

<b>ADA PROCEDURE CODES</b>	<b>PROCEDURE DESCRIPTION</b>	<b>New Fee Schedule</b>
120	PERIODIC ORAL EVALUATION	35.10
140	LIMITED EMERGENCY ORAL EVALUATION – PROBLEM FOCUSED	46.80
145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND	58.50
150	COMPREHENSIVE ORAL EVALUATION – NEW OR ESTABLISHED PATIENT	58.50
160	DETAIL & EXTENSIVE ORAL EVALUATION/PROBLEM FOCUSED (SPECIALTY	76.05
170	RE-EVALUATION – LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT	35.10
210	INTRAORAL – COMPLETE SERIES (AT LEAST 14 FILMS, INCLUDING BITEWINGS)	81.90
220	INTRAORAL – PERIAPICAL – FIRST FILM	17.55
230	INTRAORAL – PERIAPICAL – EACH ADDITIONAL FILM (ALLOWABLE OF THREE (3)	12.87
240	INTRAORAL – OCCLUSAL FILM	22.23
250	EXTRAORAL - FIRST FILM	11.70
251	EXTRAORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE	12.87
270	BITEWING – SINGLE FILM	17.55
272	BITEWINGS – TWO FILMS	25.74
273	BITEWINGS – THREE FILMS	38.61
274	BITEWINGS – FOUR FILMS	38.61
277	VERTICAL BITEWINGS – 7 to 8 FILMS	17.55
330	PANORAMIC FILM	67.86
340	CEPHALOMETRIC FILM	67.86
350	ORAL / FACIAL PHOTOGRAPHIC IMAGES	92.43
460	PULP VITALITY TESTS	29.25
470	DIAGNOSTIC CASTS	23.40
1110	PROPHYLAXIS – ADULT	70.20
1120	PROPHYLAXIS – CHILD	46.80
1206	TOPICAL APPLICATION OF FLOURIDE VARNISH	21.06
<b>ADA PROCEDURE CODES</b>	<b>PROCEDURE DESCRIPTION</b>	<b>New Fee Schedule</b>
1208	TOPICAL APPLICATION OF FLUORIDE – EXCLUDING VARNISH	21.06
1330	ORAL HYGIENE INSTRUCTION	22.23
1351	SEALANT – PER TOOTH	33.93
1510	SPACE MAINTAINER – FIXED - UNILATERAL	174.33
1515	SPACE MAINTAINER – FIXED - BILATERAL	354.51
1520	SPACE MAINTAINER – REMOVABLE - UNILATERAL	163.80
1525	SPACE MAINTAINER – REMOVABLE - BILATERAL	354.51
1550	RECEMENTATION OF SPACE MAINTAINER	23.40
1555	REMOVAL OF FIXED SPACE MAINTAINER	23.40
1575	DISTAL SHOE SPACE MAINTAINER – FIXED – UNILATERAL	174.33
2140	AMALGAM - ONE SURFACE, PRIMARY OR PERMANENT	97.11
2150	AMALGAM - TWO SURFACES, PRIMARY OR PERMANENT	126.36

2160	AMALGAM - THREE SURFACES, PRIMARY OR PERMANENT	147.42
2161	AMALGAM - FOUR SURFACES, PRIMARY OR PERMANENT	180.18
2330	RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR	117.00
2331	RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR	145.08
2332	RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR	174.33
2335	RESIN-BASED COMPOSITE - FOUR SURFACES OR INVOLVING INCISAL ANGLE,	194.22
2391	RESIN-BASED COMPOSITE – ONE SURFACE, POSTERIOR	131.04
2392	RESIN-BASED COMPOSITE – TWO SURFACES, POSTERIOR	180.18
2393	RESIN-BASED COMPOSITE – THREE SURFACES, POSTERIOR	194.22
2394	RESIN-BASED COMPOSITE – FOUR OR MORE SURFACES, POSTERIOR	194.22
2510	INLAY – METALLIC - ONE SURFACE	236.34
2520	INLAY – METALLIC - TWO SURFACES	286.65
2530	INLAY – METALLIC – THREE OR MORE SURFACES	596.70
2542	ONLAY – METALLIC – TWO SURFACES	286.65
2543	ONLAY – METALLIC – THREE SURFACES	693.81
2544	ONLAY – METALLIC – FOUR OR MORE SURFACES	702.00
<b>ADA PROCEDURE CODES</b>	<b>PROCEDURE DESCRIPTION</b>	<b>New Fee Schedule</b>
2610	INLAY – PORCELAIN / CERAMIC - ONE SURFACE	298.35
2620	INLAY – PORCELAIN / CERAMIC - TWO SURFACES	351.00
2630	INLAY – PORCELAIN / CERAMIC - THREE OR MORE SURFACES	380.25
2642	ONLAY – PORCELAIN / CERAMIC – TWO SURFACES	351.00
2643	ONLAY – PORCELAIN / CERAMIC – THREE SURFACES	380.25
2644	ONLAY – PORCELAIN / CERAMIC – FOUR OR MORE SURFACES	380.25
