COLORADO
Department of Health Care Policy & Financing

**HCBS-DD and SLS WAIVER PARTICIPANT**
**DENTAL SERVICES FEE SCHEDULE**
**February 13, 2015**

| CDT Procedure Code | Procedure Code Description | New DIDD Rate |
|---|---|---|
| D0120 | Periodic Oral Evaluation | $ 45.57 |
| D0140 | Limited Oral Evaluation Problem Focused | $ 66.06 |
| D0150 | Comprehensive Oral Evaluation | $ 72.92 |
| D0160 | Detail & Extraoral Evaluation, Problem Focused | $ 73.21 |
| D0170 | Re-Evaluation Limit/Problem Focused, Established Patient | $ 107.21 |
| D0171 | Re-Evaluation- Post-Operative Office Visit | $ 107.21 |
| D0180 | Comprehensive Periodontal Evaluation | $ 78.81 |
| D0190 | Screening of a Patient | $ 48.18 |
| D0191 | Assessment of a Patient | $ 50.48 |
| D0210 | Intraoral Complete Film Series | $ 120.56 |
| D0220 | Intraoral Periapical First | $ 24.92 |
| D0230 | Intraoral Periapical-Each Additional | $ 20.83 |
| D0240 | Intraoral-Occlusal Radiographic Image | $ 58.38 |
| D0250 | Extraoral-First Radiographic Image | $ 43.08 |
| D0260 | Extraoral-Each Additional Radiographic Image | $ 31.78 |
| D0270 | Dental Bitewing, Single Image | $ 31.20 |
| D0272 | Dental Bitewings, Two Images | $ 40.24 |
| D0273 | Bitewings - Three Images | $ 48.21 |
| D0274 | Bitewings, Four Images | $ 56.69 |
| D0277 | Vertical Bitewings, 7 to 8 images | $ 85.45 |
| D0290 | Posterior-Anterior or Lateral Skull and Facial Bone Survey Radiographic Image | $ 100.06 |
| D0310 | Sialography | $ 168.00 |
| D0320 | Temporomandibular Joint Arthrogram, Including Injection | $ 152.00 |
| D0321 | Other Temporomandibular Joint Radiographic Images, By Report | $ 99.46 |
| D0322 | Tomographic Survey | $ 265.35 |
| D0330 | Panoramic Image | $ 98.00 |
| D0340 | Cepholometric Radiographic Image | $ 100.32 |
| D0350 | 2D Oral/Facial Photographic Image Obtained Intra-Orally or Extra-Orally | $ 42.66 |
| D0351 | 3D Photographic Image | $ 240.07 |
| D0365 | Cone Beam CT Capture and Interpretation with Field of View and One Full Dental Arch-Mandible | $ 444.84 |
| D0366 | Cone Beam CT Capture and Interpretation With Field of View and One Full Dental Arch-Maxilla, With or Without Cranium | $ 444.84 |
| D0367 | Cone Beam CT Capture and Interpretation With Field of View of Both Jaws; With or Without Cranium | $ 309.76 |
| D0425 | Carries Susceptibility Tests | $ 84.58 |
| D0460 | Pulp Vitality Tests | $ 42.25 |
| D0470 | Diagnostic Casts | $ 81.32 |
| D1110 | Prophylaxis Adult | $ 85.14 |
| D1206 | Topical Fluoride Varnish | $ 35.37 |
| D1208 | Topical Application of Fluoride | $ 31.72 |
| D1351 | Sealant-Per Tooth | $ 53.46 |

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| D1352 | Preventive Resin Restoration in a Moderate to High Carries Risk Patient-Permanent Tooth | $ | 87.78 |
| D1353 | Sealant Repair-Per Tooth | $ | 87.78 |
| D1510 | Space Maintainer-Fixed-Unilateral | $ | 290.44 |
| D1515 | Space Maintainer-Fixed-Bilateral | $ | 387.57 |
| D1520 | Space Maintainer-Removable-Unilateral | $ | 243.00 |
| D1525 | Space Maintainer-Removable, Bilateral | $ | 326.06 |
| D1550 | Re-Cement or Re-Bond Space Maintainer | $ | 58.16 |
| D1555 | Removal of Fixed Space Maintainer | $ | 54.84 |
| D2140 | Amalgam One Surface Permanent | $ | 126.19 |
| D2150 | Amalgam Two Surfaces Permanent | $ | 156.57 |
