Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
Proposed Dental Rates
Effective 10/01/2019

Proc	Procedure Description	01/01/2019 FFS Rate	Eff Date
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	$26.02	10/01/2016
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	$34.44	10/01/2016
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMA	$29.96	10/01/2016
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	$40.49	10/01/2016
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED, BY REPORT	$45.64	10/01/2016
D0171	RE-EVALUATION - POST-OPERATIVE OFFICE VISIT	BR	01/01/2015
D0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT	$41.55	10/01/2016
D0190	SCREENING OF A PATIENT	$26.26	10/01/2016
D0191	ASSESSMENT OF A PATIENT	$27.51	10/01/2016
D0210	INTRAORAL - COMPLETE SERIES OF RADIOGRAPHIC IMAGES	$63.25	10/01/2016
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	$13.02	10/01/2016
D0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	$10.70	10/01/2016
D0240	INTRAORAL - 0CCLUSAL RADIOGRAPHIC IMAGE	$13.47	10/01/2016
D0250	EXTRA-ORAL - 2D PROJECTION RADIOGRAPHIC IMAGE CREATED USING A STATIONARY RADIATI	$15.34	10/01/2011
D0251	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE	BR	01/01/2016
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	$10.83	10/01/2016
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	$20.91	10/01/2016
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	$25.76	10/01/2016
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	$29.99	10/01/2016
D0277	VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES	$38.04	10/01/2016
D0310	SIALOGRAPHY	$47.16	10/01/2011
D0320	TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCLUDING INJECTION	$104.02	10/01/2011
D0321	OTHER TEMPOROMANDIBULAR JOINT RADIOGRAPHIC IMAGES, BY REPORT	$49.73	10/01/2011
D0330	PANORAMIC RADIOGRAPHIC IMAGE	$54.16	10/01/2016
D0340	2D CEPHALOMETRIC RADIOGRAPHIC IMAGE - ACQUISITION, MEASUREMENT AND ANALYSIS	$47.93	10/01/2011
D0350	2D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY	$20.07	10/01/2016
D0367	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS; WITH OR	BR	01/01/2013
D0393	TREATMENT SIMULATION USING 3D IMAGE VOLUME	BR	01/01/2014
D0470	DIAGNOSTIC CASTS	$46.47	10/01/2016
D0502	OTHER ORAL PATHOLOGY PROCEDURES, BY REPORT	$22.66	10/01/2011
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT	BR	10/01/2007
D1110	PROPHYLAXIS-ADULT	$47.56	10/01/2016
D1120	PROPHYLAXIS-CHILD	$38.88	10/01/2016
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	$19.35	10/01/2016
D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	$18.31	10/01/2016
D1351	SEALANT-PER TOOTH	$25.98	10/01/2016
D1352	PREVENTIVE RESIN RESTORATION IN A MODERATE TO HIGH CARIES RISK PATIENT - PERMANE	$33.65	10/01/2016
D1353	SEALANT REPAIR - PER TOOTH	BR	01/01/2015
D1354	INTERIM CARIES ARRESTING MEDICAMENT APPLICATION - PER TOOTH	$19.35	11/01/2017
D1510	SPACE MAINTAINER-FIXED UNILATERAL	$148.58	10/01/2016
D1516	SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY	$202.89	01/01/2019
D1517	SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR	$202.89	01/01/2019
D1520	SPACE MAINTAINER-REMOVABLE UNILATERAL	$134.79	10/01/2011
D1526	SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY	$192.64	01/01/2019
D1527	SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR	$192.64	01/01/2019
D1550	RE-CEMENT OR RE-BOND SPACE MAINTAINER	$30.78	10/01/2011
D1555	REMOVAL OF FIXED SPACE MAINTAINER	$30.78	10/01/2011
D1575	DISTAL SHOE SPACE MAINTAINER - FIXED UNILATERAL	$148.58	01/01/2017
D1999	UNSPECIFIED PREVENTIVE PROCEDURE, BY REPORT	BR	01/01/2014
D2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	$62.66	10/01/2016
D2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	$77.08	10/01/2016
D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	$89.33	10/01/2016
D2161	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	$106.79	10/01/2016
D2330	RESIN-ONE SURFACE, ANTERIOR	$73.56	10/01/2016
D2331	RESIN-TWO SURFACES, ANTERIOR	$92.15	10/01/2016
D2332	RESIN-THREE SURFACES, ANTERIOR	$110.94	10/01/2016
D2335	RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	$133.62	10/01/2016