2650	INLAY – RESIN-BASED COMPOSITE – ONE SURFACE (LAB PROCESSED)	236.34
2651	INLAY – RESIN-BASED COMPOSITE – TWO SURFACES (LAB PROCESSED)	286.65
2652	INLAY – RESIN-BASED COMPOSITE – THREE OR MORE SURFACES (LAB	596.70
2662	ONLAY – RESIN-BASED COMPOSITE – TWO SURFACES (LAB PROCESSED)	351.00
2663	ONLAY – RESIN-BASED COMPOSITE –THREE SURFACES (LAB PROCESSED)	380.25
2664	ONLAY – RESIN-BASED COMPOSITE – FOUR OR MORE SURFACES (LAB	380.25
2740	CROWN – PORCELAIN / CERAMIC SUBSTRATE	760.50
2750	CROWN – PORCELAIN FUSED TO HIGH NOBLE METAL	690.30
2751	CROWN – PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	672.75
2752	CROWN – PORCELAIN FUSED TO NOBLE METAL	661.05
2780	CROWN – ¾ CAST HIGH NOBLE METAL	666.90
2781	CROWN – ¾ CAST PREDOMINANTLY BASE METAL	666.90
2782	CROWN – ¾ CAST NOBLE METAL	666.90
2783	CROWN – ¾ PORCELAIN / CERAMIC	666.90
2790	CROWN - FULL CAST HIGH NOBLE METAL	690.30
2791	CROWN – FULL CAST PREDOMINANTLY BASE METAL	666.90

2792	CROWN – FULL CAST NOBLE METAL	678.60
2799	PROVISIONAL CROWN	351.00
2910	RECEMENT INLAY, ONLAY, OR PARTIAL COVERAGE RESTORATION	29.25
2920	RECEMENT CROWN	58.50
2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH	175.50
<b>ADA PROCEDURE CODES</b>	<b>PROCEDURE DESCRIPTION</b>	<b>New Fee Schedule</b>
2931	PREFABRICATED STAINLESS STEEL CROWN - PERMANENT TOOTH	198.90
2932	PREFABRICATED RESIN CROWN - TEMPORARY	351.00
2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW, ANTERIOR -	204.75
2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN- PRIMARY TOOTH	204.75
2940	SEDATIVE FILLING	77.22
2950	CORE BUILD-UP, INCLUDING ANY PINS	174.33
2951	PIN RETENTION - PER TOOTH, IN ADDITION TO CROWN	44.46
2952	CAST POST AND CORE, IN ADDITION TO CROWN	243.36
2953	EACH ADDITIONAL CAST POST – SAME TOOTH	243.36
2954	PREFABRICATED POST AND CORE, IN ADDITION TO CROWN	210.60
2957	EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH	210.60
2960	LABIAL VENEER (RESIN LAMINATE) CHAIRSIDE (REFER TO THE PRODUCT FOR	257.40
2962	LABIAL VENEER (PORCELAIN LAMINATE) LABORATORY (REFER TO THE	643.50
2980	CROWN REPAIR, BY REPORT	93.60
3110	PULP CAP – DIRECT (EXCLUDING FINAL RESTORATION)	58.50
3120	PULP CAP – INDIRECT (EXCLUDING FINAL RESTORATION)	44.46
3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION)	100.62
3221	PULPAL DEBRIDEMENT, PRIMARY & PERMANENT TOOTH (NOT TO BE BILLED BY	100.62
3230	PULPAL THERAPY (RESORBABLE FILLING) ANTERIOR – PRIMARY TOOTH	146.25
3240	PULPAL THERAPY (RESORBABLE FILLING) POSTERIOR - PRIMARY TOOTH	146.25
3310	ROOT CANAL THERAPY – ANTERIOR	456.30
3320	ROOT CANAL THERAPY – BICUSPID	555.75
3330	ROOT CANAL THERAPY – MOLAR	748.80
3332	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR	35.10
<b>ADA PROCEDURE CODES</b>	<b>PROCEDURE DESCRIPTION</b>	<b>New Fee Schedule</b>
3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	93.60
3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - ANTERIOR	456.30
3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - BICUSPID	555.75
3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - MOLAR	748.80
3410	APICOECTOMY / PERIRADICULAR SURGERY - ANTERIOR	721.89
3421	APICOECTOMY / PERIRADICULAR SURGERY - BICUSPID (FIRST ROOT)	276.12
3425	APICOECTOMY / PERIRADICULAR SURGERY – MOLAR (FIRST ROOT)	320.58
