

ARIZONA DEPARTMENT OF ECONOMIC SECURITY - Rehabilitation Services Administration Dental
Services
RSA FEE SCHEDULE

HCPCS	SERVICE DESCRIPTION	RSA Fee
D0120	PERIODIC ORAL EVALUATION	\$35.05
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	\$46.33
D0145	ORAL EVALUATION FOR PATIENT UNDER THREE YEARS OF AGE AND COUNSELING	\$43.84
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$51.44
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION -PROBLEM FOCUSED	\$57.39
D0170	RE-EVALUATION - LIMITED, PROBLEM-FOCUSED	\$118.44
D0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$53.94
D0210	INTRAORAL-COMPLETE SERIES (INCLUDING BIT	\$91.48
D0220	INTRAORAL-PERIAPICAL-FIRST FILM	\$18.77
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FIL	\$15.09
D0240	INTRAORAL-OCCLUSAL FILM	\$22.37
D0250	EXTRAORAL-FIRST FILM	\$33.47
D0260	EXTRAORAL-EACH ADDITIONAL FILM	\$25.15
D0270	BITEWING-SINGLE FILM	\$16.63
D0272	BITEWINGS-TWO FILMS	\$30.06
D0273	BITEWINGS - THREE FILMS	\$37.66
D0274	BITEWINGS-FOUR FILMS	\$43.84
D0277	VERTICAL BITEWINGS - 7 TO 8 FILMS	\$47.83
D0290	POSTERIOR-ANTERIOR OR LATERAL SKULL AND	\$51.56
D0310	SIALOGRAPHY	\$79.98
D0320	TEMPOROMANDIBULAR JOINT ARTHROGRAM	\$233.65
D0321	OTHER TEMPOROMANDIBULAR JOINT FILMS	\$91.09
D0322	TOMOGRAPHIC SURVEY	\$155.63
D0330	PANORAMIC FILM	\$77.70

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D0340	CEPHALOMETRIC FILM	\$66.41
D0350	ORAL/FACIAL IMAGES (INCLUDES INTRA AND EXTRAORAL IMAGES)	\$37.63
D0360	CONE BEAM CT - CRANIOFACIAL DATA CAPTURE	\$563.71
D0362	CONE BEAM - TWO DIMENSIONAL IMAGE RECONSTRUCTION	\$461.67
D0363	CONE BEAM - THREE DIMENSIONAL IMAGE RECONSTRUCTION	\$463.91
D0415	COLLECTION OF MICROORGANISMS FOR CULTURE & SENSITIVITY	\$36.83
D0416	VIRAL CULTURE	\$43.96
D0421	GENETIC TEST FOR SUSCEPTIBILITY TO ORAL DISEASES	\$35.05
D0425	CARIES SUSCEPTIBILITY TESTS	\$19.60
D0431	ADJUNCTIVE PREDX TEST THAT AIDS IN DETECTION OF MUCOSAL ABNORMALITIES	\$33.86
D0460	PULP VITALITY TESTS	\$30.41
D0470	DIAGNOSTIC CASTS	\$70.69
D0472	ACCESSION OF TISSUE, GROSS EXAM, PREP & TRANSMISSION OF WRITTEN REPORT	\$51.68
D0473	ACCESSION OF TISSUE, GROSS & MICROSCOPIC EXAMINATION, PREP & TRANSMISSION OF WRITTEN REPORT	\$76.03
D0474	ACCESSION OF TISSUE, GROSS & MICROSCOPIC EXAMINATION INCLUDING ASSESSMENT OF SURGICAL MARGINS FOR PRESENCE OF DISEASE, PREPARATION & TRANSMISSION OF WRITTEN REPORT	\$96.23
D0475	DECALCIFICATION PROCEDURE	\$38.02
D0476	SPECIAL STAINS FOR MICROORGANISMS	\$92.66
D0477	SPECIAL STAINS NOT FOR MICROORGANISMS	\$92.66
D0478	IMMUNOHISTOCHEMICAL STAINS	\$92.66
D0479	TISSUE IN-SITU HYBRIDIZATION INCL INTERPRETATION	\$154.44
D0480	PROCESSING & INTERPRETATION OF EXFOLIATIVE CYTOLOGIC SMEARS, INCLUDING THE PREPARATION & TRANSMISSION OF WRITTEN REPORT	\$56.43
D0481	ELECTRON MICROSCOPY - DIAGNOSTIC	\$715.18
D0482	DIRECT IMMUNOFLUORESCENCE	\$110.48
D0483	INDIRECT IMMUNOFLUORESCENCE	\$110.48
D0484	CONSULTATION ON SLIDES PREPARED ELSEWHERE	\$158.00
D0485	CONSULT INCL PREP OF SLIDES FROM BX MATERIAL SUPPLIES	\$235.22

