

Provider Network Dental Service Fee Schedule DN0106 Diagnostic D0120 \$30.49 Periodic oral evaluation - established patient D0140 Limited oral evaluation - problem focused \$47.84 D0145 Oral evaluation for a patient under three years of age \$44.94 D0150 Comprehensive oral evaluation - new or established patient \$49.98 D0160 Detailed and extensive oral evaluation - problem focused \$108.74 D0170 Re-evaluation - limited, problem focused (established patient; not post-operative visit) \$35.54 D0171 Re-evaluation - post operative office visit \$32.35 D0180 Comprehensive periodontal evaluation - new or established patient \$55.26 D0190 Screening Of A Patient \$28.11 \$22.62 D0191 Assessment Of A Patient D0210 Intraoral - comprehensive series of radiographic images \$81.81 D0220 \$16.89 Intraoral - periapical first film Intraoral - periapical each additional film D0230 \$13.78 D0240 Intraoral - occlusal film \$23.88 \$29.32 D0250 Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector Extra-oral posterior dental radiographic image D0251 \$29.99 D0270 Bitewing - single film \$17.18 \$26.53 D0272 Bitewings - two films \$34.13 D0273 Bitewings - three films Bitewings - four films \$38.55 D0274 D0277 Vertical bitewings - 7 to 8 films \$56.91 D0310 Sialography \$66.67 D0320 Temporomandibular joint arthrogram, including injection \$340.70 D0321 Other temporomandibular joint films, by report \$89.45 D0322 Tomographic survey \$340.70 D0330 Panoramic film \$71.81 D0340 2D cephalometric radiographic image \$77.54 \$45.96 D0350 2D oral/facial photographic image obtained intra-orally or extra-orally D0364 Cone Beam Ct Capture And Interpretation With Limited Field Of View - Less Than One Whole Jaw \$139.36 D0365 Cone Beam Ct Capture And Interpretation With Field Of View Of One Full Dental Arch - Mandible \$173.64 Cone Beam Ct Capture And Interpretation With Field Of View Of One Full Dental Arch - Maxilla, With Or Without D0366 \$180.48 Cranium \$191.75 D0367 Cone Beam Ct Capture And Interpretation With Field Of View Of Both Jaws; With Or Without Cranium Cone Beam Ct Capture And Interpretation For Tmj Series Including Two Or More Exposures \$190.63 D0368 D0369 Maxillofacial Mri Capture And Interpretation \$137.43 D0370 Maxillofacial Ultrasound Capture And Interpretation \$69.03 D0372 Intraoral tomosynthesis - comprehensive series of radiographic images \$81.81 \$17.18 D0373 Intraoral tomosynthesis - bitewing radiographic image D0374 Intraoral tomosynthesis - periapical radiographic image \$16.89 D0380 Cone Beam Ct Image Capture With Limited Field Of View - Less Than One Whole Jaw \$127.55 D0381 Cone Beam Ct Image Capture With Field Of View Of One Full Dental Arch - Mandible \$137.61 D0382 Cone Beam Ct Image Capture With Field Of View Of One Full Dental Arch - Maxilla, With Or Without Cranium \$136.26 Cone Beam Ct Image Capture With Field Of View Of Both Jaws; With Or Without Cranium D0383 \$154.11 D0384 Cone Beam Ct Image Capture For Tmj Series Including Two Or More Exposures \$165.28 D0385 Maxillofacial Mri Image Capture \$1,022.19 D0386 Maxillofacial Ultrasound Image Capture \$252.67 D0387 Intraoral tomosynthesis - comprehensive series of radiographic images - image capture only \$75.16 Intraoral tomosynthesis - bitewing radiographic image - image capture only \$16.03 D0388 D0389 Intraoral tomosynthesis - periapical radiographic image - image capture only \$16.37 D0391 Interpretation Of Diagnostic Image By A Practitioner Not Associated With Capture Of The Image, Including Report \$105.77 D0393 Virtual treatment simulation using 3D Image Volume or surface scan \$99.14

