

DENTAL FEE SCHEDULE - OUTPATIENT HOSPITAL effective 01/01/17

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Code	Code Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D0120	Not Covered	PERIODIC ORAL EXAM ESTABLISHED PATIENT	0	20	#####	#####	1	0.00
D0140	Not Covered	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	0	999	#####	#####	1	0.00
D0145	Not Covered	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY	0	2	#####	#####	1	0.00
D0150	Not Covered	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT COMPREHENSIVE	0	20	#####	#####	1	0.00
D0160	Not Covered	DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED, BY REPORT	0	999	#####	#####	1	0.00
D0170	Not Covered	RE-EVALUATION-LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT POST-OP	0	999	#####	#####	1	0.00
D0171	Not Covered	RE-EVALUATION POST OPERATIVE OFFICE VISIT	0	999	#####	#####	1	0.00
D0180	Not Covered	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT	0	999	#####	#####	1	0.00
D0190	Not Covered	SCREENING OF A PATIENT	0	999	#####	#####	1	0.00
D0191	Not Covered	ASSESSMENT OF A PATIENT	0	999	#####	#####	1	0.00
D0210	Not Covered	INTRAORAL-COMPLETE SERIES OF RADIOGRAPHIC IMAGES	0	999	#####	#####	1	0.00
D0220	Not Covered	INTRAORAL-PERIAPICAL FIRST RADIOGRAPHIC IMAGE	0	999	#####	#####	1	0.00
D0230	Not Covered	INTRAORAL-PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	0	999	#####	#####	1	0.00
D0240	Not Covered	INTRAORAL-OCCLUSAL RADIOGRAPHIC IMAGE	0	999	#####	#####	1	0.00
D0250	Not Covered	EXTRA-ORAL - 2D PROJECTION RADIOGRAPHIC IMAGE CREATED USING A STATIONARY RADIATION SOURCE, AND DETECTOR	0	999	#####	#####	1	0.00
D0251	Not Covered	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE	0	999	#####	#####	1	0.00
D0270	Fee on File	BITEWING-SINGLE RADIOGRAPHIC	0	999	#####	#####	1	442.67
D0272	Fee on File	BITEWINGS-TWO RADIOGRAPHIC	0	999	#####	#####	1	442.67
D0273	Not Covered	BITEWINGS-THREE RADIOGRAPHIC IMAGES	0	999	#####	#####	1	0.00
D0274	Fee on File	BITEWINGS-FOUR RADIOGRAPHIC IMAGES	0	999	#####	#####	1	442.67
D0277	Not Covered	VERTICAL BITEWINGS-7 TO 8 RADIOGRAPHIC IMAGES	0	999	#####	#####	1	0.00
D0310	Not Covered	SALIOGRAPHY	0	999	#####	#####	1	0.00
D0320	Not Covered	TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCLUDING INJECTION	0	999	#####	#####	1	0.00
D0321	Not Covered	OTHER TEMPOROMANDIBULAR JOINT RADIOGRAPHIC IMAGES BY REPORT	0	999	#####	#####	1	0.00
D0322	Not Covered	TOMOGRAPHIC SURVEY	0	999	#####	#####	1	0.00
D0330	Fee on File	PANORAMIC RADIOGRAPHIC IMAGE	0	999	#####	#####	1	54.52
D0340	Fee on File	2D CELPHALOMETRIC RADIOGRAPHIC IMAGE - ACQUISITION, MEASUREMENT AND ANALYSIS	0	20	#####	#####	1	61.56

Code	Code Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D0350	Fee on File	2D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY	0	20	#####	#####	1	29.32
D0351	Not Covered	3D PHOTOGRAPHIC IMAGE	0	20	#####	#####	1	0.00
D0364	Not Covered	CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW- LESS THAN ONE WHOLE JAW	0	999	#####	#####	1	0.00
D0365	Not Covered	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH-MANDIBLE	0	999	#####	#####	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	#####	#####	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	#####	#####	1	0.00
D0368	Not Covered	CONE BEAM CT CAPTURE AND INTERPRETATION FOR TMJ SERIES INCLUDING TWO OR MORE EXPOSURES	0	999	#####	#####	1	0.00
D0369	Not Covered	MAXILLOFACIAL MRI CAPTURE AND INTERPRETATION	0	999	#####	#####	1	0.00
D0370	Not Covered	MAXILOFACIAL ULTRASOUND CAPTURE AND INTERPRETATION	0	999	#####	#####	1	0.00
D0371	Not Covered	SIALOENDOSCOPY CAPTURE AND INTERPRETATION	0	999	#####	#####	1	0.00
D0380	Not Covered	CONE BEAM CT IMAGE CAPTURE WITH LIMITED FIELD OF VIEW-LESS THAN ONE WHOLE JAW	0	999	#####	#####	1	0.00
D0381	Not Covered	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH-MANDIBLE	0	999	#####	#####	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	#####	#####	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	#####	#####	1	0.00
D0384	Not Covered	CONE BEAM CT IMAGE CAPTURE FOR TMJ SERIES INCLUDING TWO OR MORE EXPOSURES	0	999	#####	#####	1	0.00
D0385	Not Covered	MAXILLOFACIAL MRI IMAGE CAPTURE	0	999	#####	#####	1	0.00
D0386	Not Covered	MAXILLOFACIAL ULTRASOUND IMAGE CAPTURE	0	999	#####	#####	1	0.00
D0391	Not Covered	INTERPRETATION OF DIAGNOSTIC IMAGE BY A PRACTITIONER NOT ASSOCIATED WITH CAPTURE OF THE IMAGE, INCLUDING REPORT	0	999	#####	#####	1	0.00
D0393	Not Covered	TREATMENT SIMULATION USING 3D IMAGE VALUME	0	999	#####	#####	1	0.00
D0394	Not Covered	DIGITAL SUBTRACTION OF TWO OR MORE IMAGES OR IMAGE VOLUMES OF THE SAME MODALITY	0	999	#####	#####	1	0.00
D0395	Not Covered	FUSION OF TWO OR MORE 3D IMAGE VOLUMES OF ONE OR MORE	0	999	#####	#####	1	0.00
D0411	Fee on File	HCA1C IN-OFFICE POINT OF SERVICE TESTING	0	999	#####	#####	1	11.99
D0414	Not Covered	LAB PROCESSING OF MICROBIAL SPECIMEN INCLUDE CULTURE SENSITIVITY STUDIES, PREP, AND TRANSMISSION OF WRITTEN REPORT.	0	999	#####	#####	1	0.00
D0415	Not Covered	COLLECTION OF MICROORGANISMS FOR CULTURE AND SENSITIVITY	0	999	#####	#####	1	0.00
D0416	Not Covered	VIRAL CULTURE	0	999	#####	#####	1	0.00

Code	Code Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D0417	Not Covered	COLLECTION & PREPARATION OF SALIVA SAMPLE FOR LABORATORY DIAGNOSTIC TEST	0	999	#####	#####	1	0.00
D0418	Not Covered	ANALYSIS OF SALIVA SAMPLE	0	999	#####	#####	1	0.00
D0422	Not Covered	COLLECTION AND PREPARATION OF GENETIC SAMPLE MATERIAL FOR LABORATORY ANALYSIS AND REPORT	0	999	#####	#####	1	0.00
D0423	Not Covered	GENETIC TEST FOR SUSCEPTIBILITY TO DISEASE - SPECIMEN ANALYSIS	0	999	#####	#####	1	0.00
D0425	Not Covered	CARIES SUSCEPTIBILITY TESTS	0	999	#####	#####	1	0.00
D0431	Not Covered	ADJUNCTIVE PRE-DIAGNOSTIC TEST THAT AIDS IN DETECTION OF MUCOSAL ABNORMALITIES	0	999	#####	#####	1	0.00
D0460	Not Covered	PULP VITALITY TESTS	0	999	#####	#####	1	0.00
D0470	Fee on File	DIAGNOSTIC CASTS	0	20	#####	#####	1	65.75
D0472	Not Covered	ACCESSION OF TISSUE, GROSS EXAMINATION, PREPARATION AND TRANSMISSION OF	0	999	#####	#####	1	0.00
D0473	Not Covered	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION, PREPARATION AND	0	999	#####	#####	1	0.00
D0474	Not Covered	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION, INCLUDING ASSESS	0	999	#####	#####	1	0.00
D0475	Not Covered	DECALCIFICATION PROCEDURE	0	999	#####	#####	1	0.00
D0476	Not Covered	SPECIAL STAINS FOR MICROORGANISMS	0	999	#####	#####	1	0.00
D0477	Not Covered	SPECIAL STAINS, NOT FOR MICROORGANISMS	0	999	#####	#####	1	0.00
D0478	Not Covered	IMMUNOHISTOCHEMICAL STAINS	0	999	#####	#####	1	0.00
D0479	Not Covered	TISSUE IN-SITU HYBRIDIZATION, INCLUDING INTERPRETATION	0	999	#####	#####	1	0.00
D0480	Not Covered	ACCESSION OF EXFOLIATIVE CYTOLOGIC SMEARS, MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	0	999	#####	#####	1	0.00
D0481	Not Covered	ELECTRON MICROSCOPY-DIAGNOSTIC	0	999	#####	#####	1	0.00
D0482	Not Covered	DIRECT IMMUNOFLUORESCENCE	0	999	#####	#####	1	0.00
D0483	Not Covered	INDIRECT IMMUNOFLUORESCENCE	0	999	#####	#####	1	0.00
D0484	Not Covered	CONSULTATION ON SLIDES PREPARED ELSEWHERE	0	999	#####	#####	1	0.00
D0485	Not Covered	CONSULTATION, INCLUDING PREPARATION OF SLIDES FROM BIOPSY MATERIAL SUPPLIED BY	0	999	#####	#####	1	0.00
D0486	Not Covered	ACCESSION TRANSEPIHELIAL CYTOLOGIC SAMPLE, MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	0	999	#####	#####	1	0.00
D0502	Not Covered	OTHER ORAL PATHOLOGY PROCEDURES, BY REPORT	0	999	#####	#####	1	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	#####	#####	1	0.00
D0601	Not Covered	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF LOW RISK	0	999	#####	#####	1	0.00
D0602	Not Covered	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF MODERATE RISK	0	999	#####	#####	1	0.00
D0603	Not Covered	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF HIGH RISK	0	999	#####	#####	1	0.00

