

**TEXAS HEALTH PLAN LISTING – PROVIDER ATTESTATION**  
**\*\*Refer to Office Reference Manual for Covered Benefits of Applicable Plan\*\***

<b>Plan</b>	<b>Plan Type</b>	<b>Fee Schedule</b>	<b>Add Plan (Y/N)</b>
Driscoll Pregnant Women	Medicaid Value Add	A-1	Yes No
Driscoll CHIP Perinate	CHIP Value Add	A-1	Yes No
Superior Star Health (Foster Care)	Medicaid Child	A-1	Yes No
Superior Star Pregnant Women	Medicaid Value Add	A-1	Yes No
Superior Star Plus	Medicaid Value Add	A-2 (General) A-3 (Specialist)	Yes No
Superior Star Plus Waiver	Medicaid Adult	A-2 (General) A-3 (Specialist)	Yes No
Superior Intellectual & Developmental Disabilities (IDD)	Medicaid Adult	A-2 (General) A-3 (Specialist)	Yes No
Superior Star Plus Nursing Facility	Medicaid Value Add	A-2 (General) A-3 (Specialist)	Yes No
Superior MMP (Duals)	Dual (MMP)	A-2 (General) A-3 (Specialist)	Yes No
Dell Children’s Health Plan CHIP Perinate	Medicaid Value Add	A-2 (General) A-3 (Specialist)	Yes No
Dell Children’s Health Plan STAR	Medicaid Value Add	A-2 (General) A-3 (Specialist)	Yes No
Amerigroup Star Plus Waiver	Medicaid Adult	A-4	Yes No
Amerigroup Star Plus Nursing Facility	Medicaid Value Add	A-4	Yes No
Cigna HealthSpring Star Plus	Medicaid Value Add	A-2 (General) A-3 (Specialist)	Yes No
Cigna HealthSpring Star Plus Waiver	Medicaid Adult	A-2 (General) A-3 (Specialist)	Yes No
Cigna HealthSpring Intellectual & Developmental Disabilities (IDD)	Medicaid Adult	A-2 (General) A-3 (Specialist)	Yes No
Cigna HealthSpring Star Plus Nursing Facility	Medicaid Value Add	A-2 (General) A-3 (Specialist)	Yes No
Cigna HealthSpring Care Plan	Dual (MMP) non-waiver	A-2 (General) A-3 (Specialist)	Yes No
Cigna HealthSpring Care Complete Plan	Dual (MMP) waiver	A-2 (General) A-3 (Specialist)	Yes No
Cigna HealthSpring Medicare Plans	Medicare	B-3	Yes No
Blue Cross Blue Shield	Medicaid	A-1	Yes No
Clover Health Medicare Dental	Medicare	B-2	Yes No
WellCare Medicare	Medicare	A-4	Yes No
TX CareAdvantage Complete	Medicare	B-1 (General) B-2 (Specialists)	Yes No

**The provider agrees that they hereby agree to serve eligible Members of the above selected programs.**

**ATTACHMENT A  
TEXAS FEE SCHEDULE (A-1)  
DENTAL PANEL REIMBURSEMENT**

- 1.00** Provider shall be reimbursed for Covered Services rendered to Members administered by DentaQuest at the lesser of billed charges or one hundred percent (100%) of the Attached Fees as shown in paragraphs 6.00 and 7.00.
- 2.00** Provider agrees to practice cost effective dentistry. Provider acknowledges that improper billing or the rendering of dental care that is determined to be unnecessary or inappropriate by DentaQuest, shall not be compensated and will constitute sufficient basis for termination of this agreement or other measures as described in paragraph 3.00.
- 3.00** Provider acknowledges that fee-for-service dental reimbursement can only be maintained with the cooperation and commitment of all dental panel members to practice cost effective, quality dentistry. Providers, whose practice patterns deviate from the norms of the DentaQuest dental panel, may be subject to notice of probationary status and/or possible termination, subject to the appropriate notice and appeal procedures as stated herein.
- 4.00** DentaQuest shall pay Provider within thirty (30) calendar days of receipt of clean claims for dental services rendered to Members. Provider agrees to accept electronic payment and electronic remittances if/when available. DentaQuest will pay Providers interest at a rate of 1.5 % per month (18% per annum) on all clean claims not adjudicated within 30 days.
- 5.00** Provider reimbursement requires receipt of a clean claim. A claim shall be considered clean only if the claim requires no further information, documentation, adjustment or alteration by Provider to be adjudicated by DentaQuest. DentaQuest shall deny claims that are not clean claims within thirty (30) calendar days of receipt. Any dispute regarding payment shall be deemed waived unless Provider submits written notification of the reasons for the dispute within one hundred twenty (120) days of receipt of the payment, statement of denial or adjustment. Provider agrees that DentaQuest can adjust future payments or request Provider refund an amount equal to any payment made to Provider in error by DentaQuest including but not limited to an overpayment, duplicate payment, an ineligible member or for any other reason for which payment should not have initially been made.

**6.00 Payment Schedule**

**Level I (Must be completed in 12 months)**

D8010 or D8020 limited ortho –primary or transitional	\$435.00
D8670 periodic orthodontic treatment visit	\$66.74

**Level II (Must be completed in 24 months)**

D8050 or D8060 interceptive –primary or transitional	\$435.00
D8070 or D8080 or D8090 comprehensive – transitional, adolescent or adult	\$697.00
D8670 periodic orthodontic treatment visit	\$66.74

- 7.00 Additional Services:** There may be extenuating circumstances that warrant additional treatment, including but not limited to craniofacial anomalies and cleft palate. In the event that the Member requires additional treatment, the Providers may prior authorize for additional services that may be deemed medically necessary due to overall health of the patient or extenuating circumstances. Each case will be reviewed and evaluated on a case by case basis for medical necessity. Level III and Level IV described below are the clinical criteria that must be met in order to qualify for additional services.

- 7.1 To submit for additional services, the provider must complete the following:
- A. Submit a prior authorization on a 2006 or greater ADA claim form with the appropriate code(s) being requested
  - B. If the provider is requesting additional monthly adjustments, the code D8670 must be utilized
  - C. Recent radiographs (x-rays) showing the progress made to current
  - D. Photographs
  - E. Treatment plan

**Other Orthodontic Services**

D8210	removable appliance therapy	\$250.00
D8220	fixed appliance therapy	\$250.00
D8680	orthodontic retention (removal of appliances) New and Transfer cases	\$697.00
D8691	repair of orthodontic appliance	\$75.00
D8692	replacement of lost/broken retainer	\$125.00
D8693	rebond/cement/repair retainer	\$50.00

**ATTACHMENT A-1**  
**SCHEDULE OF ALLOWABLE FEES FOR ASSIGNED PROGRAMS**

\*\* PLEASE REFER TO OFFICE REFERENCE MANUAL ON DENTAQUEST'S WEBSITE FOR COVERED SERVICES\*\*

Code	Description	Fee
D0120	Periodic oral evaluation - established patient	\$25.97
D0140	Limited oral evaluation-problem focused	\$16.90
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$127.86
D0150	Comprehensive oral evaluation - new or established patient	\$31.79
D0160	Detailed and extensive oral eval-problem focused, by report	\$13.46
D0170	Re-evaluation, limited problem focused	\$14.89
D0180	Comprehensive periodontal evaluation - new or established patient	\$7.07
D0210	Intraoral - complete series of radiographic images	\$63.58
D0220	Intraoral - periapical first radiographic image	\$11.30
D0230	Intraoral - periapical each additional radiographic image	\$10.36
D0240	Intraoral - occlusal radiographic image	\$8.82
D0250	Extra-oral - 2d projection radiographic image created using a stationary radiation source, and detector	\$16.54
D0270	Bitewing - single radiographic image	\$4.41
D0272	Bitewings - two radiographic images	\$21.04
D0273	Bitewings - three radiographic images	\$26.11
D0274	Bitewings - four radiographic images	\$31.15
D0277	Vertical bitewings - 7 to 8 films	\$28.01
D0290	Posterior-anterior or lateral skull and facial bone survey radiographic image	\$29.77
D0310	Sialography	\$39.69
D0320	Temporomandibular joint arthrogram, including injection	\$66.15
D0321	Other temporomandibular joint films, by report	\$30.87
D0322	Tomographic survey	\$29.77
D0330	Panoramic radiographic image	\$57.40
D0340	Cephalometric radiographic image	\$29.77
D0350	2d oral/facial photographic image obtained intra-orally or extra-orally	\$16.54
D0360	Cone beam ct - craniofacial data capture	\$254.68
D0362	Cone beam - two dimensional image	\$152.81
D0363	Cone beam - three dimensional image	\$203.74
D0367	Cone beam ct capture and interpretation with field of view of both jaws, with or without cranium	\$203.74
D0415	Bacteriologic studies	\$22.05
D0460	Pulp vitality tests	\$11.03
D0470	Diagnostic casts	\$19.85
D0502	Other oral pathology procedures, by report	\$50.72
D1110	Prophylaxis - adult	\$49.39
D1120	Prophylaxis - child	\$33.08
D1206	Topical application of fluoride varnish	\$13.23
D1208	Topical application of fluoride - excluding varnish	\$13.23
D1330	Oral hygiene instructions	\$11.03
D1351	Sealant - per tooth	\$25.42

Code	Description	Fee
D1352	Preventive resin restoration is a mod. To high caries risk patient perm tooth conservative rest of an active cavitated lesion in a	\$33.70
D1510	Space maintainer-fixed-unilateral	\$141.12
D1515	Space maintainer - fixed - bilateral	\$209.48
D1520	Space maintainer-removable-unilateral	\$66.15
D1525	Space maintainer-removable-bilateral	\$93.72
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	\$16.54
D1552	Re-Cement Or Re-Bond Bilateral Space Maintainer-Mandibular	\$16.54
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	\$12.41
D1556	Removal of fixed unilateral space maintainer - per quadrant	\$33.07
D1557	Removal of fixed bilateral space maintainer - maxillary	\$44.10
D1558	Removal of fixed bilateral space maintainer - mandibular	\$44.10
D2140	Amalgam - one surface, primary or permanent	\$57.97
D2150	Amalgam - two surfaces, primary or permanent	\$77.14
D2160	Amalgam - three surfaces, primary or permanent	\$98.27
D2161	Amalgam - four or more surfaces, primary or permanent	\$112.50
D2330	Resin-based composite - one surface, anterior	\$69.98
D2331	Resin-based composite - two surfaces, anterior	\$92.74
D2332	Resin-based composite - three surfaces, anterior	\$121.08
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$150.27
D2390	Resin-based composite crown, anterior	\$132.30
D2391	Resin-based composite - one surface, posterior	\$74.16
D2392	Resin-based composite - two surfaces, posterior	\$97.20
D2393	Resin-based composite - three surfaces, posterior	\$117.00
D2394	Resin-based composite - four or more surfaces, posterior	\$130.50
D2410	Gold foil - 1 surface	\$66.15
D2420	Gold foil - 2 surfaces	\$110.25
D2430	Gold foil - 3 surfaces	\$110.25
D2510	Inlay - metallic -1 surface	\$159.87
D2520	Inlay-metallic-2 surfaces	\$232.85
D2530	Inlay-metallic-3+ surfaces	\$232.85
D2542	Onlay - metallic - two surfaces	\$232.85
D2543	Onlay-metallic-3 surfaces	\$232.85
D2544	Onlay-metallic-4+ surfaces	\$232.85
D2610	Inlay-porce/ceramic-1surface	\$232.85
D2620	Inlay-porcelain/ceramic-2 surfaces	\$232.85
D2630	Inlay-pore/ceramic 3+ surfaces	\$232.85
D2642	Onlay-porcelain/ceramic-2 surfaces	\$232.85
D2643	Onlay-porcelain/ceramic-3 surfaces	\$232.85
D2644	Onlay-porcelain/ceramic-4+ surfaces	\$232.85
D2650	Inlay-composite/resin 1surface	\$232.85

D2651	Inlay-composite/resin-2 surfaces	\$232.85
D2652	Inlay-composite/resin-3+ surfaces	\$232.85
D2662	Onlay-composite/resin-2 surfaces	\$232.85
D2663	Onlay-composite/resin-3 surfaces	\$232.85
D2664	Onlay-composite/resin-4+ surfaces	\$232.85
D2710	Crown - resin-based composite (indirect)	\$232.85
D2720	Crown-resin with high noble metal	\$232.85
D2721	Crown - resin with predominantly base metal	\$232.85
D2722	Crown - resin with noble metal	\$232.85
D2740	Crown - porcelain/ceramic substrate	\$232.85
D2750	Crown - porcelain fused to high noble metal	\$465.70
D2751	Crown - porcelain fused to predominantly base metal	\$465.70
D2752	Crown - porcelain fused to noble metal	\$465.70
D2780	Crown - ¾ cast high noble metal	\$232.85
D2781	Crown - ¾ cast predominantly base metal	\$232.85
D2782	Crown - ¾ cast noble metal	\$232.85
D2783	Crown - ¾ porcelain/ceramic	\$232.85
D2790	Crown - full cast high noble metal	\$465.70
D2791	Crown - full cast predominantly base metal	\$232.85
D2792	Crown - full cast noble metal	\$232.85
D2794	Crown - titanium	\$232.85
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$16.54
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$16.54
D2920	Re-cement or re-bond crown	\$17.64
D2930	Prefabricated stainless steel crown - primary tooth	\$137.65
D2931	Prefabricated stainless steel crown-permanent tooth	\$143.33
D2932	Prefabricated resin crown	\$60.64
D2933	Prefabricated stainless steel crown with resin window	\$137.65
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	\$137.65
D2940	Protective restoration	\$32.27
D2950	Core buildup, including any pins when required	\$39.69
D2951	Pin retention - per tooth, in addition to restoration	\$11.03
D2952	Cast post and core in addition to crown	\$77.18
D2953	Each additional cast post - same tooth	\$38.59
D2954	Prefabricated post and core in addition to crown	\$66.15
D2955	Post removal (not in conjunction with endodontic therapy)	\$66.15
D2957	Each additional prefabricated post - same tooth	\$33.08
D2960	Labial veneer (laminare)-chair	\$99.23
D2961	Labial veneer (resin laminate) - laboratory	\$159.87
D2962	Labial veneer (porc laminate) - laboratory	\$187.43
D2971	Additional procedures to construct new crown under partial denture framework	\$99.23
D2980	Crown repair, by report	\$44.10
D3110	Pulp cap - direct (excluing final restoration)	\$14.34
D3120	Pulp cap - indirect (excluding final restoration)	\$26.46

D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinoenamel junction and application	\$77.58
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$34.18
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$38.79
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$313.97
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	\$363.83
D3330	Endodontic therapy, molar (excluding final restoration)	\$550.59
D3346	Retreatment of previous root canal therapy-anterior	\$137.82
D3347	Retreatment of previous root canal therapy-bicuspid	\$181.92
D3348	Retreatment of previous root canal therapy-molar	\$242.55
D3351	Apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	\$66.15
D3352	Apexification/recalcification - interim medication replacement	\$44.10
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of	\$88.20
D3410	Apicoectomy - anterior	\$115.77
D3421	Apicoectomy - bicuspid (first root)	\$143.33
D3425	Apicoectomy - molar (first root)	\$143.33
D3426	Apicoectomy (each additional root)	\$66.15
D3430	Retrograde filling - per root	\$44.10
D3450	Root amputation - per root	\$66.15
D3460	Endodontic endosseous implant	\$187.43
D3470	Intentional reimplantation	\$110.25
D3910	Surgical procedure for isolation of tooth with rubber dam	\$16.54
D3920	Hemisection (including any root removal), not incl root canal therapy	\$71.67
D3950	Canal preparation and fitting of preformed dowel or post	\$44.10
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$143.33
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$44.10
D4230	Anatomical crown exposure - 4+ teeth per quad	\$143.33
D4231	Anatomical crown exposure - 1 to 3 teeth per quad	\$86.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$159.87
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$48.51
D4245	Apically positioned flap	\$159.87
D4249	Clinical crown lengthening - hard tissue	\$143.33
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded	\$198.45
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces	\$59.09
D4266	Guided tissue regenerate-resorbable barrier, per site, per tooth	\$242.55
D4267	Guided tissue regeneration - nonresorbable barrier, per site, per tooth	\$286.65
D4270	Pedicle soft tissue graft procedure	\$170.89
D4271	Free soft tissue graft procedure	\$181.92
D4273	Subepithelial connective tissue graft procedure	\$198.45
D4274	Distal or proximal wedge procedure	\$110.25
D4275	Soft tissue allograft	\$198.45
D4276	Combined connective tissue and double pedicle graft	\$198.45
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	\$181.92
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in	\$90.96
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth,	\$60.64