3D printing of a 3D dental surface scan

Digital Subtraction Of Two Or More Images Or Image Volumes Of The Same Modality

Fusion Of Two Or More 3D Image Volumes Of One Or More Modalities

\$167.68

\$179.02

\$0.00

D0394

D0395

D0396

	Provider Network Dental Service Fee Schedule	DN0106
D0411	HbA1c in-office point of service testing	\$18.78
D0412	Blood glucose level test - in-office using a glucose meter	\$13.48
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	\$28.29
D0415	Collection of microorganisms for culture and sensitivity	\$30.91
D0416	Viral culture	\$52.57
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing	\$41.90
D0418	Analysis of saliva sample	\$39.89
D0419	Assessment of salivary flow by measurement	\$13.77
D0422	Collection and preparation of genetic sample material for laboratory analysis and report	\$26.46
D0423	Genetic test for susceptibility to diseases - specimen analysis	\$72.32
D0425	Caries susceptibility tests	\$17.53
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	\$16.59
D0460	Pulp vitality tests	\$30.06
D0470	Diagnostic casts	\$65.62
D0472	Accession of tissue, gross examination, preparation and transmission of written report	\$33.60
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	\$58.32
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	\$79.17
D0475	Decalcification procedure	\$45.40
D0476	Special stains for microorganisms	\$39.07
D0477	Special stains, not for microorganisms	\$30.43
D0478	Immunohistochemical stains	\$42.61
D0479	Tissue in-situ hybridization, including interpretation	\$26.68
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	\$24.91
D0481	Electron microscopy	\$108.32
D0482	Direct immunofluorescence	\$26.68
D0483	Indirect immunofluorescence	\$23.25
D0484	Consultation on slides prepared elsewhere	\$45.80
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source	\$46.19
D0486	Accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	\$182.75
D0502	Other oral pathology procedures, by report	\$32.27
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin and cementum	\$17.30
D0601	Caries Risk Assessment And Documentation, With A Finding Of Low Risk	\$14.86
D0602	Caries Risk Assessment And Documentation, With A Finding Of Moderate Risk	\$14.74
D0603	Caries Risk Assessment And Documentation, With A Finding Of High Risk	\$15.49
D0604	Antigen testing for a public health related pathogen including coronavirus	\$13.48
D0605	Antibody testing for a public health related pathogen including coronavirus	\$13.48
D0606	Molecular testing for a public health related pathogen, including coronavirus	\$13.48
D0701	Panoramic radiographic image - image capture only	\$65.05
D0702	2-D cephalometric radiographic image - image capture only	\$55.44
D0703	2D oral/facial photographic image obtained intra-orally or extra-orally - image capture	\$28.57
D0705	Extra-oral posterior dental radiographic image - image capture only	\$36.34
D0706	Intraoral - occlusal radiographic image - image capture only	\$21.83
D0707	Intraoral - periapical radiographic image - image capture only	\$16.37
D0708	Intraoral - bitewing radiographic image - image capture only	\$16.03 \$75.16
D0709	Intraoral - comprehensive series of radiographic images - image capture only	\$75.16 \$45.06
D0801	3D intraoral surface scan - direct	\$45.96 \$45.06
D0802	3D dental surface scan - indirect	\$45.96 \$45.06
D0803 D0804	3D facial surface scan - direct 3D facial surface scan - indirect	\$45.96 \$45.96
D0804 D0999	Unspecified diagnostic procedure, by report	\$45.96 \$45.05
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D1110	Prophylaxis - adult	\$57.58
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De De	Provider Network Dental Service Fee Schedule	DN0106		
D1120	Prophylaxis - child	\$42.65		
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients			
D1208	Topical application of fluoride - exluding varnish			
D1301	Immunization counseling			
D1310	Nutritional counseling for control of dental disease			
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	\$34.47		
D1352	Preventive Resin Restoration In A Moderate To High Caries Risk Patient - Permanent Tooth	\$39.28		
D1353	Sealant repair - per tooth	\$26.22		
D1354	Application of caries arresting medicament - per tooth	\$61.07		
D1355	Caries preventive medicament application - per tooth	\$32.27		
D1510	Space maintainer - fixed - unilateral	\$210.19		
D1516	Space maintainer - fixed - bilateral, maxillary	\$280.15		
D1517	Space maintainer - fixed - bilateral, mandibular	\$280.15		
D1520	Space maintainer - removable - unilateral	\$234.45		
D1526	Space maintainer - removable - bilateral, maxillary	\$360.71		
D1527	Space maintainer - removable - bilateral, mandibular	\$360.71		
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	\$44.70		
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	\$44.70		
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	\$44.70		
D1556	Removal of fixed unilateral space maintainer - per quadrant	\$44.70		
D1557	Removal of fixed bilateral space maintainer - maxillary	\$44.70		
D1558	Removal of fixed bilateral space maintainer - mandibular	\$44.70		
D1575	Distal shoe space maintainer - fixed - unilateral	\$210.19 \$40.00		
D1701	Pfizer-BioNTech Covid-19 vaccine administration - first dose			
D1702	Pfizer-BioNTech Covid-19 vaccine administration - second dose			
D1703	Moderna Covid-19 vaccine administration - first dose			
D1704	Moderna Covid-19 vaccine administration - second dose			
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	\$16.52		
	Restorative			
D2140	Amalgam - one surface, primary or permanent	\$80.08		
D2150	Amalgam - two surfaces, primary or permanent	\$99.51		
D2160	Amalgam - three surfaces, primary or permanent	\$119.47		
D2161	Amalgam - four or more surfaces, primary or permanent	\$143.79		
D2330	Resin-based composite - one surface, anterior	\$94.64		
D2331	Resin-based composite - two surfaces, anterior	\$116.70		
D2332	Resin-based composite - three surfaces, anterior	\$140.86		
D2335	Resin-based composite - four or more surfaces (anterior)	\$169.59		
D2390	Resin-based composite crown, anterior	\$199.29		

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D2391	Resin-based composite - one surface, posterior	\$104.90
D2392	Resin-based composite - two surfaces, posterior	\$136.16
D2393	Resin-based composite - three surfaces, posterior	\$168.61
D2394	Resin-based composite - four or more surfaces, posterior	\$202.88
D2410	Gold foil - one surface	\$204.96
D2420	Gold foil - two surfaces	\$411.49
D2430	Gold foil - three surfaces	\$561.96
D2510	Inlay - metallic - one surface	\$435.97
D2520	Inlay - metallic - two surfaces	\$572.03
D2530	Inlay - metallic - three or more surfaces	\$608.93
D2542	Onlay - metallic-two surfaces	\$603.32
D2543	Onlay - metallic-three surfaces	\$637.92
D2544	Onlay - metallic-four or more surfaces	\$684.81
D2610	Inlay - porcelain/ceramic - one surface	\$488.79
D2620	Inlay - porcelain/ceramic - two surfaces	\$506.55
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$556.05
D2642	Onlay - porcelain/ceramic - two surfaces	\$617.34
D2643	Onlay - porcelain/ceramic - three surfaces	\$664.47
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$691.77
D2650	Inlay - resin-based composite - one surface	\$316.84
D2651	Inlay - resin-based composite - two surfaces	\$434.32
D2652	Inlay - resin-based composite - three or more surfaces	\$432.79
D2662	Onlay - resin-based composite - two surfaces	\$447.57
D2663	Onlay - resin-based composite - three surfaces	\$487.60
D2664	Onlay - resin-based composite - four or more surfaces	\$505.72
D2710	Crown - resin-based composite (indirect)	\$336.38
D2712	Crown - 3/4 resin-based composite (indirect)	\$362.96
D2720	Crown - resin with high noble metal	\$715.96
D2721	Crown - resin with predominantly base metal	\$674.96
D2722	Crown - resin with noble metal	\$689.73
D2740	Crown - porcelain/ceramic	\$731.22
D2750	Crown - porcelain fused to high noble metal	\$700.51
D2751	Crown - porcelain fused to predominantly base metal	\$650.97
D2752	Crown - porcelain fused to noble metal	\$677.15
D2753	Crown - porcelain fused to titanium and titanium alloys	\$674.72
D2780	Crown - 3/4 cast high noble metal	\$696.60
D2781	Crown - 3/4 cast predominantly base metal	\$639.51
D2782	Crown - 3/4 cast noble metal	\$680.75
D2783	Crown - 3/4 porcelain/ceramic	\$718.26
D2790	Crown - full cast high noble metal	\$702.15
D2791	Crown - full cast predominantly base metal	\$637.52
D2792	Crown - full cast noble metal	\$666.47
D2794	Crown - titanium	\$701.03
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	\$62.05
D2915	Re-cement or re-bond indirectly fabricated prefabricated post and core	\$61.82
D2920	Re-cement or re-bond crown	\$62.08
D2921	Reattachment Of Tooth Fragment, Incisal Edge Or Cusp	\$91.37
D2928	Prefabricated porcelain / ceramic crown - permanent tooth	\$229.13
D2929	Prefabricated Porcelain/Ceramic Crown - Primary Tooth	\$219.96
D2930	Prefabricated stainless steel crown - primary tooth	\$186.58
D2931	Prefabricated stainless steel crown - permanent tooth	\$209.08
D2932	Prefabricated resin crown	\$204.23
D2933	Prefabricated stainless steel crown with resin window	\$233.47
D2934	Prefabricated esthetic coated stainless steel crown	\$219.96