| D2160 | Amalgam Three Surfaces Permanent | $ | 188.21 |
| D2161 | Amalgam 4 or > Surfaces Permanent | $ | 224.28 |
| D2330 | Resin One Surface Anterior | $ | 145.40 |
| D2331 | Resin Two Surfaces Anterior | $ | 179.97 |
| D2332 | Resin Three Surfaces Anterior | $ | 220.59 |
| D2335 | Resin Four or > Surface/Incisor Anterior | $ | 266.16 |
| D2390 | Resin Based Composite Crown Anterior | $ | 362.53 |
| D2391 | Resin Based Comp One Surface Posterior | $ | 160.45 |
| D2392 | Resin Based Comp Two Surfaces Posterior | $ | 208.90 |
| D2393 | Resin Base Comp Three Surface Posterior | $ | 251.78 |
| D2394 | Resin Base Comp 4 or > Surface Posterior | $ | 297.99 |
| D2710 | Crown, Resin-Based Composite (Indirect) | $ | 683.05 |
| D2712 | Crown Resin Base Composite (Indirect) | $ | 683.05 |
| D2721 | Crown, Resin with Predominantly Base Metal | $ | 683.05 |
| D2722 | Crown Resin Noble Metal | $ | 683.05 |
| D2740 | Crown, Porcelain/Ceramic Substrate | $ | 1,036.55 |
| D2750 | Crown, Porcelain High Noble Metal | $ | 1,049.56 |
| D2751 | Crown Porcelain Base Metal | $ | 1,036.55 |
| D2752 | Crown Porcelain Noble Metal | $ | 1,036.55 |
| D2781 | Crown 3/4 Base Metal | $ | 1,036.55 |
| D2782 | Crown 3/4 Cast Noble Metal | $ | 1,036.55 |
| D2783 | Crown 3/4 Porcelain/Ceramic | $ | 1,036.55 |
| D2790 | Crown-Full Cast High Noble Metal | $ | 1,036.55 |
| D2791 | Crown Full Cast Base Metal | $ | 1,036.55 |
| D2792 | Crown Full Cast Noble Metal | $ | 1,036.55 |
| D2794 | Crown Titanium | $ | 1,036.55 |
| D2799 | Provisional Crown | $ | 309.68 |
| D2910 | Recement Inlay, Onlay or Part | $ | 82.29 |
| D2915 | Re-Cement or Re-Bond Indirectly Fabricated or Prefabricated Post and Core | $ | 89.27 |
| D2920 | Recement Crown | $ | 92.33 |
| D2930 | Prefabricated Stainless steel crown-Primary Tooth | $ | 249.10 |
| D2931 | Prefabricated Stainless Steel Crown-Permanent Tooth | $ | 291.89 |
| D2932 | Prefabricated Resin Crown | $ | 242.40 |
| D2933 | Prefabricated Stainless Steel Crown with Resin Window | $ | 253.28 |
| D2934 | Prefabricated Esthetic Coated Stainless Steel Crown-Primary Tooth | $ | 285.56 |
| D2940 | Protective Restoration | $ | 104.40 |

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| D2950 | Core Buildup Including Pins | $ 234.63 |
| D2951 | Pin Retention-Per Tooth, In Addition To | $ 51.70 |
| D2952 | Post and Core In Addition to Crown, Indirectly Fabricated | $ 358.38 |
| D2953 | Each Additional Indirectly Fabricated Post-Same Tooth | $ 347.22 |
| D2954 | Prefabricated Post and Core and Crown | $ 287.06 |
| D2955 | Post Removal | $ 169.78 |
| D2957 | Each Additional Prefabricated Post-Same Tooth | $ 179.86 |
| D2980 | Crown Repair Necessitated By Restorative Material Failure | $ 164.56 |
| D2999 | Unspecified Restorative Procedure | Code is manually priced |
| D3110 | Pulp Cap-Direct (Excluding Final Restoration) | $ 72.95 |
| D3120 | Pulp Cap-Indirect (Excluding Final Restoration) | $ 70.87 |
| D3221 | Pulpal Debridement, Primary and Permanent Tooth | $ 175.47 |
| D3222 | Partial Pulpotomy for Apexogenesis-Permanent Tooth with Incomplete Root Development | $ 204.50 |
| D3230 | Pulpal Therapy (Resorbably Filling)-Anterior, Primary Tooth (Excluding Final Restoration) | $ 214.61 |
| D3240 | Pulpal Therapy (Resorbably Filling)- Posterior, Primary Tooth (Excluding Final Restoration) | $ 236.57 |
