

Table of Maximum Allowable Charges

FS #20020

Table of Maximum Allowable Charges are Zip Code specific. If this booklet was mailed to an address other than your practice location, the allowable charges may not accurately represent the allowable charges for your office location.

This is the Table of Maximum Allowable Charges for dental procedures performed on eligible members participating in MetLife's Preferred Dentist Program. These allowances represent the maximum amount you are contractually allowed to collect from the plan participant for services rendered (including all amounts reimbursed by MetLife). This document also refers to these allowances as the "plan allowance."

Not all dental procedures are reflected in this table. Pre-treatment estimates are strongly recommended for services not listed to avoid misunderstandings regarding the maximum amount, which can be billed to eligible members participating in the program.

NON-COVERED PROCEDURES: A procedure could be a covered service under one plan and a non-covered service under another plan. The plan allowance* applies in both situations (except as noted in Appendix A for certain states) and a participant cannot be billed any amount in excess of the plan allowance. Many situations may cause a service to not be covered, but regardless of the reason, the allowance applies. The plan allowance applies to all services rendered to dental plan participants and their eligible dependents whether or not the service is covered under the applicable plan. **

** Pre-treatment estimates are strongly recommended to avoid any misunderstandings regarding the applicable benefit payment. .*

***This provision may not be applicable to some or all non-covered services in some states.
Please see Appendix A*

CODE	DIAGNOSTIC (D0100-D0999)	AMOUNT
D0120	Periodic Oral Evaluation – established patient	\$ 30
D0140	Limited Oral Evaluation – problem focused	\$ 44
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$ 29
D0150	Comprehensive Oral Evaluation – new or established patient	\$ 43
D0160	Detailed and Extensive Oral Evaluation – problem focused, by report	\$ 55
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	\$ 42
D0171	Re-evaluation - post-operative office visit	\$ 42
D0180	Comprehensive Periodontal Evaluation – new or established patient	\$ 48
D0190	Screening of a patient – state and federally mandated screenings, to determine an individual’s need to be seen by a dentist for diagnosis	\$ 11
D0191	Assessment of a patient – A limited clinical inspection that is performed to identify possible signs of oral or systemic, malformation, or injury, and the potential need for referral for diagnosis and treatment	\$ 11
D0210	Intraoral - Complete Series of radiographic images	\$ 85
D0220	Intraoral - Periapical first radiographic image	\$ 16
D0230	Intraoral – Periapical each additional radiographic image	\$ 7
D0240	Intraoral – occlusal radiographic image	\$ 27
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	\$ 54
D0251	Extra-oral posterior dental radiographic image	\$ 54
D0270	Bitewing – single radiographic image	\$ 17
D0272	Bitewings – two radiographic images	\$ 27
D0273	Bitewing – three radiographic images	\$ 35
D0274	Bitewings – four radiographic images	\$ 36
D0277	Vertical Bitewings – seven or eight radiographic images	\$ 41
D0330	Panoramic radiographic image	\$ 72
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	\$ 81
D0350	Oral/facial photographic images obtained intraorally or extraorally	\$ 40
D0351	3D photographic image	\$ 40
D0364	Cone beam CT capture and interpretation with limited field of view – less than one whole jaw	\$ 395
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – mandible	\$ 395
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	\$ 395
D0367	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	\$ 395
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	\$ 395
D0380	Cone beam CT image capture with limited field of view – less than one whole jaw	\$ 395
D0381	Cone beam CT image capture with field of view of one full dental arch - mandible	\$ 395
D0382	Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium	\$ 395
D0383	Cone beam CT image capture with field of view of both jaws, with or without cranium	\$ 395
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	\$ 21
D0415	Collection of Microorganisms for Culture and Sensitivity	\$ 43
D0417	Collection and Preparation of Saliva Sample for laboratory diagnostic testing	\$ 37
D0422	Collection and preparation of genetic sample material for laboratory analysis and report	\$ 21
D0460	Pulp Vitality Tests	\$ 34
D0470	Diagnostic Casts	\$ 72
CODE	PREVENTIVE (D1000-D1999)	AMOUNT
D1110	Prophylaxis – adult	\$ 63
D1120	Prophylaxis – child	\$ 49
D1206	Topical application of Fluoride Varnish	\$ 46

D1208	Topical application of Fluoride	\$ 30
D1310	Nutritional Counseling for the Control of Dental Disease	\$ 22
D1330	Oral Hygiene Instructions	\$ 35
D1351	Sealant – per tooth	\$ 29
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	\$ 29
D1353	Sealant repair – per tooth	\$ 7
D1354	Interim caries arresting medicament application	\$ 15
D1510	Space Maintainer – fixed, unilateral	\$ 282
D1515	Space Maintainer – fixed, bilateral	\$ 392
D1520	Space Maintainer – removable, unilateral	\$ 277
D1525	Space Maintainer – removable, bilateral	\$ 498
D1550	Recementation of Space Maintainer	\$ 42
D1555	Removal of Fixed Space Maintainer	\$ 36
CODE	RESTORATIVE (D2000-D2999)	AMOUNT
D2140	Amalgam – one surface, primary or permanent	\$ 81
D2150	Amalgam – two surfaces, primary or permanent	\$ 98
D2160	Amalgam – three surfaces, primary or permanent	\$ 125
D2161	Amalgam – four or more surfaces, primary or permanent	\$ 151
D2330	Resin Based Composite – one surface, anterior	\$ 90
D2331	Resin Based Composite – two surfaces, anterior	\$ 115
D2332	Resin Based Composite – three surfaces, anterior	\$ 140
D2335	Resin Based Composite – four or more surfaces or involving incisal angle (anterior)	\$ 165
D2390	Resin Based Composite Crown – anterior	\$ 183
D2391	Resin Based Composite – one surface, posterior	\$ 95
D2392	Resin Based Composite – two surfaces, posterior	\$ 130
D2393	Resin Based Composite – three surfaces, posterior	\$ 159
D2394	Resin Based Composite – four or more surfaces, posterior	\$ 169
D2410	Gold Foil – one surface	\$ 226
D2420	Gold Foil – two surfaces	\$ 311
D2430	Gold Foil – three surfaces	\$ 372
D2510	Inlay, Metallic – one surface	\$ 469
D2520	Inlay, Metallic – two surfaces	\$ 558
D2530	Inlay, Metallic – three or more surfaces	\$ 605
D2542	Onlay, Metallic – two surfaces	\$ 693
D2543	Onlay, Metallic – three surfaces	\$ 712
D2544	Onlay, Metallic – four or more surfaces	\$ 738
D2610	Inlay, Porcelain/Ceramic – one surface	\$ 520
D2620	Inlay, Porcelain/Ceramic – two surfaces	\$ 570
D2630	Inlay, Porcelain/Ceramic – three or more surfaces	\$ 707
D2642	Onlay, Porcelain/Ceramic – two surfaces	\$ 816
D2643	Onlay, Porcelain/Ceramic – three surfaces	\$ 837
D2644	Onlay, Porcelain/Ceramic – four or more surfaces	\$ 855
D2650	Inlay, Composite/Resin – one surface (lab process)	\$ 393
D2651	Inlay, Composite/Resin – two surfaces (lab process)	\$ 472
D2652	Inlay, Composite/Resin – three or more surfaces (lab process)	\$ 526
D2662	Onlay, Composite/Resin – two surfaces (lab process)	\$ 691
D2663	Onlay, Composite/Resin – three surfaces (lab process)	\$ 657

