

\$252.67 \$66.65

\$14.21

\$14.52

\$93.80

\$87.91

\$148.70

\$158.75

\$0.00

3D printing of a 3D dental surface scan

Maxillofacial Ultrasound Image Capture

Intraoral tomosynthesis - comprehensive series of radiographic images - image capture only

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

Interpretation Of Diagnostic Image By A Practitioner Not Associated With Capture Of The Image, Including Report

Intraoral tomosynthesis - bitewing radiographic image - image capture only

Virtual treatment simulation using 3D Image Volume or surface scan

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

Intraoral tomosynthesis - periapical radiographic image - image capture only

D0386

D0387

D0388 D0389

D0391

D0393

D0394

D0395

D0396

	ental Network of America°	Provider Network Dental Service Fee Schedule	DN0094
D0411	HbA1c in-	-office point of service testing	\$16.65
D0412		cose level test - in-office using a glucose meter	\$11.96
D0414	Laborator written re	ry processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of port	\$25.60
D0415	Collection	n of microorganisms for culture and sensitivity	\$27.93
D0416	Viral cultu	ure	\$47.10
D0417	Collection	and preparation of saliva sample for laboratory diagnostic testing	\$37.67
D0418	Analysis	of saliva sample	\$35.89
D0419	Assessm	ent of salivary flow by measurement	\$12.44
D0422	Collection	and preparation of genetic sample material for laboratory analysis and report	\$23.98
D0423	Genetic to	est for susceptibility to diseases - specimen analysis	\$64.13
D0425	Caries su	sceptibility tests	\$16.57
D0431	•	e pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant of to include cytology or biopsy procedures	\$15.01
D0460	Pulp vitali	ity tests	\$26.56
D0470	Diagnosti	c casts	\$55.27
D0472	Accession	n of tissue, gross examination, preparation and transmission of written report	\$29.68
D0473	Accession	n of tissue, gross and microscopic examination, preparation and transmission of written report	\$52.30
D0474	disease, _l	n of tissue, gross and microscopic examination, including assessment of surgical margins for presence of preparation and transmission of written report	\$69.78
D0475	Decalcific	eation procedure	\$39.81
D0476	Special s	tains for microorganisms	\$34.78
D0477	Special s	tains, not for microorganisms	\$26.89
D0478	Immunoh	istochemical stains	\$38.01
D0479	Tissue in-	situ hybridization, including interpretation	\$23.28
D0480	Accession	n of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	\$21.86
D0481		microscopy	\$102.86
D0482		munofluorescence	\$23.28
D0483		nmunofluorescence	\$20.34
D0484		ion on slides prepared elsewhere	\$40.17
D0485		ion, including preparation of slides from biopsy material supplied by referring source	\$40.73
D0486		n of brush biopsy sample, microscopic examination, preparation and transmission of written report	\$162.65
D0502		l pathology procedures, by report	\$28.62
D0600	dentin an	ing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, d cementum	\$15.34
D0601		sk Assessment And Documentation, With A Finding Of Low Risk	\$13.09
D0602		sk Assessment And Documentation, With A Finding Of Moderate Risk	\$12.98
D0603		sk Assessment And Documentation, With A Finding Of High Risk	\$13.65
D0604	•	esting for a public health related pathogen including coronavirus	\$11.96
D0605	•	testing for a public health related pathogen including coronavirus	\$11.96
D0606		r testing for a public health related pathogen, including coronavirus	\$11.96
D0701		ic radiographic image - image capture only	\$57.68
D0702	•	alometric radiographic image - image capture only	\$49.16
D0703 D0705		cial photographic image obtained intra-orally or extra-orally - image capture I posterior dental radiographic image - image capture only	\$25.33 \$32.22
D0705		· occlusal radiographic image - image capture only	\$32.22 \$19.35
D0700		periapical radiographic image - image capture only	\$19.55 \$14.52
D0707			\$14.32 \$14.21
D0708		· bitewing radiographic image - image capture only · comprehensive series of radiographic images - image capture only	\$66.65
D0709		ral surface scan - direct	\$41.02
D0802		I surface scan - indirect	\$41.02
D0803		surface scan - direct	\$41.02
D0804		surface scan - indirect	\$41.02
D0999		ed diagnostic procedure, by report	\$39.95
	Prevent		ų - 2-2-2
D1110	Prophylax		\$50.52

De De	Provider Network Dental Service Fee Schedule	DN0094
D1120	Prophylaxis - child	\$36.53
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$28.14
D1208	Topical application of fluoride - exluding varnish	\$20.22
D1301	Immunization counseling	\$0.00
D1310	Nutritional counseling for control of dental disease	\$0.00
D1320	Tobacco counseling for the control and prevention of oral disease	\$0.00
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systematic health effects associated with high-risk substance use	\$0.00
D1330	Oral hygiene instructions	\$0.00
D1351	Sealant - per tooth	\$29.89
D1352	Preventive Resin Restoration In A Moderate To High Caries Risk Patient - Permanent Tooth	\$34.54
D1353	Sealant repair - per tooth	\$21.99
D1354	Application of caries arresting medicament - per tooth	\$35.76
D1355	Caries preventive medicament application - per tooth	\$28.61
D1510	Space maintainer - fixed - unilateral	\$187.79
D1516	Space maintainer - fixed - bilateral, maxillary	\$251.57
D1517	Space maintainer - fixed - bilateral, mandibular	\$251.57
D1520	Space maintainer - removable - unilateral	\$208.14
D1526	Space maintainer - removable - bilateral, maxillary	\$322.90
D1527	Space maintainer - removable - bilateral, mandibular	\$322.90
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	\$40.18
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	\$40.18
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	\$40.18
D1556	Removal of fixed unilateral space maintainer - per quadrant	\$40.18
D1557	Removal of fixed bilateral space maintainer - maxillary	\$40.18
D1558	Removal of fixed bilateral space maintainer - mandibular	\$40.18
D1575	Distal shoe space maintainer - fixed - unilateral	\$187.79
D1701	Pfizer-BioNTech Covid-19 vaccine administration - first dose	\$40.00
D1702	Pfizer-BioNTech Covid-19 vaccine administration - second dose	\$40.00
D1703	Moderna Covid-19 vaccine administration - first dose	\$40.00
D1704	Moderna Covid-19 vaccine administration - second dose	\$40.00
D1705	AstraZeneca Covid-19 vaccine administration - first dose	\$40.00
D1706	AstraZeneca Covid-19 vaccine administration - second dose	\$40.00
D1707	Janssen Covid-19 vaccine administration	\$40.00
D1708	Pfizer-BioNTech Covid-19 vaccine administration - third dose	\$40.00
D1709	Pfizer-BioNTech Covid-19 vaccine administration - booster dose	\$40.00
D1710	Moderna Covid-19 vaccine administration - third dose	\$40.00
D1711	Moderna Covid-19 vaccine administration - booster dose	\$40.00
D1712	Janssen Covid-19 Vaccine Administration - booster dose	\$40.00
D1713	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric - first dose	\$40.00
D1714	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric - second dose	\$40.00
D1781	Vaccine administration - human papillomavirus - Dose 1	\$40.00
D1782	Vaccine administration - human papillomavirus - Dose 2	\$40.00
D1783	Vaccine administration - human papillomavirus - Dose 3	\$40.00
D1999	Unspecified Preventive Procedure, By Report	\$14.65
	Restorative	
D2140	Amalgam - one surface, primary or permanent	\$71.73
D2150	Amalgam - two surfaces, primary or permanent	\$89.11
D2160	Amalgam - three surfaces, primary or permanent	\$107.76
D2161	Amalgam - four or more surfaces, primary or permanent	\$129.36
D2330	Resin-based composite - one surface, anterior	\$84.81
D2331	Resin-based composite - two surfaces, anterior	\$103.70
D2332	Resin-based composite - three surfaces, anterior	\$126.35
D2335	Resin-based composite - four or more surfaces (anterior)	\$150.69
D2390	Resin-based composite crown, anterior	\$169.72