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	$167.38	10/01/2016
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	$70.78	10/01/2016
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	$85.49	10/01/2016
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	$103.37	10/01/2016
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	$123.45	10/01/2016
D2740	CROWN - PORCELAIN/CERAMIC	$485.39	10/01/2016
D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	$475.94	10/01/2016
D2751	CROWN-PROCELAIN FUSED TO PREDOMINANTLY BASE METAL	$461.10	10/01/2016

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D2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	$469.86	10/01/2016
D2790	CROWN-FULL CAST HIGH NOBLE METAL	$483.84	10/01/2016
D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	$514.70	10/01/2011
D2792	CROWN-FULL CAST NOBLE METAL	$514.70	10/01/2011
D2794	CROWN-TITANIUM	$342.95	10/01/2011
D2910	RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL COVERAGE RESTORATION	$41.61	10/01/2011
D2915	RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE	$41.61	10/01/2011
D2920	RE-CEMENT OR RE-BOND CROWN	$41.12	10/01/2016
D2921	REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP	BR	01/01/2014
D2929	PREFABRICATED PORCELAIN/CERAMIC CROWN - PRIMARY TOOTH	$125.44	10/01/2016
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	$121.94	10/01/2016
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH	$133.38	10/01/2016
D2932	PREFABRICATED RESIN CROWN	$120.31	10/01/2011
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	$142.91	10/01/2011
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH	$142.91	10/01/2011
D2940	PROTECTIVE RESTORATION	$45.03	10/01/2016
D2941	INTERIM THERAPEUTIC RESTORATION - PRIMARY DENTITION	BR	01/01/2014
D2950	CORE BUILD-UP, INCLUDING ANY PINS WHEN REQUIRED	$114.94	10/01/2016
D2951	PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION	$36.20	10/01/2011
D2952	POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED	$170.70	10/01/2016
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	$124.92	10/01/2016
D2999	UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT	BR	10/01/2007
D3110	PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)	$25.77	10/01/2016
D3120	PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)	$25.12	10/01/2016
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL TO	$79.06	10/01/2016
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	$82.57	10/01/2016
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELO	$99.91	10/01/2016
D3230	PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RES	$99.17	10/01/2016
D3240	PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL	$103.08	10/01/2016
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	$325.97	10/01/2016
D3320	ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION)	$387.11	10/01/2016
D3330	ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION)	$477.81	10/01/2016
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS	$142.84	10/01/2016
D3332	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH	$181.72	10/01/2016
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	$106.77	10/01/2011
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR	$398.02	10/01/2016
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - PREMOLAR	$432.51	10/01/2016
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR	$513.72	10/01/2016
D3351	APEXIFICATION/RECALCIFICATION - INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR OF	$109.86	10/01/2016
D3352	APEXIFICATION/RECALCIFICATION - INTERIM MEDICATION REPLACEMENT (APICAL CLOSURE/C	$79.13	10/01/2016
D3353	APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL	$211.82	10/01/2016
D3410	APICOECTOMY - ANTERIOR	$305.17	10/01/2016
D3421	APICOECTOMY - PREMOLAR (FIRST ROOT)	$313.09	10/01/2016
D3425	APICOECTOMY - MOLAR (FIRST ROOT)	$360.34	10/01/2016
D3426	APICOECTOMY (EACH ADDITIONAL ROOT)	$153.83	10/01/2011
D3430	RETROGRADE FILLING-PER ROOT	$107.63	10/01/2011
D3450	ROOT AMPUTATION-PER ROOT	$177.30	10/01/2011
D3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROOT CANAL THERAPY	$177.30	10/01/2011