D2664	Onlay, Composite/Resin – four or more surfaces (lab process)	\$ 683
D2710	Crown – Resin Based Composite (indirect)	\$ 290
D2712	Crown – ¾ Resin Based Composite (indirect)	\$ 282
D2720	Crown – Resin with High Noble Metal	\$ 778
D2721	Crown – Resin with Predominantly Base Metal	\$ 575
D2722	Crown – Resin with Noble Metal	\$ 658
D2740	Crown – Porcelain/Ceramic Substrate	\$ 808
D2750	Crown – Porcelain Fused to High Noble Metal	\$ 806
D2751	Crown – Porcelain Fused to Predominantly Base Metal	\$ 736
D2752	Crown – Porcelain Fused to Noble Metal	\$ 755
D2780	Crown – ¾ Cast High Noble Metal	\$ 800
D2781	Crown – ¾ Cast Predominately Base Metal	\$ 719
D2782	Crown – ¾ Cast Noble Metal	\$ 739
D2783	Crown – ¾ Porcelain/Ceramic	\$ 823
D2790	Crown – Full Cast High Noble Metal	\$ 745
D2791	Crown – Full Cast Predominantly Base Metal	\$ 662
D2792	Crown – Full Cast Noble Metal	\$ 686
D2799	Provisional Crown – further treatment or completion of diagnosis necessary prior to final impression	\$ 265
D2910	Recement Inlay, Onlay, or Partial Coverage Restoration	\$ 49
D2920	Recement Crown	\$ 49
D2929	Prefabricated porcelain/ceramic crown – primary tooth	\$ 168
D2930	Prefabricated Stainless Steel Crown, primary tooth	\$ 147
D2931	Prefabricated Stainless Steel Crown, permanent tooth	\$ 152
D2932	Prefabricated Resin Crown	\$ 162
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$ 217
D2934	Prefabricated Esthetic Coated Stainless Steel Crown, primary tooth	\$ 152
D2940	Protective restoration	\$ 43
D2950	Core buildup, including any pins when required	\$ 125
D2951	Pin Retention – per tooth, in addition to restoration	\$ 34
D2952	Post and Core, in addition to crown, <u>indirectly fabricated</u>	\$ 285
D2953	Post and Core, each additional indirectly fabricated post – same tooth	\$ 30
D2954	Prefabricated Post and Core, in addition to crown	\$ 187
D2955	Post Removal	\$ 129
D2957	Prefabricated Post and Core, each additional – same tooth	\$ 17
D2960	Labial Veneer (resin laminate) – chair side	\$ 323
D2961	Labial Veneer (resin laminate) – lab	\$ 492
D2962	Labial Veneer (porcelain laminate) – lab	\$ 648
D2980	Crown Repair necessitated by restorative material failure	\$ 128
D2981	Inlay repair necessitated by restorative material failure	\$ 128
D2982	Onlay repair necessitated by restorative material failure	\$ 128
D2983	Veneer repair necessitated by restorative material failure	\$ 124
D2990	Resin infiltration of incipient smooth surface lesions	\$ 29
CODE	ENDODONTICS (D3000-D3999)	AMOUNT
D3110	Pulp Cap – direct (excluding final restoration)	\$ 42
D3120	Pulp Cap – indirect (excluding final restoration)	\$ 42
D3220	Therapeutic Pulpotomy (excluding final restoration)	\$ 85
D3221	Pulpal Debridement, Primary and Permanent Teeth	\$ 51

D3222	Partial Pulpotomy for Apexogenesis – permanent tooth with incomplete root development	\$ 85
D3230	Pulpal Therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	\$ 202
D3240	Pulpal Therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	\$ 240
D3310	Anterior (excluding final restoration)	\$ 471
D3320	Bicuspid (excluding final restoration)	\$ 561
D3330	Molar (excluding final restoration)	\$ 759
D3331	Treatment of Root Canal Obstruction; non-surgical access	\$ 139
D3332	Incomplete Root Canal Therapy; inoperable, unresorbable or fractured tooth	\$ 227
D3333	Internal Root Repair of Perforation Defects	\$ 118
D3346	Retreatment of Previous Root Canal Therapy – Anterior	\$ 593
D3347	Retreatment of Previous Root Canal Therapy – Bicuspid	\$ 674
D3348	Retreatment of Previous Root Canal Therapy – Molar	\$ 874
D3351	Apexification/recalcification	\$ 209
D3352	Apexification/recalcification	\$ 107
D3353	Apexification/Recalcification – final visit including completed root canal therapy (apical closure/calcific repair of perforations, root resorption, etc.)	\$ 306
D3355	Pulpal regeneration - initial visit	\$ 107
D3356	Pulpal regeneration - interim medication replacement	\$ 54
D3357	Pulpal regeneration - completion of treatment	\$ 107
D3410	Apicoectomy – Anterior	\$ 418
D3421	Apicoectomy – Bicuspid (first root)	\$ 486
D3425	Apicoectomy – Molar (first root)	\$ 555
D3426	Apicoectomy (each additional root)	\$ 210
D3427	Periradicular surgery without apicoectomy	\$ 412
D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site	\$ 296
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site	\$ 220
D3430	Retrograde Filling – per root	\$ 128
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	\$ 183
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	\$ 289
D3450	Root Amputation – per root	\$ 315
D3910	Surgical Procedure for Isolation of Tooth with Rubber Dam	\$ 132
D3920	Hemisection (including any root removal, not including root canal therapy)	\$ 272
D3950	Canal Preparation and Fitting of Pre-Formed Dowel or Post	\$ 103
CODE	PERIODONTICS (D4000-D4999)	AMOUNT
D4210	Gingivectomy or Gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	\$ 376
D4211	Gingivectomy or Gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	\$ 184
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$ 57
D4240	Gingival Flap Procedure, including root planning – four or more contiguous teeth or bounded teeth spaces per quadrant	\$ 387
D4241	Gingival Flap Procedure, including root planning – one to three contiguous teeth or bounded teeth spaces per quadrant	\$ 239
D4245	Apically Positioned Flap	\$ 203
D4249	Clinical Crown Lengthening, Hard Tissue – up to three contiguous teeth	\$ 603
D4260	Osseous Surgery (including flap entry and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$ 832
D4261	Osseous Surgery (including flap entry and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	\$ 528
D4263	Bone Replacement Graft – first tooth in quadrant	\$ 296

