

DentalGuard Preferred Select Network Payor List As of March 19, 2020

Aetna Dental

Alicare Inc

Allied Benefit Systems Inc

Ameritas Life Insurance Corp

Avesis, Incorporated

Bay Area Delivery Drivers Security Fund*

Beer Industry Local Union 703 Health and Welfare Fund

Benemax

Boon Chapman

CDS

Coventry National Network Mail Handlers Benefit Plan

Cypress Benefit Administrators

Group Administrators Ltd

Health Plans Inc

HealthComp

Healthscope Benefits

Home Town Health

HSBA Inc

Kansas City Life

Liberty Dental Plan

Loomis

MedBen

National Elevator Industry Health Benefit Plan

NECA IBEW Welfare Trust Fund

Pan American Life LLC

Partners Benefit Group

Premier Access*

Professional Benefit Administrators Inc (PBA)

Prominence Health Plan (Formerly Saint Mary's Health Plan)

Teamsters Local 710 Health Welfare & Pension Fund

Trustmark Health Benefits

United Health Care

United Medical Resources UMR

^{*} Payors that can not administer negotiated fee schedules



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

CDT		DGP DGPS			DGP DGPS
Code	Description		Code	Description	Fees
D0120	PERIODIC ORAL EVALUATION		D1556	REMOVAL FIXED UNILATERAL SPACE MAINT-QUAD	\$14.00
D0140 D0145	LIMITED ORAL EVALUATION-PROBLEM FOCUSED ORAL EVALUATION FOR A PATIENT UNDER THREE	\$48.00 \$44.00	D1557 D1558	REMOVAL FIXED BILATERAL SPACE MAINTAINER-MAX	\$28.00
D0145 D0150	COMPREHENSIVE ORAL EVALUATION	\$44.00 \$44.00	D1536	REMOVAL FIXED BILATERAL SPACE MAINTAINER-MAN DISTAL SHOE SPACE MAINT-FIXED UNILATERAL-QUAD	\$28.00 \$213.00
D0160	DETAILED & EXTENSIVE ORAL EVALUATION	\$71.00	D2140	AMALGAM - 1 SURFACE (PRIMARY OR PERMANENT)	\$65.00
D0170	REEVALUATION-LIMITED; PROBLEM FOCUS; NOT POSTOP	\$42.00	D2150	AMALGAM - 2 SURFACES (PRIMARY OR PERMANENT)	\$87.00
D0171	RE-EVALUATION - POST-OPERATIVE OFFICE VISIT	\$42.00	D2160	AMALGAM - 3 SURFACES (PRIMARY OR PERMANENT)	\$106.00
D0180	COMPREHENSIVE PERIODONTAL EVALUATION	\$44.00	D2161	AMALGAM - 4+ SURFACES (PRIMARY OR PERMANENT)	\$135.00
D0210	INTRAORAL XRAYS-COMPLETE SERIES W/ BITEWINGS	\$77.00	D2330	COMPOSITE - 1 SURFACE, ANTERIOR	\$79.00
D0220	INTRAORAL XRAYS - PERIAPICAL, FIRST FILM	\$23.00	D2331	COMPOSITE - 2 SURFACES, ANTERIOR	\$105.00
D0230	INTRAORAL XRAYS - PERIAPICAL, EACH EXTRA FILM	\$7.00	D2332	COMPOSITE - 3 SURFACES, ANTERIOR	\$129.00
D0240	INTRAORAL XRAYS - OCCLUSAL FILM	\$23.00	D2335	COMPOSITE - 4+ SURFACES OR INC ANGLE, ANTERIOR	\$138.00
D0250	EXTRAORAL XRAYS - FIRST FILM	\$33.00	D2390	COMPOSITE CROWN, ANTERIOR	\$138.00
D0270 D0272	BITEWING XRAYS - SINGLE FILM	\$21.00	D2391	COMPOSITE - 1 SURFACES POSTERIOR	\$115.00
D0272 D0273	BITEWING XRAYS - TWO FILMS BITEWING XRAYS - THREE FILMS	\$29.00 \$32.00	D2392 D2393	COMPOSITE - 2 SURFACES, POSTERIOR COMPOSITE - 3 SURFACES, POSTERIOR	\$166.00 \$210.00
D0273	BITEWING XRAYS - FOUR FILMS	\$35.00 \$35.00	D2393	COMPOSITE - 3 SONT ACES, POSTERIOR	\$220.00
D0277	VERTICAL BITEWING XRAYS - 7 TO 8 FILMS	\$47.00	D2510	INLAY - METAL - 1 SURFACE	\$406.00
D0310	SIALOGRAPHY	\$230.00	D2520	INLAY - METAL - 2 SURFACES	\$532.00
D0320	TMJ ARTHROGRAM WITH INJECTION	\$268.00	D2530	INLAY - METAL - 3+ SURFACES	\$572.00
D0321	OTHER TMJ FILMS, BY REPORT	\$153.00	D2542	ONLAY - METAL - 2 SURFACES	\$549.00
D0322	TOMOGRAPHIC SURVEY	\$230.00	D2543	ONLAY - METAL - 3 SURFACES	\$646.00
D0330	PANORAMIC FILM	\$66.00	D2544	ONLAY - METAL - 4+ SURFACES	\$640.00
D0340	2D CEPHALOMETRIC RADIOGRAPHIC IMAGE	\$54.00	D2610	INLAY - PORCELAIN/CERAMIC - 1 SURFACE	\$334.00
D0350	ORAL/FACIAL PHOTO IMAGES (INTRA & EXTRAORAL)	\$35.00	D2620	INLAY - PORCELAIN/CERAMIC - 2 SURFACES	\$370.00
D0364	CONE BEAM CAPT & INTERPRET, LESS THAN ONE JAW	\$219.00	D2630	INLAY - PORCELAIN/CERAMIC - 3+ SURFACES	\$460.00
D0365 D0366	CONE BEAM CART & INTERPRET, FULL ARCH MAY	\$186.00 \$180.00	D2642 D2643	ONLAY - PORCELAIN/CERAMIC - 2 SURFACES ONLAY - PORCELAIN/CERAMIC - 3 SURFACES	\$537.00 \$625.00
D0366 D0367	CONE BEAM CAPT & INTERPRET, FULL ARCH-MAX CONE BEAM CAPT & INTERPRET, BOTH JAWS	\$239.00	D2643	ONLAY - PORCELAIN/CERAMIC - 3 SURFACES ONLAY - PORCELAIN/CERAMIC - 4+ SURFACES	\$646.00
D0368	CONE BEAM CAPT & INTERPRET, TMJ, 2+ IMAGES	\$180.00	D2650	INLAY - COMPOSITE - 1 SURFACE	\$397.00
D0380	CONE BEAM CAPTURE ONLY, LESS THAN ONE JAW	\$66.00	D2651	INLAY - COMPOSITE - 2 SURFACES	\$441.00
D0381	CONE BEAM CAPTURE ONLY, FULL ARCH-MAND	\$186.00	D2652	INLAY - COMPOSITE - 3+ SURFACES	\$481.00
D0382	CONE BEAM CAPTURE ONLY, FULL ARCH-MAX	\$153.00	D2662	ONLAY - COMPOSITE - 2 SURFACES	\$467.00
D0383	CONE BEAM CAPTURE ONLY, BOTH JAWS	\$133.00	D2663	ONLAY - COMPOSITE - 3 SURFACES	\$545.00
D0384	CONE BEAM CAPTURE ONLY, TMJ, 2+ IMAGES	\$172.00	D2664	ONLAY - COMPOSITE - 4+ SURFACES	\$563.00
D0391	INTERPRET IMAGE, DIFF PROV THAN IMAGE CAPTURE	\$71.00	D2710	CROWN - INDIRECT RESIN-BASED COMPOSITE	\$217.00
D0431	PRE-DIAG TEST TO DETECT MUCOSAL ABNORMALITIES	\$41.00	D2712	CROWN - INDIRECT 3/4 RESIN-BASED COMPOSITE	\$217.00
D0460	PULP VITALITY TESTS	\$20.00	D2720	CROWN - RESIN WITH HIGH NOBLE METAL	\$326.00
D0470 D0601	DIAGNOSTIC CASTS CARIES RISK ASSESSMENT - LOW	\$63.00 \$0.00	D2721 D2722	CROWN - RESIN WITH PREDOMINANTLY BASE METAL CROWN - RESIN WITH NOBLE METAL	\$326.00 \$326.00
D0601	CARIES RISK ASSESSMENT - MODERATE	\$0.00	D2740	CROWN - PORCELAIN/CERAMIC	\$750.00
D0603	CARIES RISK ASSESSMENT - HIGH	i	D2750	CROWN - PORCELAIN ON HIGH NOBLE METAL	\$726.00
D1110	PROPHYLAXIS - ADULT		D2751	CROWN - PORCELAIN ON PREDOMINANTLY BASE METAL	\$687.00
D1120	PROPHYLAXIS - CHILD	\$48.00	D2752	CROWN - PORCELAIN ON NOBLE METAL	\$720.00
D1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC	\$24.00	D2753	CROWN-PORCELAIN-TITANIUM/TITANIUM ALLOYS	\$726.00
D1208	TOPICAL APP FLUORIDE, EXC VARNISH	\$24.00	D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	\$729.00
D1351	SEALANT - PER TOOTH	\$36.00	D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	\$671.00
D1352	PREV RESIN REST - MOD/HIGH CARIES-PERM TOOTH	\$36.00	D2782	CROWN - 3/4 CAST NOBLE METAL	\$727.00
D1353	SEALANT REPAIR-PER TOOTH	\$29.00	D2783	CROWN - 3/4 PORCELAIN/CERAMIC	\$750.00
D1510	SPACE MAINTAINER - FIXED - UNILATERAL-QUAD	\$213.00	D2790	CROWN - FULL CAST HIGH NOBLE METAL	\$729.00
D1516	SPACE MAINTAINER FIXED BILATERAL MAX	\$332.00	D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	\$671.00 \$737.00
D1517 D1520	SPACE MAINTAINER FIXED BILATERAL, MAND SPACE MAINTAINER-REMOVABLE-UNILATERAL-QUAD	\$332.00 \$213.00	D2792 D2794	CROWN - FULL CAST NOBLE METAL	\$727.00 \$729.00
D1526	SPACE MAINTAINER REMOVABLE BILATERAL, MAX	\$332.00	D2794	CROWN - TITANIUMTITANIUM ALLOYS PROVISIONAL CROWN	\$153.00
D1527	SPACE MAINTAINER REMOVABLE BILATERAL, MAND	\$332.00	D2910	RECEMENT INLAY, ONLAY, VENEER, PART COV REST	\$47.00
D1551	RE-CEMENT/RE-BOND BILATERAL SPACE MAINT-MAX	\$45.00	D2915	RECEMENT INDIRECTLY FABRICATED POST & CORE	\$47.00
D1552	RE-CEMENT/RE-BOND BILATERAL SPACE MAINT-MAN	\$45.00	D2920	RECEMENT, REBOND CROWN	\$47.00
D1553	RE-CEMENT/RE-BOND UNILATERAL SPACE MAINT-QUAD	\$23.00	D2929	PREFAB PORC / CERAMIC CROWN - PRIMARY TOOTH	\$153.00