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D0486	ACCESSION OF BRUSH BIOPSY SAMPLE, MICROSCOPIC EXAMINATION	\$102.17
D0502	OTHER ORAL PATHOLOGY PROCEDURES, BY REPO	\$70.09
D1110	PROPHYLAXIS-ADULT	\$64.54
D1120	PROPHYLAXIS-CHILD	\$53.94
D1201	TOPICAL APPLICATION OF FLUORIDE (INCLUDING PROPHYLAXIS) - CHILD	\$51.08
D1203	TOPICAL APPLICATION OF FLUORIDE (EXCLUDING PROPHYLAXIS); CHILD	\$24.95
D1204	TOPICAL APPLICATION OF FLUORIDE (PROPHYLAXIS NOT INCLUDED)	\$24.95
D1206	TOPICAL FLUORIDE VARNISH, THERAPEUTIC APPL	\$37.03
D1310	NUTRITIONAL COUNSELING FOR CONTROL OF DENTAL DISEASE	\$30.50
D1320	TOBACCO COUNSELING FOR THE CONTROL & PREVENTION OF ORAL DISEASE	\$31.69
D1330	ORAL HYGIENE INSTRUCTION	\$39.59
D1351	SEALANT-PER TOOTH	\$33.86
D1510	SPACE MAINTAINER-FIXED UNILATERAL	\$220.37
D1515	SPACE MAINTAINER-FIXED BILATERAL	\$331.25
D1520	SPACE MAINTAINER-REMOVABLE UNILATERAL	\$222.96
D1525	SPACE MAINTAINER-REMOVABLE BILATERAL	\$375.80
D1550	RECEMENTATION OF SPACE MAINTAINER	\$45.14
D1555	REMOVAL OF FIXED SPACE MAINTAINER	\$51.08
D2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	\$91.48
D2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	\$110.25
D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	\$132.82
D2161	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	\$159.19
D2330	RESIN BASED COMPOSITE-ONE SURFACE, ANTERIOR	\$109.06
D2331	RESIN BASED COMPOSITE-TWO SURFACES, ANTERIOR	\$137.93
D2332	RESIN BASED COMPOSITE-THREE SURFACES, ANTERIOR	\$172.97
D2335	RESIN BASED COMPOSITE-FOUR OR MORE SURFACES OR INVOLVING	\$208.02
D2390	RESIN BASED COMPOSITE CROWN	\$250.67

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D2391	RESIN BASED COMPOSITE-ONE SURFACE, POSTERIOR	\$112.38
D2392	RESIN BASED COMPOSITE-TWO SURFACES, POSTERIOR	\$143.75
D2393	RESIN BASED COMPOSITE-THREE SURFACES, POSTERIOR	\$176.54
D2394	RESIN BASED COMPOSITE-FOUR OR MORE SURFACES POSTERIOR	\$193.88
D2410	GOLD FOIL - ONE SURFACE	\$215.03
D2420	GOLD FOIL - TWO SURFACES	\$31.69
D2430	GOLD FOIL - THREE SURFACES	\$434.81
D2510	INLAY - METALLIC- ONE SURFACE	\$440.75
D2520	INLAY - METALLIC TWO SURFACES	\$544.70
D2530	INLAY - METALLIC - THREE SURFACES	\$615.69
D2542	ONLAY - METALLIC-TWO SURFACES	\$482.53
D2543	ONLAY - METALLIC-THREE SURFACES	\$673.00
D2544	ONLAY - METALLIC-FOUR OR MORE SURFACES	\$702.31
D2610	INLAY - PORCELAIN/CERAMIC - ONE SURFACE	\$492.43
D2620	INLAY - PORCELAIN/CERAMIC - TWO SURFACES	\$578.56
D2630	INLAY - PORCELAIN/CERAMIC - THREE OR MORE SURFACES	\$649.54
D2642	ONLAY - PORCELAIN/CERAMIC - TWO SURFACES	\$613.96
D2643	ONLAY - PORCELAIN/CERAMIC - THREE SURFACES	\$716.13
D2644	ONLAY - PORCELAIN/CERAMIC - FOUR OR MORE SURFACES	\$763.65
D2650	INLAY - RESIN-BASED COMPOSITE - ONE SURFACE	\$337.78
D2651	INLAY - RESIN-BASED COMPOSITE - TWO SURFACES	\$408.28
D2652	INLAY - RESIN-BASED COMPOSITE - THREE OR MORE SURFACES	\$458.57
D2662	ONLAY - RESIN-BASED COMPOSITE - TWO SURFACES	\$477.28
D2663	ONLAY - RESIN-BASED COMPOSITE - THREE SURFACES	\$544.41
D2664	ONLAY - RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES	\$571.73
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	\$291.86
D2712	CROWN - 3/4 RESIN-BASED COMPOSITE (INDIRECT)	\$400.74

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D2720	CROWN - RESIN W/ HIGH NOBLE METAL	\$678.35
D2721	CROWN - RESIN W/ PREDOMINANTLY BASE METAL	\$601.52
D2722	CROWN - RESIN W/ NOBLE METAL	\$638.34
D2740	CROWN - PORCELAIN/CERAMIC SUBSTRATE PROCERA	\$801.31
D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	\$765.67
D2751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$713.16
D2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	\$735.58
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	\$754.97
D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	\$679.33
D2782	CROWN 3/4 CAST NOBLE METAL	\$737.54
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	\$778.94
D2790	CROWN-FULL CAST HIGH NOBLE METAL	\$740.92
D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	\$713.16
D2792	CROWN-FULL CAST NOBLE METAL	\$713.16
D2794	CROWN-TITANIUM	\$709.24
D2799	PROVISIONAL CROWN	\$222.96
D2910	RECEMENT INLAY	\$57.62
D2915	RECEMENT CAST OR PREFABRICATED POST AND CORE	\$57.62
D2920	RECEMENT CROWN	\$57.62
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	\$169.29
D2931	PREFABRICATED STAINLESS-STEEL CROWN-PERM	\$196.73
D2932	PREFABRICATED RESIN CROWN	\$190.67
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH	\$215.50
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PR	\$211.17
D2940	SEDATIVE FILLING	\$63.91
D2950	CORE BUILD-UP, INCLUDING ANY PINS	\$175.47
D2951	PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION	\$50.13
D2952	CAST POST AND CORE IN ADDITION TO CROWN	\$265.76