D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional	\$60.64
D4320	Provision splinting - intracoronal	\$55.13
D4321	Provision splinting - extracoronal	\$88.20
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$49.62
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$6.17
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$66.15
D4381	Localized delivery of antimicrobial agents	\$26.46
D4910	Periodontal maintenance procedures	\$33.08
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	\$22.05
D5110	Complete denture - maxillary	\$330.75
D5120	Complete denture - mandibular	\$330.75
D5130	Immediate denture - maxillary	\$341.78
D5140	Immediate denture - mandibular	\$341.78
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$242.55
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$242.55
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and	\$352.80
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and	\$352.80
D5281	Removable unilateral partial denture - one piece cast metal	\$220.50
D5410	Adjust complete denture - maxillary	\$16.54
D5411	Adjust complete denture - mandibular	\$16.54
D5421	Adjust partial denture-maxillary	\$16.54
D5422	Adjust partial denture - mandibular	\$16.54
D5511	Repair broken complete denture base, mandibular	44.10
D5512	Repair broken complete denture base, maxillary	44.10
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$38.59
D5611	Repair resin partial denture base, mandibular	101.43
D5612	Repair resin partial denture base, maxillary	101.43
D5630	Repair or replace broken clasp	\$44.10
D5640	Replace broken teeth-per tooth	\$38.59
D5650	Add tooth to existing partial denture	\$44.10
D5660	Add clasp to existing partial denture	\$55.13
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$154.35
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$154.35
D5710	Rebase complete maxillary denture	\$121.28
D5711	Rebase complete mandibular denture	\$121.28
D5720	Rebase maxillary partial denture	\$121.28
D5721	Rebase mandibular partial denture	\$121.28
D5730	Reline complete maxillary denture (chairside)	\$71.67
D5731	Reline complete mandibular denture (chairside)	\$71.67
D5740	Reline maxillary partial denture (chairside)	\$66.15
D5741	Reline mandibular partial denture (chairside)	\$66.15
D5750	Reline complete maxillary denture (laboratory)	\$104.74
D5751	Reline complete mandibular denture (laboratory)	\$104.74
D5760	Reline maxillary partial denture (laboratory)	\$104.74

D5761	Reline mandibular partial denture (laboratory)	\$104.74
D5810	Interim complete denture-maxillary	\$176.40
D5811	Interim complete denture-mandibular	\$176.40
D5820	Interim partial denture (maxillary)	\$143.33
D5821	Interim partial denture-mandibular	\$143.33
D5850	Tissue conditioning, maxillary	\$33.08
D5851	Tissue conditioning,mandibular	\$33.08
D5860	Overdenture - complete, by report	\$341.78
D5861	Overdenture - partial, by report	\$341.78
D5862	Precision attachment, by report	\$143.33
D5911	Facial moulage (sectional)	\$44.10
D5912	Facial moulage (complete)	\$79.38
D5913	Nasal prosthesis	\$771.75
D5914	Auricular prosthesis	\$771.75
D5915	Orbital prosthesis	\$771.75
D5916	Ocular prosthesis	\$496.13
D5919	Facial prosthesis	\$992.25
D5922	Nasal septal prosthesis	\$123.48
D5923	Ocular prosthesis, interim	\$297.68
D5924	Cranial prosthesis	\$385.88
D5925	Facial augment implant prosthesis	\$330.75
D5926	Nasal prosthesis, replacement	\$396.90
D5927	Auricular prosthesis, replace	\$396.90
D5928	Orbital prosthesis, replace	\$396.90
D5929	Facial prosthesis, replacement	\$793.80
D5931	Obturator prosthesis, surgical	\$330.75
D5932	Obturator prosthesis, definitive	\$1146.60
D5933	Obturator prosthesis, modification	\$248.07
D5934	Mandibular resection prosthesis with guide flange	\$496.13
D5935	Mandibular resection prosthesis without guide flange	\$496.13
D5936	Obturator prosthesis, interim	\$551.25
D5937	Trismus appliance (not for tmd treatment)	\$231.53
D5951	Feeding aid	\$123.48
D5952	Speech aid prosthesis, pediatric	\$744.19
D5953	Speech aid prosthesis, adult	\$744.19
D5954	Palatal augment prosthesis	\$391.39
D5955	Palatal lift prosthesis, definitive	\$198.45
D5958	Palatal lift prosthesis, interim	\$198.44
D5959	Palatal lift prosthesis, modification	\$88.20
D5960	Speech aid prosthesis, modification	\$88.20
D5982	Surgical stent	\$99.23
D5983	Radiation carrier	\$143.33
D5984	Radiation shield	\$143.33
D5985	Radiation cone locator	\$143.33

D5986	Fluoride gel carrier	\$44.10
D5987	Commissure splint	\$115.77
D5988	Surgical splint	\$99.23
D6010	Surgical placement of implant body: endosteal implant	\$992.25
D6040	Surgical placement:eposteal implnt	\$1764.00
D6050	Surgical placement-transosteal implant	\$992.25
D6055	Connecting bar - implant supported or abutment supported	\$264.60
D6056	Prefabricated abutment	\$308.70
D6057	Custom abutment	\$308.70
D6080	Implant maintenance procedure	\$38.59
D6090	Repair implant prosthesis	\$121.28
D6092	Re-cement or re-bond implant/abutment supported crown	\$41.32
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	\$41.32
D6095	Repair implant abutment	\$154.35
D6100	Implant removal, by report	\$198.45
D6210	Pontic - cast high noble metal	\$232.85
D6211	Pontic-cast base metal	\$232.85
D6212	Pontic - cast noble metal	\$232.85
D6240	Pontic-porcelain fused-high noble	\$232.85
D6241	Pontic-porcelain fused to base metal	\$232.85
D6242	Pontic-porcelain fused-noble metal	\$232.85
D6245	Prosthodontics fixed, pontic - porcelain/ceramic	\$232.85
D6250	Pontic-resin with high noble metal	\$232.85
D6251	Pontic-resin with base metal	\$232.85
D6252	Pontic-resin with noble metal	\$232.85
D6545	Retainer - cast metal fixed	\$232.85
D6548	Prosthodontics fixed, retainer - porcelain/ceramic for resin bonded fixed prosthodontic	\$232.85
D6720	Crown-resin with high noble metal	\$232.85
D6721	Crown-resin with base metal	\$232.85
D6722	Crown-resin with noble metal	\$232.85
D6740	Retainer crown – porcelain/ceramic	\$232.85
D6750	Crown-porcelain fused high noble	\$232.85
D6751	Crown-porcelain fused to base metal	\$232.85
D6752	Crown-porcelain fused noble metal	\$232.85
D6780	Crown-3/4 cst high noble metal	\$232.85
D6781	Prosthodontics fixed, crown ¾ cast predominantly based metal	\$232.85
D6782	Prosthodontics fixed, crown ¾ cast noble metal	\$232.85
D6783	Prosthodontics fixed, crown ¾ porcelain/ceramic	\$232.85
D6790	Crown-full cast high noble	\$232.85
D6791	Crown - full cast base metal	\$232.85
D6792	Crown - full cast noble metal	\$232.85
D6920	Connector bar	\$119.07
D6930	Re-cement or re-bond fixed partial denture	\$33.08
D6940	Stress breaker	\$77.18

D6950	Precision attachment	\$121.28
D6970	Cast post/core and fixed retain	\$88.20
D6972	Prefabricated post and core + retainer	\$71.67
D6973	Core build retainer with pins	\$49.62
D6975	Coping - metal	\$110.25
D6976	Prosthodontics fixed, each additional cast post-same tooth	\$44.10
D6977	Prosthodontics fixed, each additional prefabricated post - same tooth	\$35.84
D6980	Fixed partial denture repair	\$60.64
D7111	Extraction, coronal remnants - deciduous tooth	\$10.58
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$59.13
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of	\$90.68
D7220	Removal of impacted tooth-soft tissue	\$138.92
D7230	Removal of impacted tooth-partially bony	\$158.76
D7240	Removal of impacted tooth-completely bony	\$264.60
D7241	Removal of impacted tooth-completely bony, with unusual surgical complications	\$137.82
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$81.59
D7260	Oroantral fistula closure	\$121.28
D7261	Primary closure of a sinus perforation	\$121.28
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$97.02
D7272	Tooth transplantation (includes reimplantation from one site to another)	\$132.30
D7280	Surgical access of an unerupted tooth	\$55.13
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$55.13
D7283	Placement of device to facilitate eruption of impacted tooth	\$22.05
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	\$66.15
D7286	Incisional biopsy of oral tissue-soft	\$55.13
D7290	Surgical repositioning of teeth	\$121.28
D7291	Transseptal fiberotomy, by report	\$44.10
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$49.62
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$66.15
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	\$110.25
D7350	Vestibuloplasty - ridge extension	\$220.50
D7410	Radical excision - lesion diameter up to 1.25cm	\$88.20
D7411	Excision of benign lesion greater than 1.25 cm	\$132.30
D7413	Excision of malignant lesion up to 1.25 cm	\$88.20
D7414	Excision of malignant lesion greater than 1.25 cm	\$132.30
D7440	Excision of malignant tumor - lesion diameter up to 1.25cm	\$159.87
D7441	Excision of malignant tumor - lesion diameter greater than 1.25cm	\$209.48
D7450	Removal of odontogenic cyst or tumor - lesion diameter up to 1.25cm	\$104.74
D7451	Removal of odontogenic cyst or tumor - lesion greater than 1.25cm	\$143.33
D7460	Removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25cm	\$104.74
D7461	Removal of nonodontogenic cyst or tumor - lesion greater than 1.25cm	\$143.33
D7465	Destruction of lesion(s) by physical or chemical method, by report	\$60.64
D7472	Removal of torus palatinus	\$141.12
D7510	Incision and drainage of abscess - intraoral soft tissue	\$33.08

D7520	Incision and drainage of abscess - extraoral soft tissue	\$110.25
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$44.10
D7540	Removal of reaction-producing foreign bodies, musculoskeletal system	\$88.20
D7550	Partial osteotomy/sequestrectomy for removal of non-vital bone	\$93.72
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$110.25
D7670	Alveolus stabilization of teeth, closed reduction splinting	\$71.67
D7820	Closed reduction dislocation	\$71.67
D7880	Occlusal orthotic device, by report	\$123.48
D7910	Suture small wounds up to 5 cm	\$66.15
D7911	Complicated suture-up to 5 cm	\$71.67
D7912	Complex suture - greater than 5cm	\$143.33
D7955	Repair of maxillofacial soft and/or hard tissue defect	\$429.98
D7960	Frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	\$92.61
D7970	Excision of hyperplastic tissue - per arch	\$99.23
D7971	Excision of pericoronal gingiva	\$38.59
D7972	Surgical reduction of fibrous tuberosity	\$38.59
D7980	Sialolithotomy	\$170.89
D7983	Closure of salivary fistula	\$143.33
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	\$44.10
D8010	Limited orthodontic treatment of the primary dentition	\$627.30
D8020	Limited orthodontic treatment of the transitional dentition	\$627.30
D8050	Interceptive orthodontic treatment of the primary dentition	\$627.30
D8060	Interceptive orthodontic treatment of the transitional dentition	\$627.30
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$627.30
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$630.00
D8090	Comprehensive orthodontic treatment of the adult dentition	\$627.30
D8210	Removable appliance therapy (includes appliances for thumb sucking and tongue thrusting)	\$225.00
D8220	Fixed appliance therapy (includes appliances for thumb sucking and tongue thrusting)	\$225.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$13.23
D8670	Periodic orthodontic treatment visit	\$58.00
D8680	Orthodontic retention (removal of appliances)	\$630.00
D8690	Orthodontic treatment (alternative billing to a contract fee)	\$17.64
D8691	Repair of orthodontic appliance	\$68.00
D8999	Unspecified orthodontic procedure, by report	\$103.72
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$16.54
D9120	Fixed partial denture sectioning	\$17.64
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$11.03
D9211	Regional block anesthesia	\$16.54
D9212	Trigeminal division block anesthesia	\$27.57
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$11.03
D9222	Deep sedation/general anesthesia – first 15 minutes. Prior authorization required.	43.88
D9223	Deep sedation/general anesthesia – each 15 minute increment	\$43.88
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$25.03
D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes.	43.88

D9243	Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment	\$43.88
D9248	Non-intravenous moderate (conscious) sedation	\$112.50
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$13.46
D9410	House/extended care facility call	\$22.05
D9420	Hospital or ambulatory surgical center call	\$33.52
D9430	Office visit for observation - no other services performed	\$13.23
D9440	Office visit - after regularly scheduled hours	\$27.57
D9610	Therapeutic drug injection, by report	\$16.54
D9612	Therapeutic drug injection - 2 or more medications by report	\$33.08
D9630	Other drugs and/or medicaments, by report	\$7.94
D9910	Application of desensitizing medicament	\$11.03
D9920	Behavior management, by report	\$44.10
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	\$22.05
D9940	Occlusal guard, by report	\$104.74
D9950	Occlusion analysis-mounted case	\$49.62
D9951	Occlusal adjustment - limited	\$33.08
D9952	Occlusal adjustment - complete	\$132.30
D9970	Enamel microabrasion	\$49.62
D9974	Internal bleaching - per tooth	\$49.62



THIS BLANK INTENTIONALLY LEFT BLANK

ATTACHMENT A-2  
SCHEDULE OF ALLOWABLE FEES FOR ASSIGNED PROGRAMS  
GENERAL DENTISTS, PEDODONTISTS, ORTHDONTISTS, PROSTHODONTISTS  
\*\* PLEASE REFER TO OFFICE REFERENCE MANUAL ON DENTAQUEST'S WEBSITE FOR COVERED SERVICES\*\*

Code	Description	Fee
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	\$26.00
D0140	LIMITED ORAL EVALUATION-PROBLEM FOCUSED	\$43.00
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER	\$26.00
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$41.00
D0160	DETAILED AND EXTENSIVE ORAL EVAL-PROBLEM FOCUSED, BY REPORT	\$71.00
D0170	RE-EVALUATION, LIMITED PROBLEM FOCUSED	\$43.00
D0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$59.00
D0210	INTRAORAL - COMPLETE SERIES OF RADIOGRAPHIC IMAGES	\$78.00
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	\$14.00
D0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	\$11.00
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	\$27.00
D0250	EXTRA-ORAL - 2D PROJECTION RADIOGRAPHIC IMAGE CREATED USING A STATIONARY RADIATION SOURCE, AND DETECTOR	\$25.00
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	\$14.00
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	\$24.00
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	\$30.00
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	\$36.00
D0277	VERTICAL BITEWINGS - 7 TO 8 FILMS	\$64.00
D0290	POSTERIOR-ANTERIOR OR LATERAL SKULL AND FACIAL BONE SURVEY RADIOGRAPHIC IMAGE	\$77.00
D0310	SIALOGRAPHY	\$143.00
D0320	TEMPOROMANDIBULAR JOINT ARTHOGRAM, INCLUDING INJECTION	\$200.00
D0321	OTHER TEMPOROMANDIBULAR JOINT FILMS, BY REPORT	\$121.58
D0322	TOMOGRAPHIC SURVEY	\$322.58
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$64.00
D0340	CEPHALOMETRIC RADIOGRAPHIC IMAGE	\$75.00
D0350	2D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY	\$40.00
D0367	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS, WITH OR WITHOUT CRANIUM	\$203.74
D0415	BACTERIOLOGIC STUDIES	\$101.06
D0460	PULP VITALITY TESTS	\$30.00
D0470	DIAGNOSTIC CASTS	\$54.00
D0472	ACCESSION OF TISSUE, GROSS EXAMINATION	\$75.00
D0473	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAM	\$97.00
D0474	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAM (SURGICAL)	\$103.00
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT	\$0.00
D1110	PROPHYLAXIS - ADULT	\$56.00