3426	APICOECTOMY / PERIRADICULAR SURGERY (EACH ADDITIONAL ROOT)	91.26

3430	RETROGRADE FILLING - PER ROOT	93.60
3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROOT CANAL	163.80
4210	GINGIVECTOMY OR GINGIVOPLASTY – FOUR OR MORE CONTIGUOUS TEETH OR	234.00
4211	GINGIVECTOMY OR GINGIVOPLASTY – ONE TO THREE CONTIGUOUS TEETH OR	101.79
4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING – FOUR OR MORE	332.28
4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING – ONE TO THREE	332.28
4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	510.12
4260	OSSEOUS SURGERY, INCLUDING FLAP ENTRY AND CLOSURE – FOUR OR MORE	921.96
4261	OSSEOUS SURGERY, INCLUDING FLAP ENTRY AND CLOSURE - ONE TO THREE	921.96
4263	BONE REPLACEMENT GRAFT – FIRST SITE IN QUADRANT	194.22
4264	BONE REPLACEMENT GRAFT – EACH ADDITIONAL SITE IN QUADRANT	194.22
4266	GUIDED TISSUE REGENERATION – RESORBABLE BARRIER, PER SITE	388.44
4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	548.73
4277	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURG) *	351.00
<b>ADA PROCEDURE CODES</b>	<b>PROCEDURE DESCRIPTION</b>	<b>New Fee Schedule</b>
4341	PERIODONTAL SCALING AND ROOT PLANING – FOUR OR MORE TEETH, PER	175.50
4342	PERIODONTAL SCALING AND ROOT PLANING – ONE TO THREE TEETH, PER	175.50
4355	FULL MOUTH DEBRIDEMENT – TO ENABLE COMPREHENSIVE EVALUATION AND	106.47
4910	PERIODONTAL MAINTENANCE PROPHYLAXIS, (COVERAGE REQUIRES PRIOR	84.24
5110	COMPLETE DENTURE – MAXILLARY	1082.25
5120	COMPLETE DENTURE – MANDIBULAR	1082.25
5130	IMMEDIATE DENTURE – MAXILLARY	1140.75
5140	IMMEDIATE DENTURE – MANDIBULAR	1140.75
5211	MAXILLARY PARTIAL DENTURE – RESIN BASE (INCLUDING CLASPS, RESTS &	470.34
5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING CLASPS, RESTS &	470.34
5213	MAXILLARY PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN	1140.75
5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN	1140.75
5221	IMMEDIATE MAXILLARY PARTIAL DENTURE – RESIN BASE (INCLUDING CLASPS,	470.34
5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING CLASPS,	470.34
5223	IMMEDIATE MAXILLARY PARTIAL DENTURE – CAST METAL FRAMEWORK WITH	1140.75
5224	IMMEDIATE MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH	1140.75
5410	ADJUST COMPLETE DENTURE – MAXILLARY	23.40
5411	ADJUST COMPLETE DENTURE – MANDIBULAR	23.40
5421	ADJUST PARTIAL DENTURE – MAXILLARY	23.40
<b>ADA PROCEDURE CODES</b>	<b>PROCEDURE DESCRIPTION</b>	<b>New Fee Schedule</b>
5422	ADJUST PARTIAL DENTURE – MANDIBULAR	23.40
5511	REPAIR BROKEN COMPLETE DENTURE BASE MANDIBULAR	99.45
5512	REPAIR BROKEN COMPLETE DENTURE BASE MAXILLARY	99.45
5520	REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE, PER TOOTH	99.45

5611	REPAIR RESIN DENTURE BASE MANDIBULAR	119.34
5612	REPAIR RESIN DENTURE BASE MAXILLARY	119.34
5621	REPAIR CAST FRAMEWORK MANDIBULAR	81.90
5622	REPAIR CAST FRAMEWORK MAXILLARY	81.90
5630	REPAIR OR REPLACE BROKEN CLASP	87.75
5640	REPLACE BROKEN TEETH – PER TOOTH	92.43
5650	ADD TOOTH TO EXISTING PARTIAL DENTURE (REPLACES EXTRACTED TOOTH)	106.47
5660	ADD CLASP TO EXISTING PARTIAL DENTURE	87.75
5670	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK - MAXILLARY	194.22
5671	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK -	194.22
5710	REBASE COMPLETE MAXILLARY DENTURE	194.22
5711	REBASE COMPLETE MANDIBULAR DENTURE	194.22