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D2953	EACH ADDITIONAL CAST POST - SAME TOOTH	\$101.78
D2954	PREFABRICATED POST & CORE IN ADDITION TO CROWN	\$199.20
D2955	POST REMOVAL (NOT IN CONJUNCTION W/ ENDODONTIC THERAPY)	\$148.11
D2957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	\$74.84
D2960	LABIAL VENEER (RESIN LAMINATE) - CHAIRSIDE	\$271.46
D2961	LABIAL VENEER (RESIN LAMINATE) - LABORATORY	\$491.54
D2962	LABIAL VENEER (PORCELAIN LAMINATE) - LABORATORY	\$631.07
D2970	TEMPORARY CROWN (FRACTURED TOOTH)	\$181.17
D2971	ADDITIONAL PROCEDURES TO CONSTRUCT NEW CROWN UNDER EXISTING PARTIAL DENTURE FRAMEWORK	\$76.83
D2975	COPING	\$333.23
D2980	CROWN REPAIR, BY REPORT	\$130.68
D2999	UNSPECIFIED RESTORATIVE PROCEDURE	\$100.98
D3110	PULP CAP-DIRECT (EXCLUDING FINAL RESTORA	\$44.85
D3120	PULP CAP-INDIRECT (EXCLUDING FINAL REST	\$38.40
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION)	\$101.57
D3221	GROSS PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	\$103.82
D3230	PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	\$139.59
D3240	PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	\$153.64
D3310	ANTERIOR (EXCLUDING FINAL RESTORATION)	\$463.80
D3320	BICUSPID (EXCLUDING FINAL RESTORATION)	\$560.26
D3330	MOLAR (EXCLUDING FINAL RESTORATION)	\$731.60
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS	\$179.60
D3332	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE OR FRACTURED TOOTH	\$266.94
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	\$147.91
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR	\$595.31
D3347	RETREATMENT-BICUSPID	\$666.08

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D3348	RETREATMENT-MOLAR	\$869.82
D3351	APEXIFICATION/RECALCIFICATION-INITIAL VI	\$174.64
D3352	APEXIFICATION/RECALCIFICATION-INTERIM ME	\$101.93
D3353	APEXIFICATION/RECALCIFICATION-FINAL VISI	\$395.84
D3410	APICOECTOMY/PERIRADICULAR SURGERY-ANTERIOR	\$472.23
D3421	APICOECTOMY/PERIRADICULAR SURGERY-BICUSPID	\$508.67
D3425	APICOECTOMY/PERIRADICULAR SURGERY-MOLAR	\$613.21
D3426	APICOECTOMY/PERIRADICULAR SURGERY (EACH	\$213.13
D3430	RETROGRADE FILLING-PER ROOT	\$149.09
D3450	ROOT AMPUTATION-PER ROOT	\$289.48
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	\$618.35
D3470	INTENTIONAL REPLANTATION	\$576.18
D3910	SURGICAL PROCEDURE FOR ISOLATION OF TOOTH W/ RUBBER DAM	\$115.24
D3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL)	\$245.68
D3950	CANAL PREPARATION & FITTING OF PREFORMED DOWEL OR POST	\$100.18
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES, PER QUADRANT	\$340.96
D4211	GINGIVECTOMY OR GINGIVOPLASTY- 1 TO 3 TEETH PER QUADRANT	\$149.30
D4230	ANATOMICAL CROWN EXPOSURE - FOUR OR MORE CONTIGUOUS TEETH	\$526.28
D4231	ANATOMICAL CROWN EXPOSURE - ONE TO THREE TEETH	\$308.49
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH, PER QUADRANT	\$441.55
D4241	GINGIVAL FLAP PROCEDURE INCLUDING ROOT PLANING - 1 TO 3 TEETH, PER QUADRANT	\$248.29
D4245	APICALLY POSITIONED FLAP	\$327.29
D4249	CLINICAL CROWN LENGTHENING-HARD TISSUE	\$506.29
D4260	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOUS OR BOUNDED TEETH, PER QUADRANT	\$799.91
D4261	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - 1 TO 3 TEETH, PER QUADRANT	\$416.78
D4263	BONE REPLACEMENT GRAFT; FIRST SITE IN QUADRANT	\$344.64

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D4264	BONE REPLACEMENT GRAFT, EACH ADDITIONAL SITE IN QUADRANT	\$325.87
D4265	BIOLOGIC MATERIAL TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION	\$369.71
D4266	GUIDED TISSUE REGENERATION; RESORBABLE BARRIER; PER SITE	\$354.74
D4267	GUIDED TISSUE REGENERATION; NON-RESORBABLE BARRIER; PER SITE	\$388.71
D4268	SURGICAL REVISION PROCEDURE, PER TOOTH	\$193.64
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$558.57
D4271	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY)	\$633.00
D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY)	\$660.32
D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA)	\$399.76
D4275	SOFT TISSUE ALLOGRAFT	\$569.76
D4276	COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT	\$651.74
D4320	PROVISIONAL SPLINTING-INTRACORONAL	\$237.21
D4321	PROVISIONAL SPLINTING-EXTRACORONAL	\$192.46
D4341	PERIODONTAL SCALING AND ROOT PLANING- FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES PER QUADRANT	\$181.76
D4342	PERIODONTAL SCALING AND ROOT PLANING- ONE TO THREE TEETH, PER QUADRANT	\$107.75
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE PERIODONTAL EVALUATION AND DIAGNOSIS	\$100.98
D4381	LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE PER TOOTH	\$90.68
D4910	PERIODONTAL MAINTENANCE	\$90.29
D4920	UNSCHEDULED DRESSING CHANGE (BY SOMEONE	\$38.91
D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY RE	\$29.70
D5110	COMPLETE UPPER	\$924.98