Code	Description	Fee
D1120	PROPHYLAXIS - CHILD	\$43.00
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	\$18.00
D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	\$18.00
D1330	ORAL HYGIENE INSTRUCTIONS	\$31.02
D1351	SEALANT - PER TOOTH	\$31.00
D1352	PREVENTIVE RESIN RESTORATION IS A MOD. TO HIGH CARIES RISK PATIENT PERM TOOTH CONSERVATIVE REST OF AN ACTIVE CAVITATED LESION IN A PIT OR FISSURE THAT DOESN'T EXTEND INTO DENTIN: INCLUDES PLACMT OF A SEALANT IN RADIATING NON-CARIOUS FISSURE OR PITS.	\$38.00
D1510	SPACE MAINTAINER-FIXED, UNILATERAL - PER QUADRANT	\$203.00
D1515	SPACE MAINTAINER - FIXED - BILATERAL	\$391.00
D1520	SPACE MAINTAINER-REMOVABLE-UNILATERAL	\$240.00
D1525	SPACE MAINTAINER-REMOVABLE-BILATERAL	\$360.00
D1550	RE-CEMENT OR RE-BOND SPACE MAINTAINER	\$57.00
D1551	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER-MAXILLARY	\$57.00
D1552	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER-MANDIBULAR	\$57.00
D1553	RE-CEMENT OR RE-BOND UNILATERAL SPACE MAINTAINER-PER QUADRANT	\$57.00
D1555	REMOVAL OF FIXED SPACE MAINTAINER	\$57.00
D1556	REMOVAL OF FIXED UNILATERAL SPACE MAINTAINER - PER QUADRANT	\$57.00
D1557	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER-MAXILLARY	\$57.00
D1558	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER-MAND	\$57.00
D1999	UNSPECIFIED PREVENTIVE PROCEDURE, BY REPORT	\$0.00
D2140	AMALGAM - ONE SURFACE, PRIMARY OR PERMANENT	\$82.00
D2150	AMALGAM - TWO SURFACES, PRIMARY OR PERMANENT	\$99.00
D2160	AMALGAM - THREE SURFACES, PRIMARY OR PERMANENT	\$131.00
D2161	AMALGAM - FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	\$152.00
D2330	RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR	\$89.00
D2331	RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR	\$110.00
D2332	RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR	\$132.00
D2335	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	\$152.00
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	\$206.00
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	\$91.00
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	\$129.00
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	\$158.00
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	\$193.00
D2510	INLAY - METALLIC -1 SURFACE	\$590.00
D2520	INLAY-METALLIC-2 SURFACES	\$625.00

ATTACHMENT A-2  
 SCHEDULE OF ALLOWABLE FEES FOR ASSIGNED PROGRAMS  
 GENERAL DENTISTS, PEDODONTISTS, ORTHODONTISTS, PROSTHODONTISTS

\*\* PLEASE REFER TO OFFICE REFERENCE MANUAL ON DENTAQUEST'S WEBSITE FOR COVERED SERVICES\*\*

Code	Description	Fee
D2530	INLAY-METALLIC-3+ SURFACES	\$670.00
D2542	ONLAY - METALLIC - TWO SURFACES	\$675.00
D2543	ONLAY-METALLIC-3 SURFACES	\$700.00
D2544	ONLAY-METALLIC-4+ SURFACES	\$780.00
D2650	INLAY-COMPOSITE/RESIN 1SURFACE	\$341.31
D2651	INLAY-COMPOSITE/RESIN-2 SURFACES	\$341.31
D2652	INLAY-COMPOSITE/RESIN-3+ SURFACES	\$385.24
D2662	ONLAY-COMPOSITE/RESIN-2 SURFACES	\$375.84
D2663	ONLAY-COMPOSITE/RESIN-3 SURFACES	\$385.24
D2664	ONLAY-COMPOSITE/RESIN-4+ SURFACES	\$375.84
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	\$360.00
D2712	CROWN - 3/4 RESIN-BASED COMPOSITE (INDIRECT)	\$360.00
D2720	CROWN-RESIN WITH HIGH NOBLE METAL	\$750.00
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	\$680.00
D2722	CROWN - RESIN WITH NOBLE METAL	\$722.00
D2740	CROWN - PORCELAIN/CERAMIC	\$768.00
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	\$715.00
D2751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$655.00
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	\$673.00
D2753	CROWN- PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$673.00
D2780	CROWN - % CAST HIGH NOBLE METAL	\$765.00
D2781	CROWN - % CAST PREDOMINANTLY BASE METAL	\$734.00
D2782	CROWN - % CAST NOBLE METAL	\$758.00
D2783	CROWN - % PORCELAIN/CERAMIC	\$778.00
D2790	CROWN - FULL CAST HIGH NOBLE METAL	\$705.00
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	\$625.00
D2792	CROWN - FULL CAST NOBLE METAL	\$660.00
D2794	CROWN- TITANIUM AND TITANIUM ALLOYS	\$726.00
D2910	RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL COVERAGE RESTORATION	\$58.00
D2915	RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE	\$58.00
D2920	RE-CEMENT OR RE-BOND CROWN	\$57.00
D2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH	\$148.00
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH	\$180.00
D2932	PREFABRICATED RESIN CROWN	\$211.00

Code	Description	Fee
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	\$225.00
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH	\$225.00
D2940	PROTECTIVE RESTORATION	\$54.00
D2950	CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED	\$141.00
D2951	PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION	\$31.00
D2952	CAST POST AND CORE IN ADDITION TO CROWN	\$205.00
D2953	EACH ADDITIONAL CAST POST - SAME TOOTH	\$151.08
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$187.00
D2955	POST REMOVAL (NOT IN CONJUNCTION WITH ENDODONTIC THERAPY)	\$143.80
D2957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	\$109.47
D2960	LABIAL VENEER(LAMINATE)-CHAIR	\$360.00
D2961	LABIAL VENEER (RESIN LAMINATE) - LABORATORY	\$593.00
D2962	LABIAL VENEER (PORC LAMINATE) - LABORATORY	\$785.00
D2971	ADDITIONAL PROCEDURES TO CONSTRUCT NEW CROWN UNDER PARTIAL DENTURE FRAMEWORK	\$147.43
D2980	CROWN REPAIR, BY REPORT	\$148.12
D2999	UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT	\$0.00
D3110	PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)	\$44.35
D3120	PULP CAP - INDIRECT (EXCLUDING FINAL RESTORATION)	\$43.90
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT	\$92.00
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	\$110.00
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELOPMENT	\$98.00
D3230	PULPAL THERAPY (RESORBABLE FILLING) - ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	\$115.00
D3240	PULPAL THERAPY (RESORBABLE FILLING) - POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	\$120.00
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	\$439.00
D3320	ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION)	\$528.00
D3330	ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION)	\$678.00
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	\$123.00
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - ANTERIOR	\$688.00
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - PREMOLAR	\$725.00
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - MOLAR	\$856.00
D3351	APEXIFICATION/RECALCIFICATION - INITIAL VISIT (APICAL CLOSURE / CALCIFIC REPAIR OF PERFORATIONS, ROOT	\$238.00
D3352	APEXIFICATION/RECALCIFICATION - INTERIM MEDICATION REPLACEMENT	\$120.00
D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT (INCLUDES COMPLETED ROOT CANAL THERAPY - APICAL	\$380.00
D3410	APICECTOMY - ANTERIOR	\$580.00

ATTACHMENT A-2  
SCHEDULE OF ALLOWABLE FEES FOR ASSIGNED PROGRAMS  
GENERAL DENTISTS, PEDODONTISTS, ORTHODONTISTS, PROSTHODONTISTS  
\*\* PLEASE REFER TO OFFICE REFERENCE MANUAL ON DENTAQUEST'S WEBSITE FOR COVERED SERVICES\*\*

Code	Description	Fee
D3421	APICOECTOMY - PREMOLAR (FIRST ROOT)	\$650.00
D3425	APICOECTOMY - MOLAR (FIRST ROOT)	\$659.00
D3426	APICOECTOMY (EACH ADDITIONAL ROOT)	\$229.00
D3430	RETROGRADE FILLING - PER ROOT	\$161.00
D3450	ROOT AMPUTATION - PER ROOT	\$295.00
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	\$1,095.00
D3470	INTENTIONAL REIMPLANTATION	\$452.41
D3910	SURGICAL PROCEDURE FOR ISOLATION OF TOOTH WITH RUBBER DAM	\$179.40
D3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCL ROOT CANAL THERAPY	\$231.00
D3950	CANAL PREPARATION AND FITTING OF PREFORMED DOWEL OR POST	\$123.68
D3999	UNSPECIFIED ENDODONTIC PROCEDURE, BY REPORT	\$0.00
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$410.00
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$246.00
D4230	ANATOMICAL CROWN EXPOSURE - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$514.49
D4231	ANATOMICAL CROWN EXPOSURE - ONE TO THREE TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$464.82
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$430.00
D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	258
D4245	APICALLY POSITIONED FLAP	\$328.00
D4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	\$500.00
D4260	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$667.00
D4261	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$544.39
D4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	\$300.00
D4264	BONE REPLACEMENT GRAFT - EACH ADDITIONAL SITE IN QUADRANT	\$190.00
D4266	GUIDED TISSUE REGENERATE - RESORBABLE BARRIER, PER SITE, PER TOOTH	\$365.00
D4267	GUIDED TISSUE REGENERATION - NONRESORBABLE BARRIER, PER SITE, PER TOOTH	\$457.00
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$500.00

Code	Description	Fee
D4271	FREE SOFT TISSUE GRAFT PROCEDURE	\$633.00
D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURE	\$700.00
D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE	\$578.80
D4275	SOFT TISSUE ALLOGRAFT	\$96.12
D4276	COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT	\$677.08
D4277	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY), FIRST TOOTH OR EDENTULOUS TOOTH POSITION IN GRAFT	\$633.00
D4278	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY), EACH ADDITIONAL CONTIGUOUS TOOTH OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE	\$316.50
D4283	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) - EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE	\$67.38
D4285	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT SURGICAL SITE AND DONOR MATERIAL) - EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE	\$67.38
D4320	PROVISION SPLINTING - INTRACORONAL	\$224.12
D4321	PROVISION SPLINTING - EXTRACORONAL	\$205.00
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	\$149.00
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH PER QUADRANT	\$93.00
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE A COMPREHENSIVE ORAL EVALUATION AND DIAGNOSIS ON A SUBSEQUENT VISIT	\$56.00
D4381	LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS	\$46.03
D4910	PERIODONTAL MAINTENANCE PROCEDURES	\$81.00
D4920	UNSCHEDULED DRESSING CHANGE (BY SOMEONE OTHER THAN TREATING DENTIST OR THEIR STAFF)	\$61.58
D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	\$0.00
D5110	COMPLETE DENTURE - MAXILLARY	\$772.00
D5120	COMPLETE DENTURE - MANDIBULAR	\$772.00
D5130	IMMEDIATE DENTURE - MAXILLARY	\$784.00
D5140	IMMEDIATE DENTURE - MANDIBULAR	\$784.00
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$617.00
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$617.00
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$796.00

**ATTACHMENT A-2**  
**SCHEDULE OF ALLOWABLE FEES FOR ASSIGNED PROGRAMS**  
**GENERAL DENTISTS, PEDODONTISTS, ORTHODONTISTS, PROSTHODONTISTS**  
**\*\* PLEASE REFER TO OFFICE REFERENCE MANUAL ON DENTAQUEST'S WEBSITE FOR COVERED SERVICES\*\***

Code	Description	Fee
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$796.00
D5225	MAXILLARY PARTIAL DENTURE-FLEXIBLE BASE	\$720.00
D5226	MANDIBULAR PARTIAL DENTURE-FLEXIBLE BASE	\$720.00
D5281	REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE CAST METAL	\$542.00
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$45.00
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	\$45.00
D5421	ADJUST PARTIAL DENTURE-MAXILLARY	\$47.00
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$47.00
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	\$100.00
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	\$100.00
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	\$100.00
D5520	REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE (EACH TOOTH)	\$88.00
D5610	REPAIR RESIN DENTURE BASE	\$99.00
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	\$99.00
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	\$99.00
D5630	REPAIR OR REPLACE BROKEN RETENTIVE/CLASPING MATERIALS PER TOOTH	\$135.00
D5640	REPLACE BROKEN TEETH-PER TOOTH	\$88.00
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$113.00
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	\$135.00
D5670	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MAXILLARY)	\$336.81
D5671	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MANDIBULAR)	\$349.66
D5710	REBASE COMPLETE MAXILLARY DENTURE	\$334.00
D5711	REBASE COMPLETE MANDIBULAR DENTURE	\$334.00
D5720	REBASE MAXILLARY PARTIAL DENTURE	\$304.00
D5721	REBASE MANDIBULAR PARTIAL DENTURE	\$304.00
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	\$189.00
D5731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	\$189.00
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	\$175.00
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	\$175.00
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	\$239.00
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	\$239.00
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	\$231.00
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	\$231.00
D5810	INTERIM COMPLETE DENTURE-MAXILLARY	\$381.23
D5811	INTERIM COMPLETE DENTURE-MANDIBULAR	\$380.52
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	\$346.00
D5821	INTERIM PARTIAL DENTURE-MANDIBULAR	\$346.00
D5850	TISSUE CONDITIONING, MAXILLARY	\$93.00
D5851	TISSUE CONDITIONING, MANDIBULAR	\$93.00
D5862	PRECISION ATTACHMENT, BY REPORT	\$403.77

Code	Description	Fee
D5911	FACIAL MOULAGE (SECTIONAL)	\$276.68
D5912	FACIAL MOULAGE (COMPLETE)	\$318.71
D5913	NASAL PROSTHESIS	\$3,040.52
D5914	AURICULAR PROSTHESIS	\$3,315.70
D5915	ORBITAL PROSTHESIS	\$3,315.70
D5916	OCULAR PROSTHESIS	\$3,315.70
D5919	FACIAL PROSTHESIS	\$3,315.70
D5922	NASAL SEPTAL PROSTHESIS	\$3,315.70
D5923	OCULAR PROSTHESIS, INTERIM	\$3,315.70
D5924	CRANIAL PROSTHESIS	\$3,315.70
D5925	FACIAL AUGMENT IMPLANT PROSTHESIS	\$3,315.70
D5926	NASAL PROSTHESIS, REPLACEMENT	\$3,315.70
D5927	AURICULAR PROSTHESIS, REPLACE	\$3,315.70
D5928	ORBITAL PROSTHESIS, REPLACE	\$3,315.70
D5929	FACIAL PROSTHESIS, REPLACEMENT	\$3,315.70
D5931	OBTURATOR PROSTHESIS, SURGICAL	\$1,512.50
D5932	OBTURATOR PROSTHESIS, DEFINITIVE	\$1,479.98
D5933	OBTURATOR PROSTHESIS, MODIFICATION	\$215.14
D5934	MANDIBULAR RESECTION PROSTHESIS WITH GUIDE FLANGE	\$215.14
D5935	MANDIBULAR RESECTION PROSTHESIS WITHOUT GUIDE FLANGE	\$215.14
D5936	OBTURATOR PROSTHESIS, INTERIM	\$215.14
D5937	TRISMUS APPLIANCE (NOT FOR TMD TREATMENT)	494.21
D5951	FEEDING AID	601.4
D5952	SPEECH AID PROSTHESIS, PEDIATRIC	\$591.39
D5953	SPEECH AID PROSTHESIS, ADULT	\$591.39
D5954	PALATAL AUGMENT PROSTHESIS	\$591.39
D5955	PALATAL LIFT PROSTHESIS, DEFINITIVE	\$591.39
D5958	PALATAL LIFT PROSTHESIS, INTERIM	\$591.39
D5959	PALATAL LIFT PROSTHESIS, MODIFICATION	\$591.39
D5960	SPEECH AID PROSTHESIS, MODIFICATION	\$591.39
D5982	SURGICAL STENT	\$456.98
D5983	RADIATION CARRIER	\$158.61
D5984	RADIATION SHIELD	\$158.61
D5985	RADIATION CONE LOCATOR	\$158.61
D5986	FLUORIDE GEL CARRIER	\$115.08
D5987	COMMISSURE SPLINT	\$514.34
D5988	SURGICAL SPLINT	\$756.70
D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT	\$0.00
D6010	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT	\$1,606.00
D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT	\$6,100.00

**ATTACHMENT A-2  
SCHEDULE OF ALLOWABLE FEES FOR ASSIGNED PROGRAMS  
GENERAL DENTISTS, PEDODONTISTS, ORTHODONTISTS, PROSTHODONTISTS**

