| CDT            | PROCEDURE  | NYS WC   | Proposed | Proposed |
|----------------|--|----------|----------|----------|
| CODE           | PROCEDURE  | FEE      | NYS WC   | PAR      |
| CODE           |  | 1.22     | Fee      | Required |
| D0120          | PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT   | \$34.25  | \$68.00  | Required |
| D0140          | LIMITED ORAL EVALUATION - PROBLEM FOCUSED  | \$62.50  | \$97.00  |          |
| D0150          | COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED                                       | \$105.00 | \$116.00 |          |
|                | PATIENT  | ·        | ·        |          |
| D0160          | DETAILED AND EXTENSIVE ORAL EVALUATION – PROBLEM FOCUSED, BY REPORT                      | \$96.67  | \$172.00 |          |
| D0170          | RE-EVALUATION - LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT POST-OPERATIVE VISIT) | \$50.00  | \$89.00  |          |
| D0210          | INTRAORAL – COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES                                  | \$112.00 | \$168.00 |          |
| D0220          | INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE  | \$20.13  | \$37.00  |          |
| D0230          | INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE                                | \$17.50  | \$29.00  |          |
| D0240          | INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE  | \$29.50  | \$33.00  |          |
| D0250          | EXTRA-ORAL – 2D PROJECTION RADIOGRAPHIC IMAGE  | \$35.00  | \$39.00  |          |
| D0200          | CREATED USING A STATIONARY RADIATION SOURCE, AND DETECTOR                                | ψοσ.σσ   | ψ00.00   |          |
| D0270          | BITEWING - SINGLE RADIOGRAPHIC IMAGE   | \$19.88  | \$26.00  |          |
| D0272          | BITEWINGS - TWO RADIOGRAPHIC IMAGES  | \$32.50  | \$53.00  |          |
| D0273          | BITEWINGS - THREE RADIOGRAPHIC IMAGES  | \$39.00  | \$69.00  |          |
| D0274          | BITEWINGS - FOUR RADIOGRAPHIC IMAGES   | \$50.13  | \$79.00  |          |
| D0274          | VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES  | \$63.00  | \$124.00 |          |
| D0277          | SIALOGRAPHY  | \$220.00 | \$236.00 |          |
|                |  |          | ·        |          |
| D0320          | TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCLUDING INJECTION                                  | \$375.00 | \$414.00 |          |
| D0321          | OTHER TEMPOROMANDIBULAR JOINT RADIOGRAPHIC IMAGES, BY REPORT                             | \$150.00 | \$168.00 |          |
| D0322          | TOMOGRAPHIC SURVEY   | \$162.00 | \$173.00 |          |
| D0330          | PANORAMIC RADIOGRAPHIC IMAGE   | \$90.00  | \$126.00 |          |
| D0340          | 2D CEPHALOMETRIC RADIOGRAPHIC IMAGE – ACQUISITION, MEASUREMENT AND ANALYSIS              | \$156.67 | \$179.00 |          |
| D0350          | 2D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-<br>ORALLY OR EXTRA-ORALLY              | \$48.33  | \$63.00  |          |
| D0460          | PULP VITALITY TESTS  | \$43.50  | \$53.00  |          |
| D0470          | DIAGNOSTIC CASTS   | \$83.75  |          |          |
| D1110          | PROPHYLAXIS - ADULT  | \$80.88  | \$81.00  |          |
| D1510          | SPACE MAINTAINER - FIXED, UNILATERAL - PER QUADRANT                                      | \$216.00 | \$368.00 |          |
| D1520          | SPACE MAINTAINER - REMOVABLE, UNILATERAL - PER<br>QUADRANT                               | \$310.00 | \$331.00 |          |
| D2140          | AMALGAM - ONE SURFACE, PRIMARY OR PERMANENT  | \$105.25 | \$160.00 |          |
| D2150          | AMALGAM - TWO SURFACES, PRIMARY OR PERMANENT   | \$136.00 | \$205.00 |          |
| D2160          | AMALGAM - THREE SURFACES, PRIMARY OR PERMANENT   | \$163.50 | \$253.00 |          |
| D2161          | AMALGAM - FOUR OR MORE SURFACES, PRIMARY OR PERMANENT                                    | \$194.75 | \$297.00 |          |
| D2330          | RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR  | \$110.50 | \$200.00 |          |
| D2331          | RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR   | \$149.88 | \$229.00 |          |
| D2332          | RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR   | \$184.25 | \$295.00 |          |
| D2335          | RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES (ANTERIOR)                                 | \$225.25 | \$350.00 |          |
| D2390          | RESIN-BASED COMPOSITE CROWN, ANTERIOR  | \$228.75 | \$402.00 |          |
| D2390<br>D2391 | RESIN-BASED COMPOSITE CROWN, ANTERIOR  RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR    | \$121.75 | \$210.00 |          |
| D2391<br>D2392 | ·  | \$174.50 | \$250.00 |          |
|                | RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR  |          |          |          |
| D2393          | RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR  | \$211.75 | \$320.00 |          |
| D2394          | RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES,<br>POSTERIOR                              | \$233.00 | \$385.00 |          |

| CDT   | PROCEDURE   | NYS WC   | Proposed   | Proposed |
|-------|---|----------|------------|----------|
| CODE  | TROOLDORE   | FEE      | NYS WC     | PAR      |
| CODE  |   |          | Fee        | Required |
| D2710 | CROWN - RESIN-BASED COMPOSITE (INDIRECT)                            | \$552.17 | \$1,050.00 | Yes      |
| D2712 | CROWN - 3/4 RESIN-BASED COMPOSITE (INDIRECT)                        | \$787.00 | \$867.00   |          |
| D2720 | CROWN - RESIN WITH HIGH NOBLE METAL                                 | \$760.00 | \$838.00   |          |
| D2721 | CROWN - RESIN WITH PREDOMINANTLY BASE METAL                         | \$760.00 | \$838.00   |          |
| D2722 | CROWN - RESIN WITH NOBLE METAL                                      | \$760.00 | \$838.00   |          |
| D2740 | CROWN - PORCELAIN/CERAMIC   | \$899.25 | \$1,470.00 | Yes      |
| D2750 | CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL                         | \$887.00 | \$1,470.00 | Yes      |
| D2751 | CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE                       | \$823.25 | \$1,155.00 | V        |
|       | METAL   |          | . ,        | Yes      |
| D2752 | CROWN - PORCELAIN FUSED TO NOBLE METAL                              | \$883.75 | \$1,365.00 | Yes      |
| D2780 | CROWN - 3/4 CAST HIGH NOBLE METAL                                   | \$987.50 | \$1,155.00 | Yes      |
| D2781 | CROWN - 3/4 CAST PREDOMINANTLY BASE METAL                           | \$878.33 | \$968.00   |          |
| D2782 | CROWN - 3/4 CAST NOBLE METAL  | \$878.33 | \$1,050.00 | Yes      |
| D2783 | CROWN - 3/4 PORCELAIN/CERAMIC                                       | \$878.33 | \$1,418.00 | Yes      |
| D2790 | CROWN - FULL CAST HIGH NOBLE METAL                                  | \$897.50 | \$1,470.00 | Yes      |