Dental I	Provider Network Dental Service Fee Schedule	DN0106
D2940	Placement of interim direct restoration	\$65.15
D2949	Restorative Foundation For An Indirect Restoration	\$78.31
D2950	Core buildup, including any pins	\$164.17
D2951	Pin retention - per tooth, in addition to restoration	\$33.26
D2952	Post and core in addition to crown, indirectly fabricated	\$238.40
D2953	Each additional indirectly fabricated post - same tooth	\$132.59
D2954	Prefabricated post and core in addition to crown	\$202.70
D2955	Post removal (not in conjunction with endodontic therapy)	\$159.68
D2956	Removal of an indirect restoration on a natural tooth	\$0.00
D2957	Each additional prefabricated post - same tooth	\$98.51
D2960	Labial veneer (resin laminate) - chairside	\$540.72
D2961	Labial veneer (resin laminate) - laboratory	\$589.91
D2962	Labial veneer (porcelain laminate) - laboratory	\$673.09
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework	\$100.13
D2975	Coping	\$290.51
D2976	Band stabilization - per tooth	\$44.70
D2980	Crown repair, by report	\$122.36
D2981	Inlay Repair Necessitated By Restorative Material Failure	\$122.36
D2982	Onlay Repair Necessitated By Restorative Material Failure	\$122.36
D2983	Veneer Repair Necessitated By Restorative Material Failure	\$122.36
D2989	Excavation of a tooth resulting in the determination of non-restorability	\$64.77
D2990	Resin Infiltration Of Incipient Smooth Surface Lesions	\$50.47
D2991	Application of hydroxyapatite regeneration medicament - per tooth	\$32.27
D2999	Unspecified restorative procedure, by report	\$82.80
	Endodontics	
D3110	Pulp cap - direct (excluding final restoration)	\$49.82
D3120	Pulp cap - indirect (excluding final restoration)	\$41.83
D3220	Therapeutic pulpotomy (excluding final restoration)	\$112.39
D3221	Pulpal debridement, primary and permanent teeth	\$124.85
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$130.44 \$131.31
D3230 D3240	Pulpal therapy (resorbable filling) - anterior, primary tooth Pulpal therapy (resorbable filling) - posterior, primary tooth	\$131.21 \$148.74
D3240 D3310	Anterior (excluding final restoration)	\$146.74 \$456.88
D3310	Endodontic therapy, premolar tooth (excluding final restoration)	\$549.39
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$723.58
D3331	Treatment of root canal obstruction; non-surgical access	\$182.49
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$349.15
D3333	Internal root repair of perforation defects	\$156.68
D3346	Retreatment of previous root canal therapy - anterior	\$614.26
D3347	Retreatment of previous root canal therapy - premolar	\$717.05
D3348	Retreatment of previous root canal therapy - molar	\$860.42
D3351	Apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	\$252.67
D3352	Apexification/recalcification - interim medication	\$115.20
D3353	Apexification/recalcification - final visit	\$353.09
D3355	Pulpal Regeneration - Initial Visit	\$257.31
D3356	Pulpal Regeneration - Interim Medication Replacement	\$125.84
D3357	Pulpal Regeneration - Completion Of Treatment	\$272.70
D3410	Apicoectomy - anterior	\$523.69
D3421	Apicoectomy premolar (first root)	\$574.82
D3425	Apicoectomy - molar (first root)	\$652.51
D3426	Apicoectomy - (each additional root)	\$217.65
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	\$156.01
D3431	Biologic Materials To Aid In Soft And Osseous Tissue Regeneration In Conjunction With Periradicular Surgery	\$327.38

De De	ental Network of America®	Provider Network Dental Service Fee Schedule	DN0106	
D3432	Guided 7	Fissue Regeneration, Resorbable Barrier, Per Site, In Conjunction With Periradicular Surgery	\$336.71	
D3450		Root amputation - per root		
D3460		Endodontic endosseous implant		
D3470	Intention	Intentional reimplantation (including necessary splinting)		
D3471	Surgical	repair of root resorption - anterior	\$491.11	
D3472	Surgical	repair of root resorption - premolar	\$491.11	
D3473	Surgical	repair of root resorption - molar	\$491.11	
D3501	Surgical	exposure of root surface without apicoectomy or repair of root resorption - anterior	\$491.11	
D3502	Surgical	exposure of root surface without apicoectomy or repair of root resorption - premolar	\$491.11	
D3503	Surgical	exposure of root surface without apicoectomy or repair of root resorption - molar	\$491.11	
D3910	Surgical	procedure for isolation of tooth with rubber dam	\$89.75	
D3911	Intraorific	ce barrier	\$65.15	
D3920	Hemised	tion (including any root removal), not including root canal therapy	\$255.76	
D3921	Decoron	ation or submergence of an erupted tooth	\$98.88	
D3950	Canal pr	eparation and fitting of preformed dowel or post	\$109.76	
D3999	Unspecif	fied endodontic procedure, by report	\$69.18	
	Periodo	ontics		
D4210	Gingived	ctomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$388.93	
D4211	Gingived	ctomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$163.32	
D4212	Gingived	ctomy Or Gingivoplasty To Allow Access For Restorative Procedure, Per Tooth	\$152.09	
D4230	Anatomi	cal crown exposure - four or more contiguous teeth or bounded tooth spaces per quadrant	\$492.98	
D4231		cal crown exposure - one to three teeth or bounded tooth spaces per quadrant	\$219.62	
D4240	Gingival	flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$465.25	
D4241	•	flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$276.02	
D4245		positioned flap	\$372.20	
D4249		crown lengthening - hard tissue	\$534.11	
D4260	spaces p	s surgery (including elevation of full thickness flap and closure) - four or more contiguous teeth or tooth bounded ber quadrant	\$754.77	
D4261		s surgery (including elevation of full thickness flap and closure) - one to three contiguous teeth or tooth bonded per quadrant	\$427.90	
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	\$203.88	
D4266		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	\$248.62	
D4270		soft tissue graft procedure	\$583.29	
D4273	edentulo	ous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or ous tooth position in graft	\$669.39	
D4274	Mesial/d anatomio	istal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same cal area)	\$278.98	
D4275		ogenous connective tissue graft (including recipient site and donor material) first tooth, implant or edentulous sition in graft	\$512.76	
D4276	Combine	ed connective tissue and pedicle graft, per tooth	\$758.84	
D4277	Free Sof position	it Tissue Graft Procedure (including recipient and donor surgical sites), first tooth, implant, or edentulous tooth in graft	\$589.92	
D4278		t Tissue Graft Procedure (Including recipient and donor surgical sites), each additional contiguous tooth, or edentulous tooth position in same graft site	\$494.92	
D4283		ous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous plant or edentulous tooth position in same graft site	\$624.60	
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	\$493.59	
D4286	•	I of non-resorbable barrier	\$44.70	
D4322	Splint - iı	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	\$165.91	
D4342	Periodor	ntal scaling and root planing - one to three teeth per quadrant	\$91.07	
D4346	Scaling i	n the presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	\$92.31	