**\*\* PLEASE REFER TO OFFICE REFERENCE MANUAL ON DENTAQUEST'S WEBSITE FOR COVERED SERVICES \*\***

Code	Description	Fee
D6050	SURGICAL PLACEMENT-TRANSOSTEAL IMPLANT	\$4,077.00
D6053	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR COMPLETELY EDENTULOUS ARCH	\$1,125.00
D6054	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH	\$1,110.00
D6055	CONNECTING BAR - IMPLANT SUPPORTED OR ABUTMENT SUPPORTED	\$1,583.00
D6056	PREFABRICATED ABUTMENT	\$376.00
D6057	CUSTOM ABUTMENT	\$503.00
D6058	ABUTMENTS SUPPORTED PORCELAIN/CERAMIC CROWN	\$944.00
D6059	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL)	\$858.00
D6060	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINANTLY BASE METAL)	\$786.00
D6061	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL)	\$808.00
D6062	ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)	\$846.00
D6063	ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINANTLY BASE METAL)	\$750.00
D6064	ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)	\$792.00
D6065	IMPLANTS SUPPORTED PORCELAIN/CERAMIC CROWN	\$1,100.00
D6066	IMPLANT SUPPORTED CROWN- PORCELAIN FUSED TO HIGH NOBLE ALLOYS	\$1,050.00
D6067	IMPLANT SUPPORTED CROWN- HIGH NOBLE ALLOYS	\$939.00
D6068	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC FPD	\$965.00
D6069	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (HIGH NOBLE METAL)	\$945.00
D6070	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (PREDOMINANTLY BASE METAL)	\$835.00
D6071	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (NOBLE METAL)	\$850.00
D6072	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL)	\$870.00
D6073	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (PREDOMINANTLY BASE METAL)	\$735.00
D6074	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL)	\$850.00
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	\$878.00
D6076	IMPLANT SUPPORTED RETAINER FOR FPD-PORCELAIN FUSED TO HIGH NOBLE ALLOYS	\$876.00
D6077	IMPLANT SUPPORTED RETAINER FOR METAL FPD- HIGH NOBLE ALLOYS	\$812.00
D6078	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR COMPLETELY EDENTULOUS ARCH	\$2,372.00
D6079	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH	\$1,895.00
D6092	RE-CEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED CROWN	\$57.00
D6093	RE-CEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL DENTURE	\$80.00
D6094	ABUTMENT SUPPORTED CROWN- TITANIUM AND TITANIUM ALLOYS	\$872.00
D6194	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD- TITANIUM AND TITANIUM ALLOYS	\$983.00
D6210	PONTIC - CAST HIGH NOBLE METAL	\$725.00

Code	Description	Fee
D6211	PONTIC-CAST BASE METAL	\$675.00
D6212	PONTIC - CAST NOBLE METAL	\$690.00
D6214	PONTIC - TITANIUM AND TITANIUM ALLOYS	\$726.00
D6240	PONTIC-PORCELAIN FUSED-HIGH NOBLE	\$730.00
D6241	PONTIC-PORCELAIN FUSED TO BASE METAL	\$642.00
D6242	PONTIC-PORCELAIN FUSED-NOBLE METAL	\$697.00
D6243	PONTIC - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$697.00
D6245	PROSTHODONTICS FIXED, PONTIC- PORCELAIN/CERAMIC	\$721.03
D6250	PONTIC-RESIN WITH HIGH NOBLE METAL	\$775.00
D6251	PONTIC-RESIN WITH BASE METAL	\$617.00
D6252	PONTIC-RESIN WITH NOBLE METAL	\$667.00
D6545	RETAINER - CAST METAL FIXED	\$350.00
D6548	PROSTHODONTICS FIXED, RETAINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHODONTIC	\$350.00
D6602	INLAY - CAST HIGH NOBLE METAL, TWO SURFACES	\$600.00
D6603	INLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	\$660.00
D6604	INLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES	\$539.00
D6605	INLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	\$633.00
D6606	INLAY - CAST NOBLE METAL, TWO SURFACES	\$583.00
D6607	INLAY - CAST NOBLE METAL, THREE OR MORE SURFACES	\$645.00
D6610	ONLAY - CAST HIGH NOBLE METAL, TWO SURFACES	\$679.00
D6611	ONLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	\$779.00
D6612	ONLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES	\$635.00
D6613	ONLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	\$655.00
D6614	ONLAY - CAST NOBLE METAL, TWO SURFACES	\$651.00
D6615	ONLAY - CAST NOBLE METAL, THREE OR MORE SURFACES	\$675.00
D6624	INLAY - TITANIUM	\$660.00
D6634	ONLAY - TITANIUM	\$779.00
D6720	CROWN-RESIN WITH HIGH NOBLE METAL	\$750.00
D6721	CROWN-RESIN WITH BASE METAL	\$680.00
D6722	CROWN-RESIN WITH NOBLE METAL	\$722.00
D6740	RETAINER CROWN - PORCELAIN/CERAMIC	\$714.83
D6750	CROWN-PORCELAIN FUSED HIGH NOBLE	\$715.00
D6751	CROWN-PORCELAIN FUSED TO BASE METAL	\$655.00

ATTACHMENT A-2  
SCHEDULE OF ALLOWABLE FEES FOR ASSIGNED PROGRAMS  
GENERAL DENTISTS, PEDODONTISTS, ORTHODONTISTS, PROSTHODONTISTS

\*\* PLEASE REFER TO OFFICE REFERENCE MANUAL ON DENTAQUEST'S WEBSITE FOR COVERED SERVICES \*\*

Code	Description	Fee
D6752	CROWN-PORCELAIN FUSED NOBLE METAL	\$673.00
D6753	RETAINER CROWN- PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$673.00
D6780	CROWN-3/4 CST HIGH NOBLE METAL	\$765.00
D6781	PROSTHODONTICS FIXED, CROWN % CAST PREDOMINANTLY BASED METAL	\$734.00
D6782	PROSTHODONTICS FIXED, CROWN % CAST NOBLE METAL	\$758.00
D6783	PROSTHODONTICS FIXED, CROWN % PORCELAIN/CERAMIC	\$758.16
D6784	RETAINER CROWN 3/4- TITANIUM AND TITANIUM ALLOYS	\$734.00
D6790	CROWN-FULL CAST HIGH NOBLE	\$705.00
D6791	CROWN - FULL CAST BASE METAL	\$625.00
D6792	CROWN - FULL CAST NOBLE METAL	\$660.00
D6794	RETAINER CROWN - TITANIUM AND TITANIUM ALLOYS	\$726.00
D6920	CONNECTOR BAR	\$492.08
D6930	RE-CEMENT OR RE-BOND FIXED PARTIAL DENTURE	\$80.00
D6940	STRESS BREAKER	\$200.00
D6950	PRECISION ATTACHMENT	\$370.25
D6973	CORE BUILD RETAINER WITH PINS	\$143.00
D6980	FIXED PARTIAL DENTURE REPAIR	\$219.15
D6999	FIXED PROSTHODONTIC PROCEDURE	\$0.00
D7111	EXTRACTION, CORONAL REMNANTS - PRIMARY TOOTH	\$68.00
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	\$85.00
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	\$170.00
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	\$225.00
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	\$290.00
D7240	REMOVAL OF IMPACTED TOOTH-COMPLETLY BONY	\$350.00
D7241	REMOVAL OF IMPACTED TOOTH-COMPLETLY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	\$401.76
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	\$180.00
D7260	OROANTRAL FISTULA CLOSURE	\$565.00
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	\$500.00
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH	\$320.00
D7272	TOOTH TRANSPLANTATION (INCLUDES REIMPLANTATION FROM ONE SITE TO ANOTHER)	\$404.76
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	\$410.00
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	\$416.64
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	\$123.00

Code	Description	Fee
D7285	INCISIONAL BIOPSY OF ORAL TISSUE-HARD (BONE, TOOTH)	\$384.00
D7286	INCISIONAL BIOPSY OF ORAL TISSUE-SOFT	\$210.00
D7290	SURGICAL REPOSITIONING OF TEETH	\$408.53
D7291	TRANSSEPTAL FIBEROTOMY, BY REPORT	\$169.61
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	\$167.00
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	\$100.00
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	\$270.00
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	\$162.00
D7340	VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION)	\$503.00
D7350	VESTIBULOPLASTY - RIDGE EXTENSION	\$690.00
D7410	RADICAL EXCISION - LESION DIAMETER UP TO 1.25CM	\$251.00
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	\$538.00
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM	\$665.16
D7414	EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM	\$963.89
D7440	EXCISION OF MALIGNANT TUMOR - LESION DIAMETER UP TO 1.25CM	\$406.39
D7441	EXCISION OF MALIGNANT TUMOR - LESION DIAMETER GREATER THAN 1.25CM	\$698.56
D7450	REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25CM	\$352.00
D7451	REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION GREATER THAN 1.25CM	\$462.00
D7460	REMOVAL OF NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25CM	\$437.00
D7461	REMOVAL OF NONODONTOGENIC CYST OR TUMOR - LESION GREATER THAN 1.25CM	\$512.00
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHOD, BY REPORT	\$176.12
D7471	REMOVAL OF EXOSTOSIS - PER SITE	\$555.00
D7472	REMOVAL OF TORUS PALATINUS	\$530.93
D7510	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE	\$118.00
D7520	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE	\$222.00
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE	\$312.00
D7540	REMOVAL OF REACTION-PRODUCING FOREIGN BODIES, MUSCULOSKELETAL SYSTEM	\$351.00
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE	\$267.00
D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY	\$820.00
D7670	ALVEOLUS STABILIZATION OF TEETH, CLOSED REDUCTION SPLINTING	\$865.07
D7820	CLOSED REDUCTION DISLOCATION	\$335.22
D7880	OCCUSAL ORTHOTIC DEVICE, BY REPORT	\$493.83
D7899	UNSPECIFIED TMD THERAPY, BY REPORT	\$157.60

**ATTACHMENT A-2  
SCHEDULE OF ALLOWABLE FEES FOR ASSIGNED PROGRAMS  
GENERAL DENTISTS, PEDODONTISTS, ORTHODONTISTS, PROSTHODONTISTS**

**\*\* PLEASE REFER TO OFFICE REFERENCE MANUAL ON DENTAQUEST'S WEBSITE FOR COVERED SERVICES\*\***

Code	Description	Fee
D7910	SUTURE SMALL WOUNDS UP TO 5 CM	\$168.61
D7911	COMPLICATED SUTURE-UP TO 5 CM	\$272.68
D7912	COMPLEX SUTURE - GREATER THAN 5CM	\$443.29
D7955	REPAIR OF MAXILLOFACIAL SOFT AND/OR HARD TISSUE DEFECT	\$1,384.42
D7960	FRENULECTOMY - ALSO KNOWN AS FRENECTOMY OR FRENOTOMY - SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE	\$315.00
D7970	EXCISION OF HYPERPLASTIC TISSUE - PER ARCH	\$420.00
D7971	EXCISION OF PERICORONAL GINGIVA	\$130.00
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	\$394.76
D7980	SURGICAL SIALOLITHOTOMY	\$429.79
D7983	CLOSURE OF SALIVARY FISTULA	\$819.04
D7997	APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE), INCLUDES REMOVAL OF ARCHBAR	\$191.63
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	\$0.00
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	\$0.00
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROCEDURE	\$53.00
D9120	FIXED PARTIAL DENTURE SECTIONING	\$133.09
D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	\$40.53
D9211	REGIONAL BLOCK ANESTHESIA	\$51.03
D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA	\$141.59
D9222	DEEP SEDATION/GENERAL ANESTHESIA FIRST 15 MINUTES	\$112.50
D9223	DEEP SEDATION/GENERAL ANESTHESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	\$48.75
D9230	INHALATION OF NITROUS OXIDE/ANALGESIA, ANXIOLYSIS	\$28.00
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - FIRST 15 MINUTES	\$104.50
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	\$104.50
D9248	NON-INTRAVENOUS MODERATE (CONSCIOUS) SEDATION	\$101.62
D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN	\$60.00
D9410	HOUSE/EXTENDED CARE FACILITY CALL	\$50.00
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	\$50.00
D9430	OFFICE VISIT FOR OBSERVATION - NO OTHER SERVICES PERFORMED	\$42.00
D9440	OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS	\$76.00
D9610	THERAPEUTIC DRUG INJECTION, BY REPORT	\$56.04
D9630	OTHER DRUGS AND/OR MEDICAMENTS, BY REPORT	\$15.01
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	\$33.02
D9920	BEHAVIOR MANAGEMENT, BY REPORT	\$51.91
D9930	TREATMENT OF COMPLICATIONS (POST-SURGICAL) - UNUSUAL CIRCUMSTANCES, BY REPORT	\$52.00
D9940	OCCLUSAL GUARD, BY REPORT	\$395.00
D9944	OCCLUSAL GUARD--HARD APPLIANCE, FULL ARCH	\$395.00
D9945	OCCLUSAL GUARD--SOFT APPLIANCE FULL ARCH	\$395.00
D9946	OCCLUSAL GUARD--HARD APPLIANCE, PARTIAL ARCH	\$395.00
D9950	OCCLUSION ANALYSIS-MOUNTED CASE	\$151.52
D9951	OCCLUSAL ADJUSTMENT - LIMITED	\$57.00

Code	Description	Fee
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	\$401.00
D9970	ENAMEL MICROABRASION	\$67.70
D9974	INTERNAL BLEACHING - PER TOOTH	\$164.60
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT	\$0.00



THIS BLANK INTENTIONALLY LEFT BLANK

ATTACHMENT A-3  
 SCHEDULE OF ALLOWABLE FEES FOR ASSIGNED PROGRAMS  
 ENDODONTISTS, PERIODONTISTS, ORAL SURGEONS

\*\* PLEASE REFER TO OFFICE REFERENCE MANUAL ON DENTAQUEST'S WEBSITE FOR COVERED SERVICES\*\*

Code	Description	Fee
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	\$26.00
D0140	LIMITED ORAL EVALUATION-PROBLEM FOCUSED	\$43.00
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER	\$26.00
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$41.00
D0160	DETAILED AND EXTENSIVE ORAL EVAL-PROBLEM FOCUSED, BY REPORT	\$71.00
D0170	RE-EVALUATION, LIMITED PROBLEM FOCUSED	\$43.00
D0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$59.00
D0210	INTRAORAL - COMPLETE SERIES OF RADIOGRAPHIC IMAGES	\$78.00
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	\$14.00
D0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	\$11.00
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	\$27.00
D0250	EXTRA-ORAL - 2D PROJECTION RADIOGRAPHIC IMAGE CREATED USING A STATIONARY RADIATION SOURCE, AND DETECTOR	\$25.00
D0260	EXTRAORAL - EACH ADDITIONAL RADIOGRAPHIC IMAGE	\$25.00
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	\$14.00
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	\$24.00
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	\$30.00
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	\$36.00
D0277	VERTICAL BITEWINGS - 7 TO 8 FILMS	\$64.00
D0290	POSTERIOR-ANTERIOR OR LATERAL SKULL AND FACIAL BONE SURVEY RADIOGRAPHIC IMAGE	\$77.00
D0310	SIALOGRAPHY	\$143.00
D0320	TEMPOROMANDIBULAR JOINT ARTHOGRAM, INCLUDING INJECTION	\$200.00
D0321	OTHER TEMPOROMANDIBULAR JOINT FILMS, BY REPORT	\$121.58
D0322	TOMOGRAPHIC SURVEY	\$322.58
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$64.00
D0340	CEPHALOMETRIC RADIOGRAPHIC IMAGE	\$75.00
D0350	2D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY	\$40.00
D0367	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS, WITH OR WITHOUT CRANIUM	\$203.74
D0415	BACTERIOLOGIC STUDIES	\$101.06
D0460	PULP VITALITY TESTS	\$30.00
D0470	DIAGNOSTIC CASTS	\$54.00
D0472	ACCESSION OF TISSUE, GROSS EXAMINATION	\$75.00
D0473	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAM	\$97.00
D0474	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAM (SURGICAL)	\$103.00
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT	\$0.00
D1110	PROPHYLAXIS - ADULT	\$56.00

Code	Description	Fee
D1120	PROPHYLAXIS - CHILD	\$43.00
D1203	TOPICAL APPLICATION OF FLUORIDE (PROPHYLAXIS NOT INCLUDED) - CHILD	\$20.00
D1204	TOPICAL APPLICATION OF FLUORIDE (PROPHYLAXIS NOT INCLUDED) - ADULT	\$18.00
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	\$18.00
D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	\$18.00
D1330	ORAL HYGIENE INSTRUCTIONS	\$31.02
D1351	SEALANT - PER TOOTH	\$31.00
D1352	PREVENTIVE RESIN RESTORATION IS A MOD. TO HIGH CARIES RISK PATIENT PERM TOOTH CONSERVATIVE REST OF AN ACTIVE CAVITATED LESION IN A PIT OR FISSURE THAT DOESN'T EXTEND INTO DENTIN; INCLUDES PLACMT OF A SEALANT IN RADIATING NON-CARIOUS FISSURE OR PITS.	\$38.00
D1510	SPACE MAINTAINER-FIXED, UNILATERAL- PER QUADRANT	\$203.00
D1515	SPACE MAINTAINER - FIXED - BILATERAL	\$391.00
D1520	SPACE MAINTAINER-REMOVABLE-UNILATERAL	\$240.00
D1525	SPACE MAINTAINER-REMOVABLE-BILATERAL	\$360.00
D1550	RE-CEMENT OR RE-BOND SPACE MAINTAINER	\$57.00
D1551	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER-MAXILLARY	\$57.00
D1552	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER-MANDIBULAR	\$57.00
D1553	RE-CEMENT OR RE-BOND UNILATERAL SPACE MAINTAINER-PER QUADRANT	\$57.00
D1555	REMOVAL OF FIXED SPACE MAINTAINER	\$57.00
D1556	REMOVAL OF FIXED UNILATERAL SPACE MAINTAINER- PER QUADRANT	\$57.00
D1557	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER-MAXILLARY	\$57.00
D1558	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER-MANDIBULAR	\$57.00
D1999	UNSPECIFIED PREVENTIVE PROCEDURE, BY REPORT	\$0.00
D2140	AMALGAM - ONE SURFACE, PRIMARY OR PERMANENT	\$82.00
D2150	AMALGAM - TWO SURFACES, PRIMARY OR PERMANENT	\$99.00
D2160	AMALGAM - THREE SURFACES, PRIMARY OR PERMANENT	\$131.00
D2161	AMALGAM - FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	\$152.00
D2330	RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR	\$89.00
D2331	RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR	\$110.00
D2332	RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR	\$132.00
D2335	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	\$152.00
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	\$206.00
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	\$91.00
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	\$129.00
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	\$158.00
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	\$193.00
D2510	INLAY - METALLIC -1 SURFACE	\$590.00

