

Official New York Workers' Compensation Dental Fee Schedule

EFFECTIVE NOVEMBER 13, 2025

Introduction

The dental fee schedule for all dental services shall be the *Official New York Workers' Compensation Dental Fee Schedule, Second Edition, Effective November 13, 2025*, prepared by the Chair and published by the Board, which is incorporated by reference as set forth in Section 444.2 of Title 12 of the New York Codes, Rules and Regulations.

The *Official New York Workers' Compensation Dental Fee Schedule* consists of a list of Current Dental Terminology (CDT) codes and descriptive terms that dentists use to document dental procedures, as published by the American Dental Association with a corresponding maximum fee to be charged by dental providers.

The CDT codes and descriptions in the *Dental Fee Schedule* are from the American Dental Association reference manual, CDT 2025.

IMPORTANT: Codes listed in the "PAR Required" column will always require prior authorization before the service or procedure is rendered to an injured worker, except in cases of emergency treatment. When prior authorization is required, the dentist should submit the PAR request using the Board's established prior authorization process.

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CDT	PROCEDURE	NYS WC	PAR
CODE	FROCEDURE	FEE	Required
	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	\$68.00	
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	\$97.00	
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$116.00	
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION – PROBLEM FOCUSED,	\$172.00	
	BY REPORT		
D0170	RE-EVALUATION - LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT;	\$89.00	
	NOT POST-OPERATIVE VISIT)		
D0171	RE-EVALUATION – POST-OPERATIVE OFFICE VISIT	\$53.00	
D0190	SCREENING OF A PATIENT	\$61.00	
D0191	ASSESSMENT OF A PATIENT	\$79.00	
D0210	INTRAORAL – COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES	\$168.00	
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	\$37.00	
D0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	\$29.00	
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	\$33.00	
D0250	EXTRA-ORAL – 2D PROJECTION RADIOGRAPHIC IMAGE CREATED USING	\$39.00	
	A STATIONARY RADIATION SOURCE, AND DETECTOR		
	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE	\$37.00	
	BITEWING - SINGLE RADIOGRAPHIC IMAGE	\$26.00	
	BITEWINGS - TWO RADIOGRAPHIC IMAGES	\$53.00	
	BITEWINGS - THREE RADIOGRAPHIC IMAGES	\$69.00	
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	\$79.00	
D0277	VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES	\$124.00	
	SIALOGRAPHY	\$236.00	
	TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCLUDING INJECTION	\$414.00	
D0321	OTHER TEMPOROMANDIBULAR JOINT RADIOGRAPHIC IMAGES, BY	\$168.00	
D0000	REPORT	#470.00	
	TOMOGRAPHIC SURVEY	\$173.00	
	PANORAMIC RADIOGRAPHIC IMAGE	\$126.00	
D0340	2D CEPHALOMETRIC RADIOGRAPHIC IMAGE – ACQUISITION, MEASUREMENT AND ANALYSIS	\$179.00	
D0350	2D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR	<u></u>	
D0330	EXTRA-ORALLY	\$63.00	
D0364		\$20E 00	
D0364	CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW – LESS THAN ONE WHOLE JAW	\$285.00	
D0365	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW	\$295.00	
D0303	OF ONE FULL DENTAL ARCH – MANDIBLE	φ295.00	
D0366	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW	\$295.00	
D0300	OF ONE FULL DENTAL ARCH – MAXILLA, WITH OR WITHOUT CRANIUM	φ293.00	
D0367	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW	\$424.00	
D0307	OF BOTH JAWS; WITH OR WITHOUT CRANIUM	Ψ+2+.00	
D0368	CONE BEAM CT CAPTURE AND INTERPRETATION FOR TMJ SERIES	\$425.00	
D0000	INCLUDING TWO OR MORE EXPOSURES	Ψ-20.00	
D0380	CONE BEAM CT IMAGE CAPTURE WITH LIMITED FIELD OF VIEW – LESS	\$400.00	
50000	THAN ONE WHOLE JAW	Ψ100.00	
D0381	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF ONE FULL	\$400.00	
	DENTAL ARCH – MANDIBLE	Ţ.00.00	
D0382	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF ONE FULL	\$400.00	
- 3302	DENTAL ARCH – MAXILLA, WITH OR WITHOUT CRANIUM	ψ.50.00	
D0383	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF BOTH JAWS;	\$400.00	
	WITH OR WITHOUT CRANIUM	+ .55.55	
D0384	CONE BEAM CT IMAGE CAPTURE FOR TMJ SERIES INCLUDING TWO OR	\$400.00	
	MORE EXPOSURES		
D0391	INTERPRETATION OF DIAGNOSTIC IMAGE BY A PRACTITIONER NOT	\$105.00	
	ASSOCIATED WITH CAPTURE OF THE IMAGE, INCLUDING REPORT		

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CDT	PROCEDURE	NYS WC FEE	PAR Required
	VIRTUAL TREATMENT SIMULATION USING 3D IMAGE VOLUME OR	\$210.00	Required
D0000	SURFACE SCAN	ψ210.00	
D0460	PULP VITALITY TESTS	\$53.00	
	DIAGNOSTIC CASTS	\$121.00	
	PROPHYLAXIS - ADULT	\$81.00	
	SPACE MAINTAINER - FIXED, UNILATERAL – PER QUADRANT	\$368.00	
	SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY	\$483.00	
	SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR	\$483.00	
	SPACE MAINTAINER - REMOVABLE, UNILATERAL - PER QUADRANT	\$331.00	
	SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY	\$336.00	
D1527	SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR	\$336.00	
D1551	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER - MAXILLARY	\$125.00	
D1552	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER - MANDIBULAR	\$125.00	
D1553	RE-CEMENT OR RE-BOND UNILATERAL SPACE MAINTAINER - PER QUADRANT	\$100.00	
D1556	REMOVAL OF FIXED UNILATERAL SPACE MAINTAINER - PER QUADRANT	\$95.00	
	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER - MAXILLARY	\$95.00	
	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER - MANDIBULAR	\$95.00	
	AMALGAM - ONE SURFACE, PRIMARY OR PERMANENT	\$160.00	
	AMALGAM - TWO SURFACES, PRIMARY OR PERMANENT	\$205.00	
	AMALGAM - THREE SURFACES, PRIMARY OR PERMANENT	\$253.00	
	AMALGAM - FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	\$297.00	
	RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR	\$200.00	
	RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR	\$229.00	
	RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR	\$295.00	
	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES (ANTERIOR)	\$350.00	
	RESIN-BASED COMPOSITE CROWN, ANTERIOR	\$402.00	
	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	\$210.00	
	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	\$250.00	
	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	\$320.00	
	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	\$385.00	
	INLAY - METALLIC - ONE SURFACE	\$1,050.00	Yes
	INLAY - METALLIC - TWO SURFACES	\$1,050.00	Yes
D2530	INLAY - METALLIC - THREE OR MORE SURFACES	\$1,050.00	Yes
D2542	ONLAY - METALLIC - TWO SURFACES	\$1,050.00	Yes
D2543	ONLAY - METALLIC - THREE SURFACES	\$1,050.00	Yes
D2544	ONLAY - METALLIC - FOUR OR MORE SURFACES	\$1,050.00	Yes
D2610	INLAY - PORCELAIN/CERAMIC - ONE SURFACE	\$1,050.00	Yes
D2620	INLAY - PORCELAIN/CERAMIC - TWO SURFACES	\$1,050.00	Yes
D2630	INLAY - PORCELAIN/CERAMIC - THREE OR MORE SURFACES	\$1,050.00	Yes
D2642	ONLAY - PORCELAIN/CERAMIC - TWO SURFACES	\$1,050.00	Yes
D2643	ONLAY - PORCELAIN/CERAMIC - THREE SURFACES	\$1,050.00	Yes
D2644	ONLAY - PORCELAIN/CERAMIC - FOUR OR MORE SURFACES	\$1,050.00	Yes
D2650	INLAY - RESIN-BASED COMPOSITE - ONE SURFACE	\$1,050.00	Yes
D2651	INLAY - RESIN-BASED COMPOSITE - TWO SURFACES	\$1,050.00	Yes
D2652	INLAY - RESIN-BASED COMPOSITE - THREE OR MORE SURFACES	\$1,050.00	Yes
D2662	ONLAY - RESIN-BASED COMPOSITE - TWO SURFACES	\$1,050.00	Yes
D2663	ONLAY - RESIN-BASED COMPOSITE - THREE SURFACES	\$1,050.00	Yes
D2664	ONLAY - RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES	\$1,050.00	Yes
	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	\$1,050.00	Yes
	CROWN - ¾ RESIN-BASED COMPOSITE (INDIRECT)	\$867.00	
D2720	CROWN - RESIN WITH HIGH NOBLE METAL	\$838.00	

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CDT	PROCEDURE	NYS WC	PAR
CODE	CDOWN DESIN WITH DDEDOMINANTI V DASE METAL	FEE took on	Required
	CROWN - RESIN WITH PREDOMINANTLY BASE METAL CROWN - RESIN WITH NOBLE METAL	\$838.00 \$838.00	
	CROWN - RESIN WITH NOBLE METAL CROWN - PORCELAIN/CERAMIC	\$1,470.00	Yes
	CROWN - PORCELAIN/CERAMIC CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL		Yes
		\$1,470.00	Yes
	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$1,155.00	
	CROWN - PORCELAIN FUSED TO NOBLE METAL CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$1,365.00	Yes Yes
		\$1,365.00	
	CROWN - 3/4 CAST PREPOMINANTLY PASE METAL	\$1,155.00	Yes
	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	\$968.00	V
	CROWN - 3/4 CAST NOBLE METAL	\$1,050.00	Yes
	CROWN - 3/4 PORCELAIN/CERAMIC	\$1,418.00	Yes
	CROWN - FULL CAST HIGH NOBLE METAL	\$1,470.00	Yes
	CROWN - FULL CAST PREDOMINANTLY BASE METAL	\$1,155.00	Yes
		\$1,365.00	Yes
D2794	CROWN - TITANIUM AND TITANIUM ALLOYS	\$1,365.00	Yes
D2799	INTERIM CROWN – FURTHER TREATMENT OR COMPLETION OF	\$473.00	
D0040	DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION	400.00	
D2910	RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL	\$89.00	
D0045	COVERAGE RESTORATION	400.00	
D2915	RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR	\$93.00	
	PREFABRICATED POST AND CORE	* 400 00	
D2920	RE-CEMENT OR RE-BOND CROWN	\$129.00	
	PREFABRICATED PORCELAIN/CERAMIC CROWN – PERMANENT TOOTH	\$400.00	
	PREFABRICATED PORCELAIN/CERAMIC CROWN – PRIMARY TOOTH	\$346.00	
D2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH	\$298.00	
D2931	PREFABRICATED STAINLESS STEEL CROWN - PERMANENT TOOTH	\$337.00	
	PREFABRICATED RESIN CROWN	\$378.00	
	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	\$326.00	
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN -	\$326.00	
	PRIMARY TOOTH		
	PLACEMENT OF INTERIM DIRECT RESTORATION	\$126.00	
-	RESTORATIVE FOUNDATION FOR AN INDIRECT RESTORATION	\$177.00	
D2950	CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED	\$342.00	
D2951	PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION	\$63.00	
D2952	POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED	\$499.00	
	EACH ADDITIONAL INDIRECTLY FABRICATED POST - SAME TOOTH	\$184.00	
	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$417.00	
	POST REMOVAL	\$184.00	
D2957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	\$126.00	
	LABIAL VENEER (RESIN LAMINATE) - DIRECT	\$473.00	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	LABIAL VENEER (RESIN LAMINATE) - INDIRECT	\$1,050.00	Yes
	LABIAL VENEER (PORCELAIN LAMINATE) - INDIRECT	\$1,365.00	Yes
D2971	ADDITIONAL PROCEDURES TO CUSTOMIZE A CROWN TO FIT UNDER AN	\$126.00	
	EXISTING PARTIAL DENTURE FRAMEWORK	40.00	
	COPING	\$210.00	
D2980	CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	\$269.00	
D2981	INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	\$270.00	
	ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	\$289.00	
	VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	\$261.00	
	RESIN INFILTRATION OF INCIPIENT SMOOTH SURFACE LESIONS	\$149.00	
	PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)	\$100.00	
D3120	PULP CAP - INDIRECT (EXCLUDING FINAL RESTORATION)	\$84.00	

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CDT	PROCEDURE	NYS WC	PAR
CODE		FEE	Required
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) -	\$189.00	
	REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION		
	AND APPLICATION OF MEDICAMENT		
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	\$285.00	
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH	\$259.00	
	INCOMPLETE ROOT DEVELOPMENT		
D3230	PULPAL THERAPY (RESORBABLE FILLING) - ANTERIOR, PRIMARY TOOTH	\$256.00	
	(EXCLUDING FINAL RESTORATION)		
D3240	PULPAL THERAPY (RESORBABLE FILLING) - POSTERIOR, PRIMARY	\$284.00	
	TOOTH (EXCLUDING FINAL RESTORATION)		
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL	\$1,063.00	Yes
	RESTORATION)		
D3320	ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL	\$1,179.00	Yes
	RESTORATION)		
D3330	ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL	\$1,365.00	Yes
	RESTORATION)		
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS	\$406.00	
D3332	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE	\$436.00	
	OR FRACTURED TOOTH		
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	\$263.00	
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - ANTERIOR	\$913.00	
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - PREMOLAR	\$1,343.00	Yes
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - MOLAR	\$1,539.00	Yes
D3351	APEXIFICATION/RECALCIFICATION - INITIAL VISIT (APICAL	\$366.00	
	CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION,		
	ETC.)		
D3352	APEXIFICATION/RECALCIFICATION – INTERIM MEDICATION	\$259.00	
	REPLACEMENT		
D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT (INCLUDES COMPLETED	\$557.00	
	ROOT CANAL THERAPY - APICAL CLOSURE/CALCIFIC REPAIR OF		
	PERFORATIONS, ROOT RESORPTION, ETC.)		
D3355	PULPAL REGENERATION - INITIAL VISIT	\$477.00	
D3356	PULPAL REGENERATION - INTERIM MEDICATION REPLACEMENT	\$262.00	
D3357	PULPAL REGENERATION - COMPLETION OF TREATMENT	\$489.00	
D3410	APICOECTOMY - ANTERIOR	\$767.00	
D3421	APICOECTOMY - PREMOLAR (FIRST ROOT)	\$849.00	
D3425	APICOECTOMY - MOLAR (FIRST ROOT)	\$962.00	
D3426	APICOECTOMY (EACH ADDITIONAL ROOT)	\$343.00	
D3428	BONE GRAFT IN CONJUNCTION WITH PERIRADICULAR SURGERY - PER	\$525.00	
	TOOTH, SINGLE SITE		
D3429	BONE GRAFT IN CONJUNCTION WITH PERIRADICULAR SURGERY - EACH	1 \$263.00	
	ADDITIONAL CONTIGUOUS TOOTH IN THE SAME SURGICAL SITE		
D3430	RETROGRADE FILLING - PER ROOT	\$210.00	
D3431	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE	\$315.00	
	REGENERATION IN CONJUNCTION WITH PERIRADICULAR SURGERY		
D3432	GUIDED TISSUE REGENERATION, RESORBABLE BARRIER, PER SITE, IN	\$315.00	
	CONJUNCTION WITH PERIRADICULAR SURGERY	'	
D3450	ROOT AMPUTATION - PER ROOT	\$420.00	
	ENDODONTIC ENDOSSEOUS IMPLANT	\$1,208.00	Yes
	INTENTIONAL RE-IMPLANTATION (INCLUDING NECESSARY SPLINTING)	\$759.00	
D3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROO		
	CANAL THERAPY	1	
D3950	CANAL PREPARATION AND FITTING OF PREFORMED DOWEL OR POST	\$184.00	
_ 5555	1	1 + 10 1.00	