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

CDT		DGP DGPS	CDT		DGP DGPS
Code	Description			Description	Fees
D2930	PREFAB STAINLESS STEEL CROWN - PRIMARY TOOTH	\$139.00	D4211	GINGIVECTOMY - 1 TO 3 TEETH/QUAD	\$133.00
D2931	PREFAB STAINLESS STEEL CROWN-PERMANENT TOOTH	\$146.00	D4212	GINGIVECTOMY-ACCESS FOR REST PROC, PER TOOTH	\$93.00
D2932	PREFAB RESIN CROWN	\$153.00	D4230	CROWN EXPOSURE - 4+ TEETH OR SPACES, PER QUAD	\$455.00
D2933	PREFAB STAINLESS STEEL CROWN W/ RESIN WINDOW	\$153.00	D4231	CROWN EXPOSURE - 1 TO 3 TEETH OR SPACES, QUAD	\$318.00
D2934	PREFAB ESTHETIC STAINLESS STEEL CROWN-PRIMARY	\$153.00	D4240	GINGIVAL FLAP, W/ ROOT PLANING-4+ TEETH/QUAD	\$334.00
D2940	PROTECTIVE RESTORATION - TEMPORARY	\$58.00	D4241	GINGIVAL FLAP, W/ ROOT PLANING-1-3 TEETH/QUAD	\$234.00
D2941	INTERIM THERAPEUTIC RESTORATION - PRIMARY	-	D4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	\$455.00
D2949	RESTORATIVE FOUNDATION - INDIRECT RESTORATION	\$0.00		OSSEOUS SURGERY - 4+ TEETH/QUAD	\$641.00
D2950	CORE BUILDUP, INCLUDING PINS WHEN REQUIRED	\$149.00		OSSEOUS SURGERY - 1 TO 3 TEETH/QUAD	\$449.00
D2951	PIN RETENTION - PER TOOTH	\$44.00		BONE GRAFT - FIRST SITE IN QUADRANT	\$208.00
D2952	INDIRECTLY FABRICATED POST & CORE	\$256.00		BONE GRAFT - ADDITIONAL SITE IN QUAD	\$155.00
D2953	EACH ADD'L POST, INDIRECT - SAME TOOTH	\$20.00		GUIDED TISSUE REGEN -RESORB BARRIER/SITE	\$275.00
D2954	PREFAB POST & CORE	\$201.00		GUIDED TISSUE REGEN -NON-RESORB BARRIER/SITE	\$275.00
D2955	POST REMOVAL (NOT WITH ENDO)	\$109.00		SURGICAL REVISION, PER TOOTH	\$133.00
D2957	EACH ADDITIONAL PREFAB POST - SAME TOOTH	\$15.00		PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$462.00
D2960	LABIAL VENEER (RESIN) - CHAIRSIDE	\$410.00		AUTOGENOUS CONNECTIVE TISSUE GRFT FIRST TOOTH	\$534.00
D2961	LABIAL VENEER (RESIN) - LAB	\$471.00		DISTAL OR PROXIMAL WEDGE PROCEDURE	\$334.00
D2962	LABIAL VENEER (PORCELAIN) - LAB	\$471.00		NON-AUTOGENOUS TISSUE GRAFT FIRST TOOTH	\$642.00
D2971	ADD'L PROCEDURE - CROWN UNDER PART DENT FRAME	\$128.00		CONNECTIVE TISSUE & DOUBLE PEDICLE GRAFT	\$561.00 \$534.00
D2980	CROWN REPAIR, BY REPORT	\$109.00		FREE SOFT TISSUE GRAFT PROC. APRIL TOOTH	\$534.00
D2981	INLAY REPAIR DUE TO REST MATERIAL FAILURE	\$77.00		FREE SOFT TISSUE GRAFT PROC, ADDTL TOOTH	\$320.00
D2982	ONLAY REPAIR DUE TO REST MATERIAL FAILURE VENEER REPAIR DUE TO REST MATERIAL FAILURE	\$93.00 \$77.00		AUTOGENOUS CONNECTIVE TISSUE GRFT, ADDTL TOOTH NONAUTOGENOUS TISSUE GRAFT FIRST, ADDTL TOOTH	\$320.00
D2983 D3110		·	D4285 D4341	SCALING AND ROOT PLANING - 4+ TEETH/QUAD	\$385.00 \$116.00
D3110	PULP CAP -DIRECT (EXCLUDES FINAL RESTORATION) PULP CAP-INDIRECT(EXCLUDES FINAL RESTORATION)	\$42.00		SCALING AND ROOT PLANING - 4+ TEETH/QUAD SCALING AND ROOT PLANING - 1-3 TEETH/QUAD	\$116.00 \$78.00
D3120	THERAPEUTIC PULPOTOMY	\$102.00		SCALING FULL MOUTH - GINGIVAL INFLAMMATION	\$69.00
D3220	PULPAL DEBRIDEMENT (ANY TOOTH)	\$61.00		FULL MOUTH DEBRIDEMENT	\$78.00
D3222	PARTIAL PULPOTOMY - APEXOGENESIS (PERM TOOTH)	\$102.00		LOCAL DELIVERY ANTIMICROBIAL AGENTS-PER TOOTH	\$55.00
D3230	PULPAL THERAPY(RESORBABLE), ANTERIOR, PRIMARY	\$107.00		PERIODONTAL MAINTENANCE	\$90.00
D3240	PULPAL THERAPY(RESORBABLE), POSTERIOR, PRIMARY	\$117.00		GINGIVAL IRRIGATION - PER QUADRANT	\$44.00
D3310	ENDO - ANTERIOR (EXCLUDE FINAL RESTORATION)	\$439.00		COMPLETE DENTURE - MAXILLARY	\$878.00
D3320	ENDO - PREMOLAR (EXCLUDE FINAL RESTORATION)	\$510.00		COMPLETE DENTURE - MANDIBULAR	\$878.00
D3330	ENDO - MOLAR (EXCLUDE FINAL RESTORATION)	\$636.00	D5130	IMMEDIATE DENTURE - MAXILLARY	\$820.00
D3331	TX OF ROOT CANAL OBSTRUCTION (NON-SURGERY)	\$132.00	D5140	IMMEDIATE DENTURE - MANDIBULAR	\$798.00
D3332	INCOMPLETE RCT - INOPERABLE, UNRESTORABLE, FX	\$219.00	D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE	\$801.00
D3333	INTERNAL ROOT REPAIR OF PERFORATION	\$132.00	D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE	\$829.00
D3346	ENDO - RETREATMENT - ANTERIOR	\$592.00	D5213	MAXILLARY PARTIAL DENTURE - CAST FRAME	\$918.00
D3347	ENDO - RETREATMENT - PREMOLAR	\$689.00	D5214	MANDIBULAR PARTIAL DENTURE - CAST FRAME	\$899.00
D3348	ENDO - RETREATMENT - MOLAR	\$856.00	D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE - RESIN	\$840.00
D3351	APEXIFICATION/RECALCIFICATION - INITIAL VISIT	\$132.00	D5222	IMMEDIATE MANIBULAR PARTIAL DENTURE -RESIN	\$871.00
D3352	APEXIFICATION/RECALCIFICATION - INTERIM MEDS	\$88.00		IMMEDIATE MAXILLARY PARTIAL DENTURE - METAL	\$964.00
D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT	\$307.00		IMMEDIATE MANIBULAR PARTIAL DENTURE - METAL	\$944.00
D3355	PULPAL REGENERATION - INITIAL VISIT	\$132.00		MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE	\$918.00
D3356	PULPAL REGENERATION - INTERIM VISIT	\$88.00		MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE	\$899.00
D3357	PULPAL REGENERATION - TX COMPLETE	\$88.00		RMVBLE UNILATERAL PARTIAL DENT METAL, MAX	\$444.00
D3410	APICOECTOMY - ANTERIOR	\$400.00		RMVBLE UNILATERAL PARTIAL DENT METAL, MAND	\$444.00
D3421	APICOECTOMY - PREMOLAR (FIRST ROOT)	\$476.00		REMOVABLE UNILATERAL PARTIAL, FLEX BASE-QUAD	\$367.00
D3425	APICOECTOMY - MOLAR (FIRST ROOT)	\$486.00		REMOVABLE UNILATERAL PARTIAL, RESIN-QUAD	\$336.00
D3426	APICOECTOMY - (ADDITIONAL ROOT)	\$158.00		ADJUST COMPLETE DENTURE - MAXILLARY	\$46.00
D3427	PERIRADICULAR SURGERY WITHOUT APICOECTOMY	\$428.00 \$208.00		ADJUST COMPLETE DENTURE - MANDIBULAR	\$46.00 \$43.00
D3428	BONE GRAFT W/ PERIRADICULAR SURG - TOOTH			ADJUST PARTIAL DENTURE - MAXILLARY	\$43.00 \$43.00
D3429 D3430	BONE GRAFT W/ PERIRADICULAR SURG - ADD TOOTH RETROGRADE FILLING - PER ROOT	\$155.00 \$82.00		ADJUST PARTIAL DENTURE - MANDIBULAR REPAIR BROKEN COMPLETE DENTURE BASE - MAN	\$43.00 \$117.00
D3430 D3432	GTR PER SITE, W/ PERIRADICULAR SURG	\$275.00		REPAIR BROKEN COMPLETE DENTURE BASE - MAX	\$117.00 \$117.00
D3452 D3450	ROOT AMPUTATION - PER ROOT	\$275.00		REPLACE MISSING/BROKEN DENTURE TOOTH	\$95.00
D3430	HEMISECTION (W/ROOT REMOVAL)	\$213.00		REPAIR RESIN PARTIAL DENTURE BASE - MAN	\$81.00
D3920 D3950	CANAL PREP & FIT OF PREFORMED DOWEL/POST	\$66.00		REPAIR RESIN PARTIAL DENTURE BASE - MAX	\$81.00
D3930 D4210	GINGIVECTOMY - 4+ TEETH/QUAD	\$311.00		REPAIR CAST PARTIAL FRAMEWORK - MAN	\$96.00
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Note : DGP = DentalGuard Preferred; DGPS = DentalGuard Preferred Select.