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D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	\$105.38
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$92.97
D4910	Periodontal maintenance	
D4920	Unscheduled dressing change (by someone other than treating dentist)	
D4921	Gingival Irrigation with a medicinal agent - Per Quadrant	
	Prosthodontics, Removable	
D5110	Complete denture - maxillary	\$887.83
D5120	Complete denture - mandibular	\$887.83
D5130	Immediate denture - maxillary	\$962.10
D5140	Immediate denture - mandibular	\$962.10
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$748.81
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$871.75
D5213	Maxillary partial denture - cast metal framework (including any conventional clasps, rests and teeth)	\$978.57
D5214	Mandibular partial denture - cast metal framework (including any conventional clasps, rests and teeth)	\$978.57
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$734.30
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$815.92
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$1,037.09
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$1,056.24
D5225	Maxillary partial denture - flexible base (including any conventional clasps, rests and teeth)	\$896.70
D5226	Mandibular partial denture - flexible base (including any conventional clasps, rests and teeth)	\$910.02
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$896.70
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$910.02
D5282	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary	\$526.46
D5283	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular	\$518.13
D5284	Removable unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant	\$499.14
D5286	Removable unilateral partial denture - one piece resin (including clasps and teeth) - per quadrant	\$524.74
D5410	Adjust complete denture - maxillary	\$47.71
D5411	Adjust complete denture - mandibular	\$47.83
D5421	Adjust partial denture - maxillary	\$50.40
D5422	Adjust partial denture - mandibular	\$50.01
D5511	Repair broken complete denture base, mandibular	\$100.49
D5512	Repair broken complete denture base, maxillary	\$99.56
D5520	Replace missing or broken teeth - complete denture - per tooth	\$84.76
D5611	Repair resin partial denture base, mandibular	\$106.53
D5612	Repair resin partial denture base, maxillary	\$103.82
D5621	Repair cast partial framework, mandibular	\$128.41 \$120.22
D5622	Repair cast partial framework, maxillary	\$129.23 \$123.46
D5630	Repair or replace broken clasp - per tooth	\$133.16 \$92.03
D5640	Replace missing or broken teeth - partial denture - per tooth	\$119.38
D5650 D5660	Add class to existing partial denture - per tooth	\$119.36 \$144.95
D5670	Add clasp to existing partial denture - per tooth Replace all teeth and acrylic on cast metal framework (maxillary)	\$377.60
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$388.43
D5710	Rebase complete maxillary denture	\$322.08
D5711	Rebase complete mandibular denture	\$308.41
D5720	Rebase maxillary partial denture	\$308.14
D5721	Rebase mandibular partial denture	\$310.49
D5725	Rebase hybrid prosthesis	\$322.08
D5730	Reline complete maxillary denture (chairside)	\$197.92
D5731	Reline complete mandibular denture (chairside)	\$194.47
D5740	Reline maxillary partial denture (chairside)	\$176.09
D5741	Reline mandibular partial denture (chairside)	\$180.39
D5750	Reline complete maxillary denture (laboratory)	\$260.27
D5751	Reline complete mandibular denture (laboratory)	\$259.81

De De	Provider Network Dental Service Fee Schedule	DN0106
D5760	Reline maxillary partial denture (laboratory)	\$253.16
D5761	Reline mandibular partial denture (laboratory)	\$255.14
D5765	Soft liner for complete or partial removable denture - indirect	
D5810	Interim complete denture (maxillary)	
D5811	Interim complete denture (mandibular)	
D5820	Interim partial denture (maxillary)	\$340.64
D5821	Interim partial denture (mandibular)	\$345.18
D5850	Tissue conditioning, maxillary	\$96.07
D5851	Tissue conditioning, mandibular	\$92.47
D5862	Precision attachment, by report	\$273.56
D5863	Overdenture - Complete Maxillary	\$1,034.22
D5864	Overdenture - Partial Maxillary	\$1,221.63
D5865	Overdenture - Complete Mandibular	\$1,066.15
D5866	Overdenture - Partial Mandibular	\$1,242.06
D5867	Replacement of replaceable part of semi-precision or precision attachment, per attachment	\$31.87
D5875	Modification of removable prosthesis following implant surgery	\$225.75
D5876	Add metal substructure to acrylic full denture (per arch)	\$143.47
D5899	Unspecified removable prosthodontic procedure, by report	\$354.25
	Maxillofacial Prosthetics	
D5911	Facial moulage (sectional)	\$30.94
D5922	Nasal septal prosthesis	\$119.31
D5931	Obturator prosthesis, surgical	\$2,398.54
D5932	Obturator prosthesis, definitive	\$1,878.32
D5933	Obturator prosthesis, modification	\$253.28
D5934	Mandibular resection prosthesis with guide flange	\$193.47
D5935	Mandibular resection prosthesis without guide flange	\$1,029.05
D5936	Obturator prosthesis, interim	\$981.68
D5937	Trismus appliance (not for TMD treatment)	\$43.48
D5952	Speech aid prosthesis, pediatric	\$154.75
D5954	Palatal augmentation prosthesis	\$307.90
D5960	Speech aid prosthesis, modification	\$75.04
D5982	Surgical stent	\$150.91
D5983 D5984	Radiation carrier	\$218.12
D5986	Radiation shield Fluoride gel carrier	\$136.30 \$88.10
D5987	Commissure splint	\$8.45
D5988	Surgical splint	\$212.92
D5991	Vesiculobullous disease medicament carrier	\$75.09
D5992	Adjust maxillofacial prosthetic appliance, by report	\$35.86
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra Or intra-oral) other than required adjustments, by report	\$51.61
D5995	Periodontal medicament carrier with peripheral seal - laboratory processed, maxillary	\$423.15
D5996	Periodontal medicament carrier with peripheral seal - laboratory processed, mandibular	\$423.15
D5999	Unspecified maxillofacial prosthesis, by report	\$320.24
	Implant Services	
D6010	Surgical placement of implant body: endosteal implant	\$1,761.64
D6011	Second Stage Implant Surgery	\$138.21
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	\$1,413.59
D6013	Surgical Placement Of Mini Implant	\$1,308.26
D6040	Surgical placement: eposteal implant	\$4,038.61
D6050	Surgical placement: transosteal implant	\$3,646.30
D6051	Placement of interim implant abutment	\$123.58
D6055	Connecting bar - implant supported or abutment supported	\$956.32
D6056	Prefabricated abutment - includes modification and placement	\$395.96
D6057	Custom fabricated abutment - includes placement	\$508.33
D6058	Abutment supported porcelain/ceramic crown	\$945.59