| D2791 | CROWN - FULL CAST PREDOMINANTLY BASE METAL                          | \$745.25 | \$1,155.00 | Yes      |
| D2792 | CROWN - FULL CAST NOBLE METAL                                       | \$843.00 | \$1,365.00 | Yes      |
| D2794 | CROWN - TITANIUM AND TITANIUM ALLOYS                                | \$843.00 | \$1,365.00 | Yes      |
| D2799 | INTERIM CROWN – FURTHER TREATMENT OR COMPLETION OF                  | \$305.00 | \$473.00   |          |
|       | DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION                       |          |            |          |
| D2910 | RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL                | \$82.00  | \$89.00    |          |
|       | COVERAGE RESTORATION  |          |            |          |
| D2915 | RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR                       | \$85.00  | \$93.00    |          |
|       | PREFABRICATED POST AND CORE   |          |            |          |
| D2920 | RE-CEMENT OR RE-BOND CROWN  | \$76.56  | \$129.00   |          |
| D2930 | PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH                 | \$185.00 | \$298.00   |          |
| D2931 | PREFABRICATED STAINLESS STEEL CROWN - PERMANENT TOOTH               | \$215.75 | \$337.00   |          |
| D2932 | PREFABRICATED RESIN CROWN   | \$204.67 | \$378.00   |          |
| D2933 | PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW               | \$228.67 | \$326.00   |          |
| D2934 | PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH | \$228.67 | \$326.00   |          |
| D2940 | PLACEMENT OF INTERIM DIRECT RESTORATION                             | \$87.75  | \$126.00   |          |
| D2950 | CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED                      | \$196.00 | \$342.00   |          |
| D2951 | PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION               | \$54.33  | \$63.00    |          |
| D2952 | POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED           | \$338.00 | \$499.00   |          |
| D2953 | EACH ADDITIONAL INDIRECTLY FABRICATED POST - SAME TOOTH             | \$173.00 | \$184.00   |          |
| D2954 | PREFABRICATED POST AND CORE IN ADDITION TO CROWN                    | \$283.38 | \$417.00   |          |
| D2955 | POST REMOVAL  | \$172.67 | \$184.00   |          |
| D2957 | EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH                     | \$116.70 | \$126.00   |          |
| D2960 | LABIAL VENEER (RESIN LAMINATE) - DIRECT                             | \$396.50 | \$473.00   |          |
| D2961 | LABIAL VENEER (RESIN LAMINATE) - INDIRECT                           | \$806.25 | \$1,050.00 | Yes      |
| D2962 | LABIAL VENEER (PORCELAIN LAMINATE) - INDIRECT                       | \$838.25 | \$1,365.00 | Yes      |
| D2975 | COPING  | \$186.25 | \$210.00   |          |
| D2980 | CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE           | \$186.25 | \$269.00   |          |
| D3110 | PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)                     | \$51.75  | \$100.00   |          |
| D3120 | PULP CAP - INDIRECT (EXCLUDING FINAL RESTORATION)                   | \$52.25  | \$84.00    |          |
| D3220 | THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION)                 | \$132.00 | \$189.00   |          |
|       | - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL                    | ,        | ,          |          |
|       | JUNCTION AND APPLICATION OF MEDICAMENT                              |          |            |          |

| CDT      | PROCEDURE  | NYS WC          | Proposed         | Proposed |
|----------|--|-----------------|------------------|----------|
| CODE     |  | FEE             | NYS WC           | PAR      |
|          |  | 4.50.00         | Fee              | Required |
| D3221    | PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH                            | \$150.00        | \$285.00         |          |
| D3230    | PULPAL THERAPY (RESORBABLE FILLING) - ANTERIOR,                            | \$204.67        | \$256.00         |          |
| 50040    | PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)                                | ****            | <b>***</b>       |          |
| D3240    | PULPAL THERAPY (RESORBABLE FILLING) - POSTERIOR,                           | \$263.67        | \$284.00         |          |
| D2240    | PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)                                | ΦEC 4 7E        | <b>#4.000.00</b> |          |
| D3310    | ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)           | \$564.75        | \$1,063.00       | Yes      |
| D3320    | ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION)           | \$676.00        | \$1,179.00       | Yes      |
| D3330    | ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION)              | \$833.75        | \$1,365.00       | Yes      |
| D3331    | TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL                          | \$369.00        | \$406.00         |          |
| <b>D</b> | ACCESS   | ****            | <b>*</b> 400.00  |          |
| D3332    | INCOMPLETE ENDODONTIC THERAPY; INOPERABLE,                                 | \$296.00        | \$436.00         |          |
| D0000    | UNRESTORABLE OR FRACTURED TOOTH  | <b>\$400.00</b> | <b>*</b> 000 00  |          |
| D3333    | INTERNAL ROOT REPAIR OF PERFORATION DEFECTS                                | \$180.00        | \$263.00         |          |
| D3346    | RETREATMENT OF PREVIOUS ROOT CANAL THERAPY -<br>ANTERIOR                   | \$559.00        | \$913.00         |          |
| D3347    | RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - PREMOLAR                      | \$706.33        | \$1,343.00       | Yes      |
| D3348    | RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - MOLAR                         | \$850.00        | \$1,539.00       | Yes      |
| D3351    | APEXIFICATION/RECALCIFICATION – INITIAL VISIT (APICAL                      | \$208.33        | \$366.00         |          |
|          | CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)            |                 |                  |          |
| D3352    | APEXIFICATION/RECALCIFICATION – INTERIM MEDICATION                         | \$131.67        | \$259.00         |          |
| D3353    | REPLACEMENT APEXIFICATION/RECALCIFICATION - FINAL VISIT (INCLUDES          | \$243.33        | \$557.00         |          |
| D3333    | COMPLETED ROOT CANAL THERAPY - APICAL                                      | φ243.33         | φ357.00          |          |
|          | CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT                              |                 |                  |          |
|          | RESORPTION, ETC.)  |                 |                  |          |
