	New Codes				
CDT CODE	PROCEDURE	Proposed NYS WC Fee	Proposed PAR		
D0171	RE-EVALUATION – POST-OPERATIVE OFFICE VISIT	\$53.00	Required		
D0171 D0190	SCREENING OF A PATIENT	\$61.00			
D0190 D0191	ASSESSMENT OF A PATIENT	\$79.00			
D0191 D0251	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE	\$79.00			
	CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED				
D0364	FIELD OF VIEW – LESS THAN ONE WHOLE JAW	\$285.00			
D0365	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH – MANDIBLE	\$295.00			
D0366	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH – MAXILLA, WITH OR WITHOUT CRANIUM	\$295.00			
D0367	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS; WITH OR WITHOUT CRANIUM	\$424.00			
D0368	CONE BEAM CT CAPTURE AND INTERPRETATION FOR TMJ SERIES INCLUDING TWO OR MORE EXPOSURES	\$425.00			
D0380	CONE BEAM CT IMAGE CAPTURE WITH LIMITED FIELD OF VIEW – LESS THAN ONE WHOLE JAW	\$400.00			
D0381	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH – MANDIBLE	\$400.00			
D0382	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH – MAXILLA, WITH OR WITHOUT CRANIUM	\$400.00			
D0383	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF BOTH JAWS; WITH OR WITHOUT CRANIUM	\$400.00			
D0384	CONE BEAM CT IMAGE CAPTURE FOR TMJ SERIES INCLUDING TWO OR MORE EXPOSURES	\$400.00			
D0391	INTERPRETATION OF DIAGNOSTIC IMAGE BY A PRACTITIONER NOT ASSOCIATED WITH CAPTURE OF THE IMAGE, INCLUDING REPORT	\$105.00			
D0393	VIRTUAL TREATMENT SIMULATION USING 3D IMAGE VOLUME OR SURFACE SCAN	\$210.00			
D1516	SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY	\$483.00			
D1517	SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR	\$483.00			
D1526	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			
D1557	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER - MAXILLARY	\$95.00			
D1558	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER - MANDIBULAR	\$95.00			
D2510	INLAY - METALLIC - ONE SURFACE	\$1,050.00	Yes		
D2520	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		

CDT CODE	PROCEDURE	Proposed NYS WC Fee	Proposed PAR Required	
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	. ,	Yes	
D2753	CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM	\$1,365.00		
52.00	ALLOYS	\$ 1,000.00	Yes	
D2928	PREFABRICATED PORCELAIN/CERAMIC CROWN – PERMANENT	\$400.00		
D2929	PREFABRICATED PORCELAIN/CERAMIC CROWN – PRIMARY	\$346.00		
D2949	RESTORATIVE FOUNDATION FOR AN INDIRECT RESTORATION	\$177.00		
D2971	ADDITIONAL PROCEDURES TO CUSTOMIZE A CROWN TO FIT	\$126.00		
-	UNDER AN EXISTING PARTIAL DENTURE FRAMEWORK	• • • • •		
D2981	INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	\$270.00		
D2982	ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL	\$289.00		
D2983	VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL	\$261.00		
D2990	RESIN INFILTRATION OF INCIPIENT SMOOTH SURFACE LESIONS	\$149.00		
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELOPMENT	\$259.00		
D3355	PULPAL REGENERATION - INITIAL VISIT	\$477.00		
D3356	PULPAL REGENERATION - INTERIM MEDICATION REPLACEMENT	\$262.00		
D3357	PULPAL REGENERATION - COMPLETION OF TREATMENT	\$489.00		
D3428	BONE GRAFT IN CONJUNCTION WITH PERIRADICULAR SURGERY – PER TOOTH, SINGLE SITE	\$525.00		