**ATTACHMENT A-3  
SCHEDULE OF ALLOWABLE FEES FOR ASSIGNED PROGRAMS  
ENDODONTISTS, PERIODONTISTS, ORAL SURGEONS**

**\*\* PLEASE REFER TO OFFICE REFERENCE MANUAL ON DENTAQUEST'S WEBSITE FOR COVERED SERVICES\*\***

Code	Description	Fee
D2520	INLAY-METALLIC-2 SURFACES	\$625.00
D2530	INLAY-METALLIC-3+ SURFACES	\$670.00
D2542	ONLAY - METALLIC - TWO SURFACES	\$675.00
D2543	ONLAY-METALLIC-3 SURFACES	\$700.00
D2544	ONLAY-METALLIC-4+ SURFACES	\$780.00
D2650	INLAY-COMPOSITE/RESIN 1SURFACE	\$341.31
D2651	INLAY-COMPOSITE/RESIN-2 SURFACES	\$341.31
D2652	INLAY-COMPOSITE/RESIN-3+ SURFACES	\$385.24
D2662	ONLAY-COMPOSITE/RESIN-2 SURFACES	\$375.84
D2663	ONLAY-COMPOSITE/RESIN-3 SURFACES	\$385.24
D2664	ONLAY-COMPOSITE/RESIN-4+ SURFACES	\$375.84
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	\$360.00
D2712	CROWN - 3/4 RESIN-BASED COMPOSITE (INDIRECT)	\$360.00
D2720	CROWN-RESIN WITH HIGH NOBLE METAL	\$750.00
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	\$680.00
D2722	CROWN - RESIN WITH NOBLE METAL	\$722.00
D2740	CROWN - PORCELAIN/CERAMIC	\$768.00
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	\$715.00
D2751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$655.00
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	\$673.00
D2753	CROWN- PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$673.00
D2780	CROWN - ¾ CAST HIGH NOBLE METAL	\$765.00
D2781	CROWN - ¾ CAST PREDOMINANTLY BASE METAL	\$734.00
D2782	CROWN - ¾ CAST NOBLE METAL	\$758.00
D2783	CROWN - ¾ PORCELAIN/CERAMIC	\$778.00
D2790	CROWN - FULL CAST HIGH NOBLE METAL	\$705.00
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	\$625.00
D2792	CROWN - FULL CAST NOBLE METAL	\$660.00
D2794	CROWN- TITANIUM AND TITANIUM ALLOYS	\$726.00
D2910	RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL COVERAGE RESTORATION	\$58.00
D2915	RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE	\$58.00
D2920	RE-CEMENT OR RE-BOND CROWN	\$57.00
D2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH	\$148.00
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH	\$180.00

Code	Description	Fee
D2932	PREFABRICATED RESIN CROWN	\$211.00
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	\$225.00
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH	\$225.00
D2940	PROTECTIVE RESTORATION	\$54.00
D2950	CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED	\$141.00
D2951	PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION	\$31.00
D2952	CAST POST AND CORE IN ADDITION TO CROWN	\$205.00
D2953	EACH ADDITIONAL CAST POST - SAME TOOTH	\$151.08
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$187.00
D2955	POST REMOVAL (NOT IN CONJUNCTION WITH ENDODONTIC THERAPY)	\$143.80
D2957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	\$109.47
D2960	LABIAL VENEER (LAMINATE)-CHAIR	\$360.00
D2961	LABIAL VENEER (RESIN LAMINATE) - LABORATORY	\$593.00
D2962	LABIAL VENEER (PORC LAMINATE) - LABORATORY	\$785.00
D2971	ADDITIONAL PROCEDURES TO CONSTRUCT NEW CROWN UNDER PARTIAL DENTURE FRAMEWORK	\$147.43
D2980	CROWN REPAIR, BY REPORT	\$148.12
D2999	UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT	\$0.00
D3110	PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)	\$44.35
D3120	PULP CAP - INDIRECT (EXCLUDING FINAL RESTORATION)	\$43.90
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT	\$109.00
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	\$121.00
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELOPMENT	\$109.00
D3230	PULPAL THERAPY (RESORBABLE FILLING) - ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	\$127.00
D3240	PULPAL THERAPY (RESORBABLE FILLING) - POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	\$132.00
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	\$507.00
D3320	ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION)	\$581.00
D3330	ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION)	\$815.00
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	\$135.00
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY- ANTERIOR	\$757.00
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - PREMOLAR	\$800.00
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY- MOLAR	\$942.00
D3351	APEXIFICATION/RECALCIFICATION - INITIAL VISIT (APICAL CLOSURE / CALCIFIC REPAIR OF PERFORATIONS, ROOT	\$262.00
D3352	APEXIFICATION/RECALCIFICATION - INTERIM MEDICATION REPLACEMENT	\$145.00
D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT (INCLUDES COMPLETED ROOT CANAL THERAPY - APICAL	\$418.00

**ATTACHMENT A-3  
SCHEDULE OF ALLOWABLE FEES FOR ASSIGNED PROGRAMS  
ENDODONTISTS, PERIODONTISTS, ORAL SURGEONS**

\*\* PLEASE REFER TO OFFICE REFERENCE MANUAL ON DENTAQUEST'S WEBSITE FOR COVERED SERVICES\*\*

Code	Description	Fee
D3410	APICOECTOMY - ANTERIOR	\$638.00
D3421	APICOECTOMY - PREMOLAR (FIRST ROOT)	\$715.00
D3425	APICOECTOMY - MOLAR (FIRST ROOT)	\$725.00
D3426	APICOECTOMY (EACH ADDITIONAL ROOT)	\$252.00
D3430	RETROGRADE FILLING - PER ROOT	\$177.00
D3450	ROOT AMPUTATION - PER ROOT	\$325.00
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	\$1205.00
D3470	INTENTIONALREIMPLANTATION	\$452.41
D3910	SURGICAL PROCEDURE FOR ISOLATION OF TOOTH WITH RUBBER DAM	\$179.40
D3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCL ROOT CANAL THERAPY	\$261.00
D3950	CANAL PREPARATION AND FITTING OF PREFORMED DOWEL OR POST	\$123.68
D3999	UNSPECIFIED ENDODONTIC PROCEDURE, BY REPORT	\$0.00
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$451.00
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$271.00
D4230	ANATOMICAL CROWN EXPOSURE – FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$514.49
D4231	ANATOMICAL CROWN EXPOSURE – ONE TO THREE TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$464.82
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$500.00
D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$300.00
D4245	APICALLY POSITIONED FLAP	\$361.00
D4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	\$550.00
D4260	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$667.00
D4261	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$544.39
D4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	\$361.00
D4264	BONE REPLACEMENT GRAFT - EACH ADDITIONAL SITE IN QUADRANT	\$211.00
D4266	GUIDED TISSUE REGENERATE-RESORBABLE BARRIER, PER SITE, PER TOOTH	\$420.00
D4267	GUIDED TISSUE REGENERATION - NONRESORBABLE BARRIER, PER SITE, PER TOOTH	\$525.00

Code	Description	Fee
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$550.00
D4271	FREE SOFT TISSUE GRAFT PROCEDURE	\$700.00
D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURE	\$770.00
D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE	\$578.80
D4275	SOFT TISSUE ALLOGRAFT	\$96.12
D4276	COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT	\$677.08
D4277	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY), FIRST TOOTH OR EDENTULOUS TOOTH POSITION IN GRAFT	\$700.00
D4278	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY), EACH ADDITIONAL CONTIGUOUS TOOTH OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE	\$350.00
D4283	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) – EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE	\$67.38
D4285	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT SURGICAL SITE AND DONOR MATERIAL) – EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE	\$67.38
D4320	PROVISION SPLINTING - INTRACORONAL	\$224.12
D4321	PROVISION SPLINTING - EXTRACORONAL	\$226.00
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	\$182.00
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH PER QUADRANT	\$102.00
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE A COMPREHENSIVE ORAL EVALUATION AND DIAGNOSIS ON A SUBSEQUENT VISIT	\$56.00
D4381	LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS	\$46.03
D4910	PERIODONTAL MAINTENANCE PROCEDURES	\$89.00
D4920	UNSCHEDULED DRESSING CHANGE (BY SOMEONE OTHER THAN TREATING DENTIST OR THEIR STAFF)	\$61.58
D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	\$0.00
D5110	COMPLETE DENTURE - MAXILLARY	\$772.00
D5120	COMPLETE DENTURE - MANDIBULAR	\$772.00
D5130	IMMEDIATE DENTURE - MAXILLARY	\$784.00
D5140	IMMEDIATE DENTURE - MANDIBULAR	\$784.00
D5211	MAXILLARY PARTIAL DENTURE – RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$617.00
D5212	MANDIBULAR PARTIAL DENTURE – RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$617.00
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$796.00

ATTACHMENT A-3  
SCHEDULE OF ALLOWABLE FEES FOR ASSIGNED PROGRAMS  
ENDODONTISTS, PERIODONTISTS, ORAL SURGEONS

\*\* PLEASE REFER TO OFFICE REFERENCE MANUAL ON DENTAQUEST'S WEBSITE FOR COVERED SERVICES\*\*

Code	Description	Fee
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$796.00
D5225	MAXILLARY PARTIAL DENTURE-FLEXIBLE BASE	\$720.00
D5226	MANDIBULAR PARTIAL DENTURE-FLEXIBLE BASE	\$720.00
D5281	REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE CAST METAL	\$542.00
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$45.00
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	\$45.00
D5421	ADJUST PARTIAL DENTURE-MAXILLARY	\$47.00
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$47.00
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	\$100.00
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	\$100.00
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	\$100.00
D5520	REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE (EACH TOOTH)	\$88.00
D5610	REPAIR RESIN DENTURE BASE	\$99.00
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	\$99.00
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	\$99.00
D5630	REPAIR OR REPLACE BROKEN RETENTIVE/CLASPING MATERIALS PER TOOTH	\$135.00
D5640	REPLACE BROKEN TEETH-PER TOOTH	\$88.00
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$113.00
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	\$135.00
D5670	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MAXILLARY)	\$336.81
D5671	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MANDIBULAR)	\$349.66
D5710	REBASE COMPLETE MAXILLARY DENTURE	\$334.00
D5711	REBASE COMPLETE MANDIBULAR DENTURE	\$334.00
D5720	REBASE MAXILLARY PARTIAL DENTURE	\$304.00
D5721	REBASE MANDIBULAR PARTIAL DENTURE	\$304.00
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	\$189.00
D5731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	\$189.00
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	\$175.00
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	\$175.00
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	\$239.00
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	\$239.00
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	\$231.00
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	\$231.00
D5810	INTERIM COMPLETE DENTURE-MAXILLARY	\$381.23
D5811	INTERIM COMPLETE DENTURE-MANDIBULAR	\$380.52
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	\$346.00
D5821	INTERIM PARTIAL DENTURE-MANDIBULAR	\$346.00
D5850	TISSUE CONDITIONING, MAXILLARY	\$93.00
D5851	TISSUE CONDITIONING,MANDIBULAR	\$93.00
D5862	PRECISION ATTACHMENT, BY REPORT	\$403.77

Code	Description	Fee
D5911	FACIAL MOULAGE (SECTIONAL)	\$276.68
D5912	FACIAL MOULAGE (COMPLETE)	\$318.71
D5913	NASAL PROSTHESIS	\$3040.52
D5914	AURICULAR PROSTHESIS	\$3315.70
D5915	ORBITAL PROSTHESIS	\$3315.70
D5916	OCULAR PROSTHESIS	\$3315.70
D5919	FACIAL PROSTHESIS	\$3315.70
D5922	NASAL SEPTAL PROSTHESIS	\$3315.70
D5923	OCULAR PROSTHESIS, INTERIM	\$3315.70
D5924	CRANIAL PROSTHESIS	\$3315.70
D5925	FACIAL AUGMENT IMPLANT PROSTHESIS	\$3315.70
D5926	NASAL PROSTHESIS, REPLACEMENT	\$3315.70
D5927	AURICULAR PROSTHESIS, REPLACE	\$3315.70
D5928	ORBITAL PROSTHESIS, REPLACE	\$3315.70
D5929	FACIAL PROSTHESIS, REPLACEMENT	\$3315.70
D5931	OBTURATOR PROSTHESIS, SURGICAL	\$1512.50
D5932	OBTURATOR PROSTHESIS, DEFINITIVE	\$1479.98
D5933	OBTURATOR PROSTHESIS, MODIFICATION	\$215.14
D5934	MANDIBULAR RESECTION PROSTHESIS WITH GUIDE FLANGE	\$215.14
D5935	MANDIBULAR RESECTION PROSTHESIS WITHOUT GUIDE FLANGE	\$215.14
D5936	OBTURATOR PROSTHESIS, INTERIM	\$215.14
D5937	TRISMUS APPLIANCE (NOT FOR TMD TREATMENT)	\$494.21
D5951	FEEDING AID	\$601.40
D5952	SPEECH AID PROSTHESIS, PEDIATRIC	\$591.39
D5953	SPEECH AID PROSTHESIS, ADULT	\$591.39
D5954	PALATAL AUGMENT PROSTHESIS	\$591.39
D5955	PALATAL LIFT PROSTHESIS, DEFINITIVE	\$591.39
D5958	PALATAL LIFT PROSTHESIS, INTERIM	\$591.39
D5959	PALATAL LIFT PROSTHESIS, MODIFICATION	\$591.39
D5960	SPEECH AID PROSTHESIS, MODIFICATION	\$591.39
D5982	SURGICAL STENT	\$456.98
D5983	RADIATION CARRIER	\$158.61
D5984	RADIATION SHIELD	\$158.61
D5985	RADIATION CONE LOCATOR	\$158.61
D5986	FLUORIDE GEL CARRIER	\$115.08
D5987	COMMISSURE SPLINT	\$514.34
D5988	SURGICAL SPLINT	\$756.70
D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT	\$0.00
D6010	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT	\$1606.00
D6040	SURGICAL PLACEMENT:EPOSTEAL IMPLNT	\$6100.00

ATTACHMENT A-3  
SCHEDULE OF ALLOWABLE FEES FOR ASSIGNED PROGRAMS  
ENDODONTISTS, PERIODONTISTS, ORAL SURGEONS

\*\* PLEASE REFER TO OFFICE REFERENCE MANUAL ON DENTAQUEST'S WEBSITE FOR COVERED SERVICES\*\*

Code	Description	Fee
D6050	SURGICAL PLACEMENT-TRANSOSTEAL IMPLANT	\$4077.00
D6053	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR COMPLETELY EDENTULOUS ARCH	\$1125.00
D6054	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH	\$1110.00
D6055	CONNECTING BAR - IMPLANT SUPPORTED OR ABUTMENT SUPPORTED	\$1583.00
D6056	PREFABRICATED ABUTMENT	\$376.00
D6057	CUSTOM ABUTMENT	\$503.00
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	\$944.00
D6059	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL)	\$858.00
D6060	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINANTLY BASE METAL)	\$786.00
D6061	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL)	\$808.00
D6062	ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)	\$846.00
D6063	ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINANTLY BASE METAL)	\$750.00
D6064	ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)	\$792.00
D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	\$1100.00
D6066	IMPLANT SUPPORTED CROWN- PORCELAIN FUSED TO HIGH NOBLE ALLOYS	\$1050.00
D6067	IMPLANT SUPPORTED CROWN- HIGH NOBLE ALLOYS	\$939.00
D6068	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC FPD	\$965.00
D6069	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (HIGH NOBLE METAL)	\$945.00
D6070	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (PREDOMINANTLY BASE METAL)	\$835.00
D6071	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (NOBLE METAL)	\$850.00
D6072	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL)	\$870.00
D6073	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (PREDOMINANTLY BASE METAL)	\$735.00
D6074	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL)	\$850.00
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	\$878.00
D6076	IMPLANT SUPPORTED RETAINER FOR FPD-PORCELAIN FUSED TO HIGH NOBLE ALLOYS	\$876.00
D6077	IMPLANT SUPPORTED RETAINER FOR METAL FPD- HIGH NOBLE ALLOYS	\$812.00
D6078	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR COMPLETELY EDENTULOUS ARCH	\$2372.00
D6079	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH	\$1895.00
D6092	RE-CEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED CROWN	\$57.00
D6093	RE-CEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL DENTURE	\$80.00
D6094	ABUTMENT SUPPORTED CROWN- TITANIUM AND TITANIUM ALLOYS	\$872.00
D6194	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD- TITANIUM AND TITANIUM ALLOYS	\$1032.00
D6210	PONTIC - CAST HIGH NOBLE METAL	\$725.00