5720	REBASE MAXILLARY PARTIAL DENTURE	191.88
5721	REBASE MANDIBULAR PARTIAL DENTURE	191.88
5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	105.30
5731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	105.30
5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	93.60
5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	93.60
5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	280.80
5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	291.33
5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	169.65
5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	169.65
<b>ADA PROCEDURE CODES</b>	<b>PROCEDURE DESCRIPTION</b>	<b>New Fee Schedule</b>
5820	INTERIM PARTIAL DENTURE – MAXILLARY (ALLOWED FOR ANTERIOR TEETH	331.11
5821	INTERIM PARTIAL DENTURE – MANDIBULAR (ALLOWED FOR ANTERIOR TEETH	331.11
5850	TISSUE CONDITIONING, MAXILLARY - PER DENTURE UNIT	83.07
5851	TISSUE CONDITIONING, MANDIBULAR - PER DENTURE UNIT	83.07
5862	PRECISION ATTACHMENT, BY REPORT (REFER TO THE PRODUCT FOR COVERAGE)	163.80
5863	OVERDENTURE – COMPLETE MAXILLARY	807.30
5864	OVERDENTURE – PARTIAL MAXILLARY	807.30
5865	OVERDENTURE – COMPLETE MANDIBULAR	807.30
5866	OVERDENTURE – PARTIAL MANDIBULAR	807.30
6210	PONTIC – CAST HIGH NOBLE METAL	380.25
6211	PONTIC - CAST PREDOMINANTLY BASE METAL	368.55
6212	PONTIC – CAST NOBLE METAL	374.40
6240	PONTIC – PORCELAIN FUSED TO HIGH NOBLE METAL	693.81
6241	PONTIC – PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	430.56
6242	PONTIC – PORCELAIN FUSED TO NOBLE METAL	638.82
6245	PONTIC – PORCELAIN / CERAMIC	693.81

6545	RETAINER – CAST METAL FOR RESIN BONDED FIXED PROSTHESIS	169.65
6548	RETAINER – PORCELAIN / CERAMIC FOR RESIN BONDED FIXED PROSTHESIS	169.65
6600	INLAY – PORCELAIN / CERAMIC, TWO SURFACES	351.00
6601	INLAY – PORCELAIN / CERAMIC, THREE OR MORE SURFACES	380.25
6602	INLAY – CAST HIGH NOBLE METAL, TWO SURFACED	286.65
6603	INLAY – CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	596.70
6604	INLAY – CAST PREDOMINANTLY BASE METAL, TWO SURFACES	286.65
6605	INLAY – CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	596.70
6606	INLAY – CAST NOBLE METAL, TWO SURFACES	286.65
<b>ADA PROCEDURE CODES</b>	<b>PROCEDURE DESCRIPTION</b>	<b>New Fee Schedule</b>
6607	INLAY – CAST NOBLE METAL, THREE OR MORE SURFACES	596.70
6608	ONLAY – PORCELAIN / CERAMIC, TWO SURFACES	351.00
6609	ONLAY – PORCELAIN / CERAMIC, THREE OR MORE SURFACES	380.25
6610	ONLAY – CAST HIGH NOBLE METAL, TWO SURFACES	286.65
6611	ONLAY – CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	693.81
6612	ONLAY – CAST PREDOMINANTLY BASE METAL, TWO SURFACES	286.65
6613	ONLAY – CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	693.81
6614	ONLAY – CAST NOBLE METAL, TWO SURFACES	286.65
6615	ONLAY – CAST NOBLE METAL, THREE OR MORE SURFACES	693.81
6740	CROWN – PORCELAIN / CERAMIC	699.66
6750	CROWN – PORCELAIN FUSED TO HIGH NOBLE METAL	699.66
6751	CROWN – PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	611.91
6752	CROWN – PORCELAIN FUSED TO NOBLE METAL	642.33
6780	CROWN – ¾ CAST HIGH NOBLE METAL	380.25
6781	CROWN – ¾ CAST PREDOMINANTLY BASE METAL	380.25
6782	CROWN – ¾ CAST NOBLE METAL	380.25
6783	CROWN – ¾ PORCELAIN / CERAMIC	380.25
6790	CROWN – FULL CAST HIGH NOBLE METAL	677.43
