

ADA PROCEDURE CODES	PROCEDURE DESCRIPTION	New Fee Schedule
120	PERIODIC ORAL EVALUATION	22.23
140	LIMITED EMERGENCY ORAL EVALUATION – PROBLEM FOCUSED	26.91
145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER	30.42
150	COMPREHENSIVE ORAL EVALUATION – NEW OR ESTABLISHED PATIENT	30.42
170	RE-EVALUATION – LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT POST-OPERATIVE VISIT)	19.89
180	COMPREHENSIVE PERIODONTAL EVALUATION NEW OR ESTABLISHED PATIENT (Benefit allowed for Periodontist Only)	0
210	INTRAORAL – COMPLETE SERIES	56.16
220	INTRAORAL – PERIAPICAL – FIRST FILM	9.36
230	INTRAORAL – PERIAPICAL – EACH ADDITIONAL FILM (ALLOWABLE OF THREE (3) PER DATE OF SERVICE)	8.19
240	INTRAORAL – OCCLUSAL FILM	12.87
250	EXTRAORAL - FIRST FILM	12.87
251	EXTRAORAL – EACH ADDITIONAL FILM	14.04
270	BITEWING – SINGLE FILM	14.04
272	BITEWINGS – TWO FILMS	16.38
273	BITEWINGS – THREE FILMS	25.74
274	BITEWINGS – FOUR FILMS	25.74
277	VERTICAL BITEWINGS – 7 to 8 FILMS	14.04
330	PANORAMIC FILM	42.12
350	ORAL / FACIAL PHOTOGRAPHIC IMAGES	12.87
460	PULP VITALITY TESTS	7.02
470	DIAGNOSTIC CASTS	25.74
1110	PROPHYLAXIS – ADULT	56.16

1120	PROPHYLAXIS – CHILD	29.25
1206	TOPICAL APPLICATION OF FLOURIDE VARNISH	15.21
1208	TOPICAL APPLICATION OF FLUORIDE EXCLUDING VARNISH	15.21
1351	SEALANT – PER TOOTH	23.40
1510	SPACE MAINTAINER – FIXED – UNILATERAL EXCLUDES DISTAL SHOE	128.70
ADA PROCEDURE CODES	PROCEDURE DESCRIPTION	NEW FEE SCHEDULE
1515	SPACE MAINTAINER – FIXED - BILATERAL	193.05
1520	SPACE MAINTAINER – REMOVABLE - UNILATERAL	180.18
1525	SPACE MAINTAINER – REMOVABLE - BILATERAL	225.81
1550	RECEMENTATION OF SPACE MAINTAINER	25.74
1555	REMOVAL OF FIXED SPACE MAINTAINER	25.74
2140	AMALGAM - ONE SURFACE, PRIMARY OR PERMANENT	59.67
2150	AMALGAM - TWO SURFACES, PRIMARY OR PERMANENT	76.05
2160	AMALGAM - THREE SURFACES, PRIMARY OR PERMANENT	92.43
2161	AMALGAM - FOUR SURFACES, PRIMARY OR PERMANENT	107.64
2330	RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR	74.88
2331	RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR	91.26
2332	RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR	109.98
2335	RESIN-BASED COMPOSITE - FOUR SURFACES OR INVOLVING INCISAL ANGLE, ANTERIOR	129.87
2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR (NOT COVERED; IF APPROPRIATE, USE ADA CODE 2970)	NEW FEE SCHEDULE
2391	RESIN-BASED COMPOSITE – ONE SURFACE, POSTERIOR	90.09
2392	RESIN-BASED COMPOSITE – TWO SURFACES, POSTERIOR	124.02
2393	RESIN-BASED COMPOSITE – THREE SURFACES, POSTERIOR	145.08
2394	RESIN-BASED COMPOSITE – FOUR OR MORE SURFACES, POSTERIOR	145.08
2510	INLAY – METALLIC - ONE SURFACE	259.74