CODE ODE ODE ODE ODE ODE ODE ODE ODE ODE			NYO WO	·
D4210 GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	CDT CODE	PROCEDURE	NYS WC FEE	PAR Required
TEETH OR TOOTH BOUNDED SPACES PER QUADRANT D4211 GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT D4212 GINGIVECTOMY OR GINGIVOPLASTY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE, PER TOOTH PARTICIPATION OF GINGIVOPLASTY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE, PER TOOTH D4230 ANATOMICAL CROWN EXPOSURE - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT D4231 ANATOMICAL CROWN EXPOSURE - ONE TO THREE TEETH OR TOOTH BOUNDED SPACES PER QUADRANT D4240 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT D4241 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT D4245 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT D4246 APICALLY POSITIONED FLAP D4247 CINICAL CROWN LENGTHENING - HARD TISSUE TAPA AND CLOSURE) - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT D4261 OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT D4263 BORNE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - FIRST SITE BOLONDED SPACES PER QUADRANT D4264 BORNE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - EACH ADDITIONAL SITE IN QUADRANT D4265 BORNE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - EACH ADDITIONAL SITE IN QUADRANT D4266 GUIDED TISSUE REGENERATION, NATURAL TEETH - RESORBABLE BARRIER, PER SITE D4267 GUIDED TISSUE REGENERATION, NATURAL TEETH - RESORBABLE BARRIER, PER SITE D4268 BORNE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - EACH ADDITIONAL SITE IN QUADRANT D4269 GUIDED TISSUE GRAFT PROCEDURE BARRIER, PER SITE D4270 AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) FIRST TOOTH, IMPLANT, OR EDENTILLOUS TOOTH POSITION IN GRAFT D4271 RESALDISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMENT ON ANTERIOR SITESU		GINGIVECTOMY OR GINGIVOPI ASTY - FOUR OR MORE CONTIGUOUS		
D4211 GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT D4212 GINGIVECTOMY OR GINGIVOPLASTY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE, PER TOOTH D430 ANATOMICAL CROWN EXPOSURE - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT D4231 ANATOMICAL CROWN EXPOSURE - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT D4231 ANATOMICAL CROWN EXPOSURE - ONE TO THREE TEETH OR TOOTH BOUNDED SPACES PER QUADRANT D4243 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT D4241 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT D4243 APICALLY POSITIONED FLAP D4245 APICALLY POSITIONED FLAP D4249 CLINICAL CROWN LENGTHENING - HARD TISSUE S761.00 P4260 OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT D4261 OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT D4263 BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - FIRST SITE BOUNDED SPACES PER QUADRANT D4264 BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - EACH ADDITIONAL SITE IN QUADRANT D4265 BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS SISSUE REGENERATION, PER SITE D4266 GUIDED TISSUE REGENERATION, NATURAL TEETH - RESORBABLE BARRIER, PER SITE D4267 GUIDED TISSUE REGENERATION, NATURAL TEETH - NON-RESORBABLE BARRIER, PER SITE D4268 SURGICAL REVISION PROCEDURE, PER TOOTH BARRIER, PER SITE D4269 SURGICLE SOFT TISSUE GRAFT PROCEDURE PASTO DATE OF THE SUBJECT OF THE SUBJECT OF THE SAME ANATOMICAL STREES FOR THE SURGICAL PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) FIRST TOOTH, IMPLANT, OR EDENTILLOUS TOOTH			***************************************	
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D4212 GINGIVECTOMY OR GINGIVOPLASTY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE, PER TOOTH RESTORATIVE PROCEDURE, PER TOOTH STAND ANATOMICAL GROWN EXPOSURE – FOUR OR MORE CONTIGUOUS SERVER ON TEETH OR TOOTH BOUNDED SPACES PER QUADRANT SETTING TOOTH BOUNDED SPACES PER QUADRANT SETTING SERVER ON THE OTHER TEETH OR TOOTH SERVER ON THE OTHER SETTING SETT	J 1211		φοσο.σσ	
RESTORATIVE PROCEDURE. PER TOOTH D4230 ANATOMICAL CROWN EXPOSURE – FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT D4241 ANATOMICAL CROWN EXPOSURE – ONE TO THREE TEETH OR TOOTH BOUNDED SPACES PER QUADRANT D4240 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT D4241 GINGIVAL, FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT D4245 APICALLY POSITIONED FLAP D4246 APICALLY POSITIONED FLAP D4249 CLINICAL CROWN LENGTHENING – HARD TISSUE FLAP AND CLOSURE) – FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT D4241 OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) – FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT D4263 BORE REPLACEMENT GRAFT – RETAINED NATURAL TOOTH – FIRST SITE IN QUADRANT D4264 BONE REPLACEMENT GRAFT – RETAINED NATURAL TOOTH – EACH ADDITIONAL SITE IN QUADRANT D4265 BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION, PER SITE D4266 GUIDED TISSUE REGENERATION, NATURAL TEETH – NON-RESORBABLE BARRIER, PER SITE D4267 GUIDED TISSUE REGENERATION, NATURAL TEETH – NON-RESORBABLE BARRIER, PER SITE D4268 SURGICAL REVISION PROCEDURE, PER TOOTH BARRIER, PER SITE D4269 SURGICAL REVISION PROCEDURE, PER TOOTH BARRIER, PER SITE D4260 SURGICAL REVISION PROCEDURE, SIRSUE GRAFT (INCLUDING SITE) AND DONOR NAD RECIPIENT SURGICAL SITES). FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4270 PEDICLE SOFT TISSUE GRAFT PROCEDURE (INCLUDING SITE AND DONOR MATERIAL). FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4271 MESIALDISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL SITES). FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4271 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT SITE AND DONOR MATERIAL). FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4272 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDIN	D4212		\$231.00	
D4230 ANATOMICAL CROWN EXPOSURE – FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT D4241 ANATOMICAL CROWN EXPOSURE – ONE TO THREE TEETH OR TOOTH BOUNDED SPACES PER QUADRANT D4240 BIGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT D4241 BIGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT D42421 BIGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT D4243 APICALLY POSITIONED FLAP D4249 CLINICAL CROWN LENGTHENING – HARD TISSUE D4240 SSSCOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) – FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT D4261 OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) – ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT D4263 BONE REPLACEMENT GRAFT – RETAINED NATURAL TOOTH – FIRST SITE IN QUADRANT D4264 BONE REPLACEMENT GRAFT – RETAINED NATURAL TOOTH – EACH ADDITIONAL SITE IN QUADRANT D4265 BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION, PER SITE D4266 GUIDED TISSUE REGENERATION, NATURAL TEETH – RESORBABLE BARRIER, PER SITE D4267 GUIDED TISSUE REGENERATION, NATURAL TEETH – NON-RESORBABLE BARRIER, PER SITE D4268 BORGICAL REVISION PROCEDURE, PER TOOTH BARRIER, PER SITE D4269 PEDICLE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DNOR AND RECIPIENT SURGICAL SITES) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4274 MESSALDISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA) D4275 NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT SITE AND DONOR MATERIAL) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4276 COMBINED CONNECTIVE TISSUE AND PEDICLE GRAFT, PER TOOTH S1,205.00 Yes D4277 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) EACH A	D-72 12		Ψ201.00	
TEETH OR TOOTH BOUNDED SPACES PER QUADRANT D4231 ANATOMICAL CROWN EXPOSURE - ONE TO THREE TEETH OR TOOTH S420.00 BOUNDED SPACES PER QUADRANT D4240 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT D4241 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT D4245 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT D4245 APICALLY POSITIONED FLAP D4246 APICALLY POSITIONED FLAP D4249 CINICAL CROWN LENGTHENING - HARD TISSUE P4249 CINICAL CROWN LENGTHENING - HARD TISSUE P4240 CINICAL CROWN LENGTHENING - HARD TISSUE P4241 OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT D4261 OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT D4263 BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - FIRST SITE IN QUADRANT D4264 BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - EACH ADDITIONAL SITE IN QUADRANT D4265 BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE S386.00 REGENERATION, PER SITE D4266 GUIDED TISSUE REGENERATION, NATURAL TEETH - RESORBABLE BARRIER, PER SITE D4267 GUIDED TISSUE REGENERATION, NATURAL TEETH - NON-RESORBABLE BARRIER, PER SITE D4268 SURGICAL REVISION PROCEDURE, PER TOOTH SARRIER, PER SITE D4269 SURGICAL REVISION PROCEDURE, PER TOOTH SOPE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4274 MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PER FORMED IN CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING PER PER FORMED IN CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT SITE AND DONOR MATERIAL) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4276 COMBINED CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICALS SITES)	D4230	·	\$453.00	
D4231 ANATOMICAL CROWN EXPOSURE - ONE TO THREE TEETH OR TOOTH \$420.00	D4200		ψ+00.00	
BOUNDED SPACES PER QUADRANT	D/231		\$420.00	
D4240 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT D4241 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT D4245 APICALLY POSITIONED FLAP D4246 CLINICAL CROWN LENGTHENING - HARD TISSUE D4260 OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT D4261 OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT D4261 OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT D4263 BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - FIRST SITE \$613.00 IN QUADRANT D4264 BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - EACH ADDITIONAL SITE IN QUADRANT D4265 BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION, PER SITE D4266 GUIDED TISSUE REGENERATION, NATURAL TEETH - RESORBABLE \$750.00 BARRIER, PER SITE D4267 GUIDED TISSUE REGENERATION, NATURAL TEETH - NON-RESORBABLE \$718.00 BARRIER, PER SITE D4268 SURGICAL REVISION PROCEDURE, PER TOOTH \$695.00 D4270 PEDICLE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4274 MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PER FORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA). D4275 NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE SINTHE SAME ANATOMICAL AREA). D4276 COMBINED CONNECTIVE TISSUE GRAFT PROCEDURE SINTH SAME ANATOMICAL AREA). D4277 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT SITE AND DONOR MATERIAL) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4276 COMBINED CONNECTIVE TISSUE AND PEDICLE GRAFT, PER TOOTH SI, 225.00 Yes D4277 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FI	D4201		ψ+20.00	
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FLAP AND CLOSURE) - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT D4263 BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - FIRST SITE \$613.00 IN QUADRANT D4264 BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - EACH ADDITIONAL SITE IN QUADRANT D4265 BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION, PER SITE D4266 GUIDED TISSUE REGENERATION, NATURAL TEETH - RESORBABLE S750.00 BARRIER, PER SITE D4267 GUIDED TISSUE REGENERATION, NATURAL TEETH - NON-RESORBABLE S718.00 BARRIER, PER SITE D4268 SURGICAL REVISION PROCEDURE, PER TOOTH \$695.00 PEDICLE SOFT TISSUE GRAFT PROCEDURE \$755.00 PEDICLE SOFT TISSUE GRAFT PROCEDURE \$755.00 PEDICLE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4274 MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA) D4275 NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SITE AND DONOR MATERIAL) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4276 COMBINED CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SITE AND DONOR MATERIAL) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4277 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT D4277 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT D4277 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT D4278 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH, S835.00 DONOR SURGICAL SITES) EACH ADDITIONAL CONTIGUOUS TOOTH,	D4004		#007.00	
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D4263 BONE REPLACEMENT GRAFT – RETAINED NATURAL TOOTH – FIRST SITE IN QUADRANT D4264 BONE REPLACEMENT GRAFT – RETAINED NATURAL TOOTH – EACH ADDITIONAL SITE IN QUADRANT D4265 BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION, PER SITE D4266 GUIDED TISSUE REGENERATION, NATURAL TEETH – RESORBABLE S750.00 BARRIER, PER SITE D4267 GUIDED TISSUE REGENERATION, NATURAL TEETH – NON-RESORBABLE BARRIER, PER SITE D4268 SURGICAL REVISION PROCEDURE, PER TOOTH \$695.00 D4270 PEDICLE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONG AND RECIPIENT SURGICAL SITES) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4274 MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA) D4275 NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SAME ANATOMICAL AREA) D4276 COMBINED CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SITE AND DONOR MATERIAL) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4276 COMBINED CONNECTIVE TISSUE AND PEDICLE GRAFT, PER TOOTH \$1,005.00 Yes D4277 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT D4278 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT D4278 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT D4278 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH, FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH, S835.00 DONOR SURGICAL SITES) EACH ADDITIONAL CONTIGUOUS TOOTH,				
IN QUADRANT	D 4000		# 040.00	
D4264 BONE REPLACEMENT GRAFT – RETAINED NATURAL TOOTH – EACH ADDITIONAL SITE IN QUADRANT D4265 BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION, PER SITE D4266 GUIDED TISSUE REGENERATION, NATURAL TEETH – RESORBABLE BARRIER, PER SITE D4267 GUIDED TISSUE REGENERATION, NATURAL TEETH – NON-RESORBABLE BARRIER, PER SITE D4268 SURGICAL REVISION PROCEDURE, PER TOOTH \$695.00 D4270 PEDICLE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4274 MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA) D4275 NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SITE AND DONOR MATERIAL) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4276 COMBINED CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT \$1,260.00 Yes D4277 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT D4278 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT D4278 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT D4278 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) EACH ADDITIONAL CONTIGUOUS TOOTH,	D4263		\$613.00	
ADDITIONAL SITE IN QUADRANT D4265 BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION, PER SITE D4266 GUIDED TISSUE REGENERATION, NATURAL TEETH – RESORBABLE BARRIER, PER SITE D4267 GUIDED TISSUE REGENERATION, NATURAL TEETH – NON-RESORBABLE BARRIER, PER SITE D4268 SURGICAL REVISION PROCEDURE, PER TOOTH \$695.00 D4270 PEDICLE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4274 MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA) D4275 NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT \$1,260.00 Yes SITE AND DONOR MATERIAL) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4276 COMBINED CONNECTIVE TISSUE AND PEDICLE GRAFT, PER TOOTH \$1,005.00 Yes DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT D4277 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT D4278 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS \$1,225.00 Yes FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS \$1,225.00 Yes FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS \$1,225.00 Yes FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS \$1,225.00 Yes FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH, \$835.00 DONOR SURGICAL SITES) EACH ADDITIONAL CONTIGUOUS TOOTH,	D 400.4	·	# 440.00	
D4265 BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION, PER SITE D4266 GUIDED TISSUE REGENERATION, NATURAL TEETH – RESORBABLE BARRIER, PER SITE D4267 GUIDED TISSUE REGENERATION, NATURAL TEETH – NON-RESORBABLE BARRIER, PER SITE D4268 SURGICAL REVISION PROCEDURE, PER TOOTH \$695.00 D4270 PEDICLE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4274 MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA) D4275 NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SITE AND DONOR MATERIAL) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4276 COMBINED CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SITE AND DONOR MATERIAL) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4276 TREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT D4278 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT D4278 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH, 90SITION IN GRAFT D4278 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) EACH ADDITIONAL CONTIGUOUS TOOTH,	D4264		\$448.00	
REGENERATION, PER SITE D4266 GUIDED TISSUE REGENERATION, NATURAL TEETH – RESORBABLE BARRIER, PER SITE D4267 GUIDED TISSUE REGENERATION, NATURAL TEETH – NON-RESORBABLE BARRIER, PER SITE D4268 SURGICAL REVISION PROCEDURE, PER TOOTH \$695.00 D4270 PEDICLE SOFT TISSUE GRAFT PROCEDURE \$755.00 D4273 AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4274 MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA) D4275 NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SITE AND DONOR MATERIAL) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4276 COMBINED CONNECTIVE TISSUE AND PEDICLE GRAFT, PER TOOTH \$1,005.00 Yes D4277 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT D4278 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT D4278 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT D4278 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS	D 4005		#000.00	
D4266 GUIDED TISSUE REGENERATION, NATURAL TEETH – RESORBABLE BARRIER, PER SITE D4267 GUIDED TISSUE REGENERATION, NATURAL TEETH – NON-RESORBABLE BARRIER, PER SITE D4268 SURGICAL REVISION PROCEDURE, PER TOOTH \$695.00 D4270 PEDICLE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4274 MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA) D4275 NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SITE AND DONOR MATERIAL) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4276 COMBINED CONNECTIVE TISSUE AND PEDICLE GRAFT, PER TOOTH \$1,005.00 Yes D4277 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT D4278 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT D4278 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT D4278 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) EACH ADDITIONAL CONTIGUOUS TOOTH,	D4265		\$386.00	
BARRIER, PER SITE D4267 GUIDED TISSUE REGENERATION, NATURAL TEETH – NON-RESORBABLE BARRIER, PER SITE D4268 SURGICAL REVISION PROCEDURE, PER TOOTH \$695.00 D4270 PEDICLE SOFT TISSUE GRAFT PROCEDURE \$755.00 D4273 AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4274 MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA) D4275 NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SITE AND DONOR MATERIAL) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4276 COMBINED CONNECTIVE TISSUE AND PEDICLE GRAFT, PER TOOTH \$1,005.00 Yes D4277 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT D4278 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT D4278 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT D4278 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) EACH ADDITIONAL CONTIGUOUS TOOTH,	D4000	·	Ф 7 ЕО ОО	
D4267 GUIDED TISSUE REGENERATION, NATURAL TEETH – NON-RESORBABLE BARRIER, PER SITE D4268 SURGICAL REVISION PROCEDURE, PER TOOTH \$695.00 D4270 PEDICLE SOFT TISSUE GRAFT PROCEDURE \$755.00 D4273 AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4274 MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA) D4275 NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SITE AND DONOR MATERIAL) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4276 COMBINED CONNECTIVE TISSUE AND PEDICLE GRAFT, PER TOOTH \$1,005.00 Yes D4277 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT D4278 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) EACH ADDITIONAL CONTIGUOUS TOOTH, S435.00	D4266	· ·	\$750.00	
BARRIER, PER SITE D4268 SURGICAL REVISION PROCEDURE, PER TOOTH D4270 PEDICLE SOFT TISSUE GRAFT PROCEDURE D4273 AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4274 MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA) D4275 NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SITE AND DONOR MATERIAL) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4276 COMBINED CONNECTIVE TISSUE AND PEDICLE GRAFT, PER TOOTH D4277 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT D4278 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT D4278 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) EACH ADDITIONAL CONTIGUOUS TOOTH, S695.00 Yes 104278 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) EACH ADDITIONAL CONTIGUOUS TOOTH,	D 4007	·	#740.00	
D4268 SURGICAL REVISION PROCEDURE, PER TOOTH D4270 PEDICLE SOFT TISSUE GRAFT PROCEDURE D4273 AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4274 MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA) D4275 NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SITE AND DONOR MATERIAL) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4276 COMBINED CONNECTIVE TISSUE AND PEDICLE GRAFT, PER TOOTH \$1,005.00 Yes D4277 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT D4278 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT D4278 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) EACH ADDITIONAL CONTIGUOUS TOOTH,	D4267	· · · · · · · · · · · · · · · · · · ·	\$718.00	
D4270 PEDICLE SOFT TISSUE GRAFT PROCEDURE D4273 AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4274 MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA) D4275 NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SITE AND DONOR MATERIAL) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4276 COMBINED CONNECTIVE TISSUE AND PEDICLE GRAFT, PER TOOTH \$1,005.00 Yes D4277 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT D4278 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) EACH ADDITIONAL CONTIGUOUS TOOTH, \$835.00	D 1000	,	****	
D4273 AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4274 MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA) D4275 NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SITE AND DONOR MATERIAL) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4276 COMBINED CONNECTIVE TISSUE AND PEDICLE GRAFT, PER TOOTH \$1,005.00 Yes D4277 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT D4278 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) EACH ADDITIONAL CONTIGUOUS TOOTH, \$835.00				
DONOR AND RECIPIENT SURGICAL SITES) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4274 MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA) D4275 NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SITE AND DONOR MATERIAL) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4276 COMBINED CONNECTIVE TISSUE AND PEDICLE GRAFT, PER TOOTH \$1,005.00 Yes D4277 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT D4278 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) EACH ADDITIONAL CONTIGUOUS TOOTH,				
D4274 MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA) D4275 NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SITE AND DONOR MATERIAL) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4276 COMBINED CONNECTIVE TISSUE AND PEDICLE GRAFT, PER TOOTH \$1,005.00 Yes D4277 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT D4278 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) EACH ADDITIONAL CONTIGUOUS TOOTH, \$835.00	D4273		\$1,260.00	Yes
D4274 MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA) D4275 NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SITE AND DONOR MATERIAL) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4276 COMBINED CONNECTIVE TISSUE AND PEDICLE GRAFT, PER TOOTH \$1,005.00 Yes D4277 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT D4278 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) EACH ADDITIONAL CONTIGUOUS TOOTH, \$3578.00				
PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA) D4275 NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SITE AND DONOR MATERIAL) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4276 COMBINED CONNECTIVE TISSUE AND PEDICLE GRAFT, PER TOOTH \$1,005.00 Yes D4277 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT D4278 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) EACH ADDITIONAL CONTIGUOUS TOOTH, \$835.00				
SAME ANATOMICAL AREA) D4275 NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SITE AND DONOR MATERIAL) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4276 COMBINED CONNECTIVE TISSUE AND PEDICLE GRAFT, PER TOOTH \$1,005.00 Yes D4277 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT D4278 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) EACH ADDITIONAL CONTIGUOUS TOOTH,	D4274	· · · · · · · · · · · · · · · · · · ·	\$578.00	
D4275 NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT S1,260.00 Yes SITE AND DONOR MATERIAL) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4276 COMBINED CONNECTIVE TISSUE AND PEDICLE GRAFT, PER TOOTH \$1,005.00 Yes D4277 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT D4278 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) EACH ADDITIONAL CONTIGUOUS TOOTH,				
SITE AND DONOR MATERIAL) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT D4276 COMBINED CONNECTIVE TISSUE AND PEDICLE GRAFT, PER TOOTH \$1,005.00 Yes D4277 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT D4278 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) EACH ADDITIONAL CONTIGUOUS TOOTH,				
TOOTH POSITION IN GRAFT D4276 COMBINED CONNECTIVE TISSUE AND PEDICLE GRAFT, PER TOOTH \$1,005.00 Yes D4277 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT D4278 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) EACH ADDITIONAL CONTIGUOUS TOOTH,	D4275		\$1,260.00	Yes
D4276 COMBINED CONNECTIVE TISSUE AND PEDICLE GRAFT, PER TOOTH \$1,005.00 Yes D4277 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT D4278 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) EACH ADDITIONAL CONTIGUOUS TOOTH,		, and the second se		
D4277 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT D4278 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) EACH ADDITIONAL CONTIGUOUS TOOTH,				_
DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT D4278 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) EACH ADDITIONAL CONTIGUOUS TOOTH, \$835.00				
TOOTH POSITION IN GRAFT D4278 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) EACH ADDITIONAL CONTIGUOUS TOOTH, \$835.00	D4277	· ·	\$1,225.00	Yes
D4278 FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) EACH ADDITIONAL CONTIGUOUS TOOTH,		,		
DONOR SURGICAL SITES) EACH ADDITIONAL CONTIGUOUS TOOTH,				
	D4278		\$835.00	
IMPLANT OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE				
		IMPLANT OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE		

