

## **Provider Network Dental Service Fee Schedule**

DN0112

	of America®	2110112
	Diagnostic	
D0120	Periodic oral evaluation - established patient	\$32.73
D0140	Limited oral evaluation - problem focused	\$50.77
D0145	Oral evaluation for a patient under three years of age	\$44.94
D0150	Comprehensive oral evaluation - new or established patient	\$53.52
D0160	Detailed and extensive oral evaluation - problem focused	\$115.33
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$38.14
D0171	Re-evaluation - post operative office visit	\$34.70
D0180	Comprehensive periodontal evaluation - new or established patient	\$58.37
D0190	Screening Of A Patient	\$30.38
D0191	Assessment Of A Patient	\$24.58
D0210	Intraoral - comprehensive series of radiographic images	\$86.04
D0220	Intraoral - periapical first film	\$17.98
D0230	Intraoral - periapical each additional film	\$14.36
D0240	Intraoral - occlusal film	\$25.11
D0250	Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector	\$31.86
D0251	Extra-oral posterior dental radiographic image	\$32.49
D0270	Bitewing - single film	\$17.84
D0272	Bitewings - two films	\$27.86
D0273	Bitewings - three films	\$34.13
D0274	Bitewings - four films	\$39.55
D0277	Vertical bitewings - 7 to 8 films	\$60.93
D0310	Sialography	\$70.44
D0320	Temporomandibular joint arthrogram, including injection	\$353.10
D0321	Other temporomandibular joint films, by report	\$94.51
D0322	Tomographic survey	\$353.10
D0330	Panoramic film	\$73.55
D0340	2D cephalometric radiographic image	\$83.10
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	\$46.28
D0364	Cone Beam Ct Capture And Interpretation With Limited Field Of View - Less Than One Whole Jaw	\$141.70
D0365	Cone Beam Ct Capture And Interpretation With Field Of View Of One Full Dental Arch - Mandible	\$176.87
D0366	Cone Beam Ct Capture And Interpretation With Field Of View Of One Full Dental Arch - Maxilla, With Or Without Cranium	\$184.10
D0367	Cone Beam Ct Capture And Interpretation With Field Of View Of Both Jaws; With Or Without Cranium	\$196.02
D0368	Cone Beam Ct Capture And Interpretation For Tmj Series Including Two Or More Exposures	\$194.84
D0369	Maxillofacial Mri Capture And Interpretation	\$141.17
D0370	Maxillofacial Ultrasound Capture And Interpretation	\$70.61
D0372	Intraoral tomosynthesis - comprehensive series of radiographic images	\$86.04
D0373	Intraoral tomosynthesis - bitewing radiographic image	\$17.84
D0374	Intraoral tomosynthesis - periapical radiographic image	\$17.98
D0380	Cone Beam Ct Image Capture With Limited Field Of View - Less Than One Whole Jaw	\$130.13
D0381	Cone Beam Ct Image Capture With Field Of View Of One Full Dental Arch - Mandible	\$140.45
D0382	Cone Beam Ct Image Capture With Field Of View Of One Full Dental Arch - Maxilla, With Or Without Cranium	\$138.90
D0383	Cone Beam Ct Image Capture With Field Of View Of Both Jaws; With Or Without Cranium	\$157.76
D0384	Cone Beam Ct Image Capture For Tmj Series Including Two Or More Exposures	\$169.99
D0385	Maxillofacial Mri Image Capture	\$1,059.87
D0386	Maxillofacial Ultrasound Image Capture	\$259.49
D0387	Intraoral tomosynthesis - comprehensive series of radiographic images - image capture only	\$79.41
D0388	Intraoral tomosynthesis - bitewing radiographic image - image capture only	\$16.93
D0389	Intraoral tomosynthesis - periapical radiographic image - image capture only	\$17.30
D0391	Interpretation Of Diagnostic Image By A Practitioner Not Associated With Capture Of The Image, Including Report	\$111.76
D0393	Virtual treatment simulation using 3D Image Volume or surface scan	\$104.75
D0394	Digital Subtraction Of Two Or More Images Or Image Volumes Of The Same Modality	\$177.17
D0395	Fusion Of Two Or More 3D Image Volumes Of One Or More Modalities	\$189.15
D0396	3D printing of a 3D dental surface scan	\$0.00

	Network America* Provider Network Dental Service Fee Schedule	DN0112
D0411	HbA1c in-office point of service testing	\$19.84
D0412	Blood glucose level test - in-office using a glucose meter	\$14.25
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	\$30.67
D0415	Collection of microorganisms for culture and sensitivity	\$33.44
D0416	Viral culture	\$56.62
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing	\$45.05
D0418	Analysis of saliva sample	\$42.93
D0419	Assessment of salivary flow by measurement	\$14.98
D0422	Collection and preparation of genetic sample material for laboratory analysis and report	\$28.74
D0423	Genetic test for susceptibility to diseases - specimen analysis	\$76.41
D0425	Caries susceptibility tests	\$18.10
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	\$18.05
D0460	Pulp vitality tests	\$32.14
D0470	Diagnostic casts	\$68.22
D0472	Accession of tissue, gross examination, preparation and transmission of written report	\$36.02
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	\$62.81
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	\$84.40
D0475	Decalcification procedure	\$48.26
D0476	Special stains for microorganisms	\$41.93
D0477	Special stains, not for microorganisms	\$32.54
D0478	Immunohistochemical stains	\$45.78
D0479	Tissue in-situ hybridization, including interpretation	\$28.39
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	\$26.54
D0481	Electron microscopy	\$111.63
D0482	Direct immunofluorescence	\$28.39
D0483	Indirect immunofluorescence	\$24.74
D0484	Consultation on slides prepared elsewhere	\$48.69
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source	\$49.31
D0486	Accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	\$194.29
D0502	Other oral pathology procedures, by report	\$34.10
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin and cementum	\$18.28
D0601	Caries Risk Assessment And Documentation, With A Finding Of Low Risk	\$16.04
D0602	Caries Risk Assessment And Documentation, With A Finding Of Moderate Risk	\$15.91
D0603	Caries Risk Assessment And Documentation, With A Finding Of High Risk	\$16.71
D0604	Antigen testing for a public health related pathogen including coronavirus	\$14.25
D0605	Antibody testing for a public health related pathogen including coronavirus	\$14.25
D0606	Molecular testing for a public health related pathogen, including coronavirus	\$14.25
D0701	Panoramic radiographic image - image capture only	\$68.73
D0702	2-D cephalometric radiographic image - image capture only	\$58.58
D0703	2D oral/facial photographic image obtained intra-orally or extra-orally - image capture	\$30.19
D0705	Extra-oral posterior dental radiographic image - image capture only	\$38.40
D0706	Intraoral - occlusal radiographic image - image capture only	\$23.06 \$47.30
D0707	Intraoral - periapical radiographic image - image capture only	\$17.30 \$16.03
D0708	Intraoral - bitewing radiographic image - image capture only	\$16.93 \$70.41
D0709	Intraoral - comprehensive series of radiographic images - image capture only	\$79.41 \$46.28
D0801	3D intraoral surface scan - direct	\$46.28 \$46.28
D0802 D0803	3D dental surface scan - indirect	\$46.28 \$46.28
D0803 D0804	3D facial surface scan - direct 3D facial surface scan - indirect	\$46.28 \$46.28
D0804 D0999	Unspecified diagnostic procedure, by report	\$40.26 \$47.60
D0000	Preventive	φ+1.00
D1110	Prophylaxis - adult	\$61.49
טוווט	i rophyraxio - audit	φυ1. <del>4</del> 9