D3999	UNSPECIFIED ENDODONTIC PROCEDURE, BY REPORT	BR	10/01/2007
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED S	$238.48	10/01/2016
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED S	$104.79	10/01/2016
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH	$281.44	10/01/2016
D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH	$194.38	10/01/2016
D4249	CLINICAL CROWN LENGTHENING-HARD TISSUE	$339.51	10/01/2016
D4260	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP ENTRY AND CLOSURE)	$460.51	10/01/2016
D4261	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP ENTRY AND CLOSURE)	$330.02	10/01/2016
D4263	BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - FIRST SITE IN QUADRANT	$242.90	10/01/2016
D4264	BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - EACH ADDITIONAL SITE IN QUADRA	$208.62	10/01/2016
D4265	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION	$266.83	10/01/2011
D4266	GUIDED TISSUE REGENERATION - RESORBABLE BARRIER, PER SITE	$259.96	10/01/2016
D4267	GUIDED TISSUE REGENERATION - NONRESORBABLE BARRIER, PER SITE, (INCLUDES	$294.10	10/01/2016
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	$274.95	10/01/2011
D4273	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURG	$458.40	10/01/2016
D4274	MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION W	$288.53	10/01/2011
D4275	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SITE AND DONOR MATER	$385.73	10/01/2016

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D4276	COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT, PER TOOTH	$470.34	10/01/2011
D4320	PROVISIONAL SPLINTING-INTRACORONAL	$159.20	10/01/2011
D4321	PROVISIONAL SPLINTING-EXTRACORONAL	$145.70	10/01/2016
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	$121.76	10/01/2016
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT	$78.42	10/01/2016
D4346	SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION - FU	$68.00	01/01/2017
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE A COMPREHENSIVE ORAL EVALUATION AND DIAGNOSIS O	$71.24	10/01/2016
D4910	PERIODONTAL MAINTENANCE	$62.79	10/01/2016
D4920	UNSCHEDULED DRESSING CHANGE (BY SOMEONE OTHER THAN TREATING DENTIST OR THEIR STA	$27.17	10/01/2011
D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	$0.65	10/01/2007
D5110	COMPLETE DENTURE - MAXILLARY	$693.20	10/01/2016
D5120	COMPLETE DENTURE - MANDIBULAR	$696.60	10/01/2016
D5130	IMMEDIATE DENTURE - MAXILLARY	$758.76	10/01/2016
D5140	IMMEDIATE DENTURE - MANDIBULAR	$757.59	10/01/2016
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING, RETENTIVE/CLASPING MATERIALS,	$584.18	10/01/2016
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING, RETENTIVE/CLASPING MATERIALS	$584.66	10/01/2016
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES	$740.89	10/01/2016
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES	$742.36	10/01/2016
D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL CLA	BR	01/01/2016
D5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL CL	BR	01/01/2016
D5223	IMMEDIATE MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BA	BR	01/01/2016
D5224	IMMEDIATE MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE B	BR	01/01/2016
D5282	REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE CAST METAL (INCLUDING CLASPS AN	$325.62	01/01/2019
D5283	REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE CAST METAL (INCLUDING CLASPS AN	$325.62	01/01/2019
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	$36.20	10/01/2011
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	$36.20	10/01/2011
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	$36.20	10/01/2011
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	$36.20	10/01/2011
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	$93.92	01/01/2018
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	$93.92	01/01/2018
D5520	REPLACE MISSING OR BROKEN TEETH-COMPLETE DENTURE (EACH TOOTH)	$76.24	10/01/2016
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	$78.73	01/01/2018
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	$78.73	01/01/2018
D5621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	$76.89	01/01/2018
