



EFFECTIVE DATE TBD

OFFICIAL NEW YORK
WORKERS' COMPENSATION

DENTAL FEE SCHEDULE



Workers'
Compensation
Board

Official New York Workers' Compensation Dental Fee Schedule

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Introduction

The dental fee schedule for all dental services shall be the ***Official New York Workers' Compensation Dental Fee Schedule, Second Edition, XX, 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.

CDT CODE	PROCEDURE	NYS WC FEE	PAR Required
D0120	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, BY REPORT	\$172.00	
D0170	RE-EVALUATION - LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT POST-OPERATIVE VISIT)	\$89.00	
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 A STATIONARY RADIATION SOURCE, AND DETECTOR	\$39.00	
D0251	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE	\$37.00	
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	\$26.00	
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	\$53.00	
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	\$69.00	
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	\$79.00	
D0277	VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES	\$124.00	
D0310	SIALOGRAPHY	\$236.00	
D0320	TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCLUDING INJECTION	\$414.00	
D0321	OTHER TEMPOROMANDIBULAR JOINT RADIOGRAPHIC IMAGES, BY REPORT	\$168.00	
D0322	TOMOGRAPHIC SURVEY	\$173.00	
D0330	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 EXTRA-ORALLY	\$63.00	
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 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	

CDT CODE	PROCEDURE	NYS WC FEE	PAR Required
D0393	VIRTUAL TREATMENT SIMULATION USING 3D IMAGE VOLUME OR SURFACE SCAN	\$210.00	
D0460	PULP VITALITY TESTS	\$53.00	
D0470	DIAGNOSTIC CASTS	\$121.00	
D1110	PROPHYLAXIS - ADULT	\$81.00	
D1510	SPACE MAINTAINER - FIXED, UNILATERAL – PER QUADRANT	\$368.00	
D1516	SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY	\$483.00	
D1517	SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR	\$483.00	
D1520	SPACE MAINTAINER - REMOVABLE, UNILATERAL - PER QUADRANT	\$331.00	
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	
D2140	AMALGAM - ONE SURFACE, PRIMARY OR PERMANENT	\$160.00	
D2150	AMALGAM - TWO SURFACES, PRIMARY OR PERMANENT	\$205.00	
D2160	AMALGAM - THREE SURFACES, PRIMARY OR PERMANENT	\$253.00	
D2161	AMALGAM - FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	\$297.00	
D2330	RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR	\$200.00	
D2331	RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR	\$229.00	
D2332	RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR	\$295.00	
D2335	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES (ANTERIOR)	\$350.00	
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	\$402.00	
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	\$210.00	
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	\$250.00	
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	\$320.00	
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	\$385.00	
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
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
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	\$1,050.00	Yes
D2712	CROWN - ¾ RESIN-BASED COMPOSITE (INDIRECT)	\$867.00	
D2720	CROWN - RESIN WITH HIGH NOBLE METAL	\$838.00	