D3429	BONE GRAFT IN CONJUNCTION WITH PERIRADICULAR SURGERY – EACH ADDITIONAL CONTIGUOUS TOOTH IN THE SAME SURGICAL SITE	\$263.00		
D3431	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION IN CONJUNCTION WITH PERIRADICULAR SURGERY	\$315.00		
D3432	GUIDED TISSUE REGENERATION, RESORBABLE BARRIER, PER SITE, IN CONJUNCTION WITH PERIRADICULAR SURGERY	\$315.00		
D4212	GINGIVECTOMY OR GINGIVOPLASTY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE, PER TOOTH	\$231.00		
D4277	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT	\$1,225.00	Yes	

	New Codes				
CDT CODE	PROCEDURE	Proposed NYS WC Fee	Proposed PAR Required		
D4278	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE	\$835.00	Required		
D4283	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) – EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE	\$899.00			
D4285	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT SURGICAL SITE AND DONOR MATERIAL) – EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE	\$1,001.00	Yes		
D4921	GINGIVAL IRRIGATION WITH A MEDICINAL AGENT – PER QUADRANT	\$53.00			
D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$1,850.00	Yes		
D5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$1,850.00	Yes		
D5223	IMMEDIATE MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$2,000.00	Yes		
D5224	IMMEDIATE MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$2,000.00	Yes		
D5227	IMMEDIATE MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	\$1,575.00	Yes		
D5228	IMMEDIATE MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	\$1,575.00	Yes		
D5282	REMOVABLE UNILATERAL PARTIAL DENTURE – ONE PIECE CAST METAL (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH), MAXILLARY	\$1,943.00	Yes		
D5283	REMOVABLE UNILATERAL PARTIAL DENTURE – ONE PIECE CAST METAL (INCLUDING RENTENTIVE/CLASPING MATERIAS, RESTS, AND TEETH), MANDIBULAR	\$1,943.00	Yes		
D5284	REMOVABLE UNILATERAL PARTIAL DENTURE – ONE PIECE FLEXIBLE BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH) – PER QUADRANT	\$1,850.00	Yes		
D5286	REMOVABLE UNILATERAL PARTIAL DENTURE – ONE PIECE RESIN (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH) – PER QUADRANT	\$1,750.00	Yes		
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	\$210.00			
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	\$210.00			
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	\$210.00			
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	\$210.00			
D5621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	\$210.00			
D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	\$210.00			
D5725	REBASE HYBRID PROSTHESIS	\$578.00			
D5863		\$1,575.00	Yes		
D5864		\$1,260.00	Yes		
D5865	OVERDENTURE – COMPLETE MANDIBULAR	\$1,575.00	Yes		

CDT	PROCEDURE	Proposed	Proposed
CODE		NYS WC Fee	PAR
DESC		¢1 260 00	Required Yes
D5866 D5922	OVERDENTURE – PARTIAL MANDIBULAR NASAL SEPTAL PROSTHESIS	\$1,260.00	Yes
D5922 D5926	NASAL SEPTAL PROSTIESIS NASAL PROSTHESIS, REPLACEMENT	\$6,500.00 \$5,000.00	Yes
D5920 D5927	AURICULAR PROSTHESIS, REPLACEMENT	\$5,000.00	Yes
D5927 D5928	ORBITAL PROSTHESIS, REPLACEMENT	\$5,000.00	Yes
D5928 D5931	OBTURATOR PROSTHESIS, REPLACEMENT	\$5,500.00	Yes
