, UNILATERAL - PER QUADRANT	DEF	\$146.04	01/01/2024
D1516	SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY	DEF	\$129.15	01/01/2024
D1517	SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR	DEF	\$129.15	01/01/2024
D1520	SPACE MAINTAINER - REMOVABLE, UNILATERAL - PER QUADRANT	DEF	\$107.61	01/01/2024
D1526	SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY	DEF	\$150.68	01/01/2024
D1527	SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR	DEF	\$150.68	01/01/2024
D1551	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER - MAXILLARY	DEF	\$25.83	01/01/2024
D1552	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER - MANDIBULAR	DEF	\$25.83	01/01/2024
D1553	RE-CEMENT OR RE-BOND UNILATERAL SPACE MAINTAINER - PER QUADRANT	DEF	\$25.83	01/01/2024
D1556	REMOVAL OF FIXED UNILATERAL SPACE MAINTAINER - PER QUADRANT	DEF	\$23.68	01/01/2024
D1557	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER - MAXILLARY	DEF	\$23.68	01/01/2024
D1558	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER - MANDIBULAR	DEF	\$23.68	01/01/2024
D1575	DISTAL SHOE SPACE MAINTAINER - FIXED, UNILATERAL - PER QUADRANT	DEF	\$86.10	01/01/2024
D2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	DEF	\$68.07	01/01/2024
D2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	DNI	\$74.88	01/01/2024

D2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	DNI	\$99.37	01/01/2024
D2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	DEF	\$90.34	01/01/2024
D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	DEF	\$102.72	01/01/2024
D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	DNI	\$112.99	01/01/2024
D2161	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	DNI	\$136.14	01/01/2024
D2161	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	DEF	\$123.76	01/01/2024
D2330	RESIN-ONE SURFACE, ANTERIOR	DNI	\$65.12	01/01/2024
D2330	RESIN-ONE SURFACE, ANTERIOR	DEF	\$59.20	01/01/2024
D2331	RESIN-TWO SURFACES, ANTERIOR	DNI	\$87.61	01/01/2024
D2331	RESIN-TWO SURFACES, ANTERIOR	DEF	\$79.64	01/01/2024
D2332	RESIN-THREE SURFACES, ANTERIOR	DNI	\$95.90	01/01/2024
D2332	RESIN-THREE SURFACES, ANTERIOR	DEF	\$87.18	01/01/2024
D2335	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES (ANTERIOR)	DNI	\$108.92	01/01/2024
D2335	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES (ANTERIOR)	DEF	\$99.02	01/01/2024
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	DNI	\$66.30	01/01/2024
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	DEF	\$60.27	01/01/2024
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	DEF	\$45.20	01/01/2024
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	DNI	\$49.73	01/01/2024
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	DEF	\$58.11	01/01/2024
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	DNI	\$63.91	01/01/2024
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	DNI	\$73.41	01/01/2024
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	DEF	\$66.73	01/01/2024
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	DNI	\$80.49	01/01/2024
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	DEF	\$73.17	01/01/2024
D2712	CROWN - 3/4 RESIN-BASED COMPOSITE (INDIRECT)	DEF	\$318.57	01/01/2024
D2721	CROWN-RESIN WITH PREDOMINANTLY BASE METAL	DEF	\$322.88	01/01/2024
D2740	CROWN - PORCELAIN/CERAMIC	DEF	\$473.54	01/01/2024
D2740	CROWN - PORCELAIN/CERAMIC	DNI	\$520.89	09/09/2024
D2751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	DNI	\$378.83	09/09/2024
D2751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	DEF	\$344.39	01/01/2024
D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	DEF	\$279.81	01/01/2024
D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	DEF	\$344.39	01/01/2024
D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	DNI	\$378.83	09/09/2024
D2910	RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL COVERAGE RESTORATION	DEF	\$32.28	01/01/2024
D2910	RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE	DEF	\$35.72	01/01/2024
D2915	CORE	DEF	\$35.72	01/01/2024
D2920	RE-CEMENT OR RE-BOND CROWN	DEF	\$32.28	01/01/2024
D2920	RE-CEMENT OR RE-BOND CROWN	DNI	\$35.50	01/01/2024
D2921	REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP	DEF	\$43.05	01/01/2024
D2928	PREFABRICATED PORCELAIN/CERAMIC CROWN - PERMANENT TOOTH	DNT	\$172.20	01/01/2024
D2929	PREFABRICATED PORCELAIN/CERAMIC CROWN - PRIMARY TOOTH	DEF	\$129.15	01/01/2024
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	DEF	\$96.85	01/01/2024