CDT	PROCEDURE	NIVO WC	DAD
CDT	PROCEDURE	NYS WC	PAR
CODE	ALITOGENOUS CONNECTIVE TISSUE OF A ET PROCEDURE (INCLUDING	FEE	Required
D4283	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) – EACH ADDITIONAL	\$899.00	
	CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN		
	SAME GRAFT SITE		
D4285	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE	\$1,001.00	Yes
D4203	(INCLUDING RECIPIENT SURGICAL SITE AND DONOR MATERIAL) – EACH	φ1,001.00	165
	ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH		
	POSITION IN SAME GRAFT SITE		
D4921	GINGIVAL IRRIGATION WITH A MEDICINAL AGENT – PER QUADRANT	\$53.00	
D5110	COMPLETE DENTURE - MAXILLARY	\$1,744.00	Yes
D5110	COMPLETE DENTURE - MAXILLARY COMPLETE DENTURE - MANDIBULAR	\$1,744.00	Yes
	IMMEDIATE DENTURE - MAXILLARY	\$2,410.00	Yes
	IMMEDIATE DENTURE - MANDIBULAR		Yes
	MAXILLARY PARTIAL DENTURE – RESIN BASE (INCLUDING,	\$2,432.00	Yes
D5211	RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$1,575.00	res
DE212	,	¢4 575 00	Yes
D5212	MANDIBULAR PARTIAL DENTURE – RESIN BASE (INCLUDING,	\$1,575.00	Yes
DE042	RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	£4.042.00	Vaa
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN	\$1,943.00	Yes
	DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)		
DE044	,	#4.040.00	
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH	\$1,943.00	Yes
	RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS,		
D.F.0.0.4	RESTS AND TEETH)	* 4 050 00	
D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING	\$1,850.00	Yes
	RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)		
D5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING	\$1,850.00	Yes
D = 0.00	RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	******	
D5223	IMMEDIATE MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK	\$2,000.00	Yes
	WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING		
	MATERIALS, RESTS AND TEETH)		
D5224	IMMEDIATE MANDIBULAR PARTIAL DENTURE - CAST METAL	\$2,000.00	Yes
	FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING		
	RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)		
D5225	MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING	\$1,700.00	Yes
	RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)		
D5226	MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING	\$1,700.00	Yes
	RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)		
D5227	IMMEDIATE MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING	\$1,575.00	Yes
	ANY CLASPS, RESTS AND TEETH)		
D5228	IMMEDIATE MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE	\$1,575.00	Yes
	(INCLUDING ANY CLASPS, RESTS AND TEETH)		
D5282	REMOVABLE UNILATERAL PARTIAL DENTURE – ONE PIECE CAST METAL	\$1,943.00	Yes
	(INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH),		
	MAXILLARY		
D5283	REMOVABLE UNILATERAL PARTIAL DENTURE – ONE PIECE CAST METAL	\$1,943.00	Yes
	(INCLUDING RENTENTIVE/CLASPING MATERIAS, RESTS, AND TEETH),		
	MANDIBULAR		
D5284	REMOVABLE UNILATERAL PARTIAL DENTURE – ONE PIECE FLEXIBLE	\$1,850.00	Yes
	BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND		
	TEETH) – PER QUADRANT		
D5286	REMOVABLE UNILATERAL PARTIAL DENTURE – ONE PIECE RESIN	\$1,750.00	Yes
	(INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH) –		
	PER QUADRANT		

		NVC WC	
CDT CODE	PROCEDURE	NYS WC FEE	PAR Required
	ADJUST COMPLETE DENTURE - MAXILLARY	\$74.00	rtoquirou
	ADJUST COMPLETE DENTURE - MANDIBULAR	\$79.00	
	ADJUST PARTIAL DENTURE - MAXILLARY	\$74.00	
	ADJUST PARTIAL DENTURE - MANDIBULAR	\$74.00	
	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	\$210.00	
	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	\$210.00	
D5520	REPLACE MISSING OR BROKEN TEETH – COMPLETE DENTURE – PER TOOTH	\$210.00	
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	\$210.00	
	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	\$210.00	
	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	\$210.00	
	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	\$210.00	
D5630	REPAIR OR REPLACE BROKEN RETENTIVE CLASPING MATERIALS – PER TOOTH	\$210.00	
D5640	REPLACE MISSING OR BROKEN TEETH – PARTIAL DENTURE – PER TOOTH	\$210.00	
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE – PER TOOTH	\$236.00	
	ADD CLASP TO EXISTING PARTIAL DENTURE - PER TOOTH	\$236.00	
D5670	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK	\$413.00	
D3070	(MAXILLARY)	φ413.00	
D5671	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK	\$452.00	
50071	(MANDIBULAR)	φ+02.00	
D5710	REBASE COMPLETE MAXILLARY DENTURE	\$630.00	
	REBASE COMPLETE MANDIBULAR DENTURE	\$630.00	
	REBASE MAXILLARY PARTIAL DENTURE	\$578.00	
	REBASE MANDIBULAR PARTIAL DENTURE	\$578.00	
	REBASE HYBRID PROSTHESIS	\$578.00	
	RELINE COMPLETE MAXILLARY DENTURE (DIRECT)	\$394.00	
	RELINE COMPLETE MANDIBULAR DENTURE (DIRECT)	\$394.00	
	RELINE MAXILLARY PARTIAL DENTURE (DIRECT)	\$368.00	
	RELINE MANDIBULAR PARTIAL DENTURE (DIRECT)	\$368.00	
	RELINE COMPLETE MAXILLARY DENTURE (INDIRECT)	\$494.00	
	RELINE COMPLETE MANDIBULAR DENTURE (INDIRECT)	\$494.00	
	RELINE MAXILLARY PARTIAL DENTURE (INDIRECT)	\$473.00	
	RELINE MANDIBULAR PARTIAL DENTURE (INDIRECT)	\$473.00	
	INTERIM COMPLETE DENTURE (MAXILLARY)	\$578.00	
	INTERIM COMPLETE DENTURE (MANDIBULAR)	\$578.00	
D5820	INTERIM PARTIAL DENTURE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH), MAXILLARY	\$525.00	
D5821	INTERIM PARTIAL DENTURE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH), MANDIBULAR	\$525.00	
D5850	TISSUE CONDITIONING, MAXILLARY	\$126.00	
D5851	TISSUE CONDITIONING, MANDIBULAR	\$126.00	
	PRECISION ATTACHMENT, BY REPORT	\$499.00	
	OVERDENTURE – COMPLETE MAXILLARY	\$1,575.00	Yes
	OVERDENTURE – PARTIAL MAXILLARY	\$1,260.00	Yes
	OVERDENTURE - COMPLETE MANDIBULAR	\$1,575.00	Yes
	OVERDENTURE – PARTIAL MANDIBULAR	\$1,260.00	Yes
D5867	REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR	\$271.00	-
	PRECISION ATTACHMENT, PER ATTACHMENT	'	
D5875	MODIFICATION OF REMOVABLE PROSTHESIS FOLLOWING IMPLANT SURGERY	\$308.00	
D5911	FACIAL MOULAGE (SECTIONAL)	\$331.00	
		\$441.00	
בו פנים	FACIAL MOULAGE (COMPLETE)	μ φ 44 1.00	

CDT	PROCEDURE	NIVO MC	DAD
CDT CODE	PROCEDURE	NYS WC FEE	PAR Required
	NASAL PROSTHESIS	\$1,296.00	Yes
	AURICULAR PROSTHESIS	\$1,296.00	Yes
	ORBITAL PROSTHESIS	\$1,296.00	Yes
	OCULAR PROSTHESIS	\$1,296.00	Yes
	NASAL SEPTAL PROSTHESIS	\$6,500.00	Yes
	FACIAL AUGMENTATION IMPLANT PROSTHESIS	\$473.00	100
	NASAL PROSTHESIS, REPLACEMENT	\$5,000.00	Yes
D5927	AURICULAR PROSTHESIS, REPLACEMENT	\$5,000.00	Yes
D5928	ORBITAL PROSTHESIS, REPLACEMENT	\$6,500.00	Yes
D5931	OBTURATOR PROSTHESIS, SURGICAL	\$5,500.00	Yes
D5932	OBTURATOR PROSTHESIS, DEFINITIVE	\$7,500.00	Yes
D5933	OBTURATOR PROSTHESIS, MODIFICATION	\$950.00	
D5934	MANDIBULAR RESECTION PROSTHESIS WITH GUIDE FLANGE	\$7,000.00	Yes
D5935	MANDIBULAR RESECTION PROSTHESIS WITHOUT GUIDE FLANGE	\$7,000.00	Yes
D5936	OBTURATOR PROSTHESIS, INTERIM	\$2,500.00	Yes
D5937	TRISMUS APPLIANCE (NOT FOR TMD TREATMENT)	\$616.00	
D5954	PALATAL AUGMENTATION PROSTHESIS	\$6,000.00	Yes
	PALATAL LIFT PROSTHESIS, INTERIM	\$1,102.00	Yes
	COMMISSURE SPLINT	\$331.00	
-	SURGICAL SPLINT	\$344.00	
D5993	MAINTENANCE AND CLEANING OF A MAXILLOFACIAL PROSTHESIS	\$200.00	
	(EXTRA- OR INTRA-ORAL) OTHER THAN REQUIRED ADJUSTMENTS, BY		
	REPORT		
D6010	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT	\$2,100.00	Yes
D6011	SURGICAL ACCESS TO AN IMPLANT BODY (SECOND STAGE IMPLANT	\$300.00	
	SURGERY)		
D6012	SURGICAL PLACEMENT OF INTERIM IMPLANT BODY FOR TRANSITIONAL	\$1,155.00	Yes
D0040	PROSTHESIS: ENDOSTEAL IMPLANT	4045.00	
	SURGICAL PLACEMENT OF MINI IMPLANT	\$945.00	V
	SURGICAL PLACEMENT: EPOSTEAL IMPLANT SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	\$12,860.00	Yes Yes
	PLACEMENT OF INTERIM IMPLANT ABUTMENT	\$6,671.00	res
D6051	CONNECTING BAR – IMPLANT SUPPORTED OR ABUTMENT SUPPORTED	\$315.00	Yes
D6055	PREFABRICATED ABUTMENT – INCLUDES MODIFICATION AND	\$2,554.00	168
D6036	PLACEMENT	\$840.00	
D6057	CUSTOM FABRICATED ABUTMENT – INCLUDES PLACEMENT	\$971.00	
	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	\$1,470.00	Yes
D6059	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH	\$1,600.00	Yes
	NOBLE METAL)		
D6060	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN	\$1,155.00	Yes
D6064	(PREDOMINANTLY BASE METAL)	¢4.265.00	Yes
D6061	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL)	\$1,365.00	Yes
Denes	,	\$1,600,00	Yes
	ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)	\$1,600.00	
D6063	ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINANTLY BASE METAL)	\$1,155.00	Yes
D6064	ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)	\$1,365.00	Yes
D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	\$2,440.00	Yes
D6066	IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO HIGH NOBLE	\$2,440.00	Yes
	ALLOYS		
D6067	IMPLANT SUPPORTED CROWN - HIGH NOBLE ALLOYS	\$2,440.00	Yes
D6068	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC FPD	\$1,470.00	Yes