De De	Provider Network Dental Service Fee Schedule	DN0112
D1120	Prophylaxis - child	\$45.46
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$31.52
D1208	Topical application of fluoride - exluding varnish	\$23.82
D1301	Immunization counseling	\$0.00
D1310	Nutritional counseling for control of dental disease	\$0.00
D1320	Tobacco counseling for the control and prevention of oral disease	\$0.00
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systematic health effects associated with high-risk substance use	\$0.00
D1330	Oral hygiene instructions	\$0.00
D1351	Sealant - per tooth	\$35.60
D1352	Preventive Resin Restoration In A Moderate To High Caries Risk Patient - Permanent Tooth	\$41.14
D1353	Sealant repair - per tooth	\$30.17
D1354	Application of caries arresting medicament - per tooth	\$68.42
D1355	Caries preventive medicament application - per tooth	\$34.09
D1510	Space maintainer - fixed - unilateral	\$225.10
D1516	Space maintainer - fixed - bilateral, maxillary	\$299.31
D1517	Space maintainer - fixed - bilateral, mandibular	\$299.31
D1520	Space maintainer - removable - unilateral	\$260.04
D1526	Space maintainer - removable - bilateral, maxillary	\$383.11
D1527	Space maintainer - removable - bilateral, mandibular	\$383.11
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	\$46.44
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	\$46.44
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	\$46.44
D1556	Removal of fixed unilateral space maintainer - per quadrant	\$46.44
D1557	Removal of fixed bilateral space maintainer - maxillary	\$46.44
D1558	Removal of fixed bilateral space maintainer - mandibular	\$46.44
D1575	Distal shoe space maintainer - fixed - unilateral	\$225.10
D1701	Pfizer-BioNTech Covid-19 vaccine administration - first dose	\$40.00
D1702	Pfizer-BioNTech Covid-19 vaccine administration - second dose	\$40.00
D1703	Moderna Covid-19 vaccine administration - first dose	\$40.00
D1704	Moderna Covid-19 vaccine administration - second dose	\$40.00
D1705	AstraZeneca Covid-19 vaccine administration - first dose	\$40.00
D1706	AstraZeneca Covid-19 vaccine administration - second dose	\$40.00
D1707	Janssen Covid-19 vaccine administration	\$40.00
D1708	Pfizer-BioNTech Covid-19 vaccine administration - third dose	\$40.00
D1709	Pfizer-BioNTech Covid-19 vaccine administration - booster dose	\$40.00
D1710	Moderna Covid-19 vaccine administration - third dose	\$40.00
D1711	Moderna Covid-19 vaccine administration - booster dose	\$40.00
D1712	Janssen Covid-19 Vaccine Administration - booster dose	\$40.00
D1713	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric - first dose	\$40.00
D1714	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric - second dose	\$40.00
D1781	Vaccine administration - human papillomavirus - Dose 1	\$40.00
D1782	Vaccine administration - human papillomavirus - Dose 2	\$40.00
D1783	Vaccine administration - human papillomavirus - Dose 3	\$40.00
D1999	Unspecified Preventive Procedure, By Report	\$17.46
	Restorative	
D2140	Amalgam - one surface, primary or permanent	\$84.51
D2150	Amalgam - two surfaces, primary or permanent	\$105.10
D2160	Amalgam - three surfaces, primary or permanent	\$126.09
D2161	Amalgam - four or more surfaces, primary or permanent	\$151.27
D2330	Resin-based composite - one surface, anterior	\$99.24
D2331	Resin-based composite - two surfaces, anterior	\$121.83
D2332	Resin-based composite - three surfaces, anterior	\$148.32
D2335	Resin-based composite - four or more surfaces (anterior)	\$178.86
D2390	Resin-based composite crown, anterior	\$202.77

De De	Provider Network Dental Service Fee Schedule	DN0112
D2391	Resin-based composite - one surface, posterior	\$109.34
D2392	Resin-based composite - two surfaces, posterior	\$142.21
D2393	Resin-based composite - three surfaces, posterior	\$175.59
D2394	Resin-based composite - four or more surfaces, posterior	\$210.50
D2410	Gold foil - one surface	\$214.18
D2420	Gold foil - two surfaces	\$431.04
D2430	Gold foil - three surfaces	\$588.13
D2510	Inlay - metallic - one surface	\$458.03
D2520	Inlay - metallic - two surfaces	\$598.49
D2530	Inlay - metallic - three or more surfaces	\$638.27
D2542	Onlay - metallic-two surfaces	\$632.15
D2543	Onlay - metallic-three surfaces	\$678.55
D2544	Onlay - metallic-four or more surfaces	\$726.00
D2610	Inlay - porcelain/ceramic - one surface	\$520.67
D2620	Inlay - porcelain/ceramic - two surfaces	\$540.45
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$594.14
D2642	Onlay - porcelain/ceramic - two surfaces	\$657.65
D2643	Onlay - porcelain/ceramic - three surfaces	\$707.14
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$735.58
D2650	Inlay - resin-based composite - one surface	\$366.89
D2651	Inlay - resin-based composite - two surfaces	\$511.73
D2652	Inlay - resin-based composite - three or more surfaces	\$516.88
D2662	Onlay - resin-based composite - two surfaces	\$488.84
D2663	Onlay - resin-based composite - three surfaces	\$556.82
D2664	Onlay - resin-based composite - four or more surfaces	\$580.18
D2710	Crown - resin-based composite (indirect)	\$357.74
D2712	Crown - 3/4 resin-based composite (indirect)	\$385.65
D2720	Crown - resin with high noble metal	\$761.11
D2721	Crown - resin with predominantly base metal	\$716.29
D2722	Crown - resin with noble metal	\$731.12
D2740	Crown - porcelain/ceramic	\$773.44
D2750	Crown - porcelain fused to high noble metal	\$744.78
D2751	Crown - porcelain fused to predominantly base metal	\$690.94
D2752	Crown - porcelain fused to noble metal	\$717.83
D2753	Crown - porcelain fused to titanium and titanium alloys	\$716.03
D2780	Crown - 3/4 cast high noble metal	\$737.55
D2781	Crown - 3/4 cast predominantly base metal	\$678.10
D2782	Crown - 3/4 cast noble metal	\$721.03
D2783	Crown - 3/4 porcelain/ceramic	\$760.66
D2790	Crown - full cast high noble metal	\$744.44
D2791	Crown - full cast predominantly base metal	\$675.94
D2792	Crown - full cast noble metal	\$707.25
D2794	Crown - titanium	\$748.15
D2799	Interim crown - further treatment or completion of diagnosis necessary prior to final impression	\$263.15
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$66.49
D2915	Re-cement or re-bond indirectly fabricated prefabricated post and core	\$66.25
D2920	Re-cement or re-bond crown	\$64.69
D2921	Reattachment Of Tooth Fragment, Incisal Edge Or Cusp	\$99.98
D2928	Prefabricated porcelain / ceramic crown - permanent tooth	\$242.10
D2929	Prefabricated Porcelain/Ceramic Crown - Primary Tooth	\$263.95
D2930	Prefabricated stainless steel crown - primary tooth	\$198.57
D2931	Prefabricated stainless steel crown - permanent tooth	\$221.94
D2932	Prefabricated resin crown	\$230.58
D2933	Prefabricated stainless steel crown with resin window	\$263.95
D2934	Prefabricated esthetic coated stainless steel crown	\$263.95

