

March 14, 2025

Pacific Dental Services 17000 Redhill Ave. Irvine, CA 926214

Re: Fee Schedule PDSCAGP2

Dear Doctor.

Per your request for a fee increase, please review the enclosed fee schedule, EXHIBIT A, that has been customized for your office and return the information to my attention.

- To confirm your acceptance of this new fee schedule, please have the same person that signed the original Participating Dentist Agreement sign and date the below. Please include a roster of all affiliated dentists to be included under this fee schedule.
- This fee schedule applies to all covered services provided to DentalGuard Preferred members and, if applicable, any members from payor clients that access our DentalGuard Preferred Select Network. Since our payor clients receive monthly updates of fee schedule changes, there may be a time delay between the effective date of your new fee schedule with Guardian, and the effective date of your new fee schedule with our payor clients, The enclosed payor client list includes the current payor clients that can administer the custom fee schedule.
- By signing this letter, you agree and acknowledge that this fee schedule will be kept confidential. Disclosure or release of this fee schedule to any third party, in full or in part, is not permitted. This fee schedule will not be eligible for review for 24 months from the effective date.

The new fee schedule will go into effect approximately seven business days from our receipt of the signed letter. A signed copy of this letter will be maintained in the file of each dentist to be included under this fee schedule. Please keep a copy of all documents for your records and notify us of any future changes to the practice. Once the fee schedule is effective, Guardian will mail a letter of confirmation.

Please contact me directly with any questions. As always, thank you for your participation in Guardian's DentalGuard Preferred and DentalGuard Preferred Select Network. We appreciate the opportunity to work with you and look forward to supporting your business.

Sincerely,

Tracy AguayoTel: (562) 704-5850
PO BOX 98157456
El Paso, TX 79998P



Tracy_Aguayo@glic.com
Pacific Dental Services
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Dentist/Owner Signature	Date



DentalGuard Preferred Select Network Payor List As of October 1, 2024

Members from the following companies can be seen as 'In-Network' using your Guardian PPO Fees

Aetna Dental*

Alicare Inc (Amalgamated Life Ins Co)

Allied Benefit Systems Inc

Ameritas Life Insurance Company*

And their Strategic Alliance Partners:

Physicians Mutual

Standard Ins Co

Standard Ins Co of NY

Reliance Standard Life

• First Reliance Standard Life Ins. of NY

Angle Health Avesis, Inc

Bay Area Delivery Drivers Security Fund

Benemax Corp Blackhawk TPA Boon-Chapman TPA

BSI Companies TPA

CDS Group Health

GPA TPA

Group Administrators Ltd

Health Plans Inc

HealthSCOPE Benefits

Hometown Health

HSBA Inc

Kansas City Life

LEVEL Benefits

Liberty Dental Plan

Lucent Health (formerly Cypress Benefit Administrators)

Luminare Health

MedBen

MetLife*

National Elevator Industry HB Plan

NECA IBEW Welfare Trust Fund

Pan American Life LLC

Partners Benefit Group

Personify Health (formerly HealthComp)

Premier Access Insurance Company
Professional Benefit Admin Inc (PBA)

Professional Benefit Services (PBS)

Prominence Health Plan

Teamsters Local 710 HW&P Fund

The Loomis Company

United Health Care (UHC)*

United Medical Resources (UMR)

The DentalGuard Preferred Select logo may appear on the member's ID card:

DentalGuard® Preferred Select Network

^{*}These companies access a limited number of providers and may include other administrator entities



DentalGuard Preferred and DentalGuard Preferred Select - General Fee ScheduleMaximum Allowable Fees

		DGP			DGP
CDT		DGPS			DGPS
Code	Description		Code	Description	Fees
D0120	PERIODIC ORAL EVALUATION		D1558	REMOVAL FIXED BILATERAL SPACE MAINTAINER-MAN	\$31.00
D0140	LIMITED ORAL EVALUATION FOR A PATIENT LINDER TUBER		D1575	DISTAL SHOE SPACE MAINT-FIXED UNILATERAL-QUAD	\$234.00
D0145 D0150	ORAL EVALUATION FOR A PATIENT UNDER THREE COMPREHENSIVE ORAL EVALUATION	\$56.00 \$58.00	D2140 D2150	AMALGAM - 1 SURFACE (PRIMARY OR PERMANENT) AMALGAM - 2 SURFACES (PRIMARY OR PERMANENT)	\$72.00 \$92.00
D0150	DETAILED & EXTENSIVE ORAL EVALUATION	\$73.00	D2160	AMALGAM - 3 SURFACES (PRIMARY OR PERMANENT)	\$112.00
D0100	REEVALUATION-LIMITED; PROBLEM FOCUS; NOT POSTOP	\$44.00	D2160	AMALGAM - 4+ SURFACES (PRIMARY OR PERMANENT)	\$112.00
D0170	RE-EVALUATION - POST-OPERATIVE OFFICE VISIT	\$44.00	D2330	COMPOSITE - 1 SURFACE, ANTERIOR	\$104.00
D0180	COMPREHENSIVE PERIODONTAL EVALUATION	\$49.00	D2331	COMPOSITE - 2 SURFACES, ANTERIOR	\$136.00
D0210	INTRAORAL COMPREHENSIVE SERIES XRAYS	\$93.00	D2332	COMPOSITE - 3 SURFACES, ANTERIOR	\$150.00
D0220	INTRAORAL XRAYS - PERIAPICAL, FIRST FILM	\$18.00	D2335	COMPOSITE - 4+ SURFACES (ANTERIOR)	\$154.00
D0230	INTRAORAL XRAYS - PERIAPICAL, EACH EXTRA FILM	\$11.00	D2390	COMPOSITE CROWN, ANTERIOR	\$147.00
D0240	INTRAORAL XRAYS - OCCLUSAL FILM	\$28.00	D2391	COMPOSITE - 1 SURFACE, POSTERIOR	\$116.00
D0250	EXTRAORAL XRAYS - FIRST FILM	\$27.00	D2392	COMPOSITE - 2 SURFACES, POSTERIOR	\$147.00
D0270	BITEWING XRAYS - SINGLE FILM	\$24.00	D2393	COMPOSITE - 3 SURFACES, POSTERIOR	\$177.00
D0272	BITEWING XRAYS - TWO FILMS	\$30.00	D2394	COMPOSITE - 4+ SURFACES, POSTERIOR	\$176.00
D0273	BITEWING XRAYS - THREE FILMS	\$33.00	D2510	INLAY - METAL - 1 SURFACE	\$498.00
D0274	BITEWING XRAYS - FOUR FILMS	\$43.00	D2520	INLAY - METAL - 2 SURFACES	\$592.00
D0277	VERTICAL BITEWING XRAYS - 7 TO 8 FILMS	\$57.00	D2530	INLAY - METAL - 3+ SURFACES	\$636.00
D0310	SIALOGRAPHY	\$278.00	D2542	ONLAY - METAL - 2 SURFACES	\$610.00
D0320	TMJ ARTHROGRAM WITH INJECTION	\$325.00	D2543	ONLAY - METAL - 3 SURFACES	\$717.00
D0321	OTHER TMJ FILMS, BY REPORT	\$186.00	D2544	ONLAY - METAL - 4+ SURFACES	\$747.00
D0322	TOMOGRAPHIC SURVEY	\$278.00	D2610	INLAY - PORCELAIN/CERAMIC - 1 SURFACE	\$536.00
D0330	PANORAMIC FILM	\$81.00	D2620	INLAY - PORCELAIN/CERAMIC - 2 SURFACES	\$595.00
D0340	2D CEPHALOMETRIC RADIOGRAPHIC IMAGE	\$65.00	D2630	INLAY - PORCELAIN/CERAMIC - 3+ SURFACES	\$645.00
D0350	ORAL/FACIAL PHOTO IMAGES (INTRA & EXTRAORAL)	\$36.00	D2642	ONLAY - PORCELAIN/CERAMIC - 2 SURFACES	\$623.00
D0364	CONE BEAM CAPT & INTERPRET, LESS THAN ONE JAW	\$265.00	D2643	ONLAY - PORCELAIN/CERAMIC - 3 SURFACES	\$721.00
D0365	CONE BEAM CAPT & INTERPRET, FULL ARCH-MAND	\$224.00	D2644	ONLAY - PORCELAIN/CERAMIC - 4+ SURFACES	\$751.00
D0366	CONE BEAM CAPT & INTERPRET, FULL ARCH-MAX	\$216.00	D2650	INLAY - COMPOSITE - 1 SURFACE	\$466.00
D0367	CONE BEAM CAPT & INTERPRET, BOTH JAWS	\$290.00	D2651	INLAY - COMPOSITE - 2 SURFACES	\$518.00
D0368	CONE BEAM CAPT & INTERPRET, TMJ, 2+ IMAGES	\$216.00	D2652	INLAY - COMPOSITE - 3+ SURFACES	\$561.00
D0380	CONE BEAM CAPTURE ONLY, LESS THAN ONE JAW	\$81.00	D2662	ONLAY - COMPOSITE - 2 SURFACES	\$541.00
D0381	CONE BEAM CAPTURE ONLY, FULL ARCH-MAND	\$224.00	D2663	ONLAY - COMPOSITE - 4 SURFACES	\$626.00
D0382	CONE BEAM CAPTURE ONLY, FULL ARCH-MAX	\$185.00	D2664	ONLAY - COMPOSITE - 4+ SURFACES	\$656.00
D0383	CONE BEAM CAPTURE ONLY, BOTH JAWS	\$160.00	D2710	CROWN - INDIRECT RESIN-BASED COMPOSITE	\$279.00
D0384	CONE BEAM CAPTURE ONLY, TMJ, 2+ IMAGES	\$209.00	D2712	CROWN - INDIRECT 3/4 RESIN-BASED COMPOSITE	\$279.00
D0391	INTERPRET IMAGE, DIFF PROV THAN IMAGE CAPTURE	\$73.00 \$46.00	D2720 D2721	CROWN - RESIN WITH HIGH NOBLE METAL	\$420.00
D0431 D0460	PRE-DIAG TEST TO DETECT MUCOSAL ABNORMALITIES PULP VITALITY TESTS	\$21.00	D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL CROWN - RESIN WITH NOBLE METAL	\$420.00 \$420.00
D0460 D0470	DIAGNOSTIC CASTS	\$70.00	D2740	CROWN - RESIN WITH NOBLE METAL CROWN - PORCELAIN/CERAMIC	\$900.00
D0470 D0601	CARIES RISK ASSESSMENT - LOW	\$0.00	D2740	CROWN - PORCELAIN/CERAINIC CROWN - PORCELAIN ON HIGH NOBLE METAL	\$864.00
D0602	CARIES RISK ASSESSMENT - MODERATE	\$0.00	D2751	CROWN - PORCELAIN ON PREDOMINANTLY BASE METAL	\$751.00
D0603	CARIES RISK ASSESSMENT - HIGH	\$0.00	D2752	CROWN - PORCELAIN ON NOBLE METAL	\$758.00
D1110	PROPHYLAXIS - ADULT		D2753	CROWN-PORCELAIN-TITANIUM/TITANIUM ALLOYS	\$805.00
D11120	PROPHYLAXIS - CHILD	\$54.00	D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	\$765.00
D1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC	\$30.00	D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	\$648.00
D1208	TOPICAL APP FLUORIDE, EXC VARNISH	\$30.00	D2782	CROWN - 3/4 CAST NOBLE METAL	\$720.00
D1351	SEALANT - PER TOOTH	\$39.00	D2783	CROWN - 3/4 PORCELAIN/CERAMIC	\$821.00
D1352	PREV RESIN REST - MOD/HIGH CARIES-PERM TOOTH	\$34.00	D2790	CROWN - FULL CAST HIGH NOBLE METAL	\$835.00
D1353	SEALANT REPAIR-PER TOOTH	\$28.00	D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	\$685.00
D1510	SPACE MAINTAINER - FIXED - UNILATERAL-QUAD	\$269.00	D2792	CROWN - FULL CAST NOBLE METAL	\$764.00
D1516	SPACE MAINTAINER FIXED BILATERAL, MAX	\$335.00	D2794	CROWN - TITANIUM/TITANIUM ALLOYS	\$765.00
D1517	SPACE MAINTAINER FIXED BILATERAL, MAND	\$335.00	D2799	INTERIM CROWN	\$205.00
D1520	SPACE MAINTAINER-REMOVABLE-UNILATERAL-QUAD	\$234.00	D2910	RECEMENT INLAY, ONLAY, VENEER, PART COV REST	\$56.00
D1526	SPACE MAINTAINER REMOVABLE BILATERAL, MAX	\$335.00	D2915	RECEMENT INDIRECTLY FABRICATED POST & CORE	\$56.00
D1527	SPACE MAINTAINER REMOVABLE BILATERAL, MAND	\$335.00	D2920	RECEMENT, REBOND CROWN	\$56.00
D1551	RE-CEMENT/RE-BOND BILATERAL SPACE MAINT-MAX	\$42.00	D2928	PREFAB PORC/CERAMIC CROWN - PERMANENT TOOTH	\$205.00
D1552	RE-CEMENT/RE-BOND BILATERAL SPACE MAINT-MAN	\$42.00	D2929	PREFAB PORC / CERAMIC CROWN - PRIMARY TOOTH	\$215.00
D1553	RE-CEMENT/RE-BOND UNILATERAL SPACE MAINT-QUAD	\$21.00	D2930	PREFAB STAINLESS STEEL CROWN - PRIMARY TOOTH	\$189.00
D1556	REMOVAL FIXED UNILATERAL SPACE MAINT-QUAD	\$16.00	D2931	PREFAB STAINLESS STEEL CROWN-PERMANENT TOOTH	\$196.00
D1557	REMOVAL FIXED BILATERAL SPACE MAINTAINER-MAX	\$31.00	D2932	PREFAB RESIN CROWN	\$205.00

The listing of codes on this fee schedule does not guarantee coverage. General Dentists: (1) contact Guardian for the Orthodontic Fee Schedule applicable in your area; (2) CDT codes not listed on the General or Orthodontic Fee Schedules may be charged at your usual fee.

Note : DGP = DentalGuard Preferred; DGPS = DentalGuard Preferred Select.

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DentalGuard Preferred and DentalGuard Preferred Select - General Fee Schedule **Maximum Allowable Fees**