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH	DEF	\$139.91	01/01/2024
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH	DNI	\$153.91	01/01/2024
D2932	PREFABRICATED RESIN CROWN	DNI	\$71.03	01/01/2024

D2932	PREFABRICATED RESIN CROWN	DEF	\$64.58	01/01/2024
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	DEF	\$118.38	01/01/2024
D2940	PLACEMENT OF INTERIM DIRECT RESTORATION	DEF	\$32.28	01/01/2024
D2950	CORE BUILD-UP, INCLUDING ANY PINS WHEN REQUIRED	DEF	\$129.15	01/01/2024
D2950	CORE BUILD-UP, INCLUDING ANY PINS WHEN REQUIRED	DNI	\$142.07	01/01/2024
D2951	PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION	DEF	\$21.53	01/01/2024
D2951	PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION	DNI	\$23.68	01/01/2024
D2952	POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED	DEF	\$172.19	01/01/2024
D2953	EACH ADDITIONAL INDIRECTLY FABRICATED POST - SAME TOOTH	DEF	\$139.91	01/01/2024
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	DNI	\$118.38	01/01/2024
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	DEF	\$107.61	01/01/2024
D2955	POST REMOVAL	DEF	\$86.10	01/01/2024
D2957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	DEF	\$75.34	01/01/2024
D2960	LABIAL VENEER (RESIN LAMINATE) - DIRECT	DEF	\$129.15	01/01/2024
D2961	LABIAL VENEER (RESIN LAMINATE) - INDIRECT	DEF	\$215.25	01/01/2024
D2962	LABIAL VENEER (PORCELAIN LAMINATE) - INDIRECT	DEF	\$215.25	01/01/2024
D2975	COPING	DEF	\$174.35	01/01/2024
D2980	CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	DEF	\$88.24	01/01/2024
D3110	PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)	DEF	\$26.90	01/01/2024
D3110	PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)	DNI	\$29.59	01/01/2024
D3120	PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)	DEF	\$21.53	01/01/2024
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT	DNI	\$71.03	01/01/2024
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT	DEF	\$64.58	01/01/2024
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELOPMENT	DNI	\$75.76	01/01/2024
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELOPMENT	DEF	\$68.87	01/01/2024
D3230	PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	DEF	\$107.61	01/01/2024
D3230	PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	DEF	\$107.61	01/01/2024
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	DNI	\$236.78	01/01/2024
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	DEF	\$215.25	01/01/2024
D3320	ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION)	DEF	\$258.30	01/01/2024
D3320	ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION)	DNI	\$284.13	01/01/2024
D3330	ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION)	DNI	\$378.83	01/01/2024
D3330	ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION)	DEF	\$344.39	01/01/2024
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR	DNI	\$260.45	01/01/2024
D3351	APEXIFICATION/RECALCIFICATION - INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	DEF	\$86.10	01/01/2024

D3352	APEXIFICATION/RECALCIFICATION - INTERIM MEDICATION REPLACEMENT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, PULP SPACE DISINFECTION, ETC.)	DEF	\$86.10	01/01/2024
D3352	APEXIFICATION/RECALCIFICATION - INTERIM MEDICATION REPLACEMENT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, PULP SPACE DISINFECTION, ETC.)	DNI	\$94.71	01/01/2024
D3353	APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL THERAPY-APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	DEF	\$172.19	01/01/2024
D3410	APICOECTOMY - ANTERIOR	DNI	\$165.74	01/01/2024
D3410	APICOECTOMY - ANTERIOR	DEF	\$150.68	01/01/2024
D3421	APICOECTOMY - PREMOLAR (FIRST ROOT)	DEF	\$161.43	01/01/2024
D3425	APICOECTOMY - MOLAR (FIRST ROOT)	DEF	\$172.19	01/01/2024
D3426	APICOECTOMY (EACH ADDITIONAL ROOT)	DEF	\$64.58	01/01/2024
D3430	RETROGRADE FILLING-PER ROOT	DNI	\$71.03	01/01/2024
D3430	RETROGRADE FILLING-PER ROOT	DEF	\$64.58	01/01/2024
D3450	ROOT AMPUTATION-PER ROOT	DEF	\$107.61	01/01/2024
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	DEF	\$333.64	01/01/2024
D3471	SURGICAL REPAIR OF ROOT RESORPTION - ANTERIOR	DNT	\$0.00	01/01/2024
D3472	SURGICAL REPAIR OF ROOT RESORPTION - PREMOLAR	DNT	\$0.00	01/01/2024
D3473	SURGICAL REPAIR OF ROOT RESORPTION - MOLAR	DNT	\$0.00	01/01/2024
D3501	SURGICAL EXPOSURE OF ROOT SURFACE WITHOUT APICOECTOMY OR REPAIR OF ROOT RESORPTION - ANTERIOR	DNT	\$0.00	01/01/2024