Code	Code Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D0999	Not Covered	UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT	0	999	#####	#####	1	0.00
D1110	Not Covered	PROPHYLAXIS - ADULT	0	999	#####	#####	1	0.00
D1120	Fee on File	PROPHYLAXIS - CHILD	0	20	#####	#####	1	30.11
D1206	Fee on File	TOPICAL APPLICATION OF FLUORIDE VARNISH	0	20	#####	#####	1	22.42
D1208	Fee on File	TOPICAL APPLICATION OF FLUORIDE	0	20	#####	#####	1	16.70
D1310	Not Covered	NUTRITIONAL COUNSELING FOR THE CONTROL OF DENTAL DISEASE	0	999	#####	#####	1	0.00
D1320	Not Covered	TOBACCO COUNSELING FOR THE CONTROL AND PREVENTION OF ORAL DISEASE	0	999	#####	#####	1	0.00
D1330	Not Covered	ORAL HYGIENE INSTRUCTION	0	999	#####	#####	1	0.00
D1351	Fee on File	SEALANT - PER TOOTH	0	20	#####	#####	1	28.39
D1352	Not Covered	PREVENTATIVE RESIN RESTORATION IN A MODERAT TO HIGH CARIES RISK PATIENT-PERMANENT TOOTH	0	999	#####	#####	1	0.00
D1353	Not Covered	SEALANT REPAIR- PER TOOTH	0	20	#####	#####	1	0.00
D1354	Not Covered	INTERIM CARIES ARRESTING MEDICAMENT APPLICATION - PER	0	999	#####	#####	1	0.00
D1510	Fee on File	SPACE MAINTAINER - FIXED-UNILATERAL	0	20	#####	#####	1	442.67
D1515	Fee on File	SPACE MAINTAINER - FIXED-BILATERAL	0	20	#####	#####	1	442.67
D1520	Fee on File	SPACE MAINTAINER - REMOVABLE-UNILATERAL	0	20	#####	#####	1	442.67
D1525	Fee on File	SPACE MAINTAINER - REMOVABLE-BILATERAL	0	20	#####	#####	1	442.67
D1550	Fee on File	RE-CEMENT OR RE-BOND SPACE MAINTAINER	0	20	#####	#####	1	442.67
D1555	Fee on File	REMOVAL OF FIXED SPACER MAINTAINER	0	20	#####	#####	1	37.27
D1575	Not Covered	DISTAL SHOE MAINTAINER-FIXED-UNILATERAL	0	999	#####	#####	1	0.00
D1999	Not Covered	UNSPECIFIED PREVENTIVE PROCEDURE, BY REPORT	0	999	#####	#####	1	0.00
D2140	Fee on File	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT AMALGAM-ONE SURFACE, PRIMARY O	0	20	#####	#####	1	69.58
D2150	Fee on File	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT AMALGAM-TWO SURFACES, PRIMARY	0	20	#####	#####	1	90.05
D2160	Fee on File	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT AMALGAM-THREE SURFACES, PRI	0	20	#####	#####	1	108.87
D2161	Fee on File	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT AMALGAM-FOUR OR MORE	0	20	#####	#####	1	132.61
D2330	Fee on File	RESIN-ONE SURFACE, ANTERIOR	0	20	#####	#####	1	72.89
D2331	Fee on File	RESIN-TWO SURFACES, ANTERIOR	0	20	#####	#####	1	93.03
D2332	Fee on File	RESIN-THREE SURFACES, ANTERIOR	0	20	#####	#####	1	113.85
D2335	Fee on File	RESIN-FOUR OR MORE SURFACES ON INVOLVING INCISAL ANGLE	0	20	#####	#####	1	134.68
D2390	Fee on File	RESIN-BASED COMPOSITE CROWN, ANTERIOR	0	20	#####	#####	1	149.26
D2391	Fee on File	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	0	20	#####	#####	1	85.39
D2392	Fee on File	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	0	20	#####	#####	1	111.77
D2393	Fee on File	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	0	20	#####	#####	1	138.85
D2394	Fee on File	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	0	20	#####	#####	1	170.09
D2410	Not Covered	GOLD FOIL - ONE SURFACE	0	999	#####	#####	1	0.00
D2420	Not Covered	GOLD FOIL - TWO SURFACES	0	999	#####	#####	1	0.00

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D2430	Not Covered	GOLD FOIL - THREE SURFACES	0	999	#####	#####	1	0.00
D2510	Not Covered	INLAY - METALLIC - ONE SURFACE	0	999	#####	#####	1	0.00
D2520	Not Covered	INLAY - METALLIC - TWO SURFACES	0	999	#####	#####	1	0.00
D2530	Not Covered	INLAY - METALLIC - THREE SURFACES	0	999	#####	#####	1	0.00
D2542	Not Covered	ONLAY-METALLIC-TWO SURFACES	0	999	#####	#####	1	0.00
D2543	Not Covered	ONLAY - METALLIC - THREE SURFACES	0	999	#####	#####	1	0.00
D2544	Not Covered	ONLAY - METALLIC - FOUR OR MORE SURFACES	0	999	#####	#####	1	0.00
D2610	Not Covered	INLAY - PORCELAIN/CERAMIC - ONE SURFACE	0	999	#####	#####	1	0.00
D2620	Not Covered	INLAY - PORCELAIN/CERAMIC-TWO SURFACES	0	999	#####	#####	1	0.00
D2630	Not Covered	INLAY - PORCELAIN/CERAMIC-THREE SURFACES	0	999	#####	#####	1	0.00
D2642	Not Covered	ONLAY - PORCELAIN/CERAMIC - TWO SURFACES	0	999	#####	#####	1	0.00
D2643	Not Covered	ONLAY - PORCELAIN/CERAMIC - THREE SURFACES	0	999	#####	#####	1	0.00
D2644	Not Covered	ONLAY - PORCELAIN/CERAMIC - FOUR OR MORE SURFACES	0	999	#####	#####	1	0.00
D2650	Not Covered	INLAY - RESIN-BASED COMPOSITE - ONE SURFACE INLAY - RESIN-BASED COMPOSIT	0	999	#####	#####	1	0.00
D2651	Not Covered	INLAY - RESIN-BASED COMPOSITE - TWO SURFACES INLAY - RESIN-BASED COMPOSI	0	999	#####	#####	1	0.00
D2652	Not Covered	INLAY - RESIN-BASED COMPOSITE - THREE OR MORE SURFACES INLAY - RESIN-BAS	0	999	#####	#####	1	0.00
D2662	Not Covered	ONLAY - RESIN-BASED COMPOSITE - TWO SURFACES ONLAY - RESIN-BASED COMPOSI	0	999	#####	#####	1	0.00
D2663	Not Covered	ONLAY - RESIN-BASED COMPOSITE - THREE SURFACES ONLAY - RESIN-BASED COMPO	0	999	#####	#####	1	0.00
D2664	Not Covered	ONLAY - - RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES ONLAY - - RESIN-	0	999	#####	#####	1	0.00
D2710	Not Covered	CROWN-RESIN-BASED COMPOSITE (INDIRECT)	0	999	#####	#####	1	0.00
D2712	Not Covered	CROWN - 3/4 RESIN-BASED COMPOSITE (INDIRECT)	0	999	#####	#####	1	0.00
D2720	Not Covered	CROWN-RESIN WITH HIGH NOBLE METAL	0	999	#####	#####	1	0.00
D2721	Not Covered	CROWN-RESIN WITH PREDOMINANTLY BASE METAL	0	999	#####	#####	1	0.00
D2722	Not Covered	CROWN-RESIN WITH NOBLE METAL	0	999	#####	#####	1	0.00
D2740	Not Covered	CROWN-PORCELAIN/CERAMIC-SUBSTRATE	0	999	#####	#####	1	0.00
D2750	Fee on File	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	0	20	#####	#####	1	549.74
D2751	Fee on File	CROWN-PROCELAIN FUSED TO PREDOMINANTLY BASE METAL	0	20	#####	#####	1	511.89
D2752	Fee on File	CROWN-PORCELAIN FUSED TO NOBLE METAL	0	20	#####	#####	1	524.30
D2780	Not Covered	CROWN - 3/4 CAST HIGH NOBLE METAL	0	999	#####	#####	1	0.00
D2781	Not Covered	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	0	999	#####	#####	1	0.00
D2782	Not Covered	CROWN - 3/4 CAST NOBLE METAL	0	999	#####	#####	1	0.00
D2783	Not Covered	CROWN - 3/4 PORCELAIN/CERAMIC	0	999	#####	#####	1	0.00
D2790	Not Covered	CROWN - FULL CAST HIGH NOBLE METAL	0	999	#####	#####	1	0.00
D2791	Not Covered	CROWN - FULL CAST PREDOMINANTLY BASE METAL	0	999	#####	#####	1	0.00
D2792	Not Covered	CROWN - FULL CAST NOBLE METAL	0	999	#####	#####	1	0.00