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D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$932.72
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$855.63
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$890.97
D6062	Abutment supported cast metal crown (high noble metal)	\$888.53
D6063	Abutment supported cast metal crown (predominantly base metal)	\$829.26
D6064	Abutment supported cast metal crown (noble metal)	\$830.30
D6065	Implant supported porcelain/ceramic crown	\$953.62
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$948.86
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$908.29
D6068	Abutment supported retainer for porcelain/ceramic FPD	\$898.89
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$881.35
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$830.59
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$839.53
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	\$850.04
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	\$826.39
D6074	Abutment supported retainer for cast metal FPD (noble metal)	\$824.91
D6075	Implant supported retainer for ceramic FPD	\$903.25
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	\$885.86
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	\$777.26
D6080	Implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prosthesis and abutments	\$83.93
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	\$72.83
D6082	Implant supported crown - porcelain fused to predominantly base alloys	\$950.75
D6083	Implant supported crown - porcelain fused to noble alloys	\$930.09
D6084	Implant supported crown - porcelain fused to titanium and titanium alloys	\$921.07
D6085	Interim implant crown	\$246.68
D6086	Implant supported crown - predominantly base alloys	\$815.15
D6087	Implant supported crown - noble alloys	\$773.65
D6088	Implant supported crown - titanium and titanium alloys	\$885.62
D6089	Accessing and retorquing loose implant screw - per screw	\$65.83
D6090	Repair of implant/abutment supported prosthesis	\$108.96
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	\$72.52
D6093	Recement or re-bond implant/abutment supported fixed partial denture	\$102.35
D6094	Abutment supported crown - (titanium)	\$685.99
D6096	Remove broken implant retaining screw	\$65.83
D6097	Abutment supported crown - porcelain fused to titanium and titanium	\$930.15
D6098	Implant supported retainer - porcelain fused to predominantly base alloys	\$711.32
D6099	Implant supported retainer for FPD - porcelain fused to noble alloys	\$727.03
D6100	Surgical removal of implant body	\$295.67
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	\$278.06
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	\$402.34
D6103	Bone graft for repair of peri-implant defect - does not include flap entry and closure	\$258.14
D6104	Bone Graft At Time Of Implant Placement	\$207.72
D6105	Removal of implant body not requiring bone removal nor flap elevation	\$98.88
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	\$1,338.02
D6111	Implant / abutment supported removable denture for edentulous arch - mandibular	\$1,338.02
D6112	Implant / abutment supported removable denture for partially edentulous arch - maxillary	\$1,340.39
D6113	Implant / abutment supported removable denture for partially edentulous arch - mandibular	\$1,339.12
D6114	Implant / abutment supported fixed denture for edentulous arch - maxillary	\$2,013.57
D6115	Implant / abutment supported fixed denture for edentulous arch - mandibular	\$2,013.57

De De	Provider Network Dental Service Fee Schedule	DN0106
D6116	Implant / abutment supported fixed denture for partially endentulous arch - maxillary	\$1,536.14
D6117	Implant / abutment supported fixed denture for partially edentulous arch - mandibular	\$1,536.14
D6118	Implant/abutment supported interim fixed denture for edentulous arch - mandibular	
D6119	Implant/abutment supported interim fixed denture for edentulous arch - maxillary	
D6120	Implant supported retainer - porcelain fused to titanium and titanium alloys	\$932.73
D6121	Implant supported retainer for metal FPD - predominantly base alloys	\$822.88
D6122	Implant supported retainer for metal FPD - noble alloys	\$872.17
D6123	Implant supported retainer for metal FPD - titanium and titanium alloys	\$864.50
D6190	Radiographic/surgical implant index, by report	\$208.39
D6191	Semi-precision abutment - placement	\$315.85
D6192	Semi-precision attachment - placement	\$34.24
D6194	Abutment supported retainer crown for FPD - (titanium)	\$690.44
D6195	Abutment supported retainer - porcelain fused to titanium and titanium alloys	\$734.58
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	\$104.90
D6198	Remove interim implant component	\$44.70
D6199	Unspecified implant procedure, by report	\$103.63
	IMPLANTS	
D6180	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments	\$83.93
D6193	Replacement of an implant screw	\$65.83
	Prosthodontics, Fixed	
D6205	Pontic - indirect resin based composite	\$437.38
D6210	Pontic - cast high noble metal	\$633.83
D6211	Pontic - cast predominantly base metal	\$592.18
D6212	Pontic - cast noble metal	\$614.25
D6214	Pontic - titanium	\$619.29
D6240	Pontic - porcelain fused to high noble metal	\$645.98
D6241	Pontic - porcelain fused to predominantly base metal	\$586.16
D6242	Pontic - porcelain fused to noble metal	\$618.67
D6243	Pontic - porcelain fused to titanium and titanium alloys	\$587.37
D6245	Pontic - porcelain/ceramic	
D6250	Pontic - resin with high noble metal	\$658.61
D6251	Pontic - resin with predominantly base metal	\$604.99
D6252	Pontic - resin with noble metal	\$632.50
D6253	Interim pontic - further treatment or completion of diagnosis necessary prior to final impression	\$240.37
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$276.77
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$438.01
D6549	Retainer - for resin bonded fixed prosthesis	\$211.93
D6600	Retainer inlay - porcelain/ceramic, two surfaces	\$480.58
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	\$467.97
D6602	Retainer inlay - cast high noble metal, two surfaces	\$584.80
D6603	Retainer inlay - cast high noble metal, three or more surfaces	\$557.67
D6604	Retainer inlay - cast predominantly base metal, two surfaces	\$432.34
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	\$525.84
D6606	Retainer inlay - cast noble metal, two surfaces	\$484.92
D6607	Retainer inlay - cast noble metal, three or more surfaces	\$532.31
D6608	Retainer onlay -porcelain/ceramic, two surfaces	\$539.69
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	\$586.92
D6610	Retainer onlay - cast high noble metal, two surfaces	\$458.14
D6611	Retainer onlay - cast high noble metal, three or more surfaces	\$630.81
D6612	Retainer onlay - cast predominantly base metal, two surfaces	\$556.13
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	\$579.47
D6614	Retainer onlay - cast noble metal, two surfaces	\$549.13
D6615	Retainer onlay - cast noble metal, three or more surfaces	\$577.36
D6624	Retainer inlay - titanium	\$533.52