D3502	SURGICAL EXPOSURE OF ROOT SURFACE WITHOUT APICOECTOMY OR REPAIR OF ROOT RESORPTION - PREMOLAR	DNT	\$0.00	01/01/2024
D3503	SURGICAL EXPOSURE OF ROOT SURFACE WITHOUT APICOECTOMY OR REPAIR OF ROOT RESORPTION - MOLAR	DNT	\$0.00	01/01/2024
D3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROOT CANAL THERAPY	DEF	\$86.10	01/01/2024
D3921	DECORONATION OR SUBMERGENCE OF AN ERUPTED TOOTH	DNT	\$107.63	01/01/2024
D3950	CANAL PREPARATION AND FITTING OF PREFORMED DOWEL OR POST	DEF	\$64.58	01/01/2024
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	DEF	\$129.15	01/01/2024
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	DNI	\$142.07	01/01/2024
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	DEF	\$43.04	01/01/2024
D4212	GINGIVECTOMY OR GINGIVOPLASTY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE, PER TOOTH	DEF	\$74.80	01/01/2024
D4230	ANATOMICAL CROWN EXPOSURE - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	DEF	\$198.03	01/01/2024
D4231	ANATOMICAL CROWN EXPOSURE - ONE TO THREE TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	DEF	\$174.35	01/01/2024
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	DEF	\$129.15	01/01/2024

D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	DEF	\$66.73	01/01/2024
D4249	CLINICAL CROWN LENGTHENING-HARD TISSUE OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	DEF	\$219.56	01/01/2024
D4260	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP ENTRY AND CLOSURE) - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	DEF	\$215.25	01/01/2024
D4261	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP ENTRY AND CLOSURE) - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	DEF	\$172.19	01/01/2024
D4263	BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - FIRST SITE IN QUADRANT	DEF	\$204.49	01/01/2024
D4264	BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - EACH ADDITIONAL SITE IN QUADRANT	DEF	\$167.88	01/01/2024
D4265	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION, PER SITE	DEF	\$101.17	01/01/2024
D4266	GUIDED TISSUE REGENERATION, NATURAL TEETH - RESORBABLE BARRIER, PER SITE	DEF	\$299.20	01/01/2024
D4267	GUIDED TISSUE REGENERATION, NATURAL TEETH - NON-RESORBABLE BARRIER, PER SITE	DEF	\$344.39	01/01/2024
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	DEF	\$129.15	01/01/2024
D4273	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT	DEF	\$355.15	01/01/2024
D4274	MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA)	DEF	\$219.56	01/01/2024
D4277	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES), FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT	DEF	\$641.22	01/01/2024
D4278	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES), EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE	DEF	\$213.74	01/01/2024
D4322	SPLINT - INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS	DNT	\$0.00	01/01/2024
D4323	SPLINT - EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS	DNT	\$0.00	01/01/2024
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	DEF	\$108.06	01/01/2024
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	DNI	\$118.86	01/01/2024
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT	DEF	\$58.11	01/01/2024
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT	DNI	\$63.92	09/09/2024
D4346	SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION - FULL MOUTH, AFTER ORAL EVALUATION	DEF	\$193.73	01/01/2024
D4346	SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION - FULL MOUTH, AFTER ORAL EVALUATION	DNI	\$213.10	09/09/2024

D4355	FULL MOUTH DEBRIDEMENT TO ENABLE A COMPREHENSIVE PERIODONTAL EVALUATION AND DIAGNOSIS ON A SUBSEQUENT VISIT	DNI	\$86.43	01/01/2024
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE A COMPREHENSIVE PERIODONTAL EVALUATION AND DIAGNOSIS ON A SUBSEQUENT VISIT LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA CONTROLLED RELEASE VEHICLE	DEF	\$78.57	01/01/2024
D4381	INTO DISEASED CREVICULAR TISSUE, PER TOOTH	DEF	\$73.17	01/01/2024
D4910	PERIODONTAL MAINTENANCE	DEF	\$43.04	01/01/2024
D4910	PERIODONTAL MAINTENANCE	DNI	\$47.34	09/09/2024
D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	DNI	\$0.00	01/01/2024
D5110	COMPLETE DENTURE - MAXILLARY	DEF	\$645.75	01/01/2024
D5110	COMPLETE DENTURE - MAXILLARY	DNI	\$710.33	01/01/2024
D5120	COMPLETE DENTURE - MANDIBULAR	DNI	\$710.33	01/01/2024
D5120	COMPLETE DENTURE - MANDIBULAR	DEF	\$645.75	01/01/2024
D5130	IMMEDIATE DENTURE - MAXILLARY	DEF	\$699.56	01/01/2024