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D2794	Not Covered	CROWN-TITANIUM	0	999	#####	#####	1	0.00
D2799	Not Covered	PROVISIONAL CROWN-FURTHER TREATMENT OR COMPLETION OF DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION	0	999	#####	#####	1	0.00
D2910	Not Covered	RECEMENT INLAY, ONLAY OR PARTIAL COVERAGE RESTORATION	0	999	#####	#####	1	0.00
D2915	Not Covered	RECEMENT CAST OR PREFABRICATED POST AND CORE	0	999	#####	#####	1	0.00
D2920	Not Covered	RECEMENT CROWN	0	999	#####	#####	1	0.00
D2921	Not Covered	REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP	0	999	#####	#####	1	0.00
D2929	Not Covered	PREFABRICATED PORCELAIN/CERAMIC CROWN-PRIMARY TOOTH	0	999	#####	#####	1	0.00
D2930	Fee on File	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH	0	20	#####	#####	1	134.79
D2931	Fee on File	PREFABRICATED STAINLESS STEEL CROWN - PERMANENT TOOTH	0	20	#####	#####	1	152.40
D2932	Not Covered	PREFABRICATED RESIN CROWN	0	999	#####	#####	1	0.00
D2933	Fee on File	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	0	20	#####	#####	1	186.27
D2934	Fee on File	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH	0	20	#####	#####	1	186.27
D2940	Fee on File	PROTECTIVE RESTORATION POST REMOVAL	0	20	#####	#####	1	51.48
D2941	Not Covered	INTERIM THERAPEUTIC RESTORATION-PRIMARY DENTITION	0	999	#####	#####	1	0.00
D2949	Not Covered	RESTORATIVE FOUNDATION FOR AN INDIRECT RESTORATION	0	999	#####	#####	1	0.00
D2950	Not Covered	CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED	0	999	#####	#####	1	0.00
D2951	Not Covered	PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION	0	20	#####	#####	1	0.00
D2952	Fee on File	POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED	0	20	#####	#####	1	203.21
D2953	Not Covered	EACH ADDITIONAL INDIRECTLY FABRICATED POST - SAME TOOTH	0	999	#####	#####	1	0.00
D2954	Not Covered	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	0	999	#####	#####	1	0.00
D2955	Not Covered	POST REMOVAL (NOT IN CONJUNCTION WITH ENDODONTIC THERAPY)	0	999	#####	#####	1	0.00
D2957	Not Covered	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	0	999	#####	#####	1	0.00
D2960	Not Covered	LABIAL VENEER (LAMINATE)-CHAIRSIDE	0	999	#####	#####	1	0.00
D2961	Not Covered	LABIAL VENEER (RESIN LAMINATE)-LABORATORY	0	999	#####	#####	1	0.00
D2962	Not Covered	LABIAL VENEER (PORCELAIN LAMINATE)-LABORATORY	0	999	#####	#####	1	0.00
D2971	Not Covered	ADDITIONAL PROCEDURES TO CONSTRUCT NEW CROWN UNDER EXISTING PARTIAL DENTURE	0	999	#####	#####	1	0.00
D2975	Not Covered	COPING	0	999	#####	#####	1	0.00
D2980	Not Covered	CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	0	999	#####	#####	1	0.00
D2981	Not Covered	INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	0	999	#####	#####	1	0.00
D2982	Not Covered	ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	0	999	#####	#####	1	0.00
D2983	Not Covered	VANEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	0	999	#####	#####	1	0.00
D2990	Not Covered	RESIN INFILTRATION OF INCIPIENT SMOOTH SURFACE LESIONS	0	999	#####	#####	1	0.00
D2999	Fee on File	UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT	0	20	#####	#####	1	442.67

Code	Code Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D3110	Not Covered	PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)	0	999	#####	#####	1	0.00
D3120	Not Covered	PULP CAP -INDIRECT (EXCLUDING FINAL RESTORATION)	0	999	#####	#####	1	0.00
D3220	Fee on File	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP COR	0	20	#####	#####	1	97.28
D3221	Not Covered	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH PULPAL DEBRIDEMENT, PRIM	0	999	#####	#####	1	0.00
D3222	Fee on File	PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH INCOMPLETED ROOT DEVELOPMENT	0	20	#####	#####	1	98.86
D3230	Not Covered	PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING F	0	999	#####	#####	1	0.00
D3240	Not Covered	PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING	0	999	#####	#####	1	0.00
D3310	Fee on File	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL	0	20	#####	#####	1	372.43
D3320	Fee on File	ENDODONTIC THERAPY, PREMOLAR BICUSPID TOOTH (EXCLUDING FINAL RESTORATION)	0	20	#####	#####	1	456.41
D3330	Fee on File	ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION)	0	20	#####	#####	1	565.95
D3331	Not Covered	TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS	0	999	#####	#####	1	0.00
D3332	Not Covered	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH	0	999	#####	#####	1	0.00
D3333	Not Covered	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	0	999	#####	#####	1	0.00
D3346	Fee on File	RETREATMENT-ANTERIOR, BY REPORT	0	20	#####	#####	1	496.58
D3347	Fee on File	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY	0	20	#####	#####	1	584.21
D3348	Fee on File	RETREATMENT-MOLAR, BY REPORT	0	20	#####	#####	1	722.96
D3351	Not Covered	APEXIFICATION/ RECALCIFICATION- INITIAL VISIT (APICAL CLOSURE/ CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, PULP SPACE DISINFECTION, ETC.)	0	999	#####	#####	1	0.00
D3352	Not Covered	APEXIFICATION/RECALCIFICATION- INTERIM MEDICATION REPLACEMENT	0	999	#####	#####	1	0.00
D3353	Not Covered	APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL	0	999	#####	#####	1	0.00
D3355	Not Covered	PULPAL REGENERATION- INITIAL VISIT	0	999	#####	#####	1	0.00
D3356	Not Covered	PULPAL REGENERATION- INTERIM MEDICATION REPLACEMENT	0	999	#####	#####	1	0.00
D3357	Not Covered	PULPAL REGENERATION- COMPLETION OF TREATMENT	0	999	#####	#####	1	0.00
D3410	Not Covered	APICOECTOMY- ANTERIOR	0	999	#####	#####	1	0.00
D3421	Not Covered	APICOECTOMY-BICUSPID PREMOLAR (FIRST TOOTH)	0	999	#####	#####	1	0.00
D3425	Not Covered	APICOECTOMY- MOLAR (FIRST ROOT)	0	999	#####	#####	1	0.00
D3426	Not Covered	APICOECTOMY-(EACH ADDITIONAL	0	999	#####	#####	1	0.00
D3427	Not Covered	PERIRADICULAR SURGERY WITHOUT APICOECTOMY	0	999	#####	#####	1	0.00
D3428	Not Covered	BONE GRAFT IN CONJUNCTION WITH PERIRADICULAR SURGERY- PER TOOTH, SINGLE SITE	0	999	#####	#####	1	0.00

Code	Code Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D3429	Not Covered	BONE GRAFT IN CONJUNCTION WITH PERIRADICULAR SURGERY- EACH ADDITIONAL CONTIGUOUS TOOTH IN THE SAME SURGICAL SITE	0	999	#####	#####	1	0.00
D3430	Not Covered	RETROGRADE FILLING - PER ROOT	0	999	#####	#####	1	0.00
D3431	Not Covered	BIOLOGICAL MATERIAL TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION IN CONJUNCTION WITH PERIRADICULAR SURGERY	0	999	#####	#####	1	0.00
D3432	Not Covered	GUIDED TISSUE REGENERATION, RESORBABLE BARRIER, PER SITE, IN CONJUNCTION WITH PERIRADICULAR SURGERY	0	999	#####	#####	1	0.00
D3450	Not Covered	ROOT AMPUTATION - PER ROOT	0	999	#####	#####	1	0.00
D3460	Not Covered	ENDODONTIC ENDOSSEOUS IMPLANT	0	999	#####	#####	1	0.00
D3470	Not Covered	INTENTIONAL REPLANTATION (INCLUDING NECESSARY SPLINTING)	0	999	#####	#####	1	0.00
D3910	Not Covered	SURGICAL PROCEDURE FOR ISOLATION OF TOOTH WITH RUBBER DAM	0	999	#####	#####	1	0.00
D3920	Not Covered	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROOT CANAL THERA	0	999	#####	#####	1	0.00
D3950	Not Covered	CANAL PREPARATION AND FITTING OF PREFORMED DOWEL OR POST	0	999	#####	#####	1	0.00
D3999	Fee on File	UNSPECIFIED ENDODONTIC PROCEDURE, BY REPORT	0	20	#####	#####	1	442.67
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	#####	#####	1	329.17
D4211	Fee on File	GINGIVECTOMY OR GINGIVOPLASTY ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	0	999	#####	#####	1	146.30
D4212	Not Covered	GINGIVECTOMY OR GINGIVOPLASTY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE, PER TOOTH	0	999	#####	#####	1	0.00
D4230	Not Covered	ANATOMICAL CROWN EXPOSURE - FOUR OR MORE CONTIGUOUS TEETH PER QUADRANT	0	999	#####	#####	1	0.00
D4231	Not Covered	ANATOMICAL CROWN EXPOSURE - ONE TO THREE TEETH OR BOUNDED TOOTH SPACES PER QUADRANT	0	999	#####	#####	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	#####	#####	1	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	#####	#####	1	241.40
D4245	Not Covered	APICALLY POSITIONED FLAP	0	999	#####	#####	1	0.00
D4249	Not Covered	CROWN LENGTHENING-HARD AND SOFT TISSUE, BY REPORT	0	999	#####	#####	1	0.00
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	#####	#####	1	442.67
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	#####	#####	1	373.06

Code	Code Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D4263	Not Covered	BONE REPLACEMENT GRAFT- RETAINED NATURAL TOOTH- FIRST SITE	0	999	#####	#####	1	0.00
D4264	Not Covered	BONE REPLACEMENT GRAFT- RETAINED NATURAL TOOTH- EACH ADDITIONAL SITE IN QUADRANT	0	999	#####	#####	1	0.00
D4265	Not Covered	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION	0	999	#####	#####	1	0.00
D4266	Not Covered	GUIDED TISSUE REGENERATION-RESORBABLE BARRIER, PER SITE	0	999	#####	#####	1	0.00
D4267	Not Covered	GUIDED TISSUE REGENERATION-NON-RESORBABLE BARRIER, PER SITE (INCLUDES MEMBRANE REMOVAL)	0	999	#####	#####	1	0.00
D4268	Not Covered	SURGICAL REVISION PROCEDURE, PER TOOTH	0	999	#####	#####	1	0.00
D4270	Not Covered	PEDICLE SOFT TISSUE GRAFT PROCEDURE	0	999	#####	#####	1	0.00
D4273	Not Covered	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURES (INCLUDING DONOR AND RECIPIENT SURGICAL	0	999	#####	#####	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	#####	#####	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	#####	#####	1	0.00
D4276	Not Covered	COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT, PER TOOTH	0	999	#####	#####	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	#####	#####	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	#####	#####	1	0.00
D4283	Not Covered	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES)	0	999	#####	#####	1	0.00
D4285	Not Covered	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT SURGICAL SITE AND DONOR	0	999	#####	#####	1	0.00
D4320	Not Covered	ANATOMICAL CROWN EXPOSURE - FOUR OF MORE CONTIGUOUS TEETH OR BOUNDED TOOTH SPACES PER QUADRANT	0	999	#####	#####	1	0.00
D4321	Not Covered	PROVISIONAL SPLINTING - EXTRACORONAL	0	999	#####	#####	1	0.00
D4341	Fee on File	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	10	20	#####	#####	1	110.54
D4342	Fee on File	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT	10	20	#####	#####	1	64.00
D4346	Not Covered	SCALING IN PRESENCE OF GENERALIZED MODERATE OR SERVERE GINGIVAL INFLAMMATION-FULL MOUTH, AFTER ORAL EVALUATION	0	999	#####	#####	1	0.00
D4355	Not Covered	FULL MOUTH DEBRIDEMENT TO ENABLE A COMPREHENSIVE ORAL EVALUATION AND DIAGNOSIS ON A SUBSEQUENT VISIT	0	999	#####	#####	1	0.00