| D3410    | APICOECTOMY - ANTERIOR   | \$517.75        | \$767.00         |          |
| D3421    | APICOECTOMY - PREMOLAR (FIRST ROOT)  | \$510.00        | \$849.00         |          |
| D3425    | APICOECTOMY - MOLAR (FIRST ROOT)   | \$592.00        | \$962.00         |          |
| D3426    | APICOECTOMY (EACH ADDITIONAL ROOT)   | \$192.50        | \$343.00         |          |
| D3430    | RETROGRADE FILLING - PER ROOT  | \$156.33        | \$210.00         |          |
| D3450    | ROOT AMPUTATION - PER ROOT   | \$338.50        |                  |          |
| D3460    | ENDODONTIC ENDOSSEOUS IMPLANT  | \$1,138.52      | \$1,208.00       | Yes      |
| D3470    | INTENTIONAL RE-IMPLANTATION (INCLUDING NECESSARY                           | \$689.00        | \$759.00         | 163      |
|          | SPLINTING)   | ·               | -                |          |
| D3920    | HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROOT CANAL THERAPY | \$403.00        | \$444.00         |          |
| D3950    | CANAL PREPARATION AND FITTING OF PREFORMED DOWEL                           | \$169.00        | \$184.00         |          |
| D4210    | OR POST GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE                       | \$363.67        | \$613.00         |          |
| D4210    | CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER                               | φ303.07         | φ013.00          |          |
|          | QUADRANT   |                 |                  |          |
| D4211    | GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE                               | \$242.60        | \$303.00         |          |
|          | CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER                               | Ψ2 12.00        | Ψ000.00          |          |
|          | QUADRANT   |                 |                  |          |
| D4230    | ANATOMICAL CROWN EXPOSURE – FOUR OR MORE                                   | \$410.40        | \$453.00         |          |
|          | CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER                               | ,               | ÷ : 20.00        |          |
|          | QUADRANT   |                 |                  |          |
| D4231    | ANATOMICAL CROWN EXPOSURE – ONE TO THREE TEETH OR                          | \$396.00        | \$420.00         |          |
|          | TOOTH BOUNDED SPACES PER QUADRANT  |                 |                  |          |

| CDT    | PROCEDURE  | NYS WC           | Proposed         | Proposed |
|--------|--|------------------|------------------|----------|
| CODE   | PROCEDURE  | FEE              | NYS WC           | PAR      |
| CODE   |  | 1.22             | Fee              | Required |
| D4240  | GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING -  | \$695.00         | \$1,050.00       | Required |
| 12.10  | FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED   | Ψ000.00          | Ψ1,000.00        | Yes      |
|        | SPACES PER QUADRANT  |                  |                  |          |
| D4241  | GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING -  | \$495.00         | \$683.00         |          |
|        | ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED   |                  |                  |          |
|        | SPACES PER QUADRANT  |                  |                  |          |
| D4245  | APICALLY POSITIONED FLAP   | \$623.00         | \$654.00         |          |
| D4249  | CLINICAL CROWN LENGTHENING – HARD TISSUE   | \$603.00         | \$761.00         |          |
| D4260  | OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL   | \$786.67         | \$1,464.00       |          |
|        | THICKNESS FLAP AND CLOSURE) – FOUR OR MORE   |                  |                  | Yes      |
|        | CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER   |                  |                  | 163      |
|        | QUADRANT   |                  |                  |          |
| D4261  | OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL   | \$523.00         | \$907.00         |          |
|        | THICKNESS FLAP AND CLOSURE) – ONE TO THREE   |                  |                  |          |
|        | CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER   |                  |                  |          |
| D 4000 | QUADRANT   | <b>#</b> 450.00  | <b>#040.00</b>   |          |
| D4263  | BONE REPLACEMENT GRAFT – RETAINED NATURAL TOOTH –  | \$450.00         | \$613.00         |          |
| D4004  | FIRST SITE IN QUADRANT BONE REPLACEMENT GRAFT – RETAINED NATURAL TOOTH –                         | <b>\$275.00</b>  | £440.00          |          |
| D4264  |  | \$375.00         | \$448.00         |          |
| D4265  | EACH ADDITIONAL SITE IN QUADRANT BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE            | \$350.00         | \$386.00         |          |
| D4200  | REGENERATION, PER SITE   | \$350.00         | \$380.00         |          |
| D4266  | GUIDED TISSUE REGENERATION, NATURAL TEETH –  | \$691.35         | \$750.00         |          |
| D4200  | RESORBABLE BARRIER, PER SITE   | φυσ1.55          | φ130.00          |          |
| D4267  | GUIDED TISSUE REGENERATION, NATURAL TEETH – NON-   | \$520.00         | \$718.00         |          |
| D 1207 | RESORBABLE BARRIER, PER SITE   | Ψ020.00          | ψ7 10.00         |          |
| D4268  | SURGICAL REVISION PROCEDURE, PER TOOTH   | \$630.00         | \$695.00         |          |
| D4270  | PEDICLE SOFT TISSUE GRAFT PROCEDURE  | \$685.00         | \$755.00         |          |
| D4273  | AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE   | \$810.00         | \$1,260.00       |          |
|        | (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) FIRST   | ,                | , ,              | <b>V</b> |
|        | TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN  |                  |                  | Yes      |
|        | GRAFT  |                  |                  |          |
| D4274  | MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN  | \$528.00         | \$578.00         |          |
|        | NOT PERFORMED IN CONJUNCTION WITH SURGICAL   |                  |                  |          |
|        | PROCEDURES IN THE SAME ANATOMICAL AREA)  |                  |                  |          |
| D4275  | NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING  | \$810.00         | \$1,260.00       |          |
|        | RECIPIENT SITE AND DONOR MATERIAL) FIRST TOOTH,  |                  |                  | Yes      |
|        | IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT   |                  |                  |          |
| D4276  | COMBINED CONNECTIVE TISSUE AND PEDICLE GRAFT, PER  | \$912.00         | \$1,005.00       | Yes      |
| D5440  | TOOTH  | <b>#4.405.00</b> | <b>#4 744 00</b> |          |
| D5110  | COMPLETE DENTURE - MAXILLARY   | \$1,185.00       | \$1,744.00       | Yes      |