DOPS Code DoPS Code Description Fees Code Personal STANILESS STEEL CROWN WINDOW S00,00 D0230 CODE			DGP			DGP
PREPARE STAINLESS STEEL CROWN WE REST NAMES STEEL CROWN PERS TWO 2223	CDT			CDT		
Description STANLESS STEEL (PROM-PRIMARY \$2,000 0,220	Code	Description	Fees	Code	Description	Fees
PARTIETURE RESTORATION - TEMPORARY S67,000 D2291 D2290 RESTORATION - FORDRECT RESTORATION S374,000 D2290 D2291 RESTORATION FORDRECT RESTORATION S374,000 D2290 D2291 PARTIETURION - PORT POLITION S270,000 D2291 PARTIETURION - PORT POLITION S270,000 D2291 PARTIETURION - PORT POLITION S270,000 D2290 D2291 PARTIETURION - PORT POLITION S270,000 D2290			·			
DESTORATIVE FOUNDATION - INDIRECT RESTORATION SUID 0249 SURGENT FLAW WIRDOT PLANING-1 TEETHOUAD \$297.00						
05895 CORE BUILDUP INCLIDING PRIS WHEN REQUIRED \$1950.00 02441 GINGRAL FLAP WROCH PLANING-13 TEETHOUDD \$287.00 02595 PIA PERFENTION - PER TOOTS & CORE \$381.00 02402 GOSEOUS SURGERY - 44 TEETH-OUAD \$894.00 02595 EACH ADD POST, INDIRECT - SAME TOOTH \$31.00 DUSS 600 ADD POST, INDIRECT - SAME TOOTH \$31.00 DUSS 02590 POST READ POST & CORE \$37.00 DUSS 600 ADD POST, INDIRECT \$30.00 DUSS 800 ADD POST, INDIRECT \$31.00 DUSS 800 ADD POST, INDIRECT \$31.00 DUSS 800 E CRRAFT - PREST STEE IN CUADARNY \$31.00 \$31.00 DUSS 900 E RORAFT - ADD POST, INDIRECT \$30.00 DUSS \$31.00						
Despt Park Entrition Pert ToOH			•			
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02959 FOST REMOVAL, (NOT WITH ENDO) \$147.00 De264 BONE GRART - ADDITIONAL STEIN QUAD \$186.00 \$287.00 BONE GRART - ADDITIONAL STEIN QUAD \$186.00 \$287.00 BONE GRART - ADDITIONAL STEIN QUAD \$180.00		,				
D2897 EACH ADDITIONAL PREFAB POST - SAME TOOTH \$17.00 De280 LSRL VENER (RESIN) - IORECT \$27.00 D287 STR, NATURAL TEETH - NON-RESORB BARNIERISTIE \$38.00 D2891 LABIAL VENEER (RESIN) - INDIRECT \$496.00 D287 STR, NATURAL TEETH - NON-RESORB BARNIERISTIE \$58.00 D2891 LABIAL VENEER (RESIN) - INDIRECT \$58.00 D287 PATT PORT TOOTH \$33.00 D2891 ADDL PROCEDURE - CROWN UNDER PART DENT FRAME \$134.00 D227 POPT PORT TISSUE GRAFT FIRST TOOTH \$73.30 D2892 CONAL PREPAIR DUE TO REST MATERIAL FAILURE \$130.30 D227 D18TAL OR RESOLUTE GRAFT FIRST TOOTH \$718.00 D2892 DALY PEPA JIBECT (ESCLUDES FINAL RESTORATION) \$14.00 D227 COMENTE CONNECTIVE TISSUE GRAFT PROC, FIRST TOOTH \$599.00 D1109 PULP CAP - DIRECT (ESCLUDES FINAL RESTORATION) \$14.00 D228 DALY PEPA - DIRECT (ESCLUDES FINAL RESTORATION) \$14.00 D227 FREE SOFT TISSUE GRAFT PROC, FIRST TOOTH \$39.00 D2222 PARTILL DESTORATION \$14.00 D286 ATT TISSUE GRAFT PROC, TRIST TOOTH \$39.00 D2222 PARTILL PULP			·			·
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02891 LABIAL VENEER (RESIN) - INDIRECT \$496,00 De280 LABIAL VENEER (RESIN) - INDIRECT \$584,00 De277 ADDI-PROCEDURE - CROWN UNDER PART DENT FRAME \$362,00 De272 POEDICE SOFT TISSUE GRAFT FIRST TOOTH \$733,00 D2890 CARDA PROCEDURE - CROWN UNDER PART DENT FRAME \$147,00 De274 DATA OFFERDATION TO THE STEAD FRAME \$136,00 D2880 INLAY REPAIR DUE TO REST MATERIAL FAILURE \$163,00 De275 NON-AUTOGENOUS TISSUE GRAFT FIRST TOOTH \$378,00 D2882 DIALY PREPAIR DUE TO REST MATERIAL FAILURE \$163,00 De275 NON-AUTOGENOUS TISSUE GRAFT FIRST TOOTH \$399,00 D1910 PULP CAP-INICRIECTIEX/LUDES FIRBA RESTORATION) \$41,00 De275 FORDITION FROM TISSUE GRAFT PROC, FIRST TOOTH \$399,00 D1202 PERE SEPART DUE TO REST MATERIAL FAILURE \$150,00 De275 FORDITION FROM TISSUE GRAFT PROC, FIRST TOOTH \$399,00 D1210 PULP CAP DIRECT RESCULDES FIRBA RESTORATION \$150,00 De271 FIRST ALDO TISSUE GRAFT PROC, FIRST TOOTH \$399,00						
ADDL PROCEDURE - CROWN UNDER PART DENT FRAME \$132.00 D4279 D3741.00 PROCEDURE - CROWN UNDER PART BY REPORT \$1347.00 D4279 D3741.00 PROMINE PART BY REPORT \$1360.00 D4279 D3741.00 PROMINE PROCEDURE \$1360.00 D4279 P4014 PROCEDURE PROCEDURE PROCEDURE \$1360.00 D4279 P4014 PROCEDURE PROCEDURE \$1360.00 D4379 S260.00 D4379	D2961	•	\$405.00	D4268		
02880 CROWN REPARL BY EFPORT \$147.00 0.2275 NOALTOGENOUS TISSUE GRAFT FIRST TOOTH \$718.00 02881 NILAY REPARL DUE TO REST MATERIAL FAILURE \$102.00 0.2275 COMBINED CONNECTIVE TISSUE & REPCIZE GRAFT \$733.00 02893 VENERE REPAIR DUE TO REST MATERIAL FAILURE \$102.00 0.2277 FERS FOOT TISSUE GRAFT FROO, FIRST TOOTH \$359.00 0310 PULP CAP-DIRECT (EXCLUDES FINAL RESTORATION) \$41.00 0.2275 FREE SOFT TISSUE GRAFT PROC, ADDIT TOOTH \$359.00 0320 PULP CAP-DIRECT (EXCLUDES FINAL RESTORATION) \$41.00 0.2285 FREE SOFT TISSUE GRAFT PROC, ADDIT TOOTH \$451.00 03221 PULPAL DEBRIDGHENT (ANY TOOTH) \$170.00 1.0282 NONAUTOGENOUS TISSUE GRAFT FIRST, ADDIT TOOTH \$450.00 03222 PARTIAL PULPOTOMY APRICAL PULPOTOMY \$170.00 1.0242 SCALING AND ROOT PLANING - 1-TECHTOQUAD \$110.00 03231 PULPAL THERAPY(RESORBALE, A, NOTERING PRIMARY \$150.00 0.5255 DULD ALLING PRIMARY \$150.00 0.5255 DULD ALLING PRIMARY \$150.00 0.5255 DULD ALLING PRIMARY \$10.00 \$10.00 0.5255	D2962	LABIAL VENEER (PORCELAIN) - INDIRECT	\$564.00	D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$569.00
MILAY REPAIR DUE TO REST MATERIAL FAILURE	D2971	ADD'L PROCEDURE - CROWN UNDER PART DENT FRAME	\$132.00	D4273	AUTOGENOUS CONNECTIVE TISSUE GRFT FIRST TOOTH	\$733.00
20283 VALAY REPAIR DUE TO REST MATERIAL FAILURE \$10,300 02277 FREE REPAIR DUE TO REST MATERIAL FAILURE \$10,300 02277 FREE REPAIR DUE TO REST MATERIAL FAILURE \$10,300 02277 FREE SOFT TISSUE GRAFT PROC, FIRST TOOTH \$3,900 02297 PULP QAP-IDIRECT (EXCLUDES FINAL RESTORATION) \$41,000 02298 AUDITORY \$10,000 02295 FREE SOFT TISSUE GRAFT PROC, FIRST TOOTH \$419,000 02207 PULP QAP-IDIRECT EXCLUDES FINAL RESTORATION) \$410,000 02205 FREE SOFT TISSUE GRAFT PROC, FIRST TADDIT, TOOTH \$419,000 02207 PULP QUEPTORY \$77,000 02207 PULP QUEPTORY \$77,000 02207 PULP QUEPTORY \$77,000 02207 PULP QUEPTORY \$78,000 02207 PUL	D2980	CROWN REPAIR, BY REPORT	\$147.00	D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE	\$186.00
VENEER REPAIR DUE TO REST MATERIAL FAILURE \$103.00 0.4275 FREE SOFT TISSUE GRAFT PROC, ADDIT LOOTH \$359.00 0.4276 FREE SOFT TISSUE GRAFT PROC, ADDIT LOOTH \$359.00 0.4276 FREE SOFT TISSUE GRAFT PROC, ADDIT LOOTH \$359.00 0.4276 FREE SOFT TISSUE GRAFT PROC, ADDIT LOOTH \$359.00 0.4276 FREE SOFT TISSUE GRAFT PROC, ADDIT LOOTH \$359.00 0.4276 FREE SOFT TISSUE GRAFT PROC, ADDIT LOOTH \$49.00 0.4276 FREE SOFT TISSUE GRAFT	D2981	INLAY REPAIR DUE TO REST MATERIAL FAILURE	\$103.00	D4275	NON-AUTOGENOUS TISSUE GRAFT FIRST TOOTH	\$718.00
Description	D2982	ONLAY REPAIR DUE TO REST MATERIAL FAILURE			COMBINED CONNECTIVE TISSUE & PEDICLE GRAFT	\$733.00
DULP CAP-INDIRECT(EXCLUDES FINAL RESTORATION)					FREE SOFT TISSUE GRAFT PROC, FIRST TOOTH	
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D3221 PULPAL DEBRIDEMENT (ANY 70OTH) \$77.00 0.4341 SCALING AND ROOT PLANING - 1-A TEETHOUAD \$113.00 D3220 PARTIAL PULPOTOMY - APEXOGENESIS (PERM TOOTH) \$12.00 0.4342 SCALING AND ROOT PLANING - 1-A TEETHOUAD \$113.00 D3240 PULPAL THERAPY(RESORBABLE), ANTERIOR, PRIMARY \$150.00 0.4355 FULL MOUTH - GINGIVAL INFLAMMATION \$83.00 D3310 POLO - ANTERIOR (EXCLUDE FINAL RESTORATION) \$52.00 0.4916 PERIODONTAL MAINTENANCE \$99.00 D3330 POLO - PREMOLAR (EXCLUDE FINAL RESTORATION) \$82.00 0.9917 PERIODONTAL MAINTENANCE \$99.00 D3331 TYO FROOT CANAL OBSTRUCTION (NON-SURGERY) \$191.00 0.9110 COMPLETE DENTURE - MANDIBULAR \$1,035.00 D3332 INDO-PREMICE CHARDES OF PERFORATION \$152.00 D.5120 IMMEDIATE BANTLER - MANDIBULAR \$1,035.00 D3341 ENDO - RETREATMENT - PREMICLAR \$90.00 D.5212 MANDIBULAR PARTIAL DENTURE - RESIN BASE \$727.00 D3342 ENDO - RETREATMENT - MAINE MISS \$10.00 D.5212 MANDIBULAR PARTIAL DENTURE - RESIN BASE \$727.00 D3343		,				
D3222 PARTIAL PULD TOTION* - APEXIGENESIS (PERM TOOTH) \$122.00 D4324 SCALING AND ROOT PLANING - 13 ETETHOUAD \$133.00 D3240 PULPAL THERAPY(RESORBABLE), ANTERIOR, PRIMARY \$150.00 D4345 SCALING FULL MOUTH - GINGIVAL INFLAMMATION \$83.00 D3310 PIOD - ANTERIOR (EXCLUDE FINAL RESTORATION) \$520.00 D4351 LOCAL DELIVERY ANTINCROBIAL AGENTS-PER TOOTH \$68.00 D3320 ENDO - PREMOLAR (EXCLUDE FINAL RESTORATION) \$620.00 D4921 GINGUAL IRRIGATION WIND AGENT, PER QUAD \$55.00 D3331 TX OR POOT CANAL OBSTRUCTION (NON-SURGERY) \$10.00 D4921 GINGUAL IRRIGATION WIND AGENT, PER QUAD \$55.00 D3333 INTERNAL ROOT REPAIR OF PERFORATION \$152.00 D5120 COMPLETE DELIVER - MANDIBULAR \$1,035.00 D3346 ENDO - RETREATMENT - ANTERIOR \$698.00 D5140 IMMEDIATE DENTURE - MANDIBULAR \$1,094.00 D3346 ENDO - RETREATMENT - FREMOLAR \$94.00 D5211 MANDIBULAR PARTIAL DENTURE - RESIN BASE \$727.00 D3346 ENDO - RETREATMENT - FREMOLAR \$94.00 D5212 MANDIBULAR PARTIAL DENTURE - RESIN BASE \$1,075.00					·	
D3230 PULPAL THERAPY(RESORBABLE), ANTERIOR, PRIMARY \$136,00 Q345 SCALING FULL MOUTH - GINGINAL INFLAMMATION \$83,00 D3310 ENDO - ANTERIOR (EXCLUDE FINAL RESTORATION) \$532,00 D491 PERROLAR (EXCLUDE FINAL RESTORATION) \$62,00 D3320 ENDO - MOLAR (EXCLUDE FINAL RESTORATION) \$62,00 D491 PERRODONTAL MAINTENANCE \$99.00 D3331 ENDO - MOLAR (EXCLUDE FINAL RESTORATION) \$82,00 D491 PERRODONTAL MAINTENANCE \$99.00 D3331 TX OF ROOT CANAL OBSTRUCTION (NON-SURGERY) \$161.00 D5110 COMPLETE RESTORATION (NON-SURGERY) \$103.05 D3332 INCORNELETE RCT - INOPERABLE, UNRESTORABLE, FX \$264.00 D512 COMPLETE DENTURE - MAXILLARY \$1,035.00 D3332 INCORNELET RCT - INOPERABLE, UNRESTORABLE, FX \$152.00 D510 COMPLETE DENTURE - MAXILLARY \$1,094.00 D3346 ENDO - RETREATMENT - ANTERIOR \$890.00 D5212 MAMEDIATE - MAXILLARY \$1,094.00 D3346 ENDO - RETREATMENT - MOLAR \$974.00 D5212 MAXILLARY PARTIAL DENTURE - RESIN BASE \$727.00 D3351 APEXHICATIONINECAL		,				
D3240 PULPAL THERAPY(RESORBABLE), POSTERIOR, PRIMARY \$150.00 D4355 FULL MOUTH DEBRIDEMENT \$86.00 D3310 ENDO - ANTERIOR (EXCLUDE FINAL RESTORATION) \$52.00 D4910 PERIODONTAL MAINTENANCE \$99.00 D3331 ENDO - PREMOLAR (EXCLUDE FINAL RESTORATION) \$82.00 D4910 PERIODONTAL MAINTENANCE \$99.00 D3331 TX OF ROOT CANAL OBSTRUCTION (NON-SURGERY) \$161.00 D61.00 COMPLETE RCT - INOPERABLE, UNRESTORABLE, FX \$254.00 D61.00 COMPLETE EMITURE - MANDIBULAR \$1,035.00 D3332 INCOMPLETE RCT - INOPERABLE, UNRESTORABLE, FX \$254.00 D61.00 COMPLETE EMITURE - MANDIBULAR \$1,035.00 D3341 ENDO - RETREATMENT - PRIMOLAR \$804.00 D5211 MIMEDIATE E MANDIBULAR \$1,094.00 D3346 ENDO - RETREATMENT - PRIMOLAR \$904.00 D5211 MANDIBULAR PARTIAL DENTURE - RESIN BASE \$727.00 D3351 PEXIFICATION FECAL CIFICATION - INITIAL VISIT \$152.00 D5212 MANDIBULAR PARTIAL DENTURE - CAST FRAME \$1,075.00 D3355 PULPAL REGENERATION - INITIAL VISIT \$152.00 D5223 IMMEDIATE MANDIBULAR PARTIAL		, i				