Code	Code Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D4381	Not Covered	LOCALIZED DELIVERY OF ANTIMICROBIAL VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE PER TOOTH	0	999	#####	#####	1	0.00
D4910	Not Covered	PERIODONTAL MAINTENANCE PERIODONTAL MAINTENANCE	0	999	#####	#####	1	0.00
D4920	Not Covered	UNSCHEDULED DRESSING CHANGE (BY SOMEONE OTHER THAN TREATING DENTIST)	0	999	#####	#####	1	0.00
D4921	Not Covered	GINGIVAL IRRIGATION- PER QUADRANT	0	999	#####	#####	1	0.00
D4999	Not Covered	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	0	999	#####	#####	1	0.00
D5110	Fee on File	COMPLETE UPPER	0	20	#####	#####	1	678.44
D5120	Fee on File	COMPLETE LOWER	0	20	#####	#####	1	678.44
D5130	Not Covered	IMMEDIATE UPPER	0	999	#####	#####	1	0.00
D5140	Not Covered	IMMEDIATE LOWER	0	999	#####	#####	1	0.00
D5211	Fee on File	UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND T	0	20	#####	#####	1	572.59
D5212	Fee on File	LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND T	0	20	#####	#####	1	665.44
D5213	Not Covered	UPPER PARTIAL-CAST METAL BASE WITH RESIN SADDLES (INCLUDING ANY CONVENTI	0	999	#####	#####	1	0.00
D5214	Not Covered	LOWER PARTIAL-CAST METAL BASE WITH RESIN SADDLES (INCLUDING ANY CONVENTI	0	999	#####	#####	1	0.00
D5221	Not Covered	IMMEDIATE MAXILLARY PARTIAL DENTURE- RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS, AND TEETH)	0	20	#####	#####	1	0.00
D5222	Not Covered	IMMEDIATE MANDIBULAR PARTIAL DENTURE- RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS, AND TEETH)	0	20	#####	#####	1	0.00
D5223	Not Covered	IMMEDIATE MAXILLARY PARTIAL DENTURE- CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS, AND TEETH)	0	999	#####	#####	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	#####	#####	1	0.00
D5225	Not Covered	MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND	0	999	#####	#####	1	0.00
D5226	Not Covered	MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND	0	999	#####	#####	1	0.00
D5281	Not Covered	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE CAST METAL (INCLUDING CLA	0	999	#####	#####	1	0.00
D5410	Not Covered	ADJUST COMPLETE DENTURE-UPPER	0	999	#####	#####	1	0.00
D5411	Not Covered	ADJUST COMPLETE DENTURE - LOWER	0	999	#####	#####	1	0.00
D5421	Not Covered	ADJUST PARTIAL DENTURE - UPPER	0	20	#####	#####	1	0.00
D5422	Not Covered	ADJUST PARTIAL DENTURE - LOWER	0	20	#####	#####	1	0.00
D5511	Not Covered	REPAIR BROKEN COMPLETE DENTURE BASE MANDIBULAR	0	999	#####	#####	1	0.00
D5512	Not Covered	REPAIR BROKEN COMPLETE DENTURE BASE MAXILLARY	0	999	#####	#####	1	0.00

Code	Code Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D5520	Not Covered	REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE (EACH TOOTH)	0	999	#####	#####	1	0.00
D5611	Not Covered	REPAIR RESIN PARTIAL DENTURE BASE MANDIBULAR	0	999	#####	#####	1	0.00
D5612	Not Covered	REPAIR RESIN PARTIAL DENTURE BASE MAXILLARY	0	999	#####	#####	1	0.00
D5621	Not Covered	REPAIR CASE PARTIAL FRAMEWORK MANDIBULAR	0	999	#####	#####	1	0.00
D5622	Not Covered	REPAIR CASE PARTIAL FRAMEWORK MAXILLARY	0	999	#####	#####	1	0.00
D5630	Not Covered	REPAIR OR REPLACE BROKEN CLASP - PER TOOTH	0	999	#####	#####	1	0.00
D5640	Not Covered	REPLACE BROKEN TEETH - PER TOOTH	0	999	#####	#####	1	0.00
D5650	Not Covered	ADD TOOTH TO EXISTING PARTIAL DENTURE	0	999	#####	#####	1	0.00
D5660	Not Covered	ADD CLASP TO EXISTING PARTIAL DENTURE - PER TOOTH	0	999	#####	#####	1	0.00
D5670	Not Covered	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MAXILLARY)	0	999	#####	#####	1	0.00
D5671	Not Covered	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MANDIBULAR)	0	999	#####	#####	1	0.00
D5710	Not Covered	REBASE COMPLETE UPPER DENTURE	0	999	#####	#####	1	0.00
D5711	Not Covered	REBASE COMPLETE LOWER DENTURE	0	999	#####	#####	1	0.00
D5720	Not Covered	REBASE UPPER PARTIAL DENTURE	0	999	#####	#####	1	0.00
D5721	Not Covered	REBASE LOWER PARTIAL DENTURE	0	999	#####	#####	1	0.00
D5730	Not Covered	RELINE UPPER COMPLETE DENTURE (CHAIRSIDE)	0	999	#####	#####	1	0.00
D5731	Not Covered	RELINE LOWER COMPLETE DENTURE (CHAIRSIDE)	0	999	#####	#####	1	0.00
D5740	Not Covered	RELINE UPPER PARTIAL DENTURE (CHAIRSIDE)	0	999	#####	#####	1	0.00
D5741	Not Covered	RELINE LOWER PARTIAL DENTURE (CHAIRSIDE)	0	999	#####	#####	1	0.00
D5750	Not Covered	RELINE UPPER COMPLETE DENTURE (LABORATORY)	0	999	#####	#####	1	0.00
D5751	Not Covered	RELINE LOWER COMPLETE DENTURE (LABORATORY)	0	999	#####	#####	1	0.00
D5760	Not Covered	RELINE UPPER PARTIAL DENTURE (LABORATORY)	0	999	#####	#####	1	0.00
D5761	Not Covered	RELINE LOWER PARTIAL DENTURE (LABORATORY)	0	999	#####	#####	1	0.00
D5810	Not Covered	INTERIM COMPLETE DENTURE (UPPER)	0	999	#####	#####	1	0.00
D5811	Not Covered	INTERIM COMPLETE DENTURE (LOWER)	0	999	#####	#####	1	0.00
D5820	Not Covered	INTERIM PARTIAL DENTURE (UPPER)	0	999	#####	#####	1	0.00
D5821	Not Covered	INTERIM PARTIAL DENTURE (LOWER)	0	999	#####	#####	1	0.00
D5850	Not Covered	TISSUE CONDITIONING, UPPER-PER DENTURE UNIT	0	999	#####	#####	1	0.00
D5851	Not Covered	TISSUE CONDITIONING, LOWER-PER DENTURE UNIT	0	999	#####	#####	1	0.00
D5862	Not Covered	PRECISION ATTACHMENT, BY REPORT	0	999	#####	#####	1	0.00
D5863	Not Covered	OVERDENTURE- COMPLETE MAXILLARY	0	999	#####	#####	1	0.00
D5864	Not Covered	OVERDENTURE- PARTIAL MAXILLARY	0	999	#####	#####	1	0.00
D5865	Not Covered	OVERDENTURE - COMPLETE MANDIBULAR	0	999	#####	#####	1	0.00
D5866	Not Covered	OVERDENTURE- PARTIAL MANDIBULAR	0	999	#####	#####	1	0.00
D5867	Not Covered	REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMEN	0	999	#####	#####	1	0.00
D5875	Not Covered	MODIFICATION OF REMOVABLE PROSTHESIS FOLLOWING IMPLANT SURGERY	0	999	#####	#####	1	0.00