De De	Provider Network Dental Service Fee Schedule	DN0094
D2391	Resin-based composite - one surface, posterior	\$93.95
D2392	Resin-based composite - two surfaces, posterior	\$121.62
D2393	Resin-based composite - three surfaces, posterior	\$150.93
D2394	Resin-based composite - four or more surfaces, posterior	\$181.30
D2410	Gold foil - one surface	\$183.37
D2420	Gold foil - two surfaces	\$368.14
D2430	Gold foil - three surfaces	\$503.65
D2510	Inlay - metallic - one surface	\$391.54
D2520	Inlay - metallic - two surfaces	\$512.58
D2530	Inlay - metallic - three or more surfaces	\$546.45
D2542	Onlay - metallic-two surfaces	\$541.07
D2543	Onlay - metallic-three surfaces	\$572.17
D2544	Onlay - metallic-four or more surfaces	\$620.43
D2610	Inlay - porcelain/ceramic - one surface	\$439.04
D2620	Inlay - porcelain/ceramic - two surfaces	\$454.93
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$499.03
D2642	Onlay - porcelain/ceramic - two surfaces	\$553.77
D2643	Onlay - porcelain/ceramic - three surfaces	\$595.70
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$620.11
D2650	Inlay - resin-based composite - one surface	\$279.14
D2651	Inlay - resin-based composite - two surfaces	\$381.36
D2652	Inlay - resin-based composite - three or more surfaces	\$377.48
D2662	Onlay - resin-based composite - two surfaces	\$426.43
D2663	Onlay - resin-based composite - three surfaces	\$467.25
D2664	Onlay - resin-based composite - four or more surfaces	\$470.93
D2710	Crown - resin-based composite (indirect)	\$288.59
D2712	Crown - 3/4 resin-based composite (indirect)	\$312.16
D2720	Crown - resin with high noble metal	\$632.66
D2721	Crown - resin with predominantly base metal	\$597.16
D2722	Crown - resin with noble metal	\$609.63
D2740	Crown - porcelain/ceramic	\$635.04
D2750	Crown - porcelain fused to high noble metal	\$618.96
D2751	Crown - porcelain fused to predominantly base metal	\$575.88
D2752	Crown - porcelain fused to noble metal	\$598.48
D2753	Crown - porcelain fused to titanium and titanium alloys	\$596.94
D2780	Crown - 3/4 cast high noble metal	\$611.07
D2781	Crown - 3/4 cast predominantly base metal	\$568.12
D2782	Crown - 3/4 cast noble metal	\$597.64
D2783	Crown - 3/4 porcelain/ceramic	\$629.63
D2790	Crown - full cast high noble metal	\$620.83
D2791	Crown - full cast predominantly base metal	\$564.99
D2792	Crown - full cast noble metal	\$589.61
D2794	Crown - titanium	\$627.75
D2799	Interim crown - further treatment or completion of diagnosis necessary prior to final impression	\$217.72
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$54.62
D2915	Re-cement or re-bond indirectly fabricated prefabricated post and core	\$54.41
D2920 D2921	Re-cement or re-bond crown Reattachment Of Tooth Fragment, Incisal Edge Or Cusp	\$55.40 \$82.28
D2921 D2928	Prefabricated porcelain / ceramic crown - permanent tooth	\$62.26 \$203.19
D2928 D2929	Prefabricated Porcelain/Ceramic Crown - Primary Tooth	\$203.19 \$208.50
D2929 D2930	Prefabricated stainless steel crown - primary tooth	\$208.30 \$167.04
D2930 D2931	Prefabricated stainless steel crown - primary tooth Prefabricated stainless steel crown - permanent tooth	\$187.15
D2931 D2932	Prefabricated resin crown	\$186.89
D2932 D2933	Prefabricated stainless steel crown with resin window	\$211.58
D2934	Prefabricated esthetic coated stainless steel crown	\$208.50
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De De	Provider Network Dental Service Fee Schedule	DN0094
D2940	Placement of interim direct restoration	\$57.90
D2949	Restorative Foundation For An Indirect Restoration	\$70.27
D2950	Core buildup, including any pins	\$148.17
D2951	Pin retention - per tooth, in addition to restoration	\$29.36
D2952	Post and core in addition to crown, indirectly fabricated	\$212.24
D2953	Each additional indirectly fabricated post - same tooth	\$118.35
D2954	Prefabricated post and core in addition to crown	\$180.64
D2955	Post removal (not in conjunction with endodontic therapy)	\$138.79
D2956	Removal of an indirect restoration on a natural tooth	\$0.00
D2957	Each additional prefabricated post - same tooth	\$89.14
D2960	Labial veneer (resin laminate) - chairside	\$482.43
D2961	Labial veneer (resin laminate) - laboratory	\$506.30
D2962	Labial veneer (porcelain laminate) - laboratory	\$597.68
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework	\$87.62
D2975	Coping	\$257.16
D2976	Band stabilization - per tooth	\$40.18
D2980	Crown repair, by report	\$104.35
D2981	Inlay Repair Necessitated By Restorative Material Failure	\$104.35
D2982	Onlay Repair Necessitated By Restorative Material Failure	\$104.35
D2983	Veneer Repair Necessitated By Restorative Material Failure	\$104.35
D2989	Excavation of a tooth resulting in the determination of non-restorability	\$56.76
D2990	Resin Infiltration Of Incipient Smooth Surface Lesions	\$45.39
D2991	Application of hydroxyapatite regeneration medicament - per tooth	\$28.61
D2999	Unspecified restorative procedure, by report	\$73.42
D2999	Endodontics	ψ13.4 <u>2</u>
D3110	Pulp cap - direct (excluding final restoration)	\$41.36
D3120	Pulp cap - indirect (excluding final restoration)	\$34.47
D3220	Therapeutic pulpotomy (excluding final restoration)	\$97.17
D3221	Pulpal debridement, primary and permanent teeth	\$107.64
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$113.64
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth	\$108.60
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth	\$115.72
D3310	Anterior (excluding final restoration)	\$408.19
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$491.00
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$633.17
D3331	Treatment of root canal obstruction; non-surgical access	\$160.89
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$319.49
D3333	Internal root repair of perforation defects	\$138.24
D3346	Retreatment of previous root canal therapy - anterior	\$544.18
D3347	Retreatment of previous root canal therapy - premolar	\$633.89
D3348	Retreatment of previous root canal therapy - molar	\$762.88
D3351	Apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	\$222.80
D3352	Apexification/recalcification - interim medication	\$100.93
D3353	Apexification/recalcification - final visit	\$313.32
D3355	Pulpal Regeneration - Initial Visit	\$226.91
D3356	Pulpal Regeneration - Interim Medication Replacement	\$110.37
D3357	Pulpal Regeneration - Completion Of Treatment	\$241.83
D3410	Apicoectomy - anterior	\$461.64
D3421	Apicoectomy premolar (first root)	\$505.80
D3425	Apicoectomy - molar (first root)	\$573.61
D3426	Apicoectomy - (each additional root)	\$191.00
D3428	Bone Graft In Conjunction With Periradicular Surgery - Per Tooth, Single Site	\$488.70
D3429	Bone Graft In Conjunction With Periradicular Surgery - Each Additional Contiguous Tooth In The Same Surgical Site	\$454.18
D3430	Retrograde filling - per root	\$138.52
D3431	Biologic Materials To Aid In Soft And Osseous Tissue Regeneration In Conjunction With Periradicular Surgery	\$288.56