03310 ENDO - ANTERIOR (EXCLUDE FINAL RESTORATION) \$582.00 D4381 LOCAL DELIVERY ANTIMICROBIAL AGENTS-PER TOOTH \$88.00 03320 ENDO - PREMOLAR (EXCLUDE FINAL RESTORATION) \$629.00 D4921 GINCOLAN LIRGIGATION WINDED AGENT, PER QUAD \$55.00 03331 TX OF ROOT CANAL OBSTRUCTION (NON-SURGERY) \$161.00 D5110 COMPLETE ROT. INOPERSABLE, INNESTORABLE, FX \$254.00 D5120 COMPLETE DENTIRE - MANIBULAR \$1,035.00 03332 INTERNAL ROOT REPAIR OF PERFORATION \$152.00 D5120 COMPLETE DENTIRE - MANIBULAR \$1,035.00 03346 ENDO - RETREATMENT - PREMOLAR \$804.00 D5211 MMEDIATE DENTIRE - MANIBULAR \$1,094.00 03347 ENDO - RETREATMENT - MOLAR \$904.00 D5211 MANIBULARY PARTIAL DENTURE - RESIN BASE \$727.00 03348 ENDO - RETREATMENT - MOLAR \$904.00 D5212 MANIBULARY PARTIAL DENTURE - RESIN BASE \$727.00 03351 APEXIFICATION RECALCIFICATION - INTERIM MEDIS \$152.00 D5212 MANIBULARY PARTIAL DENTURE - CAST FRAME \$1,075.00 03352 PULPAL REGENERATION - INTERIM WISH \$150.00 D5224 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td></td<>						
D3300 ENDO - PREMOLAR (EXCLUDE FINAL RESTORATION) \$620.00 D4910 PERIODONTAL MAINTENANCE \$99.00 D3301 TX OF ROOT CANAL OBSTRUCTION (NON-SURGERY) \$161.00 D5110 COMPLETE DENTURE - MAXILLARY \$1,035.00 D3331 TX OF ROOT CANAL OBSTRUCTION (NON-SURGERY) \$161.00 D5110 COMPLETE DENTURE - MAXILLARY \$1,035.00 D33331 INCOMPLETE RCT - INOPERABLE, UNRESTORABLE, FX \$254.00 D5120 COMPLETE DENTURE - MAXILLARY \$1,094.00 D3346 ENDO - RETREATMENT - ANTERIOR \$99.00 D5120 MIMEDIATE DENTURE - MAXILLARY \$1,094.00 D3346 ENDO - RETREATMENT - PREMOLAR \$994.00 D5211 MAXILLARY PARTIAL DENTURE - RESIN BASE \$727.00 D3347 ENDO - RETREATMENT - MOLAR \$974.00 D5212 MAXILLARY PARTIAL DENTURE - CAST FRAME \$1,075.00 D5213 MAXILLARY PARTIAL DENTURE - CAST FRAME \$1,075.00 D5214 MAXILLARY PARTIAL DENTURE - CAST FRAME \$1,075.00 D5215 MAXILLARY PARTIAL DENTURE - CAST FRAME \$1,075.00 D5216 MAXILLARY PARTIAL DENTURE - MAXILLARY PARTIAL						
DA330						
03331 TX OF ROOT CANAL OBSTRUCTION (NON-SURGERY) \$16100 COMPLETE DENTURE - MAXILLARY \$1,035.00 03322 INCOMPLETE RCT - INOPERABLE, UNRESTORABLE, FX \$254.00 D5120 COMPLETE DENTURE - MAXILLARY \$1,035.00 03333 INTERNAL ROOT REPAIR OF PERFORATION \$155.00 D5121 IMMEDIATE DENTURE - MAXILLARY \$1,094.00 03404 ENDO - RETREATMENT - ANTERIOR \$804.00 D5211 IMMEDIATE DENTURE - MAXILLARY \$1,094.00 03437 ENDO - RETREATMENT - PREMOLAR \$804.00 D5211 IMMEDIATE DENTURE - RESIN BASE \$727.00 03340 ENDO - RETREATMENT - PREMOLAR \$804.00 D5211 MAXILLARY PARTIAL DENTURE - RESIN BASE \$727.00 03351 APEXIFICATIONIRECALCIFICATION - INTERIM MEDS \$1010.00 D5212 IMMEDIATE MAXILLARY PARTIAL DENTURE - CAST FRAME \$1,075.00 03352 APEXIFICATIONIRECALCIFICATION - INTERIM MEDS \$1610.00 D5221 IMMEDIATE MAXILLARY PARTIAL DENTURE - RESIN \$764.00 03355 PULPAL REGENERATION - INTERIM WISIT \$150.00 D5225 IMMEDIATE MAXILLARY PARTIAL DENTURE - METAL \$1,129.00 03356 PUL						
D3332 INCOMPLETE RCT - INOPERABLE, UNRESTORABLE, FX \$254.00 D5120 COMPLETE DENTURE - MANDIBULAR \$1,035.00 D3333 INTERNAL ROOT REPAIR OF PERFORATION \$152.00 D5130 IMMEDIATE DENTURE - MANDIBULAR \$1,094.00 D3346 ENDO - RETREATMENT - PREMOLAR \$994.00 D5141 MMEDIATE DENTURE - MANDIBULAR \$1,094.00 D3348 ENDO - RETREATMENT - MOLAR \$974.00 D5211 MAXILLARY PARTIAL DENTURE - RESIN BASE \$727.00 D3348 ENDO - RETREATMENT - MOLAR \$974.00 D5211 MAXILLARY PARTIAL DENTURE - RESIN BASE \$727.00 D3326 PAEXIFICATION/RECALCIFICATION - INITIAL VISIT \$152.00 D5213 MAXILLARY PARTIAL DENTURE - CAST FRAME \$1,075.00 D3323 APEXIFICATION/RECALCIFICATION - FINAL VISIT \$355.00 D5221 MAXILLARY PARTIAL DENTURE - CAST FRAME \$1,075.00 D3335 APEXIFICATION/RECALCIFICATION - FINAL VISIT \$152.00 D5221 MMEDIATE MANDIBULAR PARTIAL DENTURE - RESIN BASE \$727.00 D3325 PULPAL REGENERATION - INITIAL VISIT \$152.00 D5221 MMEDIATE MANDIBULAR PARTIAL DENTURE - RESIN BASE \$1,075.00 D3325 PULPAL REGENERATION - INITIAL VISIT \$152.00 D5222 MMEDIATE MANDIBULAR PARTIAL DENTURE - RESIN BASE \$1,129.00 D3325 PULPAL REGENERATION - INITIAL VISIT \$152.00 D5222 MMEDIATE MANDIBULAR PARTIAL DENTURE - RESIN BASE \$1,129.00 D3325 PULPAL REGENERATION - INTERIM VISIT \$101.00 D5224 MMEDIATE MANDIBULAR PARTIAL DENTURE - RESIN BASE \$1,129.00 D3325 PULPAL REGENERATION - TX COMPLETE \$101.00 D5224 MMEDIATE MANDIBULAR PARTIAL DENTURE - METAL \$1,129.00 D3224 MINEDIATE MANDIBULAR PARTIAL DENTURE - METAL \$1,129.00 D3224 MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE \$1,134.00 D3224 MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE \$1,134.00 D3224 MANDIBULAR PARTIAL DENTURE - METAL \$1,129.00 D3224 MANDIBULAR PARTIAL DENTURE		· · · · · · · · · · · · · · · · · · ·	·			
D3333 INTERNAL ROOT REPAIR OF PERFORATION \$15.20 D5130 IMMEDIATE DENTURE - MAXILLARY \$1,094.00 D3346 ENDO - RETREATMENT - ANTERIOR \$898.00 D5214 IMMEDIATE DENTURE - MANDIBULAR \$1,094.00 D3347 ENDO - RETREATMENT - MOLAR \$894.00 D5212 MAXILLARY PARTIAL DENTURE - RESIN BASE \$727.00 D3351 APEXIFICATION/RECALCIFICATION - INITIAL VISIT \$152.00 D5213 MAXILLARY PARTIAL DENTURE - RESIN BASE \$727.00 D3352 APEXIFICATION/RECALCIFICATION - INITERIM MEDS \$101.00 D5214 MANDIBULAR PARTIAL DENTURE - CAST FRAME \$1,075.00 D3353 APEXIFICATION/RECALCIFICATION - INITERIM MEDS \$101.00 D5221 IMMEDIATE MAXILLARY PARTIAL DENTURE - CAST FRAME \$1,075.00 D33535 APEXIFICATION/RECALCIFICATION - INITERIM MEDS \$101.00 D5221 IMMEDIATE MAXIDIBULAR PARTIAL DENTURE - RESIN \$764.00 D3355 PULPAL REGENERATION - INITIAL VISIT \$150.00 D5222 IMMEDIATE MAXIBLARY PARTIAL DENTURE - RESIN \$764.00 D3357 PULPAL REGENERATION - TAXTEAL VISIT \$101.00 D5224 IMMEDIATE MAXIBLARY PARTIAL DENTURE - FLEXIBLE BASE <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td></td<>						
D3346 ENDO - RETREATMENT - ANTERIOR \$698.00 D5140 IMMEDIATE DENTURE - MANDIBULAR \$1,094.00 D3347 ENDO - RETREATMENT - PREMOLAR \$804.00 D5211 MAXILLARY PARTIAL DENTURE - RESIN BASE \$727.00 D3351 APEXIFICATION/RECALCIFICATION - INITIAL VISIT \$152.00 D5213 MAXILLARY PARTIAL DENTURE - RESIN BASE \$727.00 D3352 APEXIFICATION/RECALCIFICATION - FINAL VISIT \$152.00 D5214 MAXILLARY PARTIAL DENTURE - CAST FRAME \$1,075.00 D3353 APEXIFICATION/RECALCIFICATION - FINAL VISIT \$152.00 D5214 MAXILLARY PARTIAL DENTURE - CAST FRAME \$1,075.00 D3355 PULPAL REGENERATION - INITIAL VISIT \$152.00 D5222 IMMEDIATE MAXILLARY PARTIAL DENTURE - RESIN \$764.00 D3357 PULPAL REGENERATION - INTERIM VISIT \$101.00 D5223 IMMEDIATE MAXILLARY PARTIAL DENTURE - RESIN \$764.00 D3410 APICOECTOMY - ANTERIOR \$465.00 D5225 MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE \$1,134.00 D3428 APICOECTOMY - PREMOLAR (FIRST ROOT) \$561.00 D5226 MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE \$1,129.00						
D3347 ENDO - RETREATMENT - PREMOLAR \$804.00 D5211 MAXILLARY PARTIAL DENTURE - RESIN BASE \$727.00 D3354 ENDO - RETREATMENT - MOLAR \$974.00 D5212 MAXIBLARY PARTIAL DENTURE - CAST FRAME \$1,075.00 D3352 APEXIFICATION/RECALCIFICATION - INTERIM MEDS \$101.00 D5214 MAXILLARY PARTIAL DENTURE - CAST FRAME \$1,075.00 D3355 APEXIFICATION/RECALCIFICATION - FINAL VISIT \$355.00 D5221 IMMEDIATE MAXILLARY PARTIAL DENTURE - CAST FRAME \$1,075.00 D3355 PULPAL REGENERATION - INTERIM VISIT \$150.00 D5221 IMMEDIATE MAXILLARY PARTIAL DENTURE - RESIN \$764.00 D3355 PULPAL REGENERATION - TX COMPLETE \$101.00 D5223 IMMEDIATE MAXILLARY PARTIAL DENTURE - RESIN \$1,129.00 D3410 APICOECTOMY - ANTERIOR \$465.00 D5225 IMMEDIATE MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE \$1,134.00 D3426 APICOECTOMY - ANTERIOR \$465.00 D5225 MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE \$1,139.00 D3426 APICOECTOMY - ANTERIOR \$610.00 D5226 MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE \$1,129.00		· · · · · · · · · · · · · · · · · · ·	· ·			
D3551 APEXIFICATION/RECALCIFICATION - INITIAL VISIT \$152.00 D5213 MAXILLARY PARTIAL DENTURE - CAST FRAME \$1,075.00 D3352 APEXIFICATION/RECALCIFICATION - INTERIM MEDS \$101.00 D5214 MANDIBULAR PARTIAL DENTURE - CAST FRAME \$1,075.00 D3353 APEXIFICATION/RECALCIFICATION - INITIAL VISIT \$355.00 D5221 IMMEDIATE MAXILLARY PARTIAL DENTURE - RESIN \$764.00 D3356 PULPAL REGENERATION - INITERIM VISIT \$101.00 D5222 IMMEDIATE MANDIBULAR PARTIAL DENTURE - RESIN \$764.00 D3357 PULPAL REGENERATION - INTERIM VISIT \$101.00 D5223 IMMEDIATE MANDIBULAR PARTIAL DENTURE - RESIN \$764.00 D3357 PULPAL REGENERATION - TX COMPLETE \$101.00 D5224 IMMEDIATE MANDIBULAR PARTIAL DENTURE - RESIN \$1,129.00 D3410 APICOECTOMY - ANTERIOR \$465.00 D5225 MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE \$1,134.00 D3425 APICOECTOMY - PREMOLAR (FIRST ROOT) \$561.00 D5226 MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE \$1,134.00 D3426 APICOECTOMY - PREMOLAR (FIRST ROOT) \$208.00 D5228 IMMEDIATE MAN PARTIAL DENTURE - FLEXIBLE BASE			· ·			
D3352 APEXIFICATION/RECALCIFICATION - INTERIM MEDS \$101.00 D5214 MANDIBULAR PARTIAL DENTURE - CAST FRAME \$1,075.00 D3355 APEXIFICATION/RECALCIFICATION - FINAL VISIT \$355.00 D5221 IMMEDIATE MAXILLARY PARTIAL DENTURE - RESIN \$764.00 D3356 PULPAL REGENERATION - INITIAL VISIT \$101.00 D5222 IMMEDIATE MAXILLARY PARTIAL DENTURE - RESIN \$764.00 D3357 PULPAL REGENERATION - INTERIM VISIT \$101.00 D5223 IMMEDIATE MAXILLARY PARTIAL DENTURE - RESIN \$1,129.00 D3410 APICOECTOMY - ANTERIOR \$465.00 D5225 MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE \$1,134.00 D3421 APICOECTOMY - PREMOLAR (FIRST ROOT) \$561.00 D5225 MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE \$1,134.00 D3426 APICOECTOMY - MOLAR (FIRST ROOT) \$578.00 D5226 MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE \$1,134.00 D3426 APICOECTOMY - MOLAR (FIRST ROOT) \$208.00 D5227 IMMEDIATE MAX PARTIAL DENTURE - FLEXIBLE BASE \$1,129.00 D3426 APICOECTOMY - MOLAR (FIRST ROOT) \$208.00 D5227 IMMEDIATE MAX PARTIAL DENTURE - FLEXIBLE BASE \$1,	D3348	ENDO - RETREATMENT - MOLAR	\$974.00	D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE	\$727.00