De De	ental Network of America®	Provider Network Dental Service Fee Schedule	DN0106
D6634	Retaine	r onlay - titanium	\$550.32
D6710	Retaine	r crown - indirect resin based composite	\$522.25
D6720	Retaine	Retainer crown - resin with high noble metal	
D6721	Retaine	Retainer crown - resin with predominantly base metal	
D6722	Retaine	r crown - resin with noble metal	\$648.42
D6740	Retaine	r crown - porcelain/ceramic	\$748.55
D6750	Retaine	r crown - porcelain fused to high noble metal	\$697.12
D6751	Retainer	r crown - porcelain fused to predominantly base metal	\$642.84
D6752	Retaine	r crown - porcelain fused to noble metal	\$666.88
D6753	Retaine	r crown - porcelain fused to titanium and titanium alloys	\$576.33
D6780	Retaine	r crown - 3/4 cast high noble metal	\$705.36
D6781	Retaine	r crown - 3/4 cast predominantly base metal	\$673.59
D6782		r crown - 3/4 cast noble metal	\$628.49
D6783		r crown - 3/4 porcelain/ceramic	\$737.28
D6784		r crown 3/4 - titanium and titanium alloys	\$664.28
D6790		r crown - full cast high noble metal	\$687.00
D6791		r crown - full cast predominantly base metal	\$628.56
D6792		r crown - full cast noble metal	\$657.82
D6793		retainer crown - further treatment or completion of diagnosis necessary prior to final impression	\$250.06
D6794		r crown - titanium	\$742.45
D6920	Connect		\$225.23
D6930		ent or re-bond fixed partial denture	\$86.51
D6940	Stress b		\$211.45 \$373.34
D6950 D6980		n attachment	\$152.25
D6985		artial denture repair necessitated by restorative material failure c partial denture, fixed	\$529.61
D6999		fied fixed prosthodontic procedure, by report	\$96.01
D0000	•	nd Maxillofacial Surgery	ψοσ.σ ι
D7111		on, coronal remnants - primary tooth	\$73.28
D7111		on, erupted tooth or exposed root (elevation and/or forceps removal)	\$98.88
D7210		on, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal	\$174.24
	flap if ind	dicated	•
D7220		al of impacted tooth - soft tissue	\$203.51
D7230		al of impacted tooth - partially bony	\$262.43
D7240		al of impacted tooth - completely bony	\$303.50
D7241		al of impacted tooth - completely bony, with unusual surgical complications	\$379.50
D7250	•	removal of residual tooth roots (cutting procedure)	\$175.90
D7251		ctomy - Intentional Partial Tooth Removal, impacted teeth only	\$315.32
D7260 D7261		al fistula closure closure of a sinus perforation	\$869.20 \$405.00
D7201	•	e-implantation and/or stabilization of accidentally evulsed or displaced tooth	\$300.13
D7270		ansplantation (includes re-implantation from one site to another and splinting and/or stabilization)	\$429.96
D7280		access of an unerupted tooth	\$318.00
D7282		tion of erupted or malpositioned tooth to aid eruption	\$175.47
D7283		ent of device to facilitate eruption of impacted tooth	\$148.22
D7284		nal biopsy of minor salivary glands	\$254.17
D7285		al biopsy of oral tissue - hard (bone, tooth)	\$529.44
D7286		al biopsy of oral tissue - soft	\$254.17
D7287		ve cytological sample collection	\$117.30
D7288		iopsy - transepithelial sample collection	\$107.80
D7290		repositioning of teeth	\$270.51
D7291	Transse	ptal fiberotomy/supra crestal fiberotomy, by report	\$87.52
D7292	Placeme	ent of temporary anchorage device [screw retained plate] requiring surgical flap;	\$395.92
D7293	Placeme	ent of temporary anchorage device requiring surgical flap;	\$232.45
D7294	Placeme	ent of temporary anchorage device without flap;	\$258.02