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D5120	COMPLETE LOWER	\$924.98
D5130	IMMEDIATE UPPER	\$1,037.72
D5140	IMMEDIATE LOWER	\$1,037.72
D5211	UPPER PARTIAL-RESIN BASE (INCLUDING ANY	\$864.86
D5212	LOWER PARTIAL-RESIN BASE (INCLUDING ANY	\$864.86
D5213	UPPER PARTIAL-CAST METAL BASE WITH RESIN	\$1,015.26
D5214	LOWER PARTIAL-CAST METAL BASE WITH RESIN	\$1,015.26
D5225	MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS & TEETH)	\$961.39
D5226	MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS & TEETH)	\$994.36
D5281	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE	\$472.53
D5410	ADJUST COMPLETE DENTURE-UPPER	\$50.13
D5411	ADJUST COMPLETE DENTURE-LOWER	\$50.13
D5421	ADJUST PARTIAL DENTURE-UPPER	\$50.13
D5422	ADJUST PARTIAL DENTURE-LOWER	\$50.13
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	\$132.82
D5520	REPLACE MISSING OR BROKEN TEETH-COMPLETE	\$101.57
D5610	REPAIR RESIN DENTURE BASE	\$101.96
D5620	REPAIR CAST FRAMEWORK	\$118.21
D5630	REPAIR OR REPLACE BROKEN CLASP	\$121.98
D5640	REPLACE BROKEN TEETH-PER TOOTH	\$196.02
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$120.34
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	\$160.38
D5670	REPLACE ALL TEETH & ACRYLIC ON CAST METAL FRAMEWORK (MAXILLARY)	\$442.83
D5671	REPLACE ALL TEETH & ACRYLIC ON CAST METAL FRAMEWORK (MAND.)	\$442.83
D5710	REBASE COMPLETE UPPER DENTURE	\$385.98
D5711	REBASE COMPLETE LOWER DENTURE	\$385.98
D5720	REBASE UPPER PARTIAL DENTURE	\$385.98

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D5721	REBASE LOWER PARTIAL DENTURE	\$385.98
D5730	RELINE UPPER COMPLETE DENTURE (CHAIRSIDE)	\$213.13
D5731	RELINE LOWER COMPLETE DENTURE (CHAIRSIDE)	\$213.13
D5740	RELINE UPPER PARTIAL DENTURE (CHAIRSIDE)	\$195.54
D5741	RELINE LOWER PARTIAL DENTURE (CHAIRSIDE)	\$195.54
D5750	RELINE UPPER COMPLETE DENTURE (LABORATORY)	\$298.31
D5751	RELINE LOWER COMPLETE DENTURE (LABORATORY)	\$298.31
D5760	RELINE UPPER PARTIAL DENTURE (LABORATORY)	\$254.44
D5761	RELINE LOWER PARTIAL DENTURE (LABORATORY)	\$256.22
D5810	INTERIM COMPLETE DENTURE (MAXILLARY)	\$435.05
D5811	INTERIM COMPLETE DENTURE (MANDIBULAR)	\$456.67
D5820	INTERIM PARTIAL DENTURE (UPPER)	\$426.14
D5821	INTERIM PARTIAL DENTURE (LOWER)	\$426.14
D5850	TISSUE CONDITIONING, MAXILLARY	\$106.56
D5851	TISSUE CONDITIONING, MANDIBULAR	\$106.56
D5860	OVERDENTURE - COMPLETE BY REPORT	\$1,063.85
D5861	OVERDENTURE - PARTIAL, BY REPORT	\$1,017.52
D5862	PRECISION ATTACHMENT, BY REPORT	\$289.87
D5867	REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION ATTACHMENT (MAILE OR FEMALE COMPONENT)	\$190.08
D5875	MODIFICATION OF REMOVABLE PROSTHESIS FOLLOWING IMPLANT SURGERY	\$123.55
D5911	FACIAL MOULAGE (SECTIONAL)	\$247.10
D5912	FACIAL MOULAGE (COMPLETE)	\$247.10
D5913	NASAL PROSTHESIS	\$5,211.76
D5914	AURICULAR PROSTHESIS	\$5,211.76

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D5915	ORBITAL PROSTHESIS	\$7,053.16
D5916	OCULAR PROSTHESIS	\$1,881.79
D5931	OBTURATOR PROSTHESIS, SURGICAL	\$2,807.24
D5932	OBTURATOR PROSTHESIS, DEFINITIVE	\$944.46
D5933	OBTURATOR PROSTHESIS, MODIFICATION	\$127.12
D5934	MANDIBULAR RESECTION PROSTHESIS WITH GUI	\$4,782.89
D5935	MANDIBULAR RESECTION PROSTHESIS WITHOUT	\$4,161.56
D5936	OBTURATOR/PROSTHESIS, INTERIM	\$4,675.97
D5937	TRISMUS APPLIANCE (NOT FOR TM TREATMENT)	\$71.28
D5951	FEEDING AID	\$763.88
D5952	SPEECH AID PROSTHESIS, PEDIATRIC	\$2,479.36
D5953	SPEECH AID PROSTHESIS, ADULT	\$4,710.42
D5954	PALATAL AUGMENTATION PROSTHESIS	\$4,364.71
D5955	PALATAL LIFT PROSTHESIS, DEFINITIVE	\$4,038.01
D5982	SURGICAL STENT	\$283.93
D5983	RADIATION CARRIER	\$1,174.93
D5984	RADIATION SHIELD	\$1,174.93
D5985	RADIATION CONE LOCATOR	\$1,174.93
D5986	FLUORIDE GEL CARRIER	\$85.54