De De	Provider Network Dental Service Fee Schedule	DN0112
D2940	Placement of interim direct restoration	\$67.96
D2949	Restorative Foundation For An Indirect Restoration	\$82.31
D2950	Core buildup, including any pins	\$175.81
D2951	Pin retention - per tooth, in addition to restoration	\$35.67
D2952	Post and core in addition to crown, indirectly fabricated	\$250.29
D2953	Each additional indirectly fabricated post - same tooth	\$140.03
D2954	Prefabricated post and core in addition to crown	\$209.94
D2955	Post removal (not in conjunction with endodontic therapy)	\$165.33
D2956	Removal of an indirect restoration on a natural tooth	\$0.00
D2957	Each additional prefabricated post - same tooth	\$103.16
D2960	Labial veneer (resin laminate) - chairside	\$576.53
D2961	Labial veneer (resin laminate) - laboratory	\$620.46
D2962	Labial veneer (porcelain laminate) - laboratory	\$716.10
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework	\$101.22
D2975	Coping	\$308.29
D2976	Band stabilization - per tooth	\$46.44
D2970 D2980	Crown repair, by report	\$122.36
		\$122.36 \$122.36
D2981	Inlay Repair Necessitated By Restorative Material Failure	
D2982	Onlay Repair Necessitated By Restorative Material Failure	\$122.36 \$122.36
D2983	Veneer Repair Necessitated By Restorative Material Failure	\$122.36
D2989	Excavation of a tooth resulting in the determination of non-restorability	\$72.18
D2990	Resin Infiltration Of Incipient Smooth Surface Lesions	\$54.06
D2991	Application of hydroxyapatite regeneration medicament - per tooth	\$34.09
D2999	Unspecified restorative procedure, by report	\$87.48
D0440	Endodontics	<b>\$50.54</b>
D3110	Pulp cap - direct (excluding final restoration)	\$50.54
D3120	Pulp cap - indirect (excluding final restoration)	\$41.83
D3220	Therapeutic pulpotomy (excluding final restoration)	\$117.82
D3221	Pulpal debridement, primary and permanent teeth	\$132.79
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$137.45
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth	\$131.72
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth	\$148.74
D3310	Anterior (excluding final restoration)	\$519.84
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$633.04
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$810.60
D3331	Treatment of root canal obstruction; non-surgical access	\$196.32
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$376.47
D3333	Internal root repair of perforation defects	\$169.05
D3346	Retreatment of previous root canal therapy - anterior	\$689.97
D3347	Retreatment of previous root canal therapy - premolar	\$797.66
D3348	Retreatment of previous root canal therapy - molar	\$947.71
D3351	Apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	\$273.66
D3352	Apexification/recalcification - interim medication	\$139.34
D3353	Apexification/recalcification - final visit	\$402.38
D3355	Pulpal Regeneration - Initial Visit	\$278.56
D3356	Pulpal Regeneration - Interim Medication Replacement	\$150.58
D3357	Pulpal Regeneration - Completion Of Treatment	\$288.14
D3410	Apicoectomy - anterior	\$575.36
D3421	Apicoectomy premolar (first root)	\$633.86
D3425	Apicoectomy - molar (first root)	\$718.49
D3426	Apicoectomy - (each additional root)	\$228.43
D3428	Bone Graft In Conjunction With Periradicular Surgery - Per Tooth, Single Site	\$597.27
D3429	Bone Graft In Conjunction With Periradicular Surgery - Each Additional Contiguous Tooth In The Same Surgical Site	\$565.51
D3430	Retrograde filling - per root	\$177.42
D3431	Biologic Materials To Aid In Soft And Osseous Tissue Regeneration In Conjunction With Periradicular Surgery	\$360.40