| D3310 | End Therapy, Anterior Tooth | $ 646.59 |
| D3320 | End Therapy, Bicuspid Tooth | $ 755.59 |
| D3330 | End Therapy, Molar | $ 918.31 |
| D3331 | Treatment of Root Canal Obstruction; Non-Surgical Access | $ 400.70 |
| D3332 | Fractured Tooth | $ 304.11 |
| D3333 | Internal Root Repair of Perforation Defects | $ 177.10 |
| D3346 | Retreatment Root Canal Anterior | $ 750.80 |
| D3347 | Retreatment Root Canal Bicuspid | $ 845.74 |
| D3348 | Retreatment Root Canal Molar | $ 1,002.58 |
| D3351 | Apexification/Recalcification -Initial Visit (Apical Closure/Calcific Repair of Perforations, Root Resorption, etc.) | $ 285.14 |
| D3352 | Apexification/Recalcification Regeneration- Interim Medication Replacement | $ 196.11 |
| D3353 | Apexification/Recalcification- Final Visit (Includes Completed Root Canal Therapy-Apical Closure/Calcification Repair of Perforations, Root Resorptions, etc.) | $ 413.55 |
| D3355 | Pulpal Regeneration-Initial Visit | $ 421.33 |
| D3356 | Pulpal Regeneration-Interim Medication Replacement | $ 185.30 |
| D3357 | Pulpal Regeneration- Completion of Treatment | $ 185.30 |
| D3410 | Apicoectomy-Anterior | $ 613.76 |
| D3421 | Apicoectomy-Bicuspid (First Root) | $ 668.60 |
| D3425 | Apicoectomy-Molar (First Root) | $ 738.10 |
| D3426 | Apicoectomy (Each Additional Root) | $ 261.86 |
| D3430 | Retrograde Filling-Per Root | $ 199.04 |
| D3450 | Root Amputation-Per Root | $ 320.46 |
| D3460 | Endodontic Endosseous Implant | $ 635.50 |
| D3470 | Intentional Reimplantation (Including Necessary Splinting) | $ 1,258.00 |
| D3910 | Surgical Procedure for Isolation of Tooth with Rubber Dam | $ 135.72 |

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| D3920 | Hemisection (Including Any Root Removal) Not Including Root Canal Therapy | $ 374.94 |
| D3950 | Canal Preparation and Fitting of Preformed Dowel or Post | $ 158.78 |
| D3999 | Unspecified Endodontic Procedure | Code is manually priced |
| D4210 | Gingivectomy/Plasty, 4 or More | $ 473.12 |
| D4211 | Gingivectomy/Plasty, 1 to 3 | $ 233.06 |
| D4212 | Gingivectomoy or Gingivolplasty-To Allow Access for Restorative Procedure, Per Tooth | $ 204.13 |
| D4240 | Gingival Flap Procedure, Including Root Planning- Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant | $ 607.49 |
| D4245 | Apically Positioned Flap | $ 429.74 |
| D4249 | Clinical Crown Lengthening- Hard Tissue | $ 638.08 |
| D4260 | Osseous Surgery (Including Elevation of a Full Thickness Flap Entry and Closure) - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant | $ 937.35 |
| D4261 | Osseous Surgery (Including Elevation of a Full Thickness Flap Entry and Closure) - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant | $ 668.65 |
| D4263 | Bone Replacement Graft- First Site in Quadrant | $ 498.17 |
| D4264 | Bone Replacement Graft- Each Additional Site in Quadrant | $ 365.44 |
| D4265 | Biologic Materials to Aid in Soft and Osseous Tissue Regeneration | $ 392.00 |
| D4266 | Guided Tissue Regeneration- Resorbable Barrier, Per Site | $ 531.09 |
| D4267 | Guided Tissue Regeneration-Non-Resorbable Barrier, Per Site (Includes Membrane Removal) | $ 653.02 |
| D4268 | Surgical Revision Procedure, Per Tooth | $ 394.58 |
| D4270 | Pedicle Soft Tissue Graft Procedure | $ 651.46 |
| D4273 | Subepithella Connective Tissue Graft Procedures, Per Tooth | $ 932.23 |