Code	Code Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D5899	Not Covered	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT	0	999	#####	#####	1	0.00
D5911	Not Covered	FACIAL MOULAGE (SECTIONAL)	0	999	#####	#####	1	0.00
D5912	Not Covered	FACIAL MOULAGE (COMPLETE)	0	999	#####	#####	1	0.00
D5913	Not Covered	NASAL PROSTHESIS	0	999	#####	#####	1	0.00
D5914	Not Covered	AURICULAR PROSTHESIS	0	999	#####	#####	1	0.00
D5915	Not Covered	ORBITAL PROTHESIS	0	999	#####	#####	1	0.00
D5916	Not Covered	OCULAR PROSTHESIS	0	999	#####	#####	1	0.00
D5919	Not Covered	FACIAL PROSTHESIS	0	999	#####	#####	1	0.00
D5922	Not Covered	NASAL SEPTAL PROSTHESIS	0	999	#####	#####	1	0.00
D5923	Not Covered	OCULAR PROSTHESIS,INTERIM	0	999	#####	#####	1	0.00
D5924	Not Covered	CRANIAL PROSTHESIS	0	999	#####	#####	1	0.00
D5925	Not Covered	FACIAL AUGMENTATION IMPLANT PROSTHESIS	0	999	#####	#####	1	0.00
D5926	Not Covered	NASAL PROSTHESIS REPLACEMENT	0	999	#####	#####	1	0.00
D5927	Not Covered	AURICULAR PROSTHESIS,	0	999	#####	#####	1	0.00
D5928	Not Covered	ORBITAL PROSTHESIS, REPLACEMENT	0	999	#####	#####	1	0.00
D5929	Not Covered	FACIAL PROSTHESIS, REPLACEMENT	0	999	#####	#####	1	0.00
D5931	Not Covered	OBTURATOR PROSTHESIS, SURGICAL	0	999	#####	#####	1	0.00
D5932	Not Covered	OBTURATOR PROSTHESIS, DEFINITIVE	0	999	#####	#####	1	0.00
D5933	Not Covered	OBTURATOR PROSTHESIS,	0	999	#####	#####	1	0.00
D5934	Not Covered	MANDIBULAR RESECTION PROSTHESIS WITH GUIDE FLANGE	0	999	#####	#####	1	0.00
D5935	Not Covered	MANDIBULAR RESECTION PROSTHESIS WITHOUT GUIDE FLANGE	0	999	#####	#####	1	0.00
D5936	Not Covered	OBTURATOR/PROSTHESIS, INTERIM	0	999	#####	#####	1	0.00
D5937	Not Covered	TRISMUS APPLIANCE (NOT FOR TMD TREATMENT)	0	999	#####	#####	1	0.00
D5951	Not Covered	FEEDING AID	0	999	#####	#####	1	0.00
D5952	Not Covered	SPEECH AID PROSTHESIS, PEDIATRIC	0	999	#####	#####	1	0.00
D5953	Not Covered	SPEECH AID PROSTHESIS,ADULT	0	999	#####	#####	1	0.00
D5954	Not Covered	PALATAL AUGMENTATION PROSTHESIS	0	999	#####	#####	1	0.00
D5955	Fee on File	PALATAL LIFT PROSTHESIS,DEFINITIVE	0	20	#####	#####	1	2,807.22
D5958	Not Covered	PALATAL LIFT PROSTHESIS, INTERIM	0	999	#####	#####	1	0.00
D5959	Not Covered	PALATAL LIFT PROSTHESIS,MODIFICATION	0	999	#####	#####	1	0.00
D5960	Not Covered	SPEECH AID PROSTHESIS,	0	999	#####	#####	1	0.00
D5982	Not Covered	SURGICAL STENT	0	999	#####	#####	1	0.00
D5983	Not Covered	RADIATION CARRIER	0	999	#####	#####	1	0.00
D5984	Not Covered	RADIATION SHIELD	0	999	#####	#####	1	0.00
D5985	Not Covered	RADIATION CONE LOCATOR	0	999	#####	#####	1	0.00
D5986	Not Covered	FLUORIDE GEL CARRIER	0	999	#####	#####	1	0.00
D5987	Not Covered	COMMISSURE SPLINT	0	999	#####	#####	1	0.00
D5988	Not Covered	SURGICAL SPLINT	0	999	#####	#####	1	0.00
D5991	Not Covered	VESICULOBULLOUS DISEASE MEDICAMENT CARRIER	0	999	#####	#####	1	0.00
D5992	Not Covered	ADULT MAXILLOFACIAL PROSTHETIC BY REPORT	0	999	#####	#####	1	0.00
D5993	Not Covered	MAINTENANCE AND CLEAING OF A MAXILLOFACIAL PROSTHESIS (EXTRA OR INTRAORAL) OTHER THAN REQUIRED ADJUSTMENTS, BY REPORT	0	999	#####	#####	1	0.00
D5994	Not Covered	PERIDONTAL MEDICAMENT CARRIER WITH PERIPHERAL SEAL- LABORATORY PROCESSED	0	999	#####	#####	1	0.00

Code	Code Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D5999	Not Covered	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT	0	999	#####	#####	1	0.00
D6010	Not Covered	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT	0	999	#####	#####	1	0.00
D6011	Not Covered	SECOND STAGE IMPLANT SURGERY	0	999	#####	#####	1	0.00
D6012	Not Covered	SURGICAL PLACEMENT OF INTERIM IMPLANT BODY FOR TRANSITIONAL PROSTHESIS: ENDOSTEAL IMPLANT	0	999	#####	#####	1	0.00
D6013	Not Covered	SURGICAL PLACEMENT OF MINI INPLANT	0	999	#####	#####	1	0.00
D6040	Not Covered	SUBPERIOSTEAL IMPLANT	0	999	#####	#####	1	0.00
D6050	Not Covered	TRANSASSEOUS IMPLANT	0	999	#####	#####	1	0.00
D6051	Not Covered	INTERIM ABUTMENT INCLUDES PLACEMENT AND REMOVAL	0	999	#####	#####	1	0.00
D6052	Not Covered	SEMI- PRECISION ATTACHMENT ABUTMENT	0	999	#####	#####	1	0.00
D6055	Not Covered	CONNECTING BAR - IMPLANT SUPPORTED OR ABUTMENT SUPPORTED	0	999	#####	#####	1	0.00
D6056	Not Covered	PREFABRICATED ABUTMENT-INCLUDES MODIFICATION AND PLACEMENT	0	999	#####	#####	1	0.00
D6057	Not Covered	CUSTOM FABRICATED ABUTMENT- INCLUDES PLACEMENT	0	999	#####	#####	1	0.00
D6058	Not Covered	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	0	999	#####	#####	1	0.00
D6059	Not Covered	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL)	0	999	#####	#####	1	0.00
D6060	Not Covered	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINANTLY BASE ME	0	999	#####	#####	1	0.00
D6061	Not Covered	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL)	0	999	#####	#####	1	0.00
D6062	Not Covered	ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)	0	999	#####	#####	1	0.00
D6063	Not Covered	ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINANTLY BASE METAL)	0	999	#####	#####	1	0.00
D6064	Not Covered	ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)	0	999	#####	#####	1	0.00
D6065	Not Covered	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	0	999	#####	#####	1	0.00
D6066	Not Covered	IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN (TITANIUM, TITANIUM ALL	0	999	#####	#####	1	0.00
D6067	Not Covered	IMPLANT SUPPORTED METAL CROWN (TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL)	0	999	#####	#####	1	0.00
D6068	Not Covered	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC FPD	0	999	#####	#####	1	0.00
D6069	Not Covered	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (HIGH NOBLE	0	999	#####	#####	1	0.00
D6070	Not Covered	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (PREDOMINAN	0	999	#####	#####	1	0.00
D6071	Not Covered	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (NOBLE META	0	999	#####	#####	1	0.00
D6072	Not Covered	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL)	0	999	#####	#####	1	0.00
D6073	Not Covered	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (PREDOMINANTLY BASE META	0	999	#####	#####	1	0.00
D6074	Not Covered	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL)	0	999	#####	#####	1	0.00

Code	Code Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D6075	Not Covered	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	0	999	#####	#####	1	0.00
D6076	Not Covered	IMPLANT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (TITANIUM, T	0	999	#####	#####	1	0.00
D6077	Not Covered	IMPLANT SUPPORTED RETAINER FOR CAST METAL FPD (TITANIUM, TITANIUM ALLOY,	0	999	#####	#####	1	0.00
D6080	Not Covered	IMPLANT MAINTENANCE PROCEDURE WHEN PROSTHESIS ARE REMOVED AND REINSERTED, INCLUDING CLEANSING OF PROSTHESIS AND ABUTMENTS	0	999	#####	#####	1	0.00
D6081	Not Covered	SCALING AND DEBRIDEMENT IN THE PRESENCE OF INFLAMMATION OR MUCOSITIS OF SINGLE IMPLANT	0	999	#####	#####	1	0.00
D6085	Not Covered	PROVISIONAL IMPLANT CROWN	0	999	#####	#####	1	0.00
D6090	Not Covered	REPAIR IMPLANTSUPPORTED PROSTHESIS BY REPORT	0	999	#####	#####	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	#####	#####	1	0.00
D6092	Not Covered	RECEMENT IMPLANT/ABUTMENT SUPPORTED CROWN	0	999	#####	#####	1	0.00
D6093	Not Covered	RECEMENT IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL DENTURE	0	999	#####	#####	1	0.00
D6094	Not Covered	ABUTMENT SUPPORTED CROWN - (TITANIUM)	0	999	#####	#####	1	0.00
D6095	Not Covered	REPAIR IMPLANT ABUTMENT, BY	0	999	#####	#####	1	0.00
D6096	Not Covered	REMOVE BROKEN IMPLANT RETAINING SCREW	0	999	#####	#####	1	0.00
D6100	Not Covered	IMPLANT REMOVAL, BY REPORT	0	999	#####	#####	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	#####	#####	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	#####	#####	1	0.00
D6103	Not Covered	BONE GRAFT FOR REPAIR OF PERI-IMPLANT DEFECT - DOES NOT INCLUDE FLAP ENTRY AND CLOSURE.	0	999	#####	#####	1	0.00
D6104	Not Covered	BONE GRAFT AT TIME OF IMPLANT PLACEMENT, BIOLOGIC MATERIAL TO AID IN OCCEOUS REGENERATION ARE REPORTED SEPERATELY	0	999	#####	#####	1	0.00
D6110	Not Covered	IMPLANT/ ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH- MAXILLARY	0	999	#####	#####	1	0.00
D6111	Not Covered	IMPLANT/ ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH- MANDIBULAR	0	999	#####	#####	1	0.00
D6112	Not Covered	IMPLANT/ ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH- MAXILLARY	0	999	#####	#####	1	0.00
D6113	Not Covered	IMPLANT/ ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH- MANDIBULAR	0	999	#####	#####	1	0.00
D6114	Not Covered	IMPLANT/ ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS ARCH- MAXILLARY	0	999	#####	#####	1	0.00