De De	ental Network of America®	Provider Network Dental Service Fee Schedule	DN0112
D3432	Guided 1	Fissue Regeneration, Resorbable Barrier, Per Site, In Conjunction With Periradicular Surgery	\$370.47
D3450	_	putation - per root	\$362.92
D3460	Endodor	ntic endosseous implant	\$1,302.39
D3470	Intention	al reimplantation (including necessary splinting)	\$660.88
D3471	Surgical	repair of root resorption - anterior	\$518.91
D3472	Surgical	repair of root resorption - premolar	\$518.91
D3473	Surgical	repair of root resorption - molar	\$518.91
D3501	Surgical	exposure of root surface without apicoectomy or repair of root resorption - anterior	\$518.91
D3502	Surgical	exposure of root surface without apicoectomy or repair of root resorption - premolar	\$518.91
D3503	Surgical	exposure of root surface without apicoectomy or repair of root resorption - molar	\$518.91
D3910	Surgical	procedure for isolation of tooth with rubber dam	\$94.33
D3911	Intraorific	ce barrier	\$67.96
D3920	Hemised	tion (including any root removal), not including root canal therapy	\$277.41
D3921	Decoron	ation or submergence of an erupted tooth	\$101.21
D3950	Canal pr	eparation and fitting of preformed dowel or post	\$110.42
D3999	Unspecif	ied endodontic procedure, by report	\$73.10
	Periodo	ontics	
D4210	Gingived	tomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$434.77
D4211	Gingived	tomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$172.37
D4212	Gingived	tomy Or Gingivoplasty To Allow Access For Restorative Procedure, Per Tooth	\$160.50
D4230	Anatomi	cal crown exposure - four or more contiguous teeth or bounded tooth spaces per quadrant	\$530.33
D4231	Anatomi	cal crown exposure - one to three teeth or bounded tooth spaces per quadrant	\$273.27
D4240	Gingival	flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$513.74
D4241	•	flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$315.21
D4245		positioned flap	\$378.64
D4249		crown lengthening - hard tissue	\$577.77
D4260	spaces p	surgery (including elevation of full thickness flap and closure) - four or more contiguous teeth or tooth bounded per quadrant	\$839.66
D4261		surgery (including elevation of full thickness flap and closure) - one to three contiguous teeth or tooth bonded ber quadrant	\$481.48
D4263	Bone rep	placement graft - retained natural tooth - first site in quadrant	\$393.31
D4264	Bone rep	placement graft - retained natural tooth - each additional site in quadrant	\$300.61
D4265	Biologic	materials to aid in soft and osseous tissue regeneration, per site	\$215.42
D4266	Guided t	issue regeneration, natural teeth - resorbable barrier, per site	\$364.23
D4267		issue regeneration, natural teeth - non-resorbable barrier, per site	\$443.73
D4268	_	revision procedure, per tooth	\$262.70
D4270		soft tissue graft procedure	\$653.77
D4273		ous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or us tooth position in graft	\$725.83
D4274	Mesial/di anatomio	istal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same cal area)	\$278.98
D4275	tooth pos	ogenous connective tissue graft (including recipient site and donor material) first tooth, implant or edentulous sition in graft	\$542.23
D4276		ed connective tissue and pedicle graft, per tooth	\$836.50
D4277	Free Sof position	t Tissue Graft Procedure (including recipient and donor surgical sites), first tooth, implant, or edentulous tooth in graft	\$648.88
D4278		t Tissue Graft Procedure (Including recipient and donor surgical sites), each additional contiguous tooth, or edentulous tooth position in same graft site	\$620.30
D4283		ous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous plant or edentulous tooth position in same graft site	\$679.77
D4285		ogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional us tooth, implant or edentulous tooth position in same graft site	\$521.33
D4286	Removal	of non-resorbable barrier	\$46.44
D4322	Splint - ir	ntra-coronal; natural teeth or prosthetic crowns	\$374.22
D4323	Splint - e	extra-coronal; natural teeth or prosthetic crowns	\$315.42
D4341	Periodor	ntal scaling and root planing - four or more teeth per quadrant	\$174.08
D4342	Periodon	ntal scaling and root planing - one to three teeth per quadrant	\$91.73
D4346	Scaling i	n the presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	\$96.37

De	ortal Network Dental Service Fee Schedule  Provider Network Dental Service Fee Schedule	DN0112
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	\$105.96
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$92.97
D4910	Periodontal maintenance	\$100.48
D4920	Unscheduled dressing change (by someone other than treating dentist)	\$17.60
D4921	Gingival Irrigation with a medicinal agent - Per Quadrant	\$11.15
	Prosthodontics, Removable	
D5110	Complete denture - maxillary	\$947.35
D5120	Complete denture - mandibular	\$947.35
D5130	Immediate denture - maxillary	\$1,023.00
D5140	Immediate denture - mandibular	\$1,023.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$789.99
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$920.81
D5213	Maxillary partial denture - cast metal framework (including any conventional clasps, rests and teeth)	\$1,037.53
D5214	Mandibular partial denture - cast metal framework (including any conventional clasps, rests and teeth)	\$1,037.53
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$763.71
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$849.31
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$1,084.72
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$1,104.94
D5225	Maxillary partial denture - flexible base (including any conventional clasps, rests and teeth)	\$948.96
D5226	Mandibular partial denture - flexible base (including any conventional clasps, rests and teeth)	\$970.52
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$948.96
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$970.52
D5282	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary	\$544.60
D5283	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular	\$536.04
D5284	Removable unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant	\$516.51
D5286	Removable unilateral partial denture - one piece resin (including clasps and teeth) - per quadrant	\$542.84
D5410	Adjust complete denture - maxillary	\$50.30
D5411	Adjust complete denture - mandibular	\$50.43
D5421	Adjust partial denture - maxillary	\$51.70
D5422	Adjust partial denture - mandibular	\$51.29
D5511	Repair broken complete denture base, mandibular	\$104.05
D5512	Repair broken complete denture base, maxillary	\$103.09
D5520	Replace missing or broken teeth - complete denture - per tooth	\$88.53
D5611	Repair resin partial denture base, mandibular	\$110.34
D5612	Repair resin partial denture base, maxillary	\$107.56
D5621	Repair cast partial framework, mandibular	\$128.41
D5622	Repair cast partial framework, maxillary	\$129.23
D5630	Repair or replace broken clasp - per tooth	\$138.06
D5640	Replace missing or broken teeth - partial denture - per tooth	\$94.88
D5650	Add close to existing partial denture - per tooth	\$124.20 \$1.46.70
D5660	Add clasp to existing partial denture - per tooth	\$146.79
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$408.44
D5671 D5710	Replace all teeth and acrylic on cast metal framework (mandibular)	\$420.69 \$335.70
D5710	Rebase complete maxillary denture  Rebase complete mandibular denture	\$335.79 \$321.52
D5711	·	
D5720 D5721	Rebase maxillary partial denture  Rebase mandibular partial denture	\$320.87 \$323.28
D5721	Rebase hybrid prosthesis	\$335.79
D5725 D5730	Reline complete maxillary denture (chairside)	\$211.33
D5730 D5731	Reline complete mandibular denture (chairside)	\$211.33 \$207.67
D5740	Reline maxillary partial denture (chairside)	\$187.97
D5740 D5741	Reline mandibular partial denture (chairside)	\$192.52
D5750	Reline complete maxillary denture (laboratory)	\$277.73
D5751	Reline complete mandibular denture (laboratory)	\$277.75
20.01	The same of the sa	Ψ=11.20