| D5120  | COMPLETE DENTURE - MANDIBULAR  | \$1,185.00       | \$1,763.00       | Yes      |
| D5130  | IMMEDIATE DENTURE - MAXILLARY  | \$1,430.00       | \$2,410.00       | Yes      |
| D5140  | IMMEDIATE DENTURE - MANDIBULAR   | \$1,430.00       | \$2,432.00       | Yes      |
| D5211  | MAXILLARY PARTIAL DENTURE – RESIN BASE (INCLUDING,   | \$937.00         | \$1,575.00       | Yes      |
| D5212  | RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)  | ¢044.25          | \$1,575.00       |          |
| D3212  | MANDIBULAR PARTIAL DENTURE – RESIN BASE (INCLUDING,  | \$941.25         | φ1,575.00        | Yes      |
| D5213  | RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH) MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK | \$1,353.75       | \$1,943.00       |          |
| D32 13 | WITH RESIN DENTURE BASES (INCLUDING  | φ1,333.73        | φ1,943.00        | Yes      |
|        | RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)   |                  |                  | 163      |
| D5214  | MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK  | \$1,362.50       | \$1,943.00       |          |
| 50217  | WITH RESIN DENTURE BASES (INCLUDING  | ψ1,002.00        | Ψ1,5-5.00        | Yes      |
|        | RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)   |                  |                  | . 55     |
| D5225  | MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING   | \$1,183.00       | \$1,700.00       |          |
|        | RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)  | + 1,123.33       | ÷ 1,1 00.00      | Yes      |
| L      |  | 1                |                  |          |

| CDT   | PROCEDURE  | NYS WC     | Proposed   | Proposed |
|-------|--|------------|------------|----------|
| CODE  |  | FEE        | NYS WC     | PAR      |
|       |  |            | Fee        | Required |
| D5226 | MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING  | \$1,183.00 | \$1,700.00 |          |
|       | RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)  |            |            | Yes      |
| D5410 | ADJUST COMPLETE DENTURE - MAXILLARY  | \$62.50    | \$74.00    |          |
| D5411 | ADJUST COMPLETE DENTURE - MANDIBULAR   | \$67.50    | \$79.00    |          |
| D5421 | ADJUST PARTIAL DENTURE - MAXILLARY   | \$62.50    | \$74.00    |          |
| D5422 | ADJUST PARTIAL DENTURE - MANDIBULAR  | \$62.50    | \$74.00    |          |
| D5520 | REPLACE MISSING OR BROKEN TEETH – COMPLETE DENTURE – PER TOOTH                                 | \$121.50   | \$210.00   |          |
| D5630 | REPAIR OR REPLACE BROKEN RETENTIVE CLASPING MATERIALS – PER TOOTH                              | \$181.25   | \$210.00   |          |
| D5640 | REPLACE MISSING OR BROKEN TEETH – PARTIAL DENTURE – PER TOOTH                                  | \$127.50   | \$210.00   |          |
| D5650 | ADD TOOTH TO EXISTING PARTIAL DENTURE – PER TOOTH  | \$153.75   | \$236.00   |          |
| D5660 | ADD CLASP TO EXISTING PARTIAL DENTURE - PER TOOTH  | \$180.13   | \$272.00   |          |
| D5670 | REPLACE ALL TEETH AND ACRYLIC ON CAST METAL  | \$374.00   | \$413.00   |          |
| D3070 | FRAMEWORK (MAXILLARY)  | ψ57 4.00   | ψ+13.00    |          |
| D5671 | REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MANDIBULAR)                             | \$391.33   | \$452.00   |          |
| D5710 | REBASE COMPLETE MAXILLARY DENTURE  | \$398.75   | \$630.00   |          |
| D5710 | REBASE COMPLETE MANDIBULAR DENTURE   | \$398.00   | \$630.00   |          |
| D5720 | REBASE MAXILLARY PARTIAL DENTURE   | \$361.75   | \$578.00   |          |
| D5721 | REBASE MANDIBULAR PARTIAL DENTURE  | \$351.25   | \$578.00   |          |
| D5721 | RELINE COMPLETE MAXILLARY DENTURE (DIRECT)   | \$277.75   | \$394.00   |          |
| D5731 | RELINE COMPLETE MANDIBULAR DENTURE (DIRECT)  | \$277.75   | \$394.00   |          |
| D5740 | RELINE MAXILLARY PARTIAL DENTURE (DIRECT)  | \$258.00   | \$368.00   |          |
| D5741 | RELINE MANDIBULAR PARTIAL DENTURE (DIRECT)   | \$263.75   | \$368.00   |          |
| D5750 | RELINE COMPLETE MAXILLARY DENTURE (INDIRECT)   | \$398.75   | \$494.00   |          |
| D5751 | RELINE COMPLETE MANDIBULAR DENTURE (INDIRECT)  | \$401.00   | \$494.00   |          |
| D5760 | RELINE MAXILLARY PARTIAL DENTURE (INDIRECT)  | \$342.50   | \$473.00   |          |
| D5761 | RELINE MANDIBULAR PARTIAL DENTURE (INDIRECT)   | \$381.25   | \$473.00   |          |
| D5810 | INTERIM COMPLETE DENTURE (MAXILLARY)   | \$532.75   | \$578.00   |          |
| D5811 | INTERIM COMPLETE DENTURE (MANDIBULAR)  | \$532.75   | \$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 | \$358.33   | \$525.00   |          |
| D5850 | TISSUE CONDITIONING, MAXILLARY   | \$103.33   | \$126.00   |          |
| D5851 | TISSUE CONDITIONING, MANDIBULAR  | \$95.00    | \$126.00   |          |
| D5862 | PRECISION ATTACHMENT, BY REPORT  | \$452.00   | \$499.00   |          |
| D5867 | REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMENT, PER ATTACHMENT      | \$246.00   | \$271.00   |          |
| D5875 | MODIFICATION OF REMOVABLE PROSTHESIS FOLLOWING IMPLANT SURGERY                                 | \$279.00   | \$308.00   |          |
| D5911 | FACIAL MOULAGE (SECTIONAL)   | \$300.00   | \$331.00   |          |
| D5912 | FACIAL MOULAGE (COMPLETE)  | \$400.00   | \$441.00   |          |
| D5913 | NASAL PROSTHESIS   | \$1,175.00 | \$1,296.00 | Yes      |
| D5914 | AURICULAR PROSTHESIS   | \$1,175.00 | \$1,296.00 | Yes      |
| D5915 | ORBITAL PROSTHESIS   | \$1,195.00 | \$1,296.00 | Yes      |
| D5916 | OCULAR PROSTHESIS  | \$1,195.00 | \$1,296.00 | Yes      |
| D5925 | FACIAL AUGMENTATION IMPLANT PROSTHESIS   | \$450.00   | \$473.00   |          |
| D5937 | TRISMUS APPLIANCE (NOT FOR TMD TREATMENT)  | \$559.00   | \$616.00   |          |
| D5958 | PALATAL LIFT PROSTHESIS, INTERIM   | \$1,000.00 | \$1,102.00 | Yes      |
| D5987 | COMMISSURE SPLINT  | \$300.00   | \$331.00   |          |

| CDT   | PROCEDURE  | NYS WC                 | Proposed    | Proposed |
|-------|--|------------------------|-------------|----------|
| CODE  |  | FEE                    | NYS WC      | PAR      |
|       |  |                        | Fee         | Required |
| D5988 | SURGICAL SPLINT  | \$312.50               | \$344.00    |          |
| D6010 | SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT  | \$1,800.00             | \$2,100.00  | Yes      |
| D6012 | SURGICAL PLACEMENT OF INTERIM IMPLANT BODY FOR   | \$853.00               | \$1,155.00  | Yes      |
| D6040 | TRANSITIONAL PROSTHESIS: ENDOSTEAL IMPLANT SURGICAL PLACEMENT: EPOSTEAL IMPLANT  | \$44 CCE OO            | \$12,860.00 | Yes      |
| D6040 | SURGICAL PLACEMENT: EPOSTEAL IMPLANT SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT   | \$11,665.00            | \$6,671.00  | Yes      |
| D6050 | CONNECTING BAR – IMPLANT SUPPORTED OR ABUTMENT   | \$6,050.00<br>\$963.50 | \$2,554.00  | res      |
