

DENTAL FEE SCHEDULE Effective 02/01/2018

Print Date: 01/02/2019

Mississippi Medicaid dental fees are set at the 75th percentile minus 46% effective for dates of service beginning 7/1/2014.

Current Dental Terminology (including procedure codes, nomenclature, descriptors and other data contained therein) is copyright © 2016 American Dental Association. All rights reserved. Applicable FARS/DFARS Apply.

Code	Code Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D0120	Fee on File		PERIODIC ORAL EXAM ESTABLISHED PATIENT	0	20	02/01/2018	12/31/9999	1	27.14
D0140	Fee on File		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	0	999	07/01/2014	12/31/9999	1	40.73
D0145	Fee on File		ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY	0	2	07/01/2014	12/31/9999	1	37.87
D0150	Fee on File		COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT COMPREHENSIVE	0	20	07/01/2014	12/31/9999	1	42.87
D0160	Not Covered		DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED, BY REPORT	0	999	01/01/1996	12/31/9999	1	0.00
D0170	Not Covered		RE-EVALUATION-LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT POST-OP	0	999	01/01/2000	12/31/9999	1	0.00
D0171	Not Covered		RE-EVALUATION POST OPERATIVE OFFICE VISIT	0	999	01/01/2015	12/31/9999	1	0.00
D0180	Not Covered		COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT	0	999	01/01/2003	12/31/9999	1	0.00
D0190	Not Covered		SCREENING OF A PATIENT	0	999	01/01/2013	12/31/9999	1	0.00
D0191	Not Covered		ASSESSMENT OF A PATIENT	0	999	01/01/2013	12/31/9999	1	0.00
D0210	Fee on File		INTRAORAL-COMPLETE SERIES OF RADIOGRAPHIC IMAGES	0	999	07/01/2014	12/31/9999	1	66.32
D0220	Fee on File		INTRAORAL-PERIAPICAL FIRST RADIOGRAPHIC IMAGE	0	999	07/01/2014	12/31/9999	1	13.26
D0230	Fee on File		INTRAORAL-PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	0	999	07/01/2014	12/31/9999	13	11.94
D0240	Not Covered		INTRAORAL-OCCLUSAL RADIOGRAPHIC IMAGE	0	999	07/01/1983	12/31/9999	1	0.00
D0250	Not Covered		EXTRA-ORAL - 2D PROJECTION RADIOGRAPHIC IMAGE CREATED USING A STATIONARY RADIATION SOURCE, AND DETECTOR	0	999	07/01/1983	12/31/9999	1	0.00
D0251	Not Covered		EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE	0	999	01/01/2016	12/31/9999	1	0.00
D0270	Fee on File		BITEWING-SINGLE RADIOGRAPHIC	0	999	07/01/2014	12/31/9999	1	13.36
D0272	Fee on File		BITEWINGS-TWO RADIOGRAPHIC	0	999	07/01/2014	12/31/9999	1	21.37
D0273	Fee on File		BITEWINGS-THREE RADIOGRAPHIC IMAGES	0	999	07/01/2014	12/31/9999	1	26.05
D0274	Fee on File		BITEWINGS-FOUR RADIOGRAPHIC IMAGES	0	999	07/01/2014	12/31/9999	1	30.06
D0277	Not Covered		VERTICAL BITEWINGS-7 TO 8 RADIOGRAPHIC IMAGES	0	999	01/01/2000	12/31/9999	1	0.00
D0310	Not Covered		SALIOGRAPHY	0	999	07/01/1983	12/31/9999	1	0.00
D0320	Not Covered		TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCLUDING INJECTION	0	999	12/10/1991	12/31/9999	99999	0.00
D0321	Priced by PA	Yes	OTHER TEMPOROMANDIBULAR JOINT RADIOGRAPHIC IMAGES BY REPORT	0	999	12/01/2008	12/31/9999	2	0.00
D0322	Not Covered		TOMOGRAPHIC SURVEY	0	999	12/01/1992	12/31/9999	9999	0.00
D0330	Fee on File		PANORAMIC RADIOGRAPHIC IMAGE	0	999	07/01/2014	12/31/9999	1	54.52

Code	Code Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D0340	Fee on File		2D CELPHALOMETRIC RADIOGRAPHIC IMAGE - ACQUISITION, MEASUREMENT AND ANALYSIS	0	20	07/01/2014	12/31/9999	1	61.56
D0350	Fee on File		2D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY	0	20	07/01/2014	12/31/9999	1	29.32
D0351	Not Covered		3D PHOTOGRAPHIC IMAGE	0	20	01/01/2015	12/31/9999	1	0.00
D0364	Not Covered		CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW- LESS THAN ONE WHOLE JAW	0	999	01/01/2013	12/31/9999	1	0.00
D0365	Not Covered		CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH-MANDIBLE	0	999	01/01/2013	12/31/9999	1	0.00
D0366	Not Covered		CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH-MAXILLA, WITH OR WITHOUT CRANIUM	0	999	01/01/2013	12/31/9999	1	0.00
D0367	Not Covered		CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS WITH OR WITHOUT CRANIUM	0	999	01/01/2013	12/31/9999	1	0.00
D0368	Not Covered		CONE BEAM CT CAPTURE AND INTERPRETATION FOR TMJ SERIES INCLUDING TWO OR MORE EXPOSURES	0	999	01/01/2013	12/31/9999	1	0.00
D0369	Not Covered		MAXILLOFACIAL MRI CAPTURE AND INTERPRETATION	0	999	01/01/2013	12/31/9999	1	0.00
D0370	Not Covered		MAXILOFACIAL ULTRASOUND CAPTURE AND INTERPRETATION	0	999	01/01/2013	12/31/9999	1	0.00
D0371	Not Covered		SIALOENDOSCOPY CAPTURE AND INTERPRETATION	0	999	01/01/2013	12/31/9999	1	0.00
D0380	Not Covered		CONE BEAM CT IMAGE CAPTURE WITH LIMITED FIELD OF VIEW-LESS THAN ONE WHOLE JAW	0	999	01/01/2013	12/31/9999	1	0.00
D0381	Not Covered		CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH-MANDIBLE	0	999	01/01/2013	12/31/9999	1	0.00
D0382	Not Covered		CONE BEAM CT INMAGE CAPTURE WITH FOELD OF VIEW OF ONE FULL DENTAL ARCH-MAXILLA, WITH OR WITHOUT CRANIUM	0	999	01/01/2013	12/31/9999	1	0.00
D0383	Not Covered		CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF VIEW OF BOTH JAWS, WITH OR WOTHOUT CRAMIUM	0	999	01/01/2013	12/31/9999	1	0.00
D0384	Not Covered		CONE BEAM CT IMAGE CAPTURE FOR TMJ SERIES INCLUDING TWO OR MORE EXPOSURES	0	999	01/01/2013	12/31/9999	1	0.00
D0385	Not Covered		MAXILLOFACIAL MRI IMAGE CAPTURE	0	999	01/01/2013	12/31/9999	1	0.00
D0386	Not Covered		MAXILLOFACIAL ULTRASOUND IMAGE CAPTURE	0	999	01/01/2013	12/31/9999	1	0.00
D0391	Not Covered		INTERPRETATION OF DIAGNOSTIC IMAGE BY A PRACTITIONER NOT ASSOCIATED WITH CAPTURE OF THE IMAGE, INCLUDING REPORT	0	999	01/01/2013	12/31/9999	1	0.00
D0393	Not Covered		TREATMENT SIMULATION USING 3D IMAGE VALUME	0	999	01/01/2014	12/31/9999	1	0.00
D0394	Not Covered		DIGITAL SUBTRACTION OF TWO OR MORE IMAGES OR IMAGE VOLUMES OF THE SAME MODALITY	0	999	01/01/2014	12/31/9999	1	0.00
D0395	Not Covered		FUSION OF TWO OR MORE 3D IMAGE VOLUMES OF ONE OR MORE	0	999	01/01/2014	12/31/9999	1	0.00
D0411	Fee on File		HCA1C IN-OFFICE POINT OF SERVICE TESTING	0	999	01/01/2018	12/31/9999	1	11.99
D0414	Not Covered		LAB PROCESSING OF MICROBIAL SPECIMEN INCLUDE CULTURE SENSITIVITY STUDIES, PREP, AND TRANSMISSION OF WRITTEN REPORT.	0	999	01/01/2017	12/31/9999	1	0.00

Code	Code Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D0415	Not Covered		COLLECTION OF MICROORGANISMS FOR CULTURE AND SENSITIVITY	0	999	12/01/1992	12/31/9999	9999	0.00
D0416	Not Covered		VIRAL CULTURE	0	999	01/01/2005	12/31/9999	1	0.00
D0417	Not Covered		COLLECTION & PREPARATION OF SALIVA SAMPLE FOR LABORATORY DIAGNOSTIC TEST	0	999	01/01/2009	12/31/9999	1	0.00
D0418	Not Covered		ANALYSIS OF SALIVA SAMPLE	0	999	01/01/2009	12/31/9999	1	0.00
D0422	Not Covered		COLLECTION AND PREPARATION OF GENETIC SAMPLE MATERIAL FOR LABORATORY ANALYSIS AND REPORT	0	999	01/01/2016	12/31/9999	1	0.00
D0423	Not Covered		GENETIC TEST FOR SUSCEPTIBILITY TO DISEASE - SPECIMEN ANALYSIS	0	999	01/01/2016	12/31/9999	1	0.00
D0425	Not Covered		CARIES SUSCEPTIBILITY TESTS	0	999	12/01/1992	12/31/9999	9999	0.00
D0431	Not Covered		ADJUNCTIVE PRE-DIAGNOSTIC TEST THAT AIDS IN DETECTION OF MUCOSAL ABNORMALITIES	0	999	01/01/2005	12/31/9999	1	0.00
D0460	Not Covered		PULP VITALITY TESTS	0	999	01/01/1970	12/31/9999	1	0.00
D0470	Fee on File		DIAGNOSTIC CASTS	0	20	07/01/2014	12/31/9999	1	65.75
D0472	Not Covered		ACCESSION OF TISSUE, GROSS EXAMINATION, PREPARATION AND TRANSMISSION OF	0	999	01/01/2000	12/31/9999	1	0.00
D0473	Not Covered		ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION, PREPARATION AND	0	999	01/01/2000	12/31/9999	1	0.00
D0474	Not Covered		ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION, INCLUDING ASSESS	0	999	01/01/2000	12/31/9999	1	0.00
D0475	Not Covered		DECALCIFICATION PROCEDURE	0	999	01/01/2005	12/31/9999	1	0.00
D0476	Not Covered		SPECIAL STAINS FOR MICROORGANISMS	0	999	01/01/2005	12/31/9999	1	0.00
D0477	Not Covered		SPECIAL STAINS, NOT FOR MICROORGANISMS	0	999	01/01/2005	12/31/9999	1	0.00
D0478	Not Covered		IMMUNOHISTOCHEMICAL STAINS	0	999	01/01/2005	12/31/9999	1	0.00
D0479	Not Covered		TISSUE IN-SITU HYBRIDIZATION, INCLUDING INTERPRETATION	0	999	01/01/2005	12/31/9999	1	0.00
D0480	Not Covered		ACCESSION OF EXFOLIATIVE CYTOLOGIC SMEARS, MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	0	999	01/01/2000	12/31/9999	1	0.00
D0481	Not Covered		ELECTRON MICROSCOPY-DIAGNOSTIC	0	999	01/01/2005	12/31/9999	1	0.00
D0482	Not Covered		DIRECT IMMUNOFLUORESCENCE	0	999	01/01/2005	12/31/9999	1	0.00
D0483	Not Covered		INDIRECT IMMUNOFLUORESCENCE	0	999	01/01/2005	12/31/9999	1	0.00
D0484	Not Covered		CONSULTATION ON SLIDES PREPARED ELSEWHERE	0	999	01/01/2005	12/31/9999	1	0.00
D0485	Not Covered		CONSULTATION, INCLUDING PREPARATION OF SLIDES FROM BIOPSY MATERIAL SUPPLIED BY	0	999	01/01/2005	12/31/9999	1	0.00
D0486	Not Covered		ACCESSION TRANSEPIHELIAL CYTOLOGIC SAMPLE, MICROSCOPIC EXAMINATION, PREPARATION AND TRASNMISSION OF WRITTEN REPORT	0	999	01/01/2007	12/31/9999	1	0.00
D0502	Not Covered		OTHER ORAL PATHOLOGY PROCEDURES, BY REPORT	0	999	12/10/1991	12/31/9999	99999	0.00
D0600	Not Covered		NON-IONIZING DIAGNOSTIC PROCEDURE CAPABLE OF QUANTIFYING, MONITORING, AND RECORDING CHANGES IN STRUCTURE OF ENAMEL, DENTIN AND CEMENTUM	0	999	01/01/2017	12/31/9999	1	0.00
D0601	Not Covered		CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF LOW RISK	0	999	01/01/2014	12/31/9999	1	0.00
D0602	Not Covered		CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF MODERATE RISK	0	999	01/01/2014	12/31/9999	1	0.00