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D5987	COMMISSURE SPLINT	\$1,764.18
D5988	SURGICAL SPLINT	\$257.80
D6010	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT	\$1,754.68
D6012	SURGICAL PLACEMENT OF INTERIM IMPLANT BODY FOR TRANSITIONAL PROSTHESIS	\$1,572.91
D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT	\$3,902.97
D6050	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	\$2,847.64
D6053	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR COMPLETELY EDENTULOUS ARCH	\$1,144.04
D6054	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH	\$1,127.80
D6055	DENTAL IMPLANT SUPPORTED CONNECTING BAR	\$417.38
D6056	PREFABRICATED ABUTMENT - INCLUDES PLACEMENT	\$603.74
D6057	CUSTOM ABUTMENT - INCLUDES PLACEMENT	\$701.16
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	\$1,082.98
D6059	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL)	\$1,071.10
D6060	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINANTLY BASE METAL)	\$950.64
D6061	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL)	\$1,003.62
D6062	ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)	\$920.11
D6063	ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINANTLY BASE METAL)	\$798.04
D6064	ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)	\$825.07
D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	\$1,089.16

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D6066	IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN (TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL)	\$1,080.84
D6067	IMPLANT SUPPORTED METAL CROWN (TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL)	\$916.25
D6068	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC FPD	\$964.36
D6069	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (HIGH NOBLE METAL)	\$949.51
D6070	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL (FPD (PREDOMINANTLY BASE METAL)	\$852.98
D6071	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (NOBLE METAL)	\$904.37
D6072	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL)	\$880.61
D6073	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (PREDOMINANTLY BASE METAL)	\$800.42
D6074	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL)	\$847.94
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	\$931.69
D6076	IMPLANT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (TITANIUM, TITANIUM ALLOY, OR HIGH NOBLE METAL)	\$942.98
D6077	IMPLANT SUPPORTED RETAINER FOR CAST METAL FPD (TITANIUM, TITANIUM ALLOY, OR HIGH NOBLE METAL)	\$891.90
D6078	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR COMPLETELY EDENTULOUS ARCH	\$1,762.60
D6079	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH	\$1,406.98
D6080	IMPLANT MAINTENANCE PROCEDURES, INCL. REMOVAL OF PROSTHESIS, CLEANSING OF PROSTHESIS & ABUTMENTS & REINSERTION OF PROSTHESIS	\$69.70
D6090	REPAIR IMPLANT SUPPORTED PROSTHESIS, BY REPORT	\$156.43
D6091	REPLACE OF SEMI/PRECISION ATTACH/IMPLANT/ABUTMENT, PROSTHESIS	\$351.05
D6092	RECEMENT IMPLANT/ABUTMENT SUPPORTED CROWN	\$63.56
D6093	RECEMENT IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL DENTURE	\$96.82

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RSA FEE SCHEDULE

D6094	ABUTMENT SUPPORTED CROWN - (TITANIUM)	\$852.69
D6095	REPAIR IMPLANT ABUTMENT, BY REPORT	\$306.89
D6100	IMPLANT REMOVAL BY REPORT	\$181.76
D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT	\$127.12
D6194	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD (TITANIUM)	\$871.99
D6205	PONTIC - INDIRECT RESIN BASED COMPOSITE	\$493.02
D6210	PONTIC - CAST HIGH NOBLE METAL	\$705.28
D6211	PONTIC - CAST PREDOMINANTLY BASE METAL	\$638.76
D6212	PONTIC - CAST NOBLE METAL	\$661.72
D6214	PONTIC - TITANIUM	\$683.90
D6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	\$724.68
D6241	PONTIC - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$659.55
D6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL	\$696.56
D6245	PONTIC - PORCELAIN/CERAMIC	\$752.00
D6250	PONTIC - RESIN W/ HIGH NOBLE METAL	\$627.26
D6251	PONTIC - RESIN W/ PREDOMINANTLY BASE METAL	\$556.78
D6252	PONTIC - RESIN W/ NOBLE METAL	\$594.39
D6253	PROVISIONAL PONTIC	\$235.61
D6545	RETAINER - CAST METAL FOR RESIN BONDED FIXED PROSTHESIS	\$316.01

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RSA FEE SCHEDULE

D6548	RETAINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHESIS	\$404.87
D6600	INLAY - PORCELAIN/CERAMIC, TWO SURFACES	\$616.57
D6601	INLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES	\$646.87
D6602	INLAY - CAST HIGH NOBLE METAL, TWO SURFACES	\$528.66
D6603	INLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	\$608.56
D6604	INLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES	\$510.55
D6605	INLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	\$584.80
D6606	INLAY - CAST NOBLE METAL, TWO SURFACES	\$517.97
D6607	INLAY - CAST NOBLE METAL THREE OR MORE SURFACES	\$599.05
D6608	ONLAY - PORCELAIN/CERAMIC, TWO SURFACES	\$606.18
D6609	ONLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES	\$672.71
D6610	ONLAY - CAST HIGH NOBLE METAL, TWO SURFACES	\$623.70
D6611	ONLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	\$670.27
D6612	ONLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES	\$613.25
D6613	ONLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	\$666.23
D6614	ONLAY - CAST NOBLE METAL, TWO SURFACES	\$618.00
D6615	ONLAY - CAST NOBLE METAL, THREE OR MORE SURFACES	\$670.74
D6624	INLAY - TITANIUM	\$525.40
D6634	ONLAY - TITANIUM	\$620.61

