

## 2024 Northern Nevada General Dentistry Fee Schedule

Procedure Code	Procedure Description	Fee Schedule
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 COUNSELING WITH PRIMARY CAREGIVER	\$58.50
150	COMPREHENSIVE ORAL EVALUATION – NEW OR ESTABLISHED PATIENT	\$58.50
160	DETAIL & EXTENSIVE ORAL EVALUATION/PROBLEM FOCUSED (SPECIALTY OFFICE ONLY)	\$76.05
170	RE-EVALUATION – LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT POST-OPERATIVE VISIT)	\$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) PER DATE OF SERVICE)	\$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
1208	TOPICAL APPLICATION OF FLUORIDE – EXCLUDING VARNISH	\$21.06
1330	ORAL HYGIENE INSTRUCTION	\$22.23
1351	SEALANT – PER TOOTH	\$33.93
1355	CARIES PREVENTATIVE MEDICAMENT APPLICATION - PER TOOTH	\$33.93
1510	SPACE MAINTAINER – FIXED - UNILATERAL	\$174.33
1516, 1527	SPACE MAINTAINER – FIXED - BILATERAL, MAXILLARY OR MANDIBULAR	\$354.51
1520	SPACE MAINTAINER – REMOVABLE - UNILATERAL	\$163.80
1526, 1527	SPACE MAINTAINER – REMOVABLE - BILATERAL, MAXILLARY OR MANDIBULAR	\$354.51
1551	RECEMENT OR REBOND BILATERAL SPACE MAINTAINER MAXILLARY	\$23.40
1552	RECEMENT OR REBOND BILATERAL SPACE MAINTAINER MANDIBULAR	\$23.40
1553	RECEMENT OR REBOND UNILATERAL SPACE MAINTAINER, PER QUADRANT	\$30.42
1575	DISTAL SHOE SPACE MAINTAINER – FIXED – UNILATERAL	\$174.33

## 2024 Northern Nevada General Dentistry Fee Schedule

Procedure Code	Procedure Description	Fee Schedule
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, ANTERIOR	\$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
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 PROCESSED)	\$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 PROCESSED)	\$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

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Procedure Code	Procedure Description	Fee Schedule
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
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 - PRIMARY	\$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 COVERAGE)	\$257.40
2962	LABIAL VENEER (PORCELAIN LAMINATE) LABORATORY (REFER TO THE PRODUCT FOR COVERAGE)	\$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 PROVIDER COMPLETING ENDODONTIC TREATMENT)	\$100.62
3230	PULPAL THERAPY (RESORBABLE FILLING) ANTERIOR – PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	\$146.25
3240	PULPAL THERAPY (RESORBABLE FILLING) POSTERIOR - PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	\$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 FRACTURED TOOTH	\$35.10
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

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Procedure Code	Procedure Description	Fee Schedule
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 THERAPY	\$163.80
4210	GINGIVECTOMY OR GINGIVOPLASTY – FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES, PER QUADRANT	\$234.00
4211	GINGIVECTOMY OR GINGIVOPLASTY – ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES, PER QUADRANT	\$101.79
4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING – FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES, PER QUADRANT	\$332.28
4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING – ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES, PER QUADRANT	\$332.28
4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	\$510.12
4260	OSSEOUS SURGERY, INCLUDING FLAP ENTRY AND CLOSURE – FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES, PER QUADRANT	\$921.96
4261	OSSEOUS SURGERY, INCLUDING FLAP ENTRY AND CLOSURE - ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES, PER QUADRANT	\$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
4341	PERIODONTAL SCALING AND ROOT PLANING – FOUR OR MORE TEETH, PER QUADRANT	\$175.50
4342	PERIODONTAL SCALING AND ROOT PLANING – ONE TO THREE TEETH, PER QUADRANT	\$175.50
4355	FULL MOUTH DEBRIDEMENT – TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS (WHEN COVERED, LIMITED TO ONCE PER 36 MONTHS)	\$106.47
4910	PERIODONTAL MAINTENANCE PROPHYLAXIS, (COVERAGE REQUIRES PRIOR PERIODONTAL TREATMENT)	\$84.24
5110	COMPLETE DENTURE – MAXILLARY	\$1,082.25
5120	COMPLETE DENTURE – MANDIBULAR	\$1,082.25
5130	IMMEDIATE DENTURE – MAXILLARY	\$1,140.75
5140	IMMEDIATE DENTURE – MANDIBULAR	\$1,140.75
5211	MAXILLARY PARTIAL DENTURE – RESIN BASE (INCLUDING CLASPS, RESTS & TEETH)	\$470.34
5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING CLASPS, RESTS & TEETH)	\$470.34
5213	MAXILLARY PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING CLASPS, RESTS & TEETH)	\$1,140.75
5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING CLASPS, RESTS & TEETH)	\$1,140.75
5221	IMMEDIATE MAXILLARY PARTIAL DENTURE – RESIN BASE (INCLUDING CLASPS, RESTS & TEETH)	\$470.34

