

Schedule of Benefits

ADA CODE		* ADA DESCRIPTION	7740
CLINICAL ORAL EVALUATIONS			
	D0120	Periodic oral examination - established patient	\$0
	D0140	Limited oral evaluation - problem focused	\$0
	D0145	Oral evaluation for patient under three years of age and counseling with primary caregiver	\$0
	D0150	Comprehensive oral evaluation - new or established patient	\$0
	D0160	Detailed and extensive oral evaluation - problem focused, by report	\$0
	D0170	Re-evaluation - limited, problem focused (established patient: not post-operative visit)	\$0
	D0171	Re-evaluation - post operative office visit	\$0
	D0180	Comprehensive periodontal evaluation - new or established patient	\$0
	D0190	Screening of a patient	\$0
	D0191	Assessment of a patient	\$0
RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation)			
	D0210	Intraoral comprehensive series of radiographic images	\$0
	D0220	Intraoral - periapical radiographic image	\$0
	D0230	Intraoral - periapical each additional film	\$0
	D0240	Intraoral - occlusal radiographic	\$0
	D0250	Extra-oral single film	\$0
	D0270	Bitewing - single film	\$0
	D0272	Bitewings - two films	\$0
	D0273	Bitewings - three films	\$0
	D0274	Bitewings - four films	\$0
	D0277	Vertical bitewings - 7 to 8 films	\$0
	D0330	Panoramic film	\$0
	D0340	Cephalometric Film	\$0
	D0350	Oral/Facial Images	\$0
TESTS AND EXAMINATIONS			
	D0419	Assesment of salivary flow by measurement	\$0
	D0460	Pulp vitality tests	\$0
	D0470	Diagnostic casts	\$0
	D0601	Caries risk assessment and documentation, with a finding of low risk	\$0
	D0602	Caries risk assessment and documentation, with a finding of moderate risk	\$0
	D0603	Caries risk assessment and documentation, with a finding of high risk	\$0
	D0701	Panoramic radiographic image- image capture only	\$0
	D0702	2-D cephalometric radiographic- image capture only	\$0
	D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only	\$0
	D0705	extra-oral posterior dental radiographic image capture only	\$0
	D0706	intraoral- occlusal radiographic image- image capture only	\$0
	D0707	intraoral- periapical radiographic image- image capture only	\$0
	D0708	intraoral- bitewing radiographic image- image capture only	\$0
	D0709	intraoral- complete series of radiographic images- image capture only	\$0
Oral Pathology Laboratory			
	D0472	Accession of tissue, gross examination, preparation and transmission of written report	\$0
	D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	\$0
	D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	\$0
	D0999	Unspecified diagnostic procedure, by report - includes office visit, per visit (in addition to other)	\$0
DENTAL PROPHYLAXIS			
	D1110	Prophylaxis - adult	\$0
		<i>D1110 and D1120 additional prophy exceeding two in a 12 month period</i>	\$45