D5130	IMMEDIATE DENTURE - MAXILLARY	DNI	\$769.52	01/01/2024
D5140	IMMEDIATE DENTURE - MANDIBULAR	DEF	\$699.56	01/01/2024
D5140	IMMEDIATE DENTURE - MANDIBULAR	DNI	\$769.52	01/01/2024
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING, RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	DEF	\$215.25	01/01/2024
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING, RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	DNI	\$236.78	01/01/2024
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING, RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	DEF	\$215.25	01/01/2024
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING, RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	DNI	\$236.78	01/01/2024
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	DEF	\$645.75	01/01/2024
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	DNI	\$710.33	09/09/2024
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	DEF	\$645.75	01/01/2024
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	DNI	\$710.33	09/09/2024
D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, REST AND TEETH)	DEF	\$365.93	01/01/2024
D5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	DEF	\$380.99	01/01/2024
D5223	IMMEDIATE MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	DNI	\$710.33	09/09/2024
D5223	IMMEDIATE MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	DEF	\$645.75	01/01/2024

D5224	IMMEDIATE MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	DEF	\$645.75	01/01/2024
D5224	IMMEDIATE MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	DNI	\$710.33	09/09/2024
D5227	IMMEDIATE MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	DNT	\$322.88	01/01/2024
D5228	IMMEDIATE MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	DNT	\$322.88	01/01/2024
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	DEF	\$43.04	01/01/2024
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	DEF	\$43.04	01/01/2024
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	DEF	\$43.04	01/01/2024
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	DEF	\$43.04	01/01/2024
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	DNT	\$64.58	01/01/2024
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	DNI	\$71.03	01/01/2024
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	DNI	\$71.03	01/01/2024
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	DNT	\$64.58	01/01/2024
D5520	REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE - PER TOOTH	DNI	\$47.34	01/01/2024
D5520	REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE - PER TOOTH	DEF	\$43.04	01/01/2024
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	DNI	\$71.03	01/01/2024
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	DNT	\$64.58	01/01/2024
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	DNI	\$71.03	01/01/2024
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	DNT	\$64.58	01/01/2024
D5621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	DNT	\$88.25	01/01/2024
D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	DNT	\$88.25	01/01/2024
D5630	REPAIR OR REPLACE BROKEN RETENTIVE CLASPING MATERIALS - PER TOOTH	DNI	\$142.07	01/01/2024
D5630	REPAIR OR REPLACE BROKEN RETENTIVE CLASPING MATERIALS - PER TOOTH	DEF	\$129.15	01/01/2024
D5640	REPLACE MISSING OR BROKEN TEETH - PARTIAL DENTURE - PER TOOTH	DEF	\$64.58	01/01/2024
D5640	REPLACE MISSING OR BROKEN TEETH - PARTIAL DENTURE - PER TOOTH	DNI	\$71.03	01/01/2024
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE - PER TOOTH	DEF	\$64.58	01/01/2024
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE - PER TOOTH	DNI	\$71.03	01/01/2024
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE - PER TOOTH	DNI	\$118.38	01/01/2024
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE - PER TOOTH	DEF	\$107.61	01/01/2024
D5670	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MAXILLARY)	DEF	\$320.71	01/01/2024
D5671	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MANDIBULAR)	DEF	\$320.71	01/01/2024
D5730	RELINE COMPLETE MAXILLARY DENTURE (DIRECT)	DEF	\$129.15	01/01/2024
D5731	RELINE LOWER COMPLETE MANDIBULAR DENTURE (DIRECT)	DEF	\$129.15	01/01/2024
D5740	RELINE MAXILLARY PARTIAL DENTURE (DIRECT)	DEF	\$107.61	01/01/2024
D5741	RELINE MANDIBULAR PARTIAL DENTURE (DIRECT)	DEF	\$107.61	01/01/2024
D5750	RELINE COMPLETE MAXILLARY DENTURE (INDIRECT)	DEF	\$199.10	01/01/2024
D5750	RELINE COMPLETE MAXILLARY DENTURE (INDIRECT)	DNI	\$219.01	01/01/2024