	Network America [®] Provider Network Dental Service Fee Schedule	DN0106
D7295	Harvest Of Bone For Use In Autogenous Grafting Procedure	\$384.15
D7296	Corticotomy - one to three teeth or tooth spaces, per quadrant	\$427.87
D7297	Corticotomy - four or more teeth or tooth spaces, per quadrant	\$1,373.16
D7298	Removal of temporary anchorage device [screw retained plate], requiring flap	\$73.28
D7299	Removal of temporary anchorage device requiring flap	\$73.28
D7300	Removal of temporary anchorage device without flap	\$73.28
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$184.50
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$145.49
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	\$409.64
D7411	Excision of benign lesion greater than 1.25 cm	\$626.03
D7412	Excision of benign lesion, complicated	\$687.17
D7413	Excision of malignant lesion up to 1.25 cm	\$528.10
D7414	Excision of malignant lesion greater than 1.25 cm	\$800.98
D7415	Excision of malignant lesion, complicated	\$983.09
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	\$663.80
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	\$974.41
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$417.00
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$658.12
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$419.18
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$664.35
D7465	Destruction of lesion(s) by physical or chemical method, by report	\$226.93
D7471	Removal of lateral exostosis (maxilla or mandible)	\$541.62
D7472	Removal of torus palatinus	\$685.65
D7473	Removal of torus mandibularis	\$616.08
D7485	Surgical reduction of osseous tuberosity	\$533.48
D7490	Radical resection of maxilla or mandible	\$488.66
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	\$220.74
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$270.17
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$153.64
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	\$283.39
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	\$182.03
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$536.89
D7610	Maxilla - open reduction (teeth immobilized, if present)	\$123.32
D7620	Maxilla - closed reduction (teeth immobilized, if present)	\$958.29
D7630	Mandible - open reduction (teeth immobilized, if present)	\$2,884.63
D7640	Mandible - closed reduction (teeth immobilized, if present)	\$357.29
D7650	Malar and/or zygomatic arch - open reduction	\$357.71
D7670	Alveolus closed reduction may include stabilization of teeth	\$414.42
D7671	Alveolus, open reduction may include stabilization of teeth	\$1,110.26
D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches	\$119.51
D7710	Maxilla open reduction	\$139.27
D7720	Maxilla - closed reduction	\$153.83
D7730	Mandible - open reduction	\$3,125.76
D7740	Mandible - closed reduction	\$1,576.00
D7750	Malar and/or zygomatic arch - open reduction	\$132.56
D7770	Alveolus - open reduction stabilization of teeth	\$172.83
D7771	Alveolus, closed reduction stabilization of teeth	\$602.47
D7780	Facial bones - complicated reduction with fixation and multiple approaches	\$175.20
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De De	ental Network of America®	vider Network Dental Service Fee Schedule	DN0106
D7810	Open reduction of dislocation		\$418.76
D7820	Closed reduction of dislocation		\$99.38
D7830	Manipulation under anesthesia		\$544.40
D7850	Surgical discectomy, with/without implant		\$122.19
D7852	Disc repair		\$25.57
D7870	Arthrocentesis		\$411.14
D7871	Non-arthroscopic lysis and lavage		\$605.86
D7873	Arthroscopy - surgical: lavage and lysis of	adhesions	\$2,046.44
D7880	Occlusal orthotic device, by report		\$509.54
D7881	Occlusal orthotic device adjustment		\$68.86
D7899	Unspecified TMD therapy, by report		\$101.70
D7910	Suture of recent small wounds up to 5 cm		\$59.64
D7911	Complicated suture - up to 5 cm		\$187.97
D7912	Complicated suture - greater than 5 cm		\$549.30
D7920	Skin graft (identify defect covered, locatio	n and type of graft)	\$68.08
D7921	Collection And Application Of Autologous	Blood Concentrate Product	\$133.16
D7922	Placement of intra-socket biological dress	ing to aid in hemostasis or clot stabilization, per site	\$28.88
D7939	Indexing for osteotomy using dynamic rob	otic assisted or dynamic navigation	\$208.39
D7940	Osteoplasty - for orthognathic deformities		\$965.54
D7941	Osteotomy - mandibular rami		\$4,061.98
D7943	Osteotomy - mandibular rami with bone g	raft; includes obtaining the graft	\$663.51
D7944	Osteotomy - segmented or subapical		\$432.51
D7945	Osteotomy - body of mandible		\$112.03
D7946	LeFort I (maxilla - total)		\$5,663.20
D7949	LeFort II or LeFort III - with bone graft		\$1,146.91
D7950	Osseous, osteoperiosteal, or cartilage gra	ft of the mandible or maxilla - autogenous or nonautogenous, by report	\$475.70
D7951	Sinus augmentation with bone or bone su	bstitutes via a lateral open approach	\$1,096.37
D7952	Sinus Augmentation Via A Vertical Approa	ach	\$539.21
D7953	Bone replacement graft for ridge preserva	tion - per site	\$217.90
D7955	Repair of maxillofacial soft and/or hard tis	Repair of maxillofacial soft and/or hard tissue defect	
D7956	Guided tissue regeneration, edentulous a	rea - resorbable barrier, per site	\$364.23
D7957	Guided tissue regeneration, edentulous a	rea - non-resorbable barrier, per site	\$443.73
D7961	Buccal / labial frenectomy (frenulectomy)		\$327.41
D7962	Lingual frenectomy (frenulectomy)		\$327.41
D7963	Frenuloplasty		\$442.65
D7970	Excision of hyperplastic tissue - per arch		\$312.60
D7971	Excision of pericoronal gingiva		\$134.29
D7972	Surgical reduction of fibrous tuberosity		\$387.45
D7980	Sialolithotomy		\$363.99
D7981	Excision of salivary gland, by report		\$258.62
D7982	Sialodochoplasty		\$573.96
D7983	Closure of salivary fistula		\$137.97
D7990	Emergency tracheotomy		\$94.80
D7991	Coronoidectomy		\$399.06
D7993	Surgical placement of craniofacial implant	- extra oral	\$816.80
D7994	Surgical placement: zygomatic implant		\$772.88
D7995	Synthetic graft - mandible or facial bones,	by report	\$156.91
D7996	Implant-mandible for augmentation purpo	ses (excluding alveolar ridge), by report	\$7.99
D7997	Appliance removal (not by dentist who pla	ced appliance), includes removal of archbar	\$115.29
D7998	Intraoral placement of a fixation device no		\$340.61
D7999	Unspecified oral surgery procedure, by re	port	\$62.86
	ORAL SURGERY		
D7252	Partial extraction for immediate implant re	placement	\$255.76
D7259	Nerve dissection		\$200.00
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	Network Provider Network America®	Provider Network Dental Service Fee Schedule	
	Orthodontics		
D8010	Limited orthodontic treatment of the primary dentition		\$2,401.70
D8020	Limited orthodontic treatment of the transitional dentition		\$2,481.69
D8030	Limited orthodontic treatment of the adolescent dentition		\$1,429.13
D8040	Limited orthodontic treatment of the adult dentition		\$1,546.19
D8070	Comprehensive orthodontic treatment of the transitional denti	tion	\$4,643.36
D8080	Comprehensive orthodontic treatment of the adolescent denti	tion	\$4,690.70
D8090	Comprehensive orthodontic treatment of the adult dentition		\$4,676.20
D8091	Comprehensive orthodontic treatment with orthognathic surge	ery	\$4,676.20
D8210	Removable appliance therapy		\$631.93
D8220	Fixed appliance therapy		\$671.82
D8660	Pre-orthodontic treatment examination to monitor growth and	development	\$164.32
D8670	Periodic orthodontic treatment visit		\$237.24
D8671	Periodic orthodontic treatment visit associated with orthognatl	nic surgery	\$237.24
D8680	Orthodontic retention (removal of appliances, construction and	d placement of retainer(s))	\$367.37
D8681	Removable orthodontic retainer adjustment		\$90.60
D8695	Removal of fixed orthodontic appliances for reasons other tha	in completion of treatment	\$81.49
D8696	Repair of orthodontic appliance - maxillary		\$120.06
D8697	Repair of orthodontic appliance - mandibular		\$111.11
D8698	Re-cement or re-bond fixed retainer - maxillary		\$68.30
D8699	Re-cement or re-bond fixed retainer - mandibular		\$56.13
D8701	Repair of fixed retainer, includes reattachment - maxillary		\$96.39
D8702	Repair of fixed retainer, includes reattachment - mandibular		\$103.62
D8703	Replacement of lost or broken retainer - maxillary		\$104.36
D8704	Replacement of lost or broken retainer - mandibular		\$94.73
D8999	Unspecified orthodontic procedure, by report		\$503.71
	Adjunctive General Services		
D9110	Palliative treatment of dental pain - per visit		\$64.77
D9120	Fixed partial denture sectioning		\$78.93
D9130	Temporomandibular joint dysfunction - non-invasive physical	therapies	\$60.47
D9210	Local anesthesia not in conjunction with operative or surgical	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		\$40.91
D9222	Deep sedation/general anesthesia - first 15 minutes		\$117.47
D9223	Deep sedation/general anesthesia - each subsequent 15 minu	ute increment	\$117.47
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide		\$36.28
D9239	Intravenous moderate (conscious) sedation/analgesia- first 1	5 minutes	\$97.32
D9243	Intravenous moderate (conscious) sedation/analgesia - each	subsequent 15 minute increment	\$97.32
D9248	Non-intravenous (conscious) sedation		\$87.53
D9310	Consultation - diagnostic service provided by dentist or physic	cian other than requesting dentist or physician	\$105.68
D9311	Consultation with medical health care professional		\$104.17
D9410	House/extended care facility call		\$83.07
D9420	Hospital or ambulatory surgical center call		\$184.88
D9430	Office visit for observation (during regularly scheduled hours)	- no other services performed	\$39.04
D9440	Office visit - after regularly scheduled hours		\$76.14
D9450	Case presentation, subsequent to detailed and extensive trea	tment planning	\$76.90
D9610	Therapeutic parenteral drug, single administration		\$39.94
D9612	Therapeutic parenteral drugs, two or more administrations, dil		\$55.34
D9613	Infiltration of sustained release therapeutic drug, per quadrant	t .	\$62.43
D9630	Drugs or medicaments dispensed in the office for home use		\$21.40