	D1120		Prophylaxis - child	\$0
			<i>D1110 and D1120 additional prophy exceeding two in a 12 month period</i>	\$45
TOPICAL FLUORIDE TREATMENT (office procedure)				
	D1206		Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$0
	D1208		Topical application of fluoride- excluding varnish - child to age 19 <i>limited to 2 per 12 month period</i>	\$0
OTHER PREVENTIVE SERVICES				
	D1310		Nutritional Counseling for control of dental disease	\$0
	D1320		Tobacco counseling for the control and prevention of oral disease	\$0
	D1330		Oral hygiene instructions	\$0
	D1351		Sealant - per tooth	\$0
	D1352		Preventative resin restoration in a moderate to high caries risk patient - permanent tooth.	\$0
	D1353		Sealant repair - per tooth - limited to permanent molars through age 15	\$0
	D1354		Interim caries arresting medicament application - per tooth	\$0
	D1355		caries preventive medicament application - per tooth	\$0
SPACE MAINTENANCE (passive appliances)				
	D1510		Space maintainer - fixed - unilateral (excludes a distal shoe space maintainer)	\$35
	D1516		Space maintainer - fixed - bilateral - maxillary	\$45
	D1517		Space maintainer - fixed - bilateral - mandibular	\$45
	D1520		Space maintainer - removable - unilateral	\$50
	D1526		Space maintainer - removable - maxillary	\$60
	D1527		Space maintainer - removable - mandibular	\$60
	D1551		Re-cement or re-bond bilateral space maintainer	\$0
	D1552		Re-cement or re-bond unilateral space maintainer	\$0
	D1553		Re-cement or re-bond unilateral space maintainer - per quadrant	\$0
	D1556		Removal of fixed unilateral space maintainer - per quadrant	\$15
	D1557		Removal of fixed bilateral space maintainer maxillary	\$15
	D1558		Removal of fixed bilateral space maintainer mandibular	\$15
	D1575		Distal shoe space maintainer - fixed unilateral	\$50
AMALGAM RESTORATIONS (including polishing)				
	D2140		Amalgam - one surface, primary or permanent	\$5
	D2150		Amalgam - two surfaces, primary or permanent	\$10
	D2160		Amalgam - three surfaces, primary or permanent	\$10
	D2161		Amalgam - four or more surfaces, primary or permanent	\$15
RESIN-BASED COMPOSITE RESTORATIONS - DIRECT				
	D2330		Resin-based composite - one surface, anterior	\$5
	D2331		Resin-based composite - two surfaces, anterior	\$10
	D2332		Resin-based composite - three surfaces, anterior	\$10
	D2335		Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$15
	D2390		Resin-based composite crown, anterior	\$25
	D2391		Resin-based composite - one surface, posterior	\$55
	D2392		Resin-based composite - two surfaces, posterior	\$65
	D2393		Resin-based composite - three surfaces, posterior	\$75
	D2394		Resin-based composite - four or more surfaces, posterior	\$85
INLAY/ONLAY RESTORATIONS				
	D2510	◆	Inlay - metallic - one surface	\$85
	D2520	◆	Inlay - metallic - two surfaces	\$95
	D2530	◆	Inlay - metallic - three or more surfaces	\$95
	D2542	◆	Onlay - metallic - two surfaces	\$110
	D2543	◆	Onlays - metallic - three surfaces	\$110
	D2544	◆	Onlays - metallic - four or more surfaces	\$115
	D2610		Inlay - porcelain/ceramic - 1 surface	\$510
	D2620		Inlay - porcelain/ceramic - 2 surfaces	\$535
	D2630		Inlay - porcelain/ceramic - 3 or more surfaces	\$570

	D2642		Onlay, porcelain/ceramic - 2 surfaces	\$555
	D2643		Onlay, porcelain/ceramic - 3 surfaces	\$600
	D2651		Inlay - resin-based composite - 2 surfaces	\$400
	D2652		Inlay - resin-based composite - 3 or more surfaces	\$420
	D2662		Onlay - resin-based composite - 2 surfaces	\$365
	D2663		Onlay - resin-based composite - 3 surfaces	\$425
CROWNS - SINGLE RESTORATIONS ONLY				
	D2710		Crown - resin-based composite (indirect)	\$75
	D2712		Crown - 3/4 resin-based composite (indirect)	\$75
	D2720	◆	Crown - resin with high noble metal	\$145
	D2721		Crown - resin with predominantly base metal	\$145
	D2722	◆	Crown - resin with noble metal	\$145
	D2740		Crown - porcelain/ceramic	\$170
	D2750	◆	Crown - porcelain fused to high noble metal	\$145
	D2751		Crown - porcelain fused to predominantly base metal	\$145
	D2752	◆	Crown - porcelain fused to noble metal	\$145
	D2753	◆	Crown- porcelain fused to titanium or titanium alloy	\$145
	D2780	◆	Crown - 3/4 cast high noble metal	\$145
	D2781		Crown - 3/4 cast predominantly base metal	\$145
	D2782	◆	Crown - 3/4 cast noble metal	\$145
	D2783		Crown - 3/4 porcelain/ceramic	\$165
	D2790	◆	Crown - full cast high noble metal	\$145
	D2791		Crown - full cast predominantly base metal	\$145
	D2792	◆	Crown - full cast noble metal	\$145
	D2794	◆	Crown - titanium	\$145
	D2799		Provisional crown - To be used at least 6 months during healing	\$45
OTHER RESTORATIVE SERVICES				
	D2910		Recement inlay, onlay, or partial coverage restoration	\$10
	D2915		Recement cast or prefabricated post and core	\$10
	D2920		Recement crown	\$10
	D2928		prefabricated porcelain/ceramic crown - permanent tooth	\$40
	D2930		Prefabricated stainless steel crown - primary tooth	\$35
	D2931		Prefabricated stainless steel crown - permanent tooth	\$40
	D2932		Prefabricated resin crown	\$45
	D2933		Prefabricated stainless steel crown with resin window	\$45
	D2934		Prefabricated esthetic coated stainless steel crown - primary tooth	\$45
	D2940		Sedative filling	\$0
	D2950		Core buildup, involving and including any pins	\$25
	D2951		Pin retention - per tooth, in addition to restoration	\$0
	D2952		Post and core in addition to crown, indirectly fabricated	\$35
	D2953		Each additional indirectly fabricated post - same tooth	\$10
	D2954		Prefabricated post and core in addition to crown	\$35
	D2955		Post removal (not in conjunction with endodontic therapy)	\$0
	D2957		Each additional prefabricated post - same tooth	\$10
	D2962		Labial veneer - porcelain laminate (laboratory)	\$600
			Rebond Veneer	\$80
	D2971		Additional procedures to construct new crown under existing partial denture framework	\$40
	D2980		Crown repair, by report	\$0
		@	Lumineer	\$600
PULP CAPPING				
	D3110		Pulp cap - direct (excluding final restoration)	\$0
	D3120		Pulp cap - indirect (excluding final restoration)	\$0
PULPOTOMY				
	D3220		Therapeutic pulpotomy (excluding final restoration)	\$15
	D3221		Pulpal debridement, primary and permanent teeth	\$15
ENDODONTIC THERAPY ON PRIMARY TEETH				