CODE CODE PROCEDURE Decorate Decorate Decoration For Porcelain Fused to Metal Fee Required Processing States of
D6069 ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL \$1,750.00 Yes FPD (HIGH NOBLE METAL) D6070 ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL \$1,216.00 Yes FPD (PREDOMINANTLY BASE METAL) D6071 ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL \$1,890.00 Yes FPD (NOBLE METAL) D6072 ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL) D6073 ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE (PREDOMINANTLY BASE METAL)) D6074 ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE \$1,417.00 Yes (PREDOMINANTLY BASE METAL)) D6075 IMPLANT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE \$1,890.00 Yes METAL) D6076 IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD \$2,440.00 Yes NOBLE ALLOYS D6077 IMPLANT SUPPORTED RETAINER FOR METAL FPD - HIGH NOBLE ALLOYS \$2,440.00 Yes NOBLE ALLOYS D6080 IMPLANT SUPPORTED RETAINER FOR METAL FPD - HIGH NOBLE ALLOYS \$2,440.00 Yes NOBLE ALLOYS D6080 IMPLANT MAINTENANCE PROCEDURES WHEN A FULL ARCH FIXED HYBRID PROSTHESIS IS REMOVED AND REINSERTED, INCLUDING CLEANSING OF PROSTHESIS AND ABUTMENTS D6081 SCALING AND DEBRIDEMENT OF A SINGLE IMPLANT IN THE PRESENCE \$200.00
FPD (HIGH NOBLE METAL) D6070 ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (PREDOMINANTLY BASE METAL) D6071 ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (NOBLE METAL) D6072 ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL) D6073 ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL) D6074 ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL) D6075 IMPLANT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL) D6076 IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD \$2,440.00 Yes NOBLE ALLOYS D6076 IMPLANT SUPPORTED RETAINER FOR FPD - PORCELAIN FUSED TO HIGH \$2,440.00 Yes NOBLE ALLOYS D6077 IMPLANT SUPPORTED RETAINER FOR METAL FPD - HIGH NOBLE ALLOYS \$2,440.00 Yes NOBLE ALLOYS D6080 IMPLANT MAINTENANCE PROCEDURES WHEN A FULL ARCH FIXED \$236.00 HYBRID PROSTHESIS IS REMOVED AND REINSERTED, INCLUDING CLEANSING OF PROSTHESIS AND ABUTMENTS D6081 SCALING AND DEBRIDEMENT OF A SINGLE IMPLANT IN THE PRESENCE \$200.00
D6070 ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (PREDOMINANTLY BASE METAL) D6071 ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (NOBLE METAL) D6072 ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL) D6073 ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL) D6074 ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE S1,470.00 Yes (PREDOMINANTLY BASE METAL)) D6075 IMPLANT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL) D6076 IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD \$2,440.00 Yes NOBLE ALLOYS D6076 IMPLANT SUPPORTED RETAINER FOR FPD - PORCELAIN FUSED TO HIGH S2,440.00 Yes NOBLE ALLOYS D6077 IMPLANT SUPPORTED RETAINER FOR METAL FPD - HIGH NOBLE ALLOYS \$2,440.00 Yes IMPLANT SUPPORTED RETAINER FOR METAL FPD - HIGH NOBLE ALLOYS \$2,440.00 Yes D6080 IMPLANT MAINTENANCE PROCEDURES WHEN A FULL ARCH FIXED HYBRID PROSTHESIS IS REMOVED AND REINSERTED, INCLUDING CLEANSING OF PROSTHESIS AND ABUTMENTS D6081 SCALING AND DEBRIDEMENT OF A SINGLE IMPLANT IN THE PRESENCE \$200.00
FPD (PREDOMINANTLY BASE METAL) D6071 ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (NOBLE METAL) D6072 ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL) D6073 ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (PREDOMINANTLY BASE METAL) D6074 ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL) D6075 IMPLANT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL) D6076 IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD \$2,440.00 Yes NOBLE ALLOYS D6077 IMPLANT SUPPORTED RETAINER FOR FPD - PORCELAIN FUSED TO HIGH \$2,440.00 Yes NOBLE ALLOYS D6070 IMPLANT SUPPORTED RETAINER FOR METAL FPD - HIGH NOBLE ALLOYS \$2,440.00 Yes NOBLE ALLOYS D6080 IMPLANT SUPPORTED RETAINER FOR METAL FPD - HIGH NOBLE ALLOYS \$2,440.00 Yes NOBLE ALLOYS D6080 IMPLANT MAINTENANCE PROCEDURES WHEN A FULL ARCH FIXED HYBRID PROSTHESIS IS REMOVED AND REINSERTED, INCLUDING CLEANSING OF PROSTHESIS AND ABUTMENTS D6081 SCALING AND DEBRIDEMENT OF A SINGLE IMPLANT IN THE PRESENCE \$200.00
D6071 ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (NOBLE METAL) D6072 ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL) D6073 ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD \$1,417.00 Yes (PREDOMINANTLY BASE METAL) D6074 ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL) D6075 IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD \$2,440.00 Yes METAL) D6076 IMPLANT SUPPORTED RETAINER FOR FPD - PORCELAIN FUSED TO HIGH \$2,440.00 Yes NOBLE ALLOYS D6077 IMPLANT SUPPORTED RETAINER FOR METAL FPD - HIGH NOBLE ALLOYS \$2,440.00 Yes NOBLE ALLOYS D6080 IMPLANT MAINTENANCE PROCEDURES WHEN A FULL ARCH FIXED HYBRID PROSTHESIS IS REMOVED AND REINSERTED, INCLUDING CLEANSING OF PROSTHESIS AND ABUTMENTS D6081 SCALING AND DEBRIDEMENT OF A SINGLE IMPLANT IN THE PRESENCE \$200.00
FPD (NOBLE METAL) D6072 ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL) D6073 ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD \$1,417.00 Yes (PREDOMINANTLY BASE METAL) D6074 ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL) D6075 IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD \$2,440.00 Yes D6076 IMPLANT SUPPORTED RETAINER FOR FPD - PORCELAIN FUSED TO HIGH \$2,440.00 Yes NOBLE ALLOYS D6077 IMPLANT SUPPORTED RETAINER FOR METAL FPD - HIGH NOBLE ALLOYS \$2,440.00 Yes NOBLE ALLOYS D6080 IMPLANT SUPPORTED RETAINER FOR METAL FPD - HIGH NOBLE ALLOYS \$2,440.00 Yes NOBLE ALLOYS S2,440.00 Yes S2,440.00 Yes S2,440.00 Yes S2,440.00 S2,440.00 Yes S2,440
D6072 ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL) D6073 ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD \$1,417.00 Yes (PREDOMINANTLY BASE METAL) D6074 ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL) D6075 IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD \$2,440.00 Yes D6076 IMPLANT SUPPORTED RETAINER FOR FPD - PORCELAIN FUSED TO HIGH \$2,440.00 Yes NOBLE ALLOYS D6077 IMPLANT SUPPORTED RETAINER FOR METAL FPD - HIGH NOBLE ALLOYS \$2,440.00 Yes NOBLE ALLOYS D6080 IMPLANT MAINTENANCE PROCEDURES WHEN A FULL ARCH FIXED HYBRID PROSTHESIS IS REMOVED AND REINSERTED, INCLUDING CLEANSING OF PROSTHESIS AND ABUTMENTS D6081 SCALING AND DEBRIDEMENT OF A SINGLE IMPLANT IN THE PRESENCE \$200.00
METAL) D6073 ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (PREDOMINANTLY BASE METAL) D6074 ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL) D6075 IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD \$2,440.00 Yes D6076 IMPLANT SUPPORTED RETAINER FOR FPD - PORCELAIN FUSED TO HIGH \$2,440.00 Yes NOBLE ALLOYS D6077 IMPLANT SUPPORTED RETAINER FOR METAL FPD - HIGH NOBLE ALLOYS \$2,440.00 Yes D6080 IMPLANT SUPPORTED RETAINER FOR METAL FPD - HIGH NOBLE ALLOYS \$2,440.00 Yes D6080 IMPLANT MAINTENANCE PROCEDURES WHEN A FULL ARCH FIXED HYBRID PROSTHESIS IS REMOVED AND REINSERTED, INCLUDING CLEANSING OF PROSTHESIS AND ABUTMENTS D6081 SCALING AND DEBRIDEMENT OF A SINGLE IMPLANT IN THE PRESENCE \$200.00
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D6074 ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL) D6075 IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD \$2,440.00 Yes D6076 IMPLANT SUPPORTED RETAINER FOR FPD - PORCELAIN FUSED TO HIGH \$2,440.00 Yes NOBLE ALLOYS D6077 IMPLANT SUPPORTED RETAINER FOR METAL FPD - HIGH NOBLE ALLOYS \$2,440.00 Yes D6080 IMPLANT MAINTENANCE PROCEDURES WHEN A FULL ARCH FIXED \$236.00 HYBRID PROSTHESIS IS REMOVED AND REINSERTED, INCLUDING CLEANSING OF PROSTHESIS AND ABUTMENTS D6081 SCALING AND DEBRIDEMENT OF A SINGLE IMPLANT IN THE PRESENCE \$200.00
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D6076 IMPLANT SUPPORTED RETAINER FOR FPD - PORCELAIN FUSED TO HIGH \$2,440.00 Yes D6077 IMPLANT SUPPORTED RETAINER FOR METAL FPD - HIGH NOBLE ALLOYS \$2,440.00 Yes D6080 IMPLANT MAINTENANCE PROCEDURES WHEN A FULL ARCH FIXED \$236.00 HYBRID PROSTHESIS IS REMOVED AND REINSERTED, INCLUDING CLEANSING OF PROSTHESIS AND ABUTMENTS D6081 SCALING AND DEBRIDEMENT OF A SINGLE IMPLANT IN THE PRESENCE \$200.00
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D6080 IMPLANT MAINTENANCE PROCEDURES WHEN A FULL ARCH FIXED \$236.00 HYBRID PROSTHESIS IS REMOVED AND REINSERTED, INCLUDING CLEANSING OF PROSTHESIS AND ABUTMENTS D6081 SCALING AND DEBRIDEMENT OF A SINGLE IMPLANT IN THE PRESENCE \$200.00
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CLEANSING OF PROSTHESIS AND ABUTMENTS D6081 SCALING AND DEBRIDEMENT OF A SINGLE IMPLANT IN THE PRESENCE \$200.00
D6081 SCALING AND DEBRIDEMENT OF A SINGLE IMPLANT IN THE PRESENCE \$200.00
OF MUCOSITIS, INCLUDING INFLAMMATION, BLEEDING LIPON PROBING.
AND INCREASED POCKET DEPTHS; INCLUDES CLEANING OF THE
IMPLANT SURFACES, WITHOUT FLAP ENTRY AND CLOSURE
D6082 IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO \$2,126.00 Yes
PREDOMINANTLY BASE ALLOYS
D6083 IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO NOBLE ALLOYS \$2,336.00 Yes
D6084 IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO TITANIUM AND \$2,336.00 Yes
TITANIUM ALLOYS
D6085 INTERIM IMPLANT CROWN \$473.00
D6086 IMPLANT SUPPORTED CROWN - PREDOMINANTLY BASE ALLOYS \$2,126.00 Yes
D6087IMPLANT SUPPORTED CROWN - NOBLE ALLOYS\$2,336.00YesD6088IMPLANT SUPPORTED CROWN - TITANIUM AND TITANIUM ALLOYS\$2,336.00Yes
D6088 IMPLANT SUPPORTED CROWN - TITANIUM AND TITANIUM ALLOYS \$2,336.00 Yes D6090 REPAIR OF IMPLANT/ABUTMENT SUPPORTED PROSTHESIS \$714.00
D6090 REPAIR OF IMPLANT/ABOTMENT SUPPORTED PROSTRESIS \$714.00 D6092 RE-CEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED CROWN \$150.00
D6092 RE-CEMENT OR RE-BOND IMPLANT/ABOTMENT SUPPORTED FIXED \$155.00
PARTIAL DENTURE
D6094 ABUTMENT SUPPORTED CROWN - TITANIUM AND TITANIUM ALLOYS \$1,200.00 Yes
D6095 REPAIR IMPLANT ABUTMENT, BY REPORT \$750.00
D6096 REMOVE BROKEN IMPLANT RETAINING SCREW \$400.00
D6097 ABUTMENT SUPPORTED CROWN - PORCELAIN FUSED TO TITANIUM AND \$1,365.00 Yes
TITANIUM ALLOYS
D6098 IMPLANT SUPPORTED RETAINER - PORCELAIN FUSED TO \$2,126.00 Yes
PREDOMINANTLY BASE ALLOYS
D6099 IMPLANT SUPPORTED RETAINER FOR FPD - PORCELAIN FUSED TO \$2,336.00 Yes
NOBLE ALLOYS
D6101 DEBRIDEMENT OF A PERI-IMPLANT DEFECT OR DEFECTS \$473.00
SURROUNDING A SINGLE IMPLANT, AND SURFACE CLEANING OF THE
EXPOSED IMPLANT SURFACES, INCLUDING FLAP ENTRY AND CLOSURE
D6102 DEBRIDEMENT AND OSSEOUS CONTOURING OF A PERI-IMPLANT \$473.00
DEFECT OR DEFECTS SURROUNDING A SINGLE IMPLANT AND INCLUDES
SURFACE CLEANING OF THE EXPOSED IMPLANT SURFACES, INCLUDING
FLAP ENTRY AND CLOSURE