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<b>Procedure Code</b>	<b>Procedure Description</b>	<b>Fee Schedule</b>
5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING CLASPS, RESTS & TEETH)	\$470.34
5223	IMMEDIATE MAXILLARY PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING CLASPS, RESTS & TEETH)	\$1,140.75
5224	IMMEDIATE MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING CLASPS, RESTS & TEETH)	\$1,140.75
5410	ADJUST COMPLETE DENTURE – MAXILLARY	\$23.40
5411	ADJUST COMPLETE DENTURE – MANDIBULAR	\$23.40
5421	ADJUST PARTIAL DENTURE – MAXILLARY	\$23.40
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 - MANDIBULAR	\$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
5820	INTERIM PARTIAL DENTURE – MAXILLARY (ALLOWED FOR ANTERIOR TEETH ONLY, REFER TO THE PRODUCT FOR COVERAGE)	\$331.11
5821	INTERIM PARTIAL DENTURE – MANDIBULAR (ALLOWED FOR ANTERIOR TEETH ONLY, REFER TO THE PRODUCT FOR COVERAGE)	\$331.11

## 2024 Northern Nevada General Dentistry Fee Schedule

Procedure Code	Procedure Description	Fee Schedule
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
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

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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 FORCEPS REMOVAL	\$92.43
7210	EXTRACTION OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND OR SECTIONING OF TOOTH AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	\$148.59
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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 SURGICAL COMPLICATIONS	\$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 OR TOOTH SPACES, PER QUADRANT	\$86.58
7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT	\$127.53
7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS-ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	\$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 ALVEOLAR TISSUE	\$100.62
7961	BUCCAL/LABIAL FRENECTOMY	\$243.36
7962	LINGUAL FRENECTOMY	\$243.36
7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	\$152.10
9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROCEDURE	\$97.11
9120	FIXED PARTIAL DENTURE SECTIONING	\$29.25
9211	REGIONAL BLOCK ANESTHESIA	\$53.82



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9215	LOCAL ANESTHESIA	\$24.57
9222	DEEP SEDATION/GENERAL ANESTHESIA – FIRST 15MINUTES (REFER TO THE PRODUCT FOR COVERAGE)	\$134.55
9223	DEEP SEDATION/GENERAL ANESTHESIA – EACH ADDITIONAL 15 MINUTES (REFER TO THE PRODUCT FOR COVERAGE)	\$81.90
9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE (REFER TO THE PRODUCT FOR COVERAGE)	\$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 OTHER THAN PRACTITIONER PROVIDING TREATMENT)	\$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, PER TOOTH	\$35.10
9920	BEHAVIOR MANAGEMENT, BY REPORT	\$92.43
9940	OCCLUSAL GUARD, BY REPORT	\$300.69
9951	OCCLUSAL ADJUSTMENT, BY REPORT	\$43.29