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

CDT		DGP DGPS	CDT		DGP DGPS
Code	Description	Fees	Code	Description	Fees
D5622	REPAIR CAST PARTIAL FRAMEWORK - MAX	\$96.00	D6050	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	\$1,281.00
D5630	REPAIR / REPLACE BROKEN CLASP	\$69.00	D6051	INTERIM ABUTMENT	\$153.00
D5640	REPLACE BROKEN TEETH (PER TOOTH)	\$79.00	D6056	PREFABRICATED ABUTMENT	\$410.00
D5650	ADD TOOTH TO EXISITING PARTIAL DENTURE	\$98.00	D6057	CUSTOM ABUTMENT	\$568.00
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	\$123.00	D6058	ABUT CROWN - PORCELAIN/CERAMIC	\$1,125.00
D5670	REPLACE ALL TEETH & ACRYLIC - MAXILLARY	\$333.00	D6059	ABUT CROWN - PORCELAIN - HIGH NOBLE METAL	\$1,089.00
D5671	REPLACE ALL TEETH & ACRYLIC - MANDIBULAR	\$333.00	D6060	ABUT CROWN - PORCELAIN - PRED BASE METAL	\$1,031.00
D5710	REBASE COMPLETE MAXILLARY DENTURE	\$313.00	D6061	ABUT CROWN - PORCELAIN - NOBLE METAL	\$1,080.00
D5711	REBASE COMPLETE MANDIBULAR DENTURE	\$313.00	D6062	ABUT CROWN - HIGH NOBLE METAL	\$1,053.00
D5720	REBASE MAXILLARY PARTIAL DENTURE	\$266.00	D6063	ABUT CROWN - PRED BASE METAL	\$1,007.00
D5721	REBASE MANDIBULAR PARTIAL DENTURE	\$266.00	D6064	ABUT CROWN - NOBLE METAL	\$1,073.00
D5730	RELINE COMPLETE MAX DENTURE (CHAIRSIDE)	\$155.00	D6065	IMPLANT CROWN - PORCELAIN/CERAMIC	\$1,125.00
D5731	RELINE COMPLETE MAND DENTURE (CHAIRSIDE)	\$155.00	D6066	IMPLANT CROWN - PORCELAIN - HIGH NOBLE ALLOYS	\$1,089.00
D5740	RELINE MAX PARTIAL DENTURE (CHAIRSIDE)	\$118.00	D6067	IMPLANT CROWN - HIGH NOBLE ALLOYS	\$1,094.00
D5741 D5750	RELINE MAND PARTIAL DENTURE (CHAIRSIDE)	\$118.00 \$251.00	D6068 D6069	ABUT RETAINER - PORCELAIN/CERAMIC FPD ABUT RETAINER-PORCELAIN-HIGH NOBLE METAL FPD	\$1,125.00 \$1,089.00
D5750 D5751	RELINE COMPLETE MAX DENTURE (LAB) RELINE COMPLETE MAND DENTURE (LAB)	\$251.00 \$251.00	D6009	ABUT RETAINER-PORCELAIN-PIGH NOBLE WETAL FPD ABUT RETAINER-PORCELAIN-PRED BASE METAL FPD	\$1,089.00
D5760	RELINE MAX PARTIAL DENTURE (LAB)	\$215.00	D6070	ABUT RETAINER - PORCELAIN - NOBLE METAL FPD	\$1,080.00
D5761	RELINE MAND PARTIAL DENTURE (LAB)	\$215.00	D6071	ABUT RETAINER - HIGH NOBLE METAL FPD	\$1,053.00
D5701	INTERIM COMPLETE DENTURE (MAXILLARY)	\$697.00		ABUT RETAINER - PRED BASE METAL FPD	\$1,007.00
D5811	INTERIM COMPLETE DENTURE (MANDIBULAR)	\$678.00	D6074	ABUT RETAINER - NOBLE METAL FPD	\$1,073.00
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	\$311.00	D6075	IMPLANT RETAINER - FPD - CERAMIC	\$1,125.00
D5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	\$311.00	D6076	IMPLANT RETAINER-FPD-PORC-HIGH NOBLE ALLOYS	\$1,089.00
D5850	TISSUE CONDITIONING, MAXILLARY	\$109.00	D6077	IMPLANT RETAINER - FPD - HIGH NOBLE ALLOYS	\$1,053.00
D5851	TISSUE CONDITIONING, MANDIBULAR	\$109.00	D6082	IMPLANT CROWN-PORCELAIN-PRED BASE ALLOYS	\$1,031.00
D5876	ADD METAL SUBSTRUCTURE-ACRYLIC FULL DENT, ARCH	\$74.00	D6083	IMPLANT CROWN-PORCELAIN-NOBLE ALLOYS	\$1,080.00
D5911	FACIAL MOULAGE (SECTIONAL)	\$149.00	D6084	IMPLANT CROWN-PORCELAIN-TITANIUM/ALLOYS	\$1,089.00
D5912	FACIAL MOULAGE (COMPLETE)	\$149.00	D6086	IMPLANT CROWN-PREDOMINATELY BASE ALLOYS	\$1,007.00
D5913	NASAL PROSTHESIS	\$3,166.00	D6087	IMPLANT CROWN-NOBLE ALLOYS	\$1,073.00
D5914	AURICULAR PROSTHESIS	\$3,166.00	D6088	IMPLANT CROWN-TITANIUM/TITANIUM ALLOYS	\$1,053.00
D5915	ORBITAL PROSTHESIS	\$4,277.00	D6092	RECEMENT, REBOND IMP/ABUT SUPPORTED CROWN	\$47.00
D5916	OCULAR PROSTHESIS	\$1,143.00	D6093	RECEMENT, REBOND IMP/ABUT SUPP FIX PART DENT	\$70.00
D5919	FACIAL PROSTHESIS	\$414.00	D6094	ABUT CROWN - TITANIUM/TITANIUM ALLOYS	\$1,053.00
D5922	NASAL SEPTAL PROSTHESIS	\$275.00	D6095	REPAIR IMPLANT ABUTMENT, BY REPORT	\$205.00
D5924	CRANIAL PROSTHESIS	\$547.00	D6097	ABUT CROWN-PORCELAIN-TITANIUM/TITANIUM ALLOYS	\$1,089.00
D5931	OBTURATOR PROSTHESIS, SURGICAL	\$1,707.00	D6098	IMPLANT RETAINER-PORCELAIN-PRED BASE ALLOYS	\$1,031.00
D5932	OBTURATOR PROSTHESIS, DEFINITIVE	\$1,193.00	D6099	IMPLANT RETAINER-FPD-PORCELAIN-NOBLE ALLOYS	\$1,080.00
D5933	OBTURATOR PROSTHESIS, MODIFICATION	\$172.00	D6101	DEBRIDEMENT OF A PERIMPLANT DEFECT	\$234.00
D5934	MAND RESECTION PROSTHESIS WITH GUIDE FLANGE	\$2,901.00		DEBRIDE/OSSEOUS CONTOUR OF PERIMPLANT DEFECT	\$449.00
D5935	MAND RESECTION PROSTHESIS W/OUT GUIDE FLANGE	\$2,519.00		BONE GRAFT FOR REPAIR OF PERIIMPLANT DEFECT	\$208.00
D5951	FEEDING AID	\$464.00 \$1.500.00		BONE GRAFT AT TIME OF IMPLANT PLACEMENT	\$275.00
D5952 D5954	SPEECH AID PROSTHESIS, PEDIATRIC PALATAL AUGMENTATION PROSTHESIS	\$1,509.00 \$381.00		IMPLANT SUPPORTED REMOVABLE FULL DENTURE-MAX IMPLANT SUPPORTED REMOVABLE FULL DENTURE-MAND	\$1,318.00 \$1,318.00
D5954 D5955	PALATAL LIFT PROSTHESIS, DEFINITIVE	\$2,453.00	D6111	IMPLANT SUPPORTED REMOVABLE PARTIAL-MAX	\$1,377.00
D5958	PALATAL LIFT PROSTHESIS, INTERIM	\$829.00		IMPLANT SUPPORTED REMOVABLE PARTIAL-MAND	\$1,377.00
D5958	PALATAL LIFT PROSTHESIS, MODIFICATION	\$172.00		IMPLANT RETAINER-PORCELAIN-TITANIUM/ALLOYS	\$1,089.00
D5982	SURGICAL STENT	\$166.00	D6121	IMPLANT RETAINER-METAL FPD-PRED BASE ALLOYS.	\$1,007.00
D5983	RADIATION CARRIER	\$547.00		IMPLANT RETAINER-METAL FPD-NOBLE ALLOYS	\$1,073.00
D5986	FLUORIDE GEL CARRIER	\$93.00		IMPLANT RETAINER-METAL FPD-TITANIUM/ ALLOYS	\$1,053.00
D5987	COMMISSURE SPLINT	\$249.00	D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT	\$174.00
D5988	SURGICAL SPLINT	\$249.00		ABUT RETAINER - TITANIUM/TITANIUM ALLOYS FPD	\$1,053.00
D5991	TOPICAL MEDICAMENT CARRIER	\$93.00	D6195	ABUT RETAINER-PORCELAIN-TITANIUM/ALLOYS	\$1,089.00
D5992	ADJUST MAX PROSTHETIC APPLIANCE, BY REPORT	\$63.00	D6205	PONTIC - INDIRECT RESIN-BASED COMPOSITE	\$217.00
D6010	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL	\$1,153.00	D6210	PONTIC - CAST HIGH NOBLE METAL	\$729.00
D6011	SECOND STAGE IMPLANT SURGERY	\$129.00		PONTIC - CAST BASE METAL	\$671.00
D6012	SURGICAL PLACEMENT OF INTERIM IMPLANT BODY	\$1,281.00	D6212	PONTIC - CAST NOBLE METAL	\$727.00
D6013	SURGICAL PLACEMENT OF MINI IMPLANT	\$1,153.00	D6214	PONTIC - TITANIUM/TITANIUM ALLOYS	\$729.00
D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT	\$2,050.00	D6240	PONTIC - PFM (HIGH NOBLE)	\$726.00

