

Code	Description	JTS01 TST BOCES Allowed Amount
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	\$ 31.25
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	\$ 22.50
D0145	ORAL EVALUATION FOR PATIENT UNDER THREE YEARS OF AGE AND CONSELING WITH PRIMARY CAREGIVER	N/C
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED	\$ 22.50
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM F	\$ 22.50
D0170	RE-EVALUATION - LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT, NOT POST-OPERATIVE)	\$ 22.50
D0171	re-evaluation – post-operative office visit	N/C
D0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTA	N/C
D0190	SCREENING OF A PATIENT	N/C
D0191	ASSESSMENT OF A PATIENT	N/C
D0210	INTRAORAL-COMPLETE SERIES OF RADIOGRAPHIC IMAGES	\$ 85.00
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	\$ 17.50
D0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	\$ 5.00
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	N/C
D0250	EXTRA-ORAL - 2D PROJECTION RADIOGRAPHIC IMAGE CREATED USING A STATIONARY RADIATION SOURCE, AND DETECTOR	\$ 20.21
D0251	extra-oral posterior dental radiographic image - Image limited to exposure of complete posterior teeth in both dental arches. This is a unique image that is not derived from another image.	N/C
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	\$ 17.50
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	\$ 25.00
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	\$ 30.00
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	\$ 40.00
D0277	VERTICAL BITEWINGS - 7-8 RADIOGRAPHIC IMAGES	N/C
D0310	SIALOGRAPHY	N/C
D0320	TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCLUDING INJECTION	N/C
D0321	OTHER TEMPOROMANDIBULAR JOINT RADIOGRAPHIC IMAGES, BY REPORT	N/C
D0322	TOMOGRAPHIC SURVEY	N/C
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$ 85.00
D0340	2D CEPHALOMETRIC RADIOGRAPHIC IMAGE - ACQUISITION, MEASUREMENT AND ANALYSIS	N/C
D0350	2D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY	N/C
D0351	3D photographic image - This procedure is for dental or maxillofacial diagnostic purposes. Not applicable for a CAD-CAM procedure.	N/C
D0364	CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW - LESS THAN ONE WHOLE JAW	N/C
D0365	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MANDIBLE	N/C
D0366	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MAXILLA, WITH OR WITHOUT CRANIUM	N/C
D0367	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS; WITH OR WITHOUT CRANIUM	N/C
D0368	CONE BEAM CT CAPTURE AND INTERPRETATION FOR TMJ SERIES INCLUDING TWO OR MORE EXPOSURES	N/C
D0369	MAXILLOFACIAL MRI CAPTURE AND INTERPRETATION	N/C
D0370	MAXILLOFACIAL ULTRASOUND CAPTURE AND INTERPRETATION	N/C
D0371	SIALOENDOSCOPY CAPTURE AND INTERPRETATION	N/C
D0380	CONE BEAM CT IMAGE CAPTURE WITH LIMITED FIELD OF VIEW - LESS THAN ONE WHOLE JAW	N/C
D0381	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MANDIBLE	N/C
D0382	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MAXILLA, WITH OR WITHOUT CRANIUM	N/C
D0383	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF BOTH JAWS; WITH OR WITHOUT CRANIUM	N/C
D0384	CONE BEAM CT IMAGE CAPTURE FOR TMJ SERIES INCLUDING TWO OR MORE EXPOSURES	N/C
D0385	MAXILLOFACIAL MRI IMAGE CAPTURE	N/C
D0386	MAXILLOFACIAL ULTRASOUND IMAGE CAPTURE	N/C
D0391	INTERPRETATION OF DIAGNOSTIC IMAGE BY PRACTITIONER NOT ASSOCIATED WITH CAPTURE OF THE IMAGE, INCLUDING REPORT	N/C
D0393	Treatment simulation using 3D image volume	N/C
D0394	Digital subtraction of 2 or more images or image volumes of the same modality	N/C
D0395	Fusion of 2 or more 3D image volumes of 1 or more modalities	N/C
D0411	HBA1C IN-OFFICE POINT OF SERVICE TESTING	N/C
D0412	Blood Glucose level test- in office using a glucose meter	N/C
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission or written report	N/C
D0415	COLLECTION OF MICROORGANISMS FOR CULTURE AND SENSITIVITY	N/C
D0416	VIRAL CULTURE	N/C
D0417	COLLECTION AND PREPARATION OF SALIVA SAMPLE FOR LABORATORY DIAGNOSTIC TESTING	N/C

D0418	ANALYSIS OF SALIVA SAMPLE		N/C
D0422	collection and preparation of genetic sample material for laboratory analysis and report		N/C
D0423	genetic test for susceptibility to diseases – specimen analysis Certified laboratory analysis to detect specific genetic variations associated with increased susceptibility for diseases.		N/C
D0425	CARIES SUSCEPTIBILITY TESTS		N/C
D0431	ADJUNCTIVE PRE-DIAGNOSTIC TEST THAT AIDS IN DETECTION OF MUCOSAL ABNORMALITIES INCLUDING PREMALIGNANT AND MALIGNANT LESIONS, NOT TO INCLUDE CYTOLOGY OR BIOPSY PROCEDURES		N/C
D0460	PULP VITALITY TESTS	\$	22.50
D0470	DIAGNOSTIC CASTS		N/C
D0472	ACCESSION OF TISSUE, GROSS EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT		N/C
D0473	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT		N/C
D0474	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION, INCLUDING ASSESSMENT OF SURGICAL MARGINS FOR PRESENCE OF DISEASE,PREPARATION AND TRANSMISSION OF WRITTEN REPORT		N/C
D0475	DECALCIFICATION PROCEDURE		N/C
D0476	SPECIAL STAINS FOR MICROORGANISMS		N/C
D0477	SPECIAL STAINS, NOT FOR MICROORGANISMS		N/C
D0478	IMMUNOHISTOCHEMICAL STAINS		N/C
D0479	TISSUE IN-SITU HYBRIDIZATION, INCLUDING INTERPRETATION		N/C
D0480	ACCESSION OF EXFOLIATIVE CYTOLOGIC SMEARS, MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT		N/C
D0481	ELECTRON MICROSCOPY		N/C
D0482	DIRECT IMMUNOFLOURESCENCE		N/C