Code	Code Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D6115	Not Covered	IMPLANT/ ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS ARCH-MANDIBULAR	0	999	#####	#####	1	0.00
D6116	Not Covered	IMPLANT/ ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH- MAXILLARY	0	999	#####	#####	1	0.00
D6117	Not Covered	IMPLANT/ ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH-MANDIBULAR	0	999	#####	#####	1	0.00
D6118	Not Covered	IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR EDENTULOUS ARCH - MANDIBULAR	0	999	#####	#####	1	0.00
D6119	Not Covered	IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR EDENTULOUS ARCH - MAXILLARY	0	999	#####	#####	1	0.00
D6190	Not Covered	RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT	0	999	#####	#####	1	0.00
D6194	Not Covered	ABUTMENT SUPPORTED RETAINER CORWN FOR FPD - (TITANIUM)	0	999	#####	#####	1	0.00
D6199	Not Covered	UNSPECIFIED IMPLANT PROCEDURE, BY REPORT	0	999	#####	#####	1	0.00
D6205	Not Covered	PONTIC - INDIRECT RESIN BASED COMPOSITE	0	999	#####	#####	1	0.00
D6210	Not Covered	PONTIC - CAST HIGH NOBLE METAL	0	999	#####	#####	1	0.00
D6211	Not Covered	PONTIC - CAST PREDOMINANTLY BASE METAL	0	999	#####	#####	1	0.00
D6212	Not Covered	PONTIC - CAST NOBLE METAL	0	999	#####	#####	1	0.00
D6214	Not Covered	PONTIC TITANIUM	0	999	#####	#####	1	0.00
D6240	Not Covered	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	0	999	#####	#####	1	0.00
D6241	Not Covered	PONTIC - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	0	999	#####	#####	1	0.00
D6242	Not Covered	PONTIC - PORCELAIN FUSED TO NOBLE METAL	0	999	#####	#####	1	0.00
D6245	Not Covered	PONTIC - PORCELAIN/CERAMIC	0	999	#####	#####	1	0.00
D6250	Not Covered	PONTIC-RESIN WITH HIGH NOBLE METAL	0	999	#####	#####	1	0.00
D6251	Not Covered	PONTIC - RESIN WITH PREDOMINANTLY BASE METAL	0	999	#####	#####	1	0.00
D6252	Not Covered	PONTIC - RESIN WITH NOBLE METAL	0	999	#####	#####	1	0.00
D6253	Not Covered	PROVISIONAL PONTIC-FUTHER TREATMENT OR COMPLETION OF DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION	0	999	#####	#####	1	0.00
D6545	Not Covered	RETAINER-CAST METAL FOR ACID ETCHED FIXED PROSTHESIS	0	999	#####	#####	1	0.00
D6548	Not Covered	RETAINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHESIS	0	999	#####	#####	1	0.00
D6549	Not Covered	RESIN RETAINER FOR RESIN BONDED FIXED PROSTHESIS	0	999	#####	#####	1	0.00
D6600	Not Covered	RETAINER INLAY - PORCELAIN/CERAMIC, TWO SURFACES	0	999	#####	#####	1	0.00
D6601	Not Covered	RETAINER INLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES	0	999	#####	#####	1	0.00
D6602	Not Covered	RETAINER INLAY - CAST HIGH NOBLE METAL, TWO SURFACES	0	999	#####	#####	1	0.00
D6603	Not Covered	RETAINER INLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	0	999	#####	#####	1	0.00
D6604	Not Covered	RETAINER INLAY - CAST PREDOMINANTLY BASE METAL , TWO	0	999	#####	#####	1	0.00
D6605	Not Covered	RETAINER INLAY - CAST PREDOMINANTLY BASE METAL , THREE OR MORE SURFACES	0	999	#####	#####	1	0.00
D6606	Not Covered	RETAINER INLAY - CAST NOBLE METAL, TWO SURFACES	0	999	#####	#####	1	0.00

Code	Code Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D6607	Not Covered	RETAINER INLAY - CASE NOBLE METAL, THREE OR MORE SURFACES	0	999	#####	#####	1	0.00
D6608	Not Covered	RETAINER ONLAY - PORCELAIN/CERAMIC, TWO SURFACES	0	999	#####	#####	1	0.00
D6609	Not Covered	RETAINER ONLAY - PORCELAIN/CERAMIC, THREE OR MORE	0	999	#####	#####	1	0.00
D6610	Not Covered	RETAINER ONLAY - CAST HIGH NOBLE METAL, TWO SURFACES	0	999	#####	#####	1	0.00
D6611	Not Covered	RETAINER ONLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	0	999	#####	#####	1	0.00
D6612	Not Covered	RETAINER ONLAY - CAST PREDOMINANTLY BASE METAL , TWO SURFACES	0	999	#####	#####	1	0.00
D6613	Not Covered	RETAINER ONLAY - CAST PREDOMINANTLY BASE METAL , THREE OR MORE SURFACES	0	999	#####	#####	1	0.00
D6614	Not Covered	RETAINER ONLAY - CAST NOBLE METAL, TWO SURFACES	0	999	#####	#####	1	0.00
D6615	Not Covered	RETAINER ONLAY - CASE NOBLE METAL, THREE OR MORE SURFACES	0	999	#####	#####	1	0.00
D6624	Not Covered	RETAINER INLAY - TITANIUM	0	999	#####	#####	1	0.00
D6634	Not Covered	RETAINER ONLAY - TITANIUM	0	999	#####	#####	1	0.00
D6710	Not Covered	RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE	0	999	#####	#####	1	0.00
D6720	Not Covered	RETAINER CROWN - RESIN WITH HIGH NOBLE METAL	0	999	#####	#####	1	0.00
D6721	Not Covered	RETAINER CROWN - RESIN WITH PREDOMINANTLY BASE METAL	0	999	#####	#####	1	0.00
D6722	Not Covered	RETAINER CROWN - RESIN WITH NOBLE METAL	0	999	#####	#####	1	0.00
D6740	Not Covered	RETAINER CROWN - PORCELAIN/CERAMIC	0	999	#####	#####	1	0.00
D6750	Not Covered	RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	0	999	#####	#####	1	0.00
D6751	Not Covered	RETAINER CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	0	999	#####	#####	1	0.00
D6752	Not Covered	RETAINER CROWN - PORCELAIN FUSED TO NOBLE METAL	0	999	#####	#####	1	0.00
D6780	Not Covered	RETAINER CROWN - 3/4 CAST HIGH NOBLE METAL	0	999	#####	#####	1	0.00
D6781	Not Covered	RETAINER CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	0	999	#####	#####	1	0.00
D6782	Not Covered	RETAINER CROWN - 3/4 CAST NOBLE METAL	0	999	#####	#####	1	0.00
D6783	Not Covered	RETAINER CROWN - 3/4 PORCELAIN/CERAMIC	0	999	#####	#####	1	0.00
D6790	Not Covered	RETAINER CROWN - FULL CAST HIGH NOBLE METAL	0	999	#####	#####	1	0.00
D6791	Not Covered	RETAINER CROWN - FULL CAST PREDOMINANTLY BASE METAL	0	999	#####	#####	1	0.00
D6792	Not Covered	RETAINER CROWN - FULL CAST NOBLE METAL	0	999	#####	#####	1	0.00
D6793	Not Covered	PROVISIONAL RETAINER CROWN- FURTHER TREATMENT OR COMPLETION OF DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION	0	999	#####	#####	1	0.00
D6794	Not Covered	RETAINER CROWN - TITANIUM	0	999	#####	#####	1	0.00
D6920	Not Covered	CONNECTOR BAR	0	999	#####	#####	1	0.00
D6930	Not Covered	RECEMENT BRIDGE	0	999	#####	#####	1	0.00
D6940	Not Covered	STRESS BREAKER	0	999	#####	#####	1	0.00
D6950	Not Covered	PRECISION ATTACHMENT	0	999	#####	#####	1	0.00
D6980	Not Covered	FIXED PARTIAL DENTURE REPAIR, NECESSITATED BY RESTORATIVE MATERIAL FAILURE	0	999	#####	#####	1	0.00

Code	Code Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D6985	Not Covered	PEDIATRIC PARTIAL DENTURE, FIXED	0	999	#####	#####	1	0.00
D6999	Not Covered	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE, BY REPORT	0	20	#####	#####	1	0.00
D7111	Not Covered	EXTRACT CORONAL REMNANTS PRIMARY TOOTH	0	999	#####	#####	1	0.00
D7140	Fee on File	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMO	0	999	#####	#####	1	442.67
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	#####	#####	1	442.67
D7220	Fee on File	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	0	999	#####	#####	1	442.67
D7230	Fee on File	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	0	999	#####	#####	1	442.67
D7240	Fee on File	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	0	999	#####	#####	1	442.67
D7241	Fee on File	REM.IMP. TOOTH, COMPLETELY BONY, WITH UNUSUAL SURG. COMPLICATIONS	0	999	#####	#####	1	442.67
D7250	Fee on File	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	0	999	#####	#####	1	442.67
D7251	Not Covered	CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL	0	999	#####	#####	1	0.00
D7260	Fee on File	ORAL ANTRAL FISTULA CLOSURE	0	999	#####	#####	1	442.67
D7261	Not Covered	PRIMARY CLOSURE OF A SINUS PERFORATION	0	999	#####	#####	1	0.00
D7270	Fee on File	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DIS	0	20	#####	#####	1	429.38
D7272	Fee on File	TOOTH TRANSPLANTATION	0	20	#####	#####	1	572.50
D7280	Fee on File	EXPOSURE OF AN UNERUPTED TOOTH	0	999	#####	#####	1	400.75
D7282	Not Covered	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	0	999	#####	#####	1	0.00
D7283	Not Covered	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	0	999	#####	#####	1	0.00
D7285	Fee on File	INCISIONAL BIOPSY OF ORAL TISSUE-HARD (BONE, TOOTH)	0	999	#####	#####	1	801.50
D7286	Fee on File	INCISIONAL BIOPSY OF ORAL TISSUE - SOFT	0	999	#####	#####	1	343.50
D7287	Not Covered	EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION	0	999	#####	#####	1	0.00
D7288	Fee on File	BRUSH BIOPSY - TRANSEPIHELIAL SAMPLE COLLECTION	0	999	#####	#####	1	165.00
D7290	Fee on File	SURGICAL REPOSITIONING OF TEETH	0	999	#####	#####	1	343.50
D7291	Not Covered	TRANSSEPTAL FIBEROTOMY/SUPRA CRESTAL FIBEROTOMY, BY REPORT TRANSSEPTAL F	0	999	#####	#####	1	0.00
D7292	Not Covered	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE (SCREW RETAINED PLATE) REQUIRING FLAP; INCLUDES DEVICE REMOVAL	0	999	#####	#####	1	0.00
D7293	Not Covered	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE REQUIRING FLAP; INCLUDES DEVICE REMOVAL	0	999	#####	#####	1	0.00
D7294	Not Covered	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP; INCLUDES DEVICE REMOVAL	0	999	#####	#####	1	0.00
D7295	Not Covered	HARVEST OF BONE FOR USE IN AUTOGENOUS GRAFTING PROCEDURE	0	999	#####	#####	1	0.00
D7296	Fee on File	CORTICOTOMY - ONE TO THREE TEETH OR TOOTH SPACES PER QUADRANT	0	999	#####	#####	1	171.08