Code	Code Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D0603	Not Covered		CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF HIGH RISK	0	999	01/01/2014	12/31/9999	1	0.00
D0999	Priced by PA	Yes	UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT	0	999	10/01/2003	12/31/9999	1	0.00
D1110	Not Covered		PROPHYLAXIS - ADULT	0	999	01/01/1970	12/31/9999	1	0.00
D1120	Fee on File		PROPHYLAXIS - CHILD	0	20	07/01/2014	12/31/9999	1	30.11
D1206	Fee on File		TOPICAL APPLICATION OF FLUORIDE VARNISH	0	20	07/01/2014	12/31/9999	1	25.05
D1208	Fee on File		TOPICAL APPLICATION OF FLUORIDE	0	20	07/01/2014	12/31/9999	1	16.70
D1310	Not Covered		NUTRITIONAL COUNSELING FOR THE CONTROL OF DENTAL DISEASE	0	999	01/01/1970	12/31/9999	1	0.00
D1320	Not Covered		TOBACCO COUNSELING FOR THE CONTROL AND PREVENTION OF ORAL DISEASE	0	999	01/01/1996	12/31/9999	1	0.00
D1330	Not Covered		ORAL HYGIENE INSTRUCTION	0	999	01/01/1970	12/31/9999	1	0.00
D1351	Fee on File		SEALANT - PER TOOTH	0	20	07/01/2014	12/31/9999	1	28.39
D1352	Not Covered		PREVENTATIVE RESIN RESTORATION IN A MODERAT TO HIGH CARIES RISK PATIENT-PERMANENT TOOTH	0	999	01/01/2011	12/31/9999	1	0.00
D1353	Not Covered		SEALANT REPAIR- PER TOOTH	0	20	01/01/2015	12/31/9999	1	0.00
D1354	Not Covered		INTERIM CARIES ARRESTING MEDICAMENT APPLICATION - PER	0	999	01/01/2016	12/31/9999	1	0.00
D1510	Fee on File		SPACE MAINTAINER - FIXED-UNILATERAL	0	20	07/01/2014	12/31/9999	4	179.20
D1516	Fee on File		SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY	0	20	01/01/2019	12/31/9999	2	250.88
D1517	Fee on File		SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR	0	20	01/01/2019	12/31/9999	2	250.88
D1520	Fee on File		SPACE MAINTAINER - REMOVABLE-UNILATERAL	0	20	07/01/2014	12/31/9999	4	197.12
D1526	Fee on File		SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY	0	20	01/01/2019	12/31/9999	2	304.64
D1527	Fee on File		SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR	0	20	01/01/2019	12/31/9999	2	304.64
D1550	Fee on File		RE-CEMENT OR RE-BOND SPACE MAINTAINER	0	20	07/01/2014	12/31/9999	4	38.71
D1555	Fee on File		REMOVAL OF FIXED SPACER MAINTAINER	0	20	07/01/2014	12/31/9999	1	37.27
D1575	Not Covered		DISTAL SHOE MAINTAINER-FIXED-UNILATERAL	0	999	01/01/2017	12/31/9999	1	0.00
D1999	Not Covered		UNSPECIFIED PREVENTIVE PROCEDURE, BY REPORT	0	999	01/01/2014	12/31/9999	1	0.00
D2140	Fee on File		AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT AMALGAM-ONE SURFACE, PRIMARY O	0	20	07/01/2014	12/31/9999	1	69.58
D2150	Fee on File		AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT AMALGAM-TWO SURFACES, PRIMARY	0	20	07/01/2014	12/31/9999	1	90.05
D2160	Fee on File		AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT AMALGAM-THREE SURFACES, PRI	0	20	07/01/2014	12/31/9999	1	108.87
D2161	Fee on File		AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT AMALGAM-FOUR OR MORE	0	20	07/01/2014	12/31/9999	1	132.61
D2330	Fee on File		RESIN-ONE SURFACE, ANTERIOR	0	20	07/01/2014	12/31/9999	1	72.89
D2331	Fee on File		RESIN-TWO SURFACES, ANTERIOR	0	20	07/01/2014	12/31/9999	1	93.03
D2332	Fee on File		RESIN-THREE SURFACES, ANTERIOR	0	20	07/01/2014	12/31/9999	1	113.85
D2335	Fee on File		RESIN-FOUR OR MORE SURFACES ON INVOLVING INCISAL ANGLE	0	20	07/01/2014	12/31/9999	1	134.68
D2390	Fee on File		RESIN-BASED COMPOSITE CROWN, ANTERIOR	0	20	07/01/2014	12/31/9999	1	149.26
D2391	Fee on File		RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	0	20	07/01/2014	12/31/9999	1	85.39

Code	Code Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D2392	Fee on File		RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	0	20	07/01/2014	12/31/9999	1	111.77
D2393	Fee on File		RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	0	20	07/01/2014	12/31/9999	1	138.85
D2394	Fee on File		RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	0	20	07/01/2014	12/31/9999	1	170.09
D2410	Not Covered		GOLD FOIL - ONE SURFACE	0	999	01/01/1970	12/31/9999	1	0.00
D2420	Not Covered		GOLD FOIL - TWO SURFACES	0	999	01/01/1970	12/31/9999	1	0.00
D2430	Not Covered		GOLD FOIL - THREE SURFACES	0	999	01/01/1970	12/31/9999	1	0.00
D2510	Not Covered		INLAY - METALLIC - ONE SURFACE	0	999	01/01/1970	12/31/9999	1	0.00
D2520	Not Covered		INLAY - METALLIC - TWO SURFACES	0	999	01/01/1970	12/31/9999	1	0.00
D2530	Not Covered		INLAY - METALLIC - THREE SURFACES	0	999	01/01/1970	12/31/9999	1	0.00
D2542	Not Covered		ONLAY-METALLIC-TWO SURFACES	0	999	01/01/2000	12/31/9999	1	0.00
D2543	Not Covered		ONLAY - METALLIC - THREE SURFACES	0	999	01/01/1996	12/31/9999	1	0.00
D2544	Not Covered		ONLAY - METALLIC - FOUR OR MORE SURFACES	0	999	01/01/1996	12/31/9999	1	0.00
D2610	Not Covered		INLAY - PORCELAIN/CERAMIC - ONE SURFACE	0	999	01/01/1970	12/31/9999	1	0.00
D2620	Not Covered		INLAY - PORCELAIN/CERAMIC-TWO SURFACES	0	999	12/10/1991	12/31/9999	99999	0.00
D2630	Not Covered		INLAY - PORCELAIN/CERAMIC-THREE SURFACES	0	999	12/10/1991	12/31/9999	99999	0.00
D2642	Not Covered		ONLAY - PORCELAIN/CERAMIC - TWO SURFACES	0	999	01/01/1996	12/31/9999	1	0.00
D2643	Not Covered		ONLAY - PORCELAIN/CERAMIC - THREE SURFACES	0	999	01/01/1996	12/31/9999	1	0.00
D2644	Not Covered		ONLAY - PORCELAIN/CERAMIC - FOUR OR MORE SURFACES	0	999	01/01/1996	12/31/9999	1	0.00
D2650	Not Covered		INLAY - RESIN-BASED COMPOSITE - ONE SURFACE INLAY - RESIN-BASED COMPOSIT	0	999	12/01/1992	12/31/9999	9999	0.00
D2651	Not Covered		INLAY - RESIN-BASED COMPOSITE - TWO SURFACES INLAY - RESIN-BASED COMPOSI	0	999	12/01/1992	12/31/9999	9999	0.00
D2652	Not Covered		INLAY - RESIN-BASED COMPOSITE - THREE OR MORE SURFACES INLAY - RESIN-BAS	0	999	12/01/1992	12/31/9999	9999	0.00
D2662	Not Covered		ONLAY - RESIN-BASED COMPOSITE - TWO SURFACES ONLAY - RESIN-BASED COMPOSI	0	999	01/01/1996	12/31/9999	1	0.00
D2663	Not Covered		ONLAY - RESIN-BASED COMPOSITE - THREE SURFACES ONLAY - RESIN-BASED COMPO	0	999	01/01/1996	12/31/9999	1	0.00
D2664	Not Covered		ONLAY - - RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES ONLAY - - RESIN-	0	999	01/01/1996	12/31/9999	1	0.00
D2710	Not Covered		CROWN-RESIN-BASED COMPOSITE (INDIRECT)	0	999	01/01/1970	12/31/9999	1	0.00
D2712	Not Covered		CROWN - 3/4 RESIN-BASED COMPOSITE (INDIRECT)	0	999	01/01/2005	12/31/9999	1	0.00
D2720	Not Covered		CROWN-RESIN WITH HIGH NOBLE METAL	0	999	01/01/1970	12/31/9999	1	0.00
D2721	Not Covered		CROWN-RESIN WITH PREDOMINANTLY BASE METAL	0	999	01/01/1970	12/31/9999	1	0.00
D2722	Not Covered		CROWN-RESIN WITH NOBLE METAL	0	999	01/01/1970	12/31/9999	1	0.00
D2740	Not Covered		CROWN-PORCELAIN/CERAMIC-SUBSTRATE	0	999	01/01/1970	12/31/9999	1	0.00
D2750	Fee on File	Yes	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	0	20	07/01/2014	12/31/9999	32	549.74
D2751	Fee on File	Yes	CROWN-PROCELAIN FUSED TO PREDOMINANTLY BASE METAL	0	20	07/01/2014	12/31/9999	32	511.89
D2752	Fee on File	Yes	CROWN-PORCELAIN FUSED TO NOBLE METAL	0	20	07/01/2014	12/31/9999	32	524.30
D2780	Not Covered		CROWN - 3/4 CAST HIGH NOBLE METAL	0	999	01/01/2000	12/31/9999	1	0.00

Code	Code Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D2781	Not Covered		CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	0	999	01/01/2000	12/31/9999	1	0.00
D2782	Not Covered		CROWN - 3/4 CAST NOBLE METAL	0	999	01/01/2000	12/31/9999	1	0.00
D2783	Not Covered		CROWN - 3/4 PORCELAIN/CERAMIC	0	999	01/01/2000	12/31/9999	1	0.00
D2790	Not Covered		CROWN - FULL CAST HIGH NOBLE METAL	0	999	01/01/1970	12/31/9999	1	0.00
D2791	Not Covered		CROWN - FULL CAST PREDOMINANTLY BASE METAL	0	999	09/01/1986	12/31/9999	99999	0.00
D2792	Not Covered		CROWN - FULL CAST NOBLE METAL	0	999	01/01/1970	12/31/9999	1	0.00
D2794	Not Covered		CROWN-TITANIUM	0	999	01/01/2005	12/31/9999	1	0.00
D2799	Not Covered		PROVISIONAL CROWN-FURTHER TREATMENT OR COMPLETION OF DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION	0	999	01/01/2000	12/31/9999	1	0.00
D2910	Not Covered		RECEMENT INLAY, ONLAY OR PARTIAL COVERAGE RESTORATION	0	999	01/01/1970	12/31/9999	1	0.00
D2915	Not Covered		RECEMENT CAST OR PREFABRICATED POST AND CORE	0	999	01/01/2005	12/31/9999	1	0.00
D2920	Not Covered		RECEMENT CROWN	0	999	01/01/1970	12/31/9999	1	0.00
D2921	Not Covered		REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP	0	999	01/01/2014	12/31/9999	1	0.00
D2929	Not Covered		PREFABRICATED PORCELAIN/CERAMIC CROWN-PRIMARY TOOTH	0	999	01/01/2013	12/31/9999	1	0.00
D2930	Fee on File		PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH	0	20	07/01/2014	12/31/9999	1	134.79
D2931	Fee on File		PREFABRICATED STAINLESS STEEL CROWN - PERMANENT TOOTH	0	20	07/01/2014	12/31/9999	1	152.40
D2932	Not Covered		PREFABRICATED RESIN CROWN	0	999	12/10/1991	12/31/9999	99999	0.00
D2933	Fee on File		PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	0	20	07/01/2014	12/31/9999	1	186.27
D2934	Fee on File		PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH	0	20	07/01/2014	12/31/9999	1	186.27
D2940	Fee on File	Yes	PROTECTIVE RESTORATION POST REMOVAL	0	20	07/01/2014	12/31/9999	1	51.48
D2941	Not Covered		INTERIM THERAPEUTIC RESTORATION-PRIMARY DENTITION	0	999	01/01/2014	12/31/9999	1	0.00
D2949	Not Covered		RESTORATIVE FOUNDATION FOR AN INDIRECT RESTORATION	0	999	01/01/2014	12/31/9999	1	0.00
D2950	Not Covered		CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED	0	999	01/01/1970	12/31/9999	1	0.00
D2951	Not Covered		PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION	0	20	12/10/1991	12/31/9999	99999	0.00
D2952	Fee on File	Yes	POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED	0	20	07/01/2014	12/31/9999	1	203.21
D2953	Not Covered		EACH ADDITIONAL INDIRECTLY FABRICATED POST - SAME TOOTH	0	999	01/01/2000	12/31/9999	1	0.00
D2954	Not Covered		PREFABRICATED POST AND CORE IN ADDITION TO CROWN	0	999	12/10/1991	12/31/9999	99999	0.00
D2955	Not Covered		POST REMOVAL (NOT IN CONJUNCTION WITH ENDODONTIC THERAPY)	0	999	01/01/1996	12/31/9999	1	0.00
D2957	Not Covered		EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	0	999	01/01/2000	12/31/9999	1	0.00
D2960	Not Covered		LABIAL VENEER (LAMINATE)-CHAIRSIDE	0	999	07/28/1986	12/31/9999	1	0.00
D2961	Not Covered		LABIAL VENEER (RESIN LAMINATE)-LABORATORY	0	999	12/01/1992	12/31/9999	9999	0.00
D2962	Not Covered		LABIAL VENEER (PORCELAIN LAMINATE)-LABORATORY	0	999	12/01/1992	12/31/9999	9999	0.00
D2971	Not Covered		ADDITIONAL PROCEDURES TO CONSTRUCT NEW CROWN UNDER EXISTING PARTIAL DENTURE	0	999	01/01/2005	12/31/9999	1	0.00
D2975	Not Covered		COPING	0	999	01/01/2005	12/31/9999	1	0.00
D2980	Not Covered		CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	0	999	12/10/1991	12/31/9999	99999	0.00