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

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



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

CDT		DGP DGPS	CDT		DGP DGPS
Code	Description		Code	Description	Fees
D6241	PONTIC - PFM (BASE METAL)	\$687.00	D7241	REMOVAL OF IMPACTED TOOTH - FULL BONY W/COMP	\$362.00
D6242	PONTIC - PFM (NOBLE METAL)	\$720.00	D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	\$147.00
D6243	PONTIC-PORCELAIN-TITANIUM/TITANIUM ALLOYS	\$726.00	D7251	CORONECTOMY-INTENTIONAL PARTIAL TOOTH REMOVAL	\$254.00
D6245	PONTIC - PORCELAIN/CERAMIC	\$726.00	D7260	OROANTRAL FISTULA CLOSURE	\$329.00
D6250	PONTIC - RESIN WITH HIGH NOBLE METAL	\$726.00	D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	\$329.00
D6251	PONTIC - RESIN WITH BASE METAL	\$687.00	D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	\$273.00
D6252	PONTIC - RESIN WITH NOBLE METAL	\$720.00	1	MOBILIZATION OF ERUPTED/MALPOSITIONED TOOTH	\$319.00
D6253	PROVISIONAL PONTIC	\$153.00		DEVICE TO FACILITATE ERUPTION OF IMP TOOTH	\$46.00
D6545	RETAINER - CAST METAL-BONDED FIXED PROSTHESIS	\$272.00		BIOPSY OF ORAL TISSUE - HARD	\$264.00
D6548	RETAINER-PORC/CERAMIC-BONDED FIXED PROSTHESIS	\$272.00		BIOPSY OF ORAL TISSUE - SOFT	\$147.00
D6549	RESIN RETAINER-RESIN BONDED FIXED PROSTH	\$137.00		BRUSH BIOPSY-TRANSEPITHELIAL SAMPLE	\$73.00
D6600	RETAINER INLAY-PORCELAIN/CERAMIC, 2 SURFACES	\$370.00		TRANSSEPTAL FIBEROTOMY, BY REPORT	\$66.00
D6601	RETAINER INLAY-PORCELAIN/CERAMIC, 3+ SURFACES	\$460.00	1	SURG PLACE: TEMP ANCHOR DEVICE, SCREW PLATE	\$362.00
D6602	RETAINER INLAY-CAST HIGH NOBLE, 2 SURFACES	\$532.00		SURG PLACE: TEMP ANCHOR DEVICE W/ FLAP	\$308.00
D6603	RETAINER INLAY-CAST HIGH NOBLE, 3+ SURFACES	\$572.00		SURG PLACE: TEMP ANCHOR DEVICE W/O FLAP	\$236.00
D6604	RETAINER INLAY-CAST BASE METAL, 2 SURFACES	\$532.00	1	ALVEOLOPIASTY WITH EXTRACTION, 4+ TEETH/QUAD	\$123.00
D6605	REATINER INLAY-CAST BASE METAL, 3+ SURFACES	\$572.00		ALVEOLOPIASTY WITH EXT, 1-3 TEETH/QUAD	\$62.00
D6606	REATINER INLAY-CAST NOBLE, 2 SURFACES	\$532.00		ALVEOLOPIASTY W/OUT EXTRACTION, 4+ TEETH/QUAD	\$183.00
D6607	RETAINER INLAY-CAST NOBLE, 3+ SURFACES	\$572.00		ALVEOLOPLASTY W/OUT EXT, 1-3 TEETH/QUAD	\$128.00
D6608	RETAINER ONLAY-PORCELAIN/CERAMIC, 2 SURFACES	\$537.00		EXCISION OF BENIGN LESION UP TO 1.25CM	\$201.00
D6609 D6610	RETAINER ONLAY-PORCELAIN/CERAMIC, 3+ SURFACES	\$625.00 \$549.00		EXCISION OF BENIGN LESION > 1.25CM	\$292.00 \$321.00
D6610	RETAINER ONLAY-CAST HIGH NOBLE, 2 SURFACES RETAINER ONLAY-CAST HIGH NOBLE, 3+ SURFACES	\$549.00 \$646.00		EXCISION OF BENIGN LESION, COMPLICATED	\$321.00
D6612	RETAINER ONLAY-CAST HIGH NOBLE, 3+ SURFACES RETAINER ONLAY-CAST BASE METAL, 2 SURFACES	\$549.00		EXCISION OF MALIGNANT LESION UP TO 1.25CM EXCISION OF MALIGNANT LESION > 1.25CM	\$201.00
D6612	RETAINER ONLAY-CAST BASE METAL, 2 SURFACES RETAINER ONLAY-CAST BASE METAL, 3+ SURFACES	\$646.00		EXCISION OF MALIGNANT LESION > 1.25CM EXCISION OF MALIGNANT LESION, COMPLICATED	\$321.00
D6614	RETAINER ONLAY-CAST NOBLE METAL, 2 SURFACES	\$549.00		EXCISION OF MALIGNANT TUMOR-LESION TO 1.25CM	\$251.00
D6615	RETAINER ONLAY-CAST NOBLE METAL, 2+ SURFACES	\$646.00		EXCISION OF MALIGNANT TUMOR-LESION > 1.25CM	\$251.00
D6624	RETAINER INLAY-TITANIUM	\$532.00		REMOVAL OF BENIGN ODONT CYST/TUMOR TO 1.25CM	\$223.00
D6634	RETAINER ONLAY-TITANIUM	\$549.00		REMOVAL OF BENIGN ODONT CYST/TUMOR > 1.25CM	\$254.00
D6710	RETAINER CROWN-INDIRECT RESIN-BASED CMPSTE	\$217.00		REMOVAL OF BENIGN NONODONT CYST/TUMOR TO 1.25	\$188.00
D6720	RETAINER CROWN-RESIN WITH HIGH NOBLE METAL	\$326.00		REMOVAL OF BENIGN NONODONT CYST/TUMOR > 1.25	\$449.00
D6721	RETAINER CROWN-RESIN W/PRED BASE METAL	\$326.00		DESTRUCTION OF LESION BY PHYSICAL/CHEMICAL	\$101.00
D6722	RETAINER CROWN-RESIN WITH NOBLE METAL	\$326.00	D7471	REMOVAL OF LATERAL EXOSTOSIS-MAX/MAND	\$297.00
D6740	RETAINER CROWN-PORCELAIN/CERAMIC SUBSTRATE	\$750.00	D7472	REMOVAL OF TORUS PALATINUS	\$297.00
D6750	RETAINER CROWN-PORCELAIN ON HIGH NOBLE METAL	\$726.00	D7473	REMOVAL OF TORUS MANDIBULARIS	\$297.00
D6751	RETAINER CROWN-PORCELAIN ON PRED BASE METAL	\$687.00	D7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	\$297.00
D6752	RETAINER CROWN-PORCELAIN ON NOBLE METAL	\$720.00	D7510	I & D OF ABSCESS - INTRAORAL SOFT TISSUE	\$92.00
D6753	RETAINER CROWN-PORCELAIN-TITANIUM/ALLOYS	\$726.00	D7511	I & D ABSCESS - INTRAORAL SOFT TISSUE - CMPLX	\$101.00
D6780	RETAINER CROWN-3/4 CAST HIGH NOBLE METAL	\$696.00	D7520	I & D OF ABSCESS - EXTRAORAL SOFT TISSUE	\$110.00
D6781	RETAINER CROWN-3/4 CAST PRED BASE METAL	\$671.00	D7521	I & D ABSCESS - EXTRAORAL SOFT TISSUE - CMPLX	\$121.00
D6782	RETAINER CROWN-3/4 CAST NOBLE METAL	\$727.00	D7880	OCCLUSAL ORTHOTIC DEVICE, BY REPORT	\$320.00
D6783	RETAINER CROWN-3/4 PORCELAIN/CERAMIC	\$750.00	D7881	OCCLUSAL ORTHOTIC DEVICE ADJUSTMENT	\$81.00
D6784	RETAINER CROWN-3/4 TITANIUM/TITANIUM ALLOYS	\$696.00		PLACEMENT OF BIOLOGICAL DRESSING-SITE	\$51.00
D6790	RETAINER CROWN-FULL CAST HIGH NOBLE METAL	\$702.00		BONE RPLCEMNT GRFT RIDGE PRESERVATION-PER SITE	\$275.00
D6791	RETAINER CROWN-FULL CAST PRED BASE METAL	\$671.00		FRENULECTOMY - SEPARATE PROCEDURE	\$219.00
D6792	RETAINER CROWN-FULL CAST NOBLE METAL	\$715.00		FRENULOPLASTY	\$351.00
D6793	PROVISIONAL RETAINER CROWN	\$153.00		EXCISION OF HYPERPLASTIC TISSUE PER ARCH	\$188.00
D6794	RETAINER CROWN - TITANIUM/TITANIUM ALLOYS	\$702.00		EXCISION OF PERICORONAL GINGIVA	\$107.00
D6930	RECEMENT, REBOND FIXED PARTIAL DENTURE	\$70.00		SURGICAL REDUCTION OF FIBROUS TUBEROSITY	\$149.00
D6940	STRESS BREAKER	\$184.00	D8210	REMOVABLE APPLIANCE THERAPY	\$198.00
D6980	FPD REPAIR, BY REPAIR	\$128.00		FIXED APPLIANCE THERAPY	\$198.00 \$44.00
D6985	PEDIATRIC PARTIAL DENTURE, FIXED	\$332.00		PRE-ORTHODONTIC TREATMENT EXAMINATION	\$44.00
D7111	EXTRACTION, CORONAL REMNANTS, PRIMARY TOOTH	\$55.00 \$70.00		PALLIATIVE TX OF DENTAL PAIN-MINOR PROCEDURE	\$51.00 \$106.00
D7140	EXTRACTION, ERUPTED TOOTH/EXPOSED ROOT	-	D9120	FIXED PARTIAL DENTURE SECTIONING	\$106.00
D7210	SURGICAL REMOVAL W/ELEVATION/SECTIONING	\$147.00 \$107.00		LOCAL ANESTHESIA	\$0.00 \$46.00
D7220 D7230	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE REMOVAL OF IMPACTED TOOTH - PARTIAL BONY	\$197.00 \$273.00		EVALUATION-DEEP SEDATION/GENERAL ANESTHESIA DEEP SEDATION/GENERAL ANESTH - FIRST 15 MIN	\$46.00 \$88.00
D7230 D7240	REMOVAL OF IMPACTED TOOTH - PARTIAL BONY	\$332.00		DEEP SEDATION/GENERAL ANESTH - FIRST 15 MIN DEEP SEDATION/GENERAL ANESTH - ADD'L 15 MIN	\$88.00 \$88.00
D1240	MEINIO VAL OF HINE ACTED TOOTHS TOLL DON'T	φ332.00	D3223	PEEL OFDATION/OFMENAT AMEDITI - ADDIE 13 IMIN	φυο.υυ

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

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

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

CDT		DGP DGPS
Code	Description	Fees
D9230	ADMINISTRATION OF NITROUS OXIDE/ ANXIOLYSIS/ANALGESIA	\$24.00
D9239	IV MODERATE SEDATION/ANESTH - FIRST 15 MIN	\$88.00
D9243	IV MOD SEDATION / ANALGESIA - ADD'L 15 MIN	\$88.00
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	\$165.00
D9310	CONSULTATION (OTHER THAN REQUESTING DOCTOR)	\$71.00
D9311	CONSULTATION WITH MEDICAL PROFESSIONAL	\$0.00
D9430	OFFICE VISIT FOR OBSERVATION-NO OTHER SERVICE	\$31.00
D9440	OFFICE VISIT - AFTER REGULAR HOURS	\$69.00
D9610	THERAPEUTIC PARENTERAL DRUG, SINGLE	\$35.00
D9612	THERAPEUTIC PARENTERAL DRUGS, TWO+, DIFF MEDS	\$52.00
D9942	REPAIR AND/OR RELINE OF OCCLUSAL GUARD	\$48.00
D9943	OCCLUSAL GUARD ADJUSTMENT	\$81.00
D9944	OCCLUSAL GUARD HARD APPLIANCE, FULL ARCH	\$320.00
D9945	OCCLUSAL GUARD SOFT APPLIANCE, FULL ARCH	\$320.00
D9951	OCCLUSAL ADJUSTMENT - LIMITED	\$63.00
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	\$166.00
D9971	ODONTOPLASTY 1-2 TEETH	\$63.00
D9972	EXTERNAL BLEACHING - PER ARCH	\$276.00
D9973	EXTERNAL BLEACHING - PER TOOTH	\$42.00
D9974	INTERNAL BLEACHING - PER TOOTH	\$166.00
D9975	EXT BLEACHING FOR HOME APPLICATION, PER ARCH	\$166.00

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



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

CDT Code	Description	DGP, DGPS Fees
(D8070 or D8080 or D8090)+D8680	Complete 24 month comprehensive orthodontic treatment	\$4,162.00
(D8070 or D8080 or D8090)+D8680+D8670	Complete 36 month comprehensive orthodontic treatment	\$5,758.00
D8010, D8020, D8030, D8040	Limited orthodontic treatment including fabrication and insertion of any and all fixed appliances and periodic visits	\$834.00
D8050, D8060	Interceptive orthodontic treatment including fabrication and insertion of any and all fixed appliances and periodic visits	\$1,181.00
D8070, D8080, D8090	Comprehensive orthodontic treatment including fabrication and insertion of any and all fixed appliances and periodic visits	\$3,728.00
D8670	Periodic orthodontic treatment visit (as part of contract) Additional monthly fee for comprehensive orthodontic treatment extending beyond twenty-four (24) months, up to thirty-six (36) months	\$133.00
D8680	Orthodontic retention including any and all necessary fixed and removable initial appliances and related visits	\$434.00
D8681	Removable orthodontic retainer adjustment	\$31.00
D8999	Unspecified orthodontic procedure, by report Removable orthodontic appliance associated with limited, interceptive or comprehensive orthodontic treatment (excluding orthodontic retention appliances), per appliance	\$281.00

Orthodontic treatment included in the above listed fees:

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

Orthodontic treatment not included in the above fees:

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

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



DentalGuard Preferred Select Network Payor List As of March 19, 2020

Aetna Dental

Alicare Inc

Allied Benefit Systems Inc

Ameritas Life Insurance Corp

Avesis, Incorporated

Bay Area Delivery Drivers Security Fund*

Beer Industry Local Union 703 Health and Welfare Fund

Benemax

Boon Chapman

CDS

Coventry National Network Mail Handlers Benefit Plan

Cypress Benefit Administrators

Group Administrators Ltd

Health Plans Inc

HealthComp

Healthscope Benefits

Home Town Health

HSBA Inc

Kansas City Life

Liberty Dental Plan

Loomis

MedBen

National Elevator Industry Health Benefit Plan

NECA IBEW Welfare Trust Fund

Pan American Life LLC

Partners Benefit Group

Premier Access*

Professional Benefit Administrators Inc (PBA)

Prominence Health Plan (Formerly Saint Mary's Health Plan)