CODE CODE NYS WC FEE PROQUITY CODE BONE GRAFT FOR REPAIR OF PERI-IMPLANT DEFECT – DOES NOT INCLUDE FLAP ENTRY AND CLOSURE \$525.00 D6104 BONE GRAFT AT TIME OF IMPLANT PLACEMENT \$525.00 D6110 IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH – MAXILLARY \$2,100.00 Yes D6111 IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH – MANDIBULAR \$2,100.00 Yes D6112 IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH – MAXILLARY \$2,100.00 Yes D6113 IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH – MANILLARY \$4,000.00 Yes D6114 IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS ARCH – MAXILLARY \$12,000.00 Yes D6115 IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS ARCH – MAXILLARY \$12,000.00 Yes D6116 IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH – MAXILLARY \$8,500.00 Yes D6117 IMPLANT /ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR EDENTULOUS ARCH – MANDIBULAR \$2,100.00 Yes D6119 IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR EDENTULOUS ARCH – MANDIBULAR \$
D6103 BONE GRAFT FOR REPAIR OF PERI-IMPLANT DEFECT - DOES NOT INCLUDE FLAP ENTRY AND CLOSURE D6104 BONE GRAFT AT TIME OF IMPLANT PLACEMENT \$525.00 D6110 IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR \$2,100.00 Yes EDENTULOUS ARCH - MAXILLARY EDENTULOUS ARCH - MAXILLARY D6111 IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR \$2,100.00 Yes EDENTULOUS ARCH - MANDIBULAR D6112 IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR \$2,100.00 Yes PARTIALLY EDENTULOUS ARCH - MANDIBULAR D6113 IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR \$4,000.00 Yes PARTIALLY EDENTULOUS ARCH - MANDIBULAR D6114 IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS \$12,000.00 Yes Yes PARTIALLY EDENTULOUS ARCH - MANDIBULAR D6115 IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS \$12,000.00 Yes ARCH - MAXILLARY S6,000.00 Yes ARCH - MANDIBULAR S7,000.00 Yes EDENTULOUS ARCH - MANDIBULAR S8,500.00 Yes EDENTULOUS ARCH - MANDIBULAR
INCLUDE FLAP ENTRY AND CLOSURE
D6110 IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH - MAXILLARY D6111 IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR \$2,100.00 Yes EDENTULOUS ARCH - MANDIBULAR D6112 IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR \$2,100.00 Yes PARTIALLY EDENTULOUS ARCH - MAXILLARY D6113 IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR \$4,000.00 Yes PARTIALLY EDENTULOUS ARCH - MANDIBULAR D6114 IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR \$4,000.00 Yes PARTIALLY EDENTULOUS ARCH - MANDIBULAR D6115 IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS \$12,000.00 Yes ARCH - MANDIBULAR ARCH - MANDIBULAR D6116 IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY \$8,500.00 Yes EDENTULOUS ARCH - MANDIBULAR D6116 IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY \$8,500.00 Yes EDENTULOUS ARCH - MANDIBULAR D6118 IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY \$8,500.00 Yes EDENTULOUS ARCH - MANDIBULAR D6118 IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR \$2,100.00 Yes EDENTULOUS ARCH - MANDIBULAR D6119 IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR \$2,100.00 Yes EDENTULOUS ARCH - MANDIBULAR D6120 IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR \$2,100.00 Yes EDENTULOUS ARCH - MANDIBULAR D6120 IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR \$2,100.00 Yes EDENTULOUS ARCH - MAXILLARY D6120 IMPLANT SUPPORTED RETAINER FOR METAL FPD - PREDOMINANTLY \$2,336.00 Yes AND TITANIUM ALLOYS D6121 IMPLANT SUPPORTED RETAINER FOR METAL FPD - PREDOMINANTLY \$2,336.00 Yes D6122 IMPLANT SUPPORTED RETAINER FOR METAL FPD - TITANIUM AND \$2,336.00 Yes D6122 IMPLANT SUPPORTED RETAINER FOR METAL FPD - TITANIUM AND \$2,336.00 Yes D6122 IMPLANT SUPPORTED RETAINER FOR METAL FPD - TITANIUM AND \$1,050.00 Yes TITANIUM ALLOYS D6194 ABUTMENT SUPPORTED RETAINER FOR METAL FPD - TITANIUM AND \$1,050.00 Yes TITANIUM ALLOYS D6205
D6111 IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR \$2,100.00 Yes
D6111 IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH - MANDIBULAR D6112 IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR \$2,100.00 Yes PARTIALLY EDENTULOUS ARCH - MAXILLARY D6113 IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR \$4,000.00 Yes PARTIALLY EDENTULOUS ARCH - MANDIBULAR D6114 IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS \$12,000.00 Yes PARTIALLY EDENTULOUS ARCH - MANDIBULAR D6115 IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS \$12,000.00 Yes ARCH - MANDIBULAR D6116 IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY \$8,500.00 Yes EDENTULOUS ARCH - MANDIBULAR S8,500.00 Yes EDENTULOUS ARCH - MAXILLARY S8,500.00 Yes EDENTULOUS ARCH - MAXILLA
EDENTULOUS ARCH - MANDIBULAR D6112 IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH - MAXILLARY
D6112 IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH - MAXILLARY
PARTIALLY EDENTULOUS ARCH – MAXILLARY D6113 IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR \$4,000.00 Yes PARTIALLY EDENTULOUS ARCH – MANDIBULAR D6114 IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS \$12,000.00 Yes ARCH – MAXILLARY D6115 IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS \$12,000.00 Yes ARCH – MANDIBULAR D6116 IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY \$8,500.00 Yes EDENTULOUS ARCH – MAXILLARY D6117 IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY \$8,500.00 Yes EDENTULOUS ARCH – MANDIBULAR D6118 IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY \$8,500.00 Yes EDENTULOUS ARCH – MANDIBULAR D6119 IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR \$2,100.00 Yes EDENTULOUS ARCH – MANDIBULAR D6119 IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR \$2,100.00 Yes EDENTULOUS ARCH – MANDIBULAR D6120 IMPLANT SUPPORTED RETAINER – PORCELAIN FUSED TO TITANIUM \$2,336.00 Yes AND TITANIUM ALLOYS D6121 IMPLANT SUPPORTED RETAINER FOR METAL FPD – PREDOMINANTLY \$2,126.00 Yes BASE ALLOYS D6122 IMPLANT SUPPORTED RETAINER FOR METAL FPD – NOBLE ALLOYS \$2,336.00 Yes TITANIUM ALLOYS D6190 RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT \$650.00 Yes TITANIUM ALLOYS D6191 SEMI-PRECISION ABUTMENT – PLACEMENT \$550.00 D6192 SEMI-PRECISION ATTACHMENT – PLACEMENT \$550.00 POB191 SEMI-PRECISION ATTACHMENT – PLACEMENT \$550.00 Yes TITANIUM ALLOYS D6195 ABUTMENT SUPPORTED RETAINER FOR METAL FPD – TITANIUM AND \$1,050.00 Yes TITANIUM ALLOYS D6196 ABUTMENT SUPPORTED RETAINER CROWN FOR FPD – TITANIUM AND \$1,050.00 Yes TITANIUM ALLOYS D6197 ABUTMENT SUPPORTED RETAINER - PORCELAIN FUSED TO TITANIUM AND \$1,050.00 Yes TITANIUM ALLOYS D6198 ABUTMENT SUPPORTED RETAINER - PORCELAIN FUSED TO TITANIUM \$1,050.00 Yes TITANIUM ALLOYS D6199 ABUTMENT SUPPORTED RETAINER - PORCELAIN FUSED TO TITANIUM \$1,050.00 Yes TITANIUM ALLOYS
D6113 IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH – MANDIBULAR D6114 IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS \$12,000.00 Yes ARCH – MAXILLARY D6115 IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS \$12,000.00 Yes ARCH – MANDIBULAR D6116 IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY \$8,500.00 Yes EDENTULOUS ARCH – MAXILLARY D6117 IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY \$8,500.00 Yes EDENTULOUS ARCH – MAXILLARY D6118 IMPLANT /ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR \$2,100.00 Yes EDENTULOUS ARCH – MANDIBULAR D6119 IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR \$2,100.00 Yes EDENTULOUS ARCH – MANDIBULAR D6110 IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR \$2,100.00 Yes EDENTULOUS ARCH – MAXILLARY D6120 IMPLANT SUPPORTED RETAINER – PORCELAIN FUSED TO TITANIUM \$2,336.00 Yes AND TITANIUM ALLOYS D6121 IMPLANT SUPPORTED RETAINER FOR METAL FPD – PREDOMINANTLY \$2,126.00 Yes D6122 IMPLANT SUPPORTED RETAINER FOR METAL FPD – NOBLE ALLOYS \$2,336.00 Yes IMPLANT SUPPORTED RETAINER FOR METAL FPD – TITANIUM AND \$2,336.00 Yes TITANIUM ALLOYS D6121 IMPLANT SUPPORTED RETAINER FOR METAL FPD – TITANIUM AND \$2,336.00 Yes TITANIUM ALLOYS D6190 RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT \$650.00 D6191 SEMI-PRECISION ABUTMENT – PLACEMENT \$550.00 D6192 SEMI-PRECISION ABUTMENT – PLACEMENT \$550.00 Yes TITANIUM ALLOYS D6194 ABUTMENT SUPPORTED RETAINER CROWN FOR FPD – TITANIUM AND \$1,050.00 Yes TITANIUM ALLOYS D6195 ABUTMENT SUPPORTED RETAINER - PORCELAIN FUSED TO TITANIUM \$1,050.00 Yes AND TITANIUM ALLOYS D6205 PONTIC - INDIRECT RESIN BASED COMPOSITE \$1,050.00 Yes
PARTIALLY EDENTULOUS ARCH – MANDIBULAR D6114 IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS \$12,000.00 Yes ARCH – MAXILLARY D6115 IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS \$12,000.00 Yes ARCH – MANDIBULAR D6116 IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY \$8,500.00 Yes EDENTULOUS ARCH – MAXILLARY D6117 IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY \$8,500.00 Yes EDENTULOUS ARCH – MAXILLARY D6118 IMPLANT /ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR \$2,100.00 Yes EDENTULOUS ARCH – MANDIBULAR D6119 IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR \$2,100.00 Yes EDENTULOUS ARCH – MANDIBULAR D6120 IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR \$2,100.00 Yes AND TITANIUM ALLOYS D6121 IMPLANT SUPPORTED RETAINER – PORCELAIN FUSED TO TITANIUM \$2,336.00 Yes AND TITANIUM ALLOYS D6122 IMPLANT SUPPORTED RETAINER FOR METAL FPD – PREDOMINANTLY \$2,126.00 Yes D6122 IMPLANT SUPPORTED RETAINER FOR METAL FPD – NOBLE ALLOYS \$2,336.00 Yes IMPLANT SUPPORTED RETAINER FOR METAL FPD – TITANIUM AND \$2,336.00 Yes TITANIUM ALLOYS D6190 RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT \$650.00 D6191 SEMI-PRECISION ABUTMENT – PLACEMENT \$550.00 D6192 SEMI-PRECISION ABUTMENT – PLACEMENT \$550.00 Yes TITANIUM ALLOYS D6191 ABUTMENT SUPPORTED RETAINER CROWN FOR FPD – TITANIUM AND \$1,050.00 Yes TITANIUM ALLOYS D6192 SEMI-PRECISION ATTACHMENT – PLACEMENT \$550.00 Yes TITANIUM ALLOYS D6193 ABUTMENT SUPPORTED RETAINER CROWN FOR FPD – TITANIUM AND \$1,050.00 Yes TITANIUM ALLOYS D6194 ABUTMENT SUPPORTED RETAINER - PORCELAIN FUSED TO TITANIUM \$1,050.00 Yes AND TITANIUM ALLOYS D6205 PONTIC - INDIRECT RESIN BASED COMPOSITE \$1,050.00 Yes
D6114 IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS \$12,000.00 Yes ARCH – MAXILLARY D6115 IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS \$12,000.00 Yes ARCH – MANDIBULAR D6116 IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY \$8,500.00 Yes EDENTULOUS ARCH – MAXILLARY D6117 IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY \$8,500.00 Yes EDENTULOUS ARCH – MANDIBULAR D6118 IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR \$2,100.00 Yes EDENTULOUS ARCH – MANDIBULAR D6119 IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR \$2,100.00 Yes EDENTULOUS ARCH – MAXILLARY D6120 IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR \$2,100.00 Yes EDENTULOUS ARCH – MAXILLARY D6121 IMPLANT SUPPORTED RETAINER – PORCELAIN FUSED TO TITANIUM \$2,336.00 Yes AND TITANIUM ALLOYS D6122 IMPLANT SUPPORTED RETAINER FOR METAL FPD – PREDOMINANTLY \$2,126.00 Yes BASE ALLOYS D6123 IMPLANT SUPPORTED RETAINER FOR METAL FPD – NOBLE ALLOYS \$2,336.00 Yes IMPLANT SUPPORTED RETAINER FOR METAL FPD – TITANIUM AND \$2,336.00 Yes TITANIUM ALLOYS D6190 RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT \$650.00 D6191 SEMI-PRECISION ABUTMENT – PLACEMENT \$550.00 D6192 SEMI-PRECISION ABUTMENT – PLACEMENT \$550.00 D6194 ABUTMENT SUPPORTED RETAINER CROWN FOR FPD – TITANIUM AND \$1,050.00 Yes TITANIUM ALLOYS D6195 ABUTMENT SUPPORTED RETAINER CROWN FOR FPD – TITANIUM AND \$1,050.00 Yes TITANIUM ALLOYS D6196 ABUTMENT SUPPORTED RETAINER CROWN FOR FPD – TITANIUM AND \$1,050.00 Yes AND TITANIUM ALLOYS D6197 ABUTMENT SUPPORTED RETAINER CROWN FOR FPD – TITANIUM S0.00 Yes AND TITANIUM ALLOYS D6198 ABUTMENT SUPPORTED RETAINER - PORCELAIN FUSED TO TITANIUM \$1,050.00 Yes AND TITANIUM ALLOYS D6205 PONTIC - INDIRECT RESIN BASED COMPOSITE \$1,050.00 Yes
ARCH – MAXILLARY D6115 IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS \$12,000.00 Yes ARCH – MANDIBULAR D6116 IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY \$8,500.00 Yes EDENTULOUS ARCH – MAXILLARY D6117 IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY \$8,500.00 Yes EDENTULOUS ARCH – MANDIBULAR D6118 IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR \$2,100.00 Yes EDENTULOUS ARCH – MANDIBULAR D6119 IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR \$2,100.00 Yes EDENTULOUS ARCH – MAXILLARY D6120 IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR \$2,100.00 Yes AND TITANIUM ALLOYS D6121 IMPLANT SUPPORTED RETAINER – PORCELAIN FUSED TO TITANIUM \$2,336.00 Yes BASE ALLOYS D6122 IMPLANT SUPPORTED RETAINER FOR METAL FPD – PREDOMINANTLY \$2,126.00 Yes BASE ALLOYS D6123 IMPLANT SUPPORTED RETAINER FOR METAL FPD – NOBLE ALLOYS \$2,336.00 Yes ITANIUM ALLOYS D6190 RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT \$650.00 D6191 SEMI-PRECISION ABUTMENT – PLACEMENT \$550.00 D6192 SEMI-PRECISION ABUTMENT – PLACEMENT \$550.00 Yes TITANIUM AND \$1,050.00 Yes TITANIUM ALLOYS D6194 ABUTMENT SUPPORTED RETAINER CROWN FOR FPD – TITANIUM AND \$1,050.00 Yes TITANIUM ALLOYS D6195 ABUTMENT SUPPORTED RETAINER CROWN FOR FPD – TITANIUM AND \$1,050.00 Yes TITANIUM ALLOYS D6196 ABUTMENT SUPPORTED RETAINER CROWN FOR FPD – TITANIUM S1,050.00 Yes TITANIUM ALLOYS D6197 ABUTMENT SUPPORTED RETAINER CROWN FOR FPD – TITANIUM AND \$1,050.00 Yes TITANIUM ALLOYS D6198 ABUTMENT SUPPORTED RETAINER - PORCELAIN FUSED TO TITANIUM \$1,050.00 Yes AND TITANIUM ALLOYS D6190 PONTIC - INDIRECT RESIN BASED COMPOSITE \$1,050.00 Yes
D6115 IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS \$12,000.00 Yes ARCH - MANDIBULAR D6116 IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY \$8,500.00 Yes EDENTULOUS ARCH - MAXILLARY D6117 IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY \$8,500.00 Yes EDENTULOUS ARCH - MANDIBULAR D6118 IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR \$2,100.00 Yes EDENTULOUS ARCH - MANDIBULAR D6119 IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR \$2,100.00 Yes EDENTULOUS ARCH - MAXILLARY D6120 IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR \$2,100.00 Yes AND TITANIUM ALLOYS D6121 IMPLANT SUPPORTED RETAINER - PORCELAIN FUSED TO TITANIUM \$2,336.00 Yes AND TITANIUM ALLOYS D6122 IMPLANT SUPPORTED RETAINER FOR METAL FPD - PREDOMINANTLY \$2,126.00 Yes BASE ALLOYS D6123 IMPLANT SUPPORTED RETAINER FOR METAL FPD - NOBLE ALLOYS \$2,336.00 Yes IMPLANT SUPPORTED RETAINER FOR METAL FPD - TITANIUM AND \$2,336.00 Yes D6190 RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT \$650.00 D6191 SEMI-PRECISION ABUTMENT - PLACEMENT \$550.00 D6192 SEMI-PRECISION ATTACHMENT - PLACEMENT \$550.00 Yes TITANIUM ALLOYS D6195 ABUTMENT SUPPORTED RETAINER CROWN FOR FPD - TITANIUM AND \$1,050.00 Yes AND TITANIUM ALLOYS D6196 ABUTMENT SUPPORTED RETAINER - PORCELAIN FUSED TO TITANIUM \$1,050.00 Yes AND TITANIUM ALLOYS D6197 ABUTMENT SUPPORTED RETAINER - PORCELAIN FUSED TO TITANIUM \$1,050.00 Yes AND TITANIUM ALLOYS
ARCH – MANDIBULAR D6116 IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY \$8,500.00 Yes EDENTULOUS ARCH – MAXILLARY D6117 IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY \$8,500.00 Yes EDENTULOUS ARCH – MANDIBULAR D6118 IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR \$2,100.00 Yes EDENTULOUS ARCH – MANDIBULAR D6119 IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR \$2,100.00 Yes EDENTULOUS ARCH – MANDIBULAR D6110 IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR \$2,100.00 Yes EDENTULOUS ARCH – MAXILLARY D6120 IMPLANT SUPPORTED RETAINER – PORCELAIN FUSED TO TITANIUM \$2,336.00 Yes AND TITANIUM ALLOYS D6121 IMPLANT SUPPORTED RETAINER FOR METAL FPD – PREDOMINANTLY \$2,126.00 Yes BASE ALLOYS D6122 IMPLANT SUPPORTED RETAINER FOR METAL FPD – NOBLE ALLOYS \$2,336.00 Yes TITANIUM ALLOYS D6123 IMPLANT SUPPORTED RETAINER FOR METAL FPD – TITANIUM AND \$2,336.00 Yes TITANIUM ALLOYS D6190 RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT \$650.00 D6191 SEMI-PRECISION ABUTMENT – PLACEMENT \$550.00 D6192 SEMI-PRECISION ATTACHMENT – PLACEMENT \$550.00 Yes TITANIUM ALLOYS D6194 ABUTMENT SUPPORTED RETAINER CROWN FOR FPD – TITANIUM AND \$1,050.00 Yes AND TITANIUM ALLOYS D6195 ABUTMENT SUPPORTED RETAINER - PORCELAIN FUSED TO TITANIUM \$1,050.00 Yes AND TITANIUM ALLOYS D6205 PONTIC - INDIRECT RESIN BASED COMPOSITE \$1,050.00 Yes
D6116 IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH – MAXILLARY D6117 IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY \$8,500.00 Yes EDENTULOUS ARCH – MANDIBULAR D6118 IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR \$2,100.00 Yes EDENTULOUS ARCH – MANDIBULAR D6119 IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR \$2,100.00 Yes EDENTULOUS ARCH – MANDIBULAR D6110 IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR \$2,100.00 Yes EDENTULOUS ARCH – MAXILLARY D6120 IMPLANT SUPPORTED RETAINER – PORCELAIN FUSED TO TITANIUM \$2,336.00 Yes AND TITANIUM ALLOYS D6121 IMPLANT SUPPORTED RETAINER FOR METAL FPD – PREDOMINANTLY \$2,126.00 Yes BASE ALLOYS D6122 IMPLANT SUPPORTED RETAINER FOR METAL FPD – NOBLE ALLOYS \$2,336.00 Yes TITANIUM ALLOYS D6123 IMPLANT SUPPORTED RETAINER FOR METAL FPD – TITANIUM AND \$2,336.00 Yes TITANIUM ALLOYS D6190 RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT \$650.00 D6191 SEMI-PRECISION ABUTMENT – PLACEMENT \$550.00 D6192 SEMI-PRECISION ATTACHMENT – PLACEMENT \$550.00 Yes TITANIUM ALLOYS D6194 ABUTMENT SUPPORTED RETAINER CROWN FOR FPD – TITANIUM AND \$1,050.00 Yes AND TITANIUM ALLOYS D6195 ABUTMENT SUPPORTED RETAINER - PORCELAIN FUSED TO TITANIUM \$1,050.00 Yes AND TITANIUM ALLOYS D6205 PONTIC - INDIRECT RESIN BASED COMPOSITE \$1,050.00 Yes
EDENTULOUS ARCH - MAXILLARY D6117 IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY \$8,500.00 Yes EDENTULOUS ARCH - MANDIBULAR D6118 IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR \$2,100.00 Yes EDENTULOUS ARCH - MANDIBULAR D6119 IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR \$2,100.00 Yes EDENTULOUS ARCH - MAXILLARY D6120 IMPLANT SUPPORTED RETAINER - PORCELAIN FUSED TO TITANIUM \$2,336.00 Yes AND TITANIUM ALLOYS D6121 IMPLANT SUPPORTED RETAINER FOR METAL FPD - PREDOMINANTLY \$2,126.00 Yes BASE ALLOYS D6122 IMPLANT SUPPORTED RETAINER FOR METAL FPD - NOBLE ALLOYS \$2,336.00 Yes D6123 IMPLANT SUPPORTED RETAINER FOR METAL FPD - TITANIUM AND \$2,336.00 Yes TITANIUM ALLOYS D6190 RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT \$650.00 D6191 SEMI-PRECISION ABUTMENT - PLACEMENT \$550.00 D6192 SEMI-PRECISION ATTACHMENT - PLACEMENT \$550.00 Yes TITANIUM ALLOYS D6194 ABUTMENT SUPPORTED RETAINER CROWN FOR FPD - TITANIUM AND \$1,050.00 Yes TITANIUM ALLOYS D6195 ABUTMENT SUPPORTED RETAINER - PORCELAIN FUSED TO TITANIUM \$1,050.00 Yes AND TITANIUM ALLOYS D6205 PONTIC - INDIRECT RESIN BASED COMPOSITE \$1,050.00 Yes
D6117 IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH – MANDIBULAR D6118 IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR \$2,100.00 Yes EDENTULOUS ARCH – MANDIBULAR D6119 IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR \$2,100.00 Yes EDENTULOUS ARCH – MAXILLARY D6120 IMPLANT SUPPORTED RETAINER – PORCELAIN FUSED TO TITANIUM \$2,336.00 Yes AND TITANIUM ALLOYS D6121 IMPLANT SUPPORTED RETAINER FOR METAL FPD – PREDOMINANTLY \$2,126.00 Yes BASE ALLOYS D6122 IMPLANT SUPPORTED RETAINER FOR METAL FPD – NOBLE ALLOYS \$2,336.00 Yes D6123 IMPLANT SUPPORTED RETAINER FOR METAL FPD – TITANIUM AND \$2,336.00 Yes TITANIUM ALLOYS D6190 RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT \$650.00 D6191 SEMI-PRECISION ABUTMENT – PLACEMENT \$550.00 D6192 SEMI-PRECISION ATTACHMENT – PLACEMENT \$550.00 D6194 ABUTMENT SUPPORTED RETAINER CROWN FOR FPD – TITANIUM AND \$1,050.00 Yes TITANIUM ALLOYS D6195 ABUTMENT SUPPORTED RETAINER - PORCELAIN FUSED TO TITANIUM \$1,050.00 Yes AND TITANIUM ALLOYS D6205 PONTIC - INDIRECT RESIN BASED COMPOSITE \$1,050.00 Yes
EDENTULOUS ARCH – MANDIBULAR D6118 IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR EDENTULOUS ARCH – MANDIBULAR D6119 IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR EDENTULOUS ARCH – MAXILLARY D6120 IMPLANT SUPPORTED RETAINER – PORCELAIN FUSED TO TITANIUM \$2,336.00 Yes AND TITANIUM ALLOYS D6121 IMPLANT SUPPORTED RETAINER FOR METAL FPD – PREDOMINANTLY \$2,126.00 Yes BASE ALLOYS D6122 IMPLANT SUPPORTED RETAINER FOR METAL FPD – NOBLE ALLOYS \$2,336.00 Yes IMPLANT SUPPORTED RETAINER FOR METAL FPD – TITANIUM AND \$2,336.00 Yes TITANIUM ALLOYS D6190 RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT \$650.00 D6191 SEMI-PRECISION ABUTMENT – PLACEMENT \$550.00 D6192 SEMI-PRECISION ATTACHMENT – PLACEMENT \$550.00 D6194 ABUTMENT SUPPORTED RETAINER CROWN FOR FPD – TITANIUM AND \$1,050.00 Yes TITANIUM ALLOYS D6195 ABUTMENT SUPPORTED RETAINER CROWN FOR FPD – TITANIUM AND \$1,050.00 Yes TITANIUM ALLOYS D6195 ABUTMENT SUPPORTED RETAINER - PORCELAIN FUSED TO TITANIUM \$1,050.00 Yes AND TITANIUM ALLOYS D6205 PONTIC - INDIRECT RESIN BASED COMPOSITE \$1,050.00 Yes
D6118 IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR EDENTULOUS ARCH – MANDIBULAR D6119 IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR EDENTULOUS ARCH – MAXILLARY D6120 IMPLANT SUPPORTED RETAINER – PORCELAIN FUSED TO TITANIUM \$2,336.00 Yes AND TITANIUM ALLOYS D6121 IMPLANT SUPPORTED RETAINER FOR METAL FPD – PREDOMINANTLY BASE ALLOYS D6122 IMPLANT SUPPORTED RETAINER FOR METAL FPD – NOBLE ALLOYS \$2,336.00 Yes IMPLANT SUPPORTED RETAINER FOR METAL FPD – NOBLE ALLOYS \$2,336.00 Yes D6123 IMPLANT SUPPORTED RETAINER FOR METAL FPD – TITANIUM AND \$2,336.00 Yes TITANIUM ALLOYS D6190 RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT \$650.00 D6191 SEMI-PRECISION ABUTMENT – PLACEMENT \$550.00 D6192 SEMI-PRECISION ATTACHMENT – PLACEMENT \$550.00 TITANIUM ALLOYS D6194 ABUTMENT SUPPORTED RETAINER CROWN FOR FPD – TITANIUM AND \$1,050.00 Yes TITANIUM ALLOYS D6195 ABUTMENT SUPPORTED RETAINER - PORCELAIN FUSED TO TITANIUM \$1,050.00 Yes AND TITANIUM ALLOYS D6205 PONTIC - INDIRECT RESIN BASED COMPOSITE \$1,050.00 Yes
EDENTULOUS ARCH - MANDIBULAR D6119 IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR \$2,100.00 Yes EDENTULOUS ARCH - MAXILLARY EDENTULOUS ARCH - MAXILLARY D6120 IMPLANT SUPPORTED RETAINER - PORCELAIN FUSED TO TITANIUM \$2,336.00 Yes AND TITANIUM ALLOYS S2,126.00 Yes BASE ALLOYS S2,336.00 Yes SASE ALLOYS S2,336.00 Yes SASE ALLOYS S2,336.00 Yes SASE ALLOYS S2,336.00 Yes SASE ALLOYS SASE ALLOYS SASE ALLOYS S2,336.00 Yes SASE ALLOYS SASE ALLOYS SASE ALLOYS SASE ALLOYS S2,336.00 Yes SASE ALLOYS SASE AL
D6119 IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR EDENTULOUS ARCH – MAXILLARY D6120 IMPLANT SUPPORTED RETAINER – PORCELAIN FUSED TO TITANIUM \$2,336.00 Yes AND TITANIUM ALLOYS D6121 IMPLANT SUPPORTED RETAINER FOR METAL FPD – PREDOMINANTLY BASE ALLOYS D6122 IMPLANT SUPPORTED RETAINER FOR METAL FPD – NOBLE ALLOYS \$2,336.00 Yes IMPLANT SUPPORTED RETAINER FOR METAL FPD – NOBLE ALLOYS \$2,336.00 Yes TITANIUM ALLOYS D6123 IMPLANT SUPPORTED RETAINER FOR METAL FPD – TITANIUM AND \$2,336.00 Yes TITANIUM ALLOYS D6190 RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT \$650.00 D6191 SEMI-PRECISION ABUTMENT – PLACEMENT \$550.00 D6192 SEMI-PRECISION ATTACHMENT – PLACEMENT \$550.00 D6194 ABUTMENT SUPPORTED RETAINER CROWN FOR FPD – TITANIUM AND \$1,050.00 Yes TITANIUM ALLOYS D6195 ABUTMENT SUPPORTED RETAINER - PORCELAIN FUSED TO TITANIUM \$1,050.00 Yes AND TITANIUM ALLOYS D6205 PONTIC - INDIRECT RESIN BASED COMPOSITE \$1,050.00 Yes
EDENTULOUS ARCH - MAXILLARY D6120 IMPLANT SUPPORTED RETAINER - PORCELAIN FUSED TO TITANIUM \$2,336.00 Yes AND TITANIUM ALLOYS S2,126.00 Yes BASE ALLOYS S2,126.00 Yes BASE ALLOYS S2,336.00 Yes D6122 IMPLANT SUPPORTED RETAINER FOR METAL FPD - NOBLE ALLOYS \$2,336.00 Yes Yes TITANIUM ALLOYS S2,336.00 Yes TITANIUM ALLOYS S2,336.00 Yes S2,336.
D6120 IMPLANT SUPPORTED RETAINER – PORCELAIN FUSED TO TITANIUM \$2,336.00 Yes D6121 IMPLANT SUPPORTED RETAINER FOR METAL FPD – PREDOMINANTLY \$2,126.00 Yes BASE ALLOYS D6122 IMPLANT SUPPORTED RETAINER FOR METAL FPD – NOBLE ALLOYS \$2,336.00 Yes D6123 IMPLANT SUPPORTED RETAINER FOR METAL FPD – NOBLE ALLOYS \$2,336.00 Yes TITANIUM ALLOYS D6190 RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT \$650.00 D6191 SEMI-PRECISION ABUTMENT – PLACEMENT \$550.00 D6192 SEMI-PRECISION ATTACHMENT – PLACEMENT \$550.00 D6194 ABUTMENT SUPPORTED RETAINER CROWN FOR FPD – TITANIUM AND \$1,050.00 Yes TITANIUM ALLOYS D6195 ABUTMENT SUPPORTED RETAINER - PORCELAIN FUSED TO TITANIUM \$1,050.00 Yes AND TITANIUM ALLOYS D6205 PONTIC - INDIRECT RESIN BASED COMPOSITE \$1,050.00 Yes
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D6121 IMPLANT SUPPORTED RETAINER FOR METAL FPD – PREDOMINANTLY BASE ALLOYS D6122 IMPLANT SUPPORTED RETAINER FOR METAL FPD – NOBLE ALLOYS D6123 IMPLANT SUPPORTED RETAINER FOR METAL FPD – TITANIUM AND TITANIUM ALLOYS D6190 RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT D6191 SEMI-PRECISION ABUTMENT – PLACEMENT D6192 SEMI-PRECISION ATTACHMENT – PLACEMENT D6194 ABUTMENT SUPPORTED RETAINER CROWN FOR FPD – TITANIUM AND TITANIUM ALLOYS D6195 ABUTMENT SUPPORTED RETAINER - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS D6205 PONTIC - INDIRECT RESIN BASED COMPOSITE \$1,050.00 Yes
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D6123 IMPLANT SUPPORTED RETAINER FOR METAL FPD – TITANIUM AND TITANIUM ALLOYS D6190 RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT D6191 SEMI-PRECISION ABUTMENT – PLACEMENT D6192 SEMI-PRECISION ATTACHMENT – PLACEMENT D6194 ABUTMENT SUPPORTED RETAINER CROWN FOR FPD – TITANIUM AND TITANIUM ALLOYS D6195 ABUTMENT SUPPORTED RETAINER - PORCELAIN FUSED TO TITANIUM \$1,050.00 Yes AND TITANIUM ALLOYS D6205 PONTIC - INDIRECT RESIN BASED COMPOSITE \$1,050.00 Yes
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D6194 ABUTMENT SUPPORTED RETAINER CROWN FOR FPD – TITANIUM AND \$1,050.00 Yes TITANIUM ALLOYS D6195 ABUTMENT SUPPORTED RETAINER - PORCELAIN FUSED TO TITANIUM \$1,050.00 Yes AND TITANIUM ALLOYS D6205 PONTIC - INDIRECT RESIN BASED COMPOSITE \$1,050.00 Yes
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D6195 ABUTMENT SUPPORTED RETAINER - PORCELAIN FUSED TO TITANIUM \$1,050.00 Yes AND TITANIUM ALLOYS D6205 PONTIC - INDIRECT RESIN BASED COMPOSITE \$1,050.00 Yes
AND TITANIUM ALLOYS D6205 PONTIC - INDIRECT RESIN BASED COMPOSITE \$1,050.00 Yes
D6205 PONTIC - INDIRECT RESIN BASED COMPOSITE \$1,050.00 Yes
D6210 PONTIC - CAST HIGH NOBLE METAL \$1.470.00 Yes
D6211 PONTIC - CAST PREDOMINANTLY BASE METAL \$1,155.00 Yes
D6212 PONTIC - CAST NOBLE METAL \$1,365.00 Yes
D6214 PONTIC - TITANIUM AND TITANIUM ALLOYS \$1,365.00 Yes D6240 PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL \$1,470.00 Yes
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D6241 PONTIC - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL \$1,155.00 Yes D6242 PONTIC - PORCELAIN FUSED TO NOBLE METAL \$1,365.00 Yes
D6243 PONTIC - PORCELAIN FUSED TO NOBLE METAL \$1,365.00 Fes
D6245 PONTIC - PORCELAIN POSED TO THANIOM AND THANIOM ALLOTS \$1,303.00 Fes \$1,470.00 Yes
D6250 PONTIC - RESIN WITH HIGH NOBLE METAL \$838.00
D6251 PONTIC - RESIN WITH PREDOMINANTLY BASE METAL \$838.00
D6252 PONTIC - RESIN WITH NOBLE METAL \$838.00
D6253 INTERIM PONTIC - FURTHER TREATMENT OR COMPLETION OF \$473.00
DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION
D6545 RETAINER - CAST METAL FOR RESIN BONDED FIXED PROSTHESIS \$619.00