Code	Code Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D2981	Not Covered		INLAY REPAIR NECESSITAED BY RESTORATIVE MATERIAL FAILURE	0	999	01/01/2013	12/31/9999	1	0.00
D2982	Not Covered		ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	0	999	01/01/2013	12/31/9999	1	0.00
D2983	Not Covered		VANEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	0	999	01/01/2013	12/31/9999	1	0.00
D2990	Not Covered		RESIN INFILTRATION OF INCIPIENT SMOOTH SURFACE LESIONS	0	999	01/01/2013	12/31/9999	1	0.00
D2999	Priced by PA	Yes	UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT	0	20	10/01/2003	12/31/9999	1	0.00
D3110	Not Covered		PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)	0	999	01/01/1970	12/31/9999	1	0.00
D3120	Not Covered		PULP CAP -INDIRECT (EXCLUDING FINAL RESTORATION)	0	999	01/01/1970	12/31/9999	1	0.00
D3220	Fee on File		THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP COR	0	20	07/01/2014	12/31/9999	1	97.28
D3221	Not Covered		PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH PULPAL DEBRIDEMENT, PRIM	0	999	01/01/2000	12/31/9999	1	0.00
D3222	Fee on File		PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH INCOMPLETED ROOT DEVELOPMENT	0	20	07/01/2014	12/31/9999	1	98.86
D3230	Not Covered		PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING F	0	999	01/01/1996	12/31/9999	1	0.00
D3240	Not Covered		PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING	0	999	01/01/1996	12/31/9999	1	0.00
D3310	Fee on File		ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL	0	20	07/01/2014	12/31/9999	1	372.43
D3320	Fee on File		ENDODONTIC THERAPY, PREMOLAR BICUSPID TOOTH (EXCLUDING FINAL RESTORATION)	0	20	07/01/2014	12/31/9999	1	456.41
D3330	Fee on File		ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION)	0	20	07/01/2014	12/31/9999	1	565.95
D3331	Not Covered		TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS	0	999	01/01/2000	12/31/9999	1	0.00
D3332	Not Covered		INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH	0	999	01/01/2000	12/31/9999	1	0.00
D3333	Not Covered		INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	0	999	01/01/2000	12/31/9999	1	0.00
D3346	Fee on File	Yes	RETREATMENT-ANTERIOR, BY REPORT	0	20	07/01/2014	12/31/9999	1	496.58
D3347	Fee on File	Yes	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY	0	20	07/01/2014	12/31/9999	1	584.21
D3348	Fee on File	Yes	RETREATMENT-MOLAR, BY REPORT	0	20	07/01/2014	12/31/9999	1	722.96
D3351	Not Covered		APEXIFICATION/ RECALCIFICATION- INITIAL VISIT (APICAL CLOSURE/ CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, PULP SPACE DISINFECTION, ETC.)	0	999	12/01/1992	12/31/9999	9999	0.00
D3352	Not Covered		APEXIFICATION/RECALCIFICATION- INTERIM MEDICATION REPLACEMENT	0	999	12/01/1992	12/31/9999	9999	0.00
D3353	Not Covered		APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL	0	999	12/01/1992	12/31/9999	9999	0.00
D3355	Not Covered		PULPAL REGENERATION- INITIAL VISIT	0	999	01/01/2014	12/31/9999	1	0.00
D3356	Not Covered		PULPAL REGENERATION- INTERIM MEDICATION REPLACEMENT	0	999	01/01/2014	12/31/9999	1	0.00
D3357	Not Covered		PULPAL REGENERATION- COMPLETION OF TREATMENT	0	999	01/01/2014	12/31/9999	1	0.00
D3410	Not Covered		APICOECTOMY- ANTERIOR	0	999	07/01/1983	12/31/9999	1	0.00

Code	Code Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D3421	Not Covered		APICOECTOMY-BICUSPID PREMOLAR (FIRST TOOTH)	0	999	12/01/1992	12/31/9999	9999	0.00
D3425	Not Covered		APICOECTOMY- MOLAR (FIRST ROOT)	0	999	12/01/1992	12/31/9999	9999	0.00
D3426	Not Covered		APICOECTOMY-(EACH ADDITIONAL	0	999	12/01/1992	12/31/9999	9999	0.00
D3427	Not Covered		PERIRADICULAR SURGERY WITHOUT APICOECTOMY	0	999	01/01/2014	12/31/9999	1	0.00
D3428	Not Covered		BONE GRAFT IN CONJUNCTION WITH PERIRADICULAR SURGERY- PER TOOTH, SINGLE SITE	0	999	01/01/2014	12/31/9999	1	0.00
D3429	Not Covered		BONE GRAFT IN CONJUNCTION WITH PERIRADICULAR SURGERY- EACH ADDITIONAL CONTIGUOUS TOOTH IN THE SAME SURGICAL SITE	0	999	01/01/2014	12/31/9999	1	0.00
D3430	Not Covered		RETROGRADE FILLING - PER ROOT	0	999	07/01/1983	12/31/9999	1	0.00
D3431	Not Covered		BIOLOGICAL MATERIAL TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION IN CONJUNCTION WITH PERIRADICULAR SURGERY	0	999	01/01/2014	12/31/9999	1	0.00
D3432	Not Covered		GUIDED TISSUE REGENERATION, RESORBABLE BARRIER, PER SITE, IN CONJUNCTION WITH PERIRADICULAR SURGERY	0	999	01/01/2014	12/31/9999	1	0.00
D3450	Not Covered		ROOT AMPUTATION - PER ROOT	0	999	07/01/1983	12/31/9999	1	0.00
D3460	Not Covered		ENDODONTIC ENDOSSEOUS IMPLANT	0	999	01/01/1970	12/31/9999	1	0.00
D3470	Not Covered		INTENTIONAL REPLANTATION (INCLUDING NECESSARY SPLINTING)	0	999	12/01/1992	12/31/9999	9999	0.00
D3910	Not Covered		SURGICAL PROCEDURE FOR ISOLATION OF TOOTH WITH RUBBER DAM	0	999	01/01/1970	12/31/9999	1	0.00
D3920	Not Covered		HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROOT CANAL THERA	0	999	01/01/1970	12/31/9999	1	0.00
D3950	Not Covered		CANAL PREPARATION AND FITTING OF PREFORMED DOWEL OR POST	0	999	01/01/1970	12/31/9999	1	0.00
D3999	Priced by PA	Yes	UNSPECIFIED ENDODONTIC PROCEDURE, BY REPORT	0	20	10/01/2003	12/31/9999	1	0.00
D4210	Fee on File		GINGIVECTOMY OR GINGIVOPLASTY- FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT, PERFORMED TO ELIMINATE SUPRABONY POCKETS	0	999	07/01/2014	12/31/9999	4	329.17
D4211	Fee on File		GINGIVECTOMY OR GINGIVOPLASTY ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	0	999	07/01/2014	12/31/9999	4	146.30
D4212	Not Covered		GINGIVECTOMY OR GINGIVOPLASTY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE, PER TOOTH	0	999	01/01/2013	12/31/9999	1	0.00
D4230	Not Covered		ANATOMICAL CROWN EXPOSURE - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	0	999	01/01/2007	12/31/9999	1	0.00
D4231	Not Covered		ANATOMICAL CROWN EXPOSURE - ONE TO THREE TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	0	999	01/01/2007	12/31/9999	1	0.00
D4240	Fee on File		GINGIVAL FLAP PROCEDURE INCLUDING ROOT PLANNING - FOUR OR MORE CONTINGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	10	20	07/01/2014	12/31/9999	4	416.96
D4241	Fee on File		GINGIVAL FLAP PROCEDURE INCLUDING ROOT PLANNING - ONE TO THREE CONTINGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	10	20	07/01/2014	12/31/9999	4	241.40
D4245	Not Covered		APICALLY POSITIONED FLAP	0	999	01/01/2000	12/31/9999	1	0.00
D4249	Not Covered		CROWN LENGTHENING-HARD AND SOFT TISSUE, BY REPORT	0	999	12/01/1992	12/31/9999	9999	0.00

Code	Code Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D4260	Fee on File		OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE)- FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACE PER QUADRANT	0	999	07/01/2014	12/31/9999	4	694.93
D4261	Fee on File		OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE)- ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	0	999	07/01/2014	12/31/9999	4	373.06
D4263	Not Covered		BONE REPLACEMENT GRAFT- RETAINED NATURAL TOOTH- FIRST SITE	0	999	01/01/1996	12/31/9999	1	0.00
D4264	Not Covered		BONE REPLACEMENT GRAFT- RETAINED NATURAL TOOTH- EACH ADDITIONAL SITE IN QUADRANT	0	999	01/01/1996	12/31/9999	1	0.00
D4265	Not Covered		BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION	0	999	01/01/2003	12/31/9999	1	0.00
D4266	Not Covered		GUIDED TISSUE REGENERATION- RESORBABLE BARRIER, PER SITE	0	999	01/01/1996	12/31/9999	1	0.00
D4267	Not Covered		GUIDED TISSUE REGENERATION-NON- RESORBABLE BARRIER, PER SITE (INCLUDES MEMBRANE REMOVAL)	0	999	01/01/1996	12/31/9999	1	0.00
D4268	Not Covered		SURGICAL REVISION PROCEDURE, PER TOOTH	0	999	01/01/2000	12/31/9999	1	0.00
D4270	Not Covered		PEDICLE SOFT TISSUE GRAFT PROCEDURE	0	999	07/01/1983	12/31/9999	1	0.00
D4273	Not Covered		AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURES (INCLUDING DONOR AND RECIPIENT SURGICAL	0	999	01/01/1996	12/31/9999	1	0.00
D4274	Not Covered		MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA.)	0	999	01/01/1996	12/31/9999	1	0.00
D4275	Not Covered		NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SITE AND DONOR MATERIAL) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT	0	999	01/01/2003	12/31/9999	1	0.00
D4276	Not Covered		COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT, PER TOOTH	0	999	01/01/2003	12/31/9999	1	0.00
D4277	Not Covered		FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT	0	999	01/01/2013	12/31/9999	1	0.00
D4278	Not Covered		FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) EACH ADDITIONAL TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT	0	999	01/01/2013	12/31/9999	1	0.00
D4283	Not Covered		AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES)	0	999	01/01/2016	12/31/9999	1	0.00
D4285	Not Covered		NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT SURGICAL SITE AND DONOR	0	999	01/01/2016	12/31/9999	1	0.00
D4320	Not Covered		ANATOMICAL CROWN EXPOSURE - FOUR OF MORE CONTIGUOUS TEETH OR BOUNDED TOOTH SPACES PER QUADRANT	0	999	07/01/1983	12/31/9999	1	0.00
D4321	Not Covered		PROVISIONAL SPLINTING - EXTRACORONAL	0	999	07/01/1983	12/31/9999	1	0.00
D4341	Fee on File		PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	10	20	07/01/2014	12/31/9999	4	110.54