CDT CODE	PROCEDURE	NYS WC FEE	PAR Required
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	\$838.00	
D2722	CROWN - RESIN WITH NOBLE METAL	\$838.00	
D2740	CROWN - PORCELAIN/CERAMIC	\$1,470.00	Yes
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	\$1,470.00	Yes
D2751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$1,155.00	Yes
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	\$1,365.00	Yes
D2753	CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$1,365.00	Yes
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	\$1,155.00	Yes
D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	\$968.00	
D2782	CROWN - 3/4 CAST NOBLE METAL	\$1,050.00	Yes
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	\$1,418.00	Yes
D2790	CROWN - FULL CAST HIGH NOBLE METAL	\$1,470.00	Yes
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	\$1,155.00	Yes
D2792	CROWN - FULL CAST NOBLE METAL	\$1,365.00	Yes
D2794	CROWN - TITANIUM AND TITANIUM ALLOYS	\$1,365.00	Yes
D2799	INTERIM CROWN – FURTHER TREATMENT OR COMPLETION OF DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION	\$473.00	
D2910	RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL COVERAGE RESTORATION	\$89.00	
D2915	RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE	\$93.00	
D2920	RE-CEMENT OR RE-BOND CROWN	\$129.00	
D2928	PREFABRICATED PORCELAIN/CERAMIC CROWN – PERMANENT TOOTH	\$400.00	
D2929	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	
D2932	PREFABRICATED RESIN CROWN	\$378.00	
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	\$326.00	
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH	\$326.00	
D2940	PLACEMENT OF INTERIM DIRECT RESTORATION	\$126.00	
D2949	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	
D2953	EACH ADDITIONAL INDIRECTLY FABRICATED POST - SAME TOOTH	\$184.00	
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$417.00	
D2955	POST REMOVAL	\$184.00	
D2957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	\$126.00	
D2960	LABIAL VENEER (RESIN LAMINATE) - DIRECT	\$473.00	
D2961	LABIAL VENEER (RESIN LAMINATE) - INDIRECT	\$1,050.00	Yes
D2962	LABIAL VENEER (PORCELAIN LAMINATE) - INDIRECT	\$1,365.00	Yes
D2971	ADDITIONAL PROCEDURES TO CUSTOMIZE A CROWN TO FIT UNDER AN EXISTING PARTIAL DENTURE FRAMEWORK	\$126.00	
D2975	COPING	\$210.00	
D2980	CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	\$269.00	
D2981	INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	\$270.00	
D2982	ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	\$289.00	
D2983	VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	\$261.00	
D2990	RESIN INFILTRATION OF INCIPIENT SMOOTH SURFACE LESIONS	\$149.00	
D3110	PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)	\$100.00	
D3120	PULP CAP - INDIRECT (EXCLUDING FINAL RESTORATION)	\$84.00	

CDT CODE	PROCEDURE	NYS WC FEE	PAR Required
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT	\$189.00	
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	\$285.00	
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELOPMENT	\$259.00	
D3230	PULPAL THERAPY (RESORBABLE FILLING) - ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	\$256.00	
D3240	PULPAL THERAPY (RESORBABLE FILLING) - POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	\$284.00	
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	\$1,063.00	Yes
D3320	ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION)	\$1,179.00	Yes
D3330	ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION)	\$1,365.00	Yes
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS	\$406.00	
D3332	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH	\$436.00	
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 CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	\$366.00	
D3352	APEXIFICATION/RECALCIFICATION – INTERIM MEDICATION REPLACEMENT	\$259.00	
D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT (INCLUDES COMPLETED ROOT CANAL THERAPY - APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	\$557.00	
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 TOOTH, SINGLE SITE	\$525.00	
D3429	BONE GRAFT IN CONJUNCTION WITH PERIRADICULAR SURGERY – EACH ADDITIONAL CONTIGUOUS TOOTH IN THE SAME SURGICAL SITE	\$263.00	
D3430	RETROGRADE FILLING - PER ROOT	\$210.00	
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	
D3450	ROOT AMPUTATION - PER ROOT	\$420.00	
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	\$1,208.00	Yes
D3470	INTENTIONAL RE-IMPLANTATION (INCLUDING NECESSARY SPLINTING)	\$759.00	
D3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROOT CANAL THERAPY	\$444.00	
D3950	CANAL PREPARATION AND FITTING OF PREFORMED DOWEL OR POST	\$184.00	

CDT CODE	PROCEDURE	NYS WC FEE	PAR Required
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$613.00	
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$303.00	
D4212	GINGIVECTOMY OR GINGIVOPLASTY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE, PER TOOTH	\$231.00	
D4230	ANATOMICAL CROWN EXPOSURE – FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$453.00	
D4231	ANATOMICAL CROWN EXPOSURE – ONE TO THREE TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$420.00	
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$1,050.00	Yes
D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$683.00	
D4245	APICALLY POSITIONED FLAP	\$654.00	
D4249	CLINICAL CROWN LENGTHENING – HARD TISSUE	\$761.00	
D4260	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) – FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$1,464.00	Yes
D4261	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) – ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$907.00	
D4263	BONE REPLACEMENT GRAFT – RETAINED NATURAL TOOTH – FIRST SITE IN QUADRANT	\$613.00	
D4264	BONE REPLACEMENT GRAFT – RETAINED NATURAL TOOTH – EACH ADDITIONAL SITE IN QUADRANT	\$448.00	
D4265	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION, PER SITE	\$386.00	
D4266	GUIDED TISSUE REGENERATION, NATURAL TEETH – RESORBABLE BARRIER, PER SITE	\$750.00	
D4267	GUIDED TISSUE REGENERATION, NATURAL TEETH – NON-RESORBABLE BARRIER, PER SITE	\$718.00	
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	\$1,260.00	Yes
D4274	MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA)	\$578.00	
D4275	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SITE AND DONOR MATERIAL) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT	\$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	\$1,225.00	Yes
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	