Teamsters Local 710 Health Welfare & Pension Fund

Trustmark Health Benefits

United Health Care

United Medical Resources UMR

^{*} Payors that can not administer negotiated fee schedules



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

		DGP			DGP
CDT		DGPS		-	DGPS
Code	Description	Fees	Code	Description	Fees
D0120	PERIODIC ORAL EVALUATION	\$34.00	D4263	BONE GRAFT - FIRST SITE IN QUADRANT	\$245.00
D0140	LIMITED ORAL EVALUATION-PROBLEM FOCUSED	\$53.00	D4264	BONE GRAFT - ADDITIONAL SITE IN QUAD	\$185.00
D0110	COMPREHENSIVE ORAL EVALUATION	\$54.00	D4266	GUIDED TISSUE REGEN -RESORB BARRIER/SITE	\$317.00
D0170	REEVALUATION-LIMITED; PROBLEM FOCUS; NOT POSTOP	\$48.00	D4267	GUIDED TISSUE REGEN -NON-RESORB BARRIER/SITE	\$344.00
D0171	RE-EVALUATION - POST-OPERATIVE OFFICE VISIT	\$48.00	D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$567.00
D0180	COMPREHENSIVE PERIODONTAL EVALUATION	\$54.00	D4273	AUTOGENOUS CONNECTIVE TISSUE GRFT FIRST TOOTH	\$693.00
D0210	INTRAORAL XRAYS-COMPLETE SERIES W/ BITEWINGS	\$80.00	D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE	\$376.00
D0220	INTRAORAL XRAYS - PERIAPICAL, FIRST FILM	\$23.00	D4275	NON-AUTOGENOUS TISSUE GRAFT FIRST TOOTH	\$831.00
D0230	INTRAORAL XRAYS - PERIAPICAL, EACH EXTRA FILM	\$10.00	D4276	CONNECTIVE TISSUE & DOUBLE PEDICLE GRAFT	\$727.00
D0240	INTRAORAL XRAYS - OCCLUSAL FILM	\$24.00	D4277	FREE SOFT TISSUE GRAFT PROC, FIRST TOOTH	\$693.00
D0270	BITEWING XRAYS - SINGLE FILM	\$21.00	D4278	FREE SOFT TISSUE GRAFT PROC, ADDTL TOOTH	\$415.00
D0272	BITEWING XRAYS - TWO FILMS	\$29.00	D4283	AUTOGENOUS CONNECTIVE TISSUE GRFT, ADDTL TOOTH	\$415.00
D0273	BITEWING XRAYS - THREE FILMS	\$32.00	D4285	NONAUTOGENOUS TISSUE GRAFT FIRST, ADDTL TOOTH	\$499.00
D0274	BITEWING XRAYS - FOUR FILMS	\$41.00	D4341	SCALING AND ROOT PLANING - 4+ TEETH/QUAD	\$152.00
D0277	VERTICAL BITEWING XRAYS - 7 TO 8 FILMS	\$55.00	D4342	SCALING AND ROOT PLANING - 1-3 TEETH/QUAD	\$106.00
D0330	PANORAMIC FILM	\$67.00	D4355	FULL MOUTH DEBRIDEMENT	\$82.00
D3220	THERAPEUTIC PULPOTOMY	\$119.00	D4381	LOCAL DELIVERY ANTIMICROBIAL AGENTS-PER TOOTH	\$66.00
D3221	PULPAL DEBRIDEMENT (ANY TOOTH)	\$71.00	D4910	PERIODONTAL MAINTENANCE	\$87.00
D3222	PARTIAL PULPOTOMY - APEXOGENESIS (PERM TOOTH)	\$119.00	D4921	GINGIVAL IRRIGATION - PER QUADRANT	\$53.00
D3230	PULPAL THERAPY(RESORBABLE), ANTERIOR, PRIMARY	\$125.00	D5911	FACIAL MOULAGE (SECTIONAL)	\$158.00
D3240	PULPAL THERAPY(RESORBABLE), POSTERIOR, PRIMARY	\$138.00	D5912	FACIAL MOULAGE (COMPLETE)	\$158.00
D3310	ENDO - ANTERIOR (EXCLUDE FINAL RESTORATION)	\$541.00	D5913	NASAL PROSTHESIS	\$3,351.00
D3320	ENDO - PREMOLAR (EXCLUDE FINAL RESTORATION)	\$613.00	D5914	AURICULAR PROSTHESIS	\$3,351.00
D3330	ENDO - MOLAR (EXCLUDE FINAL RESTORATION)	\$760.00	D5915	ORBITAL PROSTHESIS	\$4,527.00
D3331	TX OF ROOT CANAL OBSTRUCTION (NON-SURGERY)	\$147.00	D5916	OCULAR PROSTHESIS	\$1,211.00
D3332	INCOMPLETE RCT - INOPERABLE, UNRESTORABLE, FX	\$246.00	D5919	FACIAL PROSTHESIS	\$439.00
D3333	INTERNAL ROOT REPAIR OF PERFORATION	\$147.00	D5922	NASAL SEPTAL PROSTHESIS	\$292.00
D3346 D3347	ENDO - RETREATMENT - ANTERIOR ENDO - RETREATMENT - PREMOLAR	\$666.00 \$773.00	D5924 D5931	CRANIAL PROSTHESIS	\$579.00 \$1,807.00
D3347	ENDO - RETREATMENT - PREMOLAR ENDO - RETREATMENT - MOLAR	\$964.00	D5931	OBTURATOR PROSTHESIS, SURGICAL OBTURATOR PROSTHESIS, DEFINITIVE	\$1,807.00
D3351	APEXIFICATION/RECALCIFICATION - INITIAL VISIT	\$147.00	D5932	OBTURATOR PROSTHESIS, MODIFICATION	\$183.00
D3352	APEXIFICATION/RECALCIFICATION - INTERIM MEDS	\$98.00	D5934	MAND RESECTION PROSTHESIS WITH GUIDE FLANGE	\$3,070.00
D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT	\$344.00	D5935	MAND RESECTION PROSTHESIS W/OUT GUIDE FLANGE	\$2,666.00
D3355	PULPAL REGENERATION - INITIAL VISIT	\$147.00	D5951	FEEDING AID	\$492.00
D3356	PULPAL REGENERATION - INTERIM VISIT	\$98.00	D5952	SPEECH AID PROSTHESIS, PEDIATRIC	\$1,596.00
D3357	PULPAL REGENERATION - TX COMPLETE	\$98.00	D5954	PALATAL AUGMENTATION PROSTHESIS	\$404.00
D3410	APICOECTOMY - ANTERIOR	\$462.00	D5955	PALATAL LIFT PROSTHESIS, DEFINITIVE	\$2,597.00
D3421	APICOECTOMY - PREMOLAR (FIRST ROOT)	\$578.00	D5958	PALATAL LIFT PROSTHESIS, INTERIM	\$877.00
D3425	APICOECTOMY - MOLAR (FIRST ROOT)	\$578.00	D5959	PALATAL LIFT PROSTHESIS, MODIFICATION	\$183.00
D3426	APICOECTOMY - (ADDITIONAL ROOT)	\$197.00	D5982	SURGICAL STENT	\$175.00
D3427	PERIRADICULAR SURGERY WITHOUT APICOECTOMY	\$520.00	D5983	RADIATION CARRIER	\$579.00
D3428	BONE GRAFT W/ PERIRADICULAR SURG - TOOTH	\$240.00	D5986	FLUORIDE GEL CARRIER	\$98.00
D3429	BONE GRAFT W/ PERIRADICULAR SURG - ADD TOOTH	\$185.00	D5987	COMMISSURE SPLINT	\$263.00
D3430	RETROGRADE FILLING - PER ROOT	\$97.00	D5988	SURGICAL SPLINT	\$263.00
D3432	GTR PER SITE, W/ PERIRADICULAR SURG	\$311.00	D5991	TOPICAL MEDICAMENT CARRIER	\$98.00
D3450	ROOT AMPUTATION - PER ROOT	\$284.00	D5992	ADJUST MAX PROSTHETIC APPLIANCE, BY REPORT	\$66.00
D3920	HEMISECTION (W/ROOT REMOVAL)	\$256.00	D6010	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL	\$1,432.00
D4210	GINGIVECTOMY - 4+ TEETH/QUAD	\$359.00	D6011	SECOND STAGE IMPLANT SURGERY	\$159.00
D4211	GINGIVECTOMY - 1 TO 3 TEETH/QUAD	\$156.00	D6012	SURGICAL PLACEMENT OF INTERIM IMPLANT BODY	\$1,591.00
D4212	GINGIVECTOMY-ACCESS FOR REST PROC, PER TOOTH	\$109.00	D6013	SURGICAL PLACEMENT OF MINI IMPLANT	\$1,432.00
D4230	CROWN EXPOSURE - 4+ TEETH OR SPACES, PER QUAD	\$540.00	D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT	\$2,546.00
D4231	CROWN EXPOSURE - 1 TO 3 TEETH OR SPACES, QUAD	\$377.00	D6050	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	\$1,591.00
D4240	GINGIVAL FLAP, W/ ROOT PLANING-4+ TEETH/QUAD	\$419.00	D6101	DEBRIDEMENT OF A PERIIMPLANT DEFECT	\$294.00
D4241	GINGIVAL FLAP, W/ ROOT PLANING-1-3 TEETH/QUAD	\$294.00	D6102	DEBRIDE/OSSEOUS CONTOUR OF PERIIMPLANT DEFECT	\$557.00
D4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	\$540.00		BONE GRAFT FOR REPAIR OF PERIIMPLANT DEFECT	\$240.00
D4260	OSSEOUS SURGERY - 4+ TEETH/QUAD	\$812.00		BONE GRAFT AT TIME OF IMPLANT PLACEMENT	\$311.00
D4261	OSSEOUS SURGERY - 1 TO 3 TEETH/QUAD	\$557.00	D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT	\$185.00