CDT	PROCEDURE	NYS WC	PAR
CODE	T NOOLD GIVE	FEE	Required
D6548	RETAINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXED	\$840.00	rtoquii ou
	PROSTHESIS		
D6549	RETAINER – RESIN BONDED FIXED PROSTHESIS	\$840.00	
D6600	RETAINER INLAY - PORCELAIN/CERAMIC, TWO SURFACES	\$945.00	
D6601	RETAINER INLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES	\$1,024.00	Yes
D6602	RETAINER INLAY - CAST HIGH NOBLE METAL, TWO SURFACES	\$788.00	
D6603	RETAINER INLAY - CAST HIGH NOBLE METAL, THREE OR MORE	\$1,050.00	Yes
	SURFACES		
D6604	RETAINER INLAY - CAST PREDOMINANTLY BASE METAL, TWO	\$1,050.00	Yes
	SURFACES		
D6605	RETAINER INLAY - CAST PREDOMINANTLY BASE METAL, THREE OR	\$1,050.00	Yes
	MORE SURFACES		
D6606	RETAINER INLAY - CAST NOBLE METAL, TWO SURFACES	\$735.00	
D6607	RETAINER INLAY - CAST NOBLE METAL, THREE OR MORE SURFACES	\$840.00	
D6608	RETAINER ONLAY - PORCELAIN/CERAMIC, TWO SURFACES	\$1,050.00	Yes
D6609	RETAINER ONLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES	\$1,050.00	Yes
	RETAINER ONLAY - CAST HIGH NOBLE METAL, TWO SURFACES	\$1,050.00	Yes
D6611	RETAINER ONLAY - CAST HIGH NOBLE METAL, THREE OR MORE	\$1,050.00	Yes
	SURFACES		
D6612	RETAINER ONLAY - CAST PREDOMINANTLY BASE METAL, TWO	\$1,050.00	Yes
	SURFACES		
D6613	RETAINER ONLAY - CAST PREDOMINANTLY BASE METAL, THREE OR	\$1,050.00	Yes
	MORE SURFACES		
D6614	RETAINER ONLAY - CAST NOBLE METAL, TWO SURFACES	\$1,050.00	Yes
	RETAINER ONLAY - CAST NOBLE METAL, THREE OR MORE SURFACES	\$1,050.00	Yes
D6624	RETAINER INLAY - TITANIUM	\$1,050.00	Yes
	RETAINER ONLAY - TITANIUM	\$1,050.00	Yes
D6710	RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE	\$1,050.00	Yes
D6720	RETAINER CROWN - RESIN WITH HIGH NOBLE METAL	\$992.00	Vaa
D6721 D6722	RETAINER CROWN - RESIN WITH NOBLE METAL	\$1,048.00	Yes
	RETAINER CROWN - RESIN WITH NOBLE METAL RETAINER CROWN - PORCELAIN/CERAMIC	\$992.00 \$951.00	
	RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	\$1,365.00	Yes
	RETAINER CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE	\$1,233.00	Yes
D0751	METAL	ψ1,233.00	
D6752	RETAINER CROWN - PORCELAIN FUSED TO NOBLE METAL	\$1,050.00	Yes
D6753	RETAINER CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM	\$1,300.00	Yes
50,00	ALLOYS	Ψ1,000.00	100
D6780	RETAINER CROWN - 3/4 CAST HIGH NOBLE METAL	\$1,050.00	Yes
D6781	RETAINER CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	\$1,050.00	Yes
	RETAINER CROWN - 3/4 CAST NOBLE METAL	\$1,050.00	Yes
D6783	RETAINER CROWN - 3/4 PORCELAIN/CERAMIC	\$1,050.00	Yes
D6784	RETAINER CROWN ¾ - TITANIUM AND TITANIUM ALLOYS	\$1,050.00	Yes
	RETAINER CROWN - FULL CAST HIGH NOBLE METAL	\$1,050.00	Yes
D6791	RETAINER CROWN - FULL CAST PREDOMINANTLY BASE METAL	\$1,050.00	Yes
D6792	RETAINER CROWN - FULL CAST NOBLE METAL	\$1,050.00	Yes
D6793	INTERIM RETAINER CROWN - FURTHER TREATMENT OR COMPLETION	\$525.00	
	OF DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION		
D6794	RETAINER CROWN - TITANIUM AND TITANIUM ALLOYS	\$525.00	
D6920	CONNECTOR BAR	\$368.00	
D6930	RE-CEMENT OR RE-BOND FIXED PARTIAL DENTURE	\$137.00	
D6940	STRESS BREAKER	\$420.00	
D6950	PRECISION ATTACHMENT	\$525.00	

CDT PROCEDURE	NYS WC	PAR
CODE	FEE	Required
	\$263.00	
MATERIAL FAILURE	,	
07111 EXTRACTION, CORONAL REMNANTS – PRIMARY TOOTH	\$200.00	
07140 EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION	\$205.00	
AND/OR FORCEPS REMOVAL)		
07210 EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR	\$341.00	
SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF		
MUCOPERIOSTEAL FLAP IF INDICATED		
07220 REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	\$394.00	
07230 REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	\$475.00	
07240 REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	\$578.00	
07241 REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL	\$625.00	
SURGICAL COMPLICATIONS		
07250 REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	\$357.00	
07251 CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL, IMPACTED	\$525.00	
TEETH ONLY		
07260 OROANTRAL FISTULA CLOSURE \$	\$1,921.00	Yes
07261 PRIMARY CLOSURE OF A SINUS PERFORATION \$	\$1,997.00	Yes
77270 TOOTH RE-IMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY	\$450.00	
EVULSED OR DISPLACED TOOTH		
77272 TOOTH TRANSPLANTATION (INCLUDES RE-IMPLANTATION FROM ONE	\$683.00	
SITE TO ANOTHER AND SPLINTING AND/OR STABILIZATION)		
07280 EXPOSURE OF AN UNERUPTED TOOTH	\$675.00	
07282 MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID	\$375.00	
ERUPTION		
77283 PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	\$425.00	
07285 INCISIONAL BIOPSY OF ORAL TISSUE-HARD (BONE, TOOTH)	\$545.00	
07286 INCISIONAL BIOPSY OF ORAL TISSUE-SOFT	\$475.00	
07287 EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION	\$200.00	
07290 SURGICAL REPOSITIONING OF TEETH	\$683.00	
77291 TRANSSEPTAL FIBEROTOMY/SUPRA CRESTAL FIBEROTOMY, BY	\$300.00	
REPORT		
7292 PLACEMENT OF TEMPORARY ANCHORAGE DEVICE [SCREW RETAINED \$	\$1,691.00	Yes
PLATE] REQUIRING FLAP		
7293 PLACEMENT OF TEMPORARY ANCHORAGE DEVICE REQUIRING FLAP \$	1,240.00	Yes
07294 PLACEMENT OF TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP	\$928.00	
7295 HARVEST OF BONE FOR USE IN AUTOGENOUS GRAFTING PROCEDURE \$	\$1,050.00	Yes
07310 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR	\$389.00	
MORE TEETH OR TOOTH SPACES, PER QUADRANT		
07311 ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO	\$389.00	
THREE TEETH OR TOOTH SPACES, PER QUADRANT		
07320 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR	\$527.00	
MORE TEETH OR TOOTH SPACES, PER QUADRANT		
07321 ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO	\$527.00	
THREE TEETH OR TOOTH SPACES, PER QUADRANT		
07340 VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY \$	\$1,198.00	Yes
EPITHELIALIZATION)		
· ·	\$2,611.00	Yes
GRAFTS, MUSCLE REATTACHMENT, REVISION OF SOFT TISSUE		
ATTACHMENT AND MANAGEMENT OF HYPERTROPHIED AND		
HYPERPLASTIC TISSUE)		
07510 INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE	\$213.00	

		PINO MO	
CDT	PROCEDURE	NYS WC FEE	PAR Required
	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE -	\$400.00	rtequireu
0/3/1	COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)	ψ400.00	
D7520	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE	\$604.00	
D7520	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE -	\$729.00	
D/321	COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)	\$729.00	
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR	\$525.00	
D/530	SUBCUTANEOUS ALVEOLAR TISSUE	\$525.00	
D7540		¢004.00	
D7540	REMOVAL OF REACTION PRODUCING FOREIGN BODIES, MUSCULOSKELETAL SYSTEM	\$821.00	
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITA BONE	L \$799.00	
D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR	\$1,121.00	Yes
2.000	FOREIGN BODY	V 1,121100	''
D7610	MAXILLA - OPEN REDUCTION (TEETH IMMOBILIZED, IF PRESENT)	\$5,300.00	Yes
	MAXILLA - CLOSED REDUCTION (TEETH IMMOBILIZED, IF PRESENT)	\$3,900.00	Yes
	MANDIBLE - OPEN REDUCTION (TEETH IMMOBILIZED, IF PRESENT)	\$5,300.00	Yes
D7640	MANDIBLE - CLOSED REDUCTION (TEETH IMMOBILIZED, IF PRESENT)	\$3,900.00	Yes
	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION	\$3,675.00	Yes
	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	\$2,625.00	Yes
	ALVEOLUS - CLOSED REDUCTION, MAY INCLUDE STABILIZATION OF	\$1,890.00	Yes
B7070	TEETH	Ψ1,000.00	100
D7671	ALVEOLUS - OPEN REDUCTION, MAY INCLUDE STABILIZATION OF TEETI	H \$2,150.00	Yes
D7680	FACIAL BONES - COMPLICATED REDUCTION WITH FIXATION AND	\$4,882.00	Yes
	MULTIPLE SURGICAL APPROACHES		
D7710	MAXILLA - OPEN REDUCTION	\$3,942.00	Yes
D7720	MAXILLA - CLOSED REDUCTION	\$3,060.00	Yes
D7730	MANDIBLE - OPEN REDUCTION	\$5,252.00	Yes
D7740	MANDIBLE - CLOSED REDUCTION	\$3,200.00	Yes
D7750	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION	\$3,752.00	Yes
D7760	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	\$2,127.00	Yes
D7770	ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH	\$1,960.00	Yes
D7771	ALVEOLUS, CLOSED REDUCTION STABILIZATION OF TEETH	\$1,893.00	Yes
D7780	FACIAL BONES - COMPLICATED REDUCTION WITH FIXATION AND	\$7,166.00	Yes
	MULTIPLE APPROACHES		
D7810	OPEN REDUCTION OF DISLOCATION	\$3,638.00	Yes
D7820	CLOSED REDUCTION OF DISLOCATION	\$707.00	
D7830	MANIPULATION UNDER ANESTHESIA	\$1,038.00	Yes
D7840	CONDYLECTOMY	\$4,241.00	Yes
D7850	SURGICAL DISCECTOMY, WITH/WITHOUT IMPLANT	\$3,932.00	Yes
D7852	DISC REPAIR	\$2,756.00	Yes
D7854	SYNOVECTOMY	\$2,371.00	Yes
D7856	MYOTOMY	\$2,756.00	Yes
D7858	JOINT RECONSTRUCTION	\$6,340.00	Yes
D7860	ARTHROTOMY	\$2,481.00	Yes
D7865	ARTHROPLASTY	\$3,032.00	Yes
D7870	ARTHROCENTESIS	\$994.00	
D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE	\$1,050.00	Yes
D7872	ARTHROSCOPY - DIAGNOSIS, WITH OR WITHOUT BIOPSY	\$1,075.00	Yes
D7873	ARTHROSCOPY: LAVAGE AND LYSIS OF ADHESIONS	\$1,874.00	Yes
D7874	ARTHROSCOPY: DISC REPOSITIONING AND STABILIZATION	\$2,646.00	Yes
D7875	ARTHROSCOPY: SYNOVECTOMY	\$2,646.00	Yes
D7876	ARTHROSCOPY: DISCECTOMY	\$2,646.00	Yes
D7877	ARTHROSCOPY: DEBRIDEMENT	\$2,481.00	Yes