CDT CODE	PROCEDURE	NYS WC FEE	PAR 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	
D5110	COMPLETE DENTURE - MAXILLARY	\$1,744.00	Yes
D5120	COMPLETE DENTURE - MANDIBULAR	\$1,763.00	Yes
D5130	IMMEDIATE DENTURE - MAXILLARY	\$2,410.00	Yes
D5140	IMMEDIATE DENTURE - MANDIBULAR	\$2,432.00	Yes
D5211	MAXILLARY PARTIAL DENTURE – RESIN BASE (INCLUDING, RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$1,575.00	Yes
D5212	MANDIBULAR PARTIAL DENTURE – RESIN BASE (INCLUDING, RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$1,575.00	Yes
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$1,943.00	Yes
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$1,943.00	Yes
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
D5225	MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$1,700.00	Yes
D5226	MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$1,700.00	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 RETENTIVE/CLASPING MATERIALS, 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

CDT CODE	PROCEDURE	NYS WC FEE	PAR Required
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$74.00	
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	\$79.00	
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$74.00	
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$74.00	
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	\$210.00	
D5512	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	
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	
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	
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE - PER TOOTH	\$272.00	
D5670	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MAXILLARY)	\$413.00	
D5671	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MANDIBULAR)	\$452.00	
D5710	REBASE COMPLETE MAXILLARY DENTURE	\$630.00	
D5711	REBASE COMPLETE MANDIBULAR DENTURE	\$630.00	
D5720	REBASE MAXILLARY PARTIAL DENTURE	\$578.00	
D5721	REBASE MANDIBULAR PARTIAL DENTURE	\$578.00	
D5725	REBASE HYBRID PROSTHESIS	\$578.00	
D5730	RELINE COMPLETE MAXILLARY DENTURE (DIRECT)	\$394.00	
D5731	RELINE COMPLETE MANDIBULAR DENTURE (DIRECT)	\$394.00	
D5740	RELINE MAXILLARY PARTIAL DENTURE (DIRECT)	\$368.00	
D5741	RELINE MANDIBULAR PARTIAL DENTURE (DIRECT)	\$368.00	
D5750	RELINE COMPLETE MAXILLARY DENTURE (INDIRECT)	\$494.00	
D5751	RELINE COMPLETE MANDIBULAR DENTURE (INDIRECT)	\$494.00	
D5760	RELINE MAXILLARY PARTIAL DENTURE (INDIRECT)	\$473.00	
D5761	RELINE MANDIBULAR PARTIAL DENTURE (INDIRECT)	\$473.00	
D5810	INTERIM COMPLETE DENTURE (MAXILLARY)	\$578.00	
D5811	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	
D5862	PRECISION ATTACHMENT, BY REPORT	\$499.00	
D5863	OVERDENTURE – COMPLETE MAXILLARY	\$1,575.00	Yes
D5864	OVERDENTURE – PARTIAL MAXILLARY	\$1,260.00	Yes
D5865	OVERDENTURE – COMPLETE MANDIBULAR	\$1,575.00	Yes
D5866	OVERDENTURE – PARTIAL MANDIBULAR	\$1,260.00	Yes
D5867	REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMENT, PER ATTACHMENT	\$271.00	
D5875	MODIFICATION OF REMOVABLE PROSTHESIS FOLLOWING IMPLANT SURGERY	\$308.00	
D5911	FACIAL MOULAGE (SECTIONAL)	\$331.00	
D5912	FACIAL MOULAGE (COMPLETE)	\$441.00	