| D4274 | Distal or Proximal Wedge Procedure (When Not Performed in Conjunction With Surgical Procedures in the Same Anatomical Area) | $ 391.64 |
| D4277 | Free Soft Tissue Graft Procedure (Including Donor Site Surgery), First Tooth or Edentulous Tooth Position in Graft) | $ 747.51 |
| D4278 | Free Soft Tissue Graft Procedure (Including Donor Site Surgery), Each Additional Contiguous Tooth or Edentulous Tooth Position in Same Graft Site) | $ 481.38 |
| D4320 | Provisional Splinting-Intracoronal | $ 303.38 |
| D4321 | Provisional Splinting- Extracornonal | $ 353.77 |
| D4341 | Periodontal Scaling & Root Planing | $ 230.19 |
| D4342 | Periodontal Scaling 1 to 3 Teeth | $ 162.07 |
| D4355 | Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis | $ 157.32 |
| D4381 | Localized Delivery of Antimicrobial Agents Via a Controlled Release Vehicle into Diseased Crevicular Tissue, Per Tooth | $ 80.86 |
| D4910 | Periodontal Maintenance | $ 123.79 |
| D4999 | Unspecified Periodontal Procedure | Code is manually priced |
| D5110 | Complete Denture, Maxillary | $ 1,468.82 |
| D5120 | Complete Denture, Mandibular | $ 1,472.96 |

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| D5130 | Immediate Denture-Maxillary | $ | 1,559.31 |
| D5140 | Immediate Denture-Mandibular | $ | 1,560.70 |
| D5211 | Maxillary Partial Denture Resin | $ | 1,115.13 |
| D5212 | Mandibular Partial Denture Resin | $ | 1,117.10 |
| D5213 | Maxillary Partial Denture Cast Metal | $ | 1,492.58 |
| D5214 | Mandibular Partial Denture Cast Metal | $ | 1,496.49 |
| D5225 | Maxillary Partial Denture Flexible Base | $ | 1,328.30 |
| D5226 | Mandibular Part Denture Flexible Base | $ | 1,332.20 |
| D5281 | Removable Unilateral Partial Denture-One Piece Cast Metal (Including Clasps and Teeth) | $ | 755.74 |
| D5410 | Adjust Complete Denture Maxillary | $ | 78.08 |
| D5411 | Adjust Complete Denture Mandibular | $ | 78.08 |
| D5421 | Adjust Partial Denture Maxillary | $ | 78.08 |
| D5422 | Adjust Partial Denture Mandibular | $ | 78.08 |
| D5510 | Repair Broken Complete Denture Base | $ | 188.51 |
| D5520 | Replace Complete Denture, Each Tooth | $ | 162.19 |
| D5610 | Repair Resin Denture Base | $ | 185.44 |
| D5620 | Repair Cast Framework | $ | 254.60 |
| D5630 | Repair/Replace Broken Clasp | $ | 240.72 |
| D5640 | Replace Broken Teeth, Per Tooth | $ | 158.73 |
| D5650 | Add Tooth to Existing Partial Denture | $ | 182.92 |
| D5660 | Add Clasp to Existing Partial Denture | $ | 219.96 |
| D5670 | Replace Teeth & Acrylic Cast Metal Max | $ | 610.88 |
| D5671 | Replace Teeth & Acrylic Cast Metal Mandi | $ | 610.88 |
| D5710 | Rebase Complete Maxillary Denture | $ | 487.29 |
| D5711 | Rebase Complete Mandibular Denture | $ | 500.00 |
| D5720 | Rebase Maxillary Partial Denture | $ | 465.02 |
| D5721 | Rebase Mandibular Partial Denture | $ | 465.02 |
| D5730 | Reline Complete Maxillary Denture Chair | $ | 293.84 |
| D5731 | Reline Comp Mandibular Denture Chair | $ | 294.26 |
| D5740 | Reline Maxillary Partial Denture Chair | $ | 244.63 |
| D5741 | Reline Mandibular Partial Denture Chair | $ | 247.10 |
| D5750 | Reline Complete Maxillary Denture Lab | $ | 395.80 |
| D5751 | Reline Complete Mandibular Denture Lab | $ | 396.54 |
| D5760 | Reline Maxillary Partial Denture Lab | $ | 400.00 |