2520	INLAY – METALLIC - TWO SURFACES	315.90
2530	INLAY – METALLIC – THREE OR MORE SURFACES	354.51
2542	ONLAY – METALLIC – TWO SURFACES	315.90
2543	ONLAY – METALLIC – THREE SURFACES	354.51
2544	ONLAY – METALLIC – FOUR OR MORE SURFACES	373.23
2610	INLAY – PORCELAIN / CERAMIC - ONE SURFACE	328.77
2620	INLAY – PORCELAIN / CERAMIC - TWO SURFACES	386.10
2630	INLAY – PORCELAIN / CERAMIC - THREE OR MORE SURFACES	418.86
2642	ONLAY – PORCELAIN / CERAMIC – TWO SURFACES	386.10
2643	ONLAY – PORCELAIN / CERAMIC – THREE SURFACES	418.86
ADA PROCEDURE CODES	PROCEDURE DESCRIPTION	NEW FEE SCHEDULE
2644	ONLAY – PORCELAIN / CERAMIC – FOUR OR MORE SURFACES	418.86
2650	INLAY – RESIN-BASED COMPOSITE – ONE SURFACE (Lab Processed)	259.74
2651	INLAY – RESIN-BASED COMPOSITE – TWO SURFACES (Lab Processed)	315.90
2652	INLAY – RESIN-BASED COMPOSITE – THREE OR MORE SURFACES (Lab Processed)	354.51
2662	ONLAY – RESIN-BASED COMPOSITE – TWO SURFACES (Lab Processed)	386.10
2663	ONLAY – RESIN-BASED COMPOSITE – THREE SURFACES (Lab Processed)	418.86
2664	ONLAY – RESIN-BASED COMPOSITE – FOUR OR MORE SURFACES (Lab Processed)	418.86
2740	CROWN – PORCELAIN / CERAMIC SUBSTRATE	527.67
2750	CROWN – PORCELAIN FUSED TO HIGH NOBLE METAL	553.41
2751	CROWN – PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	473.85
2752	CROWN – PORCELAIN FUSED TO NOBLE METAL	534.69
2780	CROWN – ¾ CAST HIGH NOBLE METAL	473.85
2781	CROWN – ¾ CAST PREDOMINANTLY BASE METAL	473.85
2782	CROWN – ¾ CAST NOBLE METAL	473.85

2783	CROWN – ¾ PORCELAIN / CERAMIC	473.85
2790	CROWN - FULL CAST HIGH NOBLE METAL	566.28
2791	CROWN – FULL CAST PREDOMINANTLY BASE METAL	473.85
2792	CROWN – FULL CAST NOBLE METAL	534.69
2799	PROVISIONAL CROWN	109.98
2910	RECEMENT INLAY, ONLAY, OR PARTIAL COVERAGE RESTORATION	32.76
2920	RECEMENT CROWN	33.93
2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH	107.64
2931	PREFABRICATED STAINLESS STEEL CROWN - PERMANENT TOOTH	115.83
2932	PREFABRICATED RESIN CROWN - TEMPORARY	109.98
2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW, ANTERIOR - PRIMARY	140.40
2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN – PRIMARY TOOTH	140.40
2940	SEDATIVE FILLING	32.76
ADA PROCEDURE CODES	PROCEDURE DESCRIPTION	NEW FEE SCHEDULE
2950	CORE BUILD-UP, INCLUDING ANY PINS	85.41
2951	PIN RETENTION - PER TOOTH, IN ADDITION TO CROWN	21.06
2952	CAST POST AND CORE IN ADDITION TO CROWN	143.91
2953	EACH ADDITIONAL CAST POST – SAME TOOTH	143.91
2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	124.02
2957	EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH	124.02
2960	LABIAL VENEER (Resin Laminate) CHAIRSIDE	283.14
2980	CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	105.30
3110	PULP CAP – DIRECT (Excluding Final Restoration)	25.74
3120	PULP CAP – INDIRECT (Excluding Final Restoration)	21.06

3220	THERAPEUTIC PULPOTOMY (Excluding Final Restoration) REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT	62.01
3221	PULPAL DEBRIDEMENT PRIMARY & PERMANENT TEETH (Not to be billed by the provider completing Endodontic treatment)	62.01
3230	PULPAL THERAPY (Resorbable filling) ANTERIOR, PRIMARY TOOTH (Excluding Final Restoration)	113.49
3240	PULPAL THERAPY (Resorbable filling) POSTERIOR - PRIMARY TOOTH (Excluding Final Restoration)	113.49
3310	ENDODONTIC THERAPY (Root Canal) ANTERIOR TOOTH (Excluding final Restoration)	334.62
3320	ENDODONTIC THERAPY (Root Canal) PREMOLAR TOOTH (Excluding Final restoration)	386.10
3330	ENDODONTIC THERAPY (Root Canal) MOLAR TOOTH (Excluding Final Restoration)	560.43
3332	INCOMPLETE ENDODONTIC THERAPY INOPERABLE UNRESTORABLE OR FRACTURED TOOTH	45.63
3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	102.96
3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - ANTERIOR	374.40
3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - PREMOLAR	438.75
3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - MOLAR	560.43
3410	APICOECTOMY -ANTERIOR (Doesn't include placement of retrograde filling material)	270.27
3421	APICOECTOMY - PREMOLAR FIRST ROOT (Does not include placement of	304.20