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D6710	CROWN - INDIRECT RESIN BASED COMPOSITE	\$576.18
D6720	CROWN - RESIN W/ HIGH NOBLE METAL	\$671.61
D6721	CROWN - RESIN W/ PREDOMINANTLY BASE METAL	\$604.69
D6722	CROWN - RESING W/ NOBLE METAL	\$640.33
D6740	CROWN - PORCELAIN/CERAMIC	\$794.77
D6750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	\$758.15
D6751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$696.56
D6752	CROWN - PORCELAIN FUSED TO NOBLE METAL	\$728.45
D6780	CROWN - 3/4 CAST HIGH NOBLE METAL	\$715.18
D6781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	\$675.17
D6782	CROWN - 3/4 CAST NOBLE METAL	\$696.17
D6783	CROWN - 3/4 PORCELAIN/CERAMIC	\$739.14
D6790	CROWN - FULL CAST HIGH NOBLE METAL	\$728.24
D6791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	\$659.34
D6792	CROWN - FULL CAST NOBLE METAL	\$686.07
D6793	PROVISIONAL RETAINER CROWN	\$227.71
D6794	CROWN - TITANIUM	\$696.97
D6920	CONNECTOR BAR	\$384.52
D6930	RECEMENT FIXED PARTIAL DENTURE	\$82.18

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RSA FEE SCHEDULE

D6940	STRESS BREAKER	\$193.64
D6950	PRECISION ATTACHMENT	\$307.69
D6970	CAST POST & CORE IN ADDITION TO FIXED PARTIAL DENTURE RETAINER	\$240.96
D6972	PREFABRICATED POST & CORE IN ADDITION TO FIXED PARTIAL DENTURE RETAINER	\$195.81
D6973	CORE BUILD UP FOR RETAINER, INCLUDING ANY PINS	\$156.22
D6975	COPING - METAL	\$356.01
D6976	EACH ADDITIONAL CAST POST - SAME TOOTH	\$109.68
D6977	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	\$95.43
D6980	FIXED PARTIAL DENTURE REPAIR BY REPORT	\$146.51
D6985	PEDIATRIC PARTIAL DENTURE FIXED	\$369.47
D7111	CORONAL REMNANTS - DECIDUOUS TOOTH - INCLUDES SOFT TISSUE RETAINED REMNANTS	\$71.28
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED TOOTH (ELEVATION AND/OR FORCEPS REMOVAL)	\$104.54
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE	\$160.38
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	\$196.73
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	\$253.25
D7240	REMOVAL OF IMPACTED TOOTH-COMpletely BONY	\$293.32
D7241	REMOVAL OF IMPACTED TOOTH-COMpletely BONY	\$363.53
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	\$166.11
D7260	ORAL ANTRAL FISTULA CLOSURE	\$452.15
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	\$460.35
D7270	TOOTH RE-IMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY AVULSED OR DISPLACED TOOTH	\$363.53

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D7272	TOOTH TRANSPLANTATION (INCLUDES REIMPLANTATION FROM ONE SITE TO ANOTHER & SPLINTING &/OR STABILIZATION)	\$359.58
D7280	SURGICAL EXPOSURE OF IMPACTED OR UNERUPTED TOOTH FOR ORTHODONTIC REASONS	\$293.05
D7281	SURGICAL EXPOSURE OF IMPACTED OR UNERUPTED TOOTH	\$162.76
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	\$195.73
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	\$98.60
D7285	BIOPSY OF ORAL TISSUE-HARD	\$191.74
D7286	BIOPSY OF ORAL TISSUE-SOFT	\$191.74
D7287	EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION	\$103.36
D7288	BRUSH BIOPSY - TRANSEPIHELIAL SAMPLE COLLECTION	\$66.92
D7290	SURGICAL REPOSITIONING OF TEETH	\$250.91
D7291	TRANSSEPTAL FIBEROTOMY/SUPRA CRESTAL FIBEROTOMY, BY REPORT	\$64.75
D7292	SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE REQUIRING SURGICAL FLAP	\$937.93
D7293	SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE REQUIRING SURGICAL FLAP	\$677.16
D7294	SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE WITHOUT SURGICAL FLAP	\$548.26
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	\$198.60
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES	\$142.75
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EX	\$258.00
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE	\$176.81
D7340	VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION)	\$536.98
D7350	VESTIBULOPLASTY - RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE REATTACHMENT, REVISION OF SOFT TISSUE ATTACHMENT & MANAGEMENT OF HYPERTROPHIED HYPERPLASTIC TISSUE	\$1,364.62
D7410	EXCISION OF BENIGN LESION UP TO 1.25	\$242.77
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25	\$440.75
D7412	EXCISION OF BENIGN LESION, COMPLICATED	\$515.59
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25	\$393.23