D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	$76.89	01/01/2018
D5630	REPAIR OR REPLACE BROKEN RETENTIVE CLASPING MATERIALS - PER TOOTH	$78.70	10/01/2011
D5640	REPLACE BROKEN TEETH-PER TOOTH	$75.40	10/01/2016
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	$89.07	10/01/2016
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE - PER TOOTH	$111.55	10/01/2016
D5710	REBASE COMPLETE MAXILLARY DENTURE	$260.06	10/01/2016
D5711	REBASE COMPLETE MANDIBULAR DENTURE	$278.56	10/01/2011
D5720	REBASE MAXILLARY PARTIAL DENTURE	$278.56	10/01/2011
D5721	REBASE MANDIBULAR PARTIAL DENTURE	$278.56	10/01/2011
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	$149.87	10/01/2016
D5731	RELINE LOWER COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	$149.63	10/01/2016
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	$141.10	10/01/2011
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	$141.10	10/01/2011
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	$205.25	10/01/2016
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	$205.00	10/01/2016
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	$182.71	10/01/2011
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	$182.71	10/01/2011
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	$307.52	10/01/2011
D5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	$307.52	10/01/2011
D5850	TISSUE CONDITIONING, MAXILLARY	$76.89	10/01/2011
D5851	TISSUE CONDITIONING, MANDIBULAR	$76.89	10/01/2011
D5876	ADD METAL SUBSTRUCTURE TO ACRYLIC FULL DENTURE (PER ARCH)	BR	01/01/2019
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT	BR	10/01/2007
D5911	FACIAL MOULAGE (SECTIONAL)	BR	10/01/2007
D5912	FACIAL MOULAGE (COMPLETE)	BR	10/01/2007
D5913	NASAL PROSTHESIS	BR	10/01/2007
D5914	AURICULAR PROSTHESIS	BR	10/01/2007
D5915	ORBITAL PROSTHESIS	BR	10/01/2007
D5916	OCULAR PROSTHESIS	BR	10/01/2007
D5919	FACIAL PROSTHESIS	BR	10/01/2007
D5922	NASAL SEPTAL PROSTHESIS	BR	10/01/2007

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D5923	OCULAR PROSTHESIS, INTERIM	BR	10/01/2007
D5924	CRANIAL PROSTHESIS	BR	10/01/2007
D5925	FACIAL AUGMENTATION IMPLANT PROSTHESIS	BR	10/01/2007
D5926	NASAL PROSTHESIS, REPLACEMENT	BR	10/01/2007
D5927	AURICULAR PROSTHESIS, REPLACEMENT	BR	10/01/2007
D5928	ORBITAL PROSTHESIS, REPLACEMENT	BR	10/01/2007
D5929	FACIAL PROSTHESIS, REPLACEMENT	BR	10/01/2007
D5931	OBTURATOR PROSTHESIS, SURGICAL	BR	10/01/2007
D5932	OBTURATOR PROSTHESIS, DEFINITIVE	BR	10/01/2007
D5933	OBTURATOR PROSTHESIS, MODIFICATION	BR	10/01/2007
D5934	MANDIBULAR RESECTION PROSTHESIS WITH GUIDE FLANGE	BR	10/01/2007
D5935	MANDIBULAR RESECTION PROSTHESIS WITHOUT GUIDE FLANGE	BR	10/01/2007
D5936	OBTURATOR/PROSTHESIS, INTERIM	BR	10/01/2007
D5937	TRISMUS APPLIANCE (NOT FOR TM TREATMENT)	BR	10/01/2007
D5951	FEEDING AID	BR	10/01/2007
D5952	SPEECH AID PROSTHESIS, PEDIATRIC	BR	10/01/2007
D5953	SPEECH AID PROSTHESIS, ADULT	BR	10/01/2007
D5954	PALATAL AUGMENTATION PROSTHESIS	BR	10/01/2007
D5955	PALATAL LIFT PROSTHESIS, DEFINITIVE	BR	10/01/2007
D5958	PALATAL LIFT PROSTHESIS, INTERIM	BR	10/01/2007
D5959	PALATAL LIFT PROSTHESIS, MODIFICATION	BR	10/01/2007
D5960	SPEECH AID PROSTHESIS, MODIFICATION	BR	10/01/2007
D5982	SURGICAL STENT	BR	10/01/2007
D5983	RADIATION CARRIER	BR	10/01/2007
D5984	RADIATION SHIELD	BR	10/01/2007
D5985	RADIATION CONE LOCATOR	BR	10/01/2007
D5986	FLUORIDE GEL CARRIER	BR	10/01/2007
D5987	COMMISSURE SPLINT	BR	10/01/2007
D5988	SURGICAL SPLINT	BR	10/01/2007
D5991	VESICULOBULLOUS DISEASE MEDICAMENT CARRIER	$150.04	10/01/2011
D5992	ADJUST MAXILLOFACIAL PROSTHETIC APPLIANCE	$36.20	10/01/2011
D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT	BR	10/01/2007
D6081	SCALING AND DEBRIDEMENT IN THE PRESENCE OF INFLAMMATION OR MUCOSITIS OF A SINGLE	$68.00	01/01/2017
D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE, BY REPORT	BR	10/01/2007
D7111	EXTRACTION, CORONAL REMNANTS - PRIMARY TOOTH	$52.66	10/01/2016
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	$76.63	10/01/2016
D7210	EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH,	$116.44	10/01/2016
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	$137.84	10/01/2016