|       | SUPPORTED  |                        |             | Yes      |
| D6056 | PREFABRICATED ABUTMENT – INCLUDES MODIFICATION AND PLACEMENT   | \$554.00               | \$840.00    |          |
| D6057 | CUSTOM FABRICATED ABUTMENT – INCLUDES PLACEMENT  | \$628.33               | \$971.00    |          |
| D6058 | ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN   | \$1,170.00             | \$1,470.00  | Yes      |
| D6059 | ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL)   | \$1,500.00             | \$1,600.00  | Yes      |
| D6060 | ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINANTLY BASE METAL)   | \$1,131.67             | \$1,155.00  | Yes      |
| D6061 | ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL)  | \$1,180.00             | \$1,365.00  | Yes      |
| D6062 | ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)   | \$1,500.00             | \$1,600.00  | Yes      |
| D6063 | ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINANTLY BASE METAL)   | \$1,060.00             | \$1,155.00  | Yes      |
| D6064 | ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)  | \$1,180.00             | \$1,365.00  | Yes      |
| D6065 | IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN  | \$1,172.00             | \$2,440.00  | Yes      |
| D6066 | IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO HIGH  | \$1,169.00             | \$2,440.00  | Yes      |
| D6067 | NOBLE ALLOYS IMPLANT SUPPORTED CROWN - HIGH NOBLE ALLOYS   | \$1,246.67             | \$2,440.00  | Yes      |
| D6067 | ABUTMENT SUPPORTED CROWN - HIGH NOBLE ALLOTS  ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC  | \$1,083.33             | \$1,470.00  | 162      |
|       | FPD  |                        |             | Yes      |
| D6069 | ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (HIGH NOBLE METAL)  | . ,                    | \$1,750.00  | Yes      |
| D6070 | ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (PREDOMINANTLY BASE METAL)  | \$1,158.33             | \$1,216.00  | Yes      |
| D6071 | ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (NOBLE METAL)   | \$1,800.00             | \$1,890.00  | Yes      |
| D6072 | ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL)  | \$1,275.00             | \$1,470.00  | Yes      |
| D6073 | ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (PREDOMINANTLY BASE METAL)  | \$1,350.00             | \$1,417.00  | Yes      |
| D6074 | ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL)   | \$1,800.00             | \$1,890.00  | Yes      |
| D6075 | IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD   | \$1,350.00             | \$2,440.00  | Yes      |
| D6076 | IMPLANT SUPPORTED RETAINER FOR FPD - PORCELAIN FUSED TO HIGH NOBLE ALLOYS  | \$1,484.00             | \$2,440.00  | Yes      |
| D6077 | IMPLANT SUPPORTED RETAINER FOR METAL FPD - HIGH  | \$1,534.00             | \$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 | \$207.00               | \$236.00    |          |
| D6090 | REPAIR OF IMPLANT/ABUTMENT SUPPORTED PROSTHESIS  | \$567.00               | \$714.00    |          |
| D6092 | RE-CEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED CROWN  | \$119.00               | \$150.00    |          |
| D6093 | RE-CEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL DENTURE  | \$123.00               | \$155.00    |          |

| CDT            | PROCEDURE  | NYS WC               | Proposed                 | Proposed   |
|----------------|--|----------------------|--------------------------|------------|
| CODE           | T NOSEDSINE  | FEE                  | NYS WC                   | PAR        |
|                |  |                      | Fee                      | Required   |
| D6190          | RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT                               | \$600.00             | \$650.00                 |            |
| D6210          | PONTIC - CAST HIGH NOBLE METAL   | \$911.25             | \$1,470.00               | Yes        |
| D6211          | PONTIC - CAST PREDOMINANTLY BASE METAL                                       | \$708.33             | \$1,155.00               | Yes        |
| D6212          | PONTIC - CAST NOBLE METAL  | \$898.33             | \$1,365.00               | Yes        |
| D6214          | PONTIC - TITANIUM AND TITANIUM ALLOYS  | \$824.00             | \$1,365.00               | Yes        |
| D6240          | PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL                                 | \$875.00             | \$1,470.00               | Yes        |
| D6241          | PONTIC - PORCELAIN FUSED TO PREDOMINANTLY BASE                               | \$726.67             | \$1,155.00               | Yes        |
| D6242          | METAL PONTIC - PORCELAIN FUSED TO NOBLE METAL                                | \$831.25             | ¢4 265 00                | Voo        |
| D6242<br>D6245 | PONTIC - PORCELAIN/CERAMIC   | \$876.67             | \$1,365.00<br>\$1,470.00 | Yes<br>Yes |
| D6245          | PONTIC - PORCELAIN/CERAWIC  PONTIC - RESIN WITH HIGH NOBLE METAL             | \$755.00             | \$1,470.00               | res        |
|                |  |                      |                          |            |
| D6251<br>D6252 | PONTIC - RESIN WITH PREDOMINANTLY BASE METAL PONTIC - RESIN WITH NOBLE METAL | \$673.33             | \$838.00<br>\$838.00     |            |
| D6252          | INTERIM PONTIC - FURTHER TREATMENT OR COMPLETION OF                          | \$681.25<br>\$441.67 | \$473.00                 |            |
| D0255          | DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION                                | ф44 1.6 <i>1</i>     | \$473.00                 |            |
| D6545          | RETAINER - CAST METAL FOR RESIN BONDED FIXED                                 | \$342.50             | \$619.00                 |            |
| D0040          | PROSTHESIS   | ψ0+2.00              | ψ013.00                  |            |
| D6710          | RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE                              | \$838.00             | \$1,050.00               | Yes        |
| D6720          | RETAINER CROWN - RESIN WITH HIGH NOBLE METAL                                 | \$950.00             | \$992.00                 |            |
| D6721          | RETAINER CROWN - RESIN WITH PREDOMINANTLY BASE METAL                         | \$900.00             | \$1,048.00               | Yes        |
| D6722          | RETAINER CROWN - RESIN WITH NOBLE METAL                                      | \$900.00             | \$992.00                 |            |
| D6740          | RETAINER CROWN - PORCELAIN/CERAMIC   | \$863.33             | \$951.00                 |            |
| D6750          | RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE                               | \$958.75             | \$1,365.00               | Yes        |