De De	ental Network of America®	Provider Network Dental Service Fee Schedule	DN0094
D3432	Guided 7	Fissue Regeneration, Resorbable Barrier, Per Site, In Conjunction With Periradicular Surgery	\$296.24
D3450		putation - per root	\$286.63
D3460		ntic endosseous implant	\$1,130.93
D3470	Intention	al reimplantation (including necessary splinting)	\$525.26
D3471	Surgical	repair of root resorption - anterior	\$435.52
D3472	Surgical	repair of root resorption - premolar	\$435.52
D3473	Surgical	repair of root resorption - molar	\$435.52
D3501	Surgical	exposure of root surface without apicoectomy or repair of root resorption - anterior	\$435.52
D3502	Surgical	exposure of root surface without apicoectomy or repair of root resorption - premolar	\$435.52
D3503	Surgical	exposure of root surface without apicoectomy or repair of root resorption - molar	\$435.52
D3910	Surgical	procedure for isolation of tooth with rubber dam	\$75.03
D3911	Intraorific	ce barrier	\$57.90
D3920	Hemised	tion (including any root removal), not including root canal therapy	\$212.93
D3921	Decoron	ation or submergence of an erupted tooth	\$85.91
D3950	Canal pr	eparation and fitting of preformed dowel or post	\$96.14
D3999	Unspecif	fied endodontic procedure, by report	\$61.35
	Periodo	ontics	
D4210	Gingived	ctomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$355.46
D4211	Gingived	ctomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$149.56
D4212	Gingived	ctomy Or Gingivoplasty To Allow Access For Restorative Procedure, Per Tooth	\$139.60
D4230	Anatomi	cal crown exposure - four or more contiguous teeth or bounded tooth spaces per quadrant	\$433.53
D4231		cal crown exposure - one to three teeth or bounded tooth spaces per quadrant	\$191.53
D4240	Gingival	flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$426.82
D4241	•	flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$247.09
D4245		positioned flap	\$335.44
D4249		crown lengthening - hard tissue	\$468.59
D4260	spaces p	s surgery (including elevation of full thickness flap and closure) - four or more contiguous teeth or tooth bounded ber quadrant	\$672.60
D4261		s surgery (including elevation of full thickness flap and closure) - one to three contiguous teeth or tooth bonded per quadrant	\$388.91
D4263	Bone rep	placement graft - retained natural tooth - first site in quadrant	\$318.02
D4264	Bone rep	placement graft - retained natural tooth - each additional site in quadrant	\$300.61
D4265	Biologic	materials to aid in soft and osseous tissue regeneration, per site	\$180.80
D4266		issue regeneration, natural teeth - resorbable barrier, per site	\$342.70
D4267		issue regeneration, natural teeth - non-resorbable barrier, per site	\$419.26
D4268	· ·	revision procedure, per tooth	\$220.48
D4270		soft tissue graft procedure	\$511.36
D4273	edentulo	ous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or ous tooth position in graft	\$544.58
D4274	Mesial/d anatomio	istal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same cal area)	\$166.36
D4275		ogenous connective tissue graft (including recipient site and donor material) first tooth, implant or edentulous sition in graft	\$400.96
D4276	Combine	ed connective tissue and pedicle graft, per tooth	\$620.81
D4277	Free Sof position	it Tissue Graft Procedure (including recipient and donor surgical sites), first tooth, implant, or edentulous tooth in graft	\$525.72
D4278		t Tissue Graft Procedure (Including recipient and donor surgical sites), each additional contiguous tooth, or edentulous tooth position in same graft site	\$356.95
D4283		ous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous plant or edentulous tooth position in same graft site	\$504.85
D4285		ogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional us tooth, implant or edentulous tooth position in same graft site	\$383.51
D4286	Remova	l of non-resorbable barrier	\$40.18
D4322	Splint - iı	ntra-coronal; natural teeth or prosthetic crowns	\$300.67
D4323	Splint - e	extra-coronal; natural teeth or prosthetic crowns	\$255.75
D4341	Periodor	ntal scaling and root planing - four or more teeth per quadrant	\$140.89
D4342	Periodor	ntal scaling and root planing - one to three teeth per quadrant	\$76.15
D4346	Scaling i	n the presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	\$76.99