De De	Provider Network Dental Service Fee Schedule	DN0112
D5760	Reline maxillary partial denture (laboratory)	\$270.22
D5761	Reline mandibular partial denture (laboratory)	\$272.31
D5765	Soft liner for complete or partial removable denture - indirect	\$277.73
D5810	Interim complete denture (maxillary)	\$466.38
D5811	Interim complete denture (mandibular)	\$488.81
D5820	Interim partial denture (maxillary)	\$352.91
D5821	Interim partial denture (mandibular)	\$366.73
D5850	Tissue conditioning, maxillary	\$101.92
D5851	Tissue conditioning, mandibular	\$98.11
D5862	Precision attachment, by report	\$289.05
D5863	Overdenture - Complete Maxillary	\$1,051.49
D5864	Overdenture - Partial Maxillary	\$1,221.63
D5865	Overdenture - Complete Mandibular	\$1,085.23
D5866	Overdenture - Partial Mandibular	\$1,242.06
D5867	Replacement of replaceable part of semi-precision or precision attachment, per attachment	\$33.68
D5875	Modification of removable prosthesis following implant surgery	\$238.53
D5876	Add metal substructure to acrylic full denture (per arch)	\$151.59
D5899	Unspecified removable prosthodontic procedure, by report	\$374.30
	Maxillofacial Prosthetics	
D5911	Facial moulage (sectional)	\$32.69
D5922	Nasal septal prosthesis	\$126.07
D5931	Obturator prosthesis, surgical	\$2,534.30
D5932	Obturator prosthesis, definitive	\$1,984.64
D5933	Obturator prosthesis, modification	\$267.61
D5934	Mandibular resection prosthesis with guide flange	\$204.42
D5935	Mandibular resection prosthesis without guide flange	\$1,087.30
D5936	Obturator prosthesis, interim	\$1,037.25
D5937	Trismus appliance (not for TMD treatment)	\$45.94
D5952	Speech aid prosthesis, pediatric	\$163.51
D5954	Palatal augmentation prosthesis	\$325.33
D5960	Speech aid prosthesis, modification	\$79.29
D5982 D5983	Surgical stent	\$159.45 \$230.47
D5983 D5984	Radiation carrier  Radiation shield	\$230.47 \$144.02
D5986	Fluoride gel carrier	\$93.09
D5987	Commissure splint	\$8.93
D5988	Surgical splint	\$224.98
D5991	Vesiculobullous disease medicament carrier	\$79.34
D5992	Adjust maxillofacial prosthetic appliance, by report	\$37.89
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra Or intra-oral) other than required adjustments, by report	\$54.53
D5995	Periodontal medicament carrier with peripheral seal - laboratory processed, maxillary	\$447.11
D5996	Periodontal medicament carrier with peripheral seal - laboratory processed, mandibular	\$447.11
D5999	Unspecified maxillofacial prosthesis, by report	\$338.37
	Implant Services	
D6010	Surgical placement of implant body: endosteal implant	\$1,788.57
D6011	Second Stage Implant Surgery	\$146.03
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	\$1,424.93
D6013	Surgical Placement Of Mini Implant	\$1,512.06
D6040	Surgical placement: eposteal implant	\$4,906.79
D6050	Surgical placement: transosteal implant	\$3,666.22
D6051	Placement of interim implant abutment	\$130.57
D6055	Connecting bar - implant supported or abutment supported	\$1,004.13
D6056	Prefabricated abutment - includes modification and placement	\$414.33
D6057	Custom fabricated abutment - includes placement	\$531.64
D6058	Abutment supported porcelain/ceramic crown	\$1,057.12

De De	Provider Network Dental Service Fee Schedule	DN0112
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$1,042.87
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$960.65
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$995.72
D6062	Abutment supported cast metal crown (high noble metal)	\$994.87
D6063	Abutment supported cast metal crown (predominantly base metal)	\$928.90
D6064	Abutment supported cast metal crown (noble metal)	\$930.20
D6065	Implant supported porcelain/ceramic crown	\$1,064.44
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$1,047.68
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$1,015.66
D6068	Abutment supported retainer for porcelain/ceramic FPD	\$1,068.40
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$1,048.58
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$988.89
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$1,000.04
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	\$1,012.79
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	\$979.45
D6074	Abutment supported retainer for cast metal FPD (noble metal)	\$982.30
D6075	Implant supported retainer for ceramic FPD	\$1,072.09
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	\$1,051.24
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	\$930.66
D6080	Implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prosthesis and abutments	\$90.78
D6081	Scaling and debridement of a single implant in the presence of mucositis, including inflammation, bleeding upon probing, and increased pocket depths; includes cleaning of the implant surfaces, without	\$77.64
D6082	Implant supported crown - porcelain fused to predominantly base alloys	\$1,064.34
D6083	Implant supported crown - porcelain fused to noble alloys	\$1,038.36
D6084	Implant supported crown - porcelain fused to titanium and titanium alloys	\$1,030.33
D6085	Interim implant crown	\$252.47
D6086	Implant supported crown - predominantly base alloys	\$911.63
D6087	Implant supported crown - noble alloys	\$867.09
D6088	Implant supported crown - titanium and titanium alloys	\$990.57
D6089	Accessing and retorquing loose implant screw - per screw	\$68.14
D6090	Repair of implant/abutment supported prosthesis	\$115.13
D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment	\$291.65
D6092	Recement or re-bond implant/abutment supported crown	\$81.35
D6093	Recement or re-bond implant/abutment supported fixed partial denture	\$102.35
D6094	Abutment supported crown - (titanium)	\$768.25
D6096	Remove broken implant retaining screw	\$68.14
D6097	Abutment supported crown - porcelain fused to titanium and titanium	\$1,027.29
D6098	Implant supported retainer - porcelain fused to predominantly base alloys	\$857.63
D6099	Implant supported retainer for FPD - porcelain fused to noble alloys	\$876.57
D6100	Surgical removal of implant body	\$312.41
D6101	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	\$318.41
D6102	Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	\$462.56
D6103	Bone graft for repair of peri-implant defect - does not include flap entry and closure	\$303.30
D6104	Bone Graft At Time Of Implant Placement	\$218.04
D6105	Removal of implant body not requiring bone removal nor flap elevation	\$101.21
D6106	Guided tissue regeneration - resorbable barrier, per implant	\$364.23
D6107	Guided tissue regeneration - non-resorbable barrier, per implant	\$443.73
D6110	Implant / abutment supported removable denture for edentulous arch - maxillary	\$1,523.81 \$4,523.84
D6111	Implant / abutment supported removable denture for edentulous arch - mandibular	\$1,523.81 \$4,525.46
D6112	Implant / abutment supported removable denture for partially edentulous arch - maxillary	\$1,525.46 \$1,525.46
D6113	Implant / abutment supported removable denture for partially edentulous arch - mandibular	\$1,525.46 \$2,147.56
D6114	Implant / abutment supported fixed denture for edentulous arch - maxillary	\$2,147.56 \$2,147.56
D6115	Implant / abutment supported fixed denture for edentulous arch - mandibular	\$2,147.56