D4264	Bone Replacement Graft – each additional tooth in quadrant	\$ 220
D4265	Biologic Materials to Aid in Soft and Osseous Tissue Regeneration	\$ 188
D4266	Guided Tissue Regeneration – resorbable barrier, per site	\$ 292
D4267	Guided Tissue Regeneration – non-resorbable barrier, per site (includes membrane removal)	\$ 369
D4268	Surgical Revision Procedure, per tooth	\$ 93
D4270	Pedicle Soft Tissue Graft Procedure – per tooth	\$ 431
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	\$ 730
D4274	Distal or Proximal Wedge Procedure, when not performed in conjunction with surgical procedures in the same anatomical area – submit quadrant involved	\$ 232
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft.	\$ 696
D4276	Combined Connective Tissue and Double Pedicle Graft – up to two contiguous teeth	\$ 713
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant or edentulous tooth position in a graft	\$ 587
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$ 302
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$ 365
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$ 348
D4320	Provisional Splinting – Intracoronar – per tooth (maximum of six teeth)	\$ 202
D4321	Provisional Splinting – Extracoronar – per tooth (maximum of six teeth)	\$ 160
D4341	Periodontal Scaling and Root Planing – four or more teeth per quadrant	\$ 136
D4342	Periodontal Scaling and Root Planing – one to three teeth, per quadrant	\$ 88
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	\$ 69
D4381	Localized Delivery of Antimicrobial Agents via Controlled Release Vehicle into Diseased Crevicular Tissue, per tooth	\$ 68
D4910	Periodontal Maintenance	\$ 84
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	\$ 41
CODE	PROSTHODONTICS, REMOVABLE (D5000-D5899)	AMOUNT
D5110	Complete Denture, Upper (includes all adjustments for the first six months)	\$ 972
D5120	Complete Denture, Lower (includes all adjustments for the first six months)	\$ 972
D5130	Immediate Denture - maxillary	\$ 1,065
D5140	Immediate Denture - mandibular	\$ 1,065
D5211	Upper Partial Denture – Resin Base (includes any conventional clasps, rests, and teeth)	\$ 742
D5212	Lower Partial Denture – Resin Base (includes any conventional clasps, rests, and teeth)	\$ 742
D5213	Upper Partial Denture – Cast Metal Framework with Resin Denture Bases (includes any conventional clasps, rests, and teeth)	\$ 1,126
D5214	Lower Partial Denture – Cast Metal Framework with Resin Denture Bases (includes any conventional clasps, rests, and teeth)	\$ 1,126
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$ 742
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$ 742
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$ 1,126
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$ 1,126
D5225	Maxillary Partial Denture – Flexible Base (includes any conventional clasps, rests, and teeth)	\$ 881
D5226	Mandibular Partial Denture – Flexible Base (includes any conventional clasps, rests, and teeth)	\$ 881
D5281	Removable Unilateral Partial Denture – One Piece Cast Metal (including clasps and teeth)	\$ 418

D5410	Adjust Complete Denture – Upper (only after six months following insertion)	\$ 43
D5411	Adjust Complete Denture – Lower (only after six months following insertion)	\$ 43
D5421	Adjust Partial Denture – Upper	\$ 43
D5422	Adjust Partial Denture – Lower	\$ 43
D5520	Replace Missing or Broken Teeth, Complete Denture (each tooth)	\$ 120
D5630	Repair or Replace Broken Clasp - per tooth	\$ 110
D5640	Replace Broken Teeth – per tooth	\$ 120
D5650	Add Tooth to Existing Partial Denture	\$ 128
D5660	Add Clasp to Existing Partial Denture - per tooth	\$ 165
D5670	Replace All Teeth and Acrylic on Cast Metal Framework (maxillary)	\$ 323
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (mandibular)	\$ 329
D5710	Rebase Complete Upper Denture	\$ 369
D5711	Rebase Complete Lower Denture	\$ 360
D5720	Rebase Upper Partial Denture	\$ 327
D5721	Rebase Lower Partial Denture	\$ 327
D5730	Reline Complete Upper Denture (chair side)	\$ 209
D5731	Reline Complete Lower Denture (chair side)	\$ 209
D5740	Reline Upper Partial Denture (chair side)	\$ 168
D5741	Reline Lower Partial Denture (chair side)	\$ 168
D5750	Reline Upper Complete Denture (lab)	\$ 309
D5751	Reline Lower Complete Denture (lab)	\$ 309
D5760	Reline Upper Partial Denture (lab)	\$ 270
D5761	Reline Lower Partial Denture (lab)	\$ 270
D5820	Temporary Partial Denture (Upper)	\$ 373
D5821	Temporary Partial Denture (Lower)	\$ 363
D5850	Tissue Conditioning, Upper	\$ 98
D5851	Tissue Conditioning, Lower	\$ 98
D5862	Precision Attachment, by report	\$ 326
D5863	Overdenture - complete maxillary	\$ 1,246
D5864	Overdenture – partial maxillary	\$ 1,165
D5865	Overdenture - complete mandibular	\$ 1,259
D5866	Overdenture - partial mandibular	\$ 1,165
D5867	Replacement of Replaceable Part of Semi-Precision/ Precision Attachment (male or female component)	\$ 134
D5875	Modification of Removable Prosthesis Following Implant Surgery	\$ 161
CODE	IMPLANT SERVICES (D6000-D6199)	AMOUNT
D6010	Surgical Placement of Implant Body – endosteal implant	\$ 1,548
D6012	Surgical placement of Interim Implant Body for Transitional Prosthesis – endosteal implant	\$ 1,504
D6013	Surgical placement of mini implant	\$ 1,533
D6040	Surgical Placement – eposteal implant	\$ 2,802
D6050	Surgical Placement – transosteal implant (including hardware)	\$ 3,425
D6052	Semi-precision attachment abutment	\$ 681
D6055	Dental Implant Supported Connecting Bar	\$ 676
D6056	Prefabricated Abutment – includes modification and placement	\$ 532
D6057	Custom fabricated Abutment - includes placement	\$ 688
D6058	Abutment Supported Porcelain/Ceramic Crown	\$ 1,020
D6059	Abutment Supported Porcelain Fused to Metal Crown (high noble metal)	\$ 966