De De	Provider Network Dental Service Fee Schedule	DN0094
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	\$88.58
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$88.38
D4910	Periodontal maintenance	\$80.44
D4920	Unscheduled dressing change (by someone other than treating dentist)	\$14.77
D4921	Gingival Irrigation with a medicinal agent - Per Quadrant	\$9.35
	Prosthodontics, Removable	
D5110	Complete denture - maxillary	\$784.80
D5120	Complete denture - mandibular	\$784.80
D5130	Immediate denture - maxillary	\$851.82
D5140	Immediate denture - mandibular	\$851.82
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$670.28
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$778.86
D5213	Maxillary partial denture - cast metal framework (including any conventional clasps, rests and teeth)	\$876.13
D5214	Mandibular partial denture - cast metal framework (including any conventional clasps, rests and teeth)	\$876.13
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$653.26
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$724.56
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$922.18
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$939.16
D5225	Maxillary partial denture - flexible base (including any conventional clasps, rests and teeth)	\$761.44
D5226	Mandibular partial denture - flexible base (including any conventional clasps, rests and teeth)	\$821.76
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$761.44
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$821.76
D5282	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary	\$477.18
D5283	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular	\$469.80
D5284	Removable unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant	\$452.95
D5286	Removable unilateral partial denture - one piece resin (including clasps and teeth) - per quadrant	\$475.66
D5410	Adjust complete denture - maxillary	\$42.36
D5411	Adjust complete denture - mandibular	\$42.48
D5421	Adjust partial denture - maxillary	\$45.47
D5422	Adjust partial denture - mandibular	\$45.13
D5511	Repair broken complete denture base, mandibular	\$91.51
D5512	Repair broken complete denture base, maxillary	\$90.69
D5520	Replace missing or broken teeth - complete denture - per tooth	\$77.07
D5611	Repair resin partial denture base, mandibular	\$96.24
D5612	Repair resin partial denture base, maxillary	\$93.85
D5621	Repair cast partial framework, mandibular	\$109.62
D5622	Repair cast partial framework, maxillary	\$110.41 \$120.56
D5630	Repair or replace broken clasp - per tooth	\$120.56
D5640 D5650	Replace missing or broken teeth - partial denture - per tooth Add tooth to existing partial denture - per tooth	\$82.66 \$107.90
D5660	Add clasp to existing partial denture - per tooth Add clasp to existing partial denture - per tooth	\$107.90
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$314.69
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$325.26
D5710	Rebase complete maxillary denture	\$293.06
D5711	Rebase complete mandibular denture	\$280.03
D5720	Rebase maxillary partial denture	\$280.15
D5721	Rebase mandibular partial denture	\$282.23
D5725	Rebase hybrid prosthesis	\$293.06
D5730	Reline complete maxillary denture (chairside)	\$179.77
D5731	Reline complete mandibular denture (chairside)	\$176.70
D5740	Reline maxillary partial denture (chairside)	\$159.94
D5741	Reline mandibular partial denture (chairside)	\$163.75
D5750	Reline complete maxillary denture (laboratory)	\$235.91
D5751	Reline complete mandibular denture (laboratory)	\$235.50

De De	Provider Network Dental Service Fee Schedule	DN0094
D5760	Reline maxillary partial denture (laboratory)	\$229.42
D5761	Reline mandibular partial denture (laboratory)	\$231.17
D5765	Soft liner for complete or partial removable denture - indirect	\$235.91
D5810	Interim complete denture (maxillary)	\$388.70
D5811	Interim complete denture (mandibular)	\$404.96
D5820	Interim partial denture (maxillary)	\$296.21
D5821	Interim partial denture (mandibular)	\$301.43
D5850	Tissue conditioning, maxillary	\$84.77
D5851	Tissue conditioning, mandibular	\$81.58
D5862	Precision attachment, by report	\$242.59
D5863	Overdenture - Complete Maxillary	\$942.07
D5864	Overdenture - Partial Maxillary	\$1,095.35
D5865	Overdenture - Complete Mandibular	\$970.38
D5866	Overdenture - Partial Mandibular	\$1,112.07
D5867	Replacement of replaceable part of semi-precision or precision attachment, per attachment	\$28.27
D5875	Modification of removable prosthesis following implant surgery	\$200.20
D5876	Add metal substructure to acrylic full denture (per arch)	\$127.23
D5899	Unspecified removable prosthodontic procedure, by report	\$314.14
	Maxillofacial Prosthetics	
D5911	Facial moulage (sectional)	\$27.44
D5922	Nasal septal prosthesis	\$105.81
D5931	Obturator prosthesis, surgical	\$2,127.00
D5932	Obturator prosthesis, definitive	\$1,665.68
D5933	Obturator prosthesis, modification	\$224.60
D5934	Mandibular resection prosthesis with guide flange	\$171.56
D5935	Mandibular resection prosthesis without guide flange	\$912.56
D5936	Obturator prosthesis, interim	\$870.55
D5937	Trismus appliance (not for TMD treatment)	\$38.56
D5952	Speech aid prosthesis, pediatric	\$137.23 \$272.04
D5954 D5960	Palatal augmentation prosthesis	\$273.04 \$66.55
D5980 D5982	Speech aid prosthesis, modification Surgical stent	\$133.82
D5983	Radiation carrier	\$193.43
D5984	Radiation shield	\$120.87
D5986	Fluoride gel carrier	\$78.13
D5987	Commissure splint	\$7.49
D5988	Surgical splint	\$188.82
D5991	Vesiculobullous disease medicament carrier	\$66.59
D5992	Adjust maxillofacial prosthetic appliance, by report	\$31.80
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra Or intra-oral) other than required adjustments, by report	\$45.77
D5995	Periodontal medicament carrier with peripheral seal - laboratory processed, maxillary	\$375.25
D5996	Periodontal medicament carrier with peripheral seal - laboratory processed, mandibular	\$375.25
D5999	Unspecified maxillofacial prosthesis, by report	\$283.99
	Implant Services	
D6010	Surgical placement of implant body: endosteal implant	\$1,542.80
D6011	Second Stage Implant Surgery	\$122.56
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	\$1,235.10
D6013	Surgical Placement Of Mini Implant	\$1,134.15
D6040	Surgical placement: eposteal implant	\$3,903.20
D6050	Surgical placement: transosteal implant	\$3,183.87
D6051	Placement of interim implant abutment	\$109.59
D6055	Connecting bar - implant supported or abutment supported	\$860.62
D6056	Prefabricated abutment - includes modification and placement	\$359.88
D6057	Custom fabricated abutment - includes placement	\$460.78
D6058	Abutment supported porcelain/ceramic crown	\$768.16