Code	Code Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D4342	Fee on File		PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT	10	20	07/01/2014	12/31/9999	4	64.00
D4346	Not Covered		SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION-FULL MOUTH, AFTER ORAL EVALUATION	0	999	01/01/2017	12/31/9999	1	0.00
D4355	Not Covered		FULL MOUTH DEBRIDEMENT TO ENABLE A COMPREHENSIVE ORAL EVALUATION AND DIAGNOSIS ON A SUBSEQUENT VISIT	0	999	01/01/1996	12/31/9999	1	0.00
D4381	Not Covered		LOCALIZED DELIVERY OF ANTIMICROBIAL VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE PER TOOTH	0	999	01/01/1996	12/31/9999	1	0.00
D4910	Not Covered		PERIODONTAL MAINTENANCE PERIODONTAL MAINTENANCE	0	999	01/01/1970	12/31/9999	1	0.00
D4920	Not Covered		UNSCHEDULED DRESSING CHANGE (BY SOMEONE OTHER THAN TREATING DENTIST)	0	999	01/01/1970	12/31/9999	1	0.00
D4921	Not Covered		GINGIVAL IRRIGATION- PER QUADRANT	0	999	01/01/2014	12/31/9999	4	0.00
D4999	Not Covered		UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	0	999	07/01/1983	12/31/9999	1	0.00
D5110	Fee on File	Yes	COMPLETE UPPER	0	20	07/01/2014	12/31/9999	1	678.44
D5120	Fee on File	Yes	COMPLETE LOWER	0	20	07/01/2014	12/31/9999	1	678.44
D5130	Not Covered		IMMEDIATE UPPER	0	999	01/01/1970	12/31/9999	1	0.00
D5140	Not Covered		IMMEDIATE LOWER	0	999	01/01/1970	12/31/9999	1	0.00
D5211	Fee on File	Yes	MAXILLARY PARTIAL DENTURE - RESIN BASED (INCLUDING RETENTIVE/CLASPING MATERIALS,	0	20	07/01/2014	12/31/9999	1	572.59
D5212	Fee on File	Yes	MANDIBULAR PARTIAL DENTURE - RESIN BASED (INCLUDING RETENTIVE/CLASPING MATERIALS,	0	20	07/01/2014	12/31/9999	1	665.44
D5213	Not Covered		UPPER PARTIAL-CAST METAL BASE WITH RESIN SADDLES (INCLUDING ANY CONVENTI	0	999	08/04/1986	12/31/9999	1	0.00
D5214	Not Covered		LOWER PARTIAL-CAST METAL BASE WITH RESIN SADDLES (INCLUDING ANY CONVENTI	0	999	08/04/1986	12/31/9999	1	0.00
D5221	Fee on File	Yes	IMMEDIATE MAXILLARY PARTIAL DENTURE- RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS, AND TEETH)	0	20	01/01/2016	12/31/9999	1	572.59
D5222	Fee on File	Yes	IMMEDIATE MANDIBULAR PARTIAL DENTURE- RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS, AND TEETH)	0	20	01/01/2016	12/31/9999	1	665.44
D5223	Not Covered		IMMEDIATE MAXILLARY PARTIAL DENTURE- CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS, AND TEETH)	0	999	01/01/2016	12/31/9999	1	0.00
D5224	Not Covered		IMMEDIATE MANDIBULAR PARTIAL DENTURE- CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS, AND TEETH)	0	999	01/01/2016	12/31/9999	1	0.00
D5225	Not Covered		MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND	0	999	01/01/2005	12/31/9999	1	0.00
D5226	Not Covered		MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND	0	999	01/01/2005	12/31/9999	1	0.00

Code	Code Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D5282	Not Covered	Yes	REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE CAST METAL (INCLUDING CLASPS AND TEETH), MAXILLARY	14	20	01/01/2019	12/31/9999	1	0.00
D5283	Not Covered	Yes	REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE CAST METAL (INCLUDING CLASPS AND TEETH), MANDIBULAR	14	20	01/01/2019	12/31/9999	1	0.00
D5410	Not Covered		ADJUST COMPLETE DENTURE-UPPER	0	999	01/01/1970	12/31/9999	1	0.00
D5411	Not Covered		ADJUST COMPLETE DENTURE - LOWER	0	999	12/10/1991	12/31/9999	99999	0.00
D5421	Not Covered		ADJUST PARTIAL DENTURE - UPPER	0	20	10/01/2003	12/31/9999	1	0.00
D5422	Not Covered		ADJUST PARTIAL DENTURE - LOWER	0	20	10/01/2003	12/31/9999	1	0.00
D5511	Not Covered		REPAIR BROKEN COMPLETE DENTURE BASE MANDIBULAR	0	999	01/01/2018	12/31/9999	1	0.00
D5512	Not Covered		REPAIR BROKEN COMPLETE DENTURE BASE MAXILLARY	0	999	01/01/2018	12/31/9999	1	0.00
D5520	Not Covered		REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE (EACH TOOTH)	0	999	12/10/1991	12/31/9999	99999	0.00
D5611	Not Covered		REPAIR RESIN PARTIAL DENTURE BASE MANDIBULAR	0	999	01/01/2018	12/31/9999	1	0.00
D5612	Not Covered		REPAIR RESIN PARTIAL DENTURE BASE MAXILLARY	0	999	01/01/2018	12/31/9999	1	0.00
D5621	Not Covered		REPAIR CASE PARTIAL FRAMEWORK MANDIBULAR	0	999	01/01/2018	12/31/9999	1	0.00
D5622	Not Covered		REPAIR CASE PARTIAL FRAMEWORK MAXILLARY	0	999	01/01/2018	12/31/9999	1	0.00
D5630	Not Covered		REPAIR O REPLACE BROKEN RETENTIVE/CLASPING MATERIALS PER TOOTH	0	999	01/01/1970	12/31/9999	1	0.00
D5640	Not Covered		REPLACE BROKEN TEETH - PER TOOTH	0	999	01/01/1970	12/31/9999	1	0.00
D5650	Not Covered		ADD TOOTH TO EXISTING PARTIAL DENTURE	0	999	01/01/1970	12/31/9999	1	0.00
D5660	Not Covered		ADD CLASP TO EXISTING PARTIAL DENTURE - PER TOOTH	0	999	01/01/1970	12/31/9999	1	0.00
D5670	Not Covered		REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MAXILLARY)	0	999	01/01/1970	12/31/9999	1	0.00
D5671	Not Covered		REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MANDIBULAR)	0	999	01/01/2003	12/31/9999	1	0.00
D5710	Not Covered		REBASE COMPLETE UPPER DENTURE	0	999	01/01/1970	12/31/9999	1	0.00
D5711	Not Covered		REBASE COMPLETE LOWER DENTURE	0	999	12/10/1991	12/31/9999	99999	0.00
D5720	Not Covered		REBASE UPPER PARTIAL DENTURE	0	999	01/01/1970	12/31/9999	1	0.00
D5721	Not Covered		REBASE LOWER PARTIAL DENTURE	0	999	12/10/1991	12/31/9999	99999	0.00
D5730	Not Covered		RELINE UPPER COMPLETE DENTURE (CHAIRSIDE)	0	999	01/01/1970	12/31/9999	1	0.00
D5731	Not Covered		RELINE LOWER COMPLETE DENTURE (CHAIRSIDE)	0	999	12/10/1991	12/31/9999	99999	0.00
D5740	Not Covered		RELINE UPPER PARTIAL DENTURE (CHAIRSIDE)	0	999	01/01/1970	12/31/9999	1	0.00
D5741	Not Covered		RELINE LOWER PARTIAL DENTURE (CHAIRSIDE)	0	999	12/10/1991	12/31/9999	99999	0.00
D5750	Not Covered		RELINE UPPER COMPLETE DENTURE (LABORATORY)	0	999	01/01/1970	12/31/9999	1	0.00
D5751	Not Covered		RELINE LOWER COMPLETE DENTURE (LABORATORY)	0	999	12/10/1991	12/31/9999	99999	0.00
D5760	Not Covered		RELINE UPPER PARTIAL DENTURE (LABORATORY)	0	999	01/01/1970	12/31/9999	1	0.00
D5761	Not Covered		RELINE LOWER PARTIAL DENTURE (LABORATORY)	0	999	12/10/1991	12/31/9999	99999	0.00
D5810	Not Covered		INTERIM COMPLETE DENTURE (UPPER)	0	999	01/01/1970	12/31/9999	1	0.00
D5811	Not Covered		INTERIM COMPLETE DENTURE (LOWER)	0	999	01/01/1970	12/31/9999	1	0.00
D5820	Not Covered		INTERIM PARTIAL DENTURE (UPPER)	0	999	01/01/1970	12/31/9999	1	0.00
D5821	Not Covered		INTERIM PARTIAL DENTURE (LOWER)	0	999	01/01/1970	12/31/9999	1	0.00

Code	Code Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D5850	Not Covered		TISSUE CONDITIONING, UPPER-PER DENTURE UNIT	0	999	01/01/1970	12/31/9999	1	0.00
D5851	Not Covered		TISSUE CONDITIONING, LOWER-PER DENTURE UNIT	0	999	12/01/1992	12/31/9999	9999	0.00
D5862	Not Covered		PRECISION ATTACHMENT, BY REPORT	0	999	12/10/1991	12/31/9999	99999	0.00
D5863	Not Covered		OVERDENTURE- COMPLETE MAXILLARY	0	999	01/01/2014	12/31/9999	1	0.00
D5864	Not Covered		OVERDENTURE- PARTIAL MAXILLARY	0	999	01/01/2014	12/31/9999	1	0.00
D5865	Not Covered		OVERDENTURE - COMPLETE MANDIBULAR	0	999	01/01/2014	12/31/9999	1	0.00
D5866	Not Covered		OVERDUNTURE- PARTIAL MANDIBULAR	0	999	01/01/2014	12/31/9999	1	0.00
D5867	Not Covered		REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMEN	0	999	01/01/2000	12/31/9999	1	0.00
D5875	Not Covered		MODIFICATION OF REMOVABLE PROSTHESIS FOLLOWING IMPLANT SURGERY	0	999	01/01/2000	12/31/9999	1	0.00
D5876	Not Covered		ADD METAL SUBSTRUCTURE TO ACRYLIC FULL DENTURE (PER ARCH)	0	20	01/01/2019	12/31/9999	1	0.00
D5899	Not Covered		UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT	0	999	12/10/1991	12/31/9999	99999	0.00
D5911	Not Covered		FACIAL MOULAGE (SECTIONAL)	0	999	07/28/1986	12/31/9999	1	0.00
D5912	Not Covered		FACIAL MOULAGE (COMPLETE)	0	999	07/28/1986	12/31/9999	1	0.00
D5913	Not Covered		NASAL PROSTHESIS	0	999	07/28/1986	12/31/9999	1	0.00
D5914	Not Covered		AURICULAR PROSTHESIS	0	999	07/28/1986	12/31/9999	1	0.00
D5915	Not Covered		ORBITAL PROTHESIS	0	999	07/28/1986	12/31/9999	1	0.00
D5916	Not Covered		OCULAR PROSTHESIS	0	999	07/28/1986	12/31/9999	1	0.00
D5919	Not Covered		FACIAL PROSTHESIS	0	999	07/28/1986	12/31/9999	1	0.00
D5922	Not Covered		NASAL SEPTAL PROSTHESIS	0	999	10/19/1994	12/31/9999	1	0.00
D5923	Not Covered		OCULAR PROSTHESIS,INTERIM	0	999	10/19/1994	12/31/9999	1	0.00
D5924	Not Covered		CRANIAL PROSTHESIS	0	999	10/19/1994	12/31/9999	1	0.00
D5925	Not Covered		FACIAL AUGMENTATION IMPLANT PROSTHESIS	0	999	10/19/1994	12/31/9999	1	0.00
D5926	Not Covered		NASAL PROSTHESIS REPLACEMENT	0	999	10/19/1994	12/31/9999	1	0.00
D5927	Not Covered		AURICULAR PROSTHESIS,	0	999	10/19/1994	12/31/9999	1	0.00
D5928	Not Covered		ORBITAL PROSTHESIS, REPLACEMENT	0	999	10/19/1994	12/31/9999	1	0.00
D5929	Not Covered		FACIAL PROSTHESIS, REPLACEMENT	0	999	10/19/1994	12/31/9999	1	0.00
D5931	Not Covered		OBTURATOR PROSTHESIS, SURGICAL	0	999	07/28/1986	12/31/9999	1	0.00
D5932	Not Covered		OBTURATOR PROSTHESIS, DEFINITIVE	0	999	07/28/1986	12/31/9999	1	0.00
D5933	Not Covered		OBTURATOR PROSTHESIS,	0	999	07/28/1986	12/31/9999	1	0.00
D5934	Not Covered		MANDIBULAR RESECTION PROSTHESIS WITH GUIDE FLANGE	0	999	07/28/1986	12/31/9999	1	0.00
D5935	Not Covered		MANDIBULAR RESECTION PROSTHESIS WITHOUT GUIDE FLANGE	0	999	07/28/1986	12/31/9999	1	0.00
D5936	Not Covered		OBTURATOR/PROSTHESIS, INTERIM	0	999	10/19/1994	12/31/9999	1	0.00
D5937	Not Covered		TRISMUS APPLIANCE (NOT FOR TMD TREATMENT)	0	999	12/01/1992	12/31/9999	9999	0.00
D5951	Not Covered		FEEDING AID	0	999	08/01/1986	12/31/9999	1	0.00
D5952	Not Covered		SPEECH AID PROSTHESIS, PEDIATRIC	0	999	07/28/1986	12/31/9999	1	0.00
D5953	Not Covered		SPEECH AID PROSTHESIS,ADULT	0	999	07/28/1986	12/31/9999	1	0.00
D5954	Not Covered		PALATAL AUGMENTATION PROSTHESIS	0	999	07/28/1986	12/31/9999	1	0.00
D5955	Fee on File	Yes	PALATAL LIFT PROSTHESIS,DEFINITIVE	0	20	07/01/2014	12/31/9999	1	2,807.22
D5958	Not Covered		PALATAL LIFT PROSTHESIS, INTERIM	0	999	10/19/1994	12/31/9999	1	0.00
D5959	Not Covered		PALATAL LIFT PROSTHESIS,MODIFICATION	0	999	10/19/1994	12/31/9999	1	0.00
D5960	Not Covered		SPEECH AID PROSTHESIS,	0	999	10/19/1994	12/31/9999	1	0.00
D5982	Not Covered		SURGICAL STENT	0	999	07/28/1986	12/31/9999	1	0.00