D6060	Abutment Supported Porcelain Fused to Metal Crown (predominantly base metal)	\$ 867
D6061	Abutment Supported Porcelain Fused to Metal Crown (noble metal)	\$ 928
D6062	Abutment Supported Cast Metal Crown (high noble metal)	\$ 930
D6063	Abutment Supported Cast Metal Crown (predominantly base metal)	\$ 806
D6064	Abutment Supported Cast Metal Crown (noble metal)	\$ 869
D6065	Implant Supported Porcelain/Ceramic Crown	\$ 993
D6066	Implant Supported Porcelain Fused to Metal Crown (high noble metal)	\$ 956
D6067	Implant Supported Metal Crown (high noble metal)	\$ 937
D6068	Abutment Supported Retainer for Porcelain/Ceramic FPD	\$ 991
D6069	Abutment Supported Retainer for Porcelain Fused to Metal FPD (high noble metal)	\$ 946
D6070	Abutment Supported Retainer for Porcelain Fused to Metal FPD (predominantly base metal)	\$ 856
D6071	Abutment Supported Retainer for Porcelain Fused to Metal FPD (noble metal)	\$ 920
D6072	Abutment Supported Retainer for Cast Metal FPD (high noble metal)	\$ 906
D6073	Abutment Supported Retainer for Cast Metal FPD (predominantly base metal)	\$ 745
D6074	Abutment Supported Retainer for Cast Metal FPD (noble metal)	\$ 829
D6075	Implant Supported Retainer for Ceramic FPD	\$ 946
D6076	Implant Supported Retainer for Porcelain Fused to Metal FPD (high noble metal)	\$ 948
D6077	Implant Supported Retainer for Cast Metal FPD (high noble metal)	\$ 880
D6080	implant maintenance procedures, when prostheses are removed and reinserted, including cleansing of prostheses, and abutments.	\$ 76
D6090	Repair Implant Supported Prosthesis, by report	\$ 183
D6091	Replacement of Semi-Precision or Precision Attachment (male or female component) of implant/abutment supported prosthesis, per attachment	\$ 311
D6092	Recent Implant/Abutment Supported Crown	\$ 49
D6093	Recent Implant/Abutment Supported Fixed Partial Denture	\$ 85
D6094	Abutment Supported Titanium Crown	\$ 880
D6095	Repair Implant Abutment, by report	\$ 206
D6100	Implant Removal, by report	\$ 247
D6101	Debridement of a periimplant defect and surface cleaning of exposed implant surfaces, including flap entry and closure	\$ 71
D6102	Debridement and osseous contouring of a periimplant defect; includes surface cleaning of exposed implant surfaces and flap entry and closure	\$ 159
D6103	Bone graft for repair of peri-implant defect – does not include flap entry and closure	\$ 334
D6104	Bone graft at time of implant placement	\$ 334
D6110	Implant/abutment supported removable denture for edentulous arch-maxillary	\$ 1,865
D6111	Implant/abutment supported removable denture for edentulous arch-mandibular	\$ 1,865
D6112	Implant/abutment supported removable denture for partially edentulous arch-maxillary	\$ 1,730
D6113	Implant/abutment supported removable denture for partially edentulous arch-mandibular	\$ 1,730
D6114	Implant/abutment supported fixed denture for edentulous arch-maxillary	\$ 3,249
D6115	Implant/abutment supported fixed denture for edentulous arch-mandibular	\$ 3,249
D6116	Implant/abutment supported fixed denture for edentulous arch-maxillary	\$ 3,322
D6117	Implant/abutment supported fixed denture for edentulous arch-mandibular	\$ 3,322
D6190	Radiographic/Surgical Implant Index, by report	\$ 184
D6194	Abutment Supported Retainer Crown for FPD (titanium)	\$ 846
CODE	PROSTHODONTICS, FIXED (D6200-D6999)	AMOUNT
D6205	Pontic – Indirect Resin Based Composite	\$ 542
D6210	Pontic – Cast High Noble Metal	\$ 731
D6211	Pontic – Cast Predominantly Base Metal	\$ 654

D6212	Pontic – Cast Noble Metal	\$ 683
D6214	Pontic – Titanium	\$ 681
D6240	Pontic – Porcelain Fused to High Noble Metal	\$ 762
D6241	Pontic – Porcelain Fused to Predominantly Base Metal	\$ 714
D6242	Pontic – Porcelain Fused to Noble Metal	\$ 745
D6245	Pontic – Porcelain/ Ceramic	\$ 804
D6250	Pontic – Resin with High Noble Metal	\$ 771
D6251	Pontic – Resin with Predominantly Base Metal	\$ 568
D6252	Pontic – Resin with Noble Metal	\$ 635
D6545	Retainer – Cast Metal for Resin Bonded Fixed Prosthesis	\$ 314
D6548	Retainer – Porcelain/ Ceramic for Resin Bonded Fixed Prosthesis	\$ 357
D6549	Resin retainer-for resin bonded fixed prosthesis	\$ 268
D6600	Retainer Inlay – Porcelain/ Ceramic, two surfaces	\$ 735
D6601	Retainer Inlay – Porcelain/ Ceramic, three or more surfaces	\$ 753
D6602	Retainer Inlay – Cast High Noble Metal, two surfaces	\$ 540
D6603	Retainer Inlay – Cast High Noble Metal, three or more surfaces	\$ 591
D6604	Retainer Inlay – Cast Predominantly Base Metal, two surfaces	\$ 536
D6605	Retainer Inlay – Cast Predominantly Base Metal, three or more surfaces	\$ 546
D6606	Retainer Inlay – Cast Noble Metal, two surfaces	\$ 524
D6607	Retainer Inlay – Cast Noble Metal, three or more surfaces	\$ 602
D6608	Retainer Onlay – Porcelain/ Ceramic, two surfaces	\$ 746
D6609	Retainer Onlay – Porcelain/ Ceramic, three or more surfaces	\$ 777
D6610	Retainer Onlay – Cast High Noble Metal, two surfaces	\$ 592
D6611	Retainer Onlay – Cast High Noble Metal, three or more surfaces	\$ 704
D6612	Retainer Onlay – Cast Predominantly Base Metal, two surfaces	\$ 561
D6613	Retainer Onlay – Cast Predominantly Base Metal, three or more surfaces	\$ 683
D6614	Retainer Onlay – Cast Noble Metal, two surfaces	\$ 570
D6615	Retainer Onlay – Cast Noble Metal, three or more surfaces	\$ 690
D6624	Retainer Inlay – Titanium	\$ 503
D6634	Retainer Onlay – Titanium	\$ 564
D6710	Retainer Crown – Indirect Resin Based Composite	\$ 537
D6720	Retainer Crown – Resin with High Noble Metal	\$ 770
D6721	Retainer Crown – Resin with Predominantly Base Metal	\$ 583
D6722	Retainer Crown – Resin with Noble Metal	\$ 646
D6740	Retainer Crown – Porcelain/Ceramic	\$ 831
D6750	Retainer Crown – Porcelain Fused to High Noble Metal	\$ 806
D6751	Retainer Crown – Porcelain Fused to Predominantly Base Metal	\$ 736
D6752	Retainer Crown – Porcelain Fused to Noble Metal	\$ 755
D6780	Retainer Crown – 3/4 Cast High Noble Metal	\$ 763
D6781	Retainer Crown – 3/4 Cast Predominantly Base Metal	\$ 663
D6782	Retainer Crown – 3/4 Cast Noble Metal	\$ 717
D6783	Retainer Crown – 3/4 Cast Porcelain/ Ceramic	\$ 810
D6790	Retainer Crown – Full Cast High Noble Metal	\$ 749
D6791	Retainer Crown – Full Cast Predominantly Base Metal	\$ 655
D6792	Retainer Crown – Full Cast Noble Metal	\$ 694
D6794	Retainer Crown – Titanium	\$ 718
D6920	Connector Bar	\$ 490