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D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$757.61
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$692.90
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$721.57
D6062	Abutment supported cast metal crown (high noble metal)	\$719.48
D6063	Abutment supported cast metal crown (predominantly base metal)	\$683.88
D6064	Abutment supported cast metal crown (noble metal)	\$677.43
D6065	Implant supported porcelain/ceramic crown	\$775.75
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$766.65
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$741.25
D6068	Abutment supported retainer for porcelain/ceramic FPD	\$764.54
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$749.97
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$704.87
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$711.79
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	\$720.68
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	\$706.34
D6074	Abutment supported retainer for cast metal FPD (noble metal)	\$702.03
D6075	Implant supported retainer for ceramic FPD	\$771.44
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	\$756.30
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	\$655.85
D6080	Implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prosthesis and abutments	\$62.46
D6081	Scaling and debridement of a single implant in the presence of mucositis, including inflammation, bleeding upon probing, and increased pocket depths; includes cleaning of the implant surfaces, without	\$49.17
D6082	Implant supported crown - porcelain fused to predominantly base alloys	\$782.32
D6083	Implant supported crown - porcelain fused to noble alloys	\$758.34
D6084	Implant supported crown - porcelain fused to titanium and titanium alloys	\$750.07
D6085	Interim implant crown	\$216.10
D6086	Implant supported crown - predominantly base alloys	\$665.71
D6087	Implant supported crown - noble alloys	\$621.99
D6088	Implant supported crown - titanium and titanium alloys	\$720.29
D6089	Accessing and retorquing loose implant screw - per screw	\$61.78
D6090	Repair of implant/abutment supported prosthesis	\$96.62
D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment	\$250.22
D6092	Recement or re-bond implant/abutment supported crown	\$61.55
D6093	Recement or re-bond implant/abutment supported fixed partial denture	\$87.66
D6094	Abutment supported crown - (titanium)	\$546.15
D6096	Remove broken implant retaining screw	\$61.78
D6097	Abutment supported crown - porcelain fused to titanium and titanium	\$749.63
D6098	Implant supported retainer - porcelain fused to predominantly base alloys	\$594.60
D6099 D6100	Implant supported retainer for FPD - porcelain fused to noble alloys Surgical removal of implant body	\$607.85 \$262.20
D6100	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	\$239.29
D6102	Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	\$342.75
D6103	Bone graft for repair of peri-implant defect - does not include flap entry and closure	\$197.99
D6104	Bone Graft At Time Of Implant Placement	\$180.09
D6105	Removal of implant body not requiring bone removal nor flap elevation	\$85.91
D6106	Guided tissue regeneration - resorbable barrier, per implant	\$342.70
D6107	Guided tissue regeneration - non-resorbable barrier, per implant	\$419.26
D6110	Implant / abutment supported removable denture for edentulous arch - maxillary	\$1,145.01
D6111	Implant / abutment supported removable denture for edentulous arch - mandibular	\$1,145.01
D6112	Implant / abutment supported removable denture for partially edentulous arch - maxillary	\$1,159.57
D6113	Implant / abutment supported removable denture for partially edentulous arch - mandibular	\$1,159.57
D6114	Implant / abutment supported fixed denture for edentulous arch - maxillary	\$1,779.77
D6115	Implant / abutment supported fixed denture for edentulous arch - mandibular	\$1,779.77