Code	Code Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D5983	Not Covered		RADIATION CARRIER	0	999	07/28/1986	12/31/9999	1	0.00
D5984	Not Covered		RADIATION SHIELD	0	999	07/28/1986	12/31/9999	1	0.00
D5985	Not Covered		RADIATION CONE LOCATOR	0	999	07/28/1986	12/31/9999	1	0.00
D5986	Not Covered		FLUORIDE GEL CARRIER	0	999	07/28/1986	12/31/9999	1	0.00
D5987	Not Covered		COMMISSURE SPLINT	0	999	07/28/1986	12/31/9999	1	0.00
D5988	Not Covered		SURGICAL SPLINT	0	999	07/28/1986	12/31/9999	1	0.00
D5991	Not Covered		VESICULOBULLOUS DISEASE MEDICAMENT CARRIER	0	999	01/01/2009	12/31/9999	1	0.00
D5992	Not Covered		ADULT MAXILLOFACIAL PROSTHETIC BY REPORT	0	999	01/01/2011	12/31/9999	1	0.00
D5993	Not Covered		MAINTENANCE AND CLEANG OF A MAXILLOFACIAL PROSTHESIS (EXTRA OR INTRAORAL) OTHER THAN REQUIRED ADJUSTMENTS. BY REPORT	0	999	01/01/2011	12/31/9999	1	0.00
D5994	Not Covered		PERIDONTAL MEDICAMENT CARRIER WITH PERIPHERAL SEAL- LABORATORY PROCESSED	0	999	01/01/2014	12/31/9999	1	0.00
D5999	Not Covered		UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT	0	999	12/10/1991	12/31/9999	99999	0.00
D6010	Not Covered		SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT	0	999	01/01/1996	12/31/9999	1	0.00
D6011	Not Covered		SECOND STAGE IMPLANT SURGERY	0	999	01/01/2014	12/31/9999	1	0.00
D6012	Not Covered		SURGICAL PLACEMENT OF INTERIM IMPLANT BODY FOR TRANSITIONAL PROSTHESIS: ENDOSTEAL IMPLANT	0	999	01/01/2007	12/31/9999	1	0.00
D6013	Not Covered		SURGICAL PLACEMENT OF MINI INPLANT	0	999	01/01/2014	12/31/9999	1	0.00
D6040	Not Covered		SUBPERIOSTEAL IMPLANT	0	999	10/19/1994	12/31/9999	1	0.00
D6050	Not Covered		TRANSASSEOUS IMPLANT	0	999	10/19/1994	12/31/9999	1	0.00
D6051	Not Covered		INTERIM ABUTMENT INCLUDES PLACEMENT AND REMOVAL	0	999	01/01/2013	12/31/9999	1	0.00
D6052	Not Covered		SEMI- PRECISION ATTACHMENT ABUTMENT	0	999	01/01/2014	12/31/9999	1	0.00
D6055	Not Covered		CONNECTING BAR - IMPLANT SUPPORTED OR ABUTMENT SUPPORTED	0	999	12/01/1992	12/31/9999	9999	0.00
D6056	Not Covered		PREFABRICATED ABUTMENT-INCLUDES MODIFICATION AND PLACEMENT	0	999	01/01/2000	12/31/9999	1	0.00
D6057	Not Covered		CUSTOM FABRICATED ABUTMENT- INCLUDES PLACEMENT	0	999	01/01/2000	12/31/9999	1	0.00
D6058	Not Covered		ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	0	999	01/01/2000	12/31/9999	1	0.00
D6059	Not Covered		ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL)	0	999	01/01/2000	12/31/9999	1	0.00
D6060	Not Covered		ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINANTLY BASE ME	0	999	01/01/2000	12/31/9999	1	0.00
D6061	Not Covered		ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL)	0	999	01/01/2000	12/31/9999	1	0.00
D6062	Not Covered		ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)	0	999	01/01/2000	12/31/9999	1	0.00
D6063	Not Covered		ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINANTLY BASE METAL)	0	999	01/01/2000	12/31/9999	1	0.00
D6064	Not Covered		ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)	0	999	01/01/2000	12/31/9999	1	0.00
D6065	Not Covered		IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	0	999	01/01/2000	12/31/9999	1	0.00
D6066	Not Covered		IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN (TITANIUM, TITANIUM ALL	0	999	01/01/2000	12/31/9999	1	0.00
D6067	Not Covered		IMPLANT SUPPORTED METAL CROWN (TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL)	0	999	01/01/2000	12/31/9999	1	0.00

Code	Code Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D6068	Not Covered		ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC FPD	0	999	01/01/2000	12/31/9999	1	0.00
D6069	Not Covered		ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (HIGH NOBLE	0	999	01/01/2000	12/31/9999	1	0.00
D6070	Not Covered		ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (PREDOMINAN	0	999	01/01/2000	12/31/9999	1	0.00
D6071	Not Covered		ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (NOBLE META	0	999	01/01/2000	12/31/9999	1	0.00
D6072	Not Covered		ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL)	0	999	01/01/2000	12/31/9999	1	0.00
D6073	Not Covered		ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (PREDOMINANTLY BASE META	0	999	01/01/2000	12/31/9999	1	0.00
D6074	Not Covered		ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL)	0	999	01/01/2000	12/31/9999	1	0.00
D6075	Not Covered		IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	0	999	01/01/2000	12/31/9999	1	0.00
D6076	Not Covered		IMPLANT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (TITANIUM, T	0	999	01/01/2000	12/31/9999	1	0.00
D6077	Not Covered		IMPLANT SUPPORTED RETAINER FOR CAST METAL FPD (TITANIUM, TITANIUM ALLOY,	0	999	01/01/2000	12/31/9999	1	0.00
D6080	Not Covered		IMPLANT MAINTENANCE PROCEDURE WHEN PROSTHESIS ARE REMOVED AND REINSERTED, INCLUDING CLEANSING OF PROSTHESIS AND ABUTMENTS	0	999	12/01/1992	12/31/9999	9999	0.00
D6081	Not Covered		SCALING AND DEBRIDEMENT IN THE PRESENCE OF INFLAMMATION OR MUCOSITIS OF SINGLE IMPLANT	0	999	01/01/2017	12/31/9999	1	0.00
D6085	Not Covered		PROVISIONAL IMPLANT CROWN	0	999	01/01/2017	12/31/9999	1	0.00
D6090	Not Covered		REPAIR IMPLANTSUPPORTED PROSTHESIS BY REPORT	0	999	10/19/1994	12/31/9999	1	0.00
D6091	Not Covered		REPLACEMENT OF SEMI-PRECISION OR PRECISION ATTACHMENT (MALE OR FEMALE COMPONENT) OF IMPLANT/ABUTMENT SUPPORTED PROSTHESIS, PER ATTACHMENT	0	999	01/01/2007	12/31/9999	1	0.00
D6092	Not Covered		RECEMENT IMPLANT/ABUTMENT SUPPORTED CROWN	0	999	01/01/2007	12/31/9999	1	0.00
D6093	Not Covered		RECEMENT IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL DENTURE	0	999	01/01/2007	12/31/9999	1	0.00
D6094	Not Covered		ABUTMENT SUPPORTED CROWN - (TITANIUM)	0	999	01/01/2005	12/31/9999	1	0.00
D6095	Not Covered		REPAIR IMPLANT ABUTMENT, BY	0	999	01/01/1996	12/31/9999	1	0.00
D6096	Not Covered		REMOVE BROKEN IMPLANT RETAINING SCREW	0	999	01/01/2018	12/31/9999	1	0.00
D6100	Not Covered		IMPLANT REMOVAL, BY REPORT	0	999	10/19/1994	12/31/9999	1	0.00
D6101	Not Covered		DEBRIDEMENT OF A PERIIMPLANT DEFECT AND SURFACE CLEANING OF EXPOSED IMPLANT SURFACES, INCLUDING FLAP ENTRY AND CLOSURE	0	999	01/01/2013	12/31/9999	1	0.00
D6102	Not Covered		DEBRIDEMENT AND OSSEOUS CONTOURING OF A PERIIMPLANT DEFECT: INCLUDES SURFACE CLEANING OF EXPOSED IMPLANT SURFACES AND FLAP ENTRY AND CLOSURE	0	999	01/01/2013	12/31/9999	1	0.00
D6103	Not Covered		BONE GRAFT FOR REPAIR OF PERI-IMPLANT DEFECT - DOES NOT INCLUDE FLAP ENTRY AND CLOSURE.	0	999	01/01/2013	12/31/9999	1	0.00

Code	Code Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D6104	Not Covered		BONE GRAFT AT TIME OF IMPLANT PLACEMENT, BIOLOGIC MATERIAL TO AID IN OCCEOUS REGENERATION ARE REPORTED SEPERATELY	0	999	01/01/2013	12/31/9999	1	0.00
D6110	Not Covered		IMPLANT/ ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH- MAXILLARY	0	999	01/01/2015	12/31/9999	1	0.00
D6111	Not Covered		IMPLANT/ ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH- MANDIBULAR	0	999	01/01/2015	12/31/9999	1	0.00
D6112	Not Covered		IMPLANT/ ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH- MAXILLARY	0	999	01/01/2015	12/31/9999	1	0.00
D6113	Not Covered		IMPLANT/ ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH- MANDIBULAR	0	999	01/01/2015	12/31/9999	1	0.00
D6114	Not Covered		IMPLANT/ ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS ARCH- MAXILLARY	0	999	01/01/2015	12/31/9999	1	0.00
D6115	Not Covered		IMPLANT/ ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS ARCH- MANDIBULAR	0	999	01/01/2015	12/31/9999	1	0.00
D6116	Not Covered		IMPLANT/ ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH- MAXILLARY	0	999	01/01/2015	12/31/9999	1	0.00
D6117	Not Covered		IMPLANT/ ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH-MANDIBULAR	0	999	01/01/2015	12/31/9999	1	0.00
D6118	Not Covered		IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR EDENTULOUS ARCH - MANDIBULAR	0	999	01/01/2018	12/31/9999	1	0.00
D6119	Not Covered		IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR EDENTULOUS ARCH - MAXILLARY	0	999	01/01/2018	12/31/9999	1	0.00
D6190	Not Covered		RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT	0	999	01/01/2005	12/31/9999	1	0.00
D6194	Not Covered		ABUTMENT SUPPORTED RETAINER CORWN FOR FPD - (TITANIUM)	0	999	01/01/2005	12/31/9999	1	0.00
D6199	Not Covered		UNSPECIFIED IMPLANT PROCEDURE, BY REPORT	0	999	10/19/1994	12/31/9999	1	0.00
D6205	Not Covered		PONTIC - INDIRECT RESIN BASED COMPOSITE	0	999	01/01/2005	12/31/9999	1	0.00
D6210	Not Covered		PONTIC - CAST HIGH NOBLE METAL	0	999	01/01/1970	12/31/9999	1	0.00
D6211	Not Covered		PONTIC - CAST PREDOMINANTLY BASE METAL	0	999	01/01/1970	12/31/9999	1	0.00
D6212	Not Covered		PONTIC - CAST NOBLE METAL	0	999	01/01/1970	12/31/9999	1	0.00
D6214	Not Covered		PONTIC TITANIUM	0	999	01/01/2005	12/31/9999	1	0.00
D6240	Not Covered		PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	0	999	01/01/1970	12/31/9999	1	0.00
D6241	Not Covered		PONTIC - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	0	999	01/01/1970	12/31/9999	1	0.00
D6242	Not Covered		PONTIC - PORCELAIN FUSED TO NOBLE METAL	0	999	01/01/1970	12/31/9999	1	0.00
D6245	Not Covered		PONTIC - PORCELAIN/CERAMIC	0	999	01/01/2000	12/31/9999	1	0.00
D6250	Not Covered		PONTIC-RESIN WITH HIGH NOBLE METAL	0	999	01/01/1970	12/31/9999	1	0.00
D6251	Not Covered		PONTIC - RESIN WITH PREDOMINANTLY BASE METAL	0	999	01/01/1970	12/31/9999	1	0.00
D6252	Not Covered		PONTIC - RESIN WITH NOBLE METAL	0	999	01/01/1970	12/31/9999	1	0.00
D6253	Not Covered		PROVISIONAL PONTIC-FUTHER TREATMENT OR COMPLETION OF DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION	0	999	01/01/2003	12/31/9999	1	0.00
D6545	Not Covered		RETAINER-CAST METAL FOR ACID ETCHED FIXED PROSTHESIS	0	999	07/28/1986	12/31/9999	1	0.00