Code	Description	Fee
D6211	PONTIC-CAST BASE METAL	\$675.00
D6212	PONTIC - CAST NOBLE METAL	\$690.00
D6214	PONTIC - TITANIUM AND TITANIUM ALLOYS	\$726.00
D6240	PONTIC-PORCELAIN FUSED-HIGH NOBLE	\$730.00
D6241	PONTIC-PORCELAIN FUSED TO BASE METAL	\$642.00
D6242	PONTIC-PORCELAIN FUSED-NOBLE METAL	\$697.00
D6243	PONTIC - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$697.00
D6245	PROSTHODONTICS FIXED, PONTIC - PORCELAIN/CERAMIC	\$721.03
D6250	PONTIC-RESIN WITH HIGH NOBLE METAL	\$775.00
D6251	PONTIC-RESIN WITH BASE METAL	\$617.00
D6252	PONTIC-RESIN WITH NOBLE METAL	\$667.00
D6545	RETAINER - CAST METAL FIXED	\$350.00
D6548	PROSTHODONTICS FIXED, RETAINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHODONTIC	\$350.00
D6602	INLAY - CAST HIGH NOBLE METAL, TWO SURFACES	\$600.00
D6603	INLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	\$660.00
D6604	INLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES	\$539.00
D6605	INLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	\$633.00
D6606	INLAY - CAST NOBLE METAL, TWO SURFACES	\$583.00
D6607	INLAY - CAST NOBLE METAL, THREE OR MORE SURFACES	\$645.00
D6610	ONLAY - CAST HIGH NOBLE METAL, TWO SURFACES	\$679.00
D6611	ONLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	\$779.00
D6612	ONLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES	\$635.00
D6613	ONLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	\$655.00
D6614	ONLAY - CAST NOBLE METAL, TWO SURFACES	\$651.00
D6615	ONLAY - CAST NOBLE METAL, THREE OR MORE SURFACES	\$675.00
D6624	INLAY - TITANIUM	\$660.00
D6634	ONLAY - TITANIUM	\$779.00
D6720	CROWN-RESIN WITH HIGH NOBLE METAL	\$750.00
D6721	CROWN-RESIN WITH BASE METAL	\$680.00
D6722	CROWN-RESIN WITH NOBLE METAL	\$722.00
D6740	RETAINER CROWN - PORCELAIN/CERAMIC	\$714.83
D6750	CROWN-PORCELAIN FUSED HIGH NOBLE	\$715.00
D6751	CROWN-PORCELAIN FUSED TO BASE METAL	\$655.00

ATTACHMENT A-3  
SCHEDULE OF ALLOWABLE FEES FOR ASSIGNED PROGRAMS  
ENDODONTISTS, PERIODONTISTS, ORAL SURGEONS

\*\* PLEASE REFER TO OFFICE REFERENCE MANUAL ON DENTAQUEST'S WEBSITE FOR COVERED SERVICES\*\*

Code	Description	Fee
D6752	CROWN-PORCELAIN FUSED NOBLE METAL	\$673.00
D6753	RETAINER CROWN- PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$673.00
D6780	CROWN-3/4 CST HIGH NOBLE METAL	\$765.00
D6781	PROSTHODONTICS FIXED, CROWN ¾ CAST PREDOMINANTLY BASED METAL	\$734.00
D6782	PROSTHODONTICS FIXED, CROWN ¾ CAST NOBLE METAL	\$758.00
D6783	PROSTHODONTICS FIXED, CROWN ¾ PORCELAIN/CERAMIC	\$758.16
D6784	RETAINER CROWN 3/4- TITANIUM AND TITANIUM ALLOYS	\$734.00
D6790	CROWN-FULL CAST HIGH NOBLE	\$705.00
D6791	CROWN - FULL CAST BASE METAL	\$625.00
D6792	CROWN - FULL CAST NOBLE METAL	\$660.00
D6794	RETAINER CROWN - TITANIUM AND TITANIUM ALLOYS	\$726.00
D6920	CONNECTOR BAR	\$492.08
D6930	RE-CEMENT OR RE-BOND FIXED PARTIAL DENTURE	\$80.00
D6940	STRESS BREAKER	\$200.00
D6950	PRECISION ATTACHMENT	\$370.25
D6970	CAST POST/CORE AND FIXED RETAIN	\$239.00
D6972	PREFABRICATED POST AND CORE + RETAINER	\$208.00
D6973	CORE BUILD RETAINER WITH PINS	\$143.00
D6980	FIXED PARTIAL DENTURE REPAIR	\$219.15
D6999	FIXED PROSTHODONTIC PROCEDURE	\$0.00
D7111	EXTRACTION, CORONAL REMNANTS - PRIMARY TOOTH	\$71.00
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	\$103.00
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	\$190.00
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	\$248.00
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	\$312.00
D7240	REMOVAL OF IMPACTED TOOTH-COMPLETLY BONY	\$375.00
D7241	REMOVAL OF IMPACTED TOOTH-COMPLETLY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	\$401.76
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	\$195.00
D7260	OROANTRAL FISTULA CLOSURE	\$593.00
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	\$525.00
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH	\$336.00
D7272	TOOTH TRANSPLANTATION (INCLUDES REIMPLANTATION FROM ONE SITE TO ANOTHER)	\$404.76
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	\$443.00

Code	Description	Fee
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	\$416.64
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	\$130.00
D7285	INCISIONAL BIOPSY OF ORAL TISSUE-HARD (BONE, TOOTH)	\$403.00
D7286	INCISIONAL BIOPSY OF ORAL TISSUE-SOFT	\$221.00
D7290	SURGICAL REPOSITIONING OF TEETH	\$408.53
D7291	TRANSSEPTAL FIBEROTOMY, BY REPORT	\$169.61
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	\$185.00
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	\$111.00
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	\$285.00
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	\$171.00
D7340	VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION)	\$528.00
D7350	VESTIBULOPLASTY - RIDGE EXTENSION	\$725.00
D7410	RADICAL EXCISION - LESION DIAMETER UP TO 1.25CM	\$264.00
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	\$565.00
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM	\$665.16
D7414	EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM	\$963.89
D7440	EXCISION OF MALIGNANT TUMOR - LESION DIAMETER UP TO 1.25CM	\$406.39
D7441	EXCISION OF MALIGNANT TUMOR - LESION DIAMETER GREATER THAN 1.25CM	\$698.56
D7450	REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25CM	\$370.00
D7451	REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION GREATER THAN 1.25CM	\$485.00
D7460	REMOVAL OF NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25CM	\$459.00
D7461	REMOVAL OF NONODONTOGENIC CYST OR TUMOR - LESION GREATER THAN 1.25CM	\$538.00
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHOD, BY REPORT	\$176.12
D7471	REMOVAL OF EXOSTOSIS - PER SITE	\$583.00
D7472	REMOVAL OF TORUS PALATINUS	\$530.93
D7510	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE	\$124.00
D7520	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE	\$233.00
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE	\$328.00
D7540	REMOVAL OF REACTION-PRODUCING FOREIGN BODIES, MUSCULOSKELETAL SYSTEM	\$369.00
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE	\$280.00
D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY	\$861.00
D7670	ALVEOLUS STABILIZATION OF TEETH, CLOSED REDUCTION SPLINTING	\$865.07
D7820	CLOSED REDUCTION DISLOCATION	\$335.22

ATTACHMENT A-3  
SCHEDULE OF ALLOWABLE FEES FOR ASSIGNED PROGRAMS  
ENDODONTISTS, PERIODONTISTS, ORAL SURGEONS

\*\* PLEASE REFER TO OFFICE REFERENCE MANUAL ON DENTAQUEST'S WEBSITE FOR COVERED SERVICES\*\*

Code	Description	Fee
D7880	OCCLUSAL ORTHOTIC DEVICE, BY REPORT	\$493.83
D7899	UNSPECIFIED TMD THERAPY, BY REPORT	\$157.60
D7910	SUTURE SMALL WOUNDS UP TO 5 CM	\$168.61
D7911	COMPLICATED SUTURE-UP TO 5 CM	\$272.68
D7912	COMPLEX SUTURE - GREATER THAN 5CM	\$443.29
D7955	REPAIR OF MAXILLOFACIAL SOFT AND/OR HARD TISSUE DEFECT	\$1384.42
D7960	FRENULLECTOMY – ALSO KNOWN AS FRENECTOMY OR FRENOTOMY – SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE	\$331.00
D7970	EXCISION OF HYPERPLASTIC TISSUE - PER ARCH	\$441.00
D7971	EXCISION OF PERICORONAL GINGIVA	\$137.00
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	\$394.76
D7980	SURGICALSIALOLITHOTOMY	\$429.79
D7983	CLOSURE OF SALIVARY FISTULA	\$819.04
D7997	APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE), INCLUDES REMOVAL OF ARCHBAR	\$191.63
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	\$0.00
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	\$0.00
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROCEDURE	\$53.00
D9120	FIXED PARTIAL DENTURE SECTIONING	\$133.09
D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	\$40.53
D9211	REGIONAL BLOCK ANESTHESIA	\$51.03
D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA	\$141.59
D9220	DEEP SEDATION/GENERAL ANESTHESIA - FIRST 30 MINUTES	\$284.00
D9221	DEEP SEDATION/GENERAL ANESTHESIA - EACH ADDITIONAL 15 MINUTES	\$83.00
D9222	DEEP SEDATION/GENERAL ANESTHESIA FIRST 15 MINUTES	\$112.50
D9223	DEEP SEDATION/GENERAL ANESTHESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	\$48.75
D9230	INHALATION OF NITROUS OXIDE/ANALGESIA, ANXIOLYSIS	\$28.00
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA- FIRST 15 MINUTES	\$104.50
D9241	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - FIRST 30 MINUTES	\$260.00
D9242	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH ADDITIONAL 15 MINUTES	\$79.00
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	\$104.50
D9248	NON-INTRAVENOUS MODERATE (CONSCIOUS) SEDATION	\$101.62
D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN	\$60.00
D9410	HOUSE/EXTENDED CARE FACILITY CALL	\$50.00
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	\$50.00
D9430	OFFICE VISIT FOR OBSERVATION - NO OTHER SERVICES PERFORMED	\$42.00
D9440	OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS	\$76.00

Code	Description	Fee
D9610	THERAPEUTIC DRUG INJECTION, BY REPORT	\$56.04
D9630	OTHER DRUGS AND/OR MEDICAMENTS, BY REPORT	\$15.01
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	\$33.02
D9920	BEHAVIOR MANAGEMENT, BY REPORT	\$51.91
D9930	TREATMENT OF COMPLICATIONS (POST-SURGICAL) - UNUSUAL CIRCUMSTANCES, BY REPORT	\$52.00
D9940	OCCLUSAL GUARD, BY REPORT	\$395.00
D9944	OCCLUSAL GUARD--HARD APPLIANCE, FULL ARCH	\$395.00
D9945	OCCLUSAL GUARD--SOFT APPLIANCE FULL ARCH	\$395.00
D9946	OCCLUSAL GUARD--HARD APPLIANCE, PARTIAL ARCH	\$395.00
D9950	OCCLUSION ANALYSIS-MOUNTED CASE	\$151.52
D9951	OCCLUSAL ADJUSTMENT - LIMITED	\$57.00
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	\$401.00
D9970	ENAMEL MICROABRASION	\$67.70
D9974	INTERNAL BLEACHING - PER TOOTH	\$164.60
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT	\$0.00



THIS BLANK INTENTIONALLY LEFT BLANK

**ATTACHMENT A-4  
SCHEDULE OF ALLOWABLE FEES FOR ASSIGNED PROGRAMS**

All Provider Types

\*\* PLEASE REFER TO OFFICE REFERENCE MANUAL ON DENTAQUEST'S WEBSITE FOR COVERED SERVICES\*\*

Code	Description	Fee
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	\$26.00
D0140	LIMITED ORAL EVALUATION-PROBLEM FOCUSED	\$32.25
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER	\$142.07
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$35.32
D0160	DETAILED AND EXTENSIVE ORAL EVAL-PROBLEM FOCUSED, BY REPORT	\$53.25
D0170	RE-EVALUATION, LIMITED PROBLEM FOCUSED	\$32.25
D0171	RE-EVALUATION POST-OPERATIVE OFFICE VISIT	\$29.00
D0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$44.25
D0190	SCREENING OF A PATIENT	\$13.00
D0191	ASSESSMENT OF A PATIENT	\$13.00
D0210	INTRAORAL - COMPLETE SERIES OF RADIOGRAPHIC IMAGES	\$70.64
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	\$12.56
D0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	\$11.51
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	\$20.25
D0250	EXTRA-ORAL - 2D PROJECTION RADIOGRAPHIC IMAGE CREATED USING A STATIONARY RADIATION SOURCE, AND DETECTOR	\$18.38
D0251	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE	\$18.00
D0260	EXTRAORAL - EACH ADDITIONAL RADIOGRAPHIC IMAGE	\$12.25
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	\$10.50
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	\$23.38
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	\$29.01
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	\$34.61
D0277	VERTICAL BITEWINGS - 7 TO 8 FILMS	\$31.12
D0290	POSTERIOR-ANTERIOR OR LATERAL SKULL AND FACIAL BONE SURVEY RADIOGRAPHIC IMAGE	\$33.08
D0310	SIALOGRAPHY	\$44.10
D0320	TEMPOROMANDIBULAR JOINT ARTHOGRAM, INCLUDING INJECTION	\$73.50
D0321	OTHER TEMPOROMANDIBULAR JOINT FILMS, BY REPORT	\$34.30
D0322	TOMOGRAPHIC SURVEY	\$33.08
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$63.78
D0340	CEPHALOMETRIC RADIOGRAPHIC IMAGE	\$56.25
D0350	2D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY	\$30.00
D0364	CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW - LESS THAN ONE WHOLE JAW	\$190.85

Code	Description	Fee
D0365	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MANDIBLE	\$209.94
D0366	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MAXILLA, WITH OR WITHOUT CRANIUM	\$168.02
D0367	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS, WITH OR WITHOUT CRANIUM	\$226.38
D0368	CONE BEAM CT CAPTURE AND INTERPRETATION FOR TMJ SERIES INCLUDING TWO OR MORE EXPOSURES	\$226.38
D0369	MAXILLOFACIAL MRI CAPTURE AND INTERPRETATION	\$271.65
D0370	MAXILLOFACIAL ULTRASOUND CAPTURE AND INTERPRETATION	\$94.73
D0371	SIALOENDOSCOPY CAPTURE AND INTERPRETATION	\$142.38
D0380	CONE BEAM CT IMAGE CAPTURE WITH LIMITED FIELD OF VIEW - LESS THAN ONE WHOLE JAW	\$128.16
D0381	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MANDIBLE	\$190.85
D0382	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MAXILLA, WITH OR WITHOUT CRANIUM	\$190.85
D0383	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF BOTH JAWS, WITH OR WITHOUT CRANIUM	\$190.85
D0384	CONE BEAM CT IMAGE CAPTURE FOR TMJ SERIES INCLUDING TWO OR MORE EXPOSURES	\$209.94
D0385	MAXILLOFACIAL MRI IMAGE CAPTURE	\$186.73
D0386	MAXILLOFACIAL ULTRASOUND IMAGE CAPTURE	\$181.65
D0391	INTERPRETATION OF DIAGNOSTIC IMAGE BY A PRACTITIONER NOT ASSOCIATED WITH CAPTURE OF THE IMAGE, INCLUDING REPORT	\$69.48
D0394	DIGITAL SUBTRACTION OF TWO OR MORE IMAGES OR IMAGE VOLUMES OF THE SAME MODALITY	\$181.65
D0395	FUSION OF TWO OR MORE 3D IMAGE VOLUMES OF ONE OR MORE MODALITIES	\$174.38
D0414	LABORATORY PROCESSING OF MICROBIAL SPECIMEN TO INCLUDE CULTURE AND SENSITIVITY STUDIES, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	\$25.00
D0415	BACTERIOLOGIC STUDIES	\$24.50
D0416	VIRAL CULTURE	\$23.50
D0417	SALIVA SAMPLE COLLECTION AND PREPARATION FOR LABORATORY	\$22.86
D0418	ANALYSIS OF SALIVA SAMPLE	\$20.16
D0421	GENETIC TEST FOR SUSCEPTIBILITY TO ORAL DISEASES	\$21.38
D0425	CARIES SUSCEPTIBILITY TESTS	\$12.25
D0431	ADJUNCTIVE PRE-DIAGNOSTIC TEST THAT AIDS IN DETECTION OF MUCOSAL ABNORMALITIES INCLUDING PREMALIGNANT AND MALIGNANT LESIONS, NOT TO INCLUDE CYTOLOGY OR BIOSPY PROCEDURES	\$9.00
D0460	PULP VITALITY TESTS	\$22.50
D0470	DIAGNOSTIC CASTS	\$40.50
D0472	ACCESSION OF TISSUE, GROSS EXAMINATION	\$40.00
D0473	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAM	\$56.00
D0474	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAM (SURGICAL)	\$62.00
D0475	DECALCIFICATION PROCEDURE	\$68.00