CDT CODE	PROCEDURE	NYS WC FEE	PAR Required
	OCCLUSAL ORTHOTIC DEVICE, BY REPORT	\$1,099.00	Yes
	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	\$661.00	100
D7911	COMPLICATED SUTURE - UP TO 5 CM	\$1,308.00	Yes
	COMPLICATED SUTURE - GREATER THAN 5 CM	\$2,136.00	Yes
D7920	SKIN GRAFT (IDENTIFY DEFECT COVERED, LOCATION AND TYPE OF	\$2,205.00	Yes
5.020	GRAFT)	ψ2,200.00	100
D7921	COLLECTION AND APPLICATION OF AUTOLOGOUS BLOOD	\$525.00	
	CONCENTRATE PRODUCT		
D7941	OSTEOTOMY - MANDIBULAR RAMI	\$6,211.00	Yes
D7943	OSTEOTOMY - MANDIBULAR RAMI WITH BONE GRAFT; INCLUDES	\$5,292.00	Yes
	OBTAINING THE GRAFT		
D7944	OSTEOTOMY - SEGMENTED OR SUBAPICAL	\$3,197.00	Yes
D7945	OSTEOTOMY - BODY OF MANDIBLE	\$6,247.00	Yes
D7946	LEFORT I (MAXILLA - TOTAL)	\$5,843.00	Yes
D7947	LEFORT I (MAXILLA - SEGMÉNTED)	\$5,800.00	Yes
D7948	LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR	\$6,064.00	Yes
	MIDFACE HYPOPLASIA OR RETRUSION) - WITHOUT BONE GRAFT		
D7949	LEFORT II OR LEFORT III - WITH BONE GRAFT	\$7,166.00	Yes
D7950	OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF THE	\$2,756.00	Yes
	MANDIBLE OR MAXILLA - AUTOGENOUS OR NONAUTOGENOUS, BY		
	REPORT		
D7951	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES VIA A	\$2,100.00	Yes
	LATERAL OPEN APPROACH		
	SINUS AUGMENTATION VIA A VERTICAL APPROACH	\$1,260.00	Yes
	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SITE	\$560.00	
	FRENULOPLASTY	\$396.00	
	EXCISION OF HYPERPLASTIC TISSUE - PER ARCH	\$630.00	
D7971	EXCISION OF PERICORONAL GINGIVA	\$210.00	
	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	\$541.00	
	SIALODOCHOPLASTY	\$1,890.00	Yes
D7983	CLOSURE OF SALIVARY FISTULA	\$2,079.00	Yes
	CORONOIDECTOMY	\$2,866.00	Yes
D7997	APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE),	\$622.00	
D0040	INCLUDES REMOVAL OF ARCHBAR	* 0.000.00	.,
	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	\$3,300.00	Yes
	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	\$2,616.00	Yes
D8030	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	\$3,157.00	Yes
D8040	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION	\$3,900.00	Yes
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL	\$5,234.00	Yes
Doooo	DENTITION	ΦE 004 00	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT	\$5,234.00	Yes
Doooo	DENTITION	Φ0.400.00	
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT	\$6,139.00	Yes
	DENTITION	****	
	REMOVABLE APPLIANCE THERAPY	\$394.00	
	FIXED APPLIANCE THERAPY	\$394.00	
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT	\$247.00	
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES,	\$370.00	
D0004	CONSTRUCTION AND PLACEMENT OF RETAINER(S))	¢447.00	
D8681	REMOVABLE ORTHODONTIC RETAINER ADJUSTMENT REMOVAL OF FIXED ORTHODONTIC APPLIANCES FOR REASONS OTHER	\$117.00	
D8695	THAN COMPLETION OF TREATMENT	\$600.00	
Doeoe		¢200.00	
D8696	REPAIR OF ORTHODONTIC APPLIANCE – MAXILLARY	\$300.00	