D3353 APEXIFICATION/RECALCIFICATION - FINAL VISIT \$355.00 D5221 IMMEDIATE MAXILLARY PARTIAL DENTURE - RESIN \$764.00 D3356 PULPAL REGENERATION - INITIAL VISIT \$101.00 D5223 IMMEDIATE MANDIBULAR PARTIAL DENTURE - RESIN \$764.00 D3357 PULPAL REGENERATION - TX COMPLETE \$101.00 D5223 IMMEDIATE MAXILLARY PARTIAL DENTURE - METAL \$1,129.00 D3410 APICOECTOMY - ANTERIOR \$465.00 D5225 MAXILLARY PARTIAL DENTURE - HEXBLE BASE \$1,134.00 D3425 APICOECTOMY - PREMOLAR (FIRST ROOT) \$576.00 D5225 MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE \$1,134.00 D3426 APICOECTOMY - MOLAR (FIRST ROOT) \$578.00 D5225 MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE \$1,129.00 D3426 APICOECTOMY - (ADDITIONAL ROOT) \$208.00 D5225 MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE \$1,129.00 D3429 BONE GRAFT W/ PERIRADICULAR SURG - TOOTH \$102.00 D5282 RIMEDIATE MAX PARTIAL DENTURE - FLEXIBLE BASE \$1,129.00 D3430 RETROGRADE FILLING - PER ROOT \$102.00 D5283 REMOVABLE UNILATERAL PARTIAL, DENTURE - METAL, MAN \$424.00	D3351	APEXIFICATION/RECALCIFICATION - INITIAL VISIT	\$152.00	D5213	MAXILLARY PARTIAL DENTURE - CAST FRAME	\$1,075.00
D3355 PULPAL REGENERATION - INITIAL VISIT \$152.00 D5222 IMMEDIATE MANDIBULAR PARTIAL DENTURE - RESIN \$764.00 D3356 PULPAL REGENERATION - INTERIM VISIT \$101.00 D5223 IMMEDIATE MANLLARY PARTIAL DENTURE - METAL \$1,129.00 D3357 PULPAL REGENERATION - TX COMPLETE \$101.00 D5224 IMMEDIATE MANDIBULAR PARTIAL DENTURE - METAL \$1,129.00 D3410 APICOECTOMY - ANTERIOR \$465.00 D5225 MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE \$1,134.00 D3421 APICOECTOMY - PREMOLAR (FIRST ROOT) \$561.00 D5226 MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE \$1,134.00 D3426 APICOECTOMY - MOLAR (FIRST ROOT) \$208.00 D5227 IMMEDIATE MAN PARTIAL DENTURE - FLEXIBLE BASE \$1,129.00 D3428 APICOECTOMY - MOLAR (FIRST ROOT) \$208.00 D5228 IMMEDIATE MAN PARTIAL DENTURE - FLEXIBLE BASE \$1,129.00 D3428 BONE GRAFT W PERIRADICULAR SURG - TOOTH \$186.00 D5282 IMMEDIATE MAN PARTIAL DENTURE - FLEXIBLE BASE \$1,129.00 D3432 GTR PER SITE, W/ PERIRADICULAR SURG - TOOTH \$186.00 D5282 RMMBLE UNILATERAL PARTIAL DENTURE - METAL <td< td=""><td>D3352</td><td>APEXIFICATION/RECALCIFICATION - INTERIM MEDS</td><td>\$101.00</td><td>D5214</td><td>MANDIBULAR PARTIAL DENTURE - CAST FRAME</td><td>\$1,075.00</td></td<>	D3352	APEXIFICATION/RECALCIFICATION - INTERIM MEDS	\$101.00	D5214	MANDIBULAR PARTIAL DENTURE - CAST FRAME	\$1,075.00
D3356 PULPAL REGENERATION - INTERIM VISIT \$101.00 D523 IMMEDIATE MAXILLARY PARTIAL DENTURE - METAL \$1,129.00 D3357 PULPAL REGENERATION - TX COMPLETE \$101.00 D5224 IMMEDIATE MANDIBULAR PARTIAL DENTURE - METAL \$1,129.00 D3410 APICOECTOMY - ANTERIOR \$465.00 D5225 MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE \$1,134.00 D3421 APICOECTOMY - PREMOLAR (FIRST ROOT) \$578.00 D5225 MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE \$1,134.00 D3426 APICOECTOMY - MOLAR (FIRST ROOT) \$208.00 D5227 IMMEDIATE MAX PARTIAL DENTURE - FLEXIBLE BASE \$1,129.00 D3426 APICOECTOMY - MOLAR (FIRST ROOT) \$208.00 D5227 IMMEDIATE MAX PARTIAL DENTURE - FLEXIBLE BASE \$1,129.00 D3426 APICOECTOMY - (ADDITIONAL ROOT) \$208.00 D5228 IMMEDIATE MAX PARTIAL DENTURE - FLEXIBLE BASE \$1,129.00 D3427 BONE GRAFT W/ PERIRADICULAR SURG - TOOTH \$208.00 D5288 RMWBLE UNILATERAL PARTIAL DENTURE - FLEXIBLE BASE \$1,129.00 D3432 GTR PER SITE, W/ PERIRADICULAR SURG \$296.00 D5284 REMOVABLE UNILATERAL PARTIAL DENT METAL, FLEX BASE-QUAD	D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT	\$355.00	D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE - RESIN	\$764.00
D3357 PULPAL REGENERATION - TX COMPLETE \$101.00 D5224 IMMEDIATE MANDIBULAR PARTIAL DENTURE - METAL \$1,129.00 D3410 APICOECTOMY - ANTERIOR \$465.00 D5225 MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE \$1,134.00 D3421 APICOECTOMY - PREMOLAR (FIRST ROOT) \$561.00 D5226 MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE \$1,134.00 D3425 APICOECTOMY - (ADDITIONAL ROOT) \$578.00 D5227 IMMEDIATE MAX PARTIAL DENTURE - FLEXIBLE BASE \$1,129.00 D3426 APICOECTOMY - (ADDITIONAL ROOT) \$208.00 D5228 IMMEDIATE MAX PARTIAL DENTURE - FLEXIBLE BASE \$1,129.00 D3428 BONE GRAFT W/ PERIRADICULAR SURG - TOOTH \$242.00 D5228 IMMEDIATE MAX PARTIAL DENTURE - FLEXIBLE BASE \$1,129.00 D3430 RETROGRADE FILLING - PER ROOT \$102.00 D5282 RMVBLE UNILATERAL PARTIAL DENTURE - MAXIMAM \$424.00 D3430 RETROGRADE FILLING - PER ROOT \$102.00 D5284 REMOVABLE UNILATERAL PARTIAL DENTURE - MAXIMAM \$430.00 D3450 ROOT AMPUTATION - PER ROOT \$302.00 D5284 REMOVABLE UNILATERAL PARTIAL DENTURE - MAXILLARY \$49.00 <td>D3355</td> <td>PULPAL REGENERATION - INITIAL VISIT</td> <td>\$152.00</td> <td>D5222</td> <td>IMMEDIATE MANDIBULAR PARTIAL DENTURE - RESIN</td> <td>\$764.00</td>	D3355	PULPAL REGENERATION - INITIAL VISIT	\$152.00	D5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE - RESIN	\$764.00
D3410 APICOECTOMY - ANTERIOR \$465.00 D5225 MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE \$1,134.00 D3421 APICOECTOMY - PREMOLAR (FIRST ROOT) \$561.00 D5226 MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE \$1,134.00 D3425 APICOECTOMY - MOLAR (FIRST ROOT) \$578.00 D5226 MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE \$1,129.00 D3426 APICOECTOMY - (ADDITIONAL ROOT) \$208.00 D5228 IMMEDIATE MAX PARTIAL DENTURE - FLEXIBLE BASE \$1,129.00 D3428 BONE GRAFT W PERIRADICULAR SURG - TOOTH \$186.00 D5228 IMMEDIATE MAX PARTIAL DENTURE - FLEXIBLE BASE \$1,129.00 D3429 BONE GRAFT W PERIRADICULAR SURG - ADD TOOTH \$186.00 D5228 RMVBLE UNILATERAL PARTIAL DENTURE - FLEXIBLE BASE \$1,129.00 D3430 RETROGRADE FILLING - PER ROOT \$102.00 D5282 RMVBLE UNILATERAL PARTIAL DENTUR - METAL, MAND \$424.00 D3451 STEPA SITE, W PERIRADICULAR SURG \$296.00 D5284 REMOVABLE UNILATERAL PARTIAL, RESIN-QUAD \$306.00 D3471 SURGICAL REPAIR OF ROOT RESORPTION - ANTERIOR \$505.00 D5411 ADJUST COMPLETE DENTURE - MAXILLARY \$49		PULPAL REGENERATION - INTERIM VISIT	· ·		IMMEDIATE MAXILLARY PARTIAL DENTURE - METAL	
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D3450 ROOT AMPUTATION - PER ROOT \$302.00 D3471 SURGICAL REPAIR OF ROOT RESORPTION - ANTERIOR \$505.00 D3472 SURGICAL REPAIR OF ROOT RESORPTION - PREMOLAR \$505.00 D3473 SURGICAL REPAIR OF ROOT RESORPTION - MOLAR \$505.00 D3473 SURGICAL REPAIR OF ROOT RESORPTION - MOLAR \$505.00 D3501 SURG EXPOSURE-ROOT SURF, W/O APICO-ANTERIOR \$505.00 D3502 SURG EXPOSURE-ROOT SURF, W/O APICO-PRE-MOLAR \$505.00 D3503 SURG EXPOSURE-ROOT SURF, W/O APICO-MOLAR \$505.00 D3503 SURG EXPOSURE-ROOT SURF, W/O APICO-MOLAR \$505.00 D3504 HEMISECTION (W/ROOT REMOVAL) \$256.00 D3504 CANAL PREP & FIT OF PREFORMED DOWEL/POST \$75.00 D4210 GINGIVECTOMY - 4+ TEETH/QUAD \$379.00 D5621 REPAIR CAST PARTIAL FRAMEWORK - MAN \$112.00						
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D3472 SURGICAL REPAIR OF ROOT RESORPTION - PREMOLAR \$505.00 D3473 SURGICAL REPAIR OF ROOT RESORPTION - MOLAR \$505.00 D3501 SURG EXPOSURE-ROOT SURF, W/O APICO-ANTERIOR \$505.00 D3502 SURG EXPOSURE-ROOT SURF, W/O APICO-PRE-MOLAR \$505.00 D3503 SURG EXPOSURE-ROOT SURF, W/O APICO-MOLAR \$505.00 D3503 REPLACE MISSING/BROKEN DENTURE TOOTH \$118.00 D3601 REPAIR RESIN PARTIAL DENTURE BASE - MAN \$102.00 D3601 REPAIR RESIN PARTIAL DENTURE BASE - MAX \$102.00 D3601 REPAIR RESIN PARTIAL DENTURE BASE - MAX \$102.00 D3602 REPAIR RESIN PARTI						
D3473 SURGICAL REPAIR OF ROOT RESORPTION - MOLAR \$505.00 D3501 SURG EXPOSURE-ROOT SURF, W/O APICO-ANTERIOR \$505.00 D3502 SURG EXPOSURE-ROOT SURF, W/O APICO-PRE-MOLAR \$505.00 D3503 SURG EXPOSURE-ROOT SURF, W/O APICO-MOLAR \$505.00 D3503 SURG EXPOSURE-ROOT SURF, W/O APICO-MOLAR \$505.00 D3503 HEMISECTION (W/ROOT REMOVAL) \$256.00 D3503 CANAL PREP & FIT OF PREFORMED DOWEL/POST \$75.00 D4210 GINGIVECTOMY - 4+ TEETH/QUAD \$379.00 D5621 REPAIR RESIN PARTIAL DENTURE BASE - MAX \$102.00 D5621 REPAIR RESIN PARTIAL DENTURE BASE - MAX \$102.00 D5612 REPAIR RESIN PARTIAL DENTURE BASE - MAX \$102.00 D5						
D3501 SURG EXPOSURE-ROOT SURF, W/O APICO-ANTERIOR \$505.00 D5511 REPAIR BROKEN COMPLETE DENTURE BASE - MAN \$150.00 D3502 SURG EXPOSURE-ROOT SURF, W/O APICO-PRE-MOLAR \$505.00 D5512 REPAIR BROKEN COMPLETE DENTURE BASE - MAX \$150.00 D3503 SURG EXPOSURE-ROOT SURF, W/O APICO-MOLAR \$505.00 D5520 REPLACE MISSING/BROKEN DENTURE TOOTH \$118.00 D3920 HEMISECTION (W/ROOT REMOVAL) \$256.00 D5611 REPAIR RESIN PARTIAL DENTURE BASE - MAN \$102.00 D3950 CANAL PREP & FIT OF PREFORMED DOWEL/POST \$75.00 D5612 REPAIR RESIN PARTIAL DENTURE BASE - MAX \$102.00 D4210 GINGIVECTOMY - 4+ TEETH/QUAD \$379.00 D5621 REPAIR CAST PARTIAL FRAMEWORK - MAN \$112.00						
D3502 SURG EXPOSURE-ROOT SURF, W/O APICO-PRE-MOLAR \$505.00 D5512 REPAIR BROKEN COMPLETE DENTURE BASE - MAX \$150.00 D3503 SURG EXPOSURE-ROOT SURF, W/O APICO-MOLAR \$505.00 D5520 REPLACE MISSING/BROKEN DENTURE TOOTH \$118.00 D3920 HEMISECTION (W/ROOT REMOVAL) \$256.00 D5611 REPAIR RESIN PARTIAL DENTURE BASE - MAN \$102.00 D3950 CANAL PREP & FIT OF PREFORMED DOWEL/POST \$75.00 D5612 REPAIR RESIN PARTIAL DENTURE BASE - MAX \$102.00 D4210 GINGIVECTOMY - 4+ TEETH/QUAD \$379.00 D5621 REPAIR CAST PARTIAL FRAMEWORK - MAN \$112.00						
D3503 SURG EXPOSURE-ROOT SURF, W/O APICO-MOLAR \$505.00 D5520 REPLACE MISSING/BROKEN DENTURE TOOTH \$118.00 D3920 HEMISECTION (W/ROOT REMOVAL) \$256.00 D5611 REPAIR RESIN PARTIAL DENTURE BASE - MAN \$102.00 D3950 CANAL PREP & FIT OF PREFORMED DOWEL/POST \$75.00 D5612 REPAIR RESIN PARTIAL DENTURE BASE - MAX \$102.00 D4210 GINGIVECTOMY - 4+ TEETH/QUAD \$379.00 D5621 REPAIR CAST PARTIAL FRAMEWORK - MAN \$112.00						
D3920 HEMISECTION (W/ROOT REMOVAL) \$256.00 D5611 REPAIR RESIN PARTIAL DENTURE BASE - MAN \$102.00 D3950 CANAL PREP & FIT OF PREFORMED DOWEL/POST \$75.00 D5612 REPAIR RESIN PARTIAL DENTURE BASE - MAX \$102.00 D5621 REPAIR CAST PARTIAL FRAMEWORK - MAN \$112.00		•				
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	D3950	,				
D4211 GINGIVECTOMY - 1 TO 3 TEETH/QUAD \$149.00 D5622 REPAIR CAST PARTIAL FRAMEWORK - MAX \$112.00	D4210	GINGIVECTOMY - 4+ TEETH/QUAD	\$379.00	D5621	REPAIR CAST PARTIAL FRAMEWORK - MAN	\$112.00
	D4211	GINGIVECTOMY - 1 TO 3 TEETH/QUAD	\$149.00	D5622	REPAIR CAST PARTIAL FRAMEWORK - MAX	\$112.00