| 50754          | METAL  | ****                 | <b>*</b> 4 . 0 0 0 . 0 0 |            |
| D6751          | RETAINER CROWN - PORCELAIN FUSED TO PREDOMINANTLY                            | \$825.00             | \$1,233.00               | Yes        |
| D6752          | BASE METAL RETAINER CROWN - PORCELAIN FUSED TO NOBLE METAL                   | \$847.50             | \$1,050.00               | Yes        |
| D6780          | RETAINER CROWN - PORCELAIN FOSED TO NOBLE METAL                              | \$950.00             | \$1,050.00               | Yes        |
| D6780          | RETAINER CROWN - 3/4 CAST PREDOMINANTLY BASE METAL                           | \$802.00             | \$1,050.00               | Yes        |
| D6782          | RETAINER CROWN - 3/4 CAST NOBLE METAL  | \$827.00             | \$1,050.00               | Yes        |
| D6783          | RETAINER CROWN - 3/4 PORCELAIN/CERAMIC                                       | \$855.00             | \$1,050.00               | Yes        |
| D6790          | RETAINER CROWN - 5/41 ORGELAIN/GERAMIC                                       | \$866.67             | \$1,050.00               | Yes        |
| D6791          | RETAINER CROWN - FULL CAST PREDOMINANTLY BASE METAL                          | \$850.00             | \$1,050.00               | Yes        |
| D6792          | RETAINER CROWN - FULL CAST NOBLE METAL                                       | \$866.67             | \$1,050.00               |            |
| D6793          | INTERIM RETAINER CROWN - FURTHER TREATMENT OR                                | \$327.50             | \$525.00                 | 103        |
| 20100          | COMPLETION OF DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION                  | Ψ027.00              | ψ020.00                  |            |
| D6794          | RETAINER CROWN - TITANIUM AND TITANIUM ALLOYS                                | \$375.00             | \$525.00                 |            |
| D6920          | CONNECTOR BAR  | \$303.33             | \$368.00                 |            |
| D6930          | RE-CEMENT OR RE-BOND FIXED PARTIAL DENTURE                                   | \$117.00             | \$137.00                 |            |
| D6940          | STRESS BREAKER   | \$361.67             | \$420.00                 |            |
| D6950          | PRECISION ATTACHMENT   | \$425.00             | \$525.00                 |            |
| D6980          | FIXED PARTIAL DENTURE REPAIR NECESSITATED BY                                 | \$197.50             | \$263.00                 |            |
|                | RESTORATIVE MATERIAL FAILURE   | Ψ107.00              | Ψ200.00                  |            |
| D7111          | EXTRACTION, CORONAL REMNANTS – PRIMARY TOOTH                                 | \$100.00             | \$200.00                 |            |
| D7140          | EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT                                    | \$122.50             | \$205.00                 |            |
|                | (ELEVATION AND/OR FORCEPS REMOVAL)   | ·                    | ·                        |            |
| D7210          | EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF                               | \$221.50             | \$341.00                 |            |
|                | BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING                               |                      |                          |            |
|                | ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED                                | <b>A</b> = = :       |                          |            |
| D7220          | REMOVAL OF IMPACTED TOOTH - SOFT TISSUE                                      | \$268.75             | \$394.00                 |            |
| D7230          | REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY                                   | \$331.25             | \$475.00                 |            |
| D7240          | REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY                                  | \$412.50             | \$578.00                 |            |

| CDT   | PROCEDURE   | NYS WC     | Proposed   | Proposed |
|-------|---|------------|------------|----------|
| CODE  |   | FEE        | NYS WC     | PAR      |
|       |   |            | Fee        | Required |
| D7241 | REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS  | \$472.50   | \$625.00   |          |
| D7250 | REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)   | \$227.50   | \$357.00   |          |
| D7260 | OROANTRAL FISTULA CLOSURE   | \$1,742.50 | \$1,921.00 | Yes      |
| D7261 | PRIMARY CLOSURE OF A SINUS PERFORATION  | \$1,811.00 | \$1,997.00 | Yes      |
| D7270 | TOOTH RE-IMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH   | \$371.25   | \$450.00   |          |
| D7272 | TOOTH TRANSPLANTATION (INCLUDES RE-IMPLANTATION FROM ONE SITE TO ANOTHER AND SPLINTING AND/OR STABILIZATION)  | \$615.00   | \$683.00   |          |
| D7285 | INCISIONAL BIOPSY OF ORAL TISSUE-HARD (BONE, TOOTH)   | \$415.00   | \$545.00   |          |
| D7286 | INCISIONAL BIOPSY OF ORAL TISSUE-SOFT   | \$259.50   | \$475.00   |          |
| D7290 | SURGICAL REPOSITIONING OF TEETH   | \$525.00   | \$683.00   |          |
| D7291 | TRANSSEPTAL FIBEROTOMY/SUPRA CRESTAL FIBEROTOMY, BY REPORT  | \$231.00   | \$300.00   |          |
| D7292 | PLACEMENT OF TEMPORARY ANCHORAGE DEVICE [SCREW RETAINED PLATE] REQUIRING FLAP   | \$1,610.00 | \$1,691.00 | Yes      |
| D7293 | PLACEMENT OF TEMPORARY ANCHORAGE DEVICE REQUIRING FLAP  | \$1,181.00 | \$1,240.00 | Yes      |
| D7294 | PLACEMENT OF TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP  | \$884.00   | \$928.00   |          |
| D7310 | ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS -<br>FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT   | \$216.00   | \$389.00   |          |
| D7311 | ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT  | \$200.50   | \$389.00   |          |
| D7320 | ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT  | \$371.25   | \$527.00   |          |
| D7321 | ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT  | \$293.00   | \$527.00   |          |
| D7340 | VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION)   | \$1,087.00 | \$1,198.00 | Yes      |
| D7350 | VESTIBULOPLASTY - RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE REATTACHMENT, REVISION OF SOFT TISSUE ATTACHMENT AND MANAGEMENT OF HYPERTROPHIED AND HYPERPLASTIC TISSUE) | \$2,369.00 | \$2,611.00 | Yes      |
| D7510 | INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE  | \$193.75   | \$213.00   |          |
| D7511 | INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT<br>TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE<br>FASCIAL SPACES)   | \$292.50   | \$400.00   |          |