CODE FEE Roquired D8697 REPAIR OF ORTHODONTIC APPLIANCE – MANDIBULAR \$200.00 D8698 RE-CEMENT OR RE-BOND FIXED RETAINER – MAXILLARY \$200.00 D8699 RE-CEMENT OR RE-BOND FIXED RETAINER, INCLUDES REATHACHMENT – MAXILLARY \$200.00 D8701 REPAIR OF FIXED RETAINER, INCLUDES REATHACHMENT – MAXILLARY \$300.00 D8703 REPAIR OF FIXED RETAINER, INCLUDES REATHACHMENT – MANDIBULAR \$300.00 D8703 REPLACEMENT OF LOST OR BROKEN RETAINER – MAXILLARY \$450.00 D8703 REPLACEMENT OF LOST OR BROKEN RETAINER – MANDIBULAR \$450.00 D9710 PALLIATIVE TREATMENT OF DENTAL PAIN – PER VISIT \$137.00 D9710 PALLIATIVE TREATMENT OF DENTAL PAIN – PER VISIT \$137.00 D9711 REGIONAL BLOCK ANESTHESIA \$450.00 D9212 RICEGEMINAL DIVISION BLOCK ANESTHESIA \$105.00 D9213 REGEMINAL DIVISION BLOCK ANESTHESIA \$105.00 D9214 REGIGEMINAL DIVISION BLOCK ANESTHESIA \$105.00 D9215 LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIVE OR SURGICAL \$65.00 D9216 LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIVE OR SURGIC	CDT	PROCEDURE	NYS WC	PAR
D8693 REPAIR OF ORTHODONTIC APPLIANCE		T KOOLDOKE		
D8698 RE-CEMENT OR RE-BOND FIXED RETAINER - MAXILLARY \$200.00		REPAIR OF ORTHODONTIC APPLIANCE – MANDIBULAR		rtoquiiou
D8699 RE-CEMENT OR RE-BOND FIXED RETAINER - MANDIBULAR 8200.00 D8701 REPAIR OF FIXED RETAINER, INCLUDES REATTACHMENT - MAXILLARY \$300.00 D8703 REPLACEMENT OF LOST OR BROKEN RETAINER - MAXILLARY \$450.00 D8703 REPLACEMENT OF LOST OR BROKEN RETAINER - MAXILLARY \$450.00 D8704 REPALACEMENT OF LOST OR BROKEN RETAINER - MAXILLARY \$450.00 D9104 PALLIATIVE TREATMENT OF DENTAL PAIN - PER VISIT \$137.00 D9110 PALLIATIVE TREATMENT OF DENTAL PAIN - PER VISIT \$137.00 D9120 FIXED PARTIAL DENTURE SECTIONING D9210 LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR \$68.00 SURGICAL PROCEDURES D9211 REGIONAL BLOCK ANESTHESIA \$105.00 D9212 TRIGEMINAL DIVISION BLOCK ANESTHESIA \$263.00 D9215 LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIVE OR SURGICAL D9215 PROCEDURES D9219 EVALUATION FOR MODERATE SEDATION, DEEP SEDATION OR GENERAL ANSTHESIA D9222 DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTES B185.00 D9223 DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTES B185.00 D9223 DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTES B185.00 D9230 INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA- FIRST 15 MINUTE INCREMENT D9231 INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT D9243 INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT D9244 NON-INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT D9248 NON-INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT D9249 INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT D9240 HOSPITAL OR ANBULATORY SURGICAL CENTER CALL S263.00 D9420 HOSPITAL OR ANBULATORY SURGICAL CENTER CALL S426.00 D9430 HOSPITAL OR ANBULATORY SURGICAL CENTER CALL S426.00 D9440 HOUSE/EXTENDED CARE FACILITY CALL S426.00 D9450 HOSPITAL OR ANBULATORY SURGICAL CENTER CALL S436.00 D9450 HOSPITAL OR ANBULATORY SURGICAL CENTER CALL S436.00 D9450 HOSPITAL OR ANBULATORY SURGICAL CENTER CALL				
D8702 REPAIR OF FIXED RETAINER, INCLUDES REATTACHMENT — MANDIBULAR \$300.00 D8703 REPLACEMENT OF LOST OR BROKEN RETAINER — MAXILLARY \$450.00 D8704 REPLACEMENT OF LOST OR BROKEN RETAINER — MANDIBULAR \$450.00 D9110 PALLIATIVE TREATMENT OF DENTAL PAIN — PER VISIT \$137.00 D9120 FIXED PARTIAL DENTURE SECTIONING \$216.00 D9121 REGIONAL BLOCK ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR \$88.00 SURGICAL PROCEDURES D9211 REGIONAL BLOCK ANESTHESIA \$105.00 D9212 TRIGEMINAL DIVISION BLOCK ANESTHESIA \$105.00 D9215 LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES D9216 REGIONAL BLOCK ANESTHESIA \$105.00 D9217 REGIONAL BLOCK ANESTHESIA \$105.00 D9218 LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIVE OR SURGICAL \$65.00 D9219 EVALUATION FOR MODERATE SEDATION, DEEP SEDATION OR GENERAL \$180.00 ANESTHESIA \$180.00 D9223 DEEP SEDATION/GENERAL ANESTHESIA – FIRST 15 MINUTES \$185.00 D9239 INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA- FIRST \$125.00 D9239 INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA – EACH \$125.00 SUBSEQUENT 15 MINUTE INCREMENT D9248 INON-INTRAVENOUS CONSCIOUS SEDATION \$211.00 D9310 CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR \$128.00 PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN \$128.00 PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN \$128.00 D9410 HOUSE/EXTENDED CARE FACILITY CALL \$263.00 D9410 HOUSE/EXTENDED CARE FACILITY CALL \$263.00 D9410 HOUSE/EXTENDED CARE FACILITY ON DETAILED AND EXTENSIVE \$99.00 TREATMENT PLANNING \$198.00 D9410 HOUSE/EXTENDED CARE FACILITY ON DETAILED AND EXTENSIVE \$99.00 TREATMENT PLANNING \$198.00 D9410 HOUSE/EXTENDED CARE FACILITY ON DETAILED AND EXTENSIVE \$99.00 TREATMENT PLANNING \$198.00 D9410 THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION \$419.00 D9410 THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION \$419.00 D9410 THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION \$419.00 D9410 THER	D8699	RE-CEMENT OR RE-BOND FIXED RETAINER – MANDIBULAR		
DB703 REPLACEMENT OF LOST OR BROKEN RETAINER - MAXILLARY	D8701	REPAIR OF FIXED RETAINER, INCLUDES REATTACHMENT – MAXILLARY		
DB703 REPLACEMENT OF LOST OR BROKEN RETAINER - MAXILLARY	D8702	REPAIR OF FIXED RETAINER, INCLUDES REATTACHMENT – MANDIBULAR	\$300.00	
DB2704 REPLACEMENT OF LOST OR BROKEN RETAINER - MANDIBULAR \$450.00		·		
D9120 FIXED PARTIAL DENTURE SECTIONING D9210 LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES D9211 REGIONAL BLOCK ANESTHESIA D9212 TRIGEMINAL DIVISION BLOCK ANESTHESIA D9215 LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES D9219 EVALUATION FOR MODERATE SEDATION, DEEP SEDATION OR GENERAL ANESTHESIA D9220 DEEP SEDATION/GENERAL ANESTHESIA – FIRST 15 MINUTES D9221 DEEP SEDATION/GENERAL ANESTHESIA – FIRST 15 MINUTES D9223 DEEP SEDATION/GENERAL ANESTHESIA – FACH SUBSEQUENT 15 MINUTE INCREMENT D9223 INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA- FIRST SIB5.00 D9230 INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA- EACH SUBSEQUENT 15 MINUTE INCREMENT D9243 INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA – EACH SUBSEQUENT 15 MINUTE INCREMENT D9244 INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA – EACH SUBSEQUENT 15 MINUTE INCREMENT D9248 NON-INTRAVENOUS CONSCIOUS SEDATION D9310 CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN D9410 HOUSE/EXTENDED CARE FACILITY CALL D9420 HOSPITAL OR AMBULATORY SURGICAL CENTER CALL S129.00 D9430 OFFICE VISIT FOR OBSERVATION (DURING REQUEARLY SCHEDULED HOURS) - NO OTHER SERVICES PERFORMED D9430 OFFICE VISIT FOR OBSERVATION (DURING REQULARLY SCHEDULED HOURS) - NO OTHER SERVICES PERFORMED D9430 OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED S44.00 HOURS) - NO OTHER SERVICES PERFORMED D9430 OFFICE VISIT FOR OBSERVATION (DURING REQULARLY SCHEDULED S45.00 D9430 OFFICE VISIT FOR OBSERVATION (DURING REQULARLY SCHEDULED S46.00 TREATMENT PLANNING D9430 THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, S198.00 D9430 OFFICE VISIT FOR OBSERVATION (DURING REQULARLY SCHEDULED S46.00 D9430 OFFICE VISIT FOR DESENSITIZING MEDICAMENT D9430 DRUGS OR MEDICAMENTS DISPENSED IN THE OFFICE FOR HOME USE S35.00 D9430 OFFICE VISIT FOR PREPORTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, S198.00 D9430 OFFICE VISIT OR PREPORT S65.00 D9430 OFFICE VISIT OR PREPORT S65.00 D9430 OFFIC		REPLACEMENT OF LOST OR BROKEN RETAINER – MANDIBULAR		
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D9210 LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES D9211 REGIONAL BLOCK ANESTHESIA D9212 TRIGEMINAL DIVISION BLOCK ANESTHESIA D9215 LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES D9219 EVALUATION FOR MODERATE SEDATION, DEEP SEDATION OR GENERAL ANESTHESIA D9220 DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTES D9230 DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTES D9231 DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTES D9232 DEEP SEDATION/GENERAL ANESTHESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT D9230 INHALATION OF NITROUS OXIDE/ANALGESIA, ANXIOLYSIS D9231 INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - FIRST D9243 INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - FIRST D9243 INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT D9248 NON-INTRAVENOUS CONSCIOUS SEDATION D9310 CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN D9311 CONSULTATION WITH A MEDICAL HEALTH CARE PROFESSIONAL D9311 CONSULTATION WITH A MEDICAL HEALTH CARE PROFESSIONAL D9310 OFFICE VISIT FOR DBSERVATION (DURING REGULARLY SCHEDULED D9440 OFFICE VISIT FOR DBSERVATION (DURING REGULARLY SCHEDULED MOUSE/EXTENDED CARE FACILITY CALL S129.00 D9420 HOSPITAL OR AMBULATORY SURGICAL CENTER CALL S263.00 D9430 OFFICE VISIT FOR DBSERVATION (DURING REGULARLY SCHEDULED HOUSE/EXTENDED CARE FACILITY CALL S129.00 D9440 OFFICE VISIT FOR DBSERVATION (DURING REGULARLY SCHEDULED MOURS) - NO OTHER SERVICES PERFORMED D9440 OFFICE VISIT FOR DBSERVATION (DURING REGULARLY SCHEDULED S54.00 D9410 THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION D9410 THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION D9610 THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION D9610 THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION D9610 THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION S199.00 DFIFERENT MEDICATIONS D9911 APPLICATION OF DESENSITIZING MEDICAMENT S63.00 D9912 REPAIR ON THE SER	D9120	FIXED PARTIAL DENTURE SECTIONING	\$216.00	
D9211 REGIONAL BLOCK ANESTHESIA \$105.00				
D9212 TRIGEMINAL DIVISION BLOCK ANESTHESIA D9215 LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES D9219 EVALUATION FOR MODERATE SEDATION, DEEP SEDATION OR GENERAL ANESTHESIA D9222 DEEP SEDATION/GENERAL ANESTHESIA – FIRST 15 MINUTES D9233 DEEP SEDATION/GENERAL ANESTHESIA – FIRST 15 MINUTES D9243 DEEP SEDATION/GENERAL ANESTHESIA – EACH SUBSEQUENT 15 MINUTE INCREMENT D9230 INHALATION OF NITROUS OXIDE/ANALGESIA, ANXIOLYSIS D9231 INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA- FIRST S125.00 D9233 INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA- FIRST S125.00 D9243 INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA – EACH SUBSEQUENT 15 MINUTE INCREMENT D9248 INON-INTRAVENOUS CONSCIOUS SEDATION D9340 NON-INTRAVENOUS CONSCIOUS SEDATION D9310 CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN D9311 CONSULTATION WITH A MEDICAL HEALTH CARE PROFESSIONAL D9310 CONSULTATION WITH A MEDICAL HEALTH CARE PROFESSIONAL D9410 HOUSE/EXTENDED CARE FACILITY CALL D9420 HOSPITAL OR AMBULATORY SURGICAL CENTER CALL S263.00 D9430 OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED HOURS) - NO OTHER SERVICES PERFORMED D9440 OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED HOURS) - NO OTHER SERVICES PERFORMED D9450 CASE PRESENTATION, SUBSEQUENT TO DETAILED AND EXTENSIVE S99.00 TREATMENT PLANNING D9612 THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION S149.00 D9613 THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION S149.00 D9614 APPLICATION OF DESENSITIZING MEDICAMENT S65.00 D9615 THERAPEUTIC PARENTERAL DRUG SERVICES PROFESSIONAL S165.00 S169.			,	
D9215 LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES D9219 EVALUATION FOR MODERATE SEDATION, DEEP SEDATION OR GENERAL \$180.00 ANESTHESIA D9222 DEEP SEDATION/GENERAL ANESTHESIA – FIRST 15 MINUTES \$185.00 D9223 DEEP SEDATION/GENERAL ANESTHESIA – FIRST 15 MINUTES \$185.00 MINUTE INCREMENT D9230 INHALATION OF NITROUS OXIDE/ANALGESIA, ANXIOLYSIS \$100.00 D9230 INHALATION OF NITROUS OXIDE/ANALGESIA, ANXIOLYSIS \$100.00 D9231 INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA – FIRST \$125.00 15 MINUTES D9243 INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA – EACH \$125.00 SUBSEQUENT 15 MINUTE INCREMENT D9248 NON-INTRAVENOUS CONSCIOUS SEDATION D9310 CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN DENTISM PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN DENTISM PROVIDED BY DENTIST OR \$128.00 D9411 CONSULTATION WITH A MEDICAL HEALTH CARE PROFESSIONAL \$128.00 D9412 HOUSE/EXTENDED CARE FACILITY CALL \$129.00 D9420 HOUSE/STENDED CARE FACILITY CALL \$129.00 D9430 OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED \$54.00 HOURS) - NO OTHER SERVICES PERFORMED \$54.00 D9440 OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED \$54.00 D9450 CASE PRESENTATION, SUBSEQUENT TO DETAILED AND EXTENSIVE \$99.00 TREATMENT PLANNING D9612 THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATION \$149.00 D9612 THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, \$198.00 DIFFERENT MEDICATIONS D9901 APPLICATION OF DESENSITIZING MEDICAMENT \$63.00 D9910 APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT \$68.00 D9911 APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT \$68.00 D9912 CLEANING AND INSPE	D9211		\$105.00	
PROCEDURES D9219 EVALUATION FOR MODERATE SEDATION, DEEP SEDATION OR GENERAL \$180.00 ANESTHESIA D9222 DEEP SEDATION/GENERAL ANESTHESIA – FIRST 15 MINUTES \$185.00 D9230 DEEP SEDATION/GENERAL ANESTHESIA – EACH SUBSEQUENT 15 \$185.00 MINUTE INCREMENT D9230 INHALATION OF NITROUS OXIDE/ANALGESIA, ANXIOLYSIS \$100.00 D9239 INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA- FIRST \$125.00 15 MINUTES D9243 INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA – EACH \$125.00 SUBSEQUENT 15 MINUTE INCREMENT D9248 NON-INTRAVENOUS CONSCIOUS SEDATION \$211.00 D9310 CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR \$128.00 PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN DESCRIPTION WITH A MEDICAL HEALTH CARE PROFESSIONAL \$128.00 D9410 HOUSE/EXTENDED CARE FACILITY CALL \$129.00 D9430 OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED HOURS) - NO OTHER SERVICES PERFORMED D9440 OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED TREATMENT PLANNING DESCRIPTION PLANNING STATE OF THE PROFESSION ST	D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA	\$263.00	
D9219 EVALUATION FOR MODERATE SEDATION, DEEP SEDATION OR GENERAL \$180.00 ANESTHESIA D9221 DEEP SEDATION/GENERAL ANESTHESIA – FIRST 15 MINUTES \$185.00 DEEP SEDATION/GENERAL ANESTHESIA – EACH SUBSEQUENT 15 \$185.00 MINUTE INCREMENT D9230 IINHALATION OF NITROUS OXIDE/ANALGESIA, ANXIOLYSIS \$100.00 INHALATION OF NITROUS OXIDE/ANALGESIA, ANXIOLYSIS \$100.00 INHALATION OF NITROUS OXIDE/ANALGESIA, ANXIOLYSIS \$125.00 IS MINUTES D9243 INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA – FIRST \$125.00 IS MINUTES D9243 INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA – EACH \$125.00 SUBSEQUENT 15 MINUTE INCREMENT D9248 NON-INTRAVENOUS CONSCIOUS SEDATION D9310 CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR \$128.00 PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN D9311 CONSULTATION WITH A MEDICAL HEALTH CARE PROFESSIONAL \$128.00 PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN D9311 CONSULTATION WITH A MEDICAL HEALTH CARE PROFESSIONAL \$128.00 D9420 HOSPITAL OR AMBULATORY SURGICAL CENTER CALL \$263.00 D9420 HOSPITAL OR AMBULATORY SURGICAL CENTER CALL \$263.00 D9420 HOSPITAL OR AMBULATORY SURGICAL CENTER CALL \$263.00 D9430 OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED \$54.00 HOURS) - NO OTHER SERVICES PERFORMED D9440 OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS \$116.00 D9450 CASE PRESENTATION, SUBSEQUENT TO DETAILED AND EXTENSIVE \$99.00 TREATMENT PLANNING D9610 THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION \$149.00 TREATMENT PLANNING SUBSEQUENT TO DETAILED AND EXTENSIVE \$99.00 TREATMENT OF DESENSITIZING MEDICAMENT \$65.00 D9910 APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT \$68.00 SURFACE, PER TOOTH D9920 LEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, \$53	D9215	LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIVE OR SURGICAL	\$65.00	
ANESTHESIA D9222 DEEP SEDATION/GENERAL ANESTHESIA – FIRST 15 MINUTES \$185.00 D9230 DEEP SEDATION/GENERAL ANESTHESIA – FIRST 15 MINUTES \$185.00 MINUTE INCREMENT D9230 IMPALATION OF NITROUS OXIDE/ANALGESIA, ANXIOLYSIS \$100.00 D939 INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA- FIRST \$125.00 15 MINUTES D9243 INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA – EACH \$125.00 SUBSEQUENT 15 MINUTE INCREMENT D9248 NON-INTRAVENOUS CONSCIOUS SEDATION D9310 CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN D9311 CONSULTATION WITH A MEDICAL HEALTH CARE PROFESSIONAL \$128.00 D9410 HOUSE/EXTENDED CARE FACILITY CALL \$129.00 D9420 HOSPITAL OR AMBULATORY SURGICAL CENTER CALL \$263.00 D9430 OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED S54.00 HOURS) - NO OTHER SERVICES PERFORMED D9440 OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS) \$116.00 D9450 CASE PRESENTATION, SUBSEQUENT TO DETAILED AND EXTENSIVE \$99.00 TREATMENT PLANNING D9610 THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION \$149.00 D9611 THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, \$198.00 D19612 THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, \$198.00 D9910 APPLICATION OF DESENSITIZING MEDICAMENT \$63.00 D9910 APPLICATION OF DESENSITIZING MEDICAMENT \$63.00 D9910 APPLICATION OF DESENSITIZING MEDICAMENT \$63.00 D9910 TREATMENT OF COMPLICATIONS (POST-SURGICAL) - UNUSUAL \$110.00 CIRCUMSTANCES, BY REPORT D9920 EBHAVIOR MANAGEMENT, BY REPORT \$65.00 D9930 TREATMENT OF COMPLICATIONS (POST-SURGICAL) - UNUSUAL \$110.00 CIRCUMSTANCES, BY REPORT D9931 CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, \$53.00 MAXILLARY D9932 CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, \$53.00		PROCEDURES		
D9222 DEEP SEDATION/GENERAL ANESTHESIA – FIRST 15 MINUTES \$185.00 D9223 DEEP SEDATION/GENERAL ANESTHESIA – EACH SUBSEQUENT 15 \$185.00 MINUTE INCREMENT D9230 INHALATION OF NITROUS OXIDE/ANALGESIA, ANXIOLYSIS \$100.00 D9239 INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA- FIRST 15 \$125.00 15 MINUTE INCREMENT D9241 INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA – EACH \$125.00 SUBSEQUENT 15 MINUTE INCREMENT D9248 NON-INTRAVENOUS CONSCIOUS SEDATION D9310 CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN D9311 CONSULTATION WITH A MEDICAL HEALTH CARE PROFESSIONAL \$128.00 D9410 HOUSE/EXTENDED CARE FACILITY CALL \$129.00 D9420 HOSPITAL OR AMBULATORY SURGICAL CENTER CALL \$263.00 D9430 OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED \$54.00 HOURS) - NO OTHER SERVICES PERFORMED D9440 OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS \$116.00 D9450 CASE PRESENTATION, SUBSEQUENT TO DETAILED AND EXTENSIVE \$99.00 TREATMENT PLANNING D9610 THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION \$149.00 D9612 THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION, \$149.00 D9613 THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATIONS, \$198.00 DIFFERENT MEDICATIONS D6630 DRUGS OR MEDICAMENTS DISPENSED IN THE OFFICE FOR HOME USE \$35.00 D9910 APPLICATION OF DESENSITIZING MEDICAMENT D9911 APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT \$68.00 SURFACE, PER TOOTH D9922 BEHAVIOR MANAGEMENT, BY REPORT \$65.00 D9933 TREATMENT OF COMPLICATIONS (POST-SURGICAL) - UNUSUAL \$110.00 CIRCUMSTANCES, BY REPORT D9934 CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, \$53.00 MAXILLARY D9935 CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, \$53.00 MANDIBULAR	D9219	EVALUATION FOR MODERATE SEDATION, DEEP SEDATION OR GENERAL	\$180.00	
D9223 DEEP SEDATION/GENERAL ANESTHESIA – EACH SUBSEQUENT 15 \$185.00 MINUTE INCREMENT D9230 INHALATION OF NITROUS OXIDE/ANALGESIA, ANXIOLYSIS \$100.00 INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA-FIRST \$125.00 IS MINUTES D9243 INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA – EACH \$125.00 SUBSEQUENT 15 MINUTE INCREMENT D9248 NON-INTRAVENOUS CONSCIOUS SEDATION D9248 NON-INTRAVENOUS CONSCIOUS SEDATION D9310 CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR \$128.00 PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN D9311 CONSULTATION WITH A MEDICAL HEALTH CARE PROFESSIONAL \$128.00 D9410 HOUSE/EXTENDED CARE FACILITY CALL \$129.00 D9420 HOSPITAL OR AMBULATORY SURGICAL CENTER CALL \$263.00 D9430 OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED \$54.00 HOURS) - NO OTHER SERVICES PERFORMED D9440 OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS D9450 CASE PRESENTATION, SUBSEQUENT TO DETAILED AND EXTENSIVE \$99.00 TREATMENT PLANNING D94610 THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION \$149.00 D9610 THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION, \$198.00 DIFFERENT MEDICATIONS D9630 DRUGS OR MEDICAMENTS DISPENSED IN THE OFFICE FOR HOME USE \$35.00 D9910 APPLICATION OF DESENSITIZING MEDICAMENT \$63.00 DPUSO OR MEDICATIONS BEHAVIOR MANAGEMENT, BY REPORT D9920 BEHAVIOR MANAGEMENT, BY REPORT D9921 TREATMENT OF COMPLICATIONS (POST-SURGICAL) - UNUSUAL \$110.00 CIRCUMSTANCES, BY REPORT D9922 CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, \$53.00 MAXILLARY D9933 CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, \$53.00 MAXILLARY		ANESTHESIA		
MINUTE INCREMENT D9230 INHALATION OF NITROUS OXIDE/ANALGESIA, ANXIOLYSIS D9239 INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA- FIRST 15 MINUTES D9243 INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA – EACH \$125.00 SUBSEQUENT 15 MINUTE INCREMENT D9248 NON-INTRAVENOUS CONSCIOUS SEDATION D9310 CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR \$128.00 PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN D9311 CONSULTATION WITH A MEDICAL HEALTH CARE PROFESSIONAL \$128.00 PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN D9410 HOUSE/EXTENDED CARE FACILITY CALL \$129.00 PHYSICIAN STANDARD STA	D9222	DEEP SEDATION/GENERAL ANESTHESIA – FIRST 15 MINUTES	\$185.00	
D9230 INHALATION OF NITROUS OXIDE/ANALGESIA, ANXIOLYSIS \$100.00 D9239 INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA- FIRST \$125.00 15 MINUTES D9243 INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH \$125.00 SUBSEQUENT 15 MINUTE INCREMENT D9248 NON-INTRAVENOUS CONSCIOUS SEDATION D9310 CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR \$128.00 PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN D9311 CONSULTATION WITH A MEDICAL HEALTH CARE PROFESSIONAL \$128.00 D9410 HOUSE/EXTENDED CARE FACILITY CALL \$129.00 D9410 HOSPITAL OR AMBULATORY SURGICAL CENTER CALL \$263.00 D9430 OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED \$54.00 HOURS) - NO OTHER SERVICES PERFORMED D9440 OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS D9450 CASE PRESENTATION, SUBSEQUENT TO DETAILED AND EXTENSIVE \$99.00 TREATMENT PLANNING D9610 THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION \$149.00 D9611 THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, \$198.00 D1FFERENT MEDICATIONS D9630 DRUGS OR MEDICAMENTS DISPENSED IN THE OFFICE FOR HOME USE \$35.00 D9910 APPLICATION OF DESENSITIZING MEDICAMENT \$63.00 D9911 APPLICATION OF DESENSITIZING MEDICAMENT \$63.00 D9910 APPLICATION OF DESENSITIZING MEDICAMENT \$65.00 D9910 TREATMENT OF OSCINITIZING RESIN FOR CERVICAL AND/OR ROOT \$668.00 SURFACE, PER TOOTH \$65.00 D9920 BEHAVIOR MANAGEMENT, BY REPORT \$65.00 D9931 CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, \$53.00 MAXILLARY D9932 CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, \$53.00 MAXILLARY	D9223	DEEP SEDATION/GENERAL ANESTHESIA – EACH SUBSEQUENT 15	\$185.00	
D9239 INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA- FIRST 15 MINUTES D9243 INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA – EACH \$125.00 SUBSEQUENT 15 MINUTE INCREMENT D9248 NON-INTRAVENOUS CONSCIOUS SEDATION \$211.00 D9310 CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN DESCRIPTION WITH A MEDICAL HEALTH CARE PROFESSIONAL \$128.00 D9410 HOUSE/EXTENDED CARE FACILITY CALL \$129.00 D9420 HOSPITAL OR AMBULATORY SURGICAL CENTER CALL \$263.00 D9430 OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED \$54.00 HOURS) - NO OTHER SERVICES PERFORMED D9440 OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS \$116.00 D9450 CASE PRESENTATION, SUBSEQUENT TO DETAILED AND EXTENSIVE \$99.00 TREATMENT PLANNING D9610 THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION \$149.00 D9612 THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION \$149.00 D9612 THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, \$198.00 DIFFERENT MEDICATIONS D9630 DRUGS OR MEDICAMENTS DISPENSED IN THE OFFICE FOR HOME USE \$35.00 D9910 APPLICATION OF DESENSITIZING MEDICAMENT D9911 APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT \$68.00 SURFACE, PER TOOTH D9920 BEHAVIOR MANAGEMENT, BY REPORT \$65.00 D9931 TREATMENT OF COMPLICATIONS (POST-SURGICAL) - UNUSUAL \$110.00 CIRCUMSTANCES, BY REPORT \$65.00 D9932 CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, \$53.00 MAXILLARY D9934 CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, \$53.00 MANDIBULAR				
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D9930 TREATMENT OF COMPLICATIONS (POST-SURGICAL) - UNUSUAL CIRCUMSTANCES, BY REPORT D9932 CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, MAXILLARY D9933 CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, MANDIBULAR D9934 CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, \$53.00	D9920	·	\$65.00	
CIRCUMSTANCES, BY REPORT D9932 CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, MAXILLARY D9933 CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, MANDIBULAR D9934 CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, \$53.00				
D9932 CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, MAXILLARY D9933 CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, MANDIBULAR D9934 CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, \$53.00		·	Ţ.10.00	
MAXILLARY D9933 CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, \$53.00 MANDIBULAR D9934 CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, \$53.00	D9932	·	\$53.00	
D9933 CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, MANDIBULAR D9934 CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, \$53.00		·	, , , , , ,	
MANDIBULAR D9934 CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, \$53.00	D9933		\$53.00	
D9934 CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, \$53.00		·		
MAXILLARY	D9934	CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE,	\$53.00	
		MAXILLARY		<u> </u>

CDT	PROCEDURE	NYS WC	PAR
CODE		FEE	Required
D9935	CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE,	\$53.00	
	MANDIBULAR		
D9942	REPAIR AND/OR RELINE OF OCCLUSAL GUARD	\$193.00	
D9943	OCCLUSAL GUARD ADJUSTMENT	\$150.00	
D9944	OCCLUSAL GUARD – HARD APPLIANCE, FULL ARCH	\$650.00	
D9945	OCCLUSAL GUARD – SOFT APPLIANCE, FULL ARCH	\$650.00	
D9946	OCCLUSAL GUARD – HARD APPLIANCE, PARTIAL ARCH	\$650.00	
D9950	OCCLUSION ANALYSIS - MOUNTED CASE	\$276.00	
D9951	OCCLUSAL ADJUSTMENT - LIMITED	\$147.00	
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	\$556.00	
D9971	ODONTOPLASTY - PER TOOTH	\$196.00	
D9972	EXTERNAL BLEACHING - PER ARCH - PERFORMED IN OFFICE	\$315.00	
D9973	EXTERNAL BLEACHING - PER TOOTH	\$198.00	
D9974	INTERNAL BLEACHING - PER TOOTH	\$242.00	
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT	BR	Yes