| D5761 | Reline Mandibular Partial Denture Lab | $ | 400.00 |
| D5810 | Interim Complete Denture (Maxillary) | $ | 676.26 |
| D5811 | Interim Complete Denture (Mandibular) | $ | 660.98 |
| D5820 | Interim Partial Denture (Maxillary) | $ | 519.06 |
| D5821 | Interim Partial Denture (Mandibular) | $ | 512.98 |
| D5850 | Tissue Conditioning Maxillary | $ | 164.21 |
| D5851 | Tissue Conditioning Mandibular | $ | 164.21 |
| D5862 | Precision Attachment, By Report | $ | 331.04 |
| D5863 | Overdenture- Complete Maxillary | $ | 1,230.50 |
| D5864 | Overdenture-Partial Maxillary | $ | 1,120.12 |
| D5865 | Overdenture-Complete Mandibular | $ | 1,230.50 |
| D5866 | Overdenture-Partial Mandibular | $ | 1,120.12 |

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| D5867 | Replacement of Replaceable Part of Semi-Precision or Precision Attachment (Male or Female Component) | $ 204.06 |
| D5875 | Modification of Removable Prosthesis Following Implant Surgery | $ 311.00 |
| D5899 | Unspecified Removable Prosthodontic Procedure, By Report | $ 442.24 |
| D5999 | Unspecified Maxillofacial Prosthesis, By Report | Code is manually priced |
| D6055 | Connecting Bar-Implant Supported or Abutment Supported | $ 2,014.72 |
| D6056 | Prefabricated Abutment-Includes Modification and Placement | $ 629.86 |
| D6057 | Custom Fabricated Abutment-Includes Placement | $ 776.51 |
| D6059 | Abutment Supported Porcelain Fused to Metal Crown (High Noble Metal) | $ 1,291.87 |
| D6060 | Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal) | $ 1,350.00 |
| D6061 | Abutment Supported Porcelain Fused to Metal Crown (Noble Metal) | $ 1,350.00 |
| D6062 | Abutment Supported Cast Metal Crown | $ 1,350.00 |
| D6063 | Abutment Supported Cast Metal Crown (Predominantly Base Metal) | $ 1,350.00 |
| D6064 | Abutment Supported Cast Metal Crown (Noble Metal) | $ 1,350.00 |
| D6080 | Implant Maintenance Procedures when Prostheses are Removed and Reinserted, Including Cleansing of Prostheses and Abutments) | $ 170.95 |
| D6090 | Repair Implant Supported Prosthesis, By Report | $ 260.00 |
| D6092 | Recement or Rebond Implant/Abutment Supported Crown | $ 95.00 |
| D6093 | Recement or Rebond Implant/Abutment Supported Fixed Partial Denture | $ 100.00 |
| D6095 | Repair Implant Abutment, By Report | $ 390.00 |
| D6100 | Implant Removal, By Report | $ 127.50 |
| D6101 | Debridement of a Peri-Implant Defect or Defects Surrounding a Single Implant, and Surface Cleaning of the Exposed Implant Surfaces, Including Flap Entry and Closure | $ 380.28 |
| D6102 | Debridement and Osseous Contouring of a Peri-Implant Defect or Defects Surrounding a Single Implant and Includes Surface Cleaning of the Exposecd Implant Surfaces, Including Flap Entry and Closure | $ 451.74 |
| D6103 | Bone Graft for Repair of Peri-Implant Defect-Does Not Include Flap Entry and Closure, Placement of a Barrier Membrane or Biologic Materials to Aid in Osseous Regeneration are Reported Separately | $ 950.00 |
| D6110 | Implant/Abutment Supported Removable Denture for Edentulous Arch-Maxillary | $ 1,486.25 |
| D6111 | Implant/Abutment Supported Removable Denture for Edentulous Arch-Mandibular | $ 1,486.25 |
| D6112 | Implant/Abutment Supported Removable Denture for Partially Edentulous Arch- Maxillary | $ 1,486.25 |