D6930	Recement Bridge	\$ 83
D6980	Fixed partial denture repair necessitated by restorative material failure	\$ 129
CODE	ORAL AND MAXILLOFACIAL SURGERY (D7000-D7999)	AMOUNT
D7111	Extraction, Coronal Remnants – deciduous tooth	\$ 78
D7140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)	\$ 83
D7210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth	\$ 151
D7220	Removal of Impacted Tooth – soft tissue	\$ 196
D7230	Removal of Impacted Tooth – partially bony	\$ 240
D7240	Removal of Impacted Tooth – completely bony	\$ 315
D7241	Removal of Impacted Tooth – completely bony, with unusual surgical complications	\$ 354
D7250	Surgical Removal of Residual Tooth Roots (cutting procedure)	\$ 163
D7251	Coronectomy - intential partial tooth removal	\$ 315
D7260	Oroantral Fistula Closure	\$ 537
D7261	Primary Closure of Sinus Perforation	\$ 560
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced	\$ 290
D7272	Tooth Transplantation (including reimplantation from one site to another and splinting or stabilization)	\$ 280
D7280	Surgical Access of an Unerupted Tooth	\$ 313
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	\$ 285
D7288	Brush Biopsy – transepithelial sample collection	\$ 62
D7290	Surgical Repositioning of Teeth	\$ 303
D7291	Transseptal Fiberotomy/Supra Crestal Fiberotomy, by report (orthodontic)	\$ 85
D7310	Alveoloplasty in Conjunction with Extractions – four or more teeth or tooth spaces, per quadrant	\$ 148
D7311	Alveoloplasty in Conjunction with Extractions – one to three teeth or tooth spaces, per quadrant	\$ 90
D7320	Alveoloplasty Not in Conjunction with Extractions – four or more teeth or tooth spaces, per quadrant	\$ 231
D7321	Alveoloplasty Not in Conjunction with Extractions – one to three teeth or tooth spaces, per quadrant	\$ 141
D7340	Vestibuloplasty – Ridge Extension (secondary epithelialization)	\$ 728
D7350	Vestibuloplasty – Ridge Extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	\$ 1,940
D7450	Removal of Benign Odontogenic Cyst or Tumor – lesion diameter up to 1.25 cm (include pathology report with submission)	\$ 282
D7451	Removal of Benign Odontogenic Cyst or Tumor – lesion diameter greater than 1.25 cm (include pathology report with submission)	\$ 680
D7471	Removal of Lateral Exostosis – (Maxilla or Mandible)	\$ 415
D7472	Removal of Torus Palatinus	\$ 419
D7473	Removal of Torus Mandibularis	\$ 431
D7485	Surgical Reduction of Osseous Tuberosity	\$ 232
D7510	Incision and Drainage of Abscess – intraoral soft tissue	\$ 110
D7520	Incision and Drainage of Abscess – extraoral soft tissue	\$ 195
D7880	Occlusal Orthotic Device, by report	\$ 540
D7881	Occlusal Orthotic Device adjustment	\$ 54
D7921	Collection and application of autologous blood concentrate product	\$ 181
D7950	Osseous, Osteoperiosteal, or Cartilage Graft of the Mandible or Maxilla – autogenous or nonautogenous, by report	\$ 1,200
D7951	Sinus Augmentation with Bone or Bone Substitutes via lateral open approach	\$ 1,700
D7952	Sinus augmentation via a vertical approach	\$ 1,700
D7953	Bone Replacement Graft for Ridge Preservation – per site	\$ 334
D7960	Frenulectomy (Frenectomy or Frenotomy) – separate procedure	\$ 216