6791	CROWN – FULL CAST PREDOMINANTLY BASE METAL	376.74
6792	CROWN – FULL CAST NOBLE METAL	376.74
6930	RECEMENT FIXED PARTIAL DENTURE (PERMANENT BRIDGE)	83.07
6940	STRESS BREAKER (REFER TO THE PRODUCT FOR COVERAGE)	146.25
6950	PRECISION ATTACHMENT (REFER TO THE PRODUCT FOR COVERAGE)	204.75
6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE, BY REPORT	29.25
7111	EXTRACTION, CORONAL REMNANTS – DECIDUOUS TOOTH	92.43
7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT – ELEVATION AND/OR	92.43
7210	EXTRACTION OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND OR	148.59
<b>ADA PROCEDURE CODES</b>	<b>PROCEDURE DESCRIPTION</b>	<b>New Fee Schedule</b>
	MUCOPERIOSTEAL FLAP IF INDICATED	0

7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	160.29
7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	214.11
7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	232.83
7241	REMOVAL OF IMPACTED TOOTH – COMPLETELY BONY WITH UNUSUAL	311.22
7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	184.86
7260	OROANTRAL FISTULA CLOSURE	210.60
7261	PRIMARY CLOSURE OF SINUS PERFORATION	210.60
7280	EXPOSURE OF AN UNERUPTED TOOTH	339.30
*7285	BIOPSY OF ORAL TISSUE – HARD (BONE, TOOTH) (REFER TO MEDICAL)	128.70
*7286	BIOPSY OF ORAL TISSUE – SOFT (REFER TO MEDICAL)	105.30
7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT	140.40
7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS-ONE TO THREE TEETH	86.58
7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT	127.53
7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS-ONE TO THREE	79.56
7471	REMOVAL OF LATERAL EXOSTOSIS – MAXILLA OR MANDIBLE	152.10
7472	REMOVAL OF TORUS PALATINUS	152.10
7473	REMOVAL OF TORUS MANDIBULARIS	152.10
7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	152.10
7510	INCISION AND DRAINAGE OF ABSCESS – INTRAORAL SOFT TISSUE	97.11
7520	INCISION AND DRAINAGE OF ABSCESS – EXTRAORAL SOFT TISSUE	65.52
7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN OR SUBCUTANEOUS	100.62
7960	FRENULECTOMY (FRENECTOMY OR FRENOTOMY) – SEPARATE PROCEDURE	243.36
7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	152.10
<b>ADA PROCEDURE CODES</b>	<b>PROCEDURE DESCRIPTION</b>	<b>New Fee Schedule</b>
9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROCEDURE	97.11
9120	FIXED PARTIAL DENTURE SECTIONING	29.25
9211	REGIONAL BLOCK ANESTHESIA	53.82
9215	LOCAL ANESTHESIA	24.57
9222	DEEP SEDATION/GENERAL ANESTHESIA – FIRST 15MINUTES (REFER TO THE	134.55
9223	DEEP SEDATION/GENERAL ANESTHESIA – EACH ADDITIONAL 15	81.90
9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE (REFER TO THE	33.93
9239	IV CONSCIOUS SEDATION/ANALGESIA – FIRST 30 MIN	134.55
9243	IV CONSCIOUS SEDATION/ANALGESIA – EACH ADDITIONAL 15 MIN	81.90
9310	CONSULTATION (DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN	66.69
9420	HOSPITAL CALL	152.10
9430	OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED HOURS)	49.14
9440	OFFICE VISIT (AFTER REGULAR SCHEDULED HOURS)	46.80
9610	THERAPEUTIC DRUG INJECTION	24.57
9630	OTHER DRUGS AND/OR MEDICAMENTS, BY REPORT	24.57

9910	APPLICATION OF DESENSITIZING MEDICAMENTS	35.10
9911	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT SURFACE,	35.10
9920	BEHAVIOR MANAGEMENT, BY REPORT	92.43
9940	OCCLUSAL GUARD, BY REPORT	300.69
9951	OCCLUSAL ADJUSTMENT, BY REPORT	43.29