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	retrograde filling material, If more than one root is treated see D3426)	0
3425	APICOECTOMY- PREMOLAR FIRST ROOT (Does not include placement of retrograde material, if more than one root is treated see D3426)	352.17
3426	APICOECTOMY (Each Additional Root)	102.96
3430	RETROGRADE FILLING - PER ROOT	93.60

3920	HEMISECTION (Including any Root Removal/ Not including Root Canal Therapy)	180.18
4210	GINGIVECTOMY OR GINGIVOPLASTY – FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	257.40
4211	GINGIVECTOMY OR GINGIVOPLASTY – ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	81.90
4240	GINGIVAL FLAP PROCEDURE INCLUDING ROOT PLANING – FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	365.04
4241	GINGIVAL FLAP PROCEDURE INCLUDING ROOT PLANING – ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	365.04
4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	257.40
4260	OSSEOUS SURGERY (Including elevation of a full thickness flap & closure) FOUR OR MORE CONTIGOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	514.80
4261	OSSEOUS SURGERY (Including elevation of a full thickness flap & closure) - ONE TO THREE CONTIGUOUS TEETH OR TROOTH BOUNDED SPACES PER QUADRANT	514.80
4277	FREE SOFT TISSUE GRAFT PROCEDURE (Including recipient and donor surgical sites) FIRST TOOTH IMPLANT OF EDENTULOUS TOOTH POSITION GRAFT	386.10
4341	PERIODONTAL SCALING AND ROOT PLANING – FOUR OR MORE TEETH PER QUADRANT	113.49
4342	PERIODONTAL SCALING AND ROOT PLANING – ONE TO THREE TEETH, PER QUADRANT	113.49
4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION & DIAGNOSIS (When covered limited to once per 36 months)	54.99
4910	PERIODONTAL MAINTENANCE	53.82
5110	COMPLETE DENTURE – MAXILLARY	746.46
5120	COMPLETE DENTURE – MANDIBULAR	746.46
5130	IMMEDIATE DENTURE – MAXILLARY	810.81

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ADA PROCEDURE CODES	PROCEDURE DESCRIPTION	NEW FEE SCHEDULE
5140	IMMEDIATE DENTURE – MANDIBULAR	810.81
5211	MAXILLARY PARTIAL DENTURE – RESIN BASE (Including any conventional clasps rests and teeth)	517.14
5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE (Including any conventional clasps rests and teeth)	517.14
5213	MAXILLARY PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (Including any conventional clasps rests and teeth)	810.81
5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (Including any conventional clasps rests and teeth)	810.81
5221	IMMEDIATE MAXILLARY PARTIAL DENTURE – RESIN BASE (Including any conventional clasps rests and teeth)	517.14
5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE - RESIN BASE (Including any conventional clasps rests and teeth)	517.14
5223	IMMEDIATE MAXILLARY PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (Including any conventional clasps rests and teeth)	810.81
5224	IMMEDIATE MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (Including any conventional clasps rests and teeth)	810.81
5410	ADJUST COMPLETE DENTURE – MAXILLARY	25.74
5411	ADJUST COMPLETE DENTURE – MANDIBULAR	25.74
5421	ADJUST PARTIAL DENTURE – MAXILLARY	25.74
5422	ADJUST PARTIAL DENTURE – MANDIBULAR	25.74
5511	REPAIR BROKEN COMPLETE DENTURE BASE MANDIBULAR	71.37
5512	REPAIR BROKEN COMPLETE DENTURE BASE MAXILLARY	71.37
5520	REPLACE MISSING OR BROKEN TEETH COMPLETE DENTURE (Each Tooth)	64.35
5611	REPAIR RESIN DENTURE BASE MANDIBULAR	90.09
5612	REPAIR RESIN DENTURE BASE MAXILLARY	90.09
5621	REPAIR CAST FRAMEWORK MANDIBULAR	102.96