**ATTACHMENT A-4  
SCHEDULE OF ALLOWABLE FEES FOR ASSIGNED PROGRAMS  
All Provider Types**

**\*\* PLEASE REFER TO OFFICE REFERENCE MANUAL ON DENTAQUEST'S WEBSITE FOR COVERED SERVICES\*\***

Code	Description	Fee
D0476	SPECIAL STAINS FOR MICROORGANISMS	\$100.80
D0477	SPECIAL STAINS, NOT FOR MICROORGANISMS	\$111.90
D0478	IMMUNOHISTOCHEMICAL STAINS	\$57.30
D0479	TISSUE IN-SITU HYBRIDIZATION, INCLUDING INTERPRETATION	\$75.60
D0480	PROCESSING AND INTERPRETATION OF CYTOLOGIC SMEARS	\$62.00
D0481	ELECTRON MICROSCOPY	\$55.80
D0482	DIRECT IMMUNOFLUORESCENCE	\$30.57
D0483	INDIRECT IMMUNOFLUORESCENCE	\$36.69
D0484	CONSULTATION ON SLIDES PREPARED ELSEWHERE	\$47.93
D0485	CONSULTATION, INCLUDING PREPARATION OF SLIDES FROM BIOPSY MATERIAL SUPPLIED BY REFERRING SOURCE	\$52.08
D0486	ACCESSION OF EXFOLIATIVE CYTOLOGICAL SMEARS, MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	\$55.80
D0502	OTHER ORAL PATHOLOGY PROCEDURES, BY REPORT	\$56.35
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT	\$0.00
D1110	PROPHYLAXIS - ADULT	\$54.88
D1120	PROPHYLAXIS - CHILD	\$36.75
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	\$14.70
D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	\$14.70
D1310	NUTRITIONAL COUNSELING FOR CONTROL OF DENTAL DISEASE	\$14.70
D1320	TOBACCO COUNSELING FOR CONTROL AND PREVENTION OF ORAL DISEASE	\$14.70
D1330	ORAL HYGIENE INSTRUCTIONS	\$12.25
D1351	SEALANT - PER TOOTH	\$28.24
D1352	PREVENTIVE RESIN RESTORATION IS A MOD. TO HIGH CARIES RISK PATIENT PERM TOOTH CONSERVATIVE REST OF AN ACTIVE CAVITATED LESION IN A PIT OR FISSURE THAT DOESN'T EXTEND INTO DENTIN: INCLUDES PLACMT OF A SEALANT IN RADIATING NON-CARIOUS FISSURE OR PITTS.	\$37.44
D1510	SPACE MAINTAINER-FIXED, UNILATERAL- PER QUADRANT	\$156.80
D1551	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER-MAXILLARY	\$0.00
D1552	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER-MANDIBULAR	\$0.00
D1553	RE-CEMENT OR RE-BOND UNILATERAL SPACE MAINTAINER-PER QUADRANT	\$0.00
D1555	REMOVAL OF FIXED SPACE MAINTAINER	\$49.00
D1556	REMOVAL OF FIXED UNILATERAL SPACE MAINTAINER-PER QUADRANT	\$0.00
D1557	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER-MAXILLARY	\$0.00
D1558	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER-MANDIBULAR	\$0.00
D1999	UNSPECIFIED PREVENTIVE PROCEDURE, BY REPORT	\$0.00

Code	Description	Fee
D2140	AMALGAM - ONE SURFACE, PRIMARY OR PERMANENT	\$64.41
D2150	AMALGAM - TWO SURFACES, PRIMARY OR PERMANENT	\$85.71
D2160	AMALGAM - THREE SURFACES, PRIMARY OR PERMANENT	\$109.19
D2161	AMALGAM - FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	\$125.00
D2330	RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR	\$77.75
D2331	RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR	\$103.04
D2332	RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR	\$134.53
D2335	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	\$166.97
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	\$154.50
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	\$64.41
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	\$85.71
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	\$109.19
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	\$125.00
D2410	GOLD FOIL - 1 SURFACE	\$114.89
D2420	GOLD FOIL - 2 SURFACES	\$137.87
D2430	GOLD FOIL - 3 SURFACES	\$165.45
D2510	INLAY - METALLIC -1 SURFACE	\$177.63
D2520	INLAY-METALLIC-2 SURFACES	\$258.72
D2530	INLAY-METALLIC-3+ SURFACES	\$258.72
D2542	ONLAY - METALLIC - TWO SURFACES	\$258.72
D2543	ONLAY-METALLIC-3 SURFACES	\$258.72
D2544	ONLAY-METALLIC-4+ SURFACES	\$258.72
D2610	INLAY-PORCE/CERAMIC-1 SURFACE	\$258.72
D2620	INLAY-PORCELAIN/CERAMIC-2 SURFACES	\$258.72
D2630	INLAY-PORC/CERAMIC 3+ SURFACES	\$258.72
D2642	ONLAY-PORCELAIN/CERAMIC-2 SURFACES	\$258.72
D2643	ONLAY-PORCELAIN/CERAMIC-3 SURFACES	\$258.72
D2644	ONLAY-PORCELAIN/CERAMIC-4+ SURFACES	\$258.72
D2650	INLAY-COMPOSITE/RESIN 1 SURFACE	\$258.72
D2651	INLAY-COMPOSITE/RESIN-2 SURFACES	\$258.72
D2652	INLAY-COMPOSITE/RESIN-3+ SURFACES	\$258.72

**ATTACHMENT A-4  
SCHEDULE OF ALLOWABLE FEES FOR ASSIGNED PROGRAMS  
All Provider Types**

**\*\* PLEASE REFER TO OFFICE REFERENCE MANUAL ON DENTAQUEST'S WEBSITE FOR COVERED SERVICES\*\***

Code	Description	Fee
D2662	ONLAY-COMPOSITE/RESIN-2 SURFACES	\$258.72
D2663	ONLAY-COMPOSITE/RESIN-3 SURFACES	\$258.72
D2664	ONLAY-COMPOSITE/RESIN-4+ SURFACES	\$258.72
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	\$258.72
D2720	CROWN-RESIN WITH HIGH NOBLE METAL	\$562.50
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	\$510.00
D2722	CROWN - RESIN WITH NOBLE METAL	\$541.50
D2740	CROWN-PORCELAIN/CERAMIC	\$576.00
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	\$536.25
D2751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$517.44
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	\$517.44
D2780	CROWN - % CAST HIGH NOBLE METAL	\$573.75
D2781	CROWN - % CAST PREDOMINANTLY BASE METAL	\$550.50
D2782	CROWN - % CAST NOBLE METAL	\$258.72
D2783	CROWN - % PORCELAIN/CERAMIC	\$583.50
D2790	CROWN - FULL CAST HIGH NOBLE METAL	\$528.75
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	\$468.75
D2792	CROWN - FULL CAST NOBLE METAL	\$495.00
D2794	CROWN-TITANIUM AND TITANIUM ALLOYS	\$258.72
D2799	PROVISIONAL CROWN	\$152.94
D2910	RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL COVERAGE RESTORATION	\$43.50
D2915	RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE	\$18.38
D2920	RE-CEMENT OR RE-BOND CROWN	\$42.75
D2921	REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP	\$42.75
D2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH	\$152.94
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH	\$159.25
D2932	PREFABRICATED RESIN CROWN	\$158.25
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	\$152.94
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH	\$152.94
D2940	PROTECTIVE RESTORATION	\$40.50
D2941	INTERIM THERAPEUTIC RESTORATION - PRIMARY DENTITION	\$40.50
D2949	RESTORATIVE FOUNDATION FOR AN INDIRECT RESTORATION	\$44.50

Code	Description	Fee
D2950	CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED	\$105.75
D2951	PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION	\$23.25
D2952	CAST POST AND CORE IN ADDITION TO CROWN	\$153.75
D2953	EACH ADDITIONAL CAST POST - SAME TOOTH	\$42.88
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$140.25
D2955	POST REMOVAL (NOT IN CONJUNCTION WITH ENDODONTIC THERAPY)	\$73.50
D2957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	\$36.75
D2960	LABIAL VENEER (LAMINATE)-CHAIR	\$270.00
D2961	LABIAL VENEER (RESIN LAMINATE) - LABORATORY	\$177.63
D2962	LABIAL VENEER (PORC LAMINATE) - LABORATORY	\$208.25
D2970	TEMPORARY CROWN (FRACTURED TOOTH)	\$196.00
D2971	ADDITIONAL PROCEDURES TO CONSTRUCT NEW CROWN UNDER PARTIAL DENTURE FRAMEWORK	\$110.25
D2975	COPING	\$98.00
D2980	CROWN REPAIR, BY REPORT	\$49.00
D2990	RESIN INFILTRATION OF INCIPIENT SMOOTH SURFACE LESIONS	\$25.00
D2999	UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT	\$0.00
D3110	PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)	\$15.93
D3120	PULP CAP - INDIRECT (EXCLUDING FINAL RESTORATION)	\$29.40
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT	\$86.20
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	\$86.20
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELOPMENT	\$86.20
D5130	IMMEDIATE DENTURE - MAXILLARY	\$784.00
D5140	IMMEDIATE DENTURE - MANDIBULAR	\$784.00
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$617.00
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$617.00
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$796.00
D3230	PULPAL THERAPY (RESORBABLE FILLING) - ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	\$37.98
D3240	PULPAL THERAPY (RESORBABLE FILLING) - POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	\$43.10
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	\$348.86
D3320	ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION)	\$404.25
D3330	ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION)	\$611.77
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS	\$259.64

**ATTACHMENT A-4  
SCHEDULE OF ALLOWABLE FEES FOR ASSIGNED PROGRAMS  
All Provider Types**

**\*\* PLEASE REFER TO OFFICE REFERENCE MANUAL ON DENTAQUEST'S WEBSITE FOR COVERED SERVICES\*\***

Code	Description	Fee
D3332	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE OR FRACTURED TOOTH	\$207.71
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	\$145.40
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - ANTERIOR	\$516.00
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - PREMOLAR	\$543.75
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - MOLAR	\$642.00
D3351	APEXIFICATION/RECALCIFICATION - INITIAL VISIT (APICAL CLOSURE / CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	\$73.50
D3352	APEXIFICATION/RECALCIFICATION - INTERIM MEDICATION REPLACEMENT	\$49.00
D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT (INCLUDES COMPLETED ROOT CANAL THERAPY - APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	\$98.00
D3355	PULPAL REGENERATION - INITIAL VISIT	\$49.00
D3356	PULPAL REGENERATION - INTERIM MEDICATION REPLACEMENT	\$35.08
D3357	PULPAL REGENERATION - COMPLETION OF TREATMENT	\$35.08
D3410	APICOECTOMY - ANTERIOR	\$435.00
D3421	APICOECTOMY - PREMOLAR (FIRST ROOT)	\$159.25
D3425	APICOECTOMY - MOLAR (FIRST ROOT)	\$159.25
D3426	APICOECTOMY (EACH ADDITIONAL ROOT)	\$73.50
D3427	PERIRADICULAR SURGERY WITHOUT APICOECTOMY	\$60.60
D3430	RETROGRADE FILLING - PER ROOT	\$49.00
D3431	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION IN CONJUNCTION WITH PERIRADICULAR SURGERY	\$60.60
D3432	GUIDED TISSUE REGENERATION, RESORBABLE BARRIER, PER SITE, IN CONJUNCTION WITH PERIRADICULAR SURGERY	\$71.36
D3450	ROOT AMPUTATION - PER ROOT	\$73.50
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	\$208.25
D3470	INTENTIONAL REIMPLANTATION	\$122.50
D3910	SURGICAL PROCEDURE FOR ISOLATION OF TOOTH WITH RUBBER DAM	\$18.38
D3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCL ROOT CANAL THERAPY	\$79.63
D3950	CANAL PREPARATION AND FITTING OF PREFORMED DOWEL OR POST	\$49.00
D3999	UNSPECIFIED ENDODONTIC PROCEDURE, BY REPORT	\$0.00

Code	Description	Fee
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$348.50
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$209.10
D4230	ANATOMICAL CROWN EXPOSURE - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$159.25
D4231	ANATOMICAL CROWN EXPOSURE - ONE TO THREE TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$95.55
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$177.63
D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$219.30
D4245	APICALLY POSITIONED FLAP	\$177.63
D4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	\$425.00
D4260	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$716.55
D4261	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$425.00
D4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	\$314.66
D4264	BONE REPLACEMENT GRAFT - EACH ADDITIONAL SITE IN QUADRANT	\$247.38
D4265	BIOLOGICAL MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION	\$266.67
D4266	GUIDED TISSUE REGENERATE-RESORBABLE BARRIER, PER SITE, PER TOOTH	\$269.50
D4267	GUIDED TISSUE REGENERATION - NONRESORBABLE BARRIER, PER SITE, PER TOOTH	\$388.45
D4268	SURGICAL REVISION PROCEDURE	\$337.80
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$189.88
D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURE	\$220.50
D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE	\$122.50
D4275	SOFT TISSUE ALLOGRAFT	\$220.50
D4276	COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT	\$220.50
D4277	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY), FIRST TOOTH OR EDENTULOUS TOOTH POSITION IN GRAFT	\$202.13
D4278	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY), EACH ADDITIONAL CONTIGUOUS TOOTH OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE	\$101.07
D4283	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) - EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE	\$67.38
D4285	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT SURGICAL SITE AND DONOR MATERIAL) - EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE	\$67.38

**ATTACHMENT A-4  
SCHEDULE OF ALLOWABLE FEES FOR ASSIGNED PROGRAMS  
All Provider Types**

**\*\* PLEASE REFER TO OFFICE REFERENCE MANUAL ON DENTAQUEST'S WEBSITE FOR COVERED SERVICES\*\***

Code	Description	Fee
D4320	PROVISION SPLINTING - INTRACORONAL	\$61.25
D4321	PROVISION SPLINTING - EXTRACORONAL	\$98.00
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	\$126.65
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH PER QUADRANT	\$79.05
D4346	SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION - FULL MOUTH, AFTER ORAL EVALUATION	\$55.00
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE A COMPREHENSIVE ORAL EVALUATION AND DIAGNOSIS ON A SUBSEQUENT VISIT	\$47.60
D4381	LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS	\$18.70
D4910	PERIODONTAL MAINTENANCE PROCEDURES	\$68.85
D4920	UNSCHEDULED DRESSING CHANGE (BY SOMEONE OTHER THAN TREATING DENTIST OR THEIR STAFF)	\$24.50
D4921	GINGIVAL IRRIGATION - PER QUADRANT	\$8.50
D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	\$0.00
D5110	COMPLETE DENTURE - MAXILLARY	\$656.20
D5120	COMPLETE DENTURE - MANDIBULAR	\$656.20
D5130	IMMEDIATE DENTURE - MAXILLARY	\$666.40
D5140	IMMEDIATE DENTURE - MANDIBULAR	\$666.40
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$524.45
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$524.45
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$676.60
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$676.60
D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$524.45
D5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$524.45
D5223	IMMEDIATE MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$676.60
D5224	IMMEDIATE MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$676.60
D5225	MAXILLARY PARTIAL DENTURE-FLEXIBLE BASE	\$600.00
D5226	MANDIBULAR PARTIAL DENTURE-FLEXIBLE BASE	\$600.00
D5282	REMOVABLE UNILATERAL PARTIAL DENTURE--ONE PIECE CAST METAL (INCLUDING CLASPS AND TEETH), MAXILLARY	\$0.00
D5283	REMOVABLE UNILATERAL PARTIAL DENTURE--ONE PIECE CAST METAL (INCLUDING CLASPS AND TEETH), MANDIBULAR	\$0.00
D5284	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE FLEXIBLE BASE- PER QUADRANT	\$0.00
D5286	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE RESIN BASE- PER QUADRANT	\$0.00
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$38.25