D0483	INDIRECT IMMUNOFLOURESCENCE		N/C
D0484	CONSULTATION ON SLIDES PREPARED ELSEWHARE		N/C
D0485	CONSULTATION, INCLUDING PREPARATION OF SLIDES FROM BIOPSY MATERIAL SUPPLIED BY THE REFERRING SOURCE		N/C
D0486	LABORATORY ACCESSION OF TRANSEPIHELIAL CYTOLOGIC SAMPLE, MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT		N/C
D0502	OTHER ORAL PATHOLOGY PROCEDURES BY REPORT		N/C
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin and cementum		N/C
D0601	Caries risk assessment and documentation, with a finding of low risk		N/C
D0602	Caries risk assessment and documentation, with a finding of moderate risk		N/C
D0603	Caries risk assessment and documentation, with a finding of high risk		N/C
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT		N/C
D1110	PROPHYLAXIS-ADULT	\$	45.00
D1120	PROPHYLAXIS-CHILD	\$	33.75
D1206	TOPICAL APPLICATION OF FLOURIDE VARNISH	\$	27.50
D1208	TOPICAL APPLICATION OF FLUORIDE EXCLUDING VARNISH	\$	27.50
D1310	NUTRITIONAL COUNSELING FOR CONTROL OF DENTAL DISEASE		N/C
D1320	TOBACCO COUNSELING FOR THE CONTROL AND PREVENTION OF ORAL DISEASE		N/C
D1330	ORAL HYGIENE INSTRUCTIONS		N/C
D1351	SEALANT - PER TOOTH		N/C
D1352	PREVENTIVE RESIN RESTORATION IN A MODERATE TO HIGH CARIES RISK PATIENT - PERMANENT TOOTH		N/C
D1353	sealant repair – per tooth		N/C
D1354	interim caries arresting mesion by topical application conservative treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure.		N/C
D1510	SPACE MAINTAINER - FIXED - UNILATERAL		N/C
D1516	space maintainer – fixed – bilateral, maxillary		N/C
D1517	space maintainer – fixed – bilateral, mandibular		N/C
D1520	SPACE MAINTAINER-REMOVABLE UNILATERAL		N/C
D1526	space maintainer – removable – bilateral, maxillary		N/C
D1527	space maintainer – removable – bilateral, mandibular		N/C
D1550	RE-CEMENT OR RE-BOND SPACE MAINTAINER		N/C
D1555	REMOVAL OF FIXED SPACE MAINTAINER		N/C
D1575	Distal shoe space maintainer – fixed – unilateral. Fabrication and delivery of fixed appliance extending subgingivally and distally to guide the eruption of the first permanent molar. Does not include ongoing follow-up or adjustments, or replacement appliances, once the tooth has erupted.		N/C
D1999	Unspecified preventive procedure, by report		By Report
D2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	\$	27.50
D2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	\$	42.50
D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	\$	56.25
D2161	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	\$	26.25
D2330	RESIN-ONE SURFACE, ANTERIOR	\$	33.75
D2331	RESIN-TWO SURFACES, ANTERIOR	\$	42.50
D2332	RESIN-THREE SURFACES, ANTERIOR	\$	42.50

D2335	RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL A	\$ 65.00
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	N/C
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	\$ 33.75
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	\$ 42.50
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	\$ 65.00
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POS	\$ 65.00
D2410	GOLD FOIL - ONE SURFACE	N/C
D2420	GOLD FOIL - TWO SURFACES	N/C
D2430	GOLD FOIL THREE SURFACES	N/C
D2510	INLAY-METALLIC-ONE SURFACE	N/C
D2520	INLAY-METALLIC-TWO SURFACES	N/C
D2530	INLAY-METALLIC-THREE OR MORE SURFACES	N/C
D2542	ONLAY - METALLIC - TWO SURFACES	N/C
D2543	ONLAY - METALLIC - THREE SURFACES	N/C
D2544	ONLAY - METALLIC - FOUR OR MORE SURFACES	N/C
D2610	INLAY-PORCELAIN/CERAMIC-ONE SURFACE	N/C
D2620	INLAY-PORCELAIN/CERAMIC-TWO SURFACES	N/C
D2630	INLAY-PORCELAIN/CERAMIC-THREE OR MORE SURFACES	N/C
D2642	ONLAY - PORCELAIN/CERAMIC - TWO SURFACES	N/C
D2643	ONLAY - PORCELAIN/CERAMIC - THREE SURFACES	N/C
D2644	ONLAY - PORCELAIN/CERAMIC - FOUR OR MORE SURFACES	N/C
D2650	INLAY - RESIN-BASED COMPOSITE - ONE SURFACE	N/C
D2651	INLAY - RESIN-BASED COMPOSITE - TWO SURFACES	N/C
D2652	INLAY - RESIN-BASED COMPOSITE - THREE OR MORE SURF	N/C
D2662	ONLAY - RESIN-BASED COMPOSITE - TWO SURFACES	N/C
D2663	ONLAY - RESIN-BASED COMPOSITE - THREE SURFACES	N/C
D2664	ONLAY - - RESIN-BASED COMPOSITE - FOUR OR MORE SUR	N/C
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	N/C
D2712	CROWN 3/4 RSIN BASED COMPSITE (INDIRECT)	N/C
D2720	CROWN-RESIN WITH HIGH NOBLE METAL	N/C
D2721	CROWN-RESIN WITH PREDOMINANTLY BASE METAL	N/C
D2722	CROWN-RESIN WITH NOBLE METAL	N/C
D2740	CROWN-PORCELAIN/CERAMIC SUBSTRATE	N/C
D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	N/C
D2751	CROWN-PROCELAIN FUSED TO PREDOMINANTLY BASE METAL	N/C
D2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	N/C
D2780	CROWN - 3/4CAST HIGH NOBLE METAL	N/C
D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	N/C
D2782	CROWN - 3/4 CAST NOBLE METAL	N/C
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	N/C
D2790	CROWN-FULL CAST HIGH NOBLE METAL	N/C
D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	N/C
D2792	CROWN-FULL CAST NOBLE METAL	N/C
D2794	CROWN - TITANIUM	N/C
D2799	PROVISIONAL CROWN - FURTHER TREATMENT OR COMPLETION OF DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION	N/C
D2910	RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL COVERAGE RESTORATION	\$ 28.75
D2915	RE-CEMENT OR RE-BOND IN-DIRECTLY FABRICATED OR PREFABRICATED POST AND CORE	N/C
D2920	RE-CEMENT OR RE-BOND CROWN	\$ 28.75
D2921	Reattachment of tooth fragment, incisal edge or cusp	N/C
D2929	PREFABRICATED PORCELAIN/CERAMIC CROWN - PRIMARY TOOTH	N/C
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	N/C