D5931 D5932	OBTURATOR PROSTHESIS, SURGICAL	\$5,500.00	Yes
D5932 D5933	OBTURATOR PROSTHESIS, DEFINITIVE OBTURATOR PROSTHESIS, MODIFICATION	\$950.00	res
D5933 D5934	MANDIBULAR RESECTION PROSTHESIS WITH GUIDE FLANGE	\$950.00	Yes
D5934 D5935	MANDIBULAR RESECTION PROSTHESIS WITH GOIDE PLANGE		
		\$7,000.00	Yes
D5936	OBTURATOR PROSTHESIS, INTERIM	\$2,500.00	Yes
D5954	PALATAL AUGMENTATION PROSTHESIS	\$6,000.00	Yes
D5993	MAINTENANCE AND CLEANING OF A MAXILLOFACIAL	\$200.00	
	PROSTHESIS (EXTRA- OR INTRA-ORAL) OTHER THAN REQUIRED		
D 0044	ADJUSTMENTS, BY REPORT	* ****	
D6011	SURGICAL ACCESS TO AN IMPLANT BODY (SECOND STAGE	\$300.00	
D0040	IMPLANT SURGERY)	¢0.45.00	
D6013	SURGICAL PLACEMENT OF MINI IMPLANT	\$945.00	
D6051	PLACEMENT OF INTERIM IMPLANT ABUTMENT	\$315.00	
D6081	SCALING AND DEBRIDEMENT OF A SINGLE IMPLANT IN THE	\$200.00	
	PRESENCE OF MUCOSITIS, INCLUDING INFLAMMATION,		
	BLEEDING UPON PROBING AND INCREASED POCKET DEPTHS;		
	INCLUDES CLEANING OF THE IMPLANT SURFACES, WITHOUT		
D6082	IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO	\$2,126.00	
D0002	PREDOMINANTLY BASE ALLOYS	φ2,120.00	Yes
D6083	IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO NOBLE	\$2,336.00	
00000	ALLOYS	φ2,000.00	Yes
D6084	IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO	\$2,336.00	
	TITANIUM AND TITANIUM ALLOYS	<i> </i>	Yes
D6085	INTERIM IMPLANT CROWN	\$473.00	
D6086	IMPLANT SUPPORTED CROWN - PREDOMINANTLY BASE ALLOYS	\$2,126.00	Yes
D6087	IMPLANT SUPPORTED CROWN - NOBLE ALLOYS	\$2,336.00	Yes
D6087	IMPLANT SUPPORTED CROWN - NOBLE ALLOTS	\$2,336.00	res
D0000	ALLOYS	φ2,330.00	Yes
D6094	ABUTMENT SUPPORTED CROWN - TITANIUM AND TITANIUM	\$1,200.00	
D0034	ALLOYS	ψ1,200.00	Yes
D6095	REPAIR IMPLANT ABUTMENT, BY REPORT	\$750.00	
D6096	REMOVE BROKEN IMPLANT RETAINING SCREW	\$400.00	
D6097	ABUTMENT SUPPORTED CROWN - PORCELAIN FUSED TO	\$1,365.00	
00001	TITANIUM AND TITANIUM ALLOYS	¢1,000.00	Yes
D6098	IMPLANT SUPPORTED RETAINER - PORCELAIN FUSED TO	\$2,126.00	
20000	PREDOMINANTLY BASE ALLOYS	÷=, ·=0.00	Yes
D6099	IMPLANT SUPPORTED RETAINER FOR FPD - PORCELAIN FUSED	\$2,336.00	
	TO NOBLE ALLOYS	, ,	Yes
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		

CDT	PROCEDURE		Proposed
CODE	PROCEDURE	Proposed	Proposed
CODL		NYS WC Fee	Required
D6102	DEBRIDEMENT AND OSSEOUS CONTOURING OF A PERI-	\$473.00	Required
20102	IMPLANT DEFECT OR DEFECTS SURROUNDING A SINGLE	¢ 11 0.00	
	IMPLANT AND INCLUDES SURFACE CLEANING OF THE EXPOSED		
	IMPLANT SURFACES, INCLUDING FLAP ENTRY AND CLOSURE		
D6103	BONE GRAFT FOR REPAIR OF PERI-IMPLANT DEFECT – DOES	\$525.00	
00105	NOT INCLUDE FLAP ENTRY AND CLOSURE	ψ020.00	
D6104	BONE GRAFT AT TIME OF IMPLANT PLACEMENT	\$525.00	
D6110	IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR	\$2,100.00	
Donio	EDENTULOUS ARCH – MAXILLARY	<i>\\\</i> 2,100.00	Yes
D6111	IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR	\$2,100.00	
	EDENTULOUS ARCH – MANDIBULAR	<i> </i>	Yes
D6112	IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR	\$2,100.00	
	PARTIALLY EDENTULOUS ARCH – MAXILLARY	. ,	Yes
D6113	IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR	\$4,000.00	Vee
	PARTIALLY EDENTULOUS ARCH – MANDIBULAR		Yes