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D7414	EXCISION OF MALIGNANT LESION GREATER THAN 1.25	\$579.74
D7415	EXCISION OF MALIGNANT LESION, COMPLICATED	\$608.26
D7440	EXCISION OF MALIGNANT TUMOR - LESION DIAMETER UP TO 1.25 CM	\$383.72
D7441	EXCISION OF MALIGNANT EXCISION OF MALIGNANT TUMOR - LESION GREATER THAN 1.25 CM	\$571.43
D7450	REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM	\$245.53
D7451	REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM	\$459.37
D7460	REMOVAL OF NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM	\$207.90
D7461	REMOVAL OF NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM	\$291.06
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHOD	\$141.37
D7471	REMOVAL OF LATERAL EXOSTOSIS-(MAXILLA OF MANDIBLE)	\$382.33
D7472	REMOVAL OF TORUS PALATINUS	\$415.80
D7473	REMOVAL OF TORUS MANDIBULARIS	\$653.40
D7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	\$338.58
D7490	RADICAL RESECTION OF MANDIBLE WITH BONE GRAFT	\$5,027.62
D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE	\$129.70
D7511	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUECOMPLICATED	\$297.00
D7520	INCISION AND DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE	\$204.72
D7521	INCISION AND DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUECOMPLICATED	\$396.20
D7530	REMOVAL OF FOREIGN BODY, SKIN, OR SUBCUT	\$120.58
D7540	REMOVAL OF REACTION-PRODUCING FOREIGN BODIES, MUSCULOSKELETAL SYSTEM	\$175.23
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE	\$225.72
D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OF FOREIGN BODY	\$683.10
D7610	MAXILLA-OPEN REDUCTION (TEETH IMMOBILIZED, IF PRESENT)	\$2,744.28

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D7620	MAXILLA-CLOSED REDUCTION (TEETH IMMOBILIZED, IF PRESENT)	\$2,058.80
D7630	MANDIBLE-OPEN REDUCTION (TEETH IMMOBILIZED, IF PRESENT)	\$3,567.56
D7640	MANDIBLE-CLOSED REDUCTION (TEETH IMMOBILIZED, IF PRESENT)	\$2,058.80
D7650	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	\$1,716.66
D7660	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUC	\$1,010.99
D7670	ALVEOLUS-STABILIZATION OF TEETH, CLOSED REDUCTION SPLINT	\$642.71
D7671	ALVEOLUS - OPEN REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	\$2,049.30
D7680	FACIAL BONES-COMPLICATED REDUCTION WITH	\$5,145.23
D7710	MAXILLA-OPEN REDUCTION	\$3,224.23
D7720	MAXILLA-CLOSED REDUCTION	\$2,237.00
D7730	MANDIBLE-OPEN REDUCTION	\$3,836.05
D7740	MANDIBLE-CLOSED REDUCTION	\$2,309.47
D7750	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	\$2,935.55
D7760	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUC	\$1,538.46
D7770	ALVEOLUS - STABILIZATION OF TEETH	\$1,485.00
D7771	ALVEOLUS, CLOSED REDUCTION STABILIZATION OF TEETH	\$1,272.35
D7780	FACIAL BONES - COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES	\$6,716.95
D7810	OPEN REDUCTION OF DISLOCATION	\$3,018.71
D7820	CLOSED REDUCTION OF DISLOCATION	\$291.06
D7830	MANIPULATION UNDER ANESTHESIA	\$282.74
D7840	CONDYLECTOMY	\$4,114.04
D7850	SURGICAL DISCECTOMY; WITH/WITHOUT IMPLANT	\$3,550.93
D7854	SYNOVECTOMY	\$4,198.39
D7856	MYOTOMY	\$2,541.13
D7858	JOINT RECONSTRUCTION	\$5,084.64
D7860	ARTHROTOMY	\$1,001.48
D7865	ARTHROPLASTY	\$5,084.64

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D7870	ARTHROCENTESIS	\$196.02
D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE	\$387.29
D7872	ARTHROSCOPY-DIAGNOSIS, WITH OR WITHOUT BIOPSY	\$870.80
D7873	ARTHROSCOPY-SURGICAL: LAVAGE AND LYSIS	\$2,273.83
D7874	ARTHROSCOPY-SURGICAL: DISC REPOSITIONING	\$2,273.83
D7875	ARTHROSCOPY-SURGICAL: SYNOVECTOMY	\$2,229.88
D7876	ARTHROSCOPY-SURGICAL: DISCECTOMY	\$3,072.17
D7877	ARTHROSCOPY-SURGICAL: DEBRIDEMENT	\$3,703.00
D7880	OCCLUSAL ORTHOTIC APPLIANCE	\$494.60
D7899	UNSPECIFIED TMD THERAPY, BY REPORT	\$310.07
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	\$105.73
D7911	COMPLICATED SUTURE-UP TO 5 CM	\$140.18
D7912	COMPLICATED SUTURE-GREATER THAN 5 CM	\$539.35
D7920	SKIN GRAFTS (IDENTIFY DEFECT COVERED, LO	\$2,023.16
D7940	OSTEOPLASTY-FOR ORTHOGNATHIC DEFORMITIES	\$1,559.84
D7941	OSTEOTOMY-RAMUS, CLOSED	\$6,057.61
D7943	OSTEOTOMY-MANDIBULAR RAMI WITH BONE GRAFT, INCLUDES OBTAINING THE GRAFT	\$6,309.47
D7944	OSTEOTOMY-SEGMENTED OR SUBAPICAL-PER SEXTANT OR QUADRANT	\$5,417.28
D7945	OSTEOTOMY-BODY OF MANDIBLE	\$5,847.34
D7946	LEFORT I (MAXILLA-TOTAL)	\$6,530.44
D7947	LEFORT I (MAXILLA-SEGMENTED)	\$5,979.20
D7948	LEFORT II OR LEFORT III (OSTEOPLASTY OF	\$7,465.39
D7949	LEFORT II OR LEFORT III-WITH BONE GRAFT	\$7,764.77
D7950	OSSEOUS, OSTEOPERIOSTEAL, PERIOSTEAL, OR	\$2,803.78
D7951	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTE	\$706.86
D7953	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SITE	\$458.57
D7955	REPAIR OF MAXILLOFACIAL SOFT AND HARD TI	\$1,128.60