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

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



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

Description	CDT Code	Description	DGP DGPS	CDT Code	Description	DGP DGPS Fees
D7140 EXTRACTION. EQUIPTED TOOTH-EXPOSED ROOT S81.00 D0612 THERRAPEUTIC PARENTERAL DRUGS, TWO-, DIFF MEDS \$54.00 D0720 SURGICAL REMOVAL WELLEWITONISCECTORING \$350.00 D0720 SURGICAL REMOVAL DE MACTED TOOTH - SOFT TISSUE \$398.00 D0720 SURGICAL REMOVAL OF MACTED TOOTH - FULL BONY \$359.00 D0720 SURGICAL REMOVAL OF MACTED TOOTH - FULL BONY \$359.00 D0720 SURGICAL REMOVAL OF MACTED TOOTH - FULL BONY WICKORP \$389.00 D0720 SURGICAL REMOVAL OF MEACTED TOOTH FUNDED \$389.00 D0720 SURGICAL REMOVAL OF MEACTED TOOTH REMOVAL \$389.00 D0720 SURGICAL REMOVAL OF MEACTED TOOTH REMOVAL \$389.00 D0720 SURGICAL REMOVAL OF MEACTED TOOTH REMOVAL \$389.00 D0720 SURGICAL REMOVAL OF MEACTED TOOTH SOUTH \$389.00 D0720 SURGICAL ADJUST SOUTH REMOVAL \$389.00 D0720 SURGICAL ADJUST SOUTH REMOVAL \$389.00 D0720 SURGICAL ADJUST SOUTH REMOVAL \$389.00	Code	Description		Code	Description	
D7140 EXTRACTION. EQUIPTED TOOTH-EXPOSED ROOT S81.00 D0612 THERRAPEUTIC PARENTERAL DRUGS, TWO-, DIFF MEDS \$54.00 D0720 SURGICAL REMOVAL WELLEWITONISCECTORING \$350.00 D0720 SURGICAL REMOVAL DE MACTED TOOTH - SOFT TISSUE \$398.00 D0720 SURGICAL REMOVAL OF MACTED TOOTH - FULL BONY \$359.00 D0720 SURGICAL REMOVAL OF MACTED TOOTH - FULL BONY \$359.00 D0720 SURGICAL REMOVAL OF MACTED TOOTH - FULL BONY WICKORP \$389.00 D0720 SURGICAL REMOVAL OF MEACTED TOOTH FUNDED \$389.00 D0720 SURGICAL REMOVAL OF MEACTED TOOTH REMOVAL \$389.00 D0720 SURGICAL REMOVAL OF MEACTED TOOTH REMOVAL \$389.00 D0720 SURGICAL REMOVAL OF MEACTED TOOTH REMOVAL \$389.00 D0720 SURGICAL REMOVAL OF MEACTED TOOTH SOUTH \$389.00 D0720 SURGICAL ADJUST SOUTH REMOVAL \$389.00 D0720 SURGICAL ADJUST SOUTH REMOVAL \$389.00 D0720 SURGICAL ADJUST SOUTH REMOVAL \$389.00	D7111	EXTRACTION, CORONAL REMNANTS, PRIMARY TOOTH	\$56.00	D9610	THERAPEUTIC PARENTERAL DRUG.SINGLE	\$36.00
DP220 REMOVAL OF IMPACTED TOOTH - SOFT TISSUE \$28.00 \$224.00 \$255.00 \$255.						
D7230 REMOVAL, OF IMPACTED TOOTH - FILL BONY \$355.00 D7241 REMOVAL, OF IMPACTED TOOTH - FILL BONY \$355.00 D7251 REMOVAL, OF IMPACTED TOOTH - FILL BONY WOOMP \$384.00 D7250 SURGIACR REMOVAL OF RESIDUAL TOOTH REMOVAL \$786.00 D7251 CORONECTOMY-MITENTRONAL PARTIAL TOOTH REMOVAL \$360.00 D7261 CORONECTOMY-MITENTRONAL PARTIAL COLOSIRE \$360.00 D7262 DROBATTEL RISTING AND INTERPRETOR TOOTH \$388.00 D7283 DEVICE TO FACILITATE ERUPTION OF IMP TOOTH \$388.00 D7285 BIOPS OF GORAL TISSUE - SOFT \$164.00 D7285 BIOPS OF GORAL TISSUE - SOFT \$174.00 D7281 TRANSSEPTAL FIREBROTOM, BY REPORT \$326.00 D7282 SURG PLACE: TEMP ANCHOR DEVICE W/D FLAP \$326.00 D7283 SURG PLACE: TEMP ANCHOR DEVICE W/D FLAP \$326.00 D7310 ALYEOLOPLASTY WITH EXT, 1-3 TEETHOUAD \$187.00 D7311 ALYEOLOPLASTY WITH EXT, 1-3 TEETHOUAD \$187.00 D7412 EXCISION OF BERION LESION 1-9 TEECH \$260.00 D7414 EXCISION OF BERION LESION 1-9 TEETH						
PATRIC P	D7220		\$208.00	D9952	OCCLUSAL ADJUSTMENT - COMPLETE	
10724 I REMOVAL OF IMPACTED TOOTH - FULL BONY WICKOMP \$384.00 10725 O SURGIAC REMOVAL OF RESIDUAL TOOTH ROOTS \$155.00 10726 O CORRINTENTIONAL PARTIAL TOOTH REMOVAL \$260.00 10726 O PRIMARY CLOSURE OF A SINUS PERFORATION \$360.00 10728 O SURGIACIA ACCESS OF AN UNERUPTED TOOTH \$380.00 10728 DISPOS OF ORAL TISSUE - SOFT \$360.00 10728 BIOPSY OF ORAL TISSUE - HARD \$280.00 10728 SINGSPY OF ORAL TISSUE - SOFT \$164.00 10728 SUNG PLACE TEMP ANCHOR DEVICE, SCREW PLATE \$384.00 10729 TRANSSEPTAL FIBEROTOMY, BY REPORT \$72.00 10729 SUNG PLACE TEMP ANCHOR DEVICE WOF FLAP \$326.00 10731 ALVEOLOPLASTY WITH EXTRACTION, 4+ TEETHOUAD \$193.00 10731 ALVEOLOPLASTY WORD EXTRACTION, 4+ TEETHOUAD \$190.00 10731 ALVEOLOPLASTY WORD EXTRACTION, 4+ TEETHOUAD \$187.00 10741 EXCISION OF BERING LESION 1- 12CM \$204.00 10741 EXCISION OF BERING LESION 1- 12CM	D7230	REMOVAL OF IMPACTED TOOTH - PARTIAL BONY	\$294.00			
D7250 SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS \$158.00 D7261 CORDONECTOM-INTERITIONAL PARTAL TOOTH REMOVAL \$288.00 D7260 OROANTRAL FISTULA CLOSURE \$380.00 D7271 SURGICAL ACCESS OF AN UNRUPITED TOOTH \$280.00 D7283 BUCKET OF AGULTATE RUPITION OF MIT OOTH \$38.00 D7286 BIOPSY OF ORAL TISSUE - HARD \$296.00 D7278 BIOPSY OF ORAL TISSUE - SOFT \$164.00 D7281 TRANSSEPTAL FISEBOTOM, BY REPORT \$72.00 D7292 SURG PLACE: TEAP ANCHOR DEVICE W. FLAP \$384.00 D7293 SURG PLACE: TEAP ANCHOR DEVICE W. FLAP \$326.00 D7294 SURG PLACE: TEAP ANCHOR DEVICE W. FLAP \$326.00 D7310 ALVEOLOPLASTY WITH EXT, 1-3 TEETHOUND \$139.00 D7311 ALVEOLOPLASTY WITH EXT, 1-3 TEETHOUND \$198.00 D7320 ALVEOLOPLASTY WITH EXT, 1-3 TEETHOUND \$197.00 D7411 EXCISION OF BERNOL LESION UP TO 1-25CM \$296.00 D7412 EXCISION OF BERNOL LESION UP TO 1-25CM \$296.00 D7413 EXCISION OF BERNOL LESION UP TO 1-25CM \$299.00 <td>D7240</td> <td>REMOVAL OF IMPACTED TOOTH - FULL BONY</td> <td>\$358.00</td> <td></td> <td></td> <td></td>	D7240	REMOVAL OF IMPACTED TOOTH - FULL BONY	\$358.00			
D7251 CORONECTOMY.NTENTIONAL PARTIAL TOOTH REMOVAL \$260.00 D7260 PRIMARY CLOSURE OF A SINUS PERFORATION \$360.00 D7281 PRIMARY CLOSURE OF A SINUS PERFORATION \$360.00 D7282 SURGICIA ACCESS OF AN UNERUPER DOTOTH \$380.00 D7283 BIOPSY OF ORAL TISSUE - SOFT \$194.00 D7281 BIOPSY OF ORAL TISSUE - SOFT \$194.00 D7282 SURG PLACE: TEMP ANCHOR DEVICE, SCREW PLATE \$381.00 D7293 TURK OF LACE: TEMP ANCHOR DEVICE WIF LAP \$326.00 D7310 ALVEOLOPLASTY WITH EXTRACTION, 4+ TEETHOUAD \$193.00 D7311 ALVEOLOPLASTY WITH EXT. 1-3 TEETHOUAD \$197.00 D7312 ALVEOLOPLASTY WITH EXT. 1-3 TEETHOUAD \$197.00 D7410 EXCISION OF BERING LESION 1-125CM \$204.00 D7411 EXCISION OF BERING LESION 1-125CM \$204.00 D7412 EXCISION OF BERING LESION 1-125CM \$296.00 D7413 EXCISION OF MALIGNANT TURNICLESION 1-125CM \$296.00 D7414 EXCISION OF MALIGNANT TURNICLESION 1-125CM \$296.00 D7415 EXCISION OF MALIGNANT TURNICLESION SIDE 1-25	D7241	REMOVAL OF IMPACTED TOOTH - FULL BONY W/COMP	\$384.00			
07280 OROANTRAL FISTULA CLOSURE \$360.00 07281 PRIMARY CLOSURE OF SAINUS PERFORATION \$280.00 07283 DEVECTO FACILITATE ERUPTION OF IMP TOOTH \$288.00 07285 BIOPSY OF ORAL TISSUE - HARD \$296.00 07286 BIOPSY OF ORAL TISSUE - SOFT \$164.00 07291 TRANSEPTIA, FIBEROTIOM, BY REPORT \$72.00 07292 SURG PLACE: TEMP ANCHOR DEVICE W/FLAP \$384.00 07293 SURG PLACE: TEMP ANCHOR DEVICE W/FLAP \$3240.00 07310 ALVEOLOPLASTY WITH EXTRACTION, 4" FEETHOUAD \$190.00 07311 ALVEOLOPLASTY WORLD EXTRACTION A" FEETHOUAD \$187.00 07320 ALVEOLOPLASTY WOUT EXTRACTION A" ETECTHOUAD \$187.00 07321 EXCISION OF BERNICH LESION LESION DE TO 1.25CM \$296.00 07412 EXCISION OF ERRICH INCIDENC \$296.00 07418 EXCISION OF BERNICH LESION LESION LESCM \$299.00 07418 EXCISION OF MALIGNANT LESION LESION S. 125CM \$299.00 07419 EXCISION OF MALIGNANT TUMOR TO 1.25CM \$299.00 07410 EXCISION OF MALIGNANT TUMOR TO 1.25CM <t< td=""><td>D7250</td><td>SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS</td><td>\$158.00</td><td></td><td></td><td></td></t<>	D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	\$158.00			