| D7520 | INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE  | \$572.50   | \$604.00   |          |
| D7521 | INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT<br>TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE<br>FASCIAL SPACES)   | \$572.50   | \$729.00   |          |
| D7530 | REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE  | \$466.67   | \$525.00   |          |
| D7540 | REMOVAL OF REACTION PRODUCING FOREIGN BODIES, MUSCULOSKELETAL SYSTEM  | \$744.33   | \$821.00   |          |
| D7550 | PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE  | \$725.00   | \$799.00   |          |
| D7560 | MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY  | \$1,016.67 | \$1,121.00 | Yes      |
| D7610 | MAXILLA - OPEN REDUCTION (TEETH IMMOBILIZED, IF PRESENT)  | \$3,535.75 | \$5,300.00 | Yes      |

| CDT   | PROCEDURE   | NYS WC     | Proposed   | Proposed |
|-------|---|------------|------------|----------|
| CODE  | T NOOLDONE  | FEE        | NYS WC     | PAR      |
| OODL  |   |            | Fee        | Required |
| D7620 | MAXILLA - CLOSED REDUCTION (TEETH IMMOBILIZED, IF                                   | \$2,409.25 |            |          |
|       | PRESENT)  |            | . ,        | Yes      |
| D7630 | MANDIBLE - OPEN REDUCTION (TEETH IMMOBILIZED, IF PRESENT)                           | \$3,681.25 | \$5,300.00 | Yes      |
| D7640 | MANDIBLE - CLOSED REDUCTION (TEETH IMMOBILIZED, IF PRESENT)                         | \$2,173.75 | \$3,900.00 | Yes      |
| D7650 | MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION  | \$2,221.75 | \$3,675.00 | Yes      |
| D7660 | MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION                                      | \$1,427.50 | \$2,625.00 | Yes      |
| D7670 | ALVEOLUS - CLOSED REDUCTION, MAY INCLUDE  | \$1,262.50 | \$1,890.00 | Yes      |
|       | STABILIZATION OF TEETH  |            |            | 165      |
| D7671 | ALVEOLUS - OPEN REDUCTION, MAY INCLUDE STABILIZATION OF TEETH                       | \$1,950.00 | \$2,150.00 | Yes      |
| D7680 | FACIAL BONES - COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES | \$4,428.33 | \$4,882.00 | Yes      |
| D7710 | MAXILLA - OPEN REDUCTION  | \$3,575.00 | \$3,942.00 | Yes      |
| D7720 | MAXILLA - CLOSED REDUCTION  | \$2,775.00 | \$3,060.00 | Yes      |
| D7730 | MANDIBLE - OPEN REDUCTION   | \$4,031.25 | \$5,252.00 | Yes      |
| D7740 | MANDIBLE - CLOSED REDUCTION   | \$2,352.75 | \$3,200.00 | Yes      |
| D7750 | MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION  | \$3,402.50 | \$3,752.00 | Yes      |
| D7760 | MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION                                      | \$1,350.00 | \$2,127.00 | Yes      |
| D7770 | ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH                                    | \$1,777.50 | \$1,960.00 | Yes      |
| D7771 | ALVEOLUS, CLOSED REDUCTION STABILIZATION OF TEETH                                   | \$1,716.67 | \$1,893.00 | Yes      |
| D7780 | FACIAL BONES - COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE APPROACHES          | \$6,500.00 | \$7,166.00 | Yes      |
| D7810 | OPEN REDUCTION OF DISLOCATION   | \$3,300.00 | \$3,638.00 | Yes      |
| D7820 | CLOSED REDUCTION OF DISLOCATION   | \$641.25   | \$707.00   |          |
| D7830 | MANIPULATION UNDER ANESTHESIA   | \$941.67   | \$1,038.00 | Yes      |
| D7840 | CONDYLECTOMY  | \$3,846.67 | \$4,241.00 | Yes      |
| D7850 | SURGICAL DISCECTOMY, WITH/WITHOUT IMPLANT   | \$3,566.67 | \$3,932.00 | Yes      |
| D7852 | DISC REPAIR   | \$2,500.00 | \$2,756.00 | Yes      |
| D7854 | SYNOVECTOMY   | \$2,150.00 | \$2,371.00 | Yes      |
| D7856 | MYOTOMY   | \$2,500.00 | \$2,756.00 | Yes      |
| D7858 | JOINT RECONSTRUCTION  | \$5,750.00 | \$6,340.00 | Yes      |
| D7860 | ARTHROTOMY  | \$2,250.00 | \$2,481.00 | Yes      |
| D7865 | ARTHROPLASTY  | \$2,750.00 |            | Yes      |
| D7870 | ARTHROCENTESIS  | \$902.00   | \$994.00   |          |
| D7872 | ARTHROSCOPY - DIAGNOSIS, WITH OR WITHOUT BIOPSY                                     | \$975.00   | \$1,075.00 | Yes      |
| D7873 | ARTHROSCOPY: LAVAGE AND LYSIS OF ADHESIONS  | \$1,700.00 | \$1,874.00 | Yes      |
| D7874 | ARTHROSCOPY: DISC REPOSITIONING AND STABILIZATION                                   | \$2,400.00 | \$2,646.00 | Yes      |
| D7875 | ARTHROSCOPY: SYNOVECTOMY  | \$2,400.00 | \$2,646.00 | Yes      |
| D7876 | ARTHROSCOPY: DISCECTOMY   | \$2,400.00 | \$2,646.00 | Yes      |
| D7877 | ARTHROSCOPY: DEBRIDEMENT  | \$2,250.00 | \$2,481.00 | Yes      |
| D7880 | OCCLUSAL ORTHOTIC DEVICE, BY REPORT   | \$800.00   | \$1,099.00 | Yes      |
| D7910 | SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM  | \$600.00   | \$661.00   |          |
| D7911 | COMPLICATED SUTURE - UP TO 5 CM   | \$1,186.67 | \$1,308.00 | Yes      |
| D7912 | COMPLICATED SUTURE - GREATER THAN 5 CM  | \$1,937.50 | \$2,136.00 | Yes      |
| D7920 | SKIN GRAFT (IDENTIFY DEFECT COVERED, LOCATION AND TYPE OF GRAFT)                    | \$2,000.00 | \$2,205.00 | Yes      |
| D7941 | OSTEOTOMY - MANDIBULAR RAMI   | \$5,633.33 | \$6,211.00 | Yes      |
| D7943 | OSTEOTOMY - MANDIBULAR RAMI WITH BONE GRAFT;<br>INCLUDES OBTAINING THE GRAFT        | \$4,800.00 | \$5,292.00 | Yes      |
| D7944 | OSTEOTOMY - SEGMENTED OR SUBAPICAL  | \$2,900.00 | \$3,197.00 | Yes      |
| D7945 | OSTEOTOMY - BODY OF MANDIBLE  | \$5,666.67 | \$6,247.00 | Yes      |
| D7946 | LEFORT I (MAXILLA - TOTAL)  | \$5,300.00 |            |          |

| CDT            | PROCEDURE   | NYS WC          | Proposed                                | Proposed |
|----------------|---|-----------------|---|----------|
| CODE           | PROCEDURE   | FEE             | NYS WC                                  | PAR      |
| CODE           |   |                 | Fee                                     | Required |
| D7947          | LEFORT I (MAXILLA - SEGMENTED)  | \$5,333.33      |   | Yes      |
| D7948          | LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES                                    | \$5,500.00      | \$6,064.00                              |          |
|                | FOR MIDFACE HYPOPLASIA OR RETRUSION) - WITHOUT BONE                                     | ψο,οσοίοσ       | ψο,σοσο                                 | Yes      |
|                | GRAFT '   |                 |   |          |
| D7949          | LEFORT II OR LEFORT III - WITH BONE GRAFT   | \$6,500.00      | \$7,166.00                              | Yes      |
| D7950          | OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF THE                                     | \$2,500.00      | \$2,756.00                              |          |
|                | MANDIBLE OR MAXILLA - AUTOGENOUS OR NONAUTOGENOUS,                                      |                 |   | Yes      |
|                | BY REPORT   |                 |   |          |