D7963	Frenuloplasty	\$ 210
D7970	Excision of Hyperplastic Tissue, per arch	\$ 266
D7971	Excision of Pericoronal Gingiva	\$ 110
D7972	Surgical Reduction of Fibrous Tuberosity	\$ 256
CODE	ORTHODONTICS (D8000-D8999)	AMOUNT
D8010	Limited Orthodontic Treatment of the Primary Dentition	\$ 4,300
D8020	Limited Orthodontic Treatment of the Transitional Dentition	\$ 4,300
D8030	Limited Orthodontic Treatment of the Adolescent Dentition	\$ 4,300
D8040	Limited Orthodontic Treatment of the Adult Dentition	\$ 4,300
D8050	Interceptive Orthodontic Treatment of the Primary Dentition	\$ 4,300
D8060	Interceptive Orthodontic Treatment of the Transitional Dentition	\$ 4,300
D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition	\$ 4,700
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition	\$ 4,700
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition	\$ 4,700
D8210	Removable Appliance Therapy	\$ 636
D8220	Fixed Appliance Therapy	\$ 636
D8660	Pre-Orthodontic Treatment Visit	\$ 41
D8670	Periodic Orthodontic Treatment Visit (as part of contract)	\$ 82
D8680	Orthodontic Retention (removal of appliances, construction and placement of retainer)	\$ 325
D8681	Removable orthodontic retainer adjustment	\$ 44
D8691	Repair of Orthodontic Appliance	\$ 87
D8692	Replacement of Lost or Broken Retainer	\$ 325
D8693	Rebonding or Recementing of fixed retainers	\$ 44
D8694	Repair of fixed retainers, includes reattachment	\$ 44
CODE	ADJUNCTIVE GENERAL SERVICES (D9000-D9999)	AMOUNT
D9110	Palliative (Emergency) Treatment of Dental Pain - minor procedure	\$ 51
D9120	Fixed partial denture sectioning	\$ 91
D9210	Local Anesthesia Not in Conjunction with Operative or Surgical Procedures	\$ 20
D9211	Regional Block Anesthesia	\$ 21
D9212	Trigeminal Division Block Anesthesia	\$ 19
D9219	Evaluation for deep sedation or general anesthesia	\$ 42
D9223	Deep sedation/general anesthesia - each 15 minute increment	\$ 132
D9230	Analgesia, Anxiolysis, Nitrous Oxide - per visit	\$ 44
D9243	Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment	\$ 111
D9248	Non-Intravenous Conscious Sedation	\$ 167
D9310	Consultation, diagnostic service provided by dentist or physician other than <u>requesting dentist or physician</u>	\$ 83
D9410	House / Extended Care Facility Call	\$ 60
D9420	Hospital Call	\$ 200
D9430	Office Visit for Observation (during regularly scheduled office hours) - no other services performed	\$ 42
D9440	Office Visit - after regularly scheduled office hours	\$ 59
D9610	Therapeutic Parental Drug, single administration	\$ 42
D9612	Therapeutic Parental Drug, two or more administrations (different medications)	\$ 71
D9630	Other Drugs and/or Medicaments, by report	\$ 30
D9910	Application of Desensitizing Medicament	\$ 36
D9911	Application of Desensitizing Resin for Cervical and/ or Root Surface, per tooth	\$ 35
D9920	Behavior Management, By Report – Each 15 Minutes – maximum of 1 hour	\$ 40

D9930	Treatment of Complications (Post-Surgical) – unusual circumstances, by report	\$ 63
D9932	Cleaning and Inspection of removable complete denture, maxillary	\$ 76
D9933	Cleaning and Inspection of removable complete denture, mandibular	\$ 76
D9934	Cleaning and inspection of removable partial denture, maxillary	\$ 76
D9935	Cleaning and inspection of removable partial denture, mandibular	\$ 76
D9940	Occlusal Guard, by report	\$ 407
D9941	Fabrication of Athletic Mouth guard	\$ 102
D9943	Occlusal guard adjustment	\$ 32
D9950	Occlusion Analysis – mounted case	\$ 126
D9951	Occlusal Adjustment – limited	\$ 66
D9952	Occlusal Adjustment – complete	\$ 294
D9970	Enamel Microabrasion	\$ 40
D9971	Odontoplasty 1–2 Teeth; includes removal of enamel projections	\$ 40
D9972	External Bleaching – per arch – performed in office	\$ 238
D9973	External Bleaching – per tooth	\$ 63
D9974	Internal Bleaching – per tooth	\$ 183
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	\$ 119
D9986	Missed Appointment	\$ 25
D9987	Cancelled Appointment	\$ 25

TINs: 472283359 and 474587096

ZIP CODES: 30214 and 30269

(ENDO ONLY)

Reference - Table of Maximum Allowable Charges # 20020		
CODE	NOMENCLATURE	AMOUNT
DIAGNOSTIC		
140	Limited Oral Evaluation - problem focused	48
145	Oral Evaluation for a patient under three years of age and counseling with primary caregiver	32
150	Comprehensive oral evaluation - new or established patient	47
160	Detailed and extensive oral evaluation - problem focused, by report	61
170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	46
171	Re-evaluation - post-operative office visit	46
180	Comprehensive periodontal evaluation - new or established patient	53
190	Screening of a patient - state and federally mandated screenings, to determine an individual's need to be seen by a dentist for diagnosis	12
191	Assessment of a patient - A limited clinical inspection that is performed to identify possible signs of oral or systemic, malformation, or injury, and the potential need for referral for diagnosis and treatment	12
601	Caries risk assessment and documentation, with a finding of low risk	12
602	Caries risk assessment and documentation, with a finding of moderate risk	11
603	Caries risk assessment and documentation, with a finding of high risk	11
ENDODONTICS		
3110	Pulp cap - direct (excluding final restoration)	46
3120	Pulp cap - indirect (excluding final restoration)	46
3220	Therapeutic pulpotomy (excluding final restoration)	94
3221	Pulpal Debridement, Primary and Permanent Teeth	56
3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	94
3230	Pulpal therapy - anterior, primary tooth	222
3240	Pulpal therapy - posterior, primary tooth	264
3310	Anterior (excluding final restoration)	518
3320	Bicuspid (excluding final restoration)	617
3330	Molar (excluding final restoration)	835
3331	Treatment of Root Canal Obstruction; non-surgical access	153
3332	Incomplete Root Canal Therapy; inoperable, unresorbable or fractured tooth	250
3333	Internal root repair of perforation defects	130
3346	Retreatment of Previous Root Canal Therapy - Anterior	652
3347	Retreatment of Previous Root Canal Therapy - Bicuspid	741
3348	Retreatment of Previous Root Canal Therapy - Molar	961
3351	Apexification/recalcification -initial visit (apical closure/calcific repair of perforations, root resorption, etc)	230
3352	Apexification/recalcification -interim	118
3353	Apexification/recalcification - final visit	337

3355	Pulpal regeneration - initial visit	118
3356	Pulpal regeneration - interim medication replacement	59
3357	Pulpal regeneration - completion of treatment	118
3410	Apicoectomy/periradicular surgery - anterior	460
3421	Apicoectomy/periarticular surgery - bicuspid (1st Root)	535
3425	Apicoectomy/periarticular surgery - molar (1st Root)	611
3426	Apicoectomy/periarticular surgery (each add'l root)	231
3428	Bone graft in conjunction with periarticular surgery - per tooth, single site	326
3429	Bone graft in conjunction with periarticular surgery - each additional contiguous tooth in the same surgical site	242
3430	Retrograde filling - per root	141
3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periarticular surgery	201
3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periarticular surgery	318
3450	Root Amputation - per root	347
3460	Endodontic endosseous implant	191
3470	Intentional reimplantation (including necessary splinting)	453
3471	Surgical repair of root resorption - anterior	345
3472	Surgical repair of root resorption – premolar	402
3473	Surgical repair of root resorption – molar	458
3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	340
3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	340
3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	340
3910	Surgical Procedure for Isolation of Tooth with Rubber Dam	145
3920	Hemisection (including any root removal, not including root canal therapy)	299
3950	Canal Preparation and Fitting of Pre-Formed Dowel or Post	113