Code	Code Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D6548	Not Covered		RETAINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHESIS	0	999	01/01/2000	12/31/9999	1	0.00
D6549	Not Covered		RESIN RETAINER FOR RESIN BONDED FIXED PROSTHESIS	0	999	01/01/2015	12/31/9999	1	0.00
D6600	Not Covered		RETAINER INLAY - PORCELAIN/CERAMIC, TWO SURFACES	0	999	01/01/2003	12/31/9999	1	0.00
D6601	Not Covered		RETAINER INLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES	0	999	01/01/2003	12/31/9999	1	0.00
D6602	Not Covered		RETAINER INLAY - CAST HIGH NOBLE METAL, TWO SURFACES	0	999	01/01/2003	12/31/9999	1	0.00
D6603	Not Covered		RETAINER INLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	0	999	01/01/2003	12/31/9999	1	0.00
D6604	Not Covered		RETAINER INLAY - CAST PREDOMINANTLY BASE METAL , TWO	0	999	01/01/2003	12/31/9999	1	0.00
D6605	Not Covered		RETAINER INLAY - CAST PREDOMINANTLY BASE METAL , THREE OR MORE SURFACES	0	999	01/01/2003	12/31/9999	1	0.00
D6606	Not Covered		RETAINER INLAY - CAST NOBLE METAL, TWO SURFACES	0	999	01/01/2003	12/31/9999	1	0.00
D6607	Not Covered		RETAINER INLAY - CASE NOBLE METAL, THREE OR MORE SURFACES	0	999	01/01/2003	12/31/9999	1	0.00
D6608	Not Covered		RETAINER ONLAY - PORCELAIN/CERAMIC, TWO SURFACES	0	999	01/01/2003	12/31/9999	1	0.00
D6609	Not Covered		RETAINER ONLAY - PORCELAIN/CERAMIC, THREE OR MORE	0	999	01/01/2003	12/31/9999	1	0.00
D6610	Not Covered		RETAINER ONLAY - CAST HIGH NOBLE METAL, TWO SURFACES	0	999	01/01/1970	12/31/9999	1	0.00
D6611	Not Covered		RETAINER ONLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	0	999	01/01/2003	12/31/9999	1	0.00
D6612	Not Covered		RETAINER ONLAY - CAST PREDOMINANTLY BASE METAL , TWO SURFACES	0	999	01/01/2003	12/31/9999	1	0.00
D6613	Not Covered		RETAINER ONLAY - CAST PREDOMINANTLY BASE METAL , THREE OR MORE SURFACES	0	999	01/01/2003	12/31/9999	1	0.00
D6614	Not Covered		RETAINER ONLAY - CAST NOBLE METAL, TWO SURFACES	0	999	01/01/2003	12/31/9999	1	0.00
D6615	Not Covered		RETAINER ONLAY - CASE NOBLE METAL, THREE OR MORE SURFACES	0	999	01/01/2003	12/31/9999	1	0.00
D6624	Not Covered		RETAINER INLAY - TITANIUM	0	999	01/01/2005	12/31/9999	1	0.00
D6634	Not Covered		RETAINER ONLAY - TITANIUM	0	999	01/01/2005	12/31/9999	1	0.00
D6710	Not Covered		RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE	0	999	01/01/2005	12/31/9999	1	0.00
D6720	Not Covered		RETAINER CROWN - RESIN WITH HIGH NOBLE METAL	0	999	01/01/1970	12/31/9999	1	0.00
D6721	Not Covered		RETAINER CROWN - RESIN WITH PREDOMINANTLY BASE METAL	0	999	01/01/1970	12/31/9999	1	0.00
D6722	Not Covered		RETAINER CROWN - RESIN WITH NOBLE METAL	0	999	10/19/1994	12/31/9999	1	0.00
D6740	Not Covered		RETAINER CROWN - PORCELAIN/CERAMIC	0	999	01/01/2000	12/31/9999	1	0.00
D6750	Not Covered		RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	0	999	01/01/1970	12/31/9999	1	0.00
D6751	Not Covered		RETAINER CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	0	999	01/01/1970	12/31/9999	1	0.00
D6752	Not Covered		RETAINER CROWN - PORCELAIN FUSED TO NOBLE METAL	0	999	01/01/1970	12/31/9999	1	0.00
D6780	Not Covered		RETAINER CROWN - 3/4 CAST HIGH NOBLE METAL	0	999	01/01/1970	12/31/9999	1	0.00
D6781	Not Covered		RETAINER CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	0	999	01/01/2000	12/31/9999	1	0.00
D6782	Not Covered		RETAINER CROWN - 3/4 CAST NOBLE METAL	0	999	01/01/2000	12/31/9999	1	0.00
D6783	Not Covered		RETAINER CROWN - 3/4 PORCELAIN/CERAMIC	0	999	01/01/2000	12/31/9999	1	0.00

Code	Code Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D6790	Not Covered		RETAINER CROWN - FULL CAST HIGH NOBLE METAL	0	999	01/01/1970	12/31/9999	1	0.00
D6791	Not Covered		RETAINER CROWN - FULL CAST PREDOMINANTLY BASE METAL	0	999	01/01/1970	12/31/9999	1	0.00
D6792	Not Covered		RETAINER CROWN - FULL CAST NOBLE METAL	0	999	01/01/1970	12/31/9999	1	0.00
D6793	Not Covered		PROVISIONAL RETAINER CROWN- FURTHER TREATMENT OR COMPLETION OF DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION	0	999	01/01/2003	12/31/9999	1	0.00
D6794	Not Covered		RETAINER CROWN - TITANIUM	0	999	01/01/2005	12/31/9999	1	0.00
D6920	Not Covered		CONNECTOR BAR	0	999	01/01/1996	12/31/9999	1	0.00
D6930	Not Covered		RECEMENT BRIDGE	0	999	01/01/1970	12/31/9999	1	0.00
D6940	Not Covered		STRESS BREAKER	0	999	01/01/1970	12/31/9999	1	0.00
D6950	Not Covered		PRECISION ATTACHMENT	0	999	01/01/1970	12/31/9999	1	0.00
D6980	Not Covered		FIXED PARTIAL DENTURE REPAIR, NECESSITATED BY RESTORATIVE MATERIAL FAILURE	0	999	12/10/1991	12/31/9999	99999	0.00
D6985	Not Covered		PEDIATRIC PARTIAL DENTURE, FIXED	0	999	01/01/2003	12/31/9999	1	0.00
D6999	Priced by PA	Yes	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE, BY REPORT	0	20	10/01/2003	12/31/9999	1	0.00
D7111	Not Covered		EXTRACT CORONAL REMNANTS PRIMARY TOOTH	0	999	01/01/2003	12/31/9999	1	0.00
D7140	Fee on File		EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMO	0	999	07/01/2014	12/31/9999	1	82.91
D7210	Fee on File		EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERISOTEAL FLAP IF INDICATED.	0	999	07/01/2014	12/31/9999	1	125.40
D7220	Fee on File		REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	0	999	07/01/2014	12/31/9999	1	157.24
D7230	Fee on File		REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	0	999	07/01/2014	12/31/9999	1	209.22
D7240	Fee on File		REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	0	999	07/01/2014	12/31/9999	1	245.61
D7241	Fee on File		REM.IMP. TOOTH, COMPLETELY BONY, WITH UNUSUAL SURG. COMPLICATIONS	0	999	07/01/2014	12/31/9999	1	308.64
D7250	Fee on File		REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	0	999	07/01/2014	12/31/9999	1	132.55
D7251	Fee on File	Yes	CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL	0	999	07/01/2014	12/31/9999	1	259.91
D7260	Fee on File		ORAL ANTRAL FISTULA CLOSURE	0	999	07/01/2014	12/31/9999	1	1,374.00
D7261	Not Covered		PRIMARY CLOSURE OF A SINUS PERFORATION	0	999	01/01/2003	12/31/9999	1	0.00
D7270	Fee on File		TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DIS	0	20	07/01/2014	12/31/9999	1	429.38
D7272	Fee on File	Yes	TOOTH TRANSPLANTATION	0	20	07/01/2014	12/31/9999	1	572.50
D7280	Fee on File	Yes	EXPOSURE OF AN UNERUPTED TOOTH	0	999	07/01/2014	12/31/9999	1	400.75
D7282	Not Covered		MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	0	999	01/01/2003	12/31/9999	1	0.00
D7283	Not Covered		PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	0	999	01/01/2005	12/31/9999	1	0.00
D7285	Fee on File		INCISIONAL BIOPSY OF ORAL TISSUE- HARD (BONE, TOOTH)	0	999	07/01/2014	12/31/9999	5	801.50
D7286	Fee on File		INCISIONAL BIOPSY OF ORAL TISSUE - SOFT	0	999	07/01/2014	12/31/9999	5	343.50
D7287	Not Covered		EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION	0	999	01/01/2003	12/31/9999	1	0.00
D7288	Fee on File	Yes	BRUSH BIOPSY - TRANSEPIHELIAL SAMPLE COLLECTION	0	999	07/01/2014	12/31/9999	9999	137.40

Code	Code Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D7290	Fee on File		SURGICAL REPOSITIONING OF TEETH	0	999	07/01/2014	12/31/9999	1	343.50
D7291	Not Covered		TRANSSEPTAL FIBEROTOMY/SUPRA CRESTAL FIBEROTOMY, BY REPORT TRANSSEPTAL F	0	999	12/10/1991	12/31/9999	99999	0.00
D7292	Not Covered		PLACEMENT OF TEMPORARY ANCHORAGE DEVICE (SCREW RETAINED PLATE) REQUIRING FLAP; INCLUDES DEVICE REMOVAL	0	999	01/01/2007	12/31/9999	1	0.00
D7293	Not Covered		PLACEMENT OF TEMPORARY ANCHORAGE DEVICE REQUIRING FLAP; INCLUDES DEVICE REMOVAL	0	999	01/01/2007	12/31/9999	1	0.00
D7294	Not Covered		PLACEMENT OF TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP; INCLUDES DEVICE REMOVAL	0	999	01/01/2007	12/31/9999	1	0.00
D7295	Not Covered		HARVEST OF BONE FOR USE IN AUTOGENOUS GRAFTING PROCEDURE	0	999	01/01/2011	12/31/9999	1	0.00
D7296	Fee on File		CORTICOTOMY - ONE TO THREE TEETH OR TOOTH SPACES PER QUADRANT	0	999	01/01/2018	12/31/9999	4	171.08
D7297	Fee on File		CORTICOTOMY - FOUR OR MORE TEETH OR TOOTH SPACES PER QUADRANT	0	999	01/01/2018	12/31/9999	4	202.19
D7310	Fee on File		ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES PER QUADRANT	0	999	07/01/2014	12/31/9999	4	124.42
D7311	Fee on File		ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH	0	999	07/01/2014	12/31/9999	4	108.87
D7320	Fee on File		ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES PER QUADRANT	0	999	07/01/2014	12/31/9999	4	202.19
D7321	Fee on File		ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH	0	999	07/01/2014	12/31/9999	4	171.08
D7340	Fee on File		VESTIBULOPLASTY - RIDGE EXTENSION (SECOND EPITHELIALIZATION)	0	999	07/01/2014	12/31/9999	1	855.41
D7350	Fee on File		VESTIBULOPLASTY - RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS,	0	999	07/01/2014	12/31/9999	1	2,488.47
D7410	Fee on File		EXCISION OF BENIGN LESION UP TO 1.25 CM EXCISION OF BENIGN LESION UP TO	0	999	07/01/2014	12/31/9999	1	373.27
D7411	Fee on File		EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	0	999	07/01/2014	12/31/9999	1	591.01
D7412	Not Covered		EXCISION OF BENIGN LESION, COMPLICATED	0	999	01/01/2003	12/31/9999	1	0.00
D7413	Fee on File		EXCISION OF MALIGNANT LESION UP TO 1.25 CM	0	999	07/01/2014	12/31/9999	1	435.48
D7414	Fee on File		EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM	0	999	07/01/2014	12/31/9999	1	653.22
D7415	Not Covered		EXCISION OF MALIGNANT LESION, COMPLICATED	0	999	01/01/2003	12/31/9999	1	0.00
D7440	Fee on File		EXCISION OF MALIGNANT TUMOR - LESION DIAMETER UP TO 1.25 CM	0	999	07/01/2014	12/31/9999	1	591.01
D7441	Fee on File		EXCISION OF MALIGNANT TUMOR - LESION DIAMETER OVER 1.25 CM	0	999	07/01/2014	12/31/9999	1	870.97
D7450	Fee on File		REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 C	0	999	07/01/2014	12/31/9999	1	373.27
D7451	Fee on File		REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN	0	999	07/01/2014	12/31/9999	1	510.14
D7460	Fee on File		REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.2	0	999	07/01/2014	12/31/9999	1	373.27
D7461	Fee on File		REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER T	0	999	07/01/2014	12/31/9999	1	510.14