Dental N	Provider Network Dental Service Fee Schedule	DN0112
D6116	Implant / abutment supported fixed denture for partially endentulous arch - maxillary	\$1,628.50
D6117	Implant / abutment supported fixed denture for partially edentulous arch - mandibular	\$1,628.50
D6118	Implant/abutment supported interim fixed denture for edentulous arch - mandibular	\$1,113.38
D6119	Implant/abutment supported interim fixed denture for edentulous arch - maxillary	\$1,113.38
D6120	Implant supported retainer - porcelain fused to titanium and titanium alloys	\$1,101.63
D6121	Implant supported retainer for metal FPD - predominantly base alloys	\$975.43
D6122	Implant supported retainer for metal FPD - noble alloys	\$1,033.79
D6123	Implant supported retainer for metal FPD - titanium and titanium alloys	\$1,024.59
D6190	Radiographic/surgical implant index, by report	\$212.83
D6191	Semi-precision abutment - placement	\$333.73
D6192	Semi-precision attachment - placement	\$36.18
D6194	Abutment supported retainer crown for FPD - (titanium)	\$824.44
D6195	Abutment supported retainer - porcelain fused to titanium and titanium alloys	\$885.64
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	\$109.34
D6198	Remove interim implant component	\$46.44
D6199	Unspecified implant procedure, by report	\$109.49
	IMPLANTS	
D6180	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments	\$90.78
D6193	Replacement of an implant screw	\$68.14
	Prosthodontics, Fixed	
D6205	Pontic - indirect resin based composite	\$498.22
D6210	Pontic - cast high noble metal	\$679.49
D6211	Pontic - cast predominantly base metal	\$634.28
D6212	Pontic - cast noble metal	\$669.15
D6214	Pontic - titanium	\$668.26
D6240	Pontic - porcelain fused to high noble metal	\$686.65
D6241	Pontic - porcelain fused to predominantly base metal	\$628.45
D6242	Pontic - porcelain fused to noble metal	\$661.76
D6243	Pontic - porcelain fused to titanium and titanium alloys	\$629.73
D6245	Pontic - porcelain/ceramic	\$729.22
D6250	Pontic - resin with high noble metal	\$691.30
D6251	Pontic - resin with predominantly base metal	\$636.34
D6252	Pontic - resin with noble metal	\$666.98
D6253	Interim pontic - further treatment or completion of diagnosis necessary prior to final impression	\$249.23
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$282.30
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$438.01
D6549	Retainer - for resin bonded fixed prosthesis	\$243.87
D6600	Retainer inlay - porcelain/ceramic, two surfaces	\$538.38
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	\$559.28
D6602	Retainer inlay - cast high noble metal, two surfaces	\$622.29
D6603	Retainer inlay - cast high noble metal, three or more surfaces	\$607.18
D6604	Retainer inlay - cast predominantly base metal, two surfaces	\$471.69
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	\$575.04
D6606	Retainer inlay - cast noble metal, two surfaces	\$531.97
D6607	Retainer inlay - cast noble metal, three or more surfaces	\$589.70
D6608	Retainer onlay -porcelain/ceramic, two surfaces	\$587.85
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	\$642.53
D6610	Retainer onlay - cast high noble metal, two surfaces	\$508.30
D6611	Retainer onlay - cast high noble metal, three or more surfaces	\$688.33
D6612	Retainer onlay - cast predominantly base metal, two surfaces	\$603.24
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	\$632.60
D6614	Retainer onlay - cast noble metal, two surfaces	\$606.97
D6615	Retainer onlay - cast noble metal, three or more surfaces	\$635.20
D6624	Retainer inlay - titanium	\$631.91

	Network America* Provider Network Dental Service Fee Schedule	DN0112
D6634	Retainer onlay - titanium	\$617.15
D6710	Retainer crown - indirect resin based composite	\$547.30
D6720	Retainer crown - resin with high noble metal	\$671.34
D6721	Retainer crown - resin with predominantly base metal	\$677.45
D6722	Retainer crown - resin with noble metal	\$684.35
D6740	Retainer crown - porcelain/ceramic	\$756.78
D6750	Retainer crown - porcelain fused to high noble metal	\$739.57
D6751	Retainer crown - porcelain fused to predominantly base metal	\$681.56
D6752	Retainer crown - porcelain fused to noble metal	\$704.50
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	\$611.29
D6780	Retainer crown - 3/4 cast high noble metal	\$744.94
D6781	Retainer crown - 3/4 cast predominantly base metal	\$695.03
D6782	Retainer crown - 3/4 cast noble metal	\$657.91
D6783	Retainer crown - 3/4 porcelain/ceramic	\$754.45
D6784	Retainer crown 3/4 - titanium and titanium alloys	\$703.61
D6790	Retainer crown - full cast high noble metal	\$727.83
D6791	Retainer crown - full cast predominantly base metal	\$665.45
D6792	Retainer crown - full cast noble metal	\$695.85
D6793	Interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression	\$255.13
D6794	Retainer crown - titanium	\$793.33
D6920	Connector bar	\$238.64
D6930	Re-cement or re-bond fixed partial denture	\$93.40
D6940	Stress breaker	\$224.88
D6950	Precision attachment	\$393.63
D6980	Fixed partial denture repair necessitated by restorative material failure	\$155.29
D6985	Pediatric partial denture, fixed	\$593.65
D6999	Unspecified fixed prosthodontic procedure, by report	\$101.44
	Oral and Maxillofacial Surgery	
D7111	Extraction, coronal remnants - primary tooth	\$75.57
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$101.21
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$178.61
D7220	Removal of impacted tooth - soft tissue	\$213.86
D7230	Removal of impacted tooth - partially bony	\$276.00
D7240	Removal of impacted tooth - completely bony	\$319.10
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$399.38
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$184.18
D7251	Coronectomy - Intentional Partial Tooth Removal, impacted teeth only	\$329.08
D7260	Oroantral fistula closure	\$917.72
D7261	Primary closure of a sinus perforation	\$426.00 \$344.64
D7270 D7272	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth  Tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization)	\$314.64 \$452.03
D7272	Surgical access of an unerupted tooth	\$344.12
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$183.81
D7283	Placement of device to facilitate eruption of impacted tooth	\$149.52
D7284	Excisional biopsy of minor salivary glands	\$260.03
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	\$557.78
D7286	Incisional biopsy of oral tissue - soft	\$275.33
D7287	Exfoliative cytological sample collection	\$117.30
D7288	Brush biopsy - transepithelial sample collection	\$107.80
D7290	Surgical repositioning of teeth	\$292.67
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$92.47
D7292	Placement of temporary anchorage device [screw retained plate] requiring surgical flap;	\$401.34
D7293	Placement of temporary anchorage device requiring surgical flap;	\$234.67
D7294	Placement of temporary anchorage device without flap;	\$264.32