The listing of codes on this fee schedule does not guarantee coverage. General Dentists: (1) contact Guardian for the Orthodontic Fee Schedule applicable in your area; (2) CDT codes not listed on the General or Orthodontic Fee Schedules may be charged at your usual fee.

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DentalGuard Preferred and DentalGuard Preferred Select - General Fee Schedule **Maximum Allowable Fees**

Company Comp			DGP			DGP
REPAIR ITER ALOE BROKEN TEST PAGE STATE	CDT			CDT		
SEPALOE BROKEN TECHT FERT TOOTH 39000 00907 OUSTON ABUT FORCELANI-CERANIC \$13,000 00908 ABUT CROWN - PROCELANI-HIGH NOBLE METAL \$1,300 00908 ABUT CROWN - PROCELANI-HIGH NOBLE METAL \$1,300 00908 ABUT CROWN - PROCELANI-HIGH NOBLE METAL \$1,007 00907 PREMACE ALL TECHT A CORVILLO MANDIBULARY 3404.00 00907 ABUT CROWN - PROCELANI-HIGH NOBLE METAL \$1,007 00907 PREMACE ALL TECHT A CORVILLO MANDIBULARY 3404.00 00907 ABUT CROWN - PROCEDEN - NOBLE METAL \$1,007 00907 PREMACE COMPACE METAL \$1,007 00907 PREMACE COMPACE METAL \$1,000 00907 ABUT CROWN - PROCEDEN - NOBLE METAL \$1,000 00907 ABUT CROWN - PROCEDEN - NOBLE METAL \$1,000 00907 ABUT CROWN - PROCEDEN - NOBLE METAL \$1,000 00907 ABUT CROWN - PROCEDEN - NOBLE METAL \$1,000 00907 ABUT CROWN - PROCEDEN - NOBLE METAL \$1,000 00907 ABUT CROWN - PROCEDEN	Code	Description	Fees	Code	Description	Fees
05650 ADO TOOTH TO ESISTING PARTIAL DENTURE \$13,000 00098 ABUT CROWN - PERCELAIN - TERRAT \$1,000 05670 REPLACE AL TEETH & ACRYLIC - MANDIBULAR \$404,000 00000 ABUT CROWN - PORCELAIN - PERD BASE METAL \$1,076,000 05710 REPLACE AL TEETH & ACRYLIC - MANDIBULAR \$404,000 00000 ABUT CROWN - PORCELAIN - PERD BASE METAL \$1,090,000 05710 READER COMPLETE MANDILARY DENTURE \$340,000 00000 ABUT CROWN - PORCELAIN - DENTURE \$1,090,000 05720 READER COMPLETE MANDILARY DENTURE \$322,000 00000 ABUT CROWN - PORCELAIN - DENTURE \$1,090,000 05720 READER COMPLETE MAND DENTURE (DIRECT) \$170,000 00000 ABUT CROWN - PORCELAIN - DENTURE CONTROL \$1,000 0573 RELINE COMPLETE MAND DENTURE (DIRECT) \$170,000 00000 MANDAY CROWN - PORCELAIN -			·			
0.8886 AD CLASP TO EXISTINO PARTIAL DETURE \$159.00 0.8904 0.8007 REPLACE AL TEETH & ACRYLIC - MANDIBULARY \$404.00 0.8007 REPLACE AL TEETH & ACRYLIC - MANDIBULARY \$404.00 0.8007 REPLACE AL TEETH & ACRYLIC - MANDIBULARY \$404.00 0.8007 REPLACE AL TEETH & ACRYLIC - MANDIBULARY \$11,480.00 \$11,480.00 0.8007 REPLACE AL TEETH & ACRYLIC - MANDIBULARY \$11,480.00 </td <td></td> <td>,</td> <td></td> <td></td> <td></td> <td>· ·</td>		,				· ·
BEPAID REPLACE AL TETEH & ACRYLLO - MANULLARYY			•			
SEPTION REPARCE ALL TEETH & ACRYLLC - MANDIBLIAR \$11,48.00 \$340.00 \$360.00 \$40.00			·			
D5710 REBASE COMPLETE MANULLAFY DENTURE \$349.00 D0692 ABUT CROWN - PIGED BASE METAL \$11,48.00 D5710 REBASE MANULLAFY PARTIAL DENTURE \$322.00 D0694 ABUT CROWN - PROE DASE METAL \$10,90.00 D5721 REBASE MANULLAFY PARTIAL DENTURE \$322.00 D0695 ABUT CROWN - PROE DASE METAL \$1,09.00 D5731 RELINE COMPLETE MAX DENTURE (DIRECT) \$170.00 D0095 MPLANT CROWN - PORCELAIN-CRAMIC FOR \$1,22.00 D5731 RELINE COMPLETE MAX DENTURE (DIRECT) \$170.00 D0095 MPLANT CROWN - PORCELAIN-CRAMIC FOR \$1,22.00 D5731 RELINE MAX PARTIAL DENTURE (DIRECT) \$137.00 D0095 ABUT RETAINER - PORCELAIN-CRAMIC FOR \$1,22.00 D5731 RELINE MAX PARTIAL DENTURE (DIRECT) \$393.00 D0077 ABUT RETAINER - PORCELAIN-CRAMIC FOR \$1,22.00 D5741 RELINE MAX PARTIAL DENTURE (DIRECT) \$2820.00 D0077 ABUT RETAINER - PORCELAIN-CRAMIC FOR \$1,22.00 D5752 RELINE COMPLETE MAX DENTURE (DIRECT) \$2820.00 D0077 ABUT RETAINER - PORCELAIN-CRAMIC FOR \$1,00.00 D5753 RELINE COMPLETE MAX DENTURE (DIRECT) \$2820.00 D0077 ABUT RETAINER - PORCELAIN-CRAMIC FOR \$1,00.00 D5754 RELINE COMPLETE MAX DENTURE (DIRECT) \$2820.00 D0077 ABUT RETAINER - PORCELAIN-CRAMIC FOR \$1,00.00 D5755 SOFT LINES COMPLETE DENTURE (DIRECT) \$2820.00 D0077 ABUT RETAINER - PORCELAIN-CRAMIC FOR \$1,00.00 D5765 SOFT LINES COMPLETE DENTURE (MAXIBELE DENTURE) \$2,00.00 D0077 ABUT RETAINER - PORCELAIN-CRAMIC FOR \$1,00.00 D5765 SOFT LINES COMPLETE DENTURE (MAXIBELE DENTURE) \$3,00.00 D0077 ABUT RETAINER - PORCELAIN-CRAMIC FOR \$1,00.00 D5765 SOFT LINES COMPLETE DENTURE (MAXIBELE DENTURE) \$3,00.00 D0077 ABUT RETAINER - PORCELAIN-CRAMIC FOR \$1,00.00 D5765 SOFT LINES COMPLETE DENTURE (MAXIBELE DENTURE) \$3,00.00 D0077 ABUT RETAINER - PORCELAIN-CRAMIC FOR \$1,00.00 D5765 SOFT LINES COMPLETE DENTURE (MAXIBELE DENTURE) \$3,00.00 D0077 ABUT RETAINER - PORCELAIN-CRAMIC PORCELAIN-CRAMIC PORCELAIN-CRAMIC PORCELAIN-CRAMIC PORCELAIN-CRAMIC PORCELAIN-CRAMIC POR						
DESTIT REBASE COMPLETE MANDIBULAR DENTURE \$3420.0 DOS6 ABUT CROWN. PRED BASE META) \$1,980.0						
05720 REBASE MAXILLARY PARTIAL DETITURE \$32200 D060 ABUT CROWN - NOBLE META \$1,080.00 05731 RELINE COMPLETE MAX DETITURE (DIRECT) \$1700 D060 MPLANT GROWN - PORCELAN - HIGH NOBLE ALLOYS \$1,280.00 05741 RELINE COMPLETE MAX DETITURE (DIRECT) \$1700 D067 MPLANT GROWN - PORCELAN - HIGH NOBLE ALLOYS \$1,280.00 05741 RELINE MAX PARTIAL DETITURE (DIRECT) \$1370.00 D067 MPLANT GROWN - PORCELAN - HIGH NOBLE METAL FPD \$1,280.00 05761 RELINE COMPLETE MAX DETITURE (INDIRECT) \$230.00 D067 ABUT RETAMER - PORCELAN - HIGH NOBLE METAL FPD \$1,080.00 05761 RELINE MAX PARTIAL DETITURE (INDIRECT) \$250.00 D067 ABUT RETAMER - PORCELAN - HIGH NOBLE METAL FPD \$1,180.00 05761 RELINE MAX PARTIAL DETITURE (INDIRECT) \$250.00 D067 ABUT RETAMER - PORCELAN - HIGH NOBLE METAL FPD \$1,180.00 05761 RELINE MAX PARTIAL DETITURE (INDIRECT) \$250.00 D067 ABUT RETAMER - PORCELAN - HIGH NOBLE MALLOYS \$1,180.00 05761 RELINE MAX PARTIAL DETITURE (MAXILARY) \$350.00 D067 ABUT RETAMER - PORCELAN - HIGH NOBLE MALLOYS			•			
05727 REBASE MANDIBULIAR PARTIAL DENTURE \$122.00 BOR50 MPLANT CROWN. PORCELANICERAMIC \$122.00 05737 RELINE COMPLETE MAND DENTURE (DIRECT) \$170.00 BOR50 MPLANT GROWN. PORCELANICH HIGH ORBIC ALLOYS \$1.148.00 05747 RELINE COMPLETE MAND DENTURE (DIRECT) \$1370.00 DOR50 APILARIA MENA PRATIAL DENTURE (DIRECT) \$1370.00 DOR50 APILARIA MENA PRATIAL DENTURE (DIRECT) \$230.00 DOR57 RELINE COMPLETE MAND DENTURE (INDRECT) \$230.00 DOR71 ABUT RETAINER-PORCELAIN-HIGH NOBLE METAL FPD \$1.08.00 05767 RELINE COMPLETE MAND DENTURE (INDRECT) \$235.00 DOR71 ABUT RETAINER-PORCELAIN-HIGH NOBLE METAL FPD \$1.18.00 05761 RELINE MAND PARTIAL DENTURE (INDRECT) \$255.00 DOR72 ABUT RETAINER-PORCELAIN-HIGH METAL FPD \$1.18.00 05765 SOFT LINER COMPLETE DENTURE (INDRECT) \$255.00 DOR73 ABUT RETAINER-PORCELAIN-HIGH METAL FPD \$1.00 05765 SOFT LINER COMPLETE DENTURE (INDRECT) \$255.00 DOR74 ABUT RETAINER-PORCELAIN-HIGH METAL FPD \$1.00 05765 SOFT LINER COMPLETE DENTURE (INDRECT) \$255.00 DOR77			·			
05730 RELINE COMPLETE MAX DENTURE (DIRECT) \$170,00 B0000 MPLANT GROWN - PORCELAIN - HIGH NOBLE ALLOYS \$1,184,00 05740 RELINE MAX PARTIAL DENTURE (DIRECT) \$1370,00 B0000 MPLANT GROWN - HIGH NOBLE META FPD \$1,232,00 05740 RELINE COMPLETE MAX DENTURE (RIDRECT) \$233,00 B007 ABUT RETAINER - PORCELAIN-PRED BASE METAL FPD \$1,000 05750 RELINE COMPLETE MAX DENTURE (RIDRECT) \$233,00 B007 ABUT RETAINER - PORCELAIN-PRED BASE METAL FPD \$1,000 05761 RELINE MAX PARTIAL DENTURE (RINDRECT) \$233,00 B007 ABUT RETAINER - PORCELAIN-PRED BASE METAL FPD \$1,000 05761 RELINE MAX PARTIAL DENTURE (RINDRECT) \$233,00 B007 ABUT RETAINER - PORCELAIN-PRED BASE METAL FPD \$1,000 05761 RELINE MAX PARTIAL DENTURE (MAXILDRY) \$360,00 B007 ABUT RETAINER - PORCELAIN-PRED BASE METAL FPD \$1,000 05801 INTERNIO COMPLETE DENTURE (MAXILDRY) \$348,00 D0002 B0007 BMPLANT CROWN-PORCELAIN-PRED BASE ALLOYS \$1,000 05801 INTERNIO COMPLETE DENTURE (MAXILDRY) \$348,00 D0002 BMPLANT CROWN-PORCELAIN-PRED BASE ALLO						
05731 RELINE COMPLETE MAND DENTURE (DIRECT) \$1370.00 D0608 ABURTARIANER - PORCELAINCH SCHEME \$12,00 05740 RELINE MAN PARTIAL DENTURE (DIRECT) \$1370.00 D0609 ABURTARIANER - PORCELAINCH BERTAL FPD \$12,00 05750 RELINE COMPLETE MAND DENTURE (INDIRECT) \$293.00 D070 ABURTARIANER - PORCELAIN-HIGH COMPLETE MAND DENTURE (INDIRECT) \$293.00 D070 ABURTARIANER - PORCELAIN-HIGH COMPLETE DENTAL PD \$11,860.00 05761 RELINE MAND PARTIAL DENTURE (INDIRECT) \$253.00 D072 ABURTARIANER - HIGH COMPLETE ENTER LEPT \$11,860.00 05761 RELINE MAND PARTIAL DENTURE (INDIRECT) \$350.00 B072 ABURTARIANER - HIGH COMPLETE DENTURE (MANDIBULAR) \$350.00 B077 ABURTARIANER - NOBLE METAL FPD \$10,800.00 05810 INTERIN COMPLETE DENTURE (MANDIBULAR) \$380.00 B077 ABURTARIANER - APIED ABURTAL FPD \$12,200.00 05811 INTERIN COMPLETE DENTURE (MANDIBULAR) \$340.00 B077 ABURTARIANER - APIED ABURTAL FPD \$12,000.00 05811 INTERIN COMPLETE DENTURE (MANDIBULAR) \$340.00 B077 ABURTARIANER - APIED ABURTARIA FPD \$1,000.00 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td></td<>						
D5740 RELINE MAX PARTIAL DENTURE (DIRECT) \$137,00 D6089 ABUTRETANIRE - PORCELAIN/CERAMIC FPD \$122,20 D5767 RELINE COMPLETE MAX DENTURE (INDIRECT) \$330,00 D6079 RELINE COMPLETE MAX DENTURE (INDIRECT) \$330,00 D6079 ABUT RETAINER - PORCELAIN-PRED BASE METAL FPD \$11,60 D5767 RELINE COMPLETE MAX DENTURE (INDIRECT) \$233,00 D6071 ABUT RETAINER - HORG DATA INDIRE METAL FPD \$11,46 D5767 RELINE MAX PARTIAL DENTURE (INDIRECT) \$233,00 D6072 ABUT RETAINER - HOR DATE METAL FPD \$11,46 D5767 RELINE MAX PARTIAL DENTURE (MAXILARY) \$380,00 D6073 ABUT RETAINER - HOR DATE METAL FPD \$1,90 D5810 INTERIU COMPLETE DENTURE (MAXILARY) \$380,00 D6075 Internit COMPLETE DENTURE (MAXILARY) \$340,00 D6075 Internit METAL PPD \$1,208,00 D5801 INTERNIT DENTURE (MAXILARY) \$340,00 D6075 Internit METAL PPD CRICHIAN PRED BASE ALLOYS \$1,208,00 D5801 INTERNIT DENTURE (MAXILARY) \$340,00 D6071 Internit METAL PPD CRICHIAN PRED BASE ALLOYS \$1,208,00 D5801 INTERNIT DENTU		*				
05750 RELINE COMPLETE MAX DENTURE (INDIRECT) \$333.00 06070 ABUT RETAINBER-PORCELAIN-ROBEAS METAL FPD \$1,138.00 05751 RELINE MAY PARTIAL DENTURE (INDIRECT) \$233.00 06072 ABUT RETAINBER - PIOCELAIN- NOBLE METAL FPD \$1,138.00 05761 RELINE MAY PARTIAL DENTURE (INDIRECT) \$233.00 06072 ABUT RETAINBER - PIOCE DAS METAL FPD \$1,138.00 05761 RELINE MAY PARTIAL DENTURE (MANILLARY) \$380.00 06073 ABUT RETAINBER - NOBLE METAL FPD \$1,080.00 05810 INTERIM COMPLETE DENTURE (MANILLARY) \$380.00 06075 MPLANT RETAINBER - PEO CERMIC \$1,202.00 05820 INTERIM COMPLETE DENTURE (MANILLARY) \$346.00 06075 MPLANT RETAINBER - PEO CHIGH NOBLE ALLOYS \$1,208.00 05821 INTERIM PARTIAL DENTURE (MANDBULAR) \$346.00 06075 MPLANT RETAINBER - PEO CHIGH NOBLE ALLOYS \$1,148.00 05836 INTERIM PARTIAL DENTURE (MANDBULAR) \$350.00 06083 MPLANT CROWN-PROCELAIN-PEO BASE ALLOYS \$1,080.00 05847 TISSUE CONDITIONING, MANDBULAR \$350.00 06083 MPLANT CROWN-PROCELAIN-NOBLE ALLOYS \$1,080.00	D5740	RELINE MAX PARTIAL DENTURE (DIRECT)	\$137.00	D6068	ABUT RETAINER - PORCELAIN/CERAMIC FPD	\$1,232.00
RELINE COMPLETE MAND DENTURE (INDIRECT)	D5741	RELINE MAND PARTIAL DENTURE (DIRECT)	\$137.00	D6069	ABUT RETAINER-PORCELAIN-HIGH NOBLE METAL FPD	\$1,208.00
05761 RELINE MAX PARTIAL DENTURE (INDIRECT) \$253.00 De072 ABUT RETAINER. HIGH NOBLE METAL FPD \$1,48.00 05761 RELINE MAXD PARTIAL DENTURE (INDIRECT) \$258.00 De073 ABUT RETAINER. HIGH NOBLE METAL FPD \$109.00 05761 SOFT LINER-COMPLETE DENTURE (MANDIBULARY) \$80.00 De075 MEMBER THE PEND - GERANIC \$122.00 05810 INTERIM COMPLETE DENTURE (MANDIBULAR) \$80.00 De075 IMPLANT RETAINER. FPD - GERANIC \$122.00 05821 INTERIM COMPLETE DENTURE (MANDIBULAR) \$34.00 D0682 IMPLANT RETAINER. LEH PRED BASE ALLOYS \$1,005.00 05821 INTERIM PARTIAL DENTURE (MANDIBULAR) \$35.00 D0682 IMPLANT RETAINER. FPD - HIGH NOBLE ALLOYS \$1,005.00 05821 INSUE CONDITIONING, MANDIBULAR \$35.00 D0683 IMPLANT GROWN-PORCELAIN-TOBLE ALLOYS \$1,006.00 05911 FACIAL MOULAGE (COENTIET) \$149.00 D0698 IMPLANT GROWN-PORCELAIN-TOBLE ALLOYS \$1,000.00 05912 FACIAL MOULAGE (COMPLETE) \$1,900.00 D0698 IMPLANT GROWN-PORCELAIN-TITAL MINIMALLOYS \$1,400.00 05913 ANAL PROS	D5750	RELINE COMPLETE MAX DENTURE (INDIRECT)	\$293.00	D6070	ABUT RETAINER-PORCELAIN-PRED BASE METAL FPD	\$1,067.00
RELINE MAND PARTIAL DENTURE (INDIRECT) \$253.00 De075 SUBT RETAINER - PRED BASE METAL FPD \$179.00 De075 SUBTERIOR - DEVIAL PRED PARTIAL REMOVABLE DENTURE (MANULARY) \$880.00 De075 RIPERIM COMMETE DENTURE (MANUBULARY) \$880.00 De075 RIPERIM COMPLETE DENTURE (MANUBULARY) \$340.00 De075 RIPERIM COMPLETE DENTURE (MANUBULARY) \$340.00 De076 RIPERIM PARTIAL DENTURE (MANUBULARY) \$340.00 De076 RIPERIM PARTIAL DENTURE (MANUBULARY) \$340.00 De076 RIPERIM PARTIAL DENTURE (MANUBULARY) \$350.00 De076 RIPERIM PARTIAL PROSTHESIS (MANUBULARY) \$350.00 DE076 RIPERIM PARTIAL PROSTHESIS (MANUBULARY) \$350.00 DE076 RIPERIM PARTI	D5751	RELINE COMPLETE MAND DENTURE (INDIRECT)	\$293.00	D6071	ABUT RETAINER - PORCELAIN - NOBLE METAL FPD	\$1,136.00