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D6116	Implant / abutment supported fixed denture for partially enden	tulous arch - maxillary	\$1,374.73
D6117	Implant / abutment supported fixed denture for partially edentu	ılous arch - mandibular	\$1,374.73
D6118	Implant/abutment supported interim fixed denture for edentulo	us arch - mandibular	\$922.65
D6119	Implant/abutment supported interim fixed denture for edentulo	us arch - maxillary	\$922.65
D6120	Implant supported retainer - porcelain fused to titanium and tita	anium alloys	\$800.70
D6121	Implant supported retainer for metal FPD - predominantly base	e alloys	\$703.74
D6122		•	\$745.25
D6123	Implant supported retainer for metal FPD - titanium and titaniu	m alloys	\$738.59
D6190	Radiographic/surgical implant index, by report	•	\$182.70
D6191			\$280.09
D6192			\$30.36
D6194	Abutment supported retainer crown for FPD - (titanium)		\$582.20
D6195	Abutment supported retainer - porcelain fused to titanium and	titanium alloys	\$614.44
D6197	·	•	\$93.95
D6198	Remove interim implant component		\$40.18
D6199	Unspecified implant procedure, by report		\$91.90
	IMPLANTS		
D6180	Implant maintenance procedures when a full arch fixed hybrid prosthesis and abutments	prosthesis is not removed, including cleansing of	\$62.46
D6193	Replacement of an implant screw		\$61.78
	Prosthodontics, Fixed		
D6205			\$363.52
D6210	Pontic - cast high noble metal		\$567.22
D6211	Pontic - cast predominantly base metal		\$530.52
D6212	Pontic - cast noble metal		\$550.07
D6214	Pontic - titanium		\$555.34
D6240	Pontic - porcelain fused to high noble metal		\$575.44
D6241			\$523.81
D6242	Pontic - porcelain fused to noble metal		\$553.38
D6243	Pontic - porcelain fused to titanium and titanium alloys		\$524.88
D6245	Pontic - porcelain/ceramic		\$598.52
D6250	Pontic - resin with high noble metal		\$573.21
D6251	Pontic - resin with predominantly base metal		\$526.52
D6252	Pontic - resin with noble metal		\$549.72
D6253	Interim pontic - further treatment or completion of diagnosis ne	ecessary prior to final impression	\$208.94
D6545	Retainer - cast metal for resin bonded fixed prosthesis		\$240.94
D6548			\$341.38
D6549	Retainer - for resin bonded fixed prosthesis		\$179.99
D6600	Retainer inlay - porcelain/ceramic, two surfaces		\$431.84
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces		\$414.75
D6602	Retainer inlay - cast high noble metal, two surfaces		\$524.51
D6603	•		\$503.42
D6604			\$388.44
D6605		surfaces	\$474.86
D6606			\$436.65
D6607			\$480.45
D6608	Retainer onlay -porcelain/ceramic, two surfaces		\$486.44
D6609			\$529.83
D6610	• •		\$414.68
D6611			\$568.33
D6612	,		\$500.45
D6613	•	surfaces	\$522.40
D6614			\$495.63
D6615	•		\$520.56
D6624	•		\$473.95
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D6634	Retainer	r onlay - titanium	\$493.54
D6710	Retainer	r crown - indirect resin based composite	\$438.54
D6720	Retainer	r crown - resin with high noble metal	\$535.66
D6721	Retainer	r crown - resin with predominantly base metal	\$542.11
D6722	Retainer	r crown - resin with noble metal	\$547.63
D6740	Retainer	r crown - porcelain/ceramic	\$644.74
D6750	Retainer	r crown - porcelain fused to high noble metal	\$622.63
D6751	Retainer	r crown - porcelain fused to predominantly base metal	\$571.81
D6752	Retainer	r crown - porcelain fused to noble metal	\$592.82
D6753	Retainer	r crown - porcelain fused to titanium and titanium alloys	\$512.83
D6780	Retainer	r crown - 3/4 cast high noble metal	\$628.99
D6781	Retainer	r crown - 3/4 cast predominantly base metal	\$598.13
D6782		r crown - 3/4 cast noble metal	\$562.67
D6783		r crown - 3/4 porcelain/ceramic	\$637.89
D6784		r crown 3/4 - titanium and titanium alloys	\$591.29
D6790		r crown - full cast high noble metal	\$611.30
D6791		r crown - full cast predominantly base metal	\$559.96
D6792		r crown - full cast noble metal	\$584.89
D6793		etainer crown - further treatment or completion of diagnosis necessary prior to final impression	\$220.37
D6794		r crown - titanium	\$662.92
D6920	Connect		\$198.79
D6930		ent or re-bond fixed partial denture	\$77.57
D6940	Stress b		\$186.52 \$330.64
D6950 D6980		n attachment	\$330.64 \$127.02
D6985	•	artial denture repair necessitated by restorative material failure c partial denture, fixed	\$376.03
D6999		fied fixed prosthodontic procedure, by report	\$85.14
Воссо	•	nd Maxillofacial Surgery	ψου. 1-4
D7111		on, coronal remnants - primary tooth	\$64.42
D7111		on, erupted tooth or exposed root (elevation and/or forceps removal)	\$85.91
D7140		on, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal	\$146.29
	flap if ind	dicated	
D7220		ll of impacted tooth - soft tissue	\$177.60
D7230		l of impacted tooth - partially bony	\$230.50
D7240		ll of impacted tooth - completely bony	\$269.99
D7241		l of impacted tooth - completely bony, with unusual surgical complications	\$337.87
D7250	ŭ	removal of residual tooth roots (cutting procedure)	\$154.61
D7251 D7260		tomy - Intentional Partial Tooth Removal, impacted teeth only al fistula closure	\$279.53 \$774.41
D7260		closure of a sinus perforation	\$774.41 \$360.43
D7201	•	e-implantation and/or stabilization of accidentally evulsed or displaced tooth	\$266.85
D7270		ansplantation (includes re-implantation from one site to another and splinting and/or stabilization)	\$382.56
D7280		access of an unerupted tooth	\$299.55
D7282		tion of erupted or malpositioned tooth to aid eruption	\$154.20
D7283		ent of device to facilitate eruption of impacted tooth	\$117.86
D7284		al biopsy of minor salivary glands	\$246.91
D7285		al biopsy of oral tissue - hard (bone, tooth)	\$519.30
D7286		al biopsy of oral tissue - soft	\$246.91
D7287		ve cytological sample collection	\$111.06
D7288		opsy - transepithelial sample collection	\$102.03
D7290	Surgical	repositioning of teeth	\$254.84
D7291	Transse	ptal fiberotomy/supra crestal fiberotomy, by report	\$77.61
D7292	Placeme	ent of temporary anchorage device [screw retained plate] requiring surgical flap;	\$382.28
D7293	Placeme	ent of temporary anchorage device requiring surgical flap;	\$225.63
D7294	Placeme	ent of temporary anchorage device without flap;	\$245.35