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	$174.39	10/01/2016
D7240	REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY	$204.19	10/01/2016
D7241	REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	$262.36	10/01/2011
D7250	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	$119.37	10/01/2016
D7251	CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL	$136.50	10/01/2016
D7260	ORAL ANTRAL FISTULA CLOSURE	$271.39	10/01/2011
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	$271.39	10/01/2011
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED	$274.82	10/01/2016
D7280	EXPOSURE OF AN UNERUPTED TOOTH	$195.40	10/01/2011
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	$123.22	10/01/2016
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	$47.93	10/01/2011
D7285	INCISIONAL BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)	$138.40	10/01/2011
D7286	INCISIONAL BIOPSY OF ORAL TISSUE - SOFT	$136.30	10/01/2016
D7292	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE [SCREW RETAINED PLATE] REQUIRING FLAP; I	BR	10/01/2007
D7293	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE REQUIRING FLAP; INCLUDES DEVICE REMOVAL	BR	10/01/2007
D7294	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP; INCLUDES DEVICE REMOVAL	BR	10/01/2007
D7296	CORTICOTOMY - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	BR	01/01/2018
D7297	CORTICOTOMY - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	BR	01/01/2018
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPAC	$131.70	10/01/2016
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH	$86.87	10/01/2011
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH	$179.61	10/01/2016
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH	$120.31	10/01/2011
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	$131.13	10/01/2016
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	$212.54	10/01/2011
D7412	EXCISION OF BENIGN LESION, COMPLICATED	$248.73	10/01/2011
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM	$189.98	10/01/2011
D7414	EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM	$280.45	10/01/2011

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D7415	EXCISION OF MALIGNANT LESION, COMPLICATED	$293.99	10/01/2011
D7440	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER UP TO 1.25 CM	$201.95	10/01/2016
D7441	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER GREATER THAN 1.25 CM	$275.90	10/01/2011
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP T0 1.25 CM	$162.24	10/01/2016
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN 1.25 CM	$176.35	10/01/2011
D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 CM	$100.41	10/01/2011
D7461	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN	$132.90	10/01/2011
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHODS, BY REPORT	$64.31	10/01/2011
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	$214.35	10/01/2011
D7472	REMOVAL OF TORUS PALATINUS	$300.09	10/01/2011
D7473	REMOVAL OF TORUS MANDIBULARIS	$471.56	10/01/2011
D7485	REDUCTION OF OSSEOUS TUBEROSITY	$244.35	10/01/2011
D7490	RADICAL RESECTION OF MAXILLA OR MANDIBLE	$2,957.95	10/01/2011
D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE	$67.37	10/01/2016
D7511	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE - COMPLICATED	$214.35	10/01/2011
D7520	INCISION AND DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE	$115.75	10/01/2011
D7521	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE - COMPLICATED	$235.78	10/01/2011
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE	$79.73	10/01/2011
D7540	REMOVAL OF REACTION-PRODUCING FOREIGN BODIES-MUSCULOSKELETAL SYSTEM	$98.60	10/01/2011
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE	$162.91	10/01/2011
D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY	$312.94	10/01/2011
D7610	MAXILLA-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	$1,500.41	10/01/2011
D7620	MAXILLA-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	$1,071.72	10/01/2011
D7630	MANDIBLE-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	$1,827.92	10/01/2011
D7640	MANDIBLE-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	$943.11	10/01/2011