SOFT LINER-COMPLETE PERTAIL REMOVABLE DENTURE MAILARY S800 D6075 MPAINT CETAINER - NOBLE METAL FPD \$1,080.00 D6075 MPAINT COMPLETE DENTURE (MAILARY S800 D6075 MPAINT RETAINER - PD- CERAINC \$1,228.00 D6076 MPAINT RETAINER - PD- CERAINC \$1,228.00 D6076 MPAINT RETAINER - PD- CERAINC \$1,228.00 D6076 MPAINT RETAINER - PH- LIGH NOBLE ALLOYS \$1,288.00 D6076 MPAINT RETAINER - PH- LIGH NOBLE ALLOYS \$1,188.00 D6076 MPAINT RETAINER - PH- LIGH NOBLE ALLOYS \$1,188.00 D6076 MPAINT RETAINER - PH- LIGH NOBLE ALLOYS \$1,087.00 D6076 MPAINT RETAINER - LIGH STATEMENT \$1,080.00 D6076 MPAINT RETAINER - LIGH STATEMENT \$1,080.00 D6077 MPAINT RETAINER - LIGH STATEMENT S1,090.00 D6077 D7,090.00	D5760	RELINE MAX PARTIAL DENTURE (INDIRECT)			ABUT RETAINER - HIGH NOBLE METAL FPD	
08310 INTERIM COMPLETE DENTURE (MANDIBULAR) \$880.00 08076 MPANT RETAINER - FPD - ORC-HIGH KOBLE ALLOYS \$1,220.00 08320 INTERIM COMPLETE DENTURE (MANDIBULAR) \$348.00 6907 MPANT RETAINER - FPD - ORC-HIGH KOBLE ALLOYS \$1,48.00 08221 INTERIM PARTIAL DENTURE (MANDIBULAR) \$348.00 6902 IMPLANT RETAINER - FPD - HIGH KOBLE ALLOYS \$1,48.00 08501 INTERIM PARTIAL DENTURE (MANDIBULAR) \$350.00 5083 IMPLANT ROWN-PORCELAIN-PRED BASE ALLOYS \$1,095.00 08567 ADD METAL SUBSTRUCTURE-ACRYLIC FULL DENTARCH \$93.00 50807 MPLANT ROWN-PORCELAIN-NOBLE ALLOYS \$1,208.00 08916 ADD METAL SUBSTRUCTURE-ACRYLIC FULL DENTARCH \$93.00 50807 MPLANT CROWN-PORCELAIN-NOBLE ALLOYS \$1,208.00 08917 FACIAL MOULAGE (COMPLETE) \$1,99.00 50807 MPLANT CROWN-PORCELAIN-NOBLE ALLOYS \$1,080.00 08912 FACIAL MOULAGE (COMPLETE) \$1,99.00 50808 MPLANT CROWN-PORCELAIN-DITIAL MILLOYS \$1,080.00 08912 FACIAL MOULAGE (COMPLETE) \$1,99.00 50808 MPLANT CROWN-PORCELAIN-TIMIAL MILLOYS \$1,000.00	D5761	RELINE MAND PARTIAL DENTURE (INDIRECT)				
D8910 INTERIM COMPLETE DENTURE (MANDIBULAR) \$89.00 B0976 MFMANT RETAINER-FPD-PORCHIGH NOBLE ALLOYS \$1,108.00 D8920 INTERIM PARTIAL DENTURE (MANDIBULAR) \$348.00 6907 IMPLANT RETAINER-FPD-PORCHIGH NOBLE ALLOYS \$1,108.00 D8951 INSUE CONDITIONING, MANDIBULAR \$95.00 08033 IMPLANT CROWN-PORCELAN-NOBLE ALLOYS \$1,208.00 D8961 TSUE CONDITIONING, MANDIBULAR \$95.00 08068 IMPLANT CROWN-PORCELAN-TITANIUMALLOYS \$1,208.00 D8971 FACIAL MOULAGE (ECOMPLETE) \$93.00 08068 IMPLANT CROWN-PORCELAN-TITANIUMALLOYS \$1,308.00 D8913 NASA PROSTHESIS \$1,090.00 08087 IMPLANT CROWN-PREDDIMANELY BASE ALLOYS \$973.00 D9914 AURICULAR PROSTHESIS \$1,180.00 08088 IMPLANT CROWN-PREDDIMANELY SCREW \$11,000.00 D9915 FACIAL MOULAGE (COMPLETE) \$1,940.00 08087 IMPLANT CROWN-PREDDIMANELY SCREW \$11,000 D9914 AURICULAR PROSTHESIS \$3,100.00 08098 IMPLANT CROWN-PREDDIMANELY SCREW \$11,000 D9915 CORDARIA PROSTHESIS \$3,100.00 <						
08202 INTERIM PARTIAL DENTURE (MAXILLARY) \$348.00 6007 MPLANT CROWN-PORCELAIN-ROBLE ALLOYS \$1,106.00 08201 INTERIM PARTIAL DENTURE (MANDIBULAR) \$35.00 60083 MPLANT CROWN-PORCELAIN-ROBLE ALLOYS \$1,067.00 08201 TISSUE CONDITIONING, MAXILLARY \$95.00 60083 MPLANT CROWN-PORCELAIN-MOBIE ALLOYS \$1,136.00 08576 ADD METAL SUBSTRUCTURE-ACRYLIC FULL DENT-ARCH \$93.00 60084 MPLANT CROWN-PORCELAIN-TIXAIUM/ALLOYS \$1,208.00 08911 FACIAL MOULAGE (COMPLETE) \$149.00 6089 MPLANT CROWN-PREDOMINATELY BASE ALLOYS \$1,000.00 08912 FACIAL MOULAGE (COMPLETE) \$149.00 6089 MPLANT CROWN-PREDOMINATELY BASE ALLOYS \$1,000.00 08914 AUGULAGE (COMPLETE) \$149.00 6089 MPLANT CROWN-PORCELAIN-TIXAIUM/ALLOYS \$1,000.00 08914 AUGULAGE (SCROTHESIS \$3,150.00 60690 ACCESS/RETORQUE LOOSE MPLANT SCREW \$11,000.00 08914 AUGULAR PROSTHESIS \$4,254.00 60690 RECEMENT, REBOND IMPABUT SUPPORTED CROWN \$86.00 08920 TORTAL PROSTHESIS \$1,200.00 60991 AGULA PROSTHESIS \$1,200.00 60992 08922 CRANIAL PROSTHESIS <td></td> <td>,</td> <td></td> <td></td> <td></td> <td></td>		,				
08580 INTERIM PARTIAL DENTURE (MANDIBULAR) \$348.00 6902 MPLANT CROWN-PORCELAIN-PRED BASE ALLOYS \$1,987.00 08585 TISSUE CONDITIONING, MANDIBULAR \$95.00 69084 MPLANT CROWN-PORCELAIN-TITANIUMALLOYS \$1,286.00 08576 ADD METAL SUBSTRUCTURE-ACRYLC FULL DENT, ARCH \$93.00 69084 IMPLANT CROWN-PORCELAIN-TITANIUMALLOYS \$1,280.00 05911 FACIAL MOULAGE (ESCTIONAL) \$149.00 69087 MPLANT CROWN-PORCELAIN-TITANIUMALLOYS \$1,280.00 05913 NASA LPROSTHESIS \$1,490.00 69088 MPLANT CROWN-TITANIUM ALLOYS \$1,148.00 05914 AURICULAR PROSTHESIS \$3,150.00 69092 ACCESS/RETORQUE LOOSE MIRALN'S COMMAN \$1,109.00 05915 CORDITAL PROSTHESIS \$4,240.00 69094 RECEMENT, REBONDI IMPABUT SUPP FIX PART DENT \$82.00 05921 ASSA SEPTAL PROSTHESIS \$1,380.00 69094 ABUT CROWN-TITANIUM/TITANIUM ALLOYS \$1,148.00 05922 NASAL SEPTAL PROSTHESIS, SURGICAL \$1,690.00 69094 ABUT CROWN-TITANIUM/TITANIUM ALLOYS \$1,148.00 05931 OBTURATOR PROSTHESIS, SURGICAL		,				
D8585 TISSUE CONDITIONING, MAXILLARY \$95.00 D6033 MINLANT CROWN-PORCELAIN-TITANIUM/ALLOYS \$1,260.00 D8587 ADD METAL SUBSTRUCTURE-ACRYLIC FULL DENT ARCH \$93.00 D6088 IMPLANT CROWN-PORCELAIN-TITANIUM/ALLOYS \$1,200.00 D9912 FACIAL MOULAGE (SECTIONAL) \$149.00 D6087 IMPLANT CROWN-PORCELAIN-TITANIUM/ALLOYS \$1,080.00 D9913 ANSAL PROSTHESIS \$1,960.00 D6098 MPLANT CROWN-PORCELAIN-TITANIUM/ALLOYS \$1,148.00 D9914 ANGICILAR PROSTHESIS \$3,150.00 D6099 ROCESS/RETOROUZ LOOSE IMPLANT SCREW \$11.00 D5915 ORBITAL PROSTHESIS \$4,254.00 D6093 RECEMENT, REBOND IMP/ABUT SUPP ORTEO CROWN \$80.00 D5916 OCULAR PROSTHESIS \$4,254.00 D6093 RECEMENT, REBOND IMP/ABUT SUPP ORTEO CROWN \$1,100.00 D5922 CREANILA PROSTHESIS \$1,000.00 D6097 ABUT CROWN-TITANIUM/TITANIUM ALLOYS \$1,208.00 D5924 CREANILA PROSTHESIS \$1,000.00 D6097 ABUT CROWN-PORCELAIN-TITANIUM/TITANIUM ALLOYS \$1,208.00 D5924 CREANILA PROSTHESIS \$1,000.00		,				
D8361 TISSUE CONDITIONING, MANDIBULIAR \$55.00 D8984 MPLANT CROWN-PORCELAIN-TITANIUMALLOYS \$1,280.00 D8971 PACIAL MOULAGE (SECTIONAL) \$33.00 D6088 IMPLANT CROWN-NOBLE ALLOYS \$973.00 D9912 FACIAL MOULAGE (COMPLETE) \$149.00 D6087 IMPLANT CROWN-NOBLE ALLOYS \$1,080.00 D9913 NASA PROSTHESIS \$1,990.00 D6088 IMPLANT CROWN-NTRINIUM/TITANIUM ALLOYS \$1,180.00 D9914 AURICULAR PROSTHESIS \$3,150.00 D6092 RECEMENT, REBOND IMPLANT SCREW \$110.00 D9915 ORBITAL PROSTHESIS \$1,138.00 D6094 ACCESS/RETORQUE LOOSE IMPLANT SCREW \$110.00 D9916 OCULAR PROSTHESIS \$1,138.00 D6094 ACCESS/RETORQUE LOOSE IMPLANT SCREW \$110.00 D9917 FACIAL PROSTHESIS \$1,138.00 D6094 ABUT CROWN-TITANIUM/TITANIUM ALLOYS \$1,168.00 D9918 PALOLA PROSTHESIS \$1,00 D6097 ABUT CROWN-TITANIUM/TITANIUM ALLOYS \$1,067.00 D992 NASAL SEPTAL PROSTHESIS, DGEINITIVE \$1,100 B6097 BIULA PROSTHESIS, DEFINITIVE		,				
D85876 ADD METAL SUBSTRUCTURE-ACRYLIC FULL DENTARCH \$93.00 D6088 MINLANT CROWN-PREDOMINATELY BASE ALLOYS \$179.00 D8911 FACIAL MOULAGE (SCOTIONAL) \$149.00 D6087 IMPLANT CROWN-PREDOMINATELY BASE ALLOYS \$1,080.00 D8912 FACIAL MOULAGE (COMPLETE) \$149.00 D6088 IMPLANT CROWN-TITANIUM/TITANIUM ALLOYS \$1,148.00 D8914 ANSAL PROSTHESIS \$3,150.00 D6099 ACCESS/RETORQUE LOOSE IMPLANT SCREW \$1110.00 D9915 ORBITAL PROSTHESIS \$4,254.00 D6099 RECEMENT, REBOND IMPABUT SUPP OF IX PART DENT \$82.00 D8916 FACIAL PROSTHESIS \$1,183.00 D6090 RECEMENT, REBOND IMPABUT SUPP FIX PART DENT \$82.00 D8924 CRANAL PROSTHESIS \$1,183.00 D6097 ABUT CROWN-PORCELAIN-TITANIUM/TITANIUM ALLOYS \$1,148.00 D8924 CRANAL PROSTHESIS \$1,490.00 D6091 MELANT RETAINER-PORCELAIN-TITANIUM/TITANIUM ALLOYS \$1,169.00 D8924 CRANAL PROSTHESIS, SURGICAL \$1,690.00 BMPLANT RETAINER-PORCELAIN-TITANIUM/TITANIUM ALLOYS \$1,169.00 D8924 DETURATOR PROSTHESIS, SURGICAL \$1,						
65911 FACIAL MOULAGE (COMPLETE) \$149.00 66087 IMPLANT CROWN-NIDEL ALLOYS \$1,080.00 D6912 FACIAL MOULAGE (COMPLETE) \$149.00 66088 IMPLANT CROWN-TITANIUM TITANIUM ALLOYS \$1,148.00 D6913 NASAL PROSTHESIS \$3,150.00 66099 ACCESSRETOROUE LOOSE IMPLANT SCREW \$110.00 D6914 AURICULAR PROSTHESIS \$3,150.00 66099 ACCEMENT, REBOND IMPABUT SUPP PIX PART DENT \$82.00 D6919 FACIAL PROSTHESIS \$1,138.00 66094 ABUT CROWN-TITANIUM ALLOYS \$1,148.00 D6919 FACIAL PROSTHESIS \$412.00 66097 ABUT CROWN-TITANIUM/TITANIUM ALLOYS \$1,148.00 D6922 NASAL SEPTAL PROSTHESIS \$412.00 66097 MPLANT RETAINER-PORCELAIN-PRED BASE ALLOYS \$1,067.00 D6924 CRANIAL PROSTHESIS \$544.00 66099 IMPLANT RETAINER-PO-PORCELAIN-TORNIUM ALLOYS \$1,136.00 D6931 DETURATOR PROSTHESIS SURGICAL \$1,699.00 66101 DEBRIDE/OSSEOUS CONTOUR OF PERIIMPLANT DEFECT \$297.00 D6932 OBTURATOR PROSTHESIS, OBEINITIVE \$1,699.00 66101 <td< td=""><td></td><td></td><td></td><td>_</td><td></td><td></td></td<>				_		
D5912 FACIAL MOULAGE (COMPLETE) \$14,900 66088 IMPLANT CROWN-TITANIUM/TITANIUM ALLOYS \$1,148,00 D5913 NASAL PROSTHESIS \$3,150.00 06092 RECEMENT, REBOND IMP/ABUT SUPPORTED CROWN \$56,00 D5915 ORBITAL PROSTHESIS \$4,254.00 06092 RECEMENT, REBOND IMP/ABUT SUPP FIX PART DENT \$56,00 D5916 OCULAR PROSTHESIS \$1,138.00 06093 ABCECMENT, REBOND IMP/ABUT SUPP FIX PART DENT \$20,00 D5919 FACIAL PROSTHESIS \$1,138.00 06094 ABUT CROWN-PORCELAIN-TITANIUM/TITANIUM ALLOYS \$1,128.00 D5922 NASAL SEPTAL PROSTHESIS \$273.00 06098 IMPLANT RETAINER-PORCELAIN-PRED BASE ALLOYS \$1,069.00 D5924 CRANAL PROSTHESIS, SURGICAL \$1,699.00 06091 IMPLANT RETAINER-PORCELAIN-PRED BASE ALLOYS \$1,166.00 D5932 OBTURATOR PROSTHESIS, SURGICAL \$1,699.00 06091 IMPLANT RETAINER-PORCELAIN-PRED BASE ALLOYS \$1,166.00 D5933 OBTURATOR PROSTHESIS, MODIFICATION \$17.00 06102 DEBRIDEMENT OF A PERIIMPLANT DEFECT \$226.00 D5934 MAND RESECTION PROSTHESIS WITH GUIDE FL						
B591 NASAL PROSTHESIS \$3,150.00 B6092 ACCESS/RETORQUE LOOSE IMPLANT SCREW \$110.00 D5915 AURICULAR PROSTHESIS \$3,150.00 B6092 RECEMENT, REBOND IMP/ABUT SUPPORTED CROWN \$56.00 D5916 OCULAR PROSTHESIS \$4,250.00 B6093 RECEMENT, REBOND IMP/ABUT SUPP FIX PART DENT \$82.00 D5919 FACIAL PROSTHESIS \$1120.00 B6097 ABUT CROWN-PORCE LAIN-TIANIUM/ITTANIUM ALLOYS \$1,208.00 D5922 NASAL SEPTAL PROSTHESIS \$273.00 B6098 IMPLANT RETAINER-PORCELAIN-TRANIUM/ITTANIUM ALLOYS \$1,080.00 D5931 OSTURATOR PROSTHESIS, SURGICAL \$1,690.00 B6101 DEBRIDEMENT OF A PERIMPLANT DEFECT \$297.00 D5932 OBTURATOR PROSTHESIS, OEINITIVE \$1,189.00 B6101 DEBRIDEMENT OF A PERIMPLANT DEFECT \$561.00 D5933 OBTURATOR PROSTHESIS WIGH GUIDE FLANGE \$2,860.00 B6104 BONE GRAFT AT TIME OF IMPLANT PLACEMENT \$242.00 D5934 MAND RESECTION PROSTHESIS WOUT GUIDE FLANGE \$2,860.00 B6104 BONE GRAFT AT TIME OF IMPLANT PLACEMENT \$2926.00 D5951 FEDIDIN AID <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td></td<>						
D5915 AURICULAR PROSTHESIS \$3,150.00 D6962 RECEMENT, REBOND IMP/ABUT SUPPORTED CROWN \$56.00 D5915 ORDITAL PROSTHESIS \$4,254.00 D6993 RECEMENT, REBOND IMP/ABUT SUPP RIX PART DENT \$82.00 D5916 OCULAR PROSTHESIS \$11,380.00 D6994 ABUT CROWN-TITANIUM/TITANIUM ALLOYS \$1,148.00 D5922 NASAL SEPTAL PROSTHESIS \$273.00 D6998 ABUT CROWN-PORCELAIN-TITANIUM/TITANIUM ALLOYS \$1,087.00 D5932 ORTURATOR PROSTHESIS, SURGICAL \$1,699.00 D6101 DEBRIDE/BROYS-PORCELAIN-PRED BASE ALLOYS \$1,136.00 D5932 OBTURATOR PROSTHESIS, SURGICAL \$1,699.00 D6101 DEBRIDE/BROYS-OSCOUS CONTOUR OF PERIIMPLANT DEFECT \$299.00 D5933 OBTURATOR PROSTHESIS, SURGIVAL \$1,699.00 D6102 DEBRIDE/BROYS-OSSEOUS CONTOUR OF PERIIMPLANT DEFECT \$296.00 D5934 MAND RESECTION PROSTHESIS WITH GUIDE FLANGE \$2,506.00 D6108 BONE GRAFT FOR REPAIR OF PERIIMPLANT DEFECT \$296.00 D5952 SPECH AID PROSTHESIS WITH GUIDE FLANGE \$2,506.00 D6108 BONE GRAFT FOR REPAIR OF PERIIMPLANT DEFECT \$296.00 D5						
D5916 ORBITAL PROSTHESIS \$4,254.00 D6903 RECEMENT, REBOND IMP/ABUT SUPP FIX PART DENT \$82.00 D5916 OCULAR PROSTHESIS \$11,380.00 D6904 ABUT CROWN-PROECLAIN-TITANIUM ALLOYS \$1,126.00 D5922 NASAL SEPTAL PROSTHESIS \$273.00 D6098 ABUT CROWN-PORCELAIN-TITANIUM ALLOYS \$1,268.00 D5924 CRANIAL PROSTHESIS \$273.00 D6098 MIPLANT RETAINER-PORCELAIN-PRED BASE ALLOYS \$1,080.00 D5932 OBTURATOR PROSTHESIS, SURGICAL \$1,690.00 D6101 DEBRIDEMENT OF A PERIIMPLANT DEFECT \$297.00 D5933 OBTURATOR PROSTHESIS, SURGICAL \$1,690.00 D6102 DEBRIDE/OSSEOUS CONTOUR OF PERIIMPLANT DEFECT \$296.00 D5933 OBTURATOR PROSTHESIS, WODIFICATION \$171.00 D6102 DEBRIDE/OSSEOUS CONTOUR OF PERIIMPLANT DEFECT \$240.00 D5934 MAND RESECTION PROSTHESIS WYOUT GUIDE FLANGE \$2,566.00 D6104 BONE GRAFT AT TIME OF IMPLACEMENT \$296.00 D5951 FEEDING AID \$4,500.00 D6107 BONE GRAFT AT TIME OF IMPLACEMENT \$246.00 D5952 PALATAL JUET PROSTHESIS, OSEINITY <						
D5916 OCULAR PROSTHESIS \$1,138.00 D6904 ABUT CROWN-TITANIUM/ITTANIUM ALLOYS \$1,148.00 D5919 FACIAL PROSTHESIS \$412.00 D6907 ABUT CROWN-PORCELAIN-TITANIUM/ITTANIUM ALLOYS \$1,208.00 D5922 NASAL SEPTAL PROSTHESIS \$273.00 D6098 IMPLANT RETAINER-PORCELAIN-TRED BASE ALLOYS \$1,067.00 D5931 OBTURATOR PROSTHESIS, SURGICAL \$1,699.00 D6101 DEBRIDEMENT OF A PERIIMPLANT DEFECT \$297.00 D5932 OBTURATOR PROSTHESIS, MODIFICATION \$117.00 D6103 BONG GRAFT FOR REPAIR OF PERIIMPLANT DEFECT \$296.00 D5934 MAND RESECTION PROSTHESIS WITH GUIDE FLANGE \$2,506.00 D6104 BONE GRAFT AT TIME OF IMPLANT PLACEMENT \$296.00 D5952 SPECHA AID PROSTHESIS WOUT GUIDE FLANGE \$2,506.00 D6107 GUIDED TISSUE REGEN - NON-RESORBABLE, PER IMPLANT \$296.00 D5952 SPECEH AID PROSTHESIS, PEDIATRIC \$1,500.00 D6101 IMPLANT SUPPORTED REMOVABLE FULL DENTURE-MAX \$1,470.00 D5955 PALATAL ALIFT PROSTHESIS, SEDIATRIC \$1,500.00 D6101 IMPLANT SUPPORTED REMOVABLE FULL DENTURE-MAX \$1,470.00						