D7281 PRIMARY CLOSURE OF A SINUS PERFORATION \$380.00 D7280 SURGIOLA ACCESS OF AN UNERUPTED TOOTH \$38.00 D7282 BIOPSY OF ORAL TISSUE - HARD \$298.00 D7283 BIOPSY OF ORAL TISSUE - SOFT \$164.00 D7281 TRANSEPTAL FIBEROTOM, BY REPORT \$72.00 D7292 SURG PLACE: TEMP ANCHOR DEVICE, SCREW PLATE \$384.00 D7293 SURG PLACE: TEMP ANCHOR DEVICE W/ FLAP \$328.00 D7310 ALVEOLOPLASTY WITH EXTRACTION, 4 + TEETHQUAD \$190.00 D7311 ALVEOLOPLASTY WITH EXTRACTION, 4 + TEETHQUAD \$190.00 D7320 ALVEOLOPLASTY WOUT EXT, 13 FEETHQUAD \$191.00 D7311 ALVEOLOPLASTY WOUT EXT, 13 FEETHQUAD \$191.00 D7410 EXCISION OF BENION LESION > 1.25CM \$296.00 D7411 EXCISION OF ESHION LESION > 1.25CM \$296.00 D7412 EXCISION OF ESHION TO 1.25CM \$296.00 D7413 EXCISION OF ESHION TO 1.25CM \$296.00 D7414 EXCISION OF ESHION TO 0.125CM \$290.00 D7416 EXCISION OF AMLIGNANT TURIOR TO 1.25CM \$270.00 <t< td=""><td>D7251</td><td>CORONECTOMY-INTENTIONAL PARTIAL TOOTH REMOVAL</td><td>\$268.00</td><td></td><td></td><td></td></t<>	D7251	CORONECTOMY-INTENTIONAL PARTIAL TOOTH REMOVAL	\$268.00			
D7280 SURGICAL ACCESS OF AN UNERUPTED TOOTH \$288.00 D7283 DEVECTO FORULTATE ERUPTION OF IMP TOOTH \$286.00 D7286 BIOPSY OF ORAL TISSUE - HARD \$296.00 D7281 TRANSSEPTAL FIBEROTOMY, BY REPORT \$164.00 D7291 TRANSSEPTAL FIBEROTOMY, BY REPORT \$72.00 D7293 SURG PLACE: TEMP ANCHOR DEVICE W/F LAP \$385.00 D7293 SURG PLACE: TEMP ANCHOR DEVICE W/F LAP \$326.00 D7294 ALVEOLOPLASTY WITH EXTRACTION, 4- TEETH/QUAD \$199.00 D7311 ALVEOLOPLASTY WITH EXTRACTION, 4- TEETH/QUAD \$197.00 D7321 ALVEOLOPLASTY WOUT EXTRACTION, 4- TEETH/QUAD \$187.00 D7321 ALVEOLOPLASTY WOUT EXTRACTION AF TEETH/QUAD \$187.00 D7410 EXCISION OF BERNICH LESION LY TO 1.25CM \$296.00 D7411 EXCISION OF BERNICH LESION LY TO 1.25CM \$296.00 D7412 EXCISION OF BERNICH LESION LESION COMPLICATED \$328.00 D7413 EXCISION OF MALIGNANT LESION LY COMPLICATED \$328.00 D7414 EXCISION OF MALIGNANT LESION SURVEY \$329.00 D7418 EXCISION OF MALIGN	D7260	OROANTRAL FISTULA CLOSURE	\$360.00			
D2283 DEVICE TO FACILITATE ERUPTION OF IMP TOOTH \$83.00 D2285 BIOPSY OF ORAL TISSUE - ABRO \$296.00 D2286 BIOPSY OF ORAL TISSUE - ABRO \$184.00 D2297 TRANSSEPTAL FIBEROTOMY BY REPORT \$184.00 D2298 SURG PLACE: TEMP ANCHOR DEVICE W/FLAP \$328.00 D2293 SURG PLACE: TEMP ANCHOR DEVICE W/FLAP \$228.00 D2393 SURG PLACE: TEMP ANCHOR DEVICE W/FLAP \$228.00 D2310 ALVEOLOPILASTY WITH EXTRACTION, 4+ TEETHOULDD \$139.00 D3310 ALVEOLOPILASTY WITH EXTRACTION, 4+ TEETHOULDD \$139.00 D3310 ALVEOLOPILASTY WITH EXTRACTION, 4+ TEETHOULDD \$190.00 D3310 ALVEOLOPILASTY WITH EXTRACTION, 4+ TEETHOULDD \$191.00 D3310 ALVEOLOPILASTY WITH EXTRACTION \$197.00 D3311 ALVEOLOPILASTY WITH EXTRACTION \$197.00 D3312 ALVEOLOPILASTY WITH EXTRACTION \$197.00 D3314 ALVEOLOPILASTY WITH EXTRACTION \$197.00 D3315 ALVEOLOPILASTY WITH EXTRACTION \$197.00 D3316 EXCISION OF BENIGN LESION 10 25CM \$209.00 D3411 EXCISION OF BENIGN LESION 10 25CM \$209.00 D3412 EXCISION OF BRIGN LESION 12 25CM \$209.00 D3413 EXCISION OF MALIGNANT LESION 125CM \$209.00 D3414 EXCISION OF MALIGNANT LESION 125CM \$209.00 D3416 EXCISION OF MALIGNANT LESION 125CM \$209.00 D3416 EXCISION OF MALIGNANT TUMOR-LESION 125CM \$273.00 D3416 EXCISION OF MALIGNANT TUMOR-LESION 125CM \$272.00 D3416 EXCISION OF MALIGNANT TUMOR-LESION 125CM \$272.00 D3416 REMOVAL OF BENIGN NONDOONT CYSTITUMOR 10 25CM \$209.00 D3417 REMOVAL OF BENIGN NONDOONT CYSTITUMOR 10 25CM \$209.00 D3418 REMOVAL OF BENIGN NONDOONT CYSTITUMOR 10 25CM \$209.00 D3419 REMOVAL OF BENIGN NONDOONT CYSTITUMOR 10 25CM \$209.00 D3410 REMOVAL OF BENIGN NONDOONT CYSTITUMOR 10 25CM \$209.00 D3410 REMOVAL OF DENIGN NONDOONT CYSTITUMOR 10 25CM \$209.00 D3410 REMOVAL OF DENIGN NONDOONT CYSTITUMOR 10 25CM \$209.00 D3410 REMOVAL OF DENIGN NONDOONT CYSTITUMOR 10 25CM \$209.00 D	D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	\$360.00			
197286 BIOPSY OF ROAL TISSUE - HARD \$296.00	D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	\$288.00			
D728B BIOPSY OF ORAL TISSUE - SOFT \$164.00 D7291 TANASSEPTAL RIBEROTOMY, BY REPORT \$72.00 D7292 SURG PLACE: TEMP ANCHOR DEVICE, SCREW PLATE \$384.00 D7293 SURG PLACE: TEMP ANCHOR DEVICE W/ FLAP \$328.00 D7310 ALVEOLOPLASTY WITH EXTRACTION, 4+ TEETHIQUAD \$139.00 D7311 ALVEOLOPLASTY WIDT EXTRACTION, 4+ TEETHIQUAD \$199.00 D7320 ALVEOLOPLASTY WIDT EXTRACTION, 4+ TEETHIQUAD \$197.00 D7321 ALVEOLOPLASTY WIDT EXTRACTION \$187.00 D7410 EXCISION OF BENIGN LESION by 12 5CM \$204.00 D7411 EXCISION OF BENIGN LESION by 12 5CM \$204.00 D7412 EXCISION OF BENIGN LESION by 12.5CM \$204.00 D7413 EXCISION OF BALIGNANT LESION by 1.2CM \$205.00 D7414 EXCISION OF MALIGNANT LESION by 1.2CM \$206.00 D7415 EXCISION OF MALIGNANT LESION by 1.2CM \$296.00 D7414 EXCISION OF MALIGNANT TUMOR-LESION by 1.2CM \$296.00 D7418 EXCISION OF MALIGNANT TUMOR-LESION by 1.2CM \$296.00 D7418 EXCISION OF MALIGNANT TUMOR-LESION						
D7291 TRANSSEPTAL FIBEROTOMY, BY REPORT \$72.00 D7292 SURG PLACE: TEMP ANCHOR DEVICE W/FLAP \$328.00 D7293 SURG PLACE: TEMP ANCHOR DEVICE W/FLAP \$328.00 D7294 SURG PLACE: TEMP ANCHOR DEVICE W/FLAP \$249.00 D7310 ALVEOLOPLASTY WITH EXTRACTION, 4+ TEETH/OUAD \$199.00 D7311 ALVEOLOPLASTY WITH EXTRACTION, 4+ TEETH/OUAD \$199.00 D7322 ALVEOLOPLASTY WOUT EXTRACTION, 4+ TEETH/OUAD \$197.00 D7321 ALVEOLOPLASTY WOUT EXTRACTION, 4+ TEETH/OUAD \$197.00 D7322 ALVEOLOPLASTY WOUT EXTRACTION, 4+ TEETH/OUAD \$197.00 D7321 ALVEOLOPLASTY WOUT EXTRACTION, 4+ TEETH/OUAD \$197.00 D7321 ALVEOLOPLASTY WOUT EXTRACTION, 4+ TEETH/OUAD \$197.00 D7321 ALVEOLOPLASTY WOUT EXTRACTION, 4+ TEETH/OUAD \$197.00 D7322 ALVEOLOPLASTY WOUT EXTRACTION, 4+ TEETH/OUAD \$197.00 D7323 ALVEOLOPLASTY WOUT EXTRACTION, 4+ TEETH/OUAD \$197.00 D7324 ALVEOLOPLASTY WOUT EXTRACTION, 4+ TEETH/OUAD \$197.00 D7325 ALVEOLOPLASTY WOUT EXTRACTION, 4+ TEETH/OUAD \$197.00 D7326 EXCISION OF BENIGN LESION > 1.25CM \$298.00 D7341 EXCISION OF BENIGN SEISON > 1.25CM \$298.00 D7341 EXCISION OF MALIGNANT ELISON COMPULCATED \$328.00 D7342 EXCISION OF MALIGNANT ELISON COMPULCATED \$299.00 D7343 REMOVAL OF BENIGN ODONT CYST/TUMOR > 1.25CM \$299.00 D7341 EXCISION OF MALIGNANT TUMOR-LESION > 1.25CM \$299.00 D7342 REMOVAL OF BENIGN NONDODONT CYST/TUMOR > 1.25CM \$299.00 D7343 REMOVAL OF BENIGN NONDODONT CYST/TUMOR > 1.25CM \$299.00 D7341 REMOVAL OF BENIGN NONDODONT CYST/TUMOR > 1.25CM \$299.00 D7341 REMOVAL OF BENIGN NONDODONT CYST/TUMOR > 1.25CM \$299.00 D7342 REMOVAL OF BENIGN NONDODONT CYST/TUMOR > 1.25CM \$299.00 D7343 REMOVAL OF BENIGN NONDODONT CYST/TUMOR > 1.25CM \$299.00 D7344 REMOVAL OF BENIGN NONDODONT CYST/TUMOR > 1.25CM \$299.00 D7347 REMOVAL OF BENIGN NONDODONT CYST/TUMOR > 1.25CM \$299.00 D7349 REMOVAL OF BENIGN NONDODONT CYST/TUMOR > 1.25CM \$299.00 D7341 REMOVAL OF BENIGN NONDODONT CYST/TUMOR > 1.25CM \$299.00						
D7229 SURG PLACE: TEMP ANCHOR DEVICE W/ FLAP \$394.00 D7293 SURG PLACE: TEMP ANCHOR DEVICE W/ FLAP \$249.00 D7310 ALVEOLOPLASTY WITH EXTRACTION, 4+ TEETH/QUAD \$193.00 D7311 ALVEOLOPLASTY WITH EXTRACTION, 4+ TEETH/QUAD \$99.00 D7320 ALVEOLOPLASTY WOUT EXTRACTION, 4+ TEETH/QUAD \$197.00 D7321 ALVEOLOPLASTY WOUT EXTRACTION, 4+ TEETH/QUAD \$197.00 D7410 EXCISION OF BENIGN LESION LESION LESION \$204.00 D7411 EXCISION OF BENIGN LESION LESION \$204.00 D7412 EXCISION OF BENIGN LESION LESION \$204.00 D7412 EXCISION OF BALIGNANT LESION LESION \$204.00 D7413 EXCISION OF MALIGNANT LESION LESION \$204.00 D7414 EXCISION OF MALIGNANT LESION LESION NO SUBJECT \$326.00 D7414 EXCISION OF MALIGNANT LESION LESION NO SUBJECT \$296.00 D7410 EXCISION OF MALIGNANT LESION LESION NO SUBJECT \$273.00 D7410 EXCISION OF MALIGNANT LIMBRA LESION NO SUBJECT \$273.00 D7411 EXCISION OF MALIGNANT LIMBRA LESION LESION NO SUBJECT \$272.00 P						
D7293 SURG PLACE: TEMP ANCHOR DEVICE W/ FLAP \$249.00 D7294 SURG PLACE: TEMP ANCHOR DEVICE W/ FLAP \$249.00 D7310 ALVEOLOPLASTY WITH EXTRACTION, 4+ TEETHQUAD \$99.00 D7320 ALVEOLOPLASTY WITH EXT, 1-3 TEETHQUAD \$99.00 D7321 ALVEOLOPLASTY WOUT EXTRACTION, 4+ TEETHQUAD \$197.00 D7321 ALVEOLOPLASTY WOUT EXT, 1-3 TEETHQUAD \$191.00 D7410 EXCISION OF BENIGN LESION UP TO 1.25CM \$294.00 D7411 EXCISION OF BENIGN LESION UP TO 1.25CM \$296.00 D7412 EXCISION OF BENIGN LESION UP TO 1.25CM \$296.00 D7413 EXCISION OF MALIGNANT LESION UP TO 1.25CM \$296.00 D7414 EXCISION OF MALIGNANT LESION NOP TO 1.25CM \$296.00 D7415 EXCISION OF MALIGNANT TUMOR-LESION TO 1.25CM \$299.00 D7416 EXCISION OF MALIGNANT TUMOR-LESION TO 1.25CM \$299.00 D7417 EXCISION OF MALIGNANT TUMOR-LESION TO 1.25CM \$273.00 D7450 REMOVAL OF BENIGN NONDODOT CYSTTUMOR TO 1.25CM \$273.00 D7451 REMOVAL OF BENIGN NONDODOT CYSTTUMOR TO 1.25CM \$272.00 D7461 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