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOT	N/C
D2932	PREFABRICATED RESIN CROWN	N/C
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WIN	N/C
D2934	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	N/C
D2940	PROTECTIVE RESTORATION	\$ 27.50
D2941	INTERIM THERAPEUTIC RESTORATION - PRIMARY DENTITION	\$ 27.50
D2949	Restorative foundation for an indirect restoration	N/C
D2950	CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED	N/C
D2951	PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATIO	\$ 13.75
D2952	POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FAB	N/C
D2953	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROEN - PRIMARY TOOTH	N/C
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	N/C
D2955	POST REMOVAL	N/C
D2957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	N/C
D2960	LABIAL VENEER (RESIN LAMINATE) - CHAIRSIDE	N/C
D2961	LABIAL VENEER (RESIN LAMINATE) - LABORATORY	N/C
D2962	LABIAL VENEER (PORCELAIN LAMINATE) - LABORATORY	N/C

D2971	ADDITIONAL PROCEDURES TO CONSTRUCT A NEW CROWN UNDER EXISTING PARTIAL DENTURE FRAMEWORK	N/C
D2975	COPING	N/C
D2980	CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	N/C
D2981	inlay repair necessitated by restorative material failure	N/C
D2982	onlay repair necessitated by restorative material failure	N/C
D2983	veneer repair necessitated by restorative material failure	N/C
D2990	resin infiltration of incipient smooth surface lesions	\$ 42.50
D2999	UNSPECIFIED RESTORATIVE PROCEDURE BY REPORT	By Report
D3110	PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)	\$ 22.50
D3120	PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)	\$ 22.50
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION)	\$ 45.00
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	N/C
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH	N/C
D3230	PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIM	N/C
D3240	PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRI	N/C
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINA	\$ 273.75
D3320	ENDODONTIC THERAPY, BICUSPID TOOTH (EXCLUDING FINA	\$ 342.50
D3330	ENDODONTIC THERAPY, MOLAR (EXCLUDING FINAL RESTORA	\$ 420.00
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS	N/C
D3332	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH	N/C
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	N/C
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIO	N/C
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-BICUSPI	N/C
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR	N/C
D3351	APEXIFICATION/RECALCIFICATION INITIAL VISIT (APICAL CLOSURE / CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	N/C
D3352	APEXIFICATION/RECALCIFICATION - INTERIM MEDICATION REPLACEMENT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, PULP SPACE DISINFECTION, ETC.)	N/C
D3353	APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDE	N/C
D3355	PULPAL REGENERATION - INITIAL VISIT	N/C
D3356	PULPAL REGENERATION - INTERIM MEDICATION REPLACEMENT	N/C
D3357	PULPAL REGENERATION - COMPLETION OF TREATMENT	N/C
D3410	APICOECTOMY - ANTERIOR	N/C
D3421	APICOECTOMY - BICUSPID (FIRST ROOT)	N/C
D3425	APICOECTOMY - MOLAR (FIRST ROOT)	N/C
D3426	APICOECTOMY (EACH ADDITIONAL ROOT)	N/C
D3427	PERIRADICULAR SURGERY WITHOUT APICOECTOMY	N/C
D3428	BONE GRAFT IN CONJUNCTION WITH PERIRADICULAR SURGERY - PER TOOTH, SINGLE SITE	N/C
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site	N/C
D3430	RETROGRADE FILLING-PER ROOT	N/C
D3431	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION IN CONJUNCTION WITH PERIRADICULAR SURGERY	N/C
D3432	GUIDED TISSUE REGENERATION, RESORBABLE BARRIER, PER SITE, IN CONJUNCTION WITH PERIRADICULAR SURGERY	N/C
D3450	ROOT AMPUTATION-PER ROOT	N/C
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	N/C
D3470	INTENTIONAL RE-IMPLAMTATION (INCLUDING NECESSARY SPLINTING)	N/C
D3910	SURGICAL PRODEDURE FOR ISOLATION OF TOOTH WITH RUBBER DAM	N/C
D3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROOT CANAL THERAPY	N/C
D3950	CANAL PREPARATION AND FITTING OF PREFORMED DOWEL O	N/C
D3999	UNSPECIFIED ENDODONTIC PROCEDURE BY REPORT	By Report
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTI	N/C
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTI	N/C
D4212	GINGIVECTOMY OR GINGIVOPLASTY - to allow access to restorative procedure, per tooth	N/C
D4230	Anatomical Crown exposure - FOUR OR MORE Teeth	N/C
D4231	Anatomical Crown exposure - ONE TO THREE Teeth	N/C
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING -	N/C
D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING -	N/C
D4245	APICALLY POSITIONED FLAP	N/C
D4249	CLINICAL CROWN LENGTHENING-HARD TISSUE	N/C
D4260	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	N/C
D4261	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	N/C
D4263	BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - FIRST SITE IN QUADRANT	N/C

D4264	BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - EACH ADDITIONAL SITE IN QUADRANT	N/C
D4265	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISS	N/C
D4266	GUIDED TISSUE REGENERATION - RESORBABLE BARRIER, P	N/C
D4267	GUIDED TISSUE REGENERATION - NON-RESORBABLE BARRIER, Per Site	N/C
D4268	SURGICAL REVISION PROCEDURE, PER TOOTH	N/C
D4269		N/C
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	N/C
D4273	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT	N/C