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D7960	FRENULECTOMY (FRENECTOMY OR FRENOTOMY)-S	\$225.24
D7963	FRENULOPLASTY	\$250.19
D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	\$204.34
D7971	EXCISION OF PERICORONAL GINGIVA	\$121.56
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	\$228.81
D7980	SIALOLITHOTOMY	\$365.90
D7981	EXCISION OF SALIVARY GLAND	\$942.08
D7982	SIALODOCHOPLASTY	\$1,028.81
D7983	CLOSURE OF SALIVARY FISTULA	\$383.72
D7990	EMERGENCY TRACHEOTOMY	\$683.10
D7991	CORONOIDECTOMY	\$2,386.69
D7997	APPLIANCE REMOVAL (not by the dentist who placed the appliance), INCLUDES REMOVAL OF ARCH BAR	\$210.28
D7998	INTRAORAL PLACEMENT OF A FIXATION DEVICE NOT IN CONJ. W/FRACTURE	\$1,126.22
D8010	LIMITED ORTHODONTIC TREATMENT; OF THE PRIMARY DENTITION	\$2,358.48
D8020	LIMITED ORTHODONTIC TREATMENT; OF THE TRANSITIONAL DENTITION	\$2,345.41
D8030	LIMITED ORTHODONTIC TREATMENT; OF THE ADOLESCENT DENTITION	\$2,358.48
D8040	LIMITED ORTHODONTIC TREATMENT; OF THE ADULT DENTITION	\$2,316.01
D8050	INTERCEPTIVE ORTHODONTIC TREATMENT; OF THE PRIMARY DENTITION	\$2,771.31
D8060	INTERCEPTIVE ORTHODONTIC TREATMENT; OF THE TRANSITIONAL DENTITION	\$2,983.37
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT; OF THE TRANSITIONAL DENTITION	\$4,853.28
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT; OF THE ADOLESCENT DENTITION	\$5,049.30
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT; OF THE ADULT DENTITION	\$5,134.84
D8210	REMOVABLE APPLIANCE THERAPY	\$549.16
D8220	FIXED APPLIANCE THERAPY	\$761.73
D8660	PRE-ORTHODONTIC VISIT	\$56.43
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT	\$166.91

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D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF RETAINERS)	\$431.24
D8690	ORTHODONTIC TREATMENT (ALTERNATIVE BILLING TO CONTRACT FEE)	\$81.97
D8691	REPAIR OF ORTHODONTIC APPLIANCE	\$115.24
D8692	REPLACEMENT OF LOST OR BROKEN RETAINER	\$311.26
D8693	REBONDING OR RECEMENTING; AND/OR REPAIR OF FIXED RETAINER	\$57.62
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY RE	\$975.35
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENT	\$71.40
D9120	FIXED PARTIAL DENTURE SECTIONING	\$78.05
D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	\$19.01
D9211	REGIONAL BLOCK ANESTHESIA	\$29.11
D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA	\$48.71
D9215	LOCAL ANESTHESIA	\$21.38
D9220	DEEP SEDATION/GENERAL ANESTHESIA - FIRST 30 MINUTES	\$234.42
D9221	DEEP SEDATION/GENERAL ANESTHESIA - EACH ADDITIONAL 15 MINUTES	\$92.28
D9230	ANALGESIA/NITROUS OXIDE	\$36.83
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - FIRST 15 MINUTES	\$111.04
D9241	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA; FIRST 30 MINUTES	\$214.64
D9242	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA; EACH ADDITIONAL 15 MINUTES	\$73.66
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH SUBSEQUENT 15 MINUTE	\$111.04
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	\$88.24
D9310	CONSULTATION(DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN PRACTITIONER PROVIDING TREATMENT	\$67.51
D9410	HOUSE CALL	\$77.61
D9420	HOSPITAL CALL	\$304.02
D9430	OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED HOURS)	\$41.58
D9440	OFFICE VISIT-AFTER REGULARLY SCHEDULED H	\$79.00
D9450	CASE PRESENTATION DETAILED & EXTENSIVE TX PLANNING	\$77.22

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D9610	THERAPEUTIC DRUG INJECTION, BY REPORT	\$40.78
D9612	THERAPEUTIC PARENTERAL DRUGS	\$71.28
D9630	OTHER DRUGS &/OR MEDICAMENTS, BY REPORT	\$24.95
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	\$27.32
D9920	BEHAVIOR MANAGEMENT, BY REPORT	\$64.75
D9930	TREATMENT OF COMPLICATIONS (POSTSURGICAL	\$72.18
D9940	OCCLUSAL GUARDS, BY REPORT	\$321.47
D9941	FABRICATION OF ATHLETIC MOUTHGUARD	\$139.71
D9942	REPAIR &/OR RELINE OF OCCLUSAL GUARD	\$59.99
D9950	OCCLUSION ANALYSIS - MOUNTED CASE	\$175.82
D9951	OCCLUSAL ADJUSTMENT-LIMITED	\$66.45
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	\$319.96
D9970	ENAMEL MICROABRASION	\$35.05
D9971	ODONTOPLASTY 1-2 TEETH	\$40.99
D9972	EXTERNAL BLEACHING - PER ARCH	\$227.80
D9973	EXTERNAL BLEACHING - PER TOOTH	\$37.42
D9974	INTERNAL BLEACHING - PER TOOTH	\$169.50
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REP	\$48.71
OTHER	Other procedures/services not listed above will be paid at the Vendor's usual and customary rates per 4.0 PAYMENT of the Service Specifications	