CDT CODE	PROCEDURE	NYS WC FEE	PAR Required
D5913	NASAL PROSTHESIS	\$1,296.00	Yes
D5914	AURICULAR PROSTHESIS	\$1,296.00	Yes
D5915	ORBITAL PROSTHESIS	\$1,296.00	Yes
D5916	OCULAR PROSTHESIS	\$1,296.00	Yes
D5922	NASAL SEPTAL PROSTHESIS	\$6,500.00	Yes
D5925	FACIAL AUGMENTATION IMPLANT PROSTHESIS	\$473.00	
D5926	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
D5958	PALATAL LIFT PROSTHESIS, INTERIM	\$1,102.00	Yes
D5987	COMMISSURE SPLINT	\$331.00	
D5988	SURGICAL SPLINT	\$344.00	
D5993	MAINTENANCE AND CLEANING OF A MAXILLOFACIAL PROSTHESIS (EXTRA- OR INTRA-ORAL) OTHER THAN REQUIRED ADJUSTMENTS, BY REPORT	\$200.00	
D6010	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT	\$2,100.00	Yes
D6011	SURGICAL ACCESS TO AN IMPLANT BODY (SECOND STAGE IMPLANT SURGERY)	\$300.00	
D6012	SURGICAL PLACEMENT OF INTERIM IMPLANT BODY FOR TRANSITIONAL PROSTHESIS: ENDOSTEAL IMPLANT	\$1,155.00	Yes
D6013	SURGICAL PLACEMENT OF MINI IMPLANT	\$945.00	
D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT	\$12,860.00	Yes
D6050	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	\$6,671.00	Yes
D6051	PLACEMENT OF INTERIM IMPLANT ABUTMENT	\$315.00	
D6055	CONNECTING BAR – IMPLANT SUPPORTED OR ABUTMENT SUPPORTED	\$2,554.00	Yes
D6056	PREFABRICATED ABUTMENT – INCLUDES MODIFICATION AND PLACEMENT	\$840.00	
D6057	CUSTOM FABRICATED ABUTMENT – INCLUDES PLACEMENT	\$971.00	
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	\$1,470.00	Yes
D6059	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL)	\$1,600.00	Yes
D6060	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINANTLY BASE METAL)	\$1,155.00	Yes
D6061	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL)	\$1,365.00	Yes
D6062	ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)	\$1,600.00	Yes
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 ALLOYS	\$2,440.00	Yes
D6067	IMPLANT SUPPORTED CROWN - HIGH NOBLE ALLOYS	\$2,440.00	Yes
D6068	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC FPD	\$1,470.00	Yes

CDT CODE	PROCEDURE	NYS WC FEE	PAR Required
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)	\$1,216.00	Yes
D6071	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (NOBLE METAL)	\$1,890.00	Yes
D6072	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL)	\$1,470.00	Yes
D6073	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (PREDOMINANTLY BASE METAL)	\$1,417.00	Yes
D6074	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL)	\$1,890.00	Yes
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	\$2,440.00	Yes
D6076	IMPLANT SUPPORTED RETAINER FOR FPD - PORCELAIN FUSED TO HIGH NOBLE ALLOYS	\$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 HYBRID PROSTHESIS IS REMOVED AND REINSERTED, INCLUDING CLEANSING OF PROSTHESIS AND ABUTMENTS	\$236.00	
D6081	SCALING AND DEBRIDEMENT OF A SINGLE IMPLANT IN THE PRESENCE OF MUCOSITIS, INCLUDING INFLAMMATION, BLEEDING UPON PROBING AND INCREASED POCKET DEPTHS; INCLUDES CLEANING OF THE IMPLANT SURFACES, WITHOUT FLAP ENTRY AND CLOSURE	\$200.00	
D6082	IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE ALLOYS	\$2,126.00	Yes
D6083	IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO NOBLE ALLOYS	\$2,336.00	Yes
D6084	IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$2,336.00	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
D6088	IMPLANT SUPPORTED CROWN - TITANIUM AND TITANIUM ALLOYS	\$2,336.00	Yes
D6090	REPAIR OF IMPLANT/ABUTMENT SUPPORTED PROSTHESIS	\$714.00	
D6092	RE-CEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED CROWN	\$150.00	
D6093	RE-CEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL DENTURE	\$155.00	
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 TITANIUM ALLOYS	\$1,365.00	Yes
D6098	IMPLANT SUPPORTED RETAINER - PORCELAIN FUSED TO PREDOMINANTLY BASE ALLOYS	\$2,126.00	Yes
D6099	IMPLANT SUPPORTED RETAINER FOR FPD - PORCELAIN FUSED TO NOBLE ALLOYS	\$2,336.00	Yes
D6101	DEBRIDEMENT OF A PERI-IMPLANT DEFECT OR DEFECTS SURROUNDING A SINGLE IMPLANT, AND SURFACE CLEANING OF THE EXPOSED IMPLANT SURFACES, INCLUDING FLAP ENTRY AND CLOSURE	\$473.00	
D6102	DEBRIDEMENT AND OSSEOUS CONTOURING OF A PERI-IMPLANT DEFECT OR DEFECTS SURROUNDING A SINGLE IMPLANT AND INCLUDES SURFACE CLEANING OF THE EXPOSED IMPLANT SURFACES, INCLUDING FLAP ENTRY AND CLOSURE	\$473.00	