D5751	RELINE COMPLETE MANDIBULAR DENTURE (INDIRECT)	DEF	\$199.10	01/01/2024
D5751	RELINE COMPLETE MANDIBULAR DENTURE (INDIRECT)	DNI	\$219.01	01/01/2024
D5760	RELINE MAXILLARY PARTIAL DENTURE (INDIRECT)	DEF	\$172.19	01/01/2024
D5760	RELINE MAXILLARY PARTIAL DENTURE (INDIRECT)	DNI	\$189.41	01/01/2024

D5761	RELINE MANDIBULAR PARTIAL DENTURE (INDIRECT)	DEF	\$172.19	01/01/2024
D5761	RELINE MANDIBULAR PARTIAL DENTURE (INDIRECT)	DNI	\$189.41	01/01/2024
D5820	INTERIM PARTIAL DENTURE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH), MAXILLARY	DEF	\$215.25	01/01/2024
D5821	INTERIM PARTIAL DENTURE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH), MANDIBULAR	DEF	\$215.25	01/01/2024
D5850	TISSUE CONDITIONING, MAXILLARY	DEF	\$43.04	01/01/2024
D5851	TISSUE CONDITIONING, MANDIBULAR	DEF	\$43.04	01/01/2024
D5862	PRECISION ATTACHMENT, BY REPORT	DEF	\$191.56	01/01/2024
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT	DEF	\$21.53	01/01/2024
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT	DNI	\$0.00	01/01/2024
D5931	OBTURATOR PROSTHESIS, SURGICAL	DEF	\$688.80	01/01/2024
D5932	OBTURATOR PROSTHESIS, DEFINITIVE	DEF	\$1,614.38	01/01/2024
D5933	OBTURATOR PROSTHESIS, MODIFICATION	DEF	\$322.88	01/01/2024
D5936	OBTURATOR/PROSTHESIS, INTERIM	DEF	\$591.93	01/01/2024
D5985	RADIATION CONE LOCATOR	DEF	\$602.69	01/01/2024
D5988	SURGICAL SPLINT	DEF	\$230.31	01/01/2024
D5992	ADJUST MAXILLOFACIAL PROSTHETIC APPLIANCE, BY REPORT	DEF	\$86.10	01/01/2024
D5993	MAINTENANCE AND CLEANING OF A MAXILLOFACIAL PROSTHESIS (EXTRA- OR INTRA-ORAL) OTHER THAN REQUIRED ADJUSTMENTS, BY REPORT	DEF	\$86.10	01/01/2024
D5995	PERIODONTAL MEDICAMENT CARRIER WITH PERIPHERAL SEAL - LABORATORY PROCESSED - MAXILLARY	DNT	\$51.66	01/01/2024
D5996	PERIODONTAL MEDICAMENT CARRIER WITH PERIPHERAL SEAL - LABORATORY PROCESSED - MANDIBULAR	DNT	\$51.66	01/01/2024
D6930	RE-CEMENT OR RE-BOND FIXED PARTIAL DENTURE	DEF	\$80.71	01/01/2024
D7111	EXTRACTION, CORONAL REMNANTS - PRIMARY TOOTH	DEF	\$43.04	01/01/2024
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	DEF	\$47.34	01/01/2024
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	DNI	\$52.08	01/01/2024
D7210	EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	DEF	\$91.48	01/01/2024
D7210	EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	DNI	\$100.62	01/01/2024
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	DEF	\$134.53	01/01/2024
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	DNI	\$147.98	01/01/2024
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	DNI	\$142.02	01/01/2024
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	DEF	\$129.11	01/01/2024
D7240	REMOVAL OF IMPACTED TOOTH-COMPLETLY BONY	DEF	\$154.98	01/01/2024
D7240	REMOVAL OF IMPACTED TOOTH-COMPLETLY BONY	DNI	\$170.48	01/01/2024
D7241	REMOVAL OF IMPACTED TOOTH-COMPLETLY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	DEF	\$215.25	01/01/2024
D7241	REMOVAL OF IMPACTED TOOTH-COMPLETLY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	DNI	\$236.78	01/01/2024

D7250	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	DNT	\$86.10	01/01/2024
D7250	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	DNI	\$94.71	01/01/2024
D7251	CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL, IMPACTED TEETH ONLY	DEF	\$64.58	01/01/2024
D7260	ORAL ANTRAL FISTULA CLOSURE	DEF	\$258.30	01/01/2024
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	DNI	\$331.47	09/09/2024
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	DEF	\$301.34	01/01/2024
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH	DEF	\$107.61	01/01/2024
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH	DNI	\$118.38	01/01/2024
D7280	EXPOSURE OF AN UNERUPTED TOOTH	DNI	\$142.07	01/01/2024
D7280	EXPOSURE OF AN UNERUPTED TOOTH	DEF	\$129.15	01/01/2024
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	DEF	\$51.66	01/01/2024
D7285	INCISIONAL BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)	DEF	\$96.85	01/01/2024
D7285	INCISIONAL BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)	DNI	\$106.53	01/01/2024
D7286	INCISIONAL BIOPSY OF ORAL TISSUE - SOFT	DEF	\$86.10	01/01/2024
D7286	INCISIONAL BIOPSY OF ORAL TISSUE - SOFT	DNI	\$94.71	01/01/2024
D7287	EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION	DEF	\$42.19	01/01/2024
D7288	BRUSH BIOPSY - TRANSEPIHELIAL SAMPLE COLLECTION	DEF	\$49.94	01/01/2024
D7290	SURGICAL REPOSITIONING OF TEETH	DEF	\$258.30	01/01/2024