Code	Code Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D7465	Fee on File		DESTRUCTION OF LESION(S) BY PHYSICAL METHODS: ELECTROSURGERY.	0	999	07/01/2014	12/31/9999	1	202.19
D7471	Fee on File		REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE) REMOVAL OF LATERAL EX	0	999	07/01/2014	12/31/9999	1	462.23
D7472	Not Covered		REMOVAL OF TORUS PALATINUS	0	999	01/01/2003	12/31/9999	1	0.00
D7473	Not Covered		REMOVAL OF TORUS MANDIBULARIS	0	999	01/01/2003	12/31/9999	1	0.00
D7485	Not Covered		REDUCTION OF OSSESOUS TUBEROSITY	0	999	01/01/2003	12/31/9999	1	0.00
D7490	Fee on File	Yes	RADICAL RESECTION OF MAXILLA OR MANDIBLE	0	999	07/01/2014	12/31/9999	1	3,732.71
D7510	Fee on File		INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE	0	999	07/01/2014	12/31/9999	1	133.76
D7511	Not Covered		INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE -	0	999	01/01/2005	12/31/9999	1	0.00
D7520	Fee on File		INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE	0	999	07/01/2014	12/31/9999	1	637.05
D7521	Not Covered		INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE - COMPLICATED	0	999	01/01/2005	12/31/9999	1	0.00
D7530	Fee on File		REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISS	0	999	07/01/2014	12/31/9999	1	229.56
D7540	Fee on File		REMOVAL OF REACTION-PRODUCING FOREIGN BODIES - MUSCULOSKELETAL	0	999	07/01/2014	12/31/9999	1	254.45
D7550	Fee on File		PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE PARTIAL O	0	999	07/01/2014	12/31/9999	1	158.64
D7560	Fee on File		MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN	0	999	07/01/2014	12/31/9999	1	1,259.79
D7610	Fee on File		MAXILLA - OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	0	999	07/01/2014	12/31/9999	1	2,037.44
D7620	Fee on File		MAXILLA - CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	0	999	07/01/2014	12/31/9999	1	1,527.92
D7630	Fee on File		MANDIBLE - OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	0	999	07/01/2014	12/31/9999	1	2,648.98
D7640	Fee on File		MANDIBLE - CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	0	999	07/01/2014	12/31/9999	1	1,680.96
D7650	Fee on File		MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION	0	999	07/01/2014	12/31/9999	1	1,273.48
D7660	Fee on File		MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	0	999	07/01/2014	12/31/9999	1	750.90
D7670	Fee on File		ALVEOLUS - CLOSED REDUCTION, MAY INCLUDE STABILIZATION OF TEETH ALVEOLUS	0	999	07/01/2014	12/31/9999	1	586.04
D7671	Fee on File		ALVEOLUS - OPEN REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	0	999	07/01/2014	12/31/9999	1	1,104.26
D7680	Fee on File		FACIAL BONES - COMPLICATED REDUCTION WITH FIXATION AND MUL-	0	999	07/01/2014	12/31/9999	1	3,820.42
D7710	Fee on File		MAXILLA - OPEN REDUCTION	0	999	07/01/2014	12/31/9999	1	2,394.53
D7720	Fee on File		MAXILLA - CLOSED REDUCTION	0	999	07/01/2014	12/31/9999	1	1,680.96
D7730	Fee on File		MANDIBLE - OPEN REDUCTION	0	999	07/01/2014	12/31/9999	1	3,463.95
D7740	Fee on File		MANDIBLE - CLOSED REDUCTION	0	999	07/01/2014	12/31/9999	1	1,713.93
D7750	Fee on File		MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION	0	999	07/01/2014	12/31/9999	1	2,179.90
D7760	Fee on File		MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	0	999	07/01/2014	12/31/9999	1	874.70
D7770	Fee on File		ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH ALVEOLUS - OPEN REDUCTI	0	999	07/01/2014	12/31/9999	1	1,185.13
D7771	Not Covered		ALVEOLUS, CLOSED REDUCTION STABILIZATION OF TEETH	0	999	01/01/2003	12/31/9999	1	0.00

Code	Code Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D7780	Fee on File		FACIAL BONES COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE APPROACHES	0	999	07/01/2014	12/31/9999	1	5,093.90
D7810	Fee on File		OPEN REDUCTION OF DISLOCATION	0	999	07/01/2014	12/31/9999	1	2,240.87
D7820	Fee on File		CLOSED REDUCTION OF DISLOCATION	0	999	07/01/2014	12/31/9999	1	367.05
D7830	Fee on File		MANIPULATION UNDER ANESTHESIA	0	999	07/01/2014	12/31/9999	1	210.28
D7840	Fee on File		CONDYLECTOMY	0	999	07/01/2014	12/31/9999	1	3,054.60
D7850	Fee on File		SURGICAL DISCECTOMY, WITH/WITHOUT IMPLANT	0	999	07/01/2014	12/31/9999	1	2,637.78
D7852	Not Covered		DISC REPAIR	0	999	10/19/1994	12/31/9999	1	0.00
D7854	Not Covered		SYNOVECTOMY	0	999	10/19/1994	12/31/9999	1	0.00
D7856	Not Covered		MYOTOMY	0	999	10/19/1994	12/31/9999	1	0.00
D7858	Not Covered		JOINT RECONSTRUCTION	0	999	10/19/1994	12/31/9999	1	0.00
D7860	Fee on File	Yes	ARTHROTOMY	0	999	07/01/2014	12/31/9999	2	2,686.93
D7865	Not Covered		ARTHROPLASTY	0	999	10/19/1994	12/31/9999	1	0.00
D7870	Fee on File		ARTHROCENTESIS	0	999	07/01/2014	12/31/9999	1	143.09
D7871	Not Covered		NON-ARTHROSCOPIC LYSIS AND	0	999	01/01/2000	12/31/9999	1	0.00
D7872	Not Covered		ARTHROSCOPY, DIAGNOSIS, WITH OR WITHOUT BIOPSY	0	999	10/19/1994	12/31/9999	1	0.00
D7873	Not Covered		ARTHROSCOPY LAVAGE AND LYSIS OF ADHESIONS	0	999	10/19/1994	12/31/9999	1	0.00
D7874	Not Covered		ARTHROSCOPY DISC REPOSITIONING AND STABILIZATION	0	999	10/19/1994	12/31/9999	1	0.00
D7875	Not Covered		ARTHROSCOPY SYNOVECTOMY	0	999	10/19/1994	12/31/9999	1	0.00
D7876	Not Covered		ARTHROSCOPY DISCECTOMY	0	999	10/19/1994	12/31/9999	1	0.00
D7877	Not Covered		ARTHROSCOPY DEBRIDEMENT	0	999	10/19/1994	12/31/9999	1	0.00
D7880	Not Covered		OCCLUSAL ORTHOTIC APPLIANCE	0	999	12/10/1991	12/31/9999	99999	0.00
D7881	Not Covered		OCCLUSAL ORTHOTIC DEVICE ADJUSTMENT	0	999	01/01/2016	12/31/9999	1	0.00
D7899	Not Covered		UNSPECIFIED TMD THERAPY, BY	0	999	10/19/1994	12/31/9999	1	0.00
D7910	Fee on File		SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	0	999	07/01/2014	12/31/9999	1	204.06
D7911	Fee on File		COMPLICATED SUTURE-UP TO5CM	0	999	07/01/2014	12/31/9999	5	509.52
D7912	Fee on File	Yes	COMPLICATED SUTURE-GREATER THAN 5CM	0	999	07/01/2014	12/31/9999	1	917.00
D7920	Fee on File		SKIN GRAFT (IDENTIFY DEFECT COVERED, LOCATION, AND TYPE OF GRAFT)	0	999	07/01/2014	12/31/9999	1	1,502.42
D7921	Not Covered		COLLECTION AND APPLICATION OF AUTOLOGOUS BLOOD CONCENTRATE PRODUCT	0	999	01/01/2013	12/31/9999	1	0.00
D7940	Priced by PA	Yes	OSTEOPLASTY - FOR ORTHOGNATHIC DEFORMITIES	0	999	10/01/2003	12/31/9999	1	0.00
D7941	Fee on File	Yes	OSTEOTOMY - MANDIBULAR RAMI	0	999	07/01/2014	12/31/9999	1	3,826.02
D7943	Fee on File	Yes	OSTEOTOMY - MANDIBULAR RAMI WITH BONE GRAFT; INCLUDES OBTAINING THE GRAF	0	999	07/01/2014	12/31/9999	1	3,514.97
D7944	Fee on File	Yes	OSTEOTOMY - SEGMENTED OR SUBAPICAL	0	999	07/01/2014	12/31/9999	1	3,132.36
D7945	Fee on File	Yes	OSTEOTOMY - BODY OF MANDIBLE	0	999	07/01/2014	12/31/9999	1	4,168.19
D7946	Fee on File	Yes	LEFORT I (MAXILLA - TOTAL)	0	999	07/01/2014	12/31/9999	1	5,163.58
D7947	Fee on File	Yes	LEFORT I (MAXILLA - SEGMENTED)	0	999	07/01/2014	12/31/9999	1	4,342.38
D7948	Fee on File	Yes	LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE	0	999	07/01/2014	12/31/9999	1	5,636.39
D7949	Fee on File	Yes	LEFORT II OR LEFORT III - WITH BONE GRAFT	0	999	07/01/2014	12/31/9999	1	7,340.99

Code	Code Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D7950	Priced by PA	Yes	OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF THE MANDIBLE OR MAXILLA - AUTOGENOUS OR NONAUTOGENOUS, BY REPORT	0	999	12/01/2008	12/31/9999	1	0.00
D7951	Not Covered		SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES	0	999	01/01/2007	12/31/9999	1	0.00
D7952	Not Covered		SINUS AUGMENTATION VIA A VERTICAL APPROACH	0	999	01/01/2013	12/31/9999	1	0.00
D7953	Not Covered		BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SITE	0	999	01/01/2005	12/31/9999	1	0.00
D7955	Priced by PA	Yes	REPAIR OF MAXILLOFACIAL SOFT AND/OR HARD TISSUE DEFECT	0	999	10/01/2003	12/31/9999	1	0.00
D7960	Fee on File		FRENULECTOMY - ALSO KNOWN AS FRENECTOMY OR FRENOTOMY - SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE	0	999	07/01/2014	12/31/9999	2	171.08
D7963	Not Covered		FRENULOPLASTY	0	999	01/01/2005	12/31/9999	1	0.00
D7970	Fee on File		EXCISION OF HYPERPLASTIC TISSUE - PER ARCH	0	999	07/01/2014	12/31/9999	1	248.85
D7971	Not Covered		EXCISION OF PERICORONAL GINGIVA	0	999	12/10/1991	12/31/9999	99999	0.00
D7972	Not Covered		SURGICAL REDUCTION OF FIBROUS TUBEROSITY	0	999	01/01/2003	12/31/9999	1	0.00
D7979	Fee on File		NON-SURGICAL SIALOLITHOTOMY	0	999	01/01/2018	12/31/9999	1	152.00
D7980	Fee on File		SURGICAL SIALOLITHOTOMY	0	999	07/01/2014	12/31/9999	1	391.93
D7981	Priced by PA	Yes	EXCISION OF SALIVARY GLAND, BY REPORT	0	999	07/01/2008	12/31/9999	1	0.00
D7982	Fee on File		SIALODOCHOPLASTY	0	999	07/01/2014	12/31/9999	1	926.95
D7983	Fee on File	Yes	CLOSURE OF SALIVARY FISTULA	0	999	07/01/2014	12/31/9999	1	889.63
D7990	Fee on File		EMERGENCY TRACHEOTOMY	0	999	07/01/2014	12/31/9999	1	765.21
D7991	Fee on File	Yes	CORONOIDECTOMY	0	999	07/01/2014	12/31/9999	1	1,866.35
D7995	Not Covered		SYNTHETIC GRAFT-MANDIBLE OR FACIAL BONES, BY REPORT	0	999	01/01/1996	12/31/9999	1	0.00
D7996	Not Covered		IMPLANT-MANDIBLE FOR AUGMENTATION PURPOSES (EXCLUDING ALVEOLAR RIDGE), B	0	999	01/01/1996	12/31/9999	1	0.00
D7997	Not Covered		APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE), INCLUDES REMOVA	0	999	01/01/2000	12/31/9999	1	0.00
D7998	Not Covered		INTRAORAL PLACEMENT OF A FIXATION DEVICE NOT IN CONJUNCTION WITH A FRACTUR	0	999	01/01/2007	12/31/9999	1	0.00
D7999	Priced by PA	Yes	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	0	999	10/01/2003	12/31/9999	1	0.00
D8010	Not Covered		LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	0	999	01/01/1996	12/31/9999	1	0.00
D8020	Not Covered		LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	0	999	01/01/1996	12/31/9999	1	0.00
D8030	Not Covered	Yes	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	0	20	07/01/2007	12/31/9999	1	0.00
D8040	Not Covered		LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION	0	999	01/01/1996	12/31/9999	1	0.00
D8050	Fee on File	Yes	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY	0	20	03/01/2014	12/31/9999	1	1,200.00
D8060	Fee on File	Yes	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	0	20	03/01/2014	12/31/9999	1	1,200.00
D8070	Not Covered		COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	0	999	01/01/1996	12/31/9999	1	0.00
D8080	Fee on File	Yes	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	0	20	07/01/2007	12/31/9999	1	1,200.00
D8090	Not Covered		COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	0	999	01/01/1996	12/31/9999	1	0.00