De De	ntal Network   Provider Network Dental Service Fee Schedule	DN0112
D7295	Harvest Of Bone For Use In Autogenous Grafting Procedure	\$405.90
D7296	Corticotomy - one to three teeth or tooth spaces, per quadrant	\$452.09
D7297	Corticotomy - four or more teeth or tooth spaces, per quadrant	\$1,450.89
D7298	Removal of temporary anchorage device [screw retained plate], requiring flap	\$75.57
D7299	Removal of temporary anchorage device requiring flap	\$75.57
D7300	Removal of temporary anchorage device without flap	\$75.57
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$194.00
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$154.75
D7320	Alveoloplasty not in conjunction with extractions -four or more teeth or tooth spaces, per quadrant	\$492.80
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$408.68
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	\$2,026.63
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	\$5,260.17
D7410	Excision of benign lesion up to 1.25 cm	\$429.52
D7411	Excision of benign lesion greater than 1.25 cm	\$656.61
D7412	Excision of benign lesion, complicated	\$721.14
D7413	Excision of malignant lesion up to 1.25 cm	\$552.60
D7414	Excision of malignant lesion greater than 1.25 cm	\$838.17
D7415	Excision of malignant lesion, complicated	\$1,027.17
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	\$695.45
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	\$1,021.00
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$437.09
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$687.58
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$439.32
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$693.99
D7465	Destruction of lesion(s) by physical or chemical method, by report	\$237.92
D7471	Removal of lateral exostosis (maxilla or mandible)	\$570.37
D7472	Removal of torus palatinus	\$716.95
D7473	Removal of torus mandibularis	\$645.02
D7485	Surgical reduction of osseous tuberosity	\$559.81
D7490	Radical resection of maxilla or mandible	\$516.32
D7509	Marsupialization of odontogenic cyst	\$166.98
D7510	Incision and drainage of abscess - intraoral soft tissue	\$166.98
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$252.17
D7520	Incision and drainage of abscess - extraoral soft tissue	\$233.23
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$285.46
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$162.34
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	\$299.43
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	\$192.33
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$567.28
D7610	Maxilla - open reduction (teeth immobilized, if present)	\$130.30
D7620	Maxilla - closed reduction (teeth immobilized, if present)	\$1,012.53
D7630	Mandible - open reduction (teeth immobilized, if present)	\$3,047.91
D7640	Mandible - closed reduction (teeth immobilized, if present)	\$377.51
D7650	Malar and/or zygomatic arch - open reduction	\$377.95
D7670	Alveolus closed reduction may include stabilization of teeth	\$437.88
D7671	Alveolus, open reduction may include stabilization of teeth	\$1,173.10
D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches	\$126.27
D7710	Maxilla open reduction	\$147.15
D7720	Maxilla - closed reduction	\$162.54
D7730	Mandible - open reduction	\$3,302.69
D7740	Mandible - closed reduction	\$1,665.21
D7750	Malar and/or zygomatic arch - open reduction	\$140.06
D7770	Alveolus - open reduction stabilization of teeth	\$182.61
D7771	Alveolus, closed reduction stabilization of teeth	\$636.57
D7780	Facial bones - complicated reduction with fixation and multiple approaches	\$185.12
		+

De	Provider Network Dental Service Fee Schedule	DN0112
D7810	Open reduction of dislocation	\$442.46
D7820	Closed reduction of dislocation	\$105.01
D7830	Manipulation under anesthesia	\$575.22
D7850	Surgical discectomy, with/without implant	\$129.11
D7852	Disc repair	\$27.02
D7870	Arthrocentesis	\$434.42
D7871	Non-arthroscopic lysis and lavage	\$640.15
D7873	Arthroscopy - surgical: lavage and lysis of adhesions	\$2,162.27
D7880	Occlusal orthotic device, by report	\$509.54
D7881	Occlusal orthotic device adjustment	\$68.86
D7899	Unspecified TMD therapy, by report	\$107.46
D7910	Suture of recent small wounds up to 5 cm	\$63.02
D7911	Complicated suture - up to 5 cm	\$198.61
D7912	Complicated suture - greater than 5 cm	\$580.40
D7920	Skin graft (identify defect covered, location and type of graft)	\$71.94
D7921	Collection And Application Of Autologous Blood Concentrate Product	\$140.70
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	\$29.95
D7939	Indexing for osteotomy using dynamic robotic assisted or dynamic navigation	\$212.83
D7940	Osteoplasty - for orthognathic deformities	\$1,020.19
D7941	Osteotomy - mandibular rami	\$4,291.91
D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft	\$701.07
D7944	Osteotomy - segmented or subapical	\$456.99
D7945	Osteotomy - body of mandible	\$118.37
D7946	LeFort I (maxilla - total)	\$5,983.76
D7949	LeFort II or LeFort III - with bone graft	\$1,211.83
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	\$502.62
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	\$1,158.43
D7952	Sinus Augmentation Via A Vertical Approach	\$569.74
D7953	Bone replacement graft for ridge preservation - per site	\$217.90
D7955	Repair of maxillofacial soft and/or hard tissue defect	\$506.95
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site	\$364.23
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site	\$443.73
D7961	Buccal / labial frenectomy (frenulectomy)	\$345.94
D7962	Lingual frenectomy (frenulectomy)	\$345.94
D7963	Frenuloplasty	\$442.65
D7970	Excision of hyperplastic tissue - per arch	\$336.26
D7971	Excision of pericoronal gingiva	\$141.21
D7972	Surgical reduction of fibrous tuberosity	\$402.70
D7980	Sialolithotomy	\$384.60
D7981	Excision of salivary gland, by report	\$273.25
D7982	Sialodochoplasty	\$606.45
D7983	Closure of salivary fistula	\$145.78
D7990	Emergency tracheotomy	\$100.17
D7991	Coronoidectomy	\$421.65
D7993	Surgical placement of craniofacial implant - extra oral	\$863.03
D7994	Surgical placement: zygomatic implant	\$816.62
D7995	Synthetic graft - mandible or facial bones, by report	\$165.79
D7996	Implant-mandible for augmentation purposes (excluding alveolar ridge), by report	\$8.45
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	\$121.82
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	\$359.88
D7999	Unspecified oral surgery procedure, by report	\$66.42
	ORAL SURGERY	
D7252	Partial extraction for immediate implant replacement	\$277.41
D7259	Nerve dissection	\$200.00