D7291	TRANSSEPTAL FIBEROTOMY/SUPRA CRESTAL FIBEROTOMY, BY REPORT	DEF	\$81.78	01/01/2024
D7291	TRANSSEPTAL FIBEROTOMY/SUPRA CRESTAL FIBEROTOMY, BY REPORT	DNI	\$89.96	01/01/2024
D7292	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE [SCREW RETAINED PLATE] REQUIRING FLAP	DEF	\$764.14	01/01/2024
D7293	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE REQUIRING FLAP	DEF	\$559.65	01/01/2024
D7294	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP	DEF	\$415.42	01/01/2024
D7295	HARVEST OF BONE FOR USE IN AUTOGENOUS GRAFTING PROCEDURE	DEF	\$107.61	01/01/2024
D7295	REMOVAL OF TEMPORARY ANCHORAGE DEVICE [SCREW RETAINED PLATE], REQUIRING FLAP	DNT	\$0.00	01/01/2024
D7298	REMOVAL OF TEMPORARY ANCHORAGE DEVICE, REQUIRING FLAP	DNT	\$0.00	01/01/2024
D7299	REMOVAL OF TEMPORARY ANCHORAGE DEVICE, REQUIRING FLAP	DNT	\$0.00	01/01/2024
D7300	REMOVAL OF TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP	DNT	\$0.00	01/01/2024
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	DNI	\$99.45	01/01/2024
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	DEF	\$90.41	01/01/2024
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	DEF	\$114.08	01/01/2024
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	DEF	\$114.08	01/01/2024
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	DEF	\$165.74	01/01/2024
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	DEF	\$107.61	01/01/2024
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	DEF	\$105.47	01/01/2024
D7412	EXCISION OF BENIGN LESION, COMPLICATED	DEF	\$146.36	01/01/2024
D7440	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER UP TO 1.25 CM	DEF	\$688.80	01/01/2024
D7441	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER GREATER THAN 1.25 CM	DEF	\$344.39	01/01/2024

D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 CM	DEF	\$215.25	01/01/2024
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN 1.25 CM	DEF	\$344.39	01/01/2024
D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 CM	DEF	\$215.25	01/01/2024
D7461	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN 1.25 CM	DEF	\$344.39	01/01/2024
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHODS, BY REPORT	DEF	\$113.01	01/01/2024
D7472	REMOVAL OF TORUS PALATINUS	DEF	\$150.68	01/01/2024
D7473	REMOVAL OF TORUS MANDIBULARIS	DEF	\$154.98	01/01/2024
D7490	RADICAL RESECTION OF MAXILLA OR MANDIBLE	DEF	\$4,305.00	01/01/2024
D7509	MARSUPIALIZATION OF ODONTOGENIC CYST	DNT	\$161.44	01/01/2024
D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE	DNI	\$94.71	01/01/2024
D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE	DEF	\$86.10	01/01/2024
D7511	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)	DEF	\$95.14	01/01/2024
D7520	INCISION AND DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE	DEF	\$129.15	01/01/2024
D7521	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)	DEF	\$153.26	01/01/2024
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE	DEF	\$90.41	01/01/2024
D7540	REMOVAL OF REACTION-PRODUCING FOREIGN BODIES-MUSCULOSKELETAL SYSTEM	DEF	\$129.15	01/01/2024
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE	DEF	\$376.69	01/01/2024
D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY	DEF	\$279.81	01/01/2024
D7610	MAXILLA-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	DEF	\$861.00	01/01/2024
D7620	MAXILLA-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	DEF	\$753.38	01/01/2024
D7630	MANDIBLE-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	DEF	\$968.61	01/01/2024
D7640	MANDIBLE-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	DEF	\$861.00	01/01/2024
D7650	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	DEF	\$538.11	01/01/2024
D7660	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION	DEF	\$430.50	01/01/2024
D7670	ALVEOLUS - CLOSED REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	DEF	\$430.50	01/01/2024
D7671	ALVEOLUS - OPEN REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	DEF	\$817.95	01/01/2024
D7680	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES	DEF	\$1,076.25	01/01/2024
D7710	MAXILLA-OPEN REDUCTION	DEF	\$1,076.25	01/01/2024
D7720	MAXILLA-CLOSED REDUCTION	DEF	\$947.10	01/01/2024
D7730	MANDIBLE-OPEN REDUCTION	DEF	\$1,226.91	01/01/2024
D7740	MANDIBLE-CLOSED REDUCTION	DEF	\$968.61	01/01/2024
D7750	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	DEF	\$678.04	01/01/2024
D7760	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION	DEF	\$559.65	01/01/2024