\$26.95

\$31.55

\$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	ental Network of America°	Provider Network Dental Service Fee Schedule	DN0106
D9920	Behavior mana	agement, by report	\$61.25
D9930	Treatment of c	complications (post-surgical) - unusual circumstances, by report	\$52.69
D9932	Cleaning and i	nspection or removable complete denture, maxillary	\$52.13
D9933	Cleaning and i	nspection of removable complete denture, mandibular	\$49.86
D9934	Cleaning and i	nspection of removable partial denture, maxillary	\$53.03
D9935	Cleaning and i	nspection of removable partial denture, mandibular	\$52.42
D9938	Fabrication of	a custom removable clear plastic temporary aesthetic appliance	\$109.04
D9939	Placement of a	a custom removable clear plastic temporary aesthetic appliance	\$109.04
D9941	Fabrication of	athletic mouthguard	\$121.98
D9942	Repair and/or	reline of occlusal guard	\$122.20
D9943	Occlusal guard	dadjustment	\$62.08
D9944	Occlusal guard	d - hard appliance, full arch	\$386.33
D9945	Occlusal guard	d - soft appliance, full arch	\$345.55
D9946	Occlusal guard	d - hard appliance, partial arch	\$371.92
D9947	Custom sleep	apnea appliance fabrication and placement	\$509.54
D9948	Adjustment of	custom sleep apnea appliance	\$68.86
D9949	Repair of custo	om sleep apnea appliance	\$122.20
D9950	Occlusion anal	lysis - mounted case	\$94.43
D9951	Occlusal adjus	stment - limited	\$73.22
D9952	Occlusal adjus	stment - complete	\$368.60
D9953	Reline custom	sleep apnea appliance (indirect)	\$122.20
D9954	Fabrication and	d delivery of oral appliance therapy (OAT) morning repositioning device	\$403.20
D9955	Oral appliance	therapy (OAT) titration visit	\$47.71
D9956	Administration	of home sleep apnea test	\$15.49
D9957	Screening for s	sleep related breathing disorders	\$28.11
D9961	Duplicate/copy	patient's records	\$37.36
D9970	Enamel microa	abrasion	\$46.38
D9971	Odontoplasty 1	1 - 2 teeth; includes removal of enamel projections	\$57.44
D9972	External bleach	hing - per arch - performed in office	\$222.74
D9973	External bleach	hing - per tooth	\$48.40
D9974	Internal bleach	ning - per tooth	\$204.25
D9975	External Bleac	hing For Home Application, Per Arch; Includes Materials And Fabrication Of Custom Trays	\$120.42
D9986	Missed appoin	tment	\$25.27
D9987	Cancelled app	ointment	\$24.34
D9990	Certified transl	ation or sign-language services - per visit	\$14.34
D9991	Dental case ma	anagement - addressing appointment compliance barriers	\$29.79
D9992	Dental case ma	anagement - care coordination	\$47.57
D9993	Dental case m	anagement - motivational interviewing	\$33.09
D9994	Dental case ma	anagement - patient education to improve oral health literacy	\$466.55
D9995	Teledentistry -	synchronous; real-time encounter	\$88.64
D9996	Teledentistry -	asynchronous; information stored and forwarded to dentist for subsequent review	\$87.37
D9997	Dental case ma	anagement - patients with special health care needs	\$27.70
	ADJUNCTIV	E	
D9913	Administration	of neuromodulators	\$15.49
D9914	Administration	of dermal fillers	\$15.49
	SLEEP APN	EA SERVICES	
D9959	Unspecified sle	eep apnea services procedure, by report	\$96.01

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