



SIERRA HEALTH AND LIFE
A UnitedHealthcare Company

2024 SHL General Dentistry Fee Schedule

Procedure Code	Procedure Description	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
1355	CARIES PREVENTATIVE MEDICAMENT APPLICATION - PER TOOTH	\$37.44
1510	SPACE MAINTAINER – FIXED – UNILATERAL EXCLUDES DISTAL SHOE	\$128.70
1516	SPACE MAINTAINER – FIXED - BILATERAL, MAXILLARY	\$193.05
1517	SPACE MAINTAINER – FIXED - BILATERAL, MANDIBULAR	\$193.05
1520	SPACE MAINTAINER – REMOVABLE - UNILATERAL	\$180.18
1526	SPACE MAINTAINER – REMOVABLE - BILATERAL, MAXILARRY	\$225.81
1527	SPACE MAINTAINER – REMOVABLE - BILATERAL, MANDIBULAR	\$225.81
1551	RECEMENT OR REBOND BILATERAL SPACE MAINTAINER, MAXILLARY	\$23.40



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1552	RECEMENT OR REBOND BILATERAL SPACE MAINTAINER, MANDIBULAR	\$23.40
1553	RECEMENT OR REBOND UNILATERAL SPACE MAINTAINER, PER QAUADRANT	\$30.42
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)	
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
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



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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
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



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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 retrograde filling material, If more than one root is treated see D3426)	\$304.20
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 CONTIGUOUS 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



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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
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



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5650	ADD TOOTH TO EXISTING PARTIAL DENTURE (REPLACES EXTRACTED TOOTH)	\$90.09
5660	ADD CLASP TO EXISTING PARTIAL DENTURE PER TOOTH	\$97.11
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	\$1,053.00
6040	SURGICAL PLACEMENT EPOSTEAL IMPLANT	\$1,053.00
6050	SURGICAL PLACEMENT TRANSOSTEAL IMPLANT	\$1,053.00
6210	PONTIC – CAST HIGH NOBLE METAL	\$418.86
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



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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
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



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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
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
7961	BUCCAL/LABIAL FRENECTOMY	\$225.81
7962	LINGUAL FRENECTOMY	\$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



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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