Code	Code Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D7297	Fee on File	CORTICOTOMY - FOUR OR MORE TEETH OR TOOTH SPACES PER QUADRANT	0	999	#####	#####	1	202.19
D7310	Fee on File	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES PER QUADRANT	0	999	#####	#####	1	124.42
D7311	Fee on File	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH	0	999	#####	#####	1	108.87
D7320	Fee on File	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES PER QUADRANT	0	999	#####	#####	1	202.19
D7321	Fee on File	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH	0	999	#####	#####	1	345.00
D7340	Fee on File	VESTIBULOPLASTY - RIDGE EXTENSION (SECOND EPITHELIALIZATION)	0	999	#####	#####	1	855.41
D7350	Fee on File	VESTIBULOPLASTY - RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS,	0	999	#####	#####	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	#####	#####	1	373.27
D7411	Fee on File	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	0	999	#####	#####	1	591.01
D7412	Not Covered	EXCISION OF BENIGN LESION, COMPLICATED	0	999	#####	#####	1	0.00
D7413	Fee on File	EXCISION OF MALIGNANT LESION UP TO 1.25 CM	0	999	#####	#####	1	435.48
D7414	Fee on File	EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM	0	999	#####	#####	1	653.22
D7415	Not Covered	EXCISION OF MALIGNANT LESION, COMPLICATED	0	999	#####	#####	1	0.00
D7440	Fee on File	EXCISION OF MALIGNANT TUMOR - LESION DIAMETER UP TO 1.25 CM	0	999	#####	#####	1	591.01
D7441	Fee on File	EXCISION OF MALIGNANT TUMOR - LESION DIAMETER OVER 1.25 CM	0	999	#####	#####	1	870.97
D7450	Fee on File	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 C	0	999	#####	#####	1	373.27
D7451	Fee on File	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN	0	999	#####	#####	1	510.14
D7460	Fee on File	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.2	0	999	#####	#####	1	373.27
D7461	Fee on File	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER T	0	999	#####	#####	1	510.14
D7465	Fee on File	DESTRUCTION OF LESION(S) BY PHYSICAL METHODS: ELECTROSURGERY,	0	999	#####	#####	1	202.19
D7471	Fee on File	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE) REMOVAL OF LATERAL EX	0	999	#####	#####	1	462.23
D7472	Not Covered	REMOVAL OF TORUS PALATINUS	0	999	#####	#####	1	0.00
D7473	Not Covered	REMOVAL OF TORUS MANDIBULARIS	0	999	#####	#####	1	0.00
D7485	Not Covered	REDUCTION OF OSSESOUS TUBEROSITY	0	999	#####	#####	1	0.00
D7490	Not Covered	RADICAL RESECTION OF MAXILLA OR MANDIBLE	0	999	#####	#####	1	0.00
D7510	Fee on File	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE	0	999	#####	#####	1	133.76
D7511	Not Covered	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE -	0	999	#####	#####	1	0.00
D7520	Fee on File	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE	0	999	#####	#####	1	637.05

Code	Code Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D7521	Not Covered	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE - COMPLICATED	0	999	#####	#####	1	0.00
D7530	Fee on File	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISS	0	999	#####	#####	1	229.56
D7540	Fee on File	REMOVAL OF REACTION-PRODUCING FOREIGN BODIES - MUSCULOSKELETAL	0	999	#####	#####	1	254.45
D7550	Fee on File	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE PARTIAL O	0	999	#####	#####	1	158.64
D7560	Fee on File	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN	0	999	#####	#####	1	1,259.79
D7610	Fee on File	MAXILLA - OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	0	999	#####	#####	1	2,037.44
D7620	Fee on File	MAXILLA - CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	0	999	#####	#####	1	1,527.92
D7630	Fee on File	MANDIBLE - OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	0	999	#####	#####	1	2,648.98
D7640	Fee on File	MANDIBLE - CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	0	999	#####	#####	1	1,680.96
D7650	Fee on File	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION	0	999	#####	#####	1	1,273.48
D7660	Fee on File	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	0	999	#####	#####	1	750.90
D7670	Fee on File	ALVEOLUS - CLOSED REDUCTION, MAY INCLUDE STABILIZATION OF TEETH ALVEOLUS	0	999	#####	#####	1	586.04
D7671	Fee on File	ALVEOLUS - OPEN REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	0	999	#####	#####	1	1,104.26
D7680	Fee on File	FACIAL BONES - COMPLICATED REDUCTION WITH FIXATION AND MUL-	0	999	#####	#####	1	3,820.42
D7710	Fee on File	MAXILLA - OPEN REDUCTION	0	999	#####	#####	1	2,394.53
D7720	Fee on File	MAXILLA - CLOSED REDUCTION	0	999	#####	#####	1	1,680.96
D7730	Fee on File	MANDIBLE - OPEN REDUCTION	0	999	#####	#####	1	3,463.95
D7740	Fee on File	MANDIBLE - CLOSED REDUCTION	0	999	#####	#####	1	1,713.93
D7750	Fee on File	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION	0	999	#####	#####	1	2,179.90
D7760	Fee on File	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	0	999	#####	#####	1	874.70
D7770	Fee on File	ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH ALVEOLUS - OPEN REDUCTI	0	999	#####	#####	1	1,185.13
D7771	Not Covered	ALVEOLUS, CLOSED REDUCTION STABILIZATION OF TEETH	0	999	#####	#####	1	0.00
D7780	Fee on File	FACIAL BONES COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE APPROACHES	0	999	#####	#####	1	5,093.90
D7810	Fee on File	OPEN REDUCTION OF DISLOCATION	0	999	#####	#####	1	2,240.87
D7820	Fee on File	CLOSED REDUCTION OF DISLOCATION	0	999	#####	#####	1	367.05
D7830	Fee on File	MANIPULATION UNDER ANESTHESIA	0	999	#####	#####	1	210.28
D7840	Fee on File	CONDYLECTOMY	0	999	#####	#####	1	3,054.60
D7850	Fee on File	SURGICAL DISCECTOMY, WITH/WITHOUT IMPLANT	0	999	#####	#####	1	2,637.78
D7852	Not Covered	DISC REPAIR	0	999	#####	#####	1	0.00
D7854	Not Covered	SYNOVECTOMY	0	999	#####	#####	1	0.00
D7856	Not Covered	MYOTOMY	0	999	#####	#####	1	0.00
D7858	Not Covered	JOINT RECONSTRUCTION	0	999	#####	#####	1	0.00
D7860	Fee on File	ARTHROTOMY	0	999	#####	#####	1	2,686.93
D7865	Not Covered	ARTHROPLASTY	0	999	#####	#####	1	0.00
D7870	Fee on File	ARTHROCENTESIS	0	999	#####	#####	1	143.09

Code	Code Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D7871	Not Covered	NON-ARTHROSCOPIC LYSIS AND	0	999	#####	#####	1	0.00
D7872	Not Covered	ARTHROSCOPY, DIAGNOSIS, WITH OR WITHOUT BIOPSY	0	999	#####	#####	1	0.00
D7873	Not Covered	ARTHROSCOPY LAVAGE AND LYSIS OF ADHESIONS	0	999	#####	#####	1	0.00
D7874	Not Covered	ARTHROSCOPY DISC REPOSITIONING AND STABILIZATION	0	999	#####	#####	1	0.00
D7875	Not Covered	ARTHROSCOPY SYNOVECTOMY	0	999	#####	#####	1	0.00
D7876	Not Covered	ARTHROSCOPY DISCECTOMY	0	999	#####	#####	1	0.00
D7877	Not Covered	ARTHROSCOPY DEBRIDEMENT	0	999	#####	#####	1	0.00
D7880	Not Covered	OCCLUSAL ORTHOTIC APPLIANCE	0	999	#####	#####	1	0.00
D7881	Not Covered	OCCLUSAL ORTHOTIC DEVICE ADJUSTMENT	0	999	#####	#####	1	0.00
D7899	Not Covered	UNSPECIFIED TMD THERAPY, BY	0	999	#####	#####	1	0.00
D7910	Fee on File	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	0	999	#####	#####	1	204.06
D7911	Fee on File	COMPLICATED SUTURE-UP TO5CM	0	999	#####	#####	1	509.52
D7912	Fee on File	COMPLICATED SUTURE-GREATER THAN 5CM	0	999	#####	#####	1	917.00
D7920	Fee on File	SKIN GRAFT (IDENTIFY DEFECT COVERED, LOCATION, AND TYPE OF GRAFT)	0	999	#####	#####	1	1,502.42
D7921	Not Covered	COLLECTION AND APPLICATION OF AUTOLOGOUS BLOOD CONCENTRATE PRODUCT	0	999	#####	#####	1	0.00
D7940	Fee on File	OSTEOPLASTY - FOR ORTHOGNATHIC DEFORMITIES	0	999	#####	#####	1	442.67
D7941	Fee on File	OSTEOTOMY - MANDIBULAR RAMI	0	999	#####	#####	1	3,826.02
D7943	Fee on File	OSTEOTOMY - MANDIBULAR RAMI WITH BONE GRAFT; INCLUDES OBTAINING THE GRAF	0	999	#####	#####	1	3,514.97
D7944	Fee on File	OSTEOTOMY - SEGMENTED OR SUBAPICAL	0	999	#####	#####	1	3,132.36
D7945	Fee on File	OSTEOTOMY - BODY OF MANDIBLE	0	999	#####	#####	1	4,168.19
D7946	Fee on File	LEFORT I (MAXILLA - TOTAL)	0	999	#####	#####	1	5,163.58
D7947	Fee on File	LEFORT I (MAXILLA - SEGMENTED)	0	999	#####	#####	1	4,342.38
D7948	Fee on File	LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE	0	999	#####	#####	1	5,636.39
D7949	Fee on File	LEFORT II OR LEFORT III - WITH BONE GRAFT	0	999	#####	#####	1	7,340.99
D7950	Not Covered	OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF THE MANDIBLE OR MAXILLA - AUTOGENOUS OR NONAUTOGENOUS, BY REPORT	0	999	#####	#####	1	0.00
D7951	Not Covered	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES	0	999	#####	#####	1	0.00
D7952	Not Covered	SINUS AUGUMENTATION VIA A VERTICAL APPROACH	0	999	#####	#####	1	0.00
D7953	Not Covered	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SITE	0	999	#####	#####	1	0.00
D7955	Not Covered	REPAIR OF MAXILLOFACIAL SOFT AND/OR HARD TISSUE DEFECT	0	999	#####	#####	1	0.00
D7960	Fee on File	FRENULECTOMY - ALSO KNOWN AS FRENECTOMY OR FRENOTOMY - SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE	0	999	#####	#####	1	171.08
D7963	Not Covered	FRENULOPLASTY	0	999	#####	#####	1	0.00
D7970	Fee on File	EXCISION OF HYPERPLASTIC TISSUE - PER ARCH	0	999	#####	#####	1	248.85
D7971	Not Covered	EXCISION OF PERICORONAL GINGIVA	0	999	#####	#####	1	0.00
D7972	Not Covered	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	0	999	#####	#####	1	0.00