D6114	IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR	\$12,000.00	Yes
	EDENTULOUS ARCH – MAXILLARY		165
D6115	IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR	\$12,000.00	Yes
	EDENTULOUS ARCH – MANDIBULAR		105
D6116	IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR	\$8,500.00	Yes
	PARTIALLY EDENTULOUS ARCH – MAXILLARY		
D6117	IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR	\$8,500.00	Yes
D 0110	PARTIALLY EDENTULOUS ARCH – MANDIBULAR	* 0.400.00	
D6118	IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR	\$2,100.00	Yes
D6119	EDENTULOUS ARCH – MANDIBULAR IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR	\$2,100.00	
Dolla	EDENTULOUS ARCH – MAXILLARY	φ2,100.00	Yes
D6120	IMPLANT SUPPORTED RETAINER – PORCELAIN FUSED TO	\$2,336.00	
00120	TITANIUM AND TITANIUM ALLOYS	φ2,330.00	Yes
D6121	IMPLANT SUPPORTED RETAINER FOR METAL FPD –	\$2,126.00	
DUIZI	PREDOMINANTLY BASE ALLOYS	φ2,120.00	Yes
D6122	IMPLANT SUPPORTED RETAINER FOR METAL FPD – NOBLE	\$2,336.00	
20122	ALLOYS	¢2,000.00	Yes
D6123	IMPLANT SUPPORTED RETAINER FOR METAL FPD – TITANIUM	\$2,336.00	
	AND TITANIUM ALLOYS	· ,	Yes
D6191	SEMI-PRECISION ABUTMENT – PLACEMENT	\$550.00	
D6192	SEMI-PRECISION ATTACHMENT – PLACEMENT	\$550.00	
D6194	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD –	\$1,050.00	Vee
	TITANIUM AND TITANIUM ALLOYS		Yes
D6195	ABUTMENT SUPPORTED RETAINER - PORCELAIN FUSED TO	\$1,050.00	Yes
	TITANIUM AND TITANIUM ALLOYS		
D6205	PONTIC - INDIRECT RESIN BASED COMPOSITE	\$1,050.00	Yes
D6243	PONTIC - PORCELAIN FUSED TO TITANIUM AND TITANIUM	\$1,365.00	Yes
	ALLOYS		103
D6548	RETAINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXED	\$840.00	
	PROSTHESIS	<u> </u>	
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	\$1,024.00	Yes
	SURFACES		103
D6602	RETAINER INLAY - CAST HIGH NOBLE METAL, TWO SURFACES	\$788.00	

CDT	PROCEDURE		Droposed
CDT CODE	PROCEDURE	Proposed NYS WC Fee	Proposed PAR
			Required
D6603	RETAINER INLAY - CAST HIGH NOBLE METAL, THREE OR MORE	\$1,050.00	•
	SURFACES	. ,	Yes
D6604	RETAINER INLAY - CAST PREDOMINANTLY BASE METAL, TWO	\$1,050.00	Yes
	SURFACES		res
D6605	RETAINER INLAY - CAST PREDOMINANTLY BASE METAL, THREE	\$1,050.00	Yes
	OR MORE SURFACES		res
D6606	RETAINER INLAY - CAST NOBLE METAL, TWO SURFACES	\$735.00	
D6607	RETAINER INLAY - CAST NOBLE METAL, THREE OR MORE	\$840.00	
	SURFACES		
D6608	RETAINER ONLAY - PORCELAIN/CERAMIC, TWO SURFACES	\$1,050.00	Yes
D6609	RETAINER ONLAY - PORCELAIN/CERAMIC, THREE OR MORE	\$1,050.00	Yes
	SURFACES		
D6610	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		165
D6612	RETAINER ONLAY - CAST PREDOMINANTLY BASE METAL, TWO	\$1,050.00	Yes
	SURFACES		103
D6613	RETAINER ONLAY - CAST PREDOMINANTLY BASE METAL, THREE	\$1,050.00	Yes
	OR MORE SURFACES		
D6614	RETAINER ONLAY - CAST NOBLE METAL, TWO SURFACES	\$1,050.00	Yes
D6615	RETAINER ONLAY - CAST NOBLE METAL, THREE OR MORE	\$1,050.00	Yes
	SURFACES		
D6624	RETAINER INLAY - TITANIUM	\$1,050.00	Yes
D6634	RETAINER ONLAY - TITANIUM	\$1,050.00	Yes
D6753	RETAINER CROWN - PORCELAIN FUSED TO TITANIUM AND	\$1,300.00	Yes
	TITANIUM ALLOYS		
D6784	RETAINER CROWN ³ / ₄ - TITANIUM AND TITANIUM ALLOYS	\$1,050.00	Yes
D7251	CORONECTOMY – INTENTIONAL PARTIAL TOOTH REMOVAL,	\$525.00	