	D3230		Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$20
	D3240		Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$25
ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow-up care)				
	D3310		Anterior (excluding final restoration)	\$65
	D3320		Endodontic therapy, premolar tooth (excluding final restoration)	\$100
	D3330		Endodontic therapy, molar tooth (excluding final restoration)	\$125
ENDODONTIC RETREATMENT				
	D3346		Retreatment of previous root canal therapy - anterior	\$75
	D3347		Retreatment of previous root canal therapy - premolar	\$100
	D3348		Retreatment of previous root canal therapy - molar	\$160
Apexification/ Recalcification				
APICOECTOMY/PERIRADICULAR SERVICES				
	D3410		Apicoectomy- anterior	\$75
	D3421		Apicoectomy premolar (first root)	\$75
	D3425		Apicoectomy/periradicular surgery - molar (first root)	\$75
	D3426		Apicoectomy (each additional root)	\$35
	D3430		Retrograde filling - per root	\$0
	D3450		Root amputation - per root	\$0
	D3471		Surgical repair of root resorption-anterior	\$75
	D3472		Surgical repair of root resorption-premolar	\$75
	D3473		Surgical repair of root resorption-molar	\$75
	D3501		Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	\$85
	D3502		Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	\$100
	D3503		Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	\$120
OTHER ENDODONTIC PROCEDURES				
	D3910		Surgical procedure for isolation of tooth with rubber dam	\$0
	D3920		Hemisection (including any root removal), not including root canal therapy	\$40
	D3950		Canal preparation and fitting of preformed dowel or post	\$0
SURGICAL SERVICES (including usual postoperative care)				
	D4210		Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$35
	D4211		Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	\$20
	D4240		Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	\$50
	D4241		Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant	\$35
	D4245		Apically positioned flap	\$65
	D4249		Clinical crown lengthening - hard tissue	\$75
	D4260		Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	\$190
	D4261		Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant	\$35
	D4263		Bone replacement graft - first site in quadrant	\$160
	D4264		Bone replacement graft - each additional site in quadrant	\$125
	D4274		Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$50
NON-SURGICAL PERIODONTAL SERVICES				
	D4341		Periodontal scaling and root planing - four or more teeth per quadrant	\$25
	D4342		Periodontal scaling and root planing - one to three teeth per quadrant	\$10
	D4346		Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	\$0