Code	Code Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D7979	Fee on File	NON-SURGICAL SIALOLITHOTOMY	0	999	#####	#####	1	152.00
D7980	Fee on File	SURGICAL SIALOLITHOTOMY	0	999	#####	#####	1	391.93
D7981	Not Covered	EXCISION OF SALIVARY GLAND, BY REPORT	0	999	#####	#####	1	0.00
D7982	Fee on File	SIALODOCHOPLASTY	0	999	#####	#####	1	926.95
D7983	Fee on File	CLOSURE OF SALIVARY FISTULA	0	999	#####	#####	1	889.63
D7990	Not Covered	EMERGENCY TRACHEOTOMY	0	999	#####	#####	1	0.00
D7991	Fee on File	CORONOIDECTOMY	0	999	#####	#####	1	1,866.35
D7995	Not Covered	SYNTHETIC GRAFT-MANDIBLE OR FACIAL BONES, BY REPORT	0	999	#####	#####	1	0.00
D7996	Not Covered	IMPLANT-MANDIBLE FOR AUGMENTATION PURPOSES (EXCLUDING ALVEOLAR RIDGE), B	0	999	#####	#####	1	0.00
D7997	Not Covered	APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE), INCLUDES REMOVA	0	999	#####	#####	1	0.00
D7998	Not Covered	INTRAORAL PLACEMENT OF A FIXATION DEVICE NOT IN CONJUCTION WITH A FRACTUR	0	999	#####	#####	1	0.00
D7999	Not Covered	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	0	999	#####	#####	1	0.00
D8010	Not Covered	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	0	999	#####	#####	1	0.00
D8020	Not Covered	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	0	999	#####	#####	1	0.00
D8030	Not Covered	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	0	20	#####	#####	1	0.00
D8040	Not Covered	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION	0	999	#####	#####	1	0.00
D8050	Not Covered	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY	0	20	#####	#####	1	0.00
D8060	Not Covered	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	0	20	#####	#####	1	0.00
D8070	Not Covered	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	0	999	#####	#####	1	0.00
D8080	Fee on File	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	0	20	#####	#####	1	1,200.00
D8090	Not Covered	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	0	999	#####	#####	1	0.00
D8210	Not Covered	REMOVABLE APPLIANCE THERAPY	0	999	#####	#####	1	0.00
D8220	Not Covered	FIXED APPLIANCE THERAPY	0	999	#####	#####	1	0.00
D8660	Not Covered	PRE-ORTHODONTIC VISIT	0	999	#####	#####	1	0.00
D8670	Fee on File	PERIODIC ORTHODONTIC TREATMENT VISIT	0	20	#####	#####	1	125.00
D8680	Not Covered	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT	0	999	#####	#####	1	0.00
D8681	Not Covered	REMOVABLE ORTHODONTIC RETAINER ADJUSTMENT	0	999	#####	#####	1	0.00
D8690	Not Covered	ORTHODONTIC TREATMENT (ALTERNATIVE BILLING TO A CONTRACT FEE)	0	999	#####	#####	1	0.00
D8691	Not Covered	REPAIR OF ORTHODONTIC APPLIANCE	0	999	#####	#####	1	0.00
D8692	Not Covered	REPLACEMENT OF LOST OR BROKEN RETAINER	0	20	#####	#####	1	0.00
D8693	Not Covered	RE-CEMENT OR RE-BOND FIXED RETAINERS	0	999	#####	#####	1	0.00
D8694	Not Covered	REPAIR OF FIXED RETAINERS, INCLUDES REATTACHMENT	0	999	#####	#####	1	0.00

Code	Code Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D8695	Not Covered	REMOVAL OF FIXED ORTHODONTIC APPLIANCES FOR REASONS OTHER THAN COMPLETION OF TREATMENT	0	999	#####	#####	1	0.00
D8999	Not Covered	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	0	20	#####	#####	1	0.00
D9110	Not Covered	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROCEDURES	0	999	#####	#####	1	0.00
D9120	Not Covered	FIXED PARTIAL DENTURE SECTIONING	0	999	#####	#####	1	0.00
D9210	Not Covered	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL	0	999	#####	#####	1	0.00
D9211	Not Covered	REGIONAL BLOCK ANESTHESIA	0	999	#####	#####	1	0.00
D9212	Not Covered	TRIGEMINAL DIVISION BLOCK ANESTHESIA	0	999	#####	#####	1	0.00
D9215	Not Covered	LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	0	999	#####	#####	1	0.00
D9219	Not Covered	EVALUATION FOR DEEP SEDATION OR GENERAL ANESTHESIA	0	999	#####	#####	1	0.00
D9222	Fee on File	DEEP SEDATION/GENERAL ANESTHESIA-FIRST 15 MINUTES	0	999	#####	#####	1	115.00
D9223	Not Covered	DEEP SEDATION/GENERAL ANESTHESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	0	999	#####	#####	1	0.00
D9230	Not Covered	INHALATION OF NITROUS OXIDE / ANXIOLYSIS, ANALGESIA	0	999	#####	#####	1	0.00
D9239	Fee on File	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA FIRST 15	0	999	#####	#####	1	95.00
D9243	Not Covered	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA EACH SUBSEQUENT 15 MINUTES	0	999	#####	#####	1	0.00
D9248	Not Covered	NON-INTRAVENOUS (CONSCIOUS) SEDATION	0	999	#####	#####	1	0.00
D9310	Fee on File	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN	0	999	#####	#####	1	52.88
D9311	Not Covered	CONSULTATION WITH A MEDICAL HEALTH CARE PROFESSIONAL	0	999	#####	#####	1	0.00
D9410	Not Covered	HOUSE/EXTENDED CARE FACILITY CALL	0	999	#####	#####	1	0.00
D9420	Not Covered	HOSPITAL OR AMBLATORY SURGICAL CENTER CALL	0	999	#####	#####	1	0.00
D9430	Not Covered	OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED HOURS)	0	999	#####	#####	1	0.00
D9440	Not Covered	OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS	0	999	#####	#####	1	0.00
D9450	Not Covered	CASE PRESENTATION, DETAILED AND EXTENSIVE TREATMENT PLANNING	0	999	#####	#####	1	0.00
D9610	Not Covered	THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION	0	999	#####	#####	1	0.00
D9612	Not Covered	THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, DIFFERENT MEDICATIONS	0	999	#####	#####	1	0.00
D9630	Not Covered	DRUGS OR MEDICAMENTS DISPENSED IN THE OFFICE FOR HOME USE	0	999	#####	#####	1	0.00
D9910	Not Covered	APPLICATION OF DESENSITIZING MEDICAMENTS	0	999	#####	#####	1	0.00
D9911	Not Covered	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT SURFACE, PER	0	999	#####	#####	1	0.00
D9920	Not Covered	BEHAVIOR MANAGEMENT, BY REPORT	0	999	#####	#####	1	0.00
D9930	Not Covered	TREATMENT OF COMPLICATIONS (POSTSURGICAL) - UNUSUAL	0	999	#####	#####	1	0.00

Code	Code Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D9932	Not Covered	CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, MAXILLARY	0	999	#####	#####	1	0.00
D9933	Not Covered	CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, MANDIBULAR	0	999	#####	#####	1	0.00
D9934	Not Covered	CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, MAXILLARY	0	999	#####	#####	1	0.00
D9935	Not Covered	CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, MANDIBULAR	0	999	#####	#####	1	0.00
D9940	Not Covered	OCCLUSAL GUARDS, BY REPORT	0	20	#####	#####	1	0.00
D9941	Not Covered	FABRICATION OF ATHLETIC MOUTHGUARDS	0	999	#####	#####	1	0.00
D9942	Not Covered	REPAIR AND/OR RELINE OF OCCLUSAL GUARD	0	999	#####	#####	1	0.00
D9943	Not Covered	OCCLUSAL GUARD ADJUSTMENT	0	20	#####	#####	1	0.00
D9950	Not Covered	OCCLUSION ANALYSIS - MOUNTED CASE	0	999	#####	#####	1	0.00
D9951	Not Covered	OCCLUSAL ADJUSTMENT - LIMITED	0	999	#####	#####	1	0.00
D9952	Not Covered	OCCLUSAL ADJUSTMENT - COMPLETE	0	999	#####	#####	1	0.00
D9970	Not Covered	ENAMEL MICROABRASION	0	999	#####	#####	1	0.00
D9971	Not Covered	ODONTOPLASTY 1 - 2 TEETH; INCLUDES REMOVAL OF ENAMEL PROJECTIONS	0	999	#####	#####	1	0.00
D9972	Not Covered	EXTERNAL BLEACHING - PER ARCH	0	999	#####	#####	1	0.00
D9973	Not Covered	EXTERNAL BLEACHING - PER TOOTH	0	999	#####	#####	1	0.00
D9974	Not Covered	INTERNAL BLEACHING - PER TOOTH	0	999	#####	#####	1	0.00
D9975	Not Covered	EXTERNAL BLEACHING FOR HOME APPLICATION, PER ARCH; INCLUDES MATERIALS AND FABRICATION OF CUSTOM TRAYS	0	999	#####	#####	1	0.00
D9985	Not Covered	SALES TAX	0	999	#####	#####	1	0.00
D9986	Not Covered	MISSED APPOINTMENT	0	999	#####	#####	1	0.00
D9987	Not Covered	CANCELLED APPOINTMENT	0	999	#####	#####	1	0.00
D9991	Not Covered	DENTAL CASE MANAGEMENT- ADDRESSING APPOINTMENT COMPLIANCE BARRIERS	0	999	#####	#####	1	0.00
D9992	Not Covered	DENTAL CASE MANAGEMENT- CARE COORDINATION	0	999	#####	#####	1	0.00
D9993	Not Covered	DENTAL CASE MANAGEMENT- MOTIVATIONAL INTERVIEWING	0	999	#####	#####	1	0.00
D9994	Not Covered	DENTAL CASE MANAGEMENT- PATIENT EDUCATION TO IMPROVE ORAL HEALTH LITERACY	0	999	#####	#####	1	0.00
D9995	Fee on File	TELEDENTISTRY - SYNCHRONOUS; REAL-TIME ENCOUNTER	0	999	#####	#####	1	40.73
D9996	Fee on File	TELEDENTISTRY- ASYNCHRONOUS; INFORMATION STORED AND FORWARDED TO DENTIST FOR	0	999	#####	#####	1	40.73
D9999	Not Covered	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT	0	999	#####	#####	1	0.00