D4274	MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA)	N/C
D4275	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SITE AND DONOR MATERIAL) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT	N/C
D4276	COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAF	N/C
D4277	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT	N/C
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	N/C
D4283	autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site -Used in conjunction with D4273.	N/C
D4285	non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site -Used in conjunction with D4275.	N/C
D4320	PROVISIONAL SPLINTING-INTRACORONAL	N/C
D4321	PROVISIONAL SPLINTING-EXTRACORONAL	N/C
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MOR	N/C
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THRE	N/C
D4346	Scaling in the presence of generalized moderate or severe gingival inflammation-full mouth, after oral evaluation	N/C
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVA	N/C
D4381	LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH	N/C
D4910	PERIODONTAL MAINTENANCE	N/C
D4920	UNSCHEDULED DRESSING CHANGE (BY SOMEONE OTHER THAN TREATING DENTIST OR THEIR STAFF)	N/C
D4921	Gingival irrigation - per quad	N/C
D4999	UNSPECIFIED PERIODONTAL PROC., BY REPORT	By Report
D5110	COMPLETE DENTURE - MAXILLARY	N/C
D5120	COMPLETE DENTURE - MANDIBULAR	N/C
D5130	IMMEDIATE DENTURE - MAXILLARY	N/C
D5140	IMMEDIATE DENTURE - MANDIBULAR	N/C
D5211	UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTION	N/C
D5212	LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTION	N/C
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK W	N/C
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK	N/C
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth) Includes limited follow-up care only; does not include future rebasing / relining procedure(s).	N/C
D5222	immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth) Includes limited follow-up care only; does not include future rebasing / relining procedure(s).	N/C
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps,rests and teeth) Includes limited follow-up care only; does not include future rebasing / relining procedure(s).	N/C
D5224	framework with resin denture bases (including any conventional clasps, rests and teeth) Includes limited follow-up care only; does not include future rebasing / relining procedure(s).	N/C
D5225	MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDI	N/C
D5226	MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUD	N/C
D5282	removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary	N/C
D5283	removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular	N/C
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	N/C
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	N/C
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	N/C
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	N/C
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	\$ 58.75
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	\$ 58.75
D5520	REPLACE MISSING OR BROKEN TEETH-COMPLETE DENTURE (	\$ 67.50
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	N/C

D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	N/C
D5621	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	N/C
D5622	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	N/C
D5630	REPAIR OR REPLACE BROKEN CLASP - PER TOOTH	N/C
D5640	REPLACE BROKEN TEETH-PER TOOTH	\$ 58.75
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$ 81.25
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE - PER TOOTH	\$ 81.25
D5670	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEW	\$ 58.75
D5671	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEW	\$ 58.75
D5710	REBASE COMPLETE MAXILLARY DENTURE	N/C
D5711	REBASE COMPLETE MANDIBULAR DENTURE	N/C
D5720	REBASE MAXILLARY PARTIAL DENTURE	N/C
D5721	REBASE MANDIBULAR PARTIAL DENTURE	N/C
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	N/C
D5731	RELINE LOWER COMPLETE MANDIBULAR DENTURE (CHAIRSID	N/C
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	N/C
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	N/C
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	N/C
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	N/C
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	N/C
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	N/C
D5810	INTERIM COMPLETE DENTURE (MAXILLARY)	N/C
D5811	INTERIM COMPLETE DENTURE (MANDIBULAR)	N/C
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	N/C
D5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	N/C
D5850	TISSUE CONDITIONING, MAXILLARY	N/C
D5851	TISSUE CONDITIONAING, MANDIBULAR	N/C
D5862	PRECISION ATTACHMENT BY REPORT	N/C
D5863	Overdenture - complete maxillary	N/C
D5864	Overdenture - partial maxillary	N/C
D5865	Overdenture - complete mandibular	N/C
D5866	Overdenture - partial mandibular	N/C
D5867	REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHEMENT (MALE OR FEMALE COMPONENT)	N/C
D5875	MODIFICATION OF REMOVABLE PROSTHETISIS FOLLOWING IMPLANT SURGERY	N/C
D5876	add metal sub structure to acrylic full denture( per arch)	N/C
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE BY REPORT	N/C
D5911	FACIAL MOULAGE (SECTIONAL)	N/C
D5912	FACIAL MOULAGE (COMPLETE)	N/C
D5913	NASAL PROSTHESIS	N/C
D5914	AURICULAR PROSTHESIS	N/C
D5915	ORBITAL PROSHTHESIS	N/C