TINs: 472283359 and 474587096

ZIP CODES: 30214 and 30269

(PERIO ONLY)

Reference - Table of Maximum Allowable Charges # 20020		
CODE	NOMENCLATURE	AMOUNT
DIAGNOSTIC		
140	Limited Oral Evaluation - problem focused	48
145	Oral Evaluation for a patient under three years of age and counseling with primary caregiver	32
150	Comprehensive oral evaluation - new or established patient	47
160	Detailed and extensive oral evaluation - problem focused, by report	61
170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	46
171	Re-evaluation - post-operative office visit	46
180	Comprehensive periodontal evaluation - new or established patient	53
190	Screening of a patient - state and federally mandated screenings, to determine an individual's need to be seen by a dentist for diagnosis	12
191	Assessment of a patient - A limited clinical inspection that is performed to identify possible signs of oral or systemic, malformation, or injury, and the potential need for referral for diagnosis and treatment	12
601	Caries risk assessment and documentation, with a finding of low risk	12
602	Caries risk assessment and documentation, with a finding of moderate risk	11
603	Caries risk assessment and documentation, with a finding of high risk	11
ENDODONTICS		
3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periarticular surgery	201
3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periarticular surgery	318
3428	Bone graft in conjunction with periarticular surgery - per tooth, single site	326
3429	Bone graft in conjunction with periarticular surgery - each additional contiguous tooth in the same surgical site	242
PERIODONTICS		
4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	414
4211	Gingivectomy or gingivoplasty - one to three teeth, per quadrant	202
4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	63
4230	Anatomical crown exposure - 4 or more teeth	685
4231	Anatomical crown exposure - 1 to 3 teeth	400
4240	Gingival Flap Procedure, including root planning - four or more contiguous teeth or bounded teeth spaces per quadrant	426
4241	Gingival Flap Procedure, including root planning - one to three contiguous teeth or bounded teeth spaces per quadrant	263
4245	Apically positioned flap	223
4249	Clinical crown lengthening - hard tissue	663
4260	Osseous surgery (incl. flap entry & closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	915
4261	Osseous surgery (incl. flap entry & closure) - one to three teeth per quadrant	581
4263	Bone replacement graft - retained natural tooth - first site in quadrant	326
4264	Bone replacement graft - retained natural tooth - each add'l tooth in quadrant	242

4265	Biologic Materials to Aid in Soft and Osseous Tissue Regeneration	207
4266	Guided Tissue Regeneration - resorbable barrier, per site	321
4267	Guided Tissue Regeneration - non-resorbable barrier, per site (includes membrane removal)	406
4268	Surgical Revision Procedure, per tooth	102
4270	Pedicle Soft Tissue Graft Procedure - per tooth	474
4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	803
4274	Distal or Proximal Wedge Procedure, when not performed in conjunction with surgical procedures in the same anatomical area - submit quadrant involved	255
4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft.	766
4276	Combined Connective Tissue and Double Pedicle Graft - up to two contiguous teeth	784
4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant or edentulous tooth position in a graft	646
4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous tooth position in same graft site	332
4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	402
4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	383
4320	Provisional splinting - intracoronal	222
4321	Provisional splinting - extracoronal	176
4341	Periodontal scaling and root planning - four or more contiguous teeth or bounded teeth spaces per quadrant	150
4342	Periodontal Scaling and root planning - one to three teeth, per quadrant	97
4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	76
4381	Delivery of Antimicrobial Agents	75
4910	Periodontal maintenance	92
4920	Unscheduled dressing change, other than treating dentist	45
4921	Gingival irrigation - per quadrant	18
PERIODONTICS		
7921	Collection and application of autologous blood concentrate product	199

TINs: 472283359 and 474587096

ZIP CODES: 30214 and 30269

(ORAL SURGERY ONLY)

Reference - Table of Maximum Allowable Charges # 20020		
CODE	NOMENCLATURE	AMOUNT
DIAGNOSTIC		
140	Limited Oral Evaluation - problem focused	48
145	Oral Evaluation for a patient under three years of age and counseling with primary caregiver	32
150	Comprehensive oral evaluation - new or established patient	47
160	Detailed and extensive oral evaluation - problem focused, by report	61
170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	46
171	Re-evaluation - post-operative office visit	46
180	Comprehensive periodontal evaluation - new or established patient	53
190	Screening of a patient - state and federally mandated screenings, to determine an individual's need to be seen by a dentist for diagnosis	12
191	Assessment of a patient - A limited clinical inspection that is performed to identify possible signs of oral or systemic, malformation, or injury, and the potential need for referral for diagnosis and treatment	12
364	Cone beam CT capture and interpretation with limited field of view - less than one whole jaw	435
365	Cone beam CT capture and interpretation with limited field of view of one full dental - mandible	435
366	Cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	435
367	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	435
368	Cone beam Ct capture and interpretation for TMJ series including two or more exposures	435
380	Cone beam CT image capture with limited field of view - less than one whole jaw	435
381	Cone beam CT image capture with field of view of one full dental arch - mandible	435
382	Cone beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium	435
383	Cone beam CT image capture with field of view of both jaws, with or without cranium	435
384	Cone beam CT capture images for TMJ series including two or more exposures	435
IMPLANT SERVICES		
6010	Surgical placement of implant body: endosteal implant	1703
6011	Second stage implant surgery	177
6012	Surgical placement of interim implant body for transitional prosthesis	1654
6013	Surgical placement of mini implant	1686
6040	Surgical placement: eposteal implant	3082
6050	Surgical placement: transosteal implant	3768
6051	Interim abutment	290
6055	Connecting bar-implant or abutment supported	744
6056	Prefabricated abutment	585
6057	Custom abutment	757
6058	Abutment supported porcelain/ceramic crown	1122