D7770	ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH	DEF	\$559.65	01/01/2024
D7771	ALVEOLUS, CLOSED REDUCTION STABILIZATION OF TEETH	DEF	\$77.48	01/01/2024
D7780	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE APPROACHES	DEF	\$2,626.04	01/01/2024

D7810	OPEN REDUCTION OF DISLOCATION	DEF	\$1,356.08	01/01/2024
D7820	CLOSED REDUCTION OF DISLOCATION	DEF	\$204.49	01/01/2024
D7840	CONDYLECTOMY	DEF	\$1,291.50	01/01/2024
D7850	SURGICAL DISCECTOMY; WITH/WITHOUT IMPLANT	DEF	\$645.75	01/01/2024
D7852	DISC REPAIR	DEF	\$774.89	01/01/2024
D7854	SYNOVECTOMY	DEF	\$602.69	01/01/2024
D7858	JOINT RECONSTRUCTION	DEF	\$2,410.80	01/01/2024
D7860	ARTHROTOMY	DEF	\$645.75	01/01/2024
D7865	ARTHROPLASTY	DEF	\$1,808.10	01/01/2024
D7870	ARTHROCENTESIS	DEF	\$86.10	01/01/2024
D7872	ARTHROSCOPY-DIAGNOSIS, WITH OR WITHOUT BIOPSY	DEF	\$559.65	01/01/2024
D7873	ARTHROSCOPY: LAVAGE AND LYSIS OF ADHESIONS	DEF	\$613.45	01/01/2024
D7874	ARTHROSCOPY: DISC REPOSITIONING AND STABILIZATION	DEF	\$774.89	01/01/2024
D7875	ARTHROSCOPY: SYNOVECTOMY	DEF	\$828.71	01/01/2024
D7876	ARTHROSCOPY: DISCECTOMY	DEF	\$861.00	01/01/2024
D7877	ARTHROSCOPY: DEBRIDEMENT	DEF	\$796.41	01/01/2024
D7880	OCCLUSAL ORTHOTIC APPLIANCE	DEF	\$305.64	01/01/2024
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	DEF	\$27.97	01/01/2024
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	DNI	\$30.77	01/01/2024
D7911	COMPLICATED SUTURE-UP TO 5 CM	DEF	\$55.97	01/01/2024
D7912	COMPLICATED SUTURE-GREATER THAN 5 CM	DEF	\$10.76	01/01/2024
D7921	COLLECTION AND APPLICATION OF AUTOLOGOUS BLOOD CONCENTRATE PRODUCT	DEF	\$74.80	01/01/2024
D7940	OSTEOPLASTY-FOR ORTHOGNATHIC DEFORMITIES	DEF	\$1,291.50	01/01/2024
D7941	OSTEOTOMY - MANDIBULAR RAMI	DEF	\$861.00	01/01/2024
D7943	OSTEOTOMY - MANDIBULAR RAMI WITH BONE GRAFT; INCLUDES OBTAINING THE	DEF	\$1,614.38	01/01/2024
D7944	GRAFT	DEF	\$1,076.25	01/01/2024
D7945	OSTEOTOMY-SEGMENTED OR SUBAPICAL	DEF	\$1,076.25	01/01/2024
D7945	OSTEOTOMY-BODY OF MANDIBLE	DEF	\$1,076.25	01/01/2024
D7946	LEFORT I (MAXILLA-TOTAL)	DEF	\$2,690.61	01/01/2024
D7947	LEFORT I (MAXILLA-SEGMENTED)	DEF	\$2,690.61	01/01/2024
D7948	LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA	DEF	\$3,013.50	01/01/2024
D7949	OR RETRUSION)-WITHOUT BONE GRAFT	DEF	\$4,391.10	01/01/2024
D7949	LEFORT II OR LEFORT III-WITH BONE GRAFT	DEF	\$4,391.10	01/01/2024
D7951	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES VIA A LATERAL OPEN	DEF	\$843.77	01/01/2024
D7951	APPROACH	DEF	\$843.77	01/01/2024
D7953	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SITE	DEF	\$462.78	01/01/2024
D7955	REPAIR OF MAXILLOFACIAL SOFT AND/OR HARD TISSUE DEFECT	DEF	\$968.61	01/01/2024
D7961	BUCCAL / LABIAL FRENECTOMY (FRENULECTOMY)	DNI	\$142.07	01/01/2024
D7961	BUCCAL / LABIAL FRENECTOMY (FRENULECTOMY)	DNT	\$129.15	01/01/2024
D7962	LINGUAL FRENECTOMY (FRENULECTOMY)	DNI	\$165.74	01/01/2024
D7962	LINGUAL FRENECTOMY (FRENULECTOMY)	DNT	\$150.68	01/01/2024
D7963	FRENULOPLASTY	DEF	\$152.82	01/01/2024
D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	DEF	\$258.30	01/01/2024
D7971	EXCISION OF PERICORONAL GINGIVA	DEF	\$129.15	01/01/2024
D7980	SURGICAL SIALOLITHOTOMY	DEF	\$258.30	01/01/2024
D7981	EXCISION OF SALIVARY GLAND, BY REPORT	DEF	\$430.50	01/01/2024

D7982	SIALODOCHOPLASTY	DEF	\$613.45	01/01/2024
D7983	CLOSURE OF SALIVARY FISTULA	DEF	\$258.30	01/01/2024
D7990	EMERGENCY TRACHEOTOMY	DEF	\$538.11	01/01/2024
D7991	CORONOIDECTOMY	DEF	\$861.00	01/01/2024
D7993	SURGICAL PLACEMENT OF CRANIOFACIAL IMPLANT - EXTRA ORAL	DNT	\$1,183.88	01/01/2024
D7994	SURGICAL PLACEMENT: ZYGOMATIC IMPLANT INTRAORAL PLACEMENT OF A FIXATION DEVICE NOT IN CONJUNCTION WITH A FRACTURE	DNT	\$1,183.88	01/01/2024
D7998	FRACTURE	DEF	\$626.37	01/01/2024
D8010	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	DEF	\$473.54	01/01/2024
D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	DEF	\$559.65	01/01/2024
D8040	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION	DEF	\$731.84	01/01/2024
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	DEF	\$1,958.76	01/01/2024
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	DEF	\$2,044.88	01/01/2024
D8210	REMOVABLE APPLIANCE THERAPY	DEF	\$256.14	01/01/2024
D8220	FIXED APPLIANCE THERAPY PRE-ORTHODONTIC TREATMENT EXAMINATION TO MONITOR GROWTH AND DEVELOPMENT	DEF	\$307.81	01/01/2024
D8660	DEVELOPMENT	DEF	\$51.66	01/01/2024
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF RETAINER(S))	DEF	\$83.94	01/01/2024
D8680	PLACEMENT OF RETAINER(S))	DEF	\$123.76	01/01/2024