D5916	OCULAR PROSHESIS	N/C
D5931	OBTURATOR PROSTHESIS, SURGICAL	N/C
D5932	OBTURATOR PROSTHESIS, DEFINITIVE	N/C
D5933	OBTURATOR PROSTHESIS, MODIFICATION	N/C
D5934	MANDIBULAR RESECTION PROSTHESIS W/GUIDE FLANGE	N/C
D5935	MANDIBULAR RESECTION PROSTHESIS W/O GUIDE FLANGE	N/C
D5936	OBTURATOR PROSTHESIS, INTERIM	N/C
D5937	TRISMUS APPLIANCE (NOT FOR TMD TREATMENT)	N/C
D5951	FEEDING AID	N/C
D5982	SURGICAL STENT	N/C
D5986	FLOURIDE GEL CARRIER	N/C
D5988	SURGICAL SPLINT	N/C
D5991		N/C
D5994	Periodontal medicament carrier with peripheral seal - laboratory processed	N/C
D5999	UNSPEC. MAXILLOFACIAL PROSTHESIS, BY REPORT	By Report
D6010	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT	N/C
D6011	Second Stage Implant	N/C
D6012	SURGICAL IMPANT OF INTERIM IMPLANT BODY FOR TRANSITIONAL PROSTHESIS; ENDOSTEAL IMPLANT	N/C
D6013	Surgical placement of mini implant	N/C
D6020		N/C
D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT	N/C
D6050	SURGICAL PLACEMENT: TRASNOSTEAL IMPLANT	N/C
D6051	INTERIM ABUTMENT	N/C
D6052	Semi-precision attachment abutment	N/C
D6055	CONNECTION BAR - IMPLANT SUPPORTED OR ABUTMENT SUPPORTED	N/C
D6056	PREFABRICATED ABUTMENT - INCLUDES MODIFICATIONS AND PLACEMENT	N/C
D6057	CUSTOM FABRICATED ABUTMENT - INCLUDES PLACEMENT	N/C

D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	N/C
D6059	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL)	N/C
D6060	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINANTLY BASE METAL)	N/C
D6061	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL)	N/C
D6062	ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)	N/C
D6063	ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINANTLY BASE METAL)	N/C
D6064	ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)	N/C
D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	N/C
D6066	IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN (TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL)	N/C
D6067	IMPLANT SUPPORTED METAL CROWN (TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL)	N/C
D6068	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC FPD	N/C
D6069	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (HIGH NOBLE METAL)	N/C
D6070	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (PREDOMINANTLY BASE METAL)	N/C
D6071	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (NOBLE METAL)	N/C
D6072	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (HIGH NOBLE METAL)	N/C
D6073	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (PREDOMINANTLY BASE METAL)	N/C
D6074	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL)	N/C
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	N/C
D6076	IMPLANT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (TITANIUM, TITANIUM ALLOY, OR HIGH NOBLE METAL)	N/C
D6077	IMPLANT SUPPORTED RETAINER FOR CAST METAL FPD (TITANIUM, TITANIUM ALLOY, OR HIGH NOBLE METAL)	N/C
D6080	IMPLANT MAINTENANCE PROCEDURES WHEN PROSTHESES ARE REMOVED AND REINSERTED, INCLUDING CLEANSING OF PROSTHESES AND ABUTMENTS	N/C
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	N/C
D6085	Provisional implant crown	N/C
D6090	REPAIR IMPLANT SUPPORTED PROSTHESIS, BY REPORT	N/C
D6091	REPLACEMENT OF SEMI-PRECIOUS OR PRECISION ATTACHMENT (MALE OR FEMALE COMPONENT) OF IMPLANT/ABUTMENT SUPPORTED PROSTHESIS, PER ATTACHMENT	N/C
D6092	RE-CEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED CROWN	N/C
D6093	RE-CEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL DENTURE	N/C
D6094	ABUTMENT SUPPORTED CROWN - (TITANIUM)	N/C
D6095	REPAIR IMPLANT ABUTMENT, BY REPORT	N/C
D6096	REMOVE BROKEN IMPLANT RETAINING SCREW	N/C
D6100	IMPLANT REMOVAL, BY REPORT	N/C
D6101	DEBRIDEMENT OF A PERI-IMPLANT DEFECT OR DEFECTS SURROUNDING A SINGLE IMPLANT, AND SURFACE CLEANING OF THE EXPOSED IMPLANT SURFACES, INCLUDING FLAP ENTRY AND CLOSURE	N/C
D6102	DEBRIDEMENT AND OSSEOUS CONTOURING OF A PERI-IMPLANT DEFECT OR DEFECTS SURROUNDING A SINGLE IMPLANT, AND INCLUDES SURFACE CLEANING OF THE EXPOSED IMPLANT SURFACES, INCLUDING FLAP ENTRY AND CLOSURE	N/C
D6103	BONE GRAFT FOR REPAIR OF PERI-IMPLANT DEFECT - DOES NOT INCLUDE FLAP ENTRY AND CLOSURE	N/C
D6104	BONE GRAFT AT TIME OF IMPLANT PLACEMENT	N/C
D6110	implant /abutment supported removable denture for edentulous arch – maxillary	N/C
D6111	implant /abutment supported removable denture for edentulous arch – mandibular	N/C
D6112	implant /abutment supported removable denture for partially edentulous arch – maxillary	N/C
D6113	implant /abutment supported removable denture for partially edentulous arch – mandibular	N/C
D6114	implant /abutment supported fixed denture for edentulous arch – maxillary	N/C
D6115	implant /abutment supported fixed denture for edentulous arch – mandibular	N/C
D6116	implant /abutment supported fixed denture for partially edentulous arch – maxillary	N/C
D6117	implant /abutment supported fixed denture for partially edentulous arch – mandibular	N/C
D6118	IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR EDENTULOUS ARCH - MANDIBULAR	N/C
D6119	IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR EDENTULOUS ARCH - MAXILLARY	N/C
D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT	By Report
D6194	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD - (TITAN)	N/C
D6199	UNSPECIFIED Implant PROCEDURE BY REPORT	By Report
D6205	PONTIC - INDIRECT RESIN BASED COMPOSITE	N/C
D6210	PONTIC-CAST HIGH NOBLE METAL	N/C