	D4355		Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	\$25
	D4381		Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, per report	\$60
OTHER PERIODONTAL SERVICES				
	D4910		Periodontal maintenance	\$50
	D4921		Gingival irrigation with a medicinal agent - per quadrant	\$35
COMPLETE DENTURES (including routine post-delivery care)				
	D5110		Complete denture - maxillary	\$200
	D5120		Complete denture - mandibular	\$200
	D5130		Immediate denture - maxillary	\$220
	D5140		Immediate denture - mandibular	\$220
PARTIAL DENTURES (including routine post-delivery care)				
	D5211		Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$120
	D5212		Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$120
	D5213		Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$190
	D5214		Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$190
	D5221		Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$120
	D5222		Immediate mandibular partial denture- resin base (including any conventional clasps, rests and teeth)	\$120
	D5223		Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps)	\$190
	D5224		Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps)	\$190
	D5225		Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$190
	D5226		Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$190
	D5282		Removable unilateral partial denture - one piece cast metal (including clasps and teeth) - maxillary	\$140
	D5283		Removable unilateral partial denture - one piece cast metal (including clasps and teeth) - mandibular	\$140
	D5284		Removable unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant	\$140
	D5286		Removable unilateral partial denture - one piece resin (including clasps and teeth) per quadrant	\$140
ADJUSTMENTS TO DENTURES				
	D5410		Adjust complete denture - maxillary	\$15
	D5411		Adjust complete denture - mandibular	\$15
	D5421		Adjust partial denture - maxillary	\$15
	D5422		Adjust partial denture - mandibular	\$15
REPAIRS TO COMPLETE DENTURES				
	D5511		Repair broken complete denture base, mandibular	\$25
	D5512		Repair broken complete denture base, maxillary	\$25
	D5520		Replace missing or broken teeth - complete denture (each tooth)	\$25
REPAIRS TO PARTIAL DENTURES				
	D5611		Repair resin partial denture base, mandibular	\$25
	D5612		Repair resin partial denture base, maxillary	\$25
	D5621		Repair cast partial framework, mandibular	\$25
	D5622		Repair cast partial framework, maxillary	\$25
	D5630		Repair or replace broken clasp- per tooth	\$25
	D5640		Replace broken teeth - per tooth	\$25
	D5650		Add tooth to existing partial denture	\$25
	D5660		Add clasp to existing partial denture - per tooth	\$25

	D5670		Replace all teeth and acrylic on cast metal framework (maxillary)	\$125
	D5671		Replace all teeth and acrylic on cast metal framework (mandibular)	\$125
DENTURE REBASE PROCEDURES				
	D5710		Rebase complete maxillary denture	\$45
	D5711		Rebase complete mandibular denture	\$45
	D5720		Rebase maxillary partial denture	\$45
	D5721		Rebase mandibular partial denture	\$45
DENTURE RELINE PROCEDURES				
	D5730		Reline complete maxillary denture (chairside)	\$25
	D5731		Reline complete mandibular denture (chairside)	\$25
	D5740		Reline maxillary partial denture (chairside)	\$25
	D5741		Reline mandibular partial denture (chairside)	\$25
	D5750		Reline complete maxillary denture (laboratory)	\$45
	D5751		Reline complete mandibular denture (laboratory)	\$45
	D5760		Reline maxillary partial denture (laboratory)	\$45
	D5761		Reline mandibular partial denture (laboratory)	\$45
OTHER REMOVABLE PROSTHETIC SERVICES				
	D5810		Interim complete denture (maxillary)	\$245
	D5811		Interim complete denture (mandibular)	\$245
	D5820		Interim partial denture (maxillary)	\$95
	D5821		Interim partial denture (mandibular)	\$95
	D5850		Tissue conditioning, maxillary	\$35
	D5851		Tissue conditioning, mandibular	\$35
IMPLANT SERVICES				
	D6010	@	Surgical placement of implant body: endosteal implant	\$1,690
	D6058	@	Abutment supported porcelain/ceramic crown	\$960
	D6059	@	Abutment supported porcelain fused to metal crown (high noble metal)	\$965
	D6060	@	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$915
	D6061	@	Abutment supported porcelain fused to metal crown (noble metal)	\$930
	D6062	@	Abutment supported cast metal crown (high noble metal)	\$925
	D6063	@	Abutment supported cast metal crown (predominantly base metal)	\$800
	D6064	@	Abutment supported cast metal crown (noble metal)	\$840
	D6065	@	Implant supported porcelain/ceramic crown	\$955
	D6066	@	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$935
	D6067	@	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$910
	D6068	@	Abutment supported retainer for porcelain/ceramic FPD	\$975
	D6069	@	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$965
	D6070	@	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$915
	D6071	@	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$930
	D6072	@	Abutment supported retainer for cast metal FPD (high noble metal)	\$950
	D6073	@	Abutment supported retainer for cast metal FPD (predominantly base metal)	\$860
	D6074	@	Abutment supported retainer for cast metal FPD (noble metal)	\$925
	D6081		Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	\$10
	D6094	@	Abutment supported crown - (titanium)	\$600
	D6191		Semi-precision abutment - placement	\$600
	D6192		Semi-precision attachment - placement	\$600
	D6194	@	Abutment supported retainer crown for FPD (titanium)	\$500
	D6195	@	Abutment supported retainer - porcelain fused to titanium or titanium alloy	\$145