D5919 FACIAL PROSTHESIS \$412.00 D6097 ABUT CROWN-PORCELAIN-TITANIUM/ITTANIUM ALLOYS \$1,208.00 D5922 VASAL SEPTAL PROSTHESIS \$273.00 D6098 IMPLANT RETAINER-PORCELAIN-PRED BASE ALLOYS \$1,067.00 D5931 OBTURATOR PROSTHESIS, SURGICAL \$1,699.00 D6101 DEBRIDEMENT OF A PERIIMPLANT DEFECT \$297.00 D5932 OBTURATOR PROSTHESIS, SURGICAL \$1,890.00 D6101 DEBRIDEMENT OF A PERIIMPLANT DEFECT \$297.00 D5933 OBTURATOR PROSTHESIS, WODIFICATION \$171.00 D613 D6102 DEBRIDEMENT OF A PERIIMPLANT DEFECT \$297.00 D5934 MAND RESECTION PROSTHESIS WOUT GUIDE FLANGE \$2,886.00 D6104 BONE GRAFT AT TIME OF IMPLANT PLACEMENT \$296.00 D6552 PEECH AID PROSTHESIS, PEDIATRIC \$1,500.00 D6106 GUIDED TISSUE REGEN - RESORBABLE, PER IMPLANT \$348.00 D5954 PALATAL LIFT PROSTHESIS, PEDIATRIC \$1,500.00 D6111 IMPLANT SUPPORTED REMOVABLE FULL DENTURE-MAX \$1,470.00 D5955 PALATAL LIFT PROSTHESIS, DEFINITIVE \$2,441.00 D6112 IMPLANT SUPPORTED REMOVABLE FULL DENTURE-MAX \$1,613.00					•	
D5922 NASAL SEPTAL PROSTHESIS \$273.00 D6098 IMPLANT RETAINER-PORCELAIN-PRED BASE ALLOYS \$1,067.00 D5932 CRANIAL PROSTHESIS, SURGICAL \$1,690.00 B6099 IMPLANT RETAINER-PPD-PORCELAIN-NOBLE ALLOYS \$1,305.00 D5932 OBTURATOR PROSTHESIS, SURGICAL \$1,690.00 B610 DEBRIDEMENT OF A PERIIMPLANT DEFECT \$297.00 D5933 OBTURATOR PROSTHESIS, MODIFICATION \$171.00 D6102 DEBRIDEMENT OF A PERIIMPLANT DEFECT \$242.00 D5934 MAND RESECTION PROSTHESIS WITH GUIDE FLANGE \$2,860.00 B6104 BONE GRAFT FOR REPAIR OF PERIIMPLANT DEFECT \$242.00 D5935 MAND RESECTION PROSTHESIS WITH GUIDE FLANGE \$2,506.00 D6104 BONE GRAFT AT TIME OF IMPLANT PLACEMENT \$296.00 D5951 FEEDING AID \$462.00 D6107 GUIDED TISSUE REGEN - NON-RESORB, PER IMPLANT \$246.00 D5952 SPEECH AID PROSTHESIS, DEFINITIVE \$2,441.00 D6110 IMPLANT SUPPORTED REMOVABLE FULL DENTURE-MAX \$1,470.00 D5958 PALATAL LIFT PROSTHESIS, MODIFICATION \$171.00 D6112 IMPLANT SUPPORTED REMOVABLE PARTIAL-MAX \$1,613.00 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td></td<>						
D5931 OBTURATOR PROSTHESIS, SURGICAL \$1,699.00 D6101 DEBRIDEMENT OF A PERIIMPLANT DEFECT \$297.00 D5932 OBTURATOR PROSTHESIS, DEFINITIVE \$1,187.00 D6102 DEBRIDE/OSSEOUS CONTOUR OF PERIIMPLANT DEFECT \$561.00 D5934 D6102 DEBRIDE/OSSEOUS CONTOUR OF PERIIMPLANT DEFECT \$242.00 D5935 MAND RESECTION PROSTHESIS WITH GUIDE FLANGE \$2,886.00 D6104 BONE GRAFT AT TIME OF IMPLANT PLACEMENT \$296.00 D5951 FEEDING AID \$462.00 D6107 GUIDED TISSUE REGEN - RESORBABLE, PER IMPLANT \$296.00 D5952 SPEECH AID PROSTHESIS, PEDIATRIC \$1,500.00 D6110 MINCHANT SUPPORTED REMOVABLE FULL DENTURE-MAND \$1470.00 D5955 PALATAL LIFT PROSTHESIS, DEFINITIVE \$2,441.00 D6111 IMPLANT SUPPORTED REMOVABLE FULL DENTURE-MAND \$1,613.00 D5956 PALATAL LIFT PROSTHESIS, INTERIM \$22,500.00 D6112 IMPLANT SUPPORTED REMOVABLE PARTIAL-MAND \$1,613.00 D5959 PALATAL LIFT PROSTHESIS, INTERIM \$825.00 D6112 IMPLANT SUPPORTED REMOVABLE PARTIAL-MAND \$1,613.00 D5959 PALATAL LIFT PROSTHESIS, MODIFICATION <td< td=""><td>D5922</td><td></td><td>·</td><td></td><td></td><td></td></td<>	D5922		·			
D5932 OBTURATOR PROSTHESIS, DEFINITIVE \$1,187.00 D6102 DEBRIDE/OSSEOUS CONTOUR OF PERIIMPLANT DEFECT \$561.00 D5934 OBTURATOR PROSTHESIS, MODIFICATION \$171.00 D6104 BONE GRAFT FOR REPAIR OF PERIIMPLANT DEFECT \$242.00 D5934 MAND RESECTION PROSTHESIS WITH GUIDE FLANGE \$2,860.00 D6104 BONE GRAFT AT TIME OF IMPLANT PLACEMENT \$296.00 D5951 FEEDING AID \$462.00 D6106 GUIDED TISSUE REGEN - RESORBABLE, PER IMPLANT \$348.00 D5952 SPEECH AID PROSTHESIS, PEDIATRIC \$1,500.00 D61101 IMPLANT SUPPORTED REMOVABLE FULL DENTURE-MAX \$1,470.00 D5954 PALATAL ALIGHT PROSTHESIS, DEFINITIVE \$2,441.00 D6112 IMPLANT SUPPORTED REMOVABLE FULL DENTURE-MAND \$1,613.00 D5955 PALATAL LIFT PROSTHESIS, INTERIM \$825.00 D6112 IMPLANT SUPPORTED REMOVABLE PARTIAL-MAX \$1,613.00 D5959 PALATAL LIFT PROSTHESIS, INTERIM \$825.00 D6112 IMPLANT SUPPORTED REMOVABLE PARTIAL-MAND \$1,613.00 D5959 PALATAL LIFT PROSTHESIS, MODIFICATION \$11.00 D6122 IMPLANT RETAINER-PORCELAIN-TITANIUM/ALLOYS \$1,613.00 <	D5924	CRANIAL PROSTHESIS	\$544.00	D6099	IMPLANT RETAINER-FPD-PORCELAIN-NOBLE ALLOYS	\$1,136.00
D5933 OBTURATOR PROSTHESIS, MODIFICATION \$171.00 D6103 BONE GRAFT FOR REPAIR OF PERIIMPLANT DEFECT \$242.00 D5934 MAND RESECTION PROSTHESIS WITH GUIDE FLANGE \$2,886.00 D6104 BONE GRAFT AT TIME OF IMPLANT PLACEMENT \$296.00 D5951 FEEDING AID \$462.00 D6106 GUIDED TISSUE REGEN - RESORBABLE, PER IMPLANT \$296.00 D5952 SPEECH AID PROSTHESIS, PEDIATRIC \$1,500.00 D61107 IMPLANT SUPPORTED REMOVABLE FULL DENTURE-MAX \$1,470.00 D5954 PALATAL LIFT PROSTHESIS, DEFINITIVE \$2,241.00 D6111 IMPLANT SUPPORTED REMOVABLE FULL DENTURE-MAX \$1,613.00 D5955 PALATAL LIFT PROSTHESIS, DEFINITIVE \$2,241.00 D6112 IMPLANT SUPPORTED REMOVABLE PARTIAL-MAX \$1,613.00 D5958 PALATAL LIFT PROSTHESIS, MODIFICATION \$171.00 D6120 IMPLANT SUPPORTED REMOVABLE PARTIAL-MAX \$1,613.00 D5959 PALATAL LIFT PROSTHESIS, MODIFICATION \$171.00 D6120 IMPLANT RETAINER-PORCELAIN-TITANIUM/ALLOYS \$1,613.00 D5968 FLUORIDE GEL CARRIER \$93.00 D6121 IMPLANT RETAINER-METAL FPD-PORDEL ALLOYS \$1,080.00 <t< td=""><td>D5931</td><td>OBTURATOR PROSTHESIS, SURGICAL</td><td>\$1,699.00</td><td>D6101</td><td>DEBRIDEMENT OF A PERIIMPLANT DEFECT</td><td>\$297.00</td></t<>	D5931	OBTURATOR PROSTHESIS, SURGICAL	\$1,699.00	D6101	DEBRIDEMENT OF A PERIIMPLANT DEFECT	\$297.00
D5934 MAND RESECTION PROSTHESIS WITH GUIDE FLANGE \$2,886.00 D6104 BONE GRAFT AT TIME OF IMPLANT PLACEMENT \$296.00 D5935 MAND RESECTION PROSTHESIS WOUT GUIDE FLANGE \$2,506.00 D6106 GUIDED TISSUE REGEN - RESORBABLE, PER IMPLANT \$296.00 D5951 FEEDING AID \$462.00 D6107 GUIDED TISSUE REGEN - NON-RESORB, PER IMPLANT \$348.00 D5952 SPEECH AID PROSTHESIS, PEDIATRIC \$1,500.00 D6111 IMPLANT SUPPORTED REMOVABLE FULL DENTURE-MAX \$1,470.00 D5954 PALATAL LIFT PROSTHESIS, DEFINITIVE \$2,441.00 D6112 IMPLANT SUPPORTED REMOVABLE PARTIAL-MAX \$1,613.00 D5958 PALATAL LIFT PROSTHESIS, MODIFICATION \$825.00 D6113 IMPLANT SUPPORTED REMOVABLE PARTIAL-MAX \$1,613.00 D5958 PALATAL LIFT PROSTHESIS, MODIFICATION \$171.00 D6120 IMPLANT SUPPORTED REMOVABLE PARTIAL-MAX \$1,613.00 D5958 PALATAL LIFT PROSTHESIS, MODIFICATION \$171.00 D6121 IMPLANT RETAINER-MECAL FPD-RED REMOVABLE PARTIAL-MAX \$1,613.00 D5959 PALATAL LIFT PROSTHESIS, MODIFICATION \$171.00 D6121 IMPLANT RETAINER-MECAL FPD-RED REMOVABLE PARTIAL-MAX </td <td>D5932</td> <td>OBTURATOR PROSTHESIS, DEFINITIVE</td> <td>\$1,187.00</td> <td>D6102</td> <td>DEBRIDE/OSSEOUS CONTOUR OF PERIIMPLANT DEFECT</td> <td>\$561.00</td>	D5932	OBTURATOR PROSTHESIS, DEFINITIVE	\$1,187.00	D6102	DEBRIDE/OSSEOUS CONTOUR OF PERIIMPLANT DEFECT	\$561.00
D5935 MAND RESECTION PROSTHESIS W/OUT GUIDE FLANGE \$2,506.00 D6106 GUIDED TISSUE REGEN - RESORBABLE, PER IMPLANT \$296.00 D5951 FEEDING AID \$462.00 D6107 GUIDED TISSUE REGEN - NON-RESORB, PER IMPLANT \$348.00 D5952 SPECH AID PROSTHESIS, PEDIATRIC \$1,500.00 D6110 IMPLANT SUPPORTED REMOVABLE FULL DENTURE-MAX \$1,470.00 D5954 PALATAL AUGMENTATION PROSTHESIS \$379.00 D6111 IMPLANT SUPPORTED REMOVABLE FULL DENTURE-MAX \$1,470.00 D5955 PALATAL LIFT PROSTHESIS, DEFINITIVE \$2,441.00 D6112 IMPLANT SUPPORTED REMOVABLE PARTIAL-MAX \$1,613.00 D5958 PALATAL LIFT PROSTHESIS, MODIFICATION \$171.00 D6121 IMPLANT SUPPORTED REMOVABLE PARTIAL-MAX \$1,613.00 D5969 PALATAL LIFT PROSTHESIS, MODIFICATION \$171.00 D6120 IMPLANT RETAINER-PORCELAIN-TITANIUM/ALLOYS \$1,208.00 D5981 RADIATION CARRIER \$544.00 D6121 IMPLANT RETAINER-METAL FPD-NOBLE ALLOYS \$1,080.00 D5986 FLUORIDE GEL CARRIER \$93.00 D6123 IMPLANT RETAINER-METAL FPD-NOBLE ALLOYS \$1,080.00 D5991<	D5933	OBTURATOR PROSTHESIS, MODIFICATION	\$171.00	D6103	BONE GRAFT FOR REPAIR OF PERIIMPLANT DEFECT	\$242.00
D5951 FEEDING AID \$462.00 D6107 GUIDED TISSUE REGEN - NON-RESORB, PER IMPLANT \$348.00 D5952 SPEECH AID PROSTHESIS, PEDIATRIC \$1,500.00 D6110 IMPLANT SUPPORTED REMOVABLE FULL DENTURE-MAX \$1,470.00 D5954 PALATAL AUGMENTATION PROSTHESIS \$379.00 D6111 IMPLANT SUPPORTED REMOVABLE FULL DENTURE-MAND \$1,470.00 D5958 PALATAL LIFT PROSTHESIS, INTERIM \$82.41.00 D6112 IMPLANT SUPPORTED REMOVABLE PARTIAL-MAND \$1,613.00 D5959 PALATAL LIFT PROSTHESIS, MODIFICATION \$171.00 D6120 IMPLANT SUPPORTED REMOVABLE PARTIAL-MAND \$1,613.00 D5962 SURGICAL STENT \$165.00 D6120 IMPLANT RETAINER-PORCELAIN-TITANIUM/ALLOYS \$1,208.00 D5983 RADIATION CARRIER \$540.00 D6122 IMPLANT RETAINER-METAL FPD-PRED BASE ALLOYS \$973.00 D5984 FLUORIDE GEL CARRIER \$93.00 D6122 IMPLANT RETAINER-METAL FPD-TONBLE ALLOYS \$1,480.00 D5998 SURGICAL SPLINT \$248.00 D6190 RADIOGRAPHIC/SURGICAL IMPLANT INDEX,BY REPORT \$1,480.00 D5999 TOPICAL MEDICAMENT CARRIER	D5934	MAND RESECTION PROSTHESIS WITH GUIDE FLANGE	\$2,886.00	D6104	BONE GRAFT AT TIME OF IMPLANT PLACEMENT	\$296.00
D5952 SPEECH AID PROSTHESIS, PEDIATRIC \$1,500.00 D6110 IMPLANT SUPPORTED REMOVABLE FULL DENTURE-MAX \$1,470.00 D5954 PALATAL AUGMENTATION PROSTHESIS \$379.00 D6111 IMPLANT SUPPORTED REMOVABLE FULL DENTURE-MAND \$1,470.00 D5955 PALATAL LIFT PROSTHESIS, DEFINITIVE \$2,441.00 D6112 IMPLANT SUPPORTED REMOVABLE PARTIAL-MAX \$1,613.00 D5958 PALATAL LIFT PROSTHESIS, MODIFICATION \$171.00 D6120 IMPLANT SUPPORTED REMOVABLE PARTIAL-MAX \$1,613.00 D5980 PALATAL LIFT PROSTHESIS, MODIFICATION \$170.00 D6120 IMPLANT SUPPORTED REMOVABLE PARTIAL-MAX \$1,613.00 D5981 SURGICAL STENT \$10.00 D6120 IMPLANT RETAINER-PEDE REMOVABLE PARTIAL-MAND \$1,613.00 D5982 SURGICAL STENT \$10.00 D6120 IMPLANT RETAINER-METAL FPD-PRED BASE ALLOYS \$1,200.00 D5983 RADIATION CARRIER \$93.00 D6122 IMPLANT RETAINER-METAL FPD-NOBLE ALLOYS \$1,080.00 D5986 FLUORIDE GEL CARRIER \$93.00 D6192 IMPLANT RETAINER-METAL FPD-NOBLE ALLOYS \$1,148.00 D5999 TOPICAL MEDICAM		MAND RESECTION PROSTHESIS W/OUT GUIDE FLANGE				
D5954 PALATAL AUGMENTATION PROSTHESIS \$379.00 D6111 IMPLANT SUPPORTED REMOVABLE FULL DENTURE-MAND \$1,470.00 D5955 PALATAL LIFT PROSTHESIS, DEFINITIVE \$2,441.00 D6112 IMPLANT SUPPORTED REMOVABLE PARTIAL-MAX \$1,613.00 D5958 PALATAL LIFT PROSTHESIS, INTERIM \$825.00 D6113 IMPLANT SUPPORTED REMOVABLE PARTIAL-MAND \$1,613.00 D5959 PALATAL LIFT PROSTHESIS, MODIFICATION \$171.00 D6120 IMPLANT SUPPORTED REMOVABLE PARTIAL-MAND \$1,613.00 D5982 SURGICAL STENT \$165.00 D6121 IMPLANT RETAINER-PORCELAIN-TITANIUM/ALLOYS \$1,208.00 D5983 RADIATION CARRIER \$544.00 D6122 IMPLANT RETAINER-METAL FPD-NOBLE ALLOYS \$1,080.00 D5986 FLUORIDE GEL CARRIER \$93.00 D6123 IMPLANT RETAINER-METAL FPD-NOBLE ALLOYS \$1,080.00 D5987 COMMISSURE SPLINT \$248.00 D6194 ABUT RETAINER-METAL FPD-TITANIUM/ALLOYS \$1,148.00 D5991 TOPICAL MEDICAMENT CARRIER \$93.00 D6195 ABUT RETAINER-PORCELAIN-TITANIUM/ALLOYS \$1,148.00 D6992 ADJUST MAX PROSTHETIC APPLIANCE,			•		,	· ·
D5955 PALATAL LIFT PROSTHESIS, DEFINITIVE \$2,441.00 D6112 IMPLANT SUPPORTED REMOVABLE PARTIAL-MAX \$1,613.00 D5958 PALATAL LIFT PROSTHESIS, INTERIM \$825.00 D6113 IMPLANT SUPPORTED REMOVABLE PARTIAL-MAND \$1,613.00 D5959 PALATAL LIFT PROSTHESIS, MODIFICATION \$171.00 D6120 IMPLANT RETAINER-PORCELAIN-TITANIUM/ALLOYS \$1,208.00 D5982 SURGICAL STENT \$165.00 D6121 IMPLANT RETAINER-PORCELAIN-TITANIUM/ALLOYS \$973.00 D5983 RADIATION CARRIER \$544.00 D6122 IMPLANT RETAINER-METAL FPD-PORDE ALLOYS \$973.00 D5986 FLUORIDE GEL CARRIER \$93.00 D6122 IMPLANT RETAINER-METAL FPD-PORDE ALLOYS \$1,080.00 D5987 COMMISSURE SPLINT \$248.00 D6193 RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT \$192.00 D5991 TOPICAL MEDICAMENT CARRIER \$93.00 D6194 ABUT RETAINER-PORCELAIN-TITANIUM/ALLOYS \$1,480.00 D6992 ADJUST MAX PROSTHETIC APPLIANCE, BY REPORT \$62.00 D6195 ABUT RETAINER-PORCELAIN-TITANIUM/ALLOYS \$1,208.00 D6010 SURGICAL PLACEMENT OF IMP						
D5958 PALATAL LIFT PROSTHESIS, INTERIM \$825.00 D6113 IMPLANT SUPPORTED REMOVABLE PARTIAL-MAND \$1,613.00 D5959 PALATAL LIFT PROSTHESIS, MODIFICATION \$171.00 D6120 IMPLANT RETAINER-PORCELAIN-TITANIUM/ALLOYS \$1,208.00 D5982 SURGICAL STENT \$165.00 D6121 IMPLANT RETAINER-METAL FPD-PRED BASE ALLOYS \$973.00 D5983 RADIATION CARRIER \$544.00 D6122 IMPLANT RETAINER-METAL FPD-NOBLE ALLOYS \$1,080.00 D5986 FLUORIDE GEL CARRIER \$93.00 D6123 IMPLANT RETAINER-METAL FPD-NOBLE ALLOYS \$1,080.00 D5987 COMMISSURE SPLINT \$248.00 D6192 RADIOGRAPHIC/SURGICAL IMPLANT INDEX,BY REPORT \$192.00 D5992 ADJUST MAX PROSTHETIC APPLIANCE, BY REPORT \$93.00 D6195 ABUT RETAINER- TITANIUM/TITANIUM ALLOYS \$1,148.00 D6010 SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL \$1,639.00 D6205 PONTIC - INDIRECT RESIN-BASED COMPOSITE \$110.00 D6012 SURGICAL PLACEMENT OF INTERIM IMPLANT \$1,602.00 D6210 PONTIC - CAST HIGH NOBLE METAL \$648.00 D6040 SURGICAL PLA						
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	D6040					\$765.00
D6051 INTERIM ABUTMENT \$205.00 D6241 PONTIC - PFM (BASE METAL) \$711.00	D6050	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	\$1,602.00	D6240	PONTIC - PFM (HIGH NOBLE)	\$864.00
	D6051	INTERIM ABUTMENT	\$205.00	D6241	PONTIC - PFM (BASE METAL)	\$711.00