| D6113 | Implant/Abutment Supported Removable Denture for Partially Edentulous Arch- Mandibular | $ 1,486.25 |
| D6114 | Implant/Abutment Supported Fixed Denture for Edentulous Arch-Maxillary | $ 1,486.25 |
| D6115 | Implant/Abutment Supported Fixed Denture For Edentulous Arch-Mandibular | $ 1,486.25 |

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| D6116 | Implant/Abutment Supported Fixed Denture For Partially Edentulous Arch-Maxillary | $ 1,486.25 |
| D6117 | Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch-Mandibular | $ 1,486.25 |
| D6194 | Abutment Supported Retainer Crown for FPD (titanium) | $ 1,350.00 |
| D6199 | Unspecified Implant Procedure, By Report | Code is manually priced |
| D6210 | Pontic-Cast High Noble Metal | $ 1,032.94 |
| D6211 | Pontic-Cast Predominantly Base Metal | $ 1,032.94 |
| D6240 | Pontic-Titanium | $ 1,032.94 |
| D6241 | Pontic-Porcelain Fused to Predominantly Base Metal | $ 1,032.94 |
| D6545 | Retainer-Cast Metal for Resin Bonded Fixed Prosthesis | $ 626.65 |
| D6549 | Resin Retainer-For Resin Bonded Fixed Prosthesis | $ 626.65 |
| D6750 | Pontic-Resin With High Noble Metal | $ 626.65 |
| D6751 | Crown-Porcelain Fused to Predominantly Base Metal | $ 957.75 |
| D6791 | Crown-Full Cast Predominantly Base Metal | $ 957.75 |
| D6920 | Connector Bar | $ 463.17 |
| D6930 | Recement or Rebond Fixed Partial Denture | $ 142.06 |
| D6940 | Stress Breaker | $ 345.96 |
| D6950 | Precision Attachment | $ 605.34 |
| D6975 | Coping | $ 446.30 |
| D6980 | Fixed Partial Denture Repair Necessitated by Restorative Material Failure | $ 219.90 |
| D6999 | Unspecified Fixed Prosthodontic | Code is manually priced |
| D7111 | Extraction, Coronal Remnants-Decidous Tooth | $ 112.06 |
| D7140 | Extraction Erupted Tooth/Exposed Root | $ 148.45 |
| D7210 | Removal of Impacted Tooth with Mucoper Flap | $ 237.57 |
| D7220 | Removal Impacted Tooth Soft Tissue | $ 273.10 |
| D7230 | Removal Impacted Tooth Partially Bony | $ 343.50 |
| D7240 | Removal Impacted Tooth Complete Bony | $ 403.08 |
| D7241 | Removal of Impacted Tooth Complex Bony Surgical Complications | $ 441.64 |
| D7250 | Surgical Removal of Residual Tooth Roots | $ 251.29 |
| D7251 | Coronectomy-Intential Partial Tooth Removal | $ 328.79 |
| D7260 | Oral Antral Fistual Closure | $ 610.10 |
| D7261 | Primary Closure of a Sinus Perforation | $ 596.82 |
| D7270 | Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth | $ 388.10 |
| D7272 | Tooth Transplantation (Includes Reimplantation From One Site or Another and Splinting and/or Stabilization) | $ 520.06 |
| D7283 | Placement of Device to Facilitate Eruption of Impacted Tooth | $ 213.08 |
| D7285 | Biopsy of Oral Tissue Hard | $ 317.49 |
| D7286 | Biopsy of Oral Tissue Soft | $ 268.15 |
| D7287 | Cytology Sample Collection | Code is manually priced |
| D7288 | Brush Biopsy-Transepithelial Sample Collection | $ 161.12 |
| D7290 | Surgical Reposition of Teeth | $ 379.94 |
| D7291 | Transseptal Fiberotomy/Supracrestal Fiberotomy, By Report | $ 169.02 |

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| D7292 | Surgical Placement of Temporary Anchorage Device [Screw Retained Plate] Requiring Flap; Includes Device Removal | $ | 1,455.50 |
| D7293 | Surgical Placement of Temporary Anchorage Device Requiring Flap; Includes Device Removal | $ | 1,066.00 |