FIXED PARTIAL DENTURE PONTICS				
	D6205		Pontic - indirect resin based composite not to be used as a temporary or provisional prosthesis	\$165
	D6210	◆	Pontic - cast high noble metal	\$145
	D6211		Pontic - cast predominantly base metal	\$145
	D6212	◆	Pontic - cast noble metal	\$145
	D6214	◆	Pontic - titanium	\$145
	D6240	◆	Pontic - porcelain fused to high noble metal	\$145
	D6241		Pontic - porcelain fused to predominantly base metal	\$145
	D6242	◆	Pontic - porcelain fused to noble metal	\$145
	D6243	◆	Pontic - porcelain fused to titanium or titanium alloys	\$145
	D6245		Pontic - porcelain/ceramic	\$165
	D6250	◆	Pontic - resin with high noble metal	\$145
	D6251		Pontic - resin with predominantly base metal	\$145
	D6252	◆	Pontic - resin with noble metal	\$145
FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS				
	D6545		Retainer - cast metal for resin bonded fixed prosthesis	\$115
FIXED PARTIAL DENTURE RETAINERS - CROWNS				
	D6710		Crown - indirect resin based composite	\$165
	D6720	◆	Crown - resin with high noble metal	\$145
	D6721		Crown - resin with predominantly base metal	\$145
	D6722	◆	Crown - resin with noble metal	\$165
	D6740		Crown - porcelain/ceramic	\$165
	D6750	◆	Crown - porcelain fused to high noble metal	\$145
	D6751		Crown - porcelain fused to predominantly base metal	\$145
	D6752	◆	Crown - porcelain fused to noble metal	\$145
	D6753	◆	Retainer crown - porcelain fused to titanium or titanium alloys	\$145
	D6780	◆	Crown - 3/4 cast high noble metal	\$145
	D6781		Crown - 3/4 cast predominantly base metal	\$145
	D6782	◆	Crown - 3/4 cast noble metal	\$145
	D6783		Crown - 3/4 cast porcelain/ceramic	\$165
	D6784	◆	Retainer crown 3/4 - titanium and titanium alloys	\$145
	D6790	◆	Crown - full cast high noble metal	\$145
	D6791		Crown - full cast predominantly base metal	\$145
	D6792	◆	Crown - full cast noble metal	\$145
	D6794	◆	Crown - titanium	\$145
OTHER FIXED PARTIAL DENTURE SERVICES				
	D6930		Recent fixed partial denture	\$0
	D6940		Stress breaker	\$140
	D6980		Fixed partial denture repair, by report	\$0
EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)				
	D7111		Extraction, coronal remnants - primary tooth	\$25
	D7140		Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$35
SURGICAL EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)				
	D7210		Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$25
	D7220		Removal of impacted tooth - soft tissue	\$65
	D7230		Removal of impacted tooth - partially bony	\$75
	D7240		Removal of impacted tooth - completely bony	\$115
	D7241		Removal of impacted tooth - completely bony, with unusual surgical complications	\$115
	D7250		Surgical removal of residual tooth roots (cutting procedure)	\$115
OTHER SURGICAL PROCEDURES				
	D7270		Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$315
	D7280		Surgical access of an unerupted tooth	\$25
	D7283		Placement of device to facilitate eruption of impacted tooth	\$10
	D7285		Biopsy of oral tissue - hard (bone, tooth)	\$65
	D7286		Biopsy of oral tissue - soft (all others)	\$65