The listing of codes on this fee schedule does not guarantee coverage. General Dentists: (1) contact Guardian for the Orthodontic Fee Schedule applicable in your area; (2) CDT codes not listed on the General or Orthodontic Fee Schedules may be charged at your usual fee.

Guardian reserves the right to apply comparable fee schedule amounts resulting from revisions to CDT.

 $Note: DGP = DentalGuard\ Preferred; DGPS = DentalGuard\ Preferred\ Select.$



DentalGuard Preferred and DentalGuard Preferred Select - General Fee Schedule Maximum Allowable Fees

		DGP			DGP
CDT		DGPS			DGPS
Code	Description		Code	Description	Fees
D6242	PONTIC - PFM (NOBLE METAL)	\$758.00		PARTIAL EXTRACT - IMMEDIATE IMPLANT PLACEMENT	\$179.00
D6243 D6245	PONTIC PORCELAIN/CERAMIC	\$805.00 \$864.00	D7260 D7261	OROANTRAL FISTULA CLOSURE	\$366.00
D6245 D6250	PONTIC - PORCELAIN/CERAMIC PONTIC - RESIN WITH HIGH NOBLE METAL	\$805.00		PRIMARY CLOSURE OF A SINUS PERFORATION SURGICAL ACCESS OF AN UNERUPTED TOOTH	\$366.00 \$271.00
D6250	PONTIC - RESIN WITH BASE METAL	\$711.00		MOBILIZATION OF ERUPTED/MALPOSITIONED TOOTH	\$376.00
D6251	PONTIC - RESIN WITH NOBLE METAL	\$758.00		DEVICE TO FACILITATE ERUPTION OF IMP TOOTH	\$107.00
D6253	INTERIM PONTIC	\$205.00		EXCISIONAL BIOPSY OF MINOR SALIVARY GLANDS	\$166.00
D6545	RETAINER - CAST METAL-BONDED FIXED PROSTHESIS	\$298.00		BIOPSY OF ORAL TISSUE - HARD	\$300.00
D6548	RETAINER-PORC/CERAMIC-BONDED FIXED PROSTHESIS	\$298.00		BIOPSY OF ORAL TISSUE - SOFT	\$166.00
D6549	RESIN RETAINER-RESIN BONDED FIXED PROSTH	\$149.00	D7288	BRUSH BIOPSY-TRANSEPITHELIAL SAMPLE	\$84.00
D6600	RETAINER INLAY-PORCELAIN/CERAMIC, 2 SURFACES	\$595.00	D7291	TRANSSEPTAL FIBEROTOMY, BY REPORT	\$72.00
D6601	RETAINER INLAY-PORCELAIN/CERAMIC, 3+ SURFACES	\$645.00	D7292	SURG PLACE: TEMP ANCHOR DEVICE, SCREW PLATE	\$363.00
D6602	RETAINER INLAY-CAST HIGH NOBLE, 2 SURFACES	\$592.00	D7293	SURG PLACE: TEMP ANCHOR DEVICE W/ FLAP	\$308.00
D6603	RETAINER INLAY-CAST HIGH NOBLE, 3+ SURFACES	\$636.00		SURG PLACE: TEMP ANCHOR DEVICE W/O FLAP	\$237.00
D6604	RETAINER INLAY-CAST BASE METAL, 2 SURFACES	\$592.00		ALVEOLOPLASTY WITH EXTRACTION, 4+ TEETH/QUAD	\$161.00
D6605	RETAINER INLAY-CAST BASE METAL, 3+ SURFACES	\$636.00		ALVEOLOPLASTY WITH EXT, 1-3 TEETH/QUAD	\$79.00
D6606	RETAINER INLAY-CAST NOBLE, 2 SURFACES	\$592.00		ALVEOLOPLASTY W/OUT EXTRACTION, 4+ TEETH/QUAD	\$184.00
D6607	RETAINER INLAY-CAST NOBLE, 3+ SURFACES	\$636.00		ALVEOLOPLASTY W/OUT EXT, 1-3 TEETH/QUAD	\$128.00
D6608	RETAINER ONLAY-PORCELAIN/CERAMIC, 2 SURFACES	\$623.00	D7410 D7411	EXCISION OF BENIGN LESION UP TO 1.25CM	\$204.00 \$296.00
D6609 D6610	RETAINER ONLAY-PORCELAIN/CERAMIC, 3+ SURFACES RETAINER ONLAY-CAST HIGH NOBLE, 2 SURFACES	\$610.00		EXCISION OF BENIGN LESION > 1.25CM EXCISION OF BENIGN LESION, COMPLICATED	\$326.00
D6610	RETAINER ONLAY-CAST HIGH NOBLE, 2 SURFACES RETAINER ONLAY-CAST HIGH NOBLE, 3+ SURFACES	\$717.00		EXCISION OF MALIGNANT LESION UP TO 1.25CM	\$204.00
D6612	RETAINER ONLAY-CAST BASE METAL, 2 SURFACES	\$610.00		EXCISION OF MALIGNANT LESION OF 1.25CM	\$296.00
D6613	RETAINER ONLAY-CAST BASE METAL, 3+ SURFACES	\$717.00		EXCISION OF MALIGNANT LESION, COMPLICATED	\$326.00
D6614	RETAINER ONLAY-CAST NOBLE METAL, 2 SURFACES	\$610.00		EXCISION OF MALIGNANT TUMOR-LESION TO 1.25CM	\$258.00
D6615	RETAINER ONLAY-CAST NOBLE METAL, 3+ SURFACES	\$717.00	_	EXCISION OF MALIGNANT TUMOR-LESION > 1.25CM	\$271.00
D6624	RETAINER INLAY-TITANIUM	\$592.00		REMOVAL OF BENIGN ODONT CYST/TUMOR TO 1.25CM	\$251.00
D6634	RETAINER ONLAY-TITANIUM	\$610.00	D7451	REMOVAL OF BENIGN ODONT CYST/TUMOR > 1.25CM	\$256.00
D6710	RETAINER CROWN-INDIRECT RESIN-BASED CMPSTE	\$279.00	D7460	REMOVAL OF BENIGN NONODONT CYST/TUMOR TO 1.25	\$215.00
D6720	RETAINER CROWN-RESIN WITH HIGH NOBLE METAL	\$420.00	D7461	REMOVAL OF BENIGN NONODONT CYST/TUMOR > 1.25	\$458.00
D6721	RETAINER CROWN-RESIN W/PRED BASE METAL	\$420.00	D7465	DESTRUCTION OF LESION BY PHYSICAL/CHEMICAL	\$102.00
D6722	RETAINER CROWN-RESIN WITH NOBLE METAL	\$420.00	D7471	REMOVAL OF LATERAL EXOSTOSIS-MAX/MAND	\$324.00
D6740	RETAINER CROWN-PORCELAIN/CERAMIC SUBSTRATE	\$867.00		REMOVAL OF TORUS PALATINUS	\$324.00
D6750	RETAINER CROWN-PORCELAIN ON HIGH NOBLE METAL	\$851.00		REMOVAL OF TORUS MANDIBULARIS	\$324.00
D6751	RETAINER CROWN-PORCELAIN ON PRED BASE METAL	\$711.00		SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	\$324.00
D6752	RETAINER CROWN-PORCELAIN ON NOBLE METAL	\$758.00		MARSUPIALIZATION OF ODONTOGENIC CYST	\$108.00
D6753	RETAINER CROWN-PORCELAIN-TITANIUM/ALLOYS	\$805.00		I & D OF ABSCESS - INTRAORAL SOFT TISSUE	\$108.00
D6780	RETAINER CROWN-3/4 CAST PREP PASE METAL	\$716.00	D7511	I & D ABSCESS - INTRAORAL SOFT TISSUE - CMPLX	\$118.00
D6781 D6782	RETAINER CROWN-3/4 CAST NODLE METAL	\$648.00 \$720.00		I & D OF ABSCESS - EXTRAORAL SOFT TISSUE	\$129.00 \$143.00
D6782	RETAINER CROWN-3/4 CAST NOBLE METAL RETAINER CROWN-3/4 PORCELAIN/CERAMIC	\$821.00		I & D ABSCESS - EXTRAORAL SOFT TISSUE - CMPLX OCCLUSAL ORTHOTIC DEVICE, BY REPORT	\$143.00 \$401.00
D6784	RETAINER CROWN-3/4 TITANIUM/TITANIUM ALLOYS	\$716.00		OCCLUSAL ORTHOTIC DEVICE, BT REPORT	\$100.00
D6790	RETAINER CROWN-FULL CAST HIGH NOBLE METAL	\$765.00		PLACEMENT OF BIOLOGICAL DRESSING-SITE	\$61.00
D6791	RETAINER CROWN-FULL CAST PRED BASE METAL	\$648.00		BONE RPLCEMNT GRFT RIDGE PRESERVATION-PER SITE	\$311.00
D6792	RETAINER CROWN-FULL CAST NOBLE METAL	\$720.00		GUIDED TISSUE REGEN, EDENT AREA - RESORB/SITE	\$296.00
D6793	INTERIM RETAINER CROWN	\$205.00		GUIDED TISSUE REGEN, EDENT - NON-RESORB/SITE	\$348.00
D6794	RETAINER CROWN - TITANIUM/TITANIUM ALLOYS	\$765.00		BUCCAL/LABIAL FRENECTOMY (FRENULECTOMY)	\$244.00
D6930	RECEMENT, REBOND FIXED PARTIAL DENTURE	\$82.00	D7962	LINGUAL FRENECTOMY (FRENULECTOMY)	\$244.00
D6940	STRESS BREAKER	\$215.00	D7963	FRENULOPLASTY	\$389.00
D6980	FIXED PARTIAL DENTURE REPAIR	\$149.00	D7970	EXCISION OF HYPERPLASTIC TISSUE PER ARCH	\$204.00
D6985	PEDIATRIC PARTIAL DENTURE, FIXED	\$335.00	D7971	EXCISION OF PERICORONAL GINGIVA	\$116.00
D7111	EXTRACTION, CORONAL REMNANTS, PRIMARY TOOTH	\$58.00	D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	\$162.00
D7140	EXTRACTION, ERUPTED TOOTH/EXPOSED ROOT	\$95.00		REMOVABLE APPLIANCE THERAPY	\$244.00
D7210	SURGICAL REMOVAL W/ELEVATION/SECTIONING	\$179.00		FIXED APPLIANCE THERAPY	\$244.00
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	\$203.00		PRE-ORTHODONTIC TREATMENT EXAMINATION	\$49.00
D7230	REMOVAL OF IMPACTED TOOTH - PARTIAL BONY	\$312.00		PALLIATIVE TX OF DENTAL PAIN, PER VISIT	\$64.00
D7240	REMOVAL OF IMPACTED TOOTH - FULL BONY	\$378.00		FIXED PARTIAL DENTURE SECTIONING	\$121.00
D7241	REMOVAL OF IMPACTED TOOTH - FULL BONY W/COMP	\$417.00		LOCAL ANESTHESIA	\$0.00
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	\$182.00		EVALUATION-DEEP SEDATION/GENERAL ANESTHESIA	\$50.00
D7251	CORONECTOMY-INTENTIONAL PARTIAL TOOTH REMOVAL	\$254.00	שייט9222	DEEP SEDATION/GENERAL ANESTH - FIRST 15 MIN	\$128.00

The listing of codes on this fee schedule does not guarantee coverage. General Dentists: (1) contact Guardian for the Orthodontic Fee Schedule applicable in your area; (2) CDT codes not listed on the General or Orthodontic Fee Schedules may be charged at your usual fee.

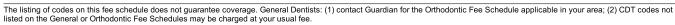
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Note : DGP = DentalGuard Preferred; DGPS = DentalGuard Preferred Select.



DentalGuard Preferred and DentalGuard Preferred Select - General Fee ScheduleMaximum Allowable Fees

CDT		DGP DGPS
Code	Description	Fees
D9223	DEEP SEDATION/GENERAL ANESTH - ADD'L 15 MIN	\$128.00
D9230	ADMIN OF NITROUS OXIDE/ANALGESIA, ANXIOLYSIS	\$34.00
D9239	IV MODERATE SEDATION/ANESTH - FIRST 15 MIN	\$119.00
D9243	IV MOD SEDATION/ANALGESIA - ADD'L 15 MIN	\$119.00
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	\$226.00
D9310	CONSULTATION (OTHER THAN REQUESTING DOCTOR)	\$79.00
D9311	CONSULTATION WITH MEDICAL PROFESSIONAL	\$0.00
D9430	OFFICE VISIT FOR OBSERVATION-NO OTHER SERVICE	\$36.00
D9440	OFFICE VISIT - AFTER REGULAR HOURS	\$74.00
D9610	THERAPEUTIC PARENTERAL DRUG, SINGLE	\$33.00
D9612	THERAPEUTIC PARENTERAL DRUGS, TWO+, DIFF MEDS	\$49.00
D9938	FABRICATE RMVBLE PLASTIC TEMP/AESTHETIC APPL	\$0.00
D9939	PLACE RMVBLE PLASTIC TEMP/AESTHETIC APPL	\$348.00
D9942	REPAIR AND/OR RELINE OF OCCLUSAL GUARD	\$60.00
D9943	OCCLUSAL GUARD ADJUSTMENT	\$100.00
D9944	OCCLUSAL GUARD - HARD APPLIANCE, FULL ARCH	\$401.00
D9945	OCCLUSAL GUARD - SOFT APPLIANCE, FULL ARCH	\$401.00
D9951	OCCLUSAL ADJUSTMENT - LIMITED	\$69.00
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	\$187.00
D9971	ODONTOPLASTY - PER TOOTH	\$69.00
D9972	EXTERNAL BLEACHING - PER ARCH	\$264.00
D9973	EXTERNAL BLEACHING - PER TOOTH	\$40.00
D9974	INTERNAL BLEACHING - PER TOOTH	\$159.00
D9975	EXT BLEACHING FOR HOME APPLICATION, PER ARCH	\$159.00





DentalGuard Preferred and DentalGuard Preferred Select - Orthodontic Fee Schedule Maximum Allowable Fees

CDT Code	Description	DGP, DGPS Fees
D8010, D8020, D8030, D8040	Limited orthodontic treatment Including fabrication and insertion of any and all fixed and removable appliances and periodic visits	\$1,794.00
D8070, D8080, D8090, D8091	Comprehensive orthodontic treatment Including fabrication and insertion of any and all fixed and removable appliances and periodic visits	\$3,986.00
D8670, D8671	Periodic orthodontic treatment visit-part of contract Additional monthly fee for comprehensive orthodontic treatment extending beyond twenty-four (24) months, up to thirty-six (36) months	\$140.00
D8680	Orthodontic retention Including any and all necessary fixed and removable initial appliances and related visits	\$455.00
D8681	Removable orthodontic retainer adjustment	\$33.00

Orthodontic treatment included in the above listed fees:

- Limited orthodontic treatment, including fabrication and insertion of any and all fixed and removable appliances and periodic visits.
- Comprehensive orthodontic treatment, including fabrication and insertion of any and all fixed and removable appliances and periodic visits.
- Orthodontic retention, including any and all necessary fixed and removable initial appliances and related visits.
- Orthodontic treatment beyond twenty-four (24) months but not exceeding thirty-six (36) months. If orthodontic treatment exceeds thirty-six (36) months, no additional fees can be charged.

Orthodontic treatment not included in the above fees:

- Pre-Orthodontic treatment examinations and pre-orthodontic diagnostic services should be reported separately. Refer to the General Dentist Fee Schedule.
- Any incremental charges for orthodontic appliances made with clear, ceramic, white, lingual brackets or other optional material.
- Procedures, appliances or devices to guide minor tooth movement or to correct harmful habits (may be covered under the member's standard dental plan).
- Re-treatment of orthodontic cases, or changes in orthodontic treatment necessitated by any kind of accident.
- Extractions performed solely to facilitate orthodontic treatment (may be covered under the member's standard dental plan).
- Orthognathic surgery (moving of teeth by surgical means) and associated incremental charges.
- Replacement of lost or broken retainers.
- If a member has orthodontic treatment associated with orthognathic surgery (a non-covered procedure involving the surgical moving of teeth), the plan provides its standard orthodontic benefit. The member will be responsible for additional charges related to the orthognathic surgery and the complexity of the orthodontic treatment. The additional charge will be based on the participating dentist's usual fee.
- If a covered member transfers from a nonparticipating dentist to a participating dentist
 after orthodontic treatment has begun, the new participating dentist should submit a
 pro-rated amount for the remaining treatment based upon the new participating
 dentist's contracted fee.
- If a covered member transfers from a participating dentist to another participating dentist after orthodontic treatment has begun, the new participating dentist should submit a prorated amount for the remaining treatment based upon the new participating dentist's contracted fee.
- If orthodontic treatment begins before the member is eligible for orthodontic benefits
 under this plan by a participating dentist, the member will be responsible for the
 dentist's fees as originally agreed upon. Plan benefits may be considered up to the
 member's orthodontic lifetime maximum.

The listing of codes on this fee schedule does not guarantee coverage. General Fee Schedule amounts may apply. Orthodontists: (1) contact Guardian for the General Fee Schedule applicable in your area; 2) CDT codes not listed on the General or Orthodontic Fee Schedules may be charged at your usual fee; (3) if a code is listed on this Orthodontic Fee Schedule and also on the DentalGuard General Fee Schedule applicable in your areas, the fee listed on this Orthodontic Fee Schedule will apply.