Code	Code Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D8210	Not Covered		REMOVABLE APPLIANCE THERAPY	0	999	01/01/1970	12/31/9999	1	0.00
D8220	Not Covered		FIXED APPLIANCE THERAPY	0	999	01/01/1970	12/31/9999	1	0.00
D8660	Not Covered		PRE-ORTHODONTIC VISIT	0	999	01/01/1996	12/31/9999	1	0.00
D8670	Fee on File	Yes	PERIODIC ORTHODONTIC TREATMENT VISIT	0	20	07/01/2007	12/31/9999	1	125.00
D8680	Not Covered		ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT	0	999	01/01/1996	12/31/9999	1	0.00
D8681	Not Covered		REMOVABLE ORTHODONTIC RETAINER ADJUSTMENT	0	999	01/01/2016	12/31/9999	1	0.00
D8690	Not Covered		ORTHODONTIC TREATMENT (ALTERNATIVE BILLING TO A CONTRACT FEE)	0	999	01/01/1996	12/31/9999	1	0.00
D8691	Not Covered		REPAIR OF ORTHODONTIC APPLIANCE	0	999	01/01/2000	12/31/9999	1	0.00
D8692	Fee on File	Yes	REPLACEMENT OF LOST OR BROKEN RETAINER	0	20	05/01/2015	12/31/9999	1	172.00
D8693	Not Covered		RE-CEMENT OR RE-BOND FIXED RETAINERS	0	999	01/01/2007	12/31/9999	1	0.00
D8694	Not Covered		REPAIR OF FIXED RETAINERS, INCLUDES REATTACHMENT	0	999	01/01/2014	12/31/9999	1	0.00
D8695	Not Covered		REMOVAL OF FIXED ORTHODONTIC APPLIANCES FOR REASONS OTHER THAN COMPLETION OF TREATMENT	0	999	01/01/2018	12/31/9999	1	0.00
D8999	Priced by PA	Yes	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	0	20	10/01/2003	12/31/9999	1	0.00
D9110	Fee on File	Yes	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROCEDURES	0	999	07/01/2014	12/31/9999	1	35.29
D9120	Not Covered		FIXED PARTIAL DENTURE SECTIONING	0	999	01/01/2007	12/31/9999	1	0.00
D9130	Not Covered		MANDIBULAR JOINT DYSFUNCTION - NON INVASIVE PHYSICAL THERAPIES	0	20	01/01/2019	12/31/9999	1	0.00
D9210	Not Covered		LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL	0	999	07/01/1983	12/31/9999	1	0.00
D9211	Not Covered		REGIONAL BLOCK ANESTHESIA	0	999	07/01/1983	12/31/9999	1	0.00
D9212	Not Covered		TRIGEMINAL DIVISION BLOCK ANESTHESIA	0	999	07/01/1983	12/31/9999	1	0.00
D9215	Not Covered		LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	0	999	07/28/1986	12/31/9999	1	0.00
D9219	Not Covered		EVALUATION FOR MODERATE SEDATION, DEEP SEDATION OR GENERAL ANESTHESIA	0	999	01/01/2015	12/31/9999	1	0.00
D9222	Fee on File	Yes	DEEP SEDATION/GENERAL ANESTHESIA-FIRST 15 MINUTES	0	999	01/01/2018	12/31/9999	10	115.00
D9223	Fee on File	Yes	DEEP SEDATION/GENERAL ANESTHESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	0	999	01/01/2016	12/31/9999	10	115.00
D9230	Fee on File	Yes	INHALATION OF NITROUS OXIDE / ANXIOLYSIS, ANALGESIA	0	999	07/01/2014	12/31/9999	1	39.16
D9239	Fee on File	Yes	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA FIRST 15	0	999	01/01/2018	12/31/9999	10	95.00
D9243	Fee on File	Yes	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA EACH SUBSEQUENT 15 MINUTES	0	999	01/01/2016	12/31/9999	10	95.00
D9248	Fee on File	Yes	NON-INTRAVENOUS (CONSCIOUS) SEDATION	0	999	07/01/2014	12/31/9999	1	57.11
D9310	Fee on File		CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN	0	999	07/01/2014	12/31/9999	1	52.88
D9311	Not Covered		CONSULTATION WITH A MEDICAL HEALTH CARE PROFESSIONAL	0	999	01/01/2017	12/31/9999	1	0.00
D9410	Not Covered		HOUSE/EXTENDED CARE FACILITY CALL HOUSE/EXTENDED CARE FACILITY CALL	0	999	07/01/1983	12/31/9999	1	0.00

Code	Code Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D9420	Not Covered		HOSPITAL OR AMUBLATORY SURGICAL CENTER CALL	0	999	07/01/1983	12/31/9999	1	0.00
D9430	Not Covered		OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED HOURS)	0	999	09/01/1986	12/31/9999	1	0.00
D9440	Not Covered		OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS	0	999	09/01/1986	12/31/9999	1	0.00
D9450	Not Covered		CASE PRESENTATION, DETAILED AND EXTENSIVE TREATMENT PLANNING	0	999	01/01/2003	12/31/9999	1	0.00
D9610	Not Covered		THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION	0	999	10/01/2003	12/31/9999	1	0.00
D9612	Not Covered		THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, DIFFERENT MEDICATIONS	0	999	01/01/2007	12/31/9999	1	0.00
D9613	Not Covered		INFILTRATION OF SUSTAINED RELEASE THERAPEUTIC DRUG - SINGLE OR MULTIPLE SITES	0	20	01/01/2019	12/31/9999	1	0.00
D9630	Not Covered		DRUGS OR MEDICAMENTS DISPENSED IN THE OFFICE FOR HOME USE	0	999	10/01/2003	12/31/9999	1	0.00
D9910	Not Covered		APPLICATION OF DESENSITIZING MEDICAMENTS	0	999	07/01/1983	12/31/9999	1	0.00
D9911	Not Covered		APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT SURFACE, PER	0	999	01/01/2000	12/31/9999	1	0.00
D9920	Not Covered		BEHAVIOR MANAGEMENT, BY REPORT	0	999	12/10/1991	12/31/9999	99999	0.00
D9930	Not Covered		TREATMENT OF COMPLICATIONS (POSTSURGICAL) - UNUSUAL	0	999	07/01/1983	12/31/9999	1	0.00
D9932	Not Covered		CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, MAXILLARY	0	999	01/01/2016	12/31/9999	1	0.00
D9933	Not Covered		CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, MANDIBULAR	0	999	01/01/2016	12/31/9999	1	0.00
D9934	Not Covered		CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, MAXILLARY	0	999	01/01/2016	12/31/9999	1	0.00
D9935	Not Covered		CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, MANDIBULAR	0	999	01/01/2016	12/31/9999	1	0.00
D9941	Not Covered		FABRICATION OF ATHLETIC MOUTHGUARDS	0	999	12/10/1991	12/31/9999	99999	0.00
D9942	Not Covered		REPAIR AND/OR RELINE OF OCCLUSAL GUARD	0	999	01/01/2005	12/31/9999	1	0.00
D9943	Not Covered		OCCLUSAL GUARD ADJUSTMENT	0	20	01/01/2016	12/31/9999	1	0.00
D9944	Fee on File	Yes	OCCLUSAL GUARD-HARD APPLIANCE, FULL ARCH	0	20	01/01/2019	12/31/9999	1	190.83
D9945	Fee on File	Yes	OCCLUSAL GUARD-SOFT APPLIANCE, FULL ARCH	0	20	01/01/2019	12/31/9999	1	190.83
D9946	Fee on File	Yes	OCCLUSAL GUARD-HARD APPLIANCE, PARTIAL ARCH	0	20	01/01/2019	12/31/9999	1	190.83
D9950	Not Covered		OCCLUSION ANALYSIS - MOUNTED CASE	0	999	01/01/1970	12/31/9999	1	0.00
D9951	Not Covered		OCCLUSAL ADJUSTMENT - LIMITED	0	999	12/10/1991	12/31/9999	99999	0.00
D9952	Not Covered		OCCLUSAL ADJUSTMENT - COMPLETE	0	999	12/10/1991	12/31/9999	99999	0.00
D9961	Not Covered		DUPLICATE/COPY PATIENT'S RECORDS	0	20	01/01/2019	12/31/9999	1	0.00
D9970	Not Covered		ENAMEL MICROABRASION	0	999	01/01/1996	12/31/9999	1	0.00
D9971	Not Covered		ODONTOPLASTY 1 - 2 TEETH; INCLUDES REMOVAL OF ENAMEL PROJECTIONS	0	999	01/01/2000	12/31/9999	1	0.00
D9972	Not Covered		EXTERNAL BLEACHING - PER ARCH	0	999	01/01/2000	12/31/9999	1	0.00
D9973	Not Covered		EXTERNAL BLEACHING - PER TOOTH	0	999	01/01/2000	12/31/9999	1	0.00
D9974	Not Covered		INTERNAL BLEACHING - PER TOOTH	0	999	01/01/2000	12/31/9999	1	0.00
D9975	Not Covered		EXTERNAL BLEACHING FOR HOME APPLICATION, PER ARCH; INCLUDES MATERIALS AND FABRICATION OF CUSTOM TRAYS	0	999	01/01/2013	12/31/9999	1	0.00

Code	Code Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D9985	Not Covered		SALES TAX	0	999	01/01/2014	12/31/9999	1	0.00
D9986	Not Covered		MISSED APPOINTMENT	0	999	01/01/2015	12/31/9999	1	0.00
D9987	Not Covered		CANCELLED APPOINTMENT	0	999	01/01/2015	12/31/9999	1	0.00
D9990	Not Covered		CERTIFIED TRANSLATION OR SIGN-LANGUAGE SERVICES - PER VISIT	0	20	01/01/2019	12/31/9999	1	0.00
D9991	Not Covered		DENTAL CASE MANAGEMENT- ADDRESSING APPOINTMENT COMPLIANCE BARRIERS	0	999	01/01/2017	12/31/9999	1	0.00
D9992	Not Covered		DENTAL CASE MANAGEMENT- CARE COORDINATION	0	999	01/01/2017	12/31/9999	1	0.00
D9993	Not Covered		DENTAL CASE MANAGEMENT- MOTIVATIONAL INTERVIEWING	0	999	01/01/2017	12/31/9999	1	0.00
D9994	Not Covered		DENTAL CASE MANAGEMENT- PATIENT EDUCATION TO IMPROVE ORAL HEALTH LITERACY	0	999	01/01/2017	12/31/9999	1	0.00
D9995	Fee on File		TELEDENTISTRY - SYNCHRONOUS; REAL-TIME ENCOUNTER	0	999	01/01/2018	12/31/9999	1	40.73
D9996	Fee on File		TELEDENTISTRY- ASYNCHRONOUS; INFORMATION STORED AND FORWARDED TO DENTIST FOR	0	999	01/01/2018	12/31/9999	1	40.73
D9998	Not Covered		UNSPECIFIED MISCELLANEOUS SERVICE PROCEDURE	0	999	11/01/1987	12/31/9999	99999	0.00
D9999	Priced by PA	Yes	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT	0	999	10/01/2003	12/31/9999	1	0.00