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D7295	Harvest Of Bone For Use In Autogenous Grafting Procedure	\$340.66
D7296	Corticotomy - one to three teeth or tooth spaces, per quadrant	\$379.43
D7297	Corticotomy - four or more teeth or tooth spaces, per quadrant	\$1,217.71
D7298	Removal of temporary anchorage device [screw retained plate], requiring flap	\$64.42
D7299	Removal of temporary anchorage device requiring flap	\$64.42
D7300	Removal of temporary anchorage device without flap	\$64.42
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$161.64
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$130.97
D7320	Alveoloplasty not in conjunction with extractions -four or more teeth or tooth spaces, per quadrant	\$492.80
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$408.68
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	\$2,026.63
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	\$5,260.17
D7410	Excision of benign lesion up to 1.25 cm	\$352.24
D7411	Excision of benign lesion greater than 1.25 cm	\$537.48
D7412	Excision of benign lesion, complicated	\$590.69
D7413	Excision of malignant lesion up to 1.25 cm	\$455.42
D7414	Excision of malignant lesion greater than 1.25 cm	\$691.62
D7415	Excision of malignant lesion, complicated	\$850.32
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	\$570.98
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	\$838.68
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$358.77
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$568.66
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$360.70
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$574.18
D7465	Destruction of lesion(s) by physical or chemical method, by report	\$195.47
D7471	Removal of lateral exostosis (maxilla or mandible)	\$467.36
D7472	Removal of torus palatinus	\$591.97
D7473	Removal of torus mandibularis	\$531.18
D7485	Surgical reduction of osseous tuberosity	\$459.63
D7490	Radical resection of maxilla or mandible	\$433.34
D7509	Marsupialization of odontogenic cyst	\$139.74
D7510	Incision and drainage of abscess - intraoral soft tissue	\$139.74
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$213.84
D7520	Incision and drainage of abscess - extraoral soft tissue	\$195.75
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$239.58
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$136.25
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	\$251.31
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	\$161.42
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$476.11
D7610	Maxilla - open reduction (teeth immobilized, if present)	\$109.36
D7620	Maxilla - closed reduction (teeth immobilized, if present)	\$849.80
D7630	Mandible - open reduction (teeth immobilized, if present)	\$2,558.07
D7640	Mandible - closed reduction (teeth immobilized, if present)	\$316.84
D7650	Malar and/or zygomatic arch - open reduction	\$317.21
D7670	Alveolus closed reduction may include stabilization of teeth	\$367.51
D7671	Alveolus, open reduction may include stabilization of teeth	\$984.57
D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches	\$105.98
D7710	Maxilla open reduction	\$123.50
D7720	Maxilla - closed reduction	\$136.41
D7730	Mandible - open reduction	\$2,771.90
D7740	Mandible - closed reduction	\$1,397.58
D7750	Malar and/or zygomatic arch - open reduction	\$117.55
D7770	Alveolus - open reduction stabilization of teeth	\$153.26
D7771	Alveolus, closed reduction stabilization of teeth	\$534.27
D7780	Facial bones - complicated reduction with fixation and multiple approaches	\$155.37

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D7810	Open reduction of dislocation	\$371.35
D7820	Closed reduction of dislocation	\$88.13
D7830	Manipulation under anesthesia	\$482.77
D7850	Surgical discectomy, with/without implant	\$108.36
D7852	Disc repair .	\$22.68
D7870	Arthrocentesis	\$364.60
D7871	Non-arthroscopic lysis and lavage	\$537.27
D7873	Arthroscopy - surgical: lavage and lysis of adhesions	\$1,814.76
D7880	Occlusal orthotic device, by report	\$389.84
D7881	Occlusal orthotic device adjustment	\$55.18
D7899	Unspecified TMD therapy, by report	\$90.19
D7910	Suture of recent small wounds up to 5 cm	\$52.89
D7911	Complicated suture - up to 5 cm	\$166.69
D7912	Complicated suture - greater than 5 cm	\$487.12
D7920	Skin graft (identify defect covered, location and type of graft)	\$60.37
D7921	Collection And Application Of Autologous Blood Concentrate Product	\$118.09
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	\$26.97
D7939	Indexing for osteotomy using dynamic robotic assisted or dynamic navigation	\$182.70
D7940	Osteoplasty - for orthognathic deformities	\$856.23
D7941	Osteotomy - mandibular rami	\$3,602.14
D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft	\$588.39
D7944	Osteotomy - segmented or subapical	\$383.54
D7945	Osteotomy - body of mandible	\$99.34
D7946	LeFort I (maxilla - total)	\$5,022.09
D7949	LeFort II or LeFort III - with bone graft	\$1,017.07
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	\$421.84
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	\$972.26
D7952	Sinus Augmentation Via A Vertical Approach	\$478.17
D7953	Bone replacement graft for ridge preservation - per site	\$175.58
D7955	Repair of maxillofacial soft and/or hard tissue defect	\$425.47
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site	\$342.70
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site	\$419.26
D7961	Buccal / labial frenectomy (frenulectomy)	\$290.34
D7962	Lingual frenectomy (frenulectomy)	\$290.34
D7963	Frenuloplasty	\$442.65
D7970	Excision of hyperplastic tissue - per arch	\$289.30
D7971	Excision of pericoronal gingiva	\$117.89
D7972	Surgical reduction of fibrous tuberosity	\$328.26
D7980	Sialolithotomy	\$322.79
D7981	Excision of salivary gland, by report	\$229.34
D7982	Sialodochoplasty	\$508.98
D7983	Closure of salivary fistula	\$122.35
D7990	Emergency tracheotomy	\$84.07
D7991	Coronoidectomy	\$353.88
D7993	Surgical placement of craniofacial implant - extra oral	\$724.33
D7994	Surgical placement: zygomatic implant	\$685.38
D7995	Synthetic graft - mandible or facial bones, by report	\$139.14
D7996	Implant-mandible for augmentation purposes (excluding alveolar ridge), by report	\$7.09
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	\$102.24
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	\$302.05
D7999	Unspecified oral surgery procedure, by report	\$55.74
	ORAL SURGERY	
D7252	Partial extraction for immediate implant replacement	\$212.93