| D7294 | Surgical Placement of Temporary Anchorage Device Without Flap; Includes Device Removal | $ | 791.28 |
| D7295 | Harvest of Bone for Use in Autogenic Grafting Procedure | $ | 557.34 |
| D7310 | Alveoplasty with Extraction | $ | 257.89 |
| D7311 | Alveoloplasty with Extractions, 1-3 | $ | 257.89 |
| D7320 | Alveoplasty without Extraction | $ | 365.38 |
| D7321 | Alveoloplasty, Not with Extractions | $ | 365.38 |
| D7340 | Vestibuloplasty Ridge Extension | $ | 738.21 |
| D7350 | Vesibuloplasty- Ride Extension (Including Soft Tissue Grafts, Muscle Reattachment, Revision of Soft Tissue Attachment and Management of Hypertrophied and Hyperplastic Tissue) | $ | 1,503.28 |
| D7410 | Excision of Benign Lesion, Up to 1.25 cm | $ | 286.94 |
| D7411 | Excision Benign Lesion > 1.25 cm | $ | 341.00 |
| D7412 | Excision Benign Lesion Complicated | $ | 1,059.53 |
| D7413 | Excision Malignant Lesion up to 1.25 cm | $ | 475.78 |
| D7414 | Excision Malignant Lesion > 1.25 cm | $ | 713.67 |
| D7415 | Excision Malignant Lesion Complicated | $ | 875.28 |
| D7440 | Excision Malignant Tumor Lesion 1.25 cm | $ | 581.72 |
| D7441 | Excision Malignant Tumor Lesion > 1.25 c | $ | 456.74 |
| D7450 | Removal Ben Odontogenic Cyst to 1.25 cm | $ | 460.93 |
| D7451 | Removal Ben Odontogenic Cyst > 1.25 cm | $ | 390.87 |
| D7460 | Removal Ben Nonodontogenic Cyst to 1.25 cm | $ | 397.89 |
| D7461 | Removal Ben Nonodontogenic Cyst > 1.25 cm | $ | 563.89 |
| D7465 | Destruction of Lesion(s) by Physical or Chemical Method, By Report | $ | 229.36 |
| D7471 | Removal Lateral Exostosis | $ | 491.19 |
| D7472 | Removal of Torus Palatinus | $ | 580.57 |
| D7473 | Removal of Torus Mandibularis | $ | 565.85 |
| D7485 | Surgical Reduction of Osseous Tuberosity | $ | 522.64 |
| D7490 | Radical Resection of Mandible | $ | 6,581.96 |
| D7510 | Incision & Drainage Abscess Intraoral | $ | 178.79 |
| D7511 | Incision/Drain Abscess Intraoral | $ | 517.64 |
| D7520 | Incision & Drain Abscess Extraoral Soft | $ | 305.51 |
| D7521 | Incision/Drain Abscess Extra | $ | 433.26 |
| D7530 | Removal Foreign Body/Skin/Tissue | $ | 276.06 |
| D7540 | Removal Reaction Producing Foreign Body | $ | 569.74 |
| D7550 | Part Ostectomy/Sequestrectomy | $ | 405.74 |
| D7560 | Maxillary Sinusotomy | $ | 890.04 |
| D7610 | Maxilla Open Reduction Teeth Immobilize | $ | 3,346.00 |
| D7620 | Maxilla Close Reduction Teeth Immobilize | $ | 2,648.51 |
| D7630 | Mandible Open Reduction Teeth Immobilize | $ | 3,348.92 |
| D7640 | Mandible Close Reduct Teeth Immobilize | $ | 3,772.81 |
| D7650 | Malar/Zygomatic Arch Open Reduction | $ | 2,875.58 |
| D7660 | Malar/Zygomatic Arch Closed Reduction | $ | 2,477.57 |
| D7670 | Alveolus Closed Reduction | $ | 1,059.98 |

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| D7671 | Alveolus Open Reduction | $ 1,405.55 |
| D7680 | Facial Bones Complicated Reduction | $ 5,018.04 |
| D7710 | Maxilla Open Reduction | $ 3,488.43 |
| D7720 | Maxilla Closed Reduction | $ 2,607.26 |
| D7730 | Mandible Open Reduction | $ 3,695.74 |
| D7740 | Mandible Closed Reduction | $ 4,183.99 |
| D7750 | Malar/Zygomatic Arch Open Reduction | $ 3,180.96 |
| D7760 | Malar/Zygomatic Arch Close Reduction | $ 3,686.91 |
| D7770 | Alveolus Open Reduction Stabilization | $ 2,078.72 |
| D7771 | Alveolus Closed Reduction Stabilization | $ 1,991.23 |