D6211	PONTIC-CAST PREDOMINANTLY BASE METAL	N/C
D6212	PONTIC-CAST NOBLE METAL	N/C
D6214	PONTIC - TITANIUM	N/C
D6240	PONTIC-PORCELAIN FUSED TO HIGH NOBLE METAL	N/C
D6241	PONTIC-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	N/C
D6242	PONTIC-PORCELAIN FUSED TO NOBLE METAL	N/C
D6245	PONTIC - PORCELAIN/CERAMIC	N/C
D6250	PONTIC-RESIN WITH HIGH NOBLE METAL	N/C
D6251	PONTIC-RESIN WITH PREDOMINANTLY BASE METAL	N/C

D6252	PONTIC-RESIN WITH NOBLE METAL	N/C
D6253	PROVISIONAL PONTIC - FURTHER TREATMENT OR COMPLETION OF DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION	N/C
D6545	REATINER - CAST METAL FOR RESIN BONDED FIXED PROSTESIS	N/C
D6548	REATINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHESIS	N/C
D6549	resin retainer – for resin bonded fixed prosthesis	N/C
D6600	REATINER INLAY - PORCELAIN/CER	N/C
D6601	RETAINER INLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES	N/C
D6602	RETAINER INLAY - CAST HIGH NOBLE METAL, TWO SURFACES	N/C
D6603	RETAINER INLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	N/C
D6604	RETAINER INLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES	N/C
D6605	RETAINER INLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	N/C
D6606	RETAINER INLAY - CAST NOBLE METAL, TWO SURFACES	N/C
D6607	RETAINER INLAY - CAST NOBLE METAL, THREE OR MORE SURFACES	N/C
D6608	RETAINER ONLAY - PORCELAIN/CERAMIC, TWO SURFACES	N/C
D6609	RETAINER ONLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES	N/C
D6611	RETAINER ONLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	N/C
D6612	RETAINER ONLYA- CAST PREDOMINANTLY BASE METAL, TWO SURFACES	N/C
D6613	RETAINER ONLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	N/C
D6614	RETAINER ONLYA - CAST NOBLE METAL, TWO SURFACES	N/C
D6615	RETAINER ONLAY - CAST NOBLE METAL, THREE OR MORE SURFACES	N/C
D6624	RETAINER INLAY - TITANIUM	N/C
D6634	RETAINER ONLAY - TIANIUM	N/C
D6710	RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE	N/C
D6720	RETAINER CROWN - RESIN WITH HIGH NOBLE METAL	N/C
D6721	RETAINER CROWN - RESIN WITH PREDOMINANTLY BASE METAL	N/C
D6722	RETAINER CROWN - RESIN WITH NOBLE METAL	N/C
D6740	RETAINER CROWN - PORCELAIN/CERAMIC	N/C
D6750	RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	N/C
D6751	RETAINER CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	N/C
D6752	RETAINER CROWN - PORCELAIN FUSED TO NOBLE METAL	N/C
D6780	RETAINER CROWN - 3/4 CAST HIGH NOBLE METAL	N/C
D6781	RETAINER CROWN - 3/4 CASTPREDOMINANTLY BASE METAL	N/C
D6782	RETAINER CROEN - 3/4 CAST NOBLE METAL	N/C
D6783	RETAINER CROWN - 3/4 PORCELAIN/CERAMIC	N/C
D6790	RETAINER CROWN - FULL CAST HIGH NOBLE METAL	N/C
D6791	RETAINER CROWN - FULL CAST PREDOMINANTLY BASE METAL	N/C
D6792	RETAINER CROWN - FULL CAST NOBLE METAL	N/C
D6793	PROVISIONAL REATINER CROWN - FURTHER TREATMENT OR COMPLAETION OF DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION	N/C
D6794	RETAINER CROWN - TITANIUM	N/C
D6920	CONNECTOR BAR	N/C
D6930	RE-CEMENT OR RE-BOND FIXED PARTIAL DENTURE	N/C
D6940	STRESS BREAKER	N/C
D6950	PRECISION ATTACHMENT	N/C
D6980	FIXED PARTIAL DENTURE REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	N/C
D6985	PEDIATRIC PARTIAL DENTURE, FIXED	N/C
D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE, BY REPORT	By Report
D7110	SINGLE TOOTH	\$ 45.00
D7111	EXTRACTION, CORONAL REMNANTS - DECIDUOUS TOOTH	\$ 45.00
D7120	EACH ADDITIONAL TOOTH	N/C
D7130	ROOT REMOVAL - EXPOSED ROOTS	N/C
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	\$ 45.00
D7210	EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	\$ 55.00
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	N/C
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	N/C
D7240	REMOVAL OF IMPACTED TOOTH-COMpletely BONY	N/C
D7241	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATION	N/C
D7250	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	N/C
D7251	CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL	N/C
D7260	ORAL ANTRAL FISTULA CLOSURE	N/C
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	N/C
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCID	N/C
D7272	TOOTH TRANSPLANTATION (INCLUDES RE-IMPLANTATION FROM ONE SITE TO ANOTHER AND SPLINTING AN/OR STABILIZATION)	N/C
D7280	EXPOSURE OF AN UNERUPTED TOOTH	N/C
D7281	SURG. EXPOSURE IMPACTED/UNERUPTED TTH-TO AID ERUPTN	N/C
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	N/C



D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	N/C
D7285	INCISIONAL BIOPSY OF ORAL TISSUE-HARD (BONE, TOOTH)	\$ 97.50
D7286	INCISIONAL BIOPSY OF ORAL TISSUE-SOFT	\$ 97.50
D7287	EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION	N/C
D7288	BRUSH BIOPSY - TRANSEPIHELIAL SAMPLE COLLECTION	N/C
D7290	SURGICAL REPOSITIONING OF TEETH	N/C
D7291	TRANSSEPTAL FIBEROTOMY/SUPRA CRESTAL FIBEROTOMY, B	N/C
D7292	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE [SCREW RETAINED PLATE] REQUIRING FLAP; INCLUDES DEVICE REMOVAL	N/C
D7293	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE REQUIRING FLAP; INCLUDES DEVICE REMOVAL	N/C
D7294	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP: INCLUDES DEVICE REMOVAL	N/C
D7295	HARVEST OF BONE FOR USE IN AUTOGENEOUS GRAFTING PROCEDURE	N/C
D7296	CORTICOTOMY - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	N/C
D7297	CORTICOTOMY - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	N/C
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	N/C
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	N/C