| D7963          | FRENULOPLASTY   | \$377.00        | \$396.00                                |          |
| D7970          | EXCISION OF HYPERPLASTIC TISSUE - PER ARCH  | \$553.67        | \$630.00                                |          |
| D7971          | EXCISION OF PERICORONAL GINGIVA   | \$190.00        | \$210.00                                |          |
| D7972          | SURGICAL REDUCTION OF FIBROUS TUBEROSITY  | \$490.00        | \$541.00                                |          |
| D7982          | SIALODOCHOPLASTY  | \$1,500.00      | \$1,890.00                              | Yes      |
| D7983          | CLOSURE OF SALIVARY FISTULA   | \$1,650.00      | \$2,079.00                              | Yes      |
| D7991          | CORONOIDECTOMY  | \$2,275.00      | \$2,866.00                              | Yes      |
| D7997          | APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED  | \$564.00        | \$622.00                                |          |
| D0070          | APPLIANCE), INCLUDES REMOVAL OF ARCHBAR   | <b>****</b>     | <b>#5.004.00</b>                        |          |
| D8070          | COMPREHENSIVE ORTHODONTIC TREATMENT OF THE  | \$985.00        | \$5,234.00                              | Yes      |
| D8080          | TRANSITIONAL DENTITION  COMPREHENSIVE ORTHODONTIC TREATMENT OF THE                      | \$985.00        | \$5,234.00                              |          |
| D0000          | ADOLESCENT DENTITION  | φ965.00         | φ5,234.00                               | Yes      |
| D8090          | COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT  | \$985.00        | \$6,139.00                              |          |
| D0000          | DENTITION   | ψ500.00         | φο, 100.00                              | Yes      |
| D8210          | REMOVABLE APPLIANCE THERAPY   | \$375.00        | \$394.00                                |          |
| D8670          | PERIODIC ORTHODONTIC TREATMENT VISIT  | \$235.00        | \$247.00                                |          |
| D8680          | ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES,   | \$235.00        | \$370.00                                |          |
|                | CONSTRUCTION AND PLACEMENT OF RETAINER(S))  | •               | •                                       |          |
| D9110          | PALLIATIVE TREATMENT OF DENTAL PAIN – PER VISIT   | \$70.00         | \$137.00                                |          |
| D9120          | FIXED PARTIAL DENTURE SECTIONING  | \$196.00        | \$216.00                                |          |
| D9210          | LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE                                      | \$53.00         | \$68.00                                 |          |
|                | OR SURGICAL PROCEDURES  | 700.00          | *************************************** |          |
| D9230          | INHALATION OF NITROUS OXIDE/ANALGESIA, ANXIOLYSIS                                       | \$89.00         | \$100.00                                |          |
| D9248          | NON-INTRAVENOUS CONSCIOUS SEDATION  | \$126.67        | \$211.00                                |          |
| D9310          | CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY   | \$128.33        | \$128.00                                |          |
|                | DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST                                      |                 |   |          |
|                | OR PHYSICIAN  |                 |   |          |
| D9410          | HOUSE/EXTENDED CARE FACILITY CALL   | \$117.33        | \$129.00                                |          |
| D9420          | HOSPITAL OR AMBULATORY SURGICAL CENTER CALL   | \$172.50        | \$263.00                                |          |
| D9430          | OFFICE VISIT FOR OBSERVATION (DURING REGULARLY  | \$54.33         | \$54.00                                 |          |
|                | SCHEDULED HOURS) - NO OTHER SERVICES PERFORMED  | ****            | ****                                    |          |
| D9440          | OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS  | \$115.50        | \$116.00                                |          |
| D9450          | CASE PRESENTATION, SUBSEQUENT TO DETAILED AND   | \$99.00         | \$99.00                                 |          |
| D0040          | EXTENSIVE TREATMENT PLANNING  | £425.00         | <b>\$1.40.00</b>                        |          |
| D9610<br>D9612 | THERAPEUTIC PARENTERAL DRUGS SINGLE ADMINISTRATION                                      | \$135.00        | \$149.00                                |          |
| D9612          | THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE   | \$180.00        | \$198.00                                |          |
| D9630          | ADMINISTRATIONS, DIFFERENT MEDICATIONS DRUGS OR MEDICAMENTS DISPENSED IN THE OFFICE FOR | \$31.00         | \$35.00                                 |          |
| D9030          | HOME USE  | ψ51.00          | ψ33.00                                  |          |
| D9910          | APPLICATION OF DESENSITIZING MEDICAMENT   | \$35.00         | \$63.00                                 |          |
| D9911          | APPLICATION OF DESENSITIZING RESIN FOR CERVICAL   | \$44.00         | \$68.00                                 |          |
|                | AND/OR ROOT SURFACE, PER TOOTH  | ψ.1. <b>0</b> 0 | <b>\$55.50</b>                          |          |
| D9920          | BEHAVIOR MANAGEMENT, BY REPORT  | \$51.33         | \$65.00                                 |          |
| D9930          | TREATMENT OF COMPLICATIONS (POST-SURGICAL) - UNUSUAL                                    | \$105.00        | \$110.00                                |          |
| I              | CIRCUMSTANCES, BY REPORT  |                 |   |          |
| D9942          | REPAIR AND/OR RELINE OF OCCLUSAL GUARD  | \$175.00        | \$193.00                                |          |

| CDT<br>CODE | PROCEDURE                         | NYS WC<br>FEE | Proposed<br>NYS WC | Proposed PAR |
|-------------|-----------------------------------|---------------|--------------------|--------------|
| CODE        |                                   | PEE           | Fee                | Required     |
| D9950       | OCCLUSION ANALYSIS - MOUNTED CASE | \$250.00      | \$276.00           |              |
| D9951       | OCCLUSAL ADJUSTMENT - LIMITED     | \$125.00      | \$147.00           |              |
| D9952       | OCCLUSAL ADJUSTMENT - COMPLETE    | \$468.00      | \$556.00           |              |
| D9971       | ODONTOPLASTY - PER TOOTH          | \$125.00      | \$196.00           |              |
| D9973       | EXTERNAL BLEACHING - PER TOOTH    | \$180.00      | \$198.00           |              |
| D9974       | INTERNAL BLEACHING - PER TOOTH    | \$214.00      | \$242.00           |              |