D7650	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	$1,071.72	10/01/2011
D7660	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION	$728.77	10/01/2011
D7670	ALVEOLUS - CLOSED REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	$294.08	10/01/2011
D7671	ALVEOLUS - OPEN REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	$1,478.97	10/01/2011
D7680	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL	$2,443.52	10/01/2011
D7710	MAXILLA-OPEN REDUCTION	$1,671.89	10/01/2011
D7720	MAXILLA-CLOSED REDUCTION	$1,024.57	10/01/2011
D7730	MANDIBLE-OPEN REDUCTION	$1,757.62	10/01/2011
D7740	MANDIBLE-CLOSED REDUCTION	$1,106.02	10/01/2011
D7750	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	$1,607.58	10/01/2011
D7760	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION	$1,110.30	10/01/2011
D7770	ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH	$1,071.72	10/01/2011
D7771	ALVEOLUS, CLOSED REDUCTION STABILIZATION OF TEETH	$621.59	10/01/2011
D7780	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE APPROACHES	$3,077.98	10/01/2011
D7810	OPEN REDUCTION OF DISLOCATION	$1,534.71	10/01/2011
D7820	CLOSED REDUCTION OF DISLOCATION	$132.90	10/01/2011
D7830	MANIPULATION UNDER ANESTHESIA	$201.49	10/01/2011
D7840	CONDYLECTOMY	$1,950.53	10/01/2011
D7850	SURGICAL DISCECTOMY; WITH/WITHOUT IMPLANT	$1,779.06	10/01/2011
D7852	DISC REPAIR	BR	10/01/2007
D7854	SYNOVECTOMY	$2,220.61	10/01/2011
D7856	MYOTOMY	$1,164.32	10/01/2011
D7858	JOINT RECONSTRUCTION	$2,329.49	10/01/2011
D7860	ARTHROTOMY	$458.70	10/01/2011
D7865	ARTHROPLASTY	$2,329.49	10/01/2011
D7870	ARTHROCENTESIS	$141.46	10/01/2011
D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE	$257.21	10/01/2011
D7872	ARTHROSCOPY-DIAGNOSIS, WITH OR WITHOUT BIOPSY	$398.68	10/01/2011
D7873	ARTHROSCOPY: LAVAGE AND LYSIS OF ADHESIONS	$1,041.71	10/01/2011
D7874	ARTHROSCOPY: DISC REPOSITIONING AND STABILIZATION	$1,041.71	10/01/2011
D7875	ARTHROSCOPY: SYNOVECTOMY	$1,407.81	10/01/2011
D7876	ARTHROSCOPY: DISCECTOMY	$1,407.81	10/01/2011
D7877	ARTHROSCOPY: DEBRIDEMENT	$2,329.49	10/01/2011
D7880	OCCLUSAL ORTHOTIC APPLIANCE	$328.91	10/01/2016
D7899	UNSPECIFIED TMD THERAPY, BY REPORT	$213.48	10/01/2011
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	$82.84	10/01/2016
D7911	COMPLICATED SUTURE-UP TO 5 CM	$101.18	10/01/2011
D7912	COMPLICATED SUTURE-GREATER THAN 5 CM	$235.78	10/01/2011
D7920	SKIN GRAFT (IDENTIFY DEFECT COVERED, LOCATION, AND TYPE OF GRAFT)	BR	10/01/2007
D7940	OSTEOPLASTY-FOR ORTHOGNATHIC DEFORMITIES	$1,071.72	10/01/2011

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D7941	OSTEOTOMY - MANDIBULAR RAMI	$2,957.95	10/01/2011
D7943	OSTEOTOMY - MANDIBULAR RAMI WITH BONE GRAFT; INCLUDES OBTAINING THE GRAFT	$2,957.95	10/01/2011
D7944	OSTEOTOMY-SEGMENTED OR SUBAPICAL	$2,482.10	10/01/2011
D7945	OSTEOTOMY-BODY OF MANDIBLE	$2,679.29	10/01/2011
D7946	LEFORT I (MAXILLA-TOTAL)	$2,992.24	10/01/2011
D7947	LEFORT I (MAXILLA-SEGMENTED)	$2,739.32	10/01/2011
D7948	LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR	$3,428.65	10/01/2011
D7949	LEFORT II OR LEFORT III-WITH BONE GRAFT	$3,558.11	10/01/2011
D7950	OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF THE MANDIBLE OR MAXILLA - AUTOGE	$767.35	10/01/2011
D7951	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES VIA A LATERAL OPEN APPROACH	BR	10/01/2007
D7953	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SITE	$202.11	10/01/2015
D7955	REPAIR OF MAXILLOFACIAL SOFT AND/OR HARD TISSUE DEFECT	$775.92	10/01/2011
D7960	FRENULECTOMY - ALSO KNOWN AS FRENECTOMY OR FRENOTOMY - SEPARATE PROCEDURE NOT IN	$152.14	10/01/2016
D7963	FRENULOPLASTY	$125.18	10/01/2011
D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	$153.04	10/01/2016
D7971	EXCISION OF PERICORONAL GINGIVA	$63.45	10/01/2011
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	$107.17	10/01/2011
D7979	NON-SURGICAL SIALOLITHOTOMY	BR	01/01/2018
D7980	SURGICAL SIALOLITHOTOMY	$167.19	10/01/2011
D7981	EXCISION OF SALIVARY GLAND, BY REPORT	$647.32	10/01/2011
D7982	SIALODOCHOPLASTY	$471.56	10/01/2011
D7983	CLOSURE OF SALIVARY FISTULA	$175.76	10/01/2011