	al Network of America* Provider Network Dental Service Fee Schedule	DN0094
	Orthodontics	
D8010	Limited orthodontic treatment of the primary dentition	\$2,275.07
D8020	Limited orthodontic treatment of the transitional dentition	\$2,346.00
D8030	Limited orthodontic treatment of the adolescent dentition	\$1,301.18
D8040	Limited orthodontic treatment of the adult dentition	\$1,404.99
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$4,411.16
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$4,453.15
D8090	Comprehensive orthodontic treatment of the adult dentition	\$4,440.29
D8091	Comprehensive orthodontic treatment with orthognathic surgery	\$4,440.29
D8210	Removable appliance therapy	\$587.49
D8220	Fixed appliance therapy	\$622.86
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$148.06
D8670	Periodic orthodontic treatment visit	\$210.39
D8671	Periodic orthodontic treatment visit associated with orthognathic surgery	\$210.39
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$303.31
D8681	Removable orthodontic retainer adjustment	\$83.15
D8695	Removal of fixed orthodontic appliances for reasons other than completion of treatment	\$72.81
D8696	Repair of orthodontic appliance - maxillary	\$114.16
D8697	Repair of orthodontic appliance - mandibular	\$106.22
D8698	Re-cement or re-bond fixed retainer - maxillary	\$61.11
D8699	Re-cement or re-bond fixed retainer - mandibular	\$50.32
D8701	Repair of fixed retainer, includes reattachment - maxillary	\$79.98
D8701	Repair of fixed retainer, includes reattachment - mandibular	\$86.77
D8702	Replacement of lost or broken retainer - maxillary	\$92.55
D8703	Replacement of lost or broken retainer - maxiliary	\$84.00
D8999	Unspecified orthodontic procedure, by report	\$446.68
D0333	Adjunctive General Services	ψ++0.00
D9110	Palliative treatment of dental pain - per visit	\$56.76
D9110 D9120	·	\$69.18
D9120 D9130	Fixed partial denture sectioning Temporomandibular joint dysfunction - non-invasive physical therapies	\$52.83
D9130 D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$0.00
D9210 D9211		\$0.00
D9211 D9212	Regional block anesthesia	\$0.00
	Trigeminal division block anesthesia	\$0.00
D9215	Local anesthesia	
D9219	Evaluation for deep sedation or general anesthesia	\$33.69
D9222	Deep sedation/general anesthesia - first 15 minutes	\$104.78 \$104.78
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	·
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$31.16
D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes	\$79.05
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	\$79.05
D9248	Non-intravenous (conscious) sedation	\$84.85
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$88.81
D9311	Consultation with medical health care professional	\$87.47
D9410	House/extended care facility call	\$60.08
D9420	Hospital or ambulatory surgical center call	\$174.60
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$34.62
D9440	Office visit - after regularly scheduled hours	\$59.65
D9450	Case presentation, subsequent to detailed and extensive treatment planning	\$68.20
D9610	Therapeutic parenteral drug, single administration	\$34.75
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	\$49.07
D9613	Infiltration of sustained release therapeutic drug, per quadrant	\$54.69
D9630	Drugs or medicaments dispensed in the office for home use	\$18.84

\$23.46

\$27.41

\$0.00

Pre-visit patient screening

Application of desensitizing medicament

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

D9910

D9911

D9912

De De	ental Network of America°	Provider Network Dental Service Fee Schedule	DN0094
D9920	Behavior management, by report		\$54.31
D9930	Treatment of complications (post	-surgical) - unusual circumstances, by report	\$46.73
D9932	Cleaning and inspection or remove	vable complete denture, maxillary	\$45.68
D9933	Cleaning and inspection of remove	vable complete denture, mandibular	\$43.67
D9934	Cleaning and inspection of remove	vable partial denture, maxillary	\$46.48
D9935	Cleaning and inspection of remove	vable partial denture, mandibular	\$45.94
D9938	Fabrication of a custom removab	le clear plastic temporary aesthetic appliance	\$101.80
D9939	Placement of a custom removabl	e clear plastic temporary aesthetic appliance	\$101.80
D9941	Fabrication of athletic mouthguar	d	\$101.80
D9942	Repair and/or reline of occlusal g	uard	\$111.52
D9943	Occlusal guard adjustment		\$55.62
D9944	Occlusal guard - hard appliance,	full arch	\$325.52
D9945	Occlusal guard - soft appliance, f	ull arch	\$287.18
D9946	Occlusal guard - hard appliance,	partial arch	\$311.97
D9947	Custom sleep apnea appliance fa	abrication and placement	\$389.84
D9948	Adjustment of custom sleep apne	ea appliance	\$55.18
D9949	Repair of custom sleep apnea ap	pliance	\$111.52
D9950	Occlusion analysis - mounted cas	se	\$81.15
D9951	Occlusal adjustment - limited		\$63.17
D9952	Occlusal adjustment - complete		\$327.66
D9953	Reline custom sleep apnea appli	ance (indirect)	\$111.52
D9954	Fabrication and delivery of oral a	ppliance therapy (OAT) morning repositioning device	\$389.84
D9955	Oral appliance therapy (OAT) titra	ation visit	\$42.36
D9956	Administration of home sleep apr	nea test	\$13.65
D9957	Screening for sleep related breat	hing disorders	\$24.84
D9961	Duplicate/copy patient's records		\$33.13
D9970	Enamel microabrasion		\$36.79
D9971	Odontoplasty 1 - 2 teeth; include:	s removal of enamel projections	\$44.88
D9972	External bleaching - per arch - pe	erformed in office	\$152.83
D9973	External bleaching - per tooth		\$36.24
D9974	Internal bleaching - per tooth		\$150.37
D9975	External Bleaching For Home Ap	plication, Per Arch; Includes Materials And Fabrication Of Custom Trays	\$103.72
D9986	Missed appointment		\$22.41
D9987	Cancelled appointment		\$21.58
D9990	Certified translation or sign-langu	age services - per visit	\$12.71
D9991	Dental case management - addre	essing appointment compliance barriers	\$26.42
D9992	Dental case management - care	coordination	\$42.18
D9993	Dental case management - motiv	rational interviewing	\$29.34
D9994	Dental case management - patie	nt education to improve oral health literacy	\$413.74
D9995	Teledentistry - synchronous; real	-time encounter	\$85.27
D9996	Teledentistry - asynchronous; info	ormation stored and forwarded to dentist for subsequent review	\$84.15
D9997	Dental case management - patie	nts with special health care needs	\$24.56
	ADJUNCTIVE		
D9913	Administration of neuromodulator	rs	\$13.65
D9914	Administration of dermal fillers		\$13.65
	SLEEP APNEA SERVICES		
D9959	Unspecified sleep apnea services	s procedure, by report	\$85.14

Notes on Procedures and Additional Information

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