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS	N/C
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	N/C
D7340	VESTIBULOPLASTY-RIDGE EXTENSION (SECOND EPITHELIAL	N/C
D7350	VESTIBULOPLASTY-RIDGE EXTENSION (INCLUDING SOFT TI	N/C
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	N/C
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	N/C
D7412	EXCISION OF BENIGN LESION, COMPLICATED	N/C
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25	N/C
D7414	EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM	N/C
D7415	EXCISION OF MALIGNANT LESION, COMPLICATED	N/C
D7440	EXCISION OF MALIGNANT TUMOR - LESION DIAMETER UP TO 1.25 CM	N/C
D7441	EXCISION OF MALIGNANT TUMOR - LESION DIAMETER greater than 1.25 CM	N/C
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION	N/C
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION	N/C
D7460	REMOVAL OF BENIGN NONDONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM	N/C
D7461	REMOVAL OF BENIGN NONDONTOGENIC CYST OR TUMOR - LESION DIAMETER OF GREATER THAN 1.25 CM	N/C
D7465	destruction of lesion by physical or chemical method, by report	N/C
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	N/C
D7472	REMOVAL OF TORUS PALATINUS	N/C
D7473	REMOVAL OF TORUS MANDIBULARIS	N/C
D7485	REDUCTION OF OSSEOUS TUBEROSITY	N/C
D7490	RADICAL RESECTION OF MAXILLA OR MANDIBLE	N/C
D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TI	N/C
D7511	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE SPACES)	N/C
D7520	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE	N/C
D7521	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)	N/C
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBC	N/C
D7540	REMOVAL OF REACTION PRODUCING FOREIGN BODIES, MUSCULOSKELETAL SYSTEM	N/C
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE	N/C
D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT FOR FOREIGN BODY	N/C
D7610	MAXILLA - OPEN REDUCTION	N/C
D7620	MAXILLA - CLOSED REDUCTION	N/C
D7630	MANDIBLE - OPEN REDUCTION	N/C
D7640	MANDIBLE - CLOSED REDUCTION	N/C
D7650	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION	N/C
D7660	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	N/C
D7670	ALVEOLUS - CLOSED REDUCTION, MAY INCLUDE STABILIZA	N/C
D7671	ALVEOLUS - OPEN REDUCTION, MAY INCLUDE STABILIZATI	N/C
D7680	FACIAL BONES - COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES	N/C
D7710	MAXILLA - OPEN REDUCTION	N/C
D7720	MAXILLA - CLOSED REDUCTION	N/C
D7730	MANDIBLE - OPEN REDUCTION	N/C
D7740	MANDIBLE - CLOSED REDUCTION	N/C
D7750	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION	N/C
D7760	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	N/C
D7770	ALVEOLUS, CLOSED REDUCTION STABILIZATION OF TEETH	N/C
D7771	ALVEOLUS, CLOSED REDUCTION STABILIZATION OF TEETH	N/C

D7780	FACIAL BONES - COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE APPROACHES	N/C
D7810	OPEN REDUCTION OF DISLOCATION	N/C
D7820	CLOSED REDUCTION OF DISLOCATION	N/C
D7830	MANIPULATION UNDER ANESTHESIA	N/C
D7840	CONDYLECTOMY	N/C
D7850	SURGICAL DISCECTOMY, WITH/WITHOUT IMPLANT	N/C
D7852	DISC REPAIR	N/C
D7854	SYNOVECTOMY	N/C
D7856	MYOTOMY	N/C
D7858	JOINT RECONSTRUCTION	N/C
D7860	ARTHROTOMY	N/C
D7865	ARTHROPLASTY	N/C
D7870	ARTHROCENTESIS	N/C
D7871	NON-ARTHROSCOPIC - LYSIS AND LAVAGE	N/C
D7872	NON-ARTHROSCOPY - DIAGNOSIS, WITH OR WITHOUT BILOPSY	N/C
D7873	ARTHROSCOPY, LAVAGE AND LYSIS OF ADHESIONS	N/C
D7874	ARTHROSCOPY, DISC REPOSITIONING AND STABILIZATION	N/C
D7875	ARTHROSCOPY: SYNOVECTOMY	N/C
D7876	ARTHROSCOPY: DISCECTOMY	N/C
D7877	ARTHROSCOPY: DEBRIDEMENT	N/C
D7880	OCCUSAL ORTHOTIC DEVICE, BY REPORT	N/C
D7881	OCCUSAL ORTHOTIC DEVICE ADJUSTMENT	N/C
D7881	occlusal orthotic device adjustment	N/C
D7899	UNSPECIFIED TMD THERAPY, BY REPORT	By Report
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	N/C
D7911	COMPLICATED SUTURE - UP TO 5 CM	N/C
D7912	COMPLICATED SUTURE - GREATER THAN 5 CM	N/C
D7920	SKIN GRAFT (IDENTIFY DEFECT COVERED, LOC. & TYPE OF GRAFT)	N/C
D7921		N/C
D7940	OSTEOPLASTY - FOR ORTHOGNATHIC DEFORMITIES	N/C
D7941	OSTEOTOMY - MANDIBULAR RAMI	N/C
D7943	OSTEOTOMY - MANDIB. RAMI W/BONE GRAFT;INCL. OBTAIN. THE GRAFT	N/C
D7944	OSTEOTOMY - SEGMENTED OR SUBAPICAL - PER SEXTANT OR QUAD.	N/C
D7945	OSTEOTOMY - BODY OF MANDIBLE	N/C
D7946	LEFORT I (MAXILLA - TOTAL)	N/C
D7947	LEFORT I (MAXILLA - SEGMENTED)	N/C
D7948	LEFORT I OR LEFORT III (OSTEOPLAST. OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION) – W/O BONE GRAFT	N/C
D7949	LEFORT II OR LEFORT III - WITH BONE GRAFT	N/C
D7950	OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF THE MANDIBLE OR FACIAL BONES – AUTOGENOUS, BY REPORT	N/C
D7951	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES VIA A LATERAL OPEN APPROACH	N/C
D7952	SINUS AUGMENTATION VIA A vertical APPROACH	N/C
D7953	Bone replacement graft for ridge preservation per site	N/C
D7955	repair of maxillofacial soft and / or hard tissue defect	N/C
D7960	FRENULECTOMY - ALSO KNOWN AS FRENECTOMY OR FRENOTOMY - SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE	N/C
D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	N/C
D7971	EXCISION OF PERICORONAL GINGIVA	N/C
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	N/C
D7979	NON-SURGICAL SIALOLITHOTOMY	N/C
D7980	SURGICAL SIALOLITHOTOMY	N/C
D7981	EXCISION OF Salivary gland, by report	N/C
D7982	SIALODOCHOPLASTY	N/C
D7983	CLOSURE OF SALIVARY FISTULA	N/C