D8696	REPAIR OF ORTHODONTIC APPLIANCE - MAXILLARY	DEF	\$69.95	01/01/2024
D8697	REPAIR OF ORTHODONTIC APPLIANCE - MANDIBULAR	DEF	\$69.95	01/01/2024
D8698	RE-CEMENT OR RE-BOND FIXED RETAINER - MAXILLARY	DEF	\$73.19	01/01/2024
D8699	RE-CEMENT OR RE-BOND FIXED RETAINER - MANDIBULAR	DEF	\$73.19	01/01/2024
D8703	REPLACEMENT OF LOST OR BROKEN RETAINER - MAXILLARY	DEF	\$109.78	01/01/2024
D8704	REPLACEMENT OF LOST OR BROKEN RETAINER - MANDIBULAR	DEF	\$109.78	01/01/2024
D9110	PALLIATIVE TREATMENT OF DENTAL PAIN - PER VISIT	DEF	\$43.04	01/01/2024
D9110	PALLIATIVE TREATMENT OF DENTAL PAIN - PER VISIT	DNI	\$47.34	01/01/2024
D9120	FIXED PARTIAL DENTURE SECTIONING LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	DEF	\$75.34	01/01/2024
D9210	PROCEDURES	DEF	\$10.76	01/01/2024
D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA	DEF	\$10.76	01/01/2024
D9215	LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	DEF	\$6.46	01/01/2024
D9222	DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTES	DNT	\$55.97	01/01/2024
D9223	DEEP SEDATION/GENERAL ANESTHESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	DEF	\$55.97	01/01/2024
D9230	INHALATION OF NITROUS OXIDE/ANXIOLYSIS, ANALGESIA	DNI	\$21.29	01/01/2024
D9230	INHALATION OF NITROUS OXIDE/ANXIOLYSIS, ANALGESIA	DEF	\$19.36	01/01/2024
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - FIRST 15 MINUTES	DNT	\$51.66	01/01/2024
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - FIRST 15 MINUTES INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	DNI	\$56.83	01/01/2024
D9243	15 MINUTE INCREMENT INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	DNI	\$21.32	01/01/2024
D9243	15 MINUTE INCREMENT	DEF	\$19.37	01/01/2024
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	DNI	\$105.36	01/01/2024

D9248	NON-INTRAVENOUS CONSCIOUS SEDATION CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN	DEF	\$95.78	01/01/2024
D9310	CONSULTATION WITH A MEDICAL HEALTH CARE PROFESSIONAL	DEF	\$64.58	01/01/2024
D9311	HOUSE/EXTENDED CARE FACILITY CALL	DEF	\$38.75	01/01/2024
D9410	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	DEF	\$64.58	01/01/2024
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	DEF	\$43.04	01/01/2024
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	DNI	\$47.34	01/01/2024
D9440	OFFICE VISIT-AFTER REGULARLY SCHEDULED HOURS	DNI	\$71.03	01/01/2024
D9610	THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION	DEF	\$21.53	01/01/2024
D9612	THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, DIFFERENT MEDICATIONS	DEF	\$43.04	01/01/2024
D9630	DRUGS OR MEDICAMENTS DISPENSED IN THE OFFICE FOR HOME USE TREATMENT OF COMPLICATIONS (POSTSURGICAL) - UNUSUAL CIRCUMSTANCES, BY REPORT	DEF	\$10.76	01/01/2024
D9930	REPAIR AND/OR RELINE OF OCCLUSAL GUARD	DEF	\$36.59	01/01/2024
D9942	OCCLUSAL GUARD - HARD APPLIANCE, FULL ARCH	DEF	\$74.05	01/01/2024
D9944	OCCLUSAL GUARD - HARD APPLIANCE, FULL ARCH	DEF	\$185.12	01/01/2024
D9944	OCCLUSAL GUARD - HARD APPLIANCE, FULL ARCH	DNI	\$203.63	01/01/2024
D9945	OCCLUSAL GUARD - SOFT APPLIANCE, FULL ARCH	DEF	\$152.83	01/01/2024
D9945	OCCLUSAL GUARD - SOFT APPLIANCE, FULL ARCH	DNI	\$168.12	01/01/2024
D9946	OCCLUSAL GUARD - HARD APPLIANCE, PARTIAL ARCH	DEF	\$139.91	01/01/2024
D9946	OCCLUSAL GUARD - HARD APPLIANCE, PARTIAL ARCH	DNI	\$153.91	01/01/2024
D9950	OCCLUSION ANALYSIS-MOUNTED CASE	DEF	\$176.49	01/01/2024
D9951	OCCLUSAL ADJUSTMENT-LIMITED	DEF	\$10.76	01/01/2024
D9951	OCCLUSAL ADJUSTMENT-LIMITED	DNI	\$11.84	01/01/2024
D9952	OCCLUSAL ADJUSTMENT-COMPLETE	DEF	\$172.19	01/01/2024
D9991	DENTAL CASE MANAGEMENT - ADDRESSING APPOINTMENT COMPLIANCE BARRIERS	DNI	\$11.84	09/09/2024
D9991	DENTAL CASE MANAGEMENT - ADDRESSING APPOINTMENT COMPLIANCE BARRIERS	DEF	\$10.76	01/01/2024
D9992	DENTAL CASE MANAGEMENT - CARE COORDINATION	DNI	\$23.68	09/09/2024
D9992	DENTAL CASE MANAGEMENT - CARE COORDINATION	DEF	\$21.53	01/01/2024
D9993	DENTAL CASE MANAGEMENT - MOTIVATIONAL INTERVIEWING	DEF	\$10.76	01/01/2024
D9993	DENTAL CASE MANAGEMENT - MOTIVATIONAL INTERVIEWING	DNI	\$11.84	09/09/2024
D9994	DENTAL CASE MANAGEMENT - PATIENT EDUCATION TO IMPROVE ORAL HEALTH LITERACY	DEF	\$10.76	01/01/2024
D9994	DENTAL CASE MANAGEMENT - PATIENT EDUCATION TO IMPROVE ORAL HEALTH LITERACY	DNI	\$11.84	09/09/2024
D9997	DENTAL CASE MANAGEMENT - PATIENTS WITH SPECIAL HEALTH CARE NEEDS	DNI	\$0.00	01/01/2024
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT	DNI	\$0.00	01/01/2024