5622	REPAIR CAST FRAMEWORK MAXILLARY	102.96
5630	REPAIR OR REPLACE BROKEN CLASP PER TOOTH	97.11
5640	REPLACE BROKEN TEETH – PER TOOTH	64.35
5650	ADD TOOTH TO EXISTING PARTIAL DENTURE (REPLACES EXTRACTED TOOTH)	90.09
5660	ADD CLASP TO EXISTING PARTIAL DENTURE PER TOOTH	97.11

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ADA PROCEDURE CODES	PROCEDURE DESCRIPTION	NEW FEE SCHEDULE
5670	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK - MAXILLARY	214.11
5671	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK - MANDIBULAR	214.11
5710	REBASE COMPLETE MAXILLARY DENTURE	214.11
5711	REBASE COMPLETE MANDIBULAR DENTURE	214.11
5720	REBASE MAXILLARY PARTIAL DENTURE	210.60
5721	REBASE MANDIBULAR PARTIAL DENTURE	210.60
5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	115.83
5731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	115.83
5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	102.96
5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	102.96
5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	187.20
5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	187.20
5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	187.20
5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	187.20
5820	INTERIM PARTIAL DENTURE MAXILLARY (Allowed for anterior teeth only)	193.05
5821	INTERIM PARTIAL DENTURE MANDIBULAR (Allowed for anterior teeth only)	193.05
5850	TISSUE CONDITIONING MAXILLARY - PER DENTURE UNIT	45.63
5851	TISSUE CONDITIONING MANDIBULAR - PER DENTURE UNIT	45.63

5862	PRECISION ATTACHMENT BY REPORT	180.18
5863	OVERDENTURE – COMPLETE MAXILLARY	888.03
5864	OVERDENTURE – PARTIAL MAXILLARY	888.03
5865	OVERDENTURE – COMPLETE MANDIBULAR	888.03
5866	OVERDENTURE – PARTIAL MANDIBULAR	888.03
5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT	38.61
6010	SURGICAL PLACEMENT OF IMPLANT BODY ENDOSTEAL IMPLANT	1053.00
6040	SURGICAL PLACEMENT EPOSTEAL IMPLANT	1053.00
6050	SURGICAL PLACEMENT TRANSOSTEAL IMPLANT	1053.00
6210	PONTIC – CAST HIGH NOBLE METAL	418.86

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ADA PROCEDURE CODES	PROCEDURE DESCRIPTION	NEW FEE SCHEDULE
6211	PONTIC - CAST PREDOMINANTLY BASE METAL	405.99
6212	PONTIC – CAST NOBLE METAL	411.84
6240	PONTIC – PORCELAIN FUSED TO HIGH NOBLE METAL	553.41
6241	PONTIC – PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	473.85
6242	PONTIC – PORCELAIN FUSED TO NOBLE METAL	534.69
6245	PONTIC – PORCELAIN / CERAMIC	553.41
6545	RETAINER – CAST METAL FOR RESIN BONDED FIXED PROSTHESIS	187.20
6548	RETAINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHESIS	187.20
6600	RETAINER INLAY – PORCELAIN / CERAMIC, TWO SURFACES	386.10
6601	RETAINER INLAY – PORCELAIN / CERAMIC, THREE OR MORE SURFACES	418.86
6602	RETAINER INLAY – CAST HIGH NOBLE METAL, TWO SURFACED	395.46
6603	RETAINER INLAY – CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	434.07