D7990	EMERGENCY TRACHEOTOMY	N/C
D7991	CORONOIDECTOMY	N/C
D7995	SYNTHETIC GRAFT - MANDIBLE OR FACIAL BONES, BY REPORT	N/C
D7996	IMPLANT-MANDIBLE FOR AUGMENT. PURPOSES, BY REPORT	N/C
D7997	APPLIANCE REMOVAL, INCL. REMOVAL OF ARCHBAR	N/C
D7998		N/C
D7999	UNSPECIFIED ORAL SURGERY PROC., BY REPORT	By Report
D8010	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	N/C
D8020	LIMITED ORTHOTIC TREATMENT OF THE TRANSITIONAL DENTITION	N/C
D8030	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DE	N/C
D8040	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION	N/C
D8050	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY	N/C
D8060	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	N/C

D8070	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	N/C
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESC	N/C
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT D	N/C
D8210	REMOVABLE APPLIANCE THERAPY	N/C
D8220	FIXED APPLIANCE THERAPY	N/C
D8660	PRE-ORTHODONTIC TREATMENT EXAMINATION TO MONITOR GROWTH AND DEVELOPMENT	N/C
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT	N/C
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONS	N/C
D8681	REMOVABLE ORTHODONTIC RETAINER ADJUSTMENT	N/C
D8690	ORTHODONTIC TREATMENT (ALTERNATIVE BILLING TO CONTRACT FEE)	N/C
D8691	REPAIR OF ORTHODONTIC APPLIANCE	N/C
D8692	REPLACEMENT OF LOST OR BROKEN RETAINER	N/C
D8693	RE-CEMENT OR RE-BOND FIXED RETAINER	N/C
D8694	REPAIR OF FIXED RETAINERS, INCLUDES REATTACHMENT	N/C
D8695	REMOVAL OF FIXED ORTHODONTIC APPLIANCE FOR REASONS OTHER THAN COMPLETION OF TREATMENT	N/C
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE BY REPORT	By Report
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MI	\$ 22.50
D9120	FIXED PARTIAL DENTURE SECTIONING	N/C
D9130	TMJ joint dysfunction non invasive physical therapy	N/C
D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURE	N/C
D9211	REGIONAL BLOCK ANESTHESIA	N/C
D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA	N/C
D9215	LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	N/C
D9219	EVALUATION FOR DEEP SEDATION OR GENERAL ANESTHESIA	N/C
D9222	DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTES	N/C
D9223	DEEP SEDATION/GENERAL ANESTHESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	N/C
D9230	INHALATION OF NITROUS OXIDE/ANALGESIA, ANXIOLYSIS	N/C
D9239	INTRAVENOUS MODERATE (CONCIUS) SEDATION/ANA;GESIA - FIRST 15 MINUTES	N/C
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	N/C
D9248	NON-INTRAVENOUS CONCIUS SEDATION	N/C
D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OF PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN	N/C
D9311	Consultation with medical health care professional	N/C
D9410	HOUSE/EXTENDED CARE FACILITY CALL	N/C
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	N/C
D9430	OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED HOURS) - NO OTHER SERVICES PERFORMED	N/C
D9440	OFFICE VIST - AFTER REGULARLY SCHEDULED HOURS	N/C
D9450	CASE PRESENTATION, DETAILED AND EXYENSIVE TREATMENT PLANNING	N/C
D9610	THERAPUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION	N/C
D9612	THERAPUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, DIFFERENT MEDICATIONS	N/C
D9613	Infiltration of sustained release therapeutic drug- single or multiple sites- Not local anesthesia	N/C
D9630	DRUGS OR MEDICAMENTS DISPENSED IN THE OFFICE FOR HOME USE	N/C
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	N/C
D9911	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AN	N/C
D9920	BEHAVIOR MANAGEMENT, PER REPORT	N/C
D9930	TREAT. OF COMPLIC. (POST SURG.) - UNUSUAL CIRCU., BY REPORT	N/C
D9932	cleaning and inspection of removable complete denture, maxillary	N/C
D9933	cleaning and inspection of removable complete denture, mandibular	N/C
D9934	cleaning and inspection of removable partial denture, maxillary	N/C
D9935	cleaning and inspection of removable partial denture, mandibular	N/C
D9941	FABRICATION OF ATHLETIC MOUTHGUARD	N/C
D9942	REPAIR AND/OR RELINE OF OCCLUSAL GUARD	N/C
D9943	occlusal guard adjustment	N/C
D9944	occlusal guard – hard appliance, full arch	N/C
D9945	occlusal guard – soft appliance, full arch	N/C
D9946	occlusal guard – hard appliance, partial arch	N/C
D9950	OCCLUSAL ANALYSIS - MOUNTED CASE	N/C
D9951	OCCLUSAL ADJUSTMENT - LIMITED	N/C
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	N/C
D9961	duplicate patient records	N/C
D9970	ENAMEL MICROABRASION	N/C
D9971	ODODONTOPLASTY 1-2 TEETH; INCLUDES REMOVAL OF ENAMEL PROJECTION	N/C
D9972	EXTERNAL BLEACHING - PER ARCH - PERFORMED IN OFFICE	N/C
D9973	EXTERNAL BLEACHING - PER TOOTH	N/C
D9974	INTERNAL BLEACHING - PER TOOTH	N/C

D9975	EXTERNAL BLEACHING FOR HOME APPLICATION, PER ARCH; INCLUDES MATERIALS AND FABRICATION OF CUSTOM TRAYS	N/C
D9985	Sales Tax	N/C
D9986	Missed Appointment	N/C
D9987	Cancelled Appointment	N/C
D9990	certified translator or sign-language services- per visit	N/C
D9991	Consultation with medical health care professional	N/C
D9992	Dental case management-care coordination	N/C
D9993	Dental case management-motivational interviewing	N/C
D9994	Dental case management-patient education to improve oral health literacy	N/C
D9995	TELEDENTISTRY - SYNCHRONOUS; REAL-TIME ENCOUNTER	N/C
D9996	TELEDENTISTRY - ASYNCHRONOUS; INFORMATION STORES AND FORWARDED TO DENTIST FOR SUBSEQUENT REVIEW	N/C
D9999	UNSPEC. ADJUNCTIVE PROC., BY REPORT	By Report
VII	MAXILLOFACIAL PROSTHETICS	N/C