	IMPACTED TEETH ONLY		
D7280	EXPOSURE OF AN UNERUPTED TOOTH	\$675.00	
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID	\$375.00	
	ERUPTION		
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF	\$425.00	
	IMPACTED TOOTH		
D7287	EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION	\$200.00	
D7295	HARVEST OF BONE FOR USE IN AUTOGENOUS GRAFTING	\$1,050.00	Yes
	PROCEDURE		
D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE	\$1,050.00	Yes
D7921	COLLECTION AND APPLICATION OF AUTOLOGOUS BLOOD	\$525.00	
	CONCENTRATE PRODUCT		
D7951	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES VIA	\$2,100.00	Yes
	A LATERAL OPEN APPROACH		
D7952	SINUS AUGMENTATION VIA A VERTICAL APPROACH	\$1,260.00	Yes
D7953	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER	\$560.00	
	SITE		
D8010	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY	\$3,300.00	Yes
	DENTITION		103
D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL	\$2,616.00	Yes
	DENTITION		100
D8030	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT	\$3,157.00	Yes
	DENTITION		
D8040	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION	\$3,900.00	Yes

CDT	PROCEDURE		Proposed
CODE		Proposed	PAR
CODE		NYS WC Fee	Required
D8220	FIXED APPLIANCE THERAPY	\$394.00	
D8681	REMOVABLE ORTHODONTIC RETAINER ADJUSTMENT	\$117.00	
D8695	REMOVAL OF FIXED ORTHODONTIC APPLIANCES FOR REASONS	\$600.00	
	OTHER THAN COMPLETION OF TREATMENT		
D8696	REPAIR OF ORTHODONTIC APPLIANCE – MAXILLARY	\$300.00	
D8697	REPAIR OF ORTHODONTIC APPLIANCE – MANDIBULAR	\$300.00	
D8698	RE-CEMENT OR RE-BOND FIXED RETAINER – MAXILLARY	\$200.00	
D8699	RE-CEMENT OR RE-BOND FIXED RETAINER – MANDIBULAR	\$200.00	
D8701	REPAIR OF FIXED RETAINER, INCLUDES REATTACHMENT –	\$300.00	
	MAXILLARY		
D8702	REPAIR OF FIXED RETAINER, INCLUDES REATTACHMENT –	\$300.00	
	MANDIBULAR		
D8703	REPLACEMENT OF LOST OR BROKEN RETAINER – MAXILLARY	\$450.00	
D8704	REPLACEMENT OF LOST OR BROKEN RETAINER – MANDIBULAR	\$450.00	
D9211	REGIONAL BLOCK ANESTHESIA	\$105.00	
D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA	\$263.00	
D9215	LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIVE OR	\$65.00	
	SURGICAL PROCEDURES		
D9219	EVALUATION FOR MODERATE SEDATION, DEEP SEDATION OR	\$180.00	
	GENERAL ANESTHESIA		
D9222	DEEP SEDATION/GENERAL ANESTHESIA – FIRST 15 MINUTES	\$185.00	
D9223	DEEP SEDATION/GENERAL ANESTHESIA – EACH SUBSEQUENT	\$185.00	
	15 MINUTE INCREMENT		
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA	\$125.00	
D 0040	FIRST 15 MINUTES	\$105.00	
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA	\$125.00	
	– EACH SUBSEQUENT 15 MINUTE INCREMENT		
D9311	CONSULTATION WITH A MEDICAL HEALTH CARE PROFESSIONAL	\$128.00	
D9932	CLEANING AND INSPECTION OF REMOVABLE COMPLETE	\$53.00	
	DENTURE, MAXILLARY		
D9933	CLEANING AND INSPECTION OF REMOVABLE COMPLETE	\$53.00	
	DENTURE, MANDIBULAR		
D9934	CLEANING AND INSPECTION OF REMOVABLE PARTIAL	\$53.00	
	DENTURE, MAXILLARY		
D9935	CLEANING AND INSPECTION OF REMOVABLE PARTIAL	\$53.00	
Dec / C	DENTURE, MANDIBULAR	• • • • • • • • • • • • • • • • • •	
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	
D9972	EXTERNAL BLEACHING - PER ARCH - PERFORMED IN OFFICE	\$315.00	