CDT CODE	PROCEDURE	NYS WC FEE	PAR Required
D6103	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 – MANDIBULAR	\$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 – MANDIBULAR	\$12,000.00	Yes
D6116	IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH – MAXILLARY	\$8,500.00	Yes
D6117	IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH – MANDIBULAR	\$8,500.00	Yes
D6118	IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR EDENTULOUS ARCH – MANDIBULAR	\$2,100.00	Yes
D6119	IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR EDENTULOUS ARCH – MAXILLARY	\$2,100.00	Yes
D6120	IMPLANT SUPPORTED RETAINER – PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$2,336.00	Yes
D6121	IMPLANT SUPPORTED RETAINER FOR METAL FPD – PREDOMINANTLY BASE ALLOYS	\$2,126.00	Yes
D6122	IMPLANT SUPPORTED RETAINER FOR METAL FPD – NOBLE ALLOYS	\$2,336.00	Yes
D6123	IMPLANT SUPPORTED RETAINER FOR METAL FPD – TITANIUM AND TITANIUM ALLOYS	\$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	
D6194	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD – TITANIUM AND TITANIUM ALLOYS	\$1,050.00	Yes
D6195	ABUTMENT SUPPORTED RETAINER - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$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
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 TITANIUM AND TITANIUM ALLOYS	\$1,365.00	Yes
D6245	PONTIC - PORCELAIN/CERAMIC	\$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 DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION	\$473.00	
D6545	RETAINER - CAST METAL FOR RESIN BONDED FIXED PROSTHESIS	\$619.00	

CDT CODE	PROCEDURE	NYS WC FEE	PAR Required
D6548	RETAINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHESIS	\$840.00	
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 SURFACES	\$1,050.00	Yes
D6604	RETAINER INLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES	\$1,050.00	Yes
D6605	RETAINER INLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	\$1,050.00	Yes
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
D6610	RETAINER ONLAY - CAST HIGH NOBLE METAL, TWO SURFACES	\$1,050.00	Yes
D6611	RETAINER ONLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	\$1,050.00	Yes
D6612	RETAINER ONLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES	\$1,050.00	Yes
D6613	RETAINER ONLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	\$1,050.00	Yes
D6614	RETAINER ONLAY - CAST NOBLE METAL, TWO SURFACES	\$1,050.00	Yes
D6615	RETAINER ONLAY - CAST NOBLE METAL, THREE OR MORE SURFACES	\$1,050.00	Yes
D6624	RETAINER INLAY - TITANIUM	\$1,050.00	Yes
D6634	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	
D6721	RETAINER CROWN - RESIN WITH PREDOMINANTLY BASE METAL	\$1,048.00	Yes
D6722	RETAINER CROWN - RESIN WITH NOBLE METAL	\$992.00	
D6740	RETAINER CROWN - PORCELAIN/CERAMIC	\$951.00	
D6750	RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	\$1,365.00	Yes
D6751	RETAINER CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$1,233.00	Yes
D6752	RETAINER CROWN - PORCELAIN FUSED TO NOBLE METAL	\$1,050.00	Yes
D6753	RETAINER CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$1,300.00	Yes
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
D6782	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
D6790	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 OF DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION	\$525.00	
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 CODE	PROCEDURE	NYS WC FEE	PAR Required
D6980	FIXED PARTIAL DENTURE REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	\$263.00	
D7111	EXTRACTION, CORONAL REMNANTS – PRIMARY TOOTH	\$200.00	
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	\$205.00	
D7210	EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	\$341.00	
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	\$394.00	
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	\$475.00	
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	\$578.00	
D7241	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	\$625.00	
D7250	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	\$357.00	
D7251	CORONECTOMY – INTENTIONAL PARTIAL TOOTH REMOVAL, IMPACTED TEETH ONLY	\$525.00	
D7260	OROANTRAL FISTULA CLOSURE	\$1,921.00	Yes
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	\$1,997.00	Yes
D7270	TOOTH RE-IMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH	\$450.00	
D7272	TOOTH TRANSPLANTATION (INCLUDES RE-IMPLANTATION FROM ONE SITE TO ANOTHER AND SPLINTING AND/OR STABILIZATION)	\$683.00	
D7280	EXPOSURE OF AN UNERUPTED TOOTH	\$675.00	
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	\$375.00	
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	\$425.00	
D7285	INCISIONAL BIOPSY OF ORAL TISSUE-HARD (BONE, TOOTH)	\$545.00	
D7286	INCISIONAL BIOPSY OF ORAL TISSUE-SOFT	\$475.00	
D7287	EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION	\$200.00	
D7290	SURGICAL REPOSITIONING OF TEETH	\$683.00	
D7291	TRANSSEPTAL FIBEROTOMY/SUPRA CRESTAL FIBEROTOMY, BY REPORT	\$300.00	
D7292	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE [SCREW RETAINED PLATE] REQUIRING FLAP	\$1,691.00	Yes
D7293	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE REQUIRING FLAP	\$1,240.00	Yes
D7294	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP	\$928.00	
D7295	HARVEST OF BONE FOR USE IN AUTOGENOUS GRAFTING PROCEDURE	\$1,050.00	Yes
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	\$389.00	
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	\$389.00	
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	\$527.00	
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	\$527.00	
D7340	VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION)	\$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)	\$2,611.00	Yes
D7510	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE	\$213.00	