	Network Provider Ne	Provider Network Dental Service Fee Schedule	
	Orthodontics		
D8010	Limited orthodontic treatment of the primary dentition		\$2,513.88
D8020	Limited orthodontic treatment of the transitional dentition	on	\$2,598.39
D8030	Limited orthodontic treatment of the adolescent dentition		\$1,492.31
D8040	Limited orthodontic treatment of the adult dentition		\$1,616.00
D8070	Comprehensive orthodontic treatment of the transition	al dentition	\$4,989.49
D8080	Comprehensive orthodontic treatment of the adolesce		\$5,039.52
D8090	Comprehensive orthodontic treatment of the adult den		\$5,024.19
D8091	Comprehensive orthodontic treatment with orthognath		\$5,024.19
D8210	Removable appliance therapy	o surgery	\$643.02
D8220	Fixed appliance therapy		\$685.17
D8660	Pre-orthodontic treatment examination to monitor grow	yth and development	\$168.40
D8670	Periodic orthodontic treatment visit	and development	\$250.67
D8671	Periodic orthodontic treatment visit associated with ort	hognathic curgery	\$250.67
D8680			\$399.50
D8681	Orthodontic retention (removal of appliances, construct	tion and placement or retainer(s))	\$91.25
	Removable orthodontic retainer adjustment	that then completion of treatment	\$85.31
D8695	Removal of fixed orthodontic appliances for reasons of	rier than completion of treatment	
D8696	Repair of orthodontic appliance - maxillary		\$123.66 \$444.30
D8697	Repair of orthodontic appliance - mandibular		\$114.20
D8698	Re-cement or re-bond fixed retainer - maxillary		\$71.37
D8699	Re-cement or re-bond fixed retainer - mandibular		\$58.51
D8701	Repair of fixed retainer, includes reattachment - maxill		\$96.39
D8702	Repair of fixed retainer, includes reattachment - mand	bular	\$103.62
D8703	Replacement of lost or broken retainer - maxillary		\$110.27
D8704	Replacement of lost or broken retainer - mandibular		\$100.09
D8999	Unspecified orthodontic procedure, by report		\$532.22
	Adjunctive General Services		
D9110	Palliative treatment of dental pain - per visit		\$72.18
D9120	Fixed partial denture sectioning		\$81.53
D9130	Temporomandibular joint dysfunction - non-invasive pl	nysical therapies	\$67.51
D9210	Local anesthesia not in conjunction with operative or s	urgical procedures	\$0.00
D9211	Regional block anesthesia		\$0.00
D9212	Trigeminal division block anesthesia		\$0.00
D9215	Local anesthesia		\$0.00
D9219	Evaluation for deep sedation or general anesthesia		\$43.45
D9222	Deep sedation/general anesthesia - first 15 minutes		\$124.41
D9223	Deep sedation/general anesthesia - each subsequent	15 minute increment	\$124.41
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide		\$37.86
D9239	Intravenous moderate (conscious) sedation/analgesia	- first 15 minutes	\$97.32
D9243	Intravenous moderate (conscious) sedation/analgesia	- each subsequent 15 minute increment	\$97.32
D9248	Non-intravenous (conscious) sedation		\$89.53
D9310	Consultation - diagnostic service provided by dentist o	r physician other than requesting dentist or physician	\$111.24
D9311	Consultation with medical health care professional		\$109.64
D9410	House/extended care facility call		\$112.74
D9420	Hospital or ambulatory surgical center call		\$201.37
D9430	Office visit for observation (during regularly scheduled	hours) - no other services performed	\$41.25
D9440	Office visit - after regularly scheduled hours		\$86.37
D9450	Case presentation, subsequent to detailed and extens	ive treatment planning	\$81.25
D9610	Therapeutic parenteral drug, single administration		\$41.37
D9612	Therapeutic parenteral drugs, two or more administrat	ons, different medications	\$58.47
D9613	Infiltration of sustained release therapeutic drug, per q	uadrant	\$65.14
D9630	Drugs or medicaments dispensed in the office for hom	e use	\$22.46
D0040	A DE AL CALL THE A		<b>#00.05</b>

\$29.95

\$35.03

\$0.00

Pre-visit patient screening

Application of desensitizing medicament

Application of desensitizing resin for cervical and/or root surface, per tooth

D9910

D9911

D9912

De De	ental Network of America°	Provider Network Dental Service Fee Schedule	DN0112
D9920	Behavior management, by repo	rt	\$64.71
D9930	Treatment of complications (pos	st-surgical) - unusual circumstances, by report	\$55.68
D9932	Cleaning and inspection or remo	ovable complete denture, maxillary	\$55.73
D9933	Cleaning and inspection of remo	ovable complete denture, mandibular	\$53.33
D9934	Cleaning and inspection of remo	ovable partial denture, maxillary	\$56.68
D9935	Cleaning and inspection of remo	ovable partial denture, mandibular	\$56.04
D9938	Fabrication of a custom remova	ble clear plastic temporary aesthetic appliance	\$117.82
D9939	Placement of a custom removal	ole clear plastic temporary aesthetic appliance	\$117.82
D9941	Fabrication of athletic mouthgua	ard	\$128.86
D9942	Repair and/or reline of occlusal	guard	\$124.74
D9943	Occlusal guard adjustment		\$62.46
D9944	Occlusal guard - hard appliance	, full arch	\$408.58
D9945	Occlusal guard - soft appliance,	full arch	\$364.12
D9946	Occlusal guard - hard appliance	, partial arch	\$392.87
D9947	Custom sleep apnea appliance	fabrication and placement	\$509.54
D9948	Adjustment of custom sleep apr	nea appliance	\$68.86
D9949	Repair of custom sleep apnea a	ppliance	\$124.74
D9950	Occlusion analysis - mounted ca	ase	\$100.00
D9951	Occlusal adjustment - limited		\$78.08
D9952	Occlusal adjustment - complete		\$397.64
D9953	Reline custom sleep apnea app	liance (indirect)	\$124.74
D9954	Fabrication and delivery of oral	appliance therapy (OAT) morning repositioning device	\$401.78
D9955	Oral appliance therapy (OAT) tit	eration visit	\$49.28
D9956	Administration of home sleep ap	onea test	\$16.71
D9957	Screening for sleep related brea	athing disorders	\$30.38
D9961	Duplicate/copy patient's records		\$39.48
D9970	Enamel microabrasion		\$49.22
D9971	Odontoplasty 1 - 2 teeth; include	es removal of enamel projections	\$60.88
D9972	External bleaching - per arch - p	performed in office	\$240.09
D9973	External bleaching - per tooth		\$52.31
D9974	Internal bleaching - per tooth		\$219.16
D9975	External Bleaching For Home A	pplication, Per Arch; Includes Materials And Fabrication Of Custom Trays	\$135.23
D9986	Missed appointment		\$26.70
D9987	Cancelled appointment		\$25.72
D9990	Certified translation or sign-lang	uage services - per visit	\$15.15
D9991	Dental case management - add	ressing appointment compliance barriers	\$31.48
D9992	Dental case management - care	coordination	\$50.26
D9993	Dental case management - mot	ivational interviewing	\$34.96
D9994	Dental case management - patie	ent education to improve oral health literacy	\$492.96
D9995	Teledentistry - synchronous; rea	al-time encounter	\$94.10
D9996	• • •	formation stored and forwarded to dentist for subsequent review	\$92.76
D9997	Dental case management - patie	ents with special health care needs	\$29.27
	ADJUNCTIVE		
D9913	Administration of neuromodulate	ors	\$16.71
D9914	Administration of dermal fillers		\$16.71
	SLEEP APNEA SERVICES		
D9959	Unspecified sleep apnea service	es procedure, by report	\$101.44

## **Notes on Procedures and Additional Information**

Compensation for services listed on this Schedule shall not exceed the lesser of the contracted amount or the usual office charge. Services including office overhead, infection control, D5410/D5411/D5421/ D5422/ (if within 6 months of initial denture delivery and by original dentists), and D0396/D1301/D1310/ D1320/ D1321/ D1330/D2956/D9210/D9211/D9212/D9215/D9912 will all be provided at no charge to member and/or carrier