6604	RETAINER INLAY – CAST PREDOMINANTLY BASE METAL, TWO SURFACES	315.90
6605	RETAINER INLAY – CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	354.51
6606	RETAINER INLAY – CAST NOBLE METAL, TWO SURFACES	375.57
6607	RETAINER INLAY – CAST NOBLE METAL, THREE OR MORE SURFACES	414.18
6608	RETAINER ONLAY – PORCELAIN / CERAMIC, TWO SURFACES	386.10
6609	RETAINER ONLAY – PORCELAIN / CERAMIC, THREE OR MORE SURFACES	418.86
6610	RETAINER ONLAY – CAST HIGH NOBLE METAL, TWO SURFACES	395.46
6611	RETAINER ONLAY – CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	434.07
6612	RETAINER ONLAY – CAST PREDOMINANTLY BASE METAL, TWO SURFACES	315.90
6613	RETAINER ONLAY – CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	354.51
6614	RETAINER ONLAY – CAST NOBLE METAL, TWO SURFACES	375.57
6615	RETAINER ONLAY – CAST NOBLE METAL, THREE OR MORE SURFACES	414.18
6740	RETAINER CROWN – PORCELAIN / CERAMIC	553.41
6750	RETAINER CROWN – PORCELAIN FUSED TO HIGH NOBLE METAL	553.41
ADA PROCEDURE CODES	PROCEDURE DESCRIPTION	NEW FEE SCHEDULE
6751	RETAINER CROWN – PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	473.85
6752	RETAINER CROWN – PORCELAIN FUSED TO NOBLE METAL	534.69
6780	RETAINER CROWN – ¾ CAST HIGH NOBLE METAL	418.86
6781	RETAINER CROWN – ¾ CAST PREDOMINANTLY BASE METAL	418.86
6782	RETAINER CROWN – ¾ CAST NOBLE METAL	418.86
6783	RETAINER CROWN – ¾ PORCELAIN / CERAMIC	418.86
6790	RETAINER CROWN – FULL CAST HIGH NOBLE METAL	553.41

6791	RETAINER CROWN – FULL CAST PREDOMINANTLY BASE METAL	414.18
6792	RETAINER CROWN – FULL CAST NOBLE METAL	414.18
6930	RECEMENT OR RE-BOND FIXED PARTIAL DENTURE	43.29
6940	STRESS BREAKER	161.46
6950	PRECISION ATTACHMENT	225.81
6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE BY REPORT	32.76
7111	EXTRACTION, CORONAL REMNANTS – PRIMARY TOOTH	60.84
7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (Elevation and / or forceps removal)	60.84
7210	EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF NONE AND/OR SECTIONING OF TOOTH AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	90.09
7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	126.36
7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	152.10
7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	216.45
7241	REMOVAL OF IMPACTED TOOTH – COMPLETELY BONY WITH UNUSUAL SURGICAL COMPLICATIONS	216.45
7250	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	79.56
7260	OROANTRAL FISTULA CLOSURE	231.66
7261	PRIMARY CLOSURE OF SINUS PERFORATION	231.66
*7285	INCISIONAL BIOPSY OF ORAL TISSUE – HARD (BONE, TOOTH)	141.57
*7286	INCISIONAL BIOPSY OF ORAL TISSUE – SOFT	115.83
7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS – FOUR OR MORE TEETH OR TOOTH SPACES PER QUADRANT	87.75
ADA PROCEDURE CODES	PROCEDURE DESCRIPTION	NEW FEE SCHEDULE
7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS – ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	53.82

7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS – FOUR OR MORE TEETH OR TOOTH SPACES PER QUADRANT	140.40
7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS – ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	87.75
7471	REMOVAL OF LATERAL EXOSTOSIS – MAXILLA OR MANDIBLE	167.31
7472	REMOVAL OF TORUS PALATINUS	167.31
7473	REMOVAL OF TORUS MANDIBULARIS	167.31
7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	167.31
7510	INCISION AND DRAINAGE OF ABSCESS – INTRAORAL SOFT TISSUE	58.50
7520	INCISION AND DRAINAGE OF ABSCESS – EXTRAORAL SOFT TISSUE	72.54
7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN OR SUBCUTANEOUS ALVEOLAR TISSUE	111.15
7960	FRENULECTOMY (FRENECTOMY OR FRENOTOMY) – SEPARATE PROCEDURE	225.81
7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	167.31
9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROCEDURE	45.63
9120	FIXED PARTIAL DENTURE SECTIONING	32.76
9222	DEEP SEDATION/GENERAL ANESTHESIA – FIRST 15 MINUTES	128.70
9223	DEEP SEDATION/GENERAL ANESTHESIA – EACH ADDITIONAL 15 MINUTES	81.90
9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE	32.76
9239	INTRAVENOUS MODERATE CONSCIOUS SEDATION/ANALGESIA – FIRST 15 MINUTES	128.70
9243	INTRAVENOUS MODERATE CONSCIOUS SEDATION / ANALGESIA – EACH SUBSEQUENT 15 MIN INCREMENT	81.90
9440	OFFICE VISIT (AFTER REGULAR SCHEDULED HOURS)	51.48
9910	APPLICATION OF DESENSITIZING MEDICAMENTS	25.74
9911	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT SURFACE, PER TOOTH	25.74