CDT CODE	PROCEDURE	NYS WC FEE	PAR Required
D7511	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)	\$400.00	
D7520	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE	\$604.00	
D7521	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)	\$729.00	
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE	\$525.00	
D7540	REMOVAL OF REACTION PRODUCING FOREIGN BODIES, MUSCULOSKELETAL SYSTEM	\$821.00	
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE	\$799.00	
D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY	\$1,121.00	Yes
D7610	MAXILLA - OPEN REDUCTION (TEETH IMMOBILIZED, IF PRESENT)	\$5,300.00	Yes
D7620	MAXILLA - CLOSED REDUCTION (TEETH IMMOBILIZED, IF PRESENT)	\$3,900.00	Yes
D7630	MANDIBLE - OPEN REDUCTION (TEETH IMMOBILIZED, IF PRESENT)	\$5,300.00	Yes
D7640	MANDIBLE - CLOSED REDUCTION (TEETH IMMOBILIZED, IF PRESENT)	\$3,900.00	Yes
D7650	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION	\$3,675.00	Yes
D7660	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	\$2,625.00	Yes
D7670	ALVEOLUS - CLOSED REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	\$1,890.00	Yes
D7671	ALVEOLUS - OPEN REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	\$2,150.00	Yes
D7680	FACIAL BONES - COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES	\$4,882.00	Yes
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 MULTIPLE APPROACHES	\$7,166.00	Yes
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
D7880	OCCLUSAL ORTHOTIC DEVICE, BY REPORT	\$1,099.00	Yes
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	\$661.00	
D7911	COMPLICATED SUTURE - UP TO 5 CM	\$1,308.00	Yes
D7912	COMPLICATED SUTURE - GREATER THAN 5 CM	\$2,136.00	Yes
D7920	SKIN GRAFT (IDENTIFY DEFECT COVERED, LOCATION AND TYPE OF GRAFT)	\$2,205.00	Yes
D7921	COLLECTION AND APPLICATION OF AUTOLOGOUS BLOOD CONCENTRATE PRODUCT	\$525.00	
D7941	OSTEOTOMY - MANDIBULAR RAMI	\$6,211.00	Yes
D7943	OSTEOTOMY - MANDIBULAR RAMI WITH BONE GRAFT; INCLUDES OBTAINING THE GRAFT	\$5,292.00	Yes
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 - SEGMENTED)	\$5,800.00	Yes
D7948	LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION) - WITHOUT BONE GRAFT	\$6,064.00	Yes
D7949	LEFORT II OR LEFORT III - WITH BONE GRAFT	\$7,166.00	Yes
D7950	OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF THE MANDIBLE OR MAXILLA - AUTOGENOUS OR NONAUTOGENOUS, BY REPORT	\$2,756.00	Yes
D7951	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES VIA A LATERAL OPEN APPROACH	\$2,100.00	Yes
D7952	SINUS AUGMENTATION VIA A VERTICAL APPROACH	\$1,260.00	Yes
D7953	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SITE	\$560.00	
D7963	FRENULOPLASTY	\$396.00	
D7970	EXCISION OF HYPERPLASTIC TISSUE - PER ARCH	\$630.00	
D7971	EXCISION OF PERICORONAL GINGIVA	\$210.00	
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	\$541.00	
D7982	SIALODOCHOPLASTY	\$1,890.00	Yes
D7983	CLOSURE OF SALIVARY FISTULA	\$2,079.00	Yes
D7991	CORONOIDECTOMY	\$2,866.00	Yes
D7997	APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE), INCLUDES REMOVAL OF ARCHBAR	\$622.00	
D8010	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	\$3,300.00	Yes
D8020	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 DENTITION	\$5,234.00	Yes
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	\$5,234.00	Yes
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	\$6,139.00	Yes
D8210	REMOVABLE APPLIANCE THERAPY	\$394.00	
D8220	FIXED APPLIANCE THERAPY	\$394.00	
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT	\$247.00	
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF RETAINER(S))	\$370.00	
D8681	REMOVABLE ORTHODONTIC RETAINER ADJUSTMENT	\$117.00	
D8695	REMOVAL OF FIXED ORTHODONTIC APPLIANCES FOR REASONS OTHER THAN COMPLETION OF TREATMENT	\$600.00	
D8696	REPAIR OF ORTHODONTIC APPLIANCE – MAXILLARY	\$300.00	