| D7780 | Facial Bones Complicated Reduction | $ 6,215.55 |
| D7810 | Open Reduction of Dislocation | $ 3,277.23 |
| D7820 | Closed Reduction of Dislocation | $ 442.09 |
| D7830 | Manipulation Under Anesthesia | $ 588.43 |
| D7840 | Condylectomy | $ 4,126.02 |
| D7850 | Surgical Discectomy with/without Implant | $ 4,043.21 |
| D7852 | Disc Repair | $ 4,353.92 |
| D7854 | Synovectomy | $ 4,043.21 |
| D7856 | Myotomy | $ 2,719.23 |
| D7858 | Joint Reconstruction | Code is manually priced |
| D7860 | Arthrotomy | Code is manually priced |
| D7865 | Artoplasty | Code is manually priced |
| D7870 | Arthrocentesis | $ 316.34 |
| D7871 | Non-Arthroscopic Lysis and Lavage | Code is manually priced |
| D7872 | Arthroscopy Diagnosis with/wo Biopsy | Code is manually priced |
| D7873 | Arthroscopy Surgical Lavage & Lysis Adh | Code is manually priced |
| D7874 | Arthroscopy Surgical Disc Reposit & Stab | Code is manually priced |
| D7875 | Arthroscopy Surgical Synovectomy | Code is manually priced |
| D7876 | Arthroscopy Surgica Discectomy | Code is manually priced |
| D7877 | Arthroscopy Surgical Debridement | Code is manually priced |
| D7899 | Unspecified TMD Therapy | Code is manually priced |
| D7910 | Suture Recent Small Wounds up to 5 cm | $ 228.31 |
| D7911 | Complicated Suture up to 5 cm | $ 220.93 |
| D7912 | Complicated Suture > 5 cm | $ 684.81 |
| D7920 | Skin Graft Identify Defect Covered | $ 1,837.74 |
| D7953 | Bone Replacement Graft for ridge preservations- per site | $ 422.61 |
| D7955 | Repair Maxillofacial Soft & Hard Tissue | $ 4,104.19 |

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| D7960 | Frenulectomy-Also Known as Frenectomy or Frenotomy- Separate Procedure not Incidental to Another | $ 499.58 |
| D7963 | Frenuloplasty | $ 345.54 |
| D7970 | Excision Hyperplastic Tissue, Per Arch | $ 370.86 |
| D7971 | Excision Pericoronal Gingiva | $ 180.30 |
| D7972 | Surgical Reduction Fibrous Tuberosity | $ 561.17 |
| D7980 | Sialolithotomy | $ 631.41 |
| D7981 | Excision of Salivary Gland, By Report | Code is manually priced |
| D7982 | Sialodochoplasty | $ 1,295.87 |
| D7983 | Closure Salivary Fistula | $ 942.04 |
| D7990 | Emergency Tracheotomy | $ 975.78 |
| D7991 | Coronoidectomy | Code is manually priced |
| D7997 | Appliance Removal (Not by Dentist Who Placed Appliance), Includes Removal of Archbar | $ 90.00 |
| D7999 | Unspecified Oral Surgery | Code is manually priced |
| D9110 | Palliative Emergency Minor | $ 115.30 |
| D9220 | General Anesthesia 1st 30 Minutes | $ 404.52 |
| D9221 | General Anesthesia Each Additional 15 Minutes | $ 175.20 |
| D9230 | Inhalation of Nitrous Oxide/Anxiolysis | $ 52.77 |
| D9241 | Intravenous Sedation 1st 30 Minutes | $ 323.88 |
| D9242 | Intravenous Sedation Each Additional 15 Minutes | $ 175.20 |
| D9248 | Non-Intravenous Moderate (Conscious) Sedation | $ 176.87 |
| D9310 | Dental Consultation | $ 80.65 |
| D9410 | House/Extended Care Facility Call | $ 172.88 |
| D9420 | Hospital Call | $ 209.50 |
| D9931 | Cleaning and Inspection of a Removable Appliance | $ 75.00 |
| D9940 | Occlusal Guard | $ 477.22 |
| D9942 | Occlusal Guard Repair | $ 145.60 |
| D9950 | Occlusal Adjustment-Limited | $ 296.48 |
| D9952 | Occlusal Adjustment-Complete | $ 485.71 |
| D9999 | Unspecified Adjunctive Procedure, By Report | Code is manually priced |