D7294 SURG PLACE: TEMP ANCHOR DEVICE W/O FLAP \$249.00						
D7310 ALVEOLOPLASTY WITH EXT, 1-3 TEETHQUAD \$69.00 D7321 ALVEOLOPLASTY WITH EXT, 1-3 TEETHQUAD \$69.00 D7322 ALVEOLOPLASTY WIOUT EXTRACTION, 4+ TEETHQUAD \$187.00 D7321 ALVEOLOPLASTY WIOUT EXT, 1-3 TEETHQUAD \$191.00 D7410 EXCISION OF BERIGN LESION D TO 1.25CM \$204.00 D7411 EXCISION OF BERIGN LESION D TO 1.25CM \$206.00 D7412 EXCISION OF BERIGN LESION D TO 1.25CM \$204.00 D7413 EXCISION OF MALIGNANT LESION D * 25CM \$204.00 D7414 EXCISION OF MALIGNANT LESION COMPLICATED \$326.00 D7415 EXCISION OF MALIGNANT LESION D * 1.25CM \$296.00 D7416 EXCISION OF MALIGNANT TUMOR-LESION TO 1.25CM \$279.00 D7417 EXCISION OF MALIGNANT TUMOR-LESION TO 1.25CM \$279.00 D7450 REMOVAL OF BERIGN ODONT CYSTTUMOR TO 1.25CM \$272.00 D7451 REMOVAL OF BERIGN NONDONT CYSTTUMOR TO 1.25 \$249.00 D7460 REMOVAL OF BERIGN NONDONT CYSTTUMOR TO 1.25 \$240.00 D7417 REMOVAL OF TORUS PALATINUS \$308.00 D7417 REMOVAL OF TORU						
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D7510 I & D OF ABSCESS - INTRAORAL SOFT TISSUE \$105.00 D7511 I & D ABSCESS - INTRAORAL SOFT TISSUE - CMPLX \$115.00 D7520 I & D OF ABSCESS - EXTRAORAL SOFT TISSUE \$126.00 D7521 I & D ABSCESS - EXTRAORAL SOFT TISSUE - CMPLX \$139.00 D7922 PLACEMENT OF BIOLOGICAL DRESSING-SITE \$59.00 D7953 BONE RPLCEMNT GRFT RIDGE PRESERVATION-PER SITE \$336.00 D7960 FRENULECTOMY - SEPARATE PROCEDURE \$240.00 D7963 FRENULOPLASTY \$384.00 D9110 PALLIATIVE TX OF DENTAL PAIN-MINOR PROCEDURE \$59.00 D9222 DEEP SEDATION/GENERAL ANESTH - FIRST 15 MIN \$110.00 D9230 ADMINISTRATION OF NITROUS OXIDE/ ANXIOLYSIS/ANALGESIA \$31.00 D9239 IV MODERATE SEDATION/ANESTH - FIRST 15 MIN \$110.00	D7472	REMOVAL OF TORUS PALATINUS	\$308.00			
D7511 I & D ABSCESS - INTRAORAL SOFT TISSUE - CMPLX \$115.00 D7520 I & D OF ABSCESS - EXTRAORAL SOFT TISSUE \$126.00 D7521 I & D ABSCESS - EXTRAORAL SOFT TISSUE - CMPLX \$139.00 D7922 PLACEMENT OF BIOLOGICAL DRESSING-SITE \$59.00 D7953 BONE RPLCEMNT GRFT RIDGE PRESERVATION-PER SITE \$336.00 D7960 FRENULECTOMY - SEPARATE PROCEDURE \$240.00 D7963 FRENULOPLASTY \$384.00 D9110 PALLIATIVE TX OF DENTAL PAIN-MINOR PROCEDURE \$59.00 D9222 DEEP SEDATION/GENERAL ANESTH - FIRST 15 MIN \$110.00 D9223 DEEP SEDATION/GENERAL ANESTH - ADD'L 15 MIN \$110.00 D9230 ADMINISTRATION OF NITROUS OXIDE/ ANXIOLYSIS/ANALGESIA D9239 IV MODERATE SEDATION/ANESTH - FIRST 15 MIN \$110.00	D7473	REMOVAL OF TORUS MANDIBULARIS	\$308.00			
D7520 I & D OF ABSCESS - EXTRAORAL SOFT TISSUE \$126.00 D7521 I & D ABSCESS - EXTRAORAL SOFT TISSUE - CMPLX \$139.00 D7922 PLACEMENT OF BIOLOGICAL DRESSING-SITE \$59.00 D7953 BONE RPLCEMNT GRFT RIDGE PRESERVATION-PER SITE \$336.00 D7960 FRENULECTOMY - SEPARATE PROCEDURE \$240.00 D7963 FRENULOPLASTY \$384.00 D9110 PALLIATIVE TX OF DENTAL PAIN-MINOR PROCEDURE \$59.00 D9222 DEEP SEDATION/GENERAL ANESTH - FIRST 15 MIN \$110.00 D9223 DEEP SEDATION/GENERAL ANESTH - ADD'L 15 MIN \$110.00 D9230 ADMINISTRATION OF NITROUS OXIDE/ ANXIOLYSIS/ANALGESIA \$31.00 D9239 IV MODERATE SEDATION/ANESTH - FIRST 15 MIN \$110.00	D7510	I & D OF ABSCESS - INTRAORAL SOFT TISSUE	\$105.00			
D7521 I & D ABSCESS - EXTRAORAL SOFT TISSUE - CMPLX \$139.00 D7922 PLACEMENT OF BIOLOGICAL DRESSING-SITE \$59.00 D7953 BONE RPLCEMNT GRFT RIDGE PRESERVATION-PER SITE \$336.00 D7960 FRENULECTOMY - SEPARATE PROCEDURE \$240.00 D7963 FRENULOPLASTY \$384.00 D9110 PALLIATIVE TX OF DENTAL PAIN-MINOR PROCEDURE \$59.00 D9222 DEEP SEDATION/GENERAL ANESTH - FIRST 15 MIN \$110.00 D9223 DEEP SEDATION/GENERAL ANESTH - ADD'L 15 MIN \$110.00 D9230 ADMINISTRATION OF NITROUS OXIDE/ ANXIOLYSIS/ANALGESIA \$31.00 D9239 IV MODERATE SEDATION/ANESTH - FIRST 15 MIN \$110.00	D7511	I & D ABSCESS - INTRAORAL SOFT TISSUE - CMPLX	\$115.00			
D7922 PLACEMENT OF BIOLOGICAL DRESSING-SITE \$59.00 D7953 BONE RPLCEMNT GRFT RIDGE PRESERVATION-PER SITE \$336.00 D7960 FRENULECTOMY - SEPARATE PROCEDURE \$240.00 D7963 FRENULOPLASTY \$384.00 D9110 PALLIATIVE TX OF DENTAL PAIN-MINOR PROCEDURE \$59.00 D9222 DEEP SEDATION/GENERAL ANESTH - FIRST 15 MIN \$110.00 D9223 DEEP SEDATION/GENERAL ANESTH - ADD'L 15 MIN \$110.00 D9230 ADMINISTRATION OF NITROUS OXIDE/ ANXIOLYSIS/ANALGESIA D9239 IV MODERATE SEDATION/ANESTH - FIRST 15 MIN \$110.00	D7520	I & D OF ABSCESS - EXTRAORAL SOFT TISSUE	\$126.00			
D7953 BONE RPLCEMNT GRFT RIDGE PRESERVATION-PER SITE \$336.00 D7960 FRENULECTOMY - SEPARATE PROCEDURE \$240.00 D7963 FRENULOPLASTY \$384.00 D9110 PALLIATIVE TX OF DENTAL PAIN-MINOR PROCEDURE \$59.00 D9222 DEEP SEDATION/GENERAL ANESTH - FIRST 15 MIN \$110.00 D9223 DEEP SEDATION/GENERAL ANESTH - ADD'L 15 MIN \$110.00 D9230 ADMINISTRATION OF NITROUS OXIDE/ ANXIOLYSIS/ANALGESIA \$31.00 D9239 IV MODERATE SEDATION/ANESTH - FIRST 15 MIN \$110.00	D7521	I & D ABSCESS - EXTRAORAL SOFT TISSUE - CMPLX				
D7960 FRENULECTOMY - SEPARATE PROCEDURE \$240.00 D7963 FRENULOPLASTY \$384.00 D9110 PALLIATIVE TX OF DENTAL PAIN-MINOR PROCEDURE \$59.00 D9222 DEEP SEDATION/GENERAL ANESTH - FIRST 15 MIN \$110.00 D9223 DEEP SEDATION/GENERAL ANESTH - ADD'L 15 MIN \$110.00 D9230 ADMINISTRATION OF NITROUS OXIDE/ ANXIOLYSIS/ANALGESIA \$31.00 D9239 IV MODERATE SEDATION/ANESTH - FIRST 15 MIN \$110.00						
D7963 FRENULOPLASTY \$384.00 D9110 PALLIATIVE TX OF DENTAL PAIN-MINOR PROCEDURE \$59.00 D9222 DEEP SEDATION/GENERAL ANESTH - FIRST 15 MIN \$110.00 D9223 DEEP SEDATION/GENERAL ANESTH - ADD'L 15 MIN \$110.00 D9230 ADMINISTRATION OF NITROUS OXIDE/ ANXIOLYSIS/ANALGESIA \$31.00 D9239 IV MODERATE SEDATION/ANESTH - FIRST 15 MIN \$110.00						
D9110 PALLIATIVE TX OF DENTAL PAIN-MINOR PROCEDURE \$59.00 D9222 DEEP SEDATION/GENERAL ANESTH - FIRST 15 MIN \$110.00 D9223 DEEP SEDATION/GENERAL ANESTH - ADD'L 15 MIN \$110.00 D9230 ADMINISTRATION OF NITROUS OXIDE/ ANXIOLYSIS/ANALGESIA D9239 IV MODERATE SEDATION/ANESTH - FIRST 15 MIN \$110.00						
D9222 DEEP SEDATION/GENERAL ANESTH - FIRST 15 MIN \$110.00 D9223 DEEP SEDATION/GENERAL ANESTH - ADD'L 15 MIN \$110.00 D9230 ADMINISTRATION OF NITROUS OXIDE/ ANXIOLYSIS/ANALGESIA \$31.00 D9239 IV MODERATE SEDATION/ANESTH - FIRST 15 MIN \$110.00						
D9223 DEEP SEDATION/GENERAL ANESTH - ADD'L 15 MIN \$110.00 D9230 ADMINISTRATION OF NITROUS OXIDE/ ANXIOLYSIS/ANALGESIA D9239 IV MODERATE SEDATION/ANESTH - FIRST 15 MIN \$110.00						
D9230 ADMINISTRATION OF NITROUS OXIDE/ ANXIOLYSIS/ANALGESIA D9239 IV MODERATE SEDATION/ANESTH - FIRST 15 MIN \$110.00						
ANXIOLYSIS/ANALGESIA D9239 IV MODERATE SEDATION/ANESTH - FIRST 15 MIN \$110.00						
D9239 IV MODERATE SEDATION/ANESTH - FIRST 15 MIN \$110.00	D9230		ф31.00			
	D9239		\$110.00			
, , , , , , , , , , , , , , , , , , ,	D9243	IV MOD SEDATION / ANALGESIA - ADD'L 15 MIN				
D9248 NON-INTRAVENOUS CONSCIOUS SEDATION \$209.00						
D9310 CONSULTATION (OTHER THAN REQUESTING DOCTOR) \$77.00	D9310	CONSULTATION (OTHER THAN REQUESTING DOCTOR)	\$77.00			
D9430 OFFICE VISIT FOR OBSERVATION-NO OTHER SERVICE \$34.00	D9430	OFFICE VISIT FOR OBSERVATION-NO OTHER SERVICE	\$34.00			
D9440 OFFICE VISIT - AFTER REGULAR HOURS \$80.00	D9440	OFFICE VISIT - AFTER REGULAR HOURS	\$80.00			

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

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

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