CDT CODE	PROCEDURE	NYS WC FEE	PAR Required
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 – MAXILLARY	\$300.00	
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	
D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	\$68.00	
D9211	REGIONAL BLOCK ANESTHESIA	\$105.00	
D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA	\$263.00	
D9215	LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	\$65.00	
D9219	EVALUATION FOR MODERATE SEDATION, DEEP SEDATION OR GENERAL ANESTHESIA	\$180.00	
D9222	DEEP SEDATION/GENERAL ANESTHESIA – FIRST 15 MINUTES	\$185.00	
D9223	DEEP SEDATION/GENERAL ANESTHESIA – EACH SUBSEQUENT 15 MINUTE INCREMENT	\$185.00	
D9230	INHALATION OF NITROUS OXIDE/ANALGESIA, ANXIOLYSIS	\$100.00	
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA- FIRST 15 MINUTES	\$125.00	
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA – EACH SUBSEQUENT 15 MINUTE INCREMENT	\$125.00	
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	\$211.00	
D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN	\$128.00	
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 HOURS) - NO OTHER SERVICES PERFORMED	\$54.00	
D9440	OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS	\$116.00	
D9450	CASE PRESENTATION, SUBSEQUENT TO DETAILED AND EXTENSIVE TREATMENT PLANNING	\$99.00	
D9610	THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION	\$149.00	
D9612	THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, DIFFERENT MEDICATIONS	\$198.00	
D9630	DRUGS OR MEDICAMENTS DISPENSED IN THE OFFICE FOR HOME USE	\$35.00	
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	\$63.00	
D9911	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT SURFACE, PER TOOTH	\$68.00	
D9920	BEHAVIOR MANAGEMENT, BY REPORT	\$65.00	
D9930	TREATMENT OF COMPLICATIONS (POST-SURGICAL) - UNUSUAL CIRCUMSTANCES, BY REPORT	\$110.00	
D9932	CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, MAXILLARY	\$53.00	
D9933	CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, MANDIBULAR	\$53.00	
D9934	CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, MAXILLARY	\$53.00	

CDT CODE	PROCEDURE	NYS WC FEE	PAR Required
D9935	CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, MANDIBULAR	\$53.00	
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