	D7288		Brush biopsy - transepithelial sample collection	\$65
ALVEOLOPLASTY (surgical preparation of ridge for dentures)				
	D7310		Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$25
	D7311		Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$15
	D7320		Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$25
	D7321		Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$15
SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS				
	D7450		Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm	\$65
Excision of Bone Tissue				
	D7471		Removal of lateral exostosis (maxilla or mandible)	\$375
	D7485		Surgical reduction of osseous tuberosity	\$375
SURGICAL INCISION				
	D7510		Incision and drainage of abscess - intraoral soft tissue	\$25
	D7520		Incision and drainage of abscess - extraoral soft tissue	\$40
OTHER REPAIR PROCEDURES				
	D7922		Placement of intra - socket biological dressing to aid in hemostasis or clot stabilization or clot stabilization, per site	\$0
	D7961		buccal/labial frenectomy	\$35
	D7962		lingual frenectomy	\$35
	D7963		Frenuloplasty	\$20
	D7970		Excision of hyperplastic tissue - per arch	\$45
	D7971		Excision of pericoronal gingiva	\$25
COMPREHENSIVE ORTHODONTIC TREATMENT				
	D8010		Limited orthodontic treatment of the primary dentition	\$800
	D8020		Limited orthodontic treatment of the transitional dentition	\$800
	D8030		Limited orthodontic treatment of the adolescent dentition	\$800
	D8040		Limited orthodontic treatment of the adult dentition	\$800
	D8050		Interceptive orthodontic treatment of the primary dentition	\$950
	D8060		Interceptive orthodontic treatment of the transitional dentition	\$950
	D8070		Comprehensive orthodontic treatment of the transitional dentition	\$1,600
	D8080		Comprehensive orthodontic treatment of the adolescent dentition	\$1,600
	D8090		Comprehensive orthodontic treatment of the adult dentition	\$2,100
OTHER ORTHODONTIC SERVICES				
	D8660		Pre-orthodontic treatment visit	\$0
	D8680		Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$250
	D8999		Orthodontic records fee	\$275
UNCLASSIFIED TREATMENT				
	D9110		Palliative (emergency) treatment of dental pain - minor procedure	\$15
ANESTHESIA				
	D9210		Local anesthesia not in conjunction with operative or surgical procedures	\$0
	D9211		Regional block anesthesia	\$0
	D9212		Trigeminal division block anesthesia	\$0
	D9215		Local anesthesia	\$0
	D9222		Deep sedation/general anesthesia - first 15 minutes	\$150
	D9223		Deep sedation/general anesthesia - each 15 minute increment	\$150
	D9230		Analgesia, anxiolysis, inhalation of nitrous oxide	\$45
	D9239		Intravenous conscious sedation/analgesia - first 15 minutes	\$150
	D9243		Intravenous conscious sedation/analgesia - 15 minute increment	\$150
PROFESSIONAL CONSULTATION				

	D9310		Consultation - (diagnostic service provided by dentist or physician other than requesting dentist or physician)	\$0
PROFESSIONAL VISITS				
	D9430		Office visit for observation (during regularly scheduled hours) - no other services performed	\$0
	D9440		Office visit, after regularly scheduled hours	\$50
MISCELLANEOUS SERVICES				
	D9910		Application of desensitizing medicament	\$35
	D9932		Cleaning and inspection of removable complete denture, maxillary	\$0
	D9933		Cleaning and inspection of removable complete denture, mandibular	\$0
	D9934		Cleaning and inspection of removable partial denture maxillary	\$0
	D9935		Cleaning and inspection of removable partial denture, mandibular	\$0
	D9944		Occlusal guard - hard appliance, full arch	\$250
	D9945		Occlusal guard - soft appliance, full arch	\$250
	D9946		Occlusal guard - hard appliance, partial arch	\$250
	D9951		Occlusal adjustment - limited	\$15
	D9952		Occlusal adjustment - complete	\$45
	D9972		External bleaching - per arch - take home trays	\$100
	D9975		External bleaching for home application, per arch; includes materials and fabrication of custom trays	\$100
NON CLINICAL PROCEDURES				
	D9986		Missed appointment	\$0
	D9987		Cancelled appointment	\$0
	D9990		Certified Translation or Sign Language Services - per visit	\$0
	D9997		Dental case management - patients with special health care needs	\$0

FOOTNOTES

- ◆ Metal charges apply to a maximum of \$125
- @ Where available

CDT 2023