6059	Abutment supported porcelain fused to metal crown (hi noble metal)	1063
6060	Abutment supported porcelain fused to metal crown (pred. base metal)	954
6061	Abutment supported porcelain fused to metal crown (noble metal)	1021
6062	Abutment supported cast metal crown (hi noble metal)	1023
6063	Abutment supported cast metal crown (pred. base metal)	887
6064	Abutment supported cast metal crown (noble metal)	956
6065	Implant supported porcelain/ceramic crown	1092
6066	Implant supported crown - porcelain fused to high noble alloys	1052
6067	Implant supported crown - high noble alloys	1031
6068	Abutment supported retainer for porcelain/ceramic FPD	1090
6069	Abutment supported retainer for porcelain fused to metal FPD (hi noble metal)	1041
6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	942
6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	1012
6072	Abutment supported retainer for cast metal FPD (high noble metal)	997
6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	820
6074	Abutment supported retainer for cast metal FPD (noble metal)	912
6075	Implant supported retainer for ceramic FPD	1041
6076	Implant supported retainer for FPD - porcelain fused to high noble alloys	1043
6077	Implant supported retainer for metal FPD - alloys	968
6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments, reinsertion of prosthesis	84
6082	Implant supported crown - porcelain fused to predominantly base alloys	954
6083	Implant supported crown - porcelain fused to noble alloys	1021
6084	Implant supported crown - porcelain fused to titanium and titanium alloys	968
6086	Implant supported crown - predominantly base alloys	887
6087	Implant supported crown - noble alloys	956
6088	Implant supported crown - titanium and titanium alloys	968
6090	Repair implant supported prosthesis, by report	201
6091	Replace semi-precision or precision attachment	342
6092	Recement or re-bond implant/abutment supported crown	54
6093	Recement or re-bond implant/abutment supported fixed partial denture	94
6094	Abutment Supported Crown - titanium and titanium alloys	968
6095	Repair implant abutment, by report	227
6097	Abutment supported crown porcelain fused to titanium and titanium alloys	1052
6098	Implant supported retainer - porcelain fused to predominantly base alloys	942
6099	Implant supported retainer for FPD - porcelain fused to noble alloys	1012
6100	Implant removal, by report	272
6101	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	78
6102	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	175
6103	Bone graft for repair of peri-implant defect - does not including flap entry and closure. Placement of a barrier membrane or biologic materials to aid in osseous regeneration are reported separately	367
6104	Bone graft at time of implant placement - placement of a barrier membrane, or biologic materials to aid in osseous regeneration are reported separately.	367
6110	Implant/abutment supported removable denture for edentulous arch-maxillary	2052
6111	Implant/abutment supported removable denture for edentulous arch-mandibular	2052
6112	Implant/abutment supported removable denture for partially edentulous arch-maxillary	1903

6113	Implant/abutment supported removable denture for partially edentulous arch-mandibular	1903
6114	Implant/abutment supported fixed denture for edentulous arch-maxillary	3574
6115	Implant/abutment supported fixed denture for edentulous arch-mandibular	3574
6116	Implant/abutment supported fixed denture for edentulous arch-maxillary	3654
6117	Implant/abutment supported fixed denture for edentulous arch-mandibular	3654
6118	Implant/abutment supported interim fixed denture for edentulous arch - maxillary	520
6119	Implant/abutment supported interim fixed denture for edentulous arch - mandibular	520
6120	Implant supported retainer - porcelain fused to titanium and titanium alloys	931
6121	Implant supported retainer for metal FPD - predominantly base alloys	820
6122	Implant supported retainer for metal FPD - noble alloys	912
6123	Implant supported retainer for metal FPD - titanium and titanium alloys	931
6190	Radiographic / Surgical Implant Index	202
6191	Semi-precision abutment – placement	757
6192	Semi-precision attachment – placement	568
6194	Abutment Support Retainer Crown for FPD titanium and titanium alloys	931
6195	Abutment Supported Retainer - porcelain fused to titanium and titanium alloys	968
7111	Coronal remnants, deciduous tooth	86
7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	91
7210	Extraction, erupted tooth requiring removal of bone/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated	166
7220	Removal of impacted tooth - soft tissue	216
7230	Removal of impacted tooth - partially bony	264
7240	Removal of impacted tooth - completely bony	347
7241	Removal of impacted tooth - completely bony, with unusual surgical complications	389
7250	Removal of residual tooth roots (cutting proc)	179
7251	Coronectomy - intentional partial tooth removal	347
7260	Oral antral fistula closure	591
7261	Primary closure of a sinus perforation	616
7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	319
7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	308
7280	Exposure of an unerupted tooth	344
7282	Mobilization of erupted or malpositioned tooth to aid eruption	314
7283	Placement of an attachment on an unerupted tooth, after its exposure, to aid in its eruption.	129
7285	Incisional biopsy of oral tissue - hard (bone, tooth)	263
7286	Incisional biopsy of oral tissue - (soft)	262
7287	Cytology sample collection	67
7288	Brush Biopsy	68
7290	Surgical repositioning of teeth	333
7291	Transseptal fiberotomy, by report	94
7292	Placement of temporary anchorage device (screw retained plate) requiring flap; includes device removal	2774
7293	Placement of temporary anchorage device requiring flap; includes device removal	2080
7294	Placement of temporary anchorage device without surgical flap; includes device removal	1734
7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	163
7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	99

7320	Alveoloplasty not in conjunction with extractions, per quadrant	254
7321	Alveoloplasty without extractions	155
7340	Vestibuloplasty-ridge extension (secondary epithelialization)	801
7350	Vestibuloplasty-ridge extension (including soft tissue grafts, muscle reattachments, revision of soft tissue attachment, and management of hypertrophied and hyperplastic tissue)	2134
7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	310
7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	748
7471	Removal of lateral exostosis (maxilla or mandible)	457
7472	Removal of torus palatinus	461
7473	Removal of torus mandibularis	474
7485	Reduction of osseous tuberosity	255
7510	Incision and drainage of abscess - intraoral soft tissue	121
7511	Incision and drainage - intraoral	121
7520	Incision and drainage of abscess - extraoral soft tissue	215
7521	Incision and drainage - extraoral	205
7880	Occlusal orthotic device, by report	594
7881	Occlusal orthotic device adjustment	59
7921	Collection and application of autologous blood concentrate product	199
7950	Osseous, osteoperiosteal/cartilage graft of the mandible or facial bones-autogenous or nonautogenous, by rpt	1320
7951	Sinus augmentation	1870
7952	Sinus augmentation via a vertical approach	1870
7953	Bone replacement graft - per site	367
7961	Buccal / labial frenectomy (frenulectomy)	238
7962	Lingual frenectomy (frenulectomy)	238
7963	Frenuloplasty	231
7970	Excision of hyperplastic tissue, per arch	293
7971	Excision of pericoronal gingiva	121
7972	Surgical reduction of fibrous tuberosity	282
7998	Intraoral placement of a fixation device not in conjunction with a fracture	2640
ADJUNCTIVE SERVICES		
9222	Deep sedation/general anesthesia - first 15 minutes	145
9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	145
9230	Analgesia, anxiolysis, inhalation of nitrous oxide	48
9239	Intravenous moderate (conscious) sedation/analgesia first 30 minutes	122
9243	Intravenous moderate (conscious) - each subsequent 15 minute increment	122
9248	Non-intravenous moderate (conscious) sedation	184