D7990	EMERGENCY TRACHEOTOMY	$312.94	10/01/2011
D7991	CORONOIDECTOMY	$1,093.16	10/01/2011
D7995	SYNTHETIC GRAFT-MANDIBLE OR FACIAL BONES, BY REPORT	BR	10/01/2007
D7996	IMPLANT-MANDIBLE FOR AUGMENTATION PURPOSES (EXCLUDING ALVEOLAR RIDGE), BY REPORT	BR	10/01/2007
D7997	APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE), INCLUDES REMOVAL OF	BR	10/01/2007
D7998	INTRAORAL PLACEMENT OF A FIXATION DEVICE NOT IN CONJUNCTION WITH A FRACTURE	BR	10/01/2007
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	BR	10/01/2007
D8010	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	$253.29	10/01/2011
D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	$605.84	10/01/2016
D8030	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	$713.69	10/01/2016
D8040	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION	$799.29	10/01/2016
D8050	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	$1,114.02	10/01/2016
D8060	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	$1,100.87	10/01/2016
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	$2,323.67	10/01/2016
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	$2,506.06	10/01/2016
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	$2,595.31	10/01/2016
D8210	REMOVABLE APPLIANCE THERAPY	$275.90	10/01/2011
D8220	FIXED APPLIANCE THERAPY	$303.01	10/01/2011
D8660	PRE-ORTHODONTIC TREATMENT EXAMINATION TO MONITOR GROWTH AND DEVELOPMENT	$40.75	10/01/2011
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT	$117.52	10/01/2016
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF	$180.91	10/01/2011
D8690	ORTHODONTIC TREATMENT (ALTERNATIVE BILLING TO A CONTRACT FEE)	$94.65	10/01/2016
D8691	REPAIR OF ORTHODONTIC APPLIANCE	BR	10/01/2007
D8692	REPLACEMENT OF LOST OR BROKEN RETAINER	$119.81	10/01/2016
D8693	RE-CEMENT OR RE-BOND FIXED RETAINER	$41.61	10/01/2011
D8694	REPAIR OF FIXED RETAINERS, INCLUDES REATTACHMENT	BR	01/01/2014
D8695	REMOVAL OF FIXED ORTHODONTIC APPLIANCES FOR REASONS OTHER THAN COMPLETION OF TRE	BR	01/01/2018
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	BR	10/01/2007
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MINOR PROCEDURES	$53.91	10/01/2016
D9120	FIXED PARTIAL DENTURE SECTIONING	$62.07	10/01/2016
D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	$9.07	10/01/2011
D9222	DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTES	$62.59	05/01/2018
D9223	DEEP SEDATION/GENERAL ANESTHESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	$62.59	01/01/2016
D9230	INHALATION OF NITROUS OXIDE/ANXIOLYSIS, ANALGESIA	$24.75	10/01/2016
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - FIRST 15 MINUTES	$77.72	05/01/2018
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH SUBSEQUENT 15 MINUTE	$77.72	01/01/2016
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	$70.18	10/01/2016
D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN RE	$38.37	10/01/2016
D9410	HOUSE/EXTENDED CARE FACILITY CALL	$61.72	10/01/2016
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	$86.29	10/01/2016
D9430	OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED HOURS) NO OTHER	$26.57	10/01/2016
D9440	OFFICE VISIT-AFTER REGULARLY SCHEDULED HOURS	$62.04	10/01/2016
D9610	THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION	$20.14	10/01/2016

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D9612	THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, DIFFERENT MEDICATIONS	$27.17	10/01/2011
D9930	TREATMENT OF COMPLICATIONS (POSTSURGICAL) - UNUSUAL CIRCUMSTANCES, BY REPORT	$39.50	10/01/2016
D9932	CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE	BR	01/01/2019
D9933	CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE	BR	01/01/2019
D9934	CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, M	BR	01/01/2019
D9935	CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, M	BR	01/01/2019
D9944	OCCLUSAL GUARD - HARD APPLIANCE, FULL ARCH	$191.70	01/01/2019
D9945	OCCLUSAL GUARD - SOFT APPLIANCE, FULL ARCH	$191.70	01/01/2019
D9946	OCCLUSAL GUARD - HARD APPLIANCE, PARTIAL ARCH	$191.70	01/01/2019
D9951	OCCLUSAL ADJUSTMENT-LIMITED	$52.85	10/01/2016
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT	BR	10/01/2007