Code	Description	Fee
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	\$38.25
D5421	ADJUST PARTIAL DENTURE-MAXILLARY	\$39.95
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$39.95
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	\$85.00
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	\$85.00
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	\$85.00
D5520	REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE (EACH TOOTH)	\$74.80
D5610	REPAIR RESIN DENTURE BASE	\$84.15
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	\$84.15
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	\$84.15
D5620	REPAIR CAST FRAMEWORK	\$110.50
D5621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	\$110.50
D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	\$110.50
D5630	REPAIR OR REPLACE BROKEN RETENTIVE/CLASPING MATERIALS PER TOOTH	\$114.75
D5640	REPLACE BROKEN TEETH-PER TOOTH	\$74.80
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$96.05
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	\$114.74
D5670	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MAXILLARY)	\$171.50
D5671	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MANDIBULAR)	\$171.50
D5710	REBASE COMPLETE MAXILLARY DENTURE	\$283.90
D5711	REBASE COMPLETE MANDIBULAR DENTURE	\$283.90
D5720	REBASE MAXILLARY PARTIAL DENTURE	\$258.40
D5721	REBASE MANDIBULAR PARTIAL DENTURE	\$258.40
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	\$160.65
D5731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	\$160.65
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	\$148.75
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	\$148.75
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	\$203.15
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	\$203.15
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	\$196.35

**ATTACHMENT A-4  
SCHEDULE OF ALLOWABLE FEES FOR ASSIGNED PROGRAMS  
All Provider Types**

**\*\* PLEASE REFER TO OFFICE REFERENCE MANUAL ON DENTAQUEST'S WEBSITE FOR COVERED SERVICES\*\***

Code	Description	Fee
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	\$196.35
D5810	INTERIM COMPLETE DENTURE-MAXILLARY	\$248.20
D5811	INTERIM COMPLETE DENTURE-MANDIBULAR	\$248.20
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	\$294.10
D5821	INTERIM PARTIAL DENTURE-MANDIBULAR	\$294.10
D5850	TISSUE CONDITIONING, MAXILLARY	\$79.05
D5851	TISSUE CONDITIONING,MANDIBULAR	\$79.05
D5860	OVERDENTURE - COMPLETE, BY REPORT	\$656.20
D5861	OVERDENTURE - PARTIAL, BY REPORT	\$379.75
D5862	PRECISION ATTACHMENT, BY REPORT	\$159.25
D5863	OVERDENTURE - COMPLETE MAXILLARY	\$656.20
D5864	OVERDENTURE - PARTIAL MAXILLARY	\$379.75
D5865	OVERDENTURE - COMPLETE MANDIBULAR	\$656.20
D5866	OVERDENTURE - PARTIAL MANDIBULAR	\$379.75
D5867	REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION ATTACHMENT	\$79.50
D5875	MODIFICATION OF REMOVABLE PROsthESIS FOLLOWING IMPLANT SURGERY	\$87.25
D5876	ADD METAL SUBSTRUCTURE TO ACRYLIC FULL DENTURE (PER ARCH)	\$130.00
D5899	UNSPECIFIED REMOVABLE PROsthODONTIC PROCEDURE, BY REPORT	\$0.00
D5911	FACIAL MOULAGE (SECTIONAL)	\$49.00
D5912	FACIAL MOULAGE (COMPLETE)	\$88.20
D5913	NASAL PROsthESIS	\$857.50
D5914	AURICULAR PROsthESIS	\$857.50
D5915	ORBITAL PROsthESIS	\$857.50
D5916	OCULAR PROsthESIS	\$551.25
D5919	FACIAL PROsthESIS	\$1102.50
D5922	NASAL SEPTAL PROsthESIS	\$137.20
D5923	OCULAR PROsthESIS, INTERIM	\$330.75
D5924	CRANIAL PROsthESIS	\$428.75
D5925	FACIAL AUGMENT IMPLANT PROsthESIS	\$367.50
D5926	NASAL PROsthESIS, REPLACEMENT	\$441.00
D5927	AURICULAR PROsthESIS, REPLACE	\$441.00
D5928	ORBITAL PROsthESIS, REPLACE	\$441.00
D5929	FACIAL PROsthESIS, REPLACEMENT	\$882.00
D5931	OBTURATOR PROsthESIS, SURGICAL	\$367.50
D5932	OBTURATOR PROsthESIS, DEFINITIVE	\$1274.00
D5933	OBTURATOR PROsthESIS, MODIFICATION	\$275.63
D5934	MANDIBULAR RESECTION PROsthESIS WITH GUIDE FLANGE	\$551.25
D5935	MANDIBULAR RESECTION PROsthESIS WITHOUT GUIDE FLANGE	\$551.25
D5936	OBTURATOR PROsthESIS, INTERIM	\$612.50
D5937	TRISMUS APPLIANCE (NOT FOR TMD TREATMENT)	\$257.25
D5951	FEEDING AID	\$137.20

Code	Description	Fee
D5952	SPEECH AID PROsthESIS, PEDIATRIC	\$826.88
D5953	SPEECH AID PROsthESIS, ADULT	\$826.88
D5954	PALATAL AUGMENT PROsthESIS	\$434.88
D5955	PALATAL LIFT PROsthESIS, DEFINITIVE	\$220.50
D5958	PALATAL LIFT PROsthESIS, INTERIM	\$220.50
D5959	PALATAL LIFT PROsthESIS, MODIFICATION	\$98.00
D5960	SPEECH AID PROsthESIS, MODIFICATION	\$98.00
D5982	SURGICAL STENT	\$110.25
D5983	RADIATION CARRIER	\$159.25
D5984	RADIATION SHIELD	\$159.25
D5985	RADIATION CONE LOCATOR	\$159.25
D5986	FLUORIDE GEL CARRIER	\$41.65
D5987	COMMISSURE SPLINT	\$128.63
D5988	SURGICAL SPLINT	\$110.25
D5994	PERIODONTAL MEDICAMENT CARRIER WITH PERIPHERAL SEAL - LABORATORY PROCESSED	\$106.50
D5999	UNSPECIFIED MAXILLOFACIAL PROsthESIS, BY REPORT	\$0.00
D6010	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT	\$943.50
D6011	SECOND STAGE IMPLANT SURGERY	\$119.00
D6012	SURGICAL PLACEMENT OF INTERIM IMPLANT BODY- ENDOSTEAL IMPLANT	\$773.50
D6013	SURGICAL PLACEMENT OF MINI IMPLANT	\$401.50
D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLNT	\$3743.50
D6050	SURGICAL PLACEMENT-TRANSOSTEAL IMPLANT	\$2655.50
D6052	SEMI-PRECISION ATTACHMENT ABUTMENT	\$350.00
D6055	CONNECTING BAR - IMPLANT SUPPORTED OR ABUTMENT SUPPORTED	\$1447.50
D6056	PREFABRICATED ABUTMENT	\$367.50
D6057	CUSTOM ABUTMENT	\$434.00
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	\$700.00
D6059	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL)	\$701.00
D6060	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINANTLY BASE METAL)	\$668.00
D6061	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL)	\$675.00
D6062	ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)	\$700.50
D6063	ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINANTLY BASE METAL)	\$655.00
D6064	ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)	\$672.50
D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	\$734.50
D6066	IMPLANT SUPPORTED CROWN- PORCELAIN FUSED TO HIGH NOBLE ALLOYS	\$740.00
D6067	IMPLANT SUPPORTED CROWN- HIGH NOBLE ALLOYS	\$750.00
D6068	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC FPD	\$705.50
D6069	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (HIGH NOBLE METAL)	\$709.50
D6070	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (PREDOMINANTLY BASE METAL)	\$659.50

**ATTACHMENT A-4  
SCHEDULE OF ALLOWABLE FEES FOR ASSIGNED PROGRAMS**

All Provider Types

\*\* PLEASE REFER TO OFFICE REFERENCE MANUAL ON DENTAQUEST'S WEBSITE FOR COVERED SERVICES\*\*

Code	Description	Fee
D6071	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (NOBLE METAL)	\$661.50
D6072	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL)	\$704.50
D6073	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (PREDOMINANTLY BASE METAL)	\$660.00
D6074	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL)	\$664.00
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	\$733.00
D6076	IMPLANT SUPPORTED RETAINER FOR FPD-PORCELAIN FUSED TO HIGH NOBLE ALLOYS	\$746.00
D6077	IMPLANT SUPPORTED RETAINER FOR METAL FPD- HIGH NOBLE ALLOYS	\$751.50
D6080	IMPLANT MAINTENANCE PROCEDURE	\$140.00
D6082	IMPLANT SUPPORTED CROWN- PORCELAIN FUSED TO PREDOMINANTLY BASE ALLOYS	\$0.00
D6083	IMPLANT SUPPORTED CROWN- PORCELAIN FUSED TO NOBLE ALLOYS	\$0.00
D6084	IMPLANT SUPPORTED CROWN- PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$0.00
D6085	PROVISIONAL IMPLANT CROWN	\$0.00
D6086	IMPLANT SUPPORTED CROWN- PREDOMINATELY BASE ALLOYS	\$0.00
D6087	IMPLANT SUPPORTED CROWN- NOBLE ALLOYS	\$0.00
D6088	IMPLANT SUPPORTED CROWN- TITANIUM AND TITANIUM ALLOYS	\$0.00
D6090	REPAIR IMPLANT PROSTHESIS	\$359.50
D6091	REPLACEMENT OF ATTACHMENT- IMPLANT/ABUTMENT PROSTHESIS	\$286.00
D6092	RE-CEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED CROWN	\$77.00
D6093	RE-CEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL DENTURE	\$89.00
D6094	ABUTMENT SUPPORTED CROWN- TITANIUM AND TITANIUM ALLOYS	\$672.50
D6097	ABUTMENT SUPPORTED CROWN- PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$0.00
D6098	IMPLANT SUPPORTED RETAINER- PORCELAIN FUSED TO PREDOMINATELY BASE ALLOYS	\$0.00
D6099	IMPLANT SUPPORTED RETAINER FOR FPD- PORCELAIN FUSED TO NOBLE ALLOYS	\$0.00
D6100	IMPLANT REMOVAL, BY REPORT	\$368.00
D6120	IMPLANT SUPPORTED RETAINER- PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$0.00
D6121	IMPLANT SUPPORTED RETAINER FOR METAL FPD- PREDOMINATELY BASE ALLOYS	\$0.00
D6122	IMPLANT SUPPORTED RETAINER FOR METAL FPD- NOBLE ALLOYS	\$0.00
D6123	IMPLANT SUPPORTED RETAINER FOR METAL FPD- TITANIUM AND TITANIUM ALLOYS	\$0.00
D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT	\$164.00
D6194	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD- TITANIUM AND TITANIUM ALLOYS	\$664.00
D6195	ABUTMENT SUPPORTED RETAINER- PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$0.00
D6210	PONTIC - CAST HIGH NOBLE METAL	\$616.25
D6211	PONTIC- CAST BASE METAL	\$258.72
D6212	PONTIC - CAST NOBLE METAL	\$586.50
D6214	PONTIC - TITANIUM AND TITANIUM ALLOYS	\$586.50
D6240	PONTIC- PORCELAIN FUSED- HIGH NOBLE	\$620.50
D6241	PONTIC- PORCELAIN FUSED TO BASE METAL	\$545.70
D6242	PONTIC- PORCELAIN FUSED- NOBLE METAL	\$592.45

Code	Description	Fee
D6243	PONTIC - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$0.00
D6245	PROSTHODONTICS FIXED, PONTIC - PORCELAIN/CERAMIC	\$545.70
D6250	PONTIC- RESIN WITH HIGH NOBLE METAL	\$258.72
D6251	PONTIC- RESIN WITH BASE METAL	\$524.45
D6252	PONTIC- RESIN WITH NOBLE METAL	\$258.72
D6253	PROVISIONAL PONTIC	\$129.00
D6545	RETAINER - CAST METAL FIXED	\$258.72
D6548	PROSTHODONTICS FIXED, RETAINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHODONTIC	\$258.72
D6549	RESIN RETAINER- FOR RESIN BONDED FIXED PROSTHESIS	\$258.72
D6600	INLAY - PORCELAIN/CERAMIC, TWO SURFACES	\$258.72
D6601	INLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES	\$258.72
D6602	INLAY - CAST HIGH NOBLE METAL, TWO SURFACES	\$258.72
D6603	INLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	\$258.72
D6604	INLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES	\$258.72
D6605	INLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	\$258.72
D6606	INLAY - CAST NOBLE METAL, TWO SURFACES	\$258.72
D6607	INLAY - CAST NOBLE METAL, THREE OR MORE SURFACES	\$258.72
D6608	ONLAY - PORCELAIN/CERAMIC, TWO SURFACES	\$258.72
D6609	ONLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES	\$258.72
D6610	ONLAY - CAST HIGH NOBLE METAL, TWO SURFACES	\$258.72
D6611	ONLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	\$258.72
D6612	ONLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES	\$258.72
D6613	ONLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	\$258.72
D6614	ONLAY - CAST NOBLE METAL, TWO SURFACES	\$258.72
D6615	ONLAY - CAST NOBLE METAL, THREE OR MORE SURFACES	\$258.72
D6624	INLAY - TITANIUM	\$258.72
D6634	ONLAY - TITANIUM	\$258.72
D6710	CROWN - INDIRECT RESIN BASED COMPOSITE	\$177.63
D6720	CROWN- RESIN WITH HIGH NOBLE METAL	\$258.72
D6721	CROWN- RESIN WITH BASE METAL	\$578.00
D6722	CROWN- RESIN WITH NOBLE METAL	\$258.72
D6740	RETAINER CROWN - PORCELAIN/CERAMIC	\$545.70
D6750	CROWN- PORCELAIN FUSED HIGH NOBLE	\$607.75
D6751	CROWN- PORCELAIN FUSED TO BASE METAL	\$556.75
D6752	CROWN- PORCELAIN FUSED NOBLE METAL	\$572.05
D6753	RETAINER CROWN- PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$0.00
D6780	CROWN- 3/4 CST HIGH NOBLE METAL	\$258.72
D6781	PROSTHODONTICS FIXED, CROWN % CAST PREDOMINANTLY BASE METAL	\$258.72



ATTACHMENT A-4  
SCHEDULE OF ALLOWABLE FEES FOR ASSIGNED PROGRAMS  
All Provider Types

\*\* PLEASE REFER TO OFFICE REFERENCE MANUAL ON DENTAQUEST'S WEBSITE FOR COVERED SERVICES\*\*

Code	Description	Fee
D6782	PROSTHODONTICS FIXED, CROWN % CAST NOBLE METAL	\$258.72
D6783	PROSTHODONTICS FIXED, CROWN % PORCELAIN/CERAMIC	\$258.72
D6784	RETAINER CROWN 3/4- TITANIUM AND TITANIUM ALLOYS	\$0.00
D6790	CROWN-FULL CAST HIGH NOBLE	\$599.25
D6791	CROWN - FULL CAST BASE METAL	\$258.72
D6792	CROWN - FULL CAST NOBLE METAL	\$258.72
D6793	PROVISIONAL RETAINER CROWN	\$129.00
D6794	RETAINER CROWN - TITANIUM AND TITANIUM ALLOYS	\$556.75
D6920	CONNECTOR BAR	\$132.30
D6930	RE-CEMENT OR RE-BOND FIXED PARTIAL DENTURE	\$68.00
D6940	STRESS BREAKER	\$85.75
D6950	PRECISION ATTACHMENT	\$134.75
D6970	CAST POST/CORE AND FIXED RETAIN	\$98.00
D6972	PREFABRICATED POST AND CORE + RETAINER	\$79.63
D6973	CORE BUILD RETAINER WITH PINS	\$55.13
D6975	COPING - METAL	\$122.50
D6976	PROSTHODONTICS FIXED, EACH ADDITIONAL CAST POST-SAME TOOTH	\$49.00
D6977	PROSTHODONTICS FIXED, EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	\$39.82
D6980	FIXED PARTIAL DENTURE REPAIR	\$57.80
D6985	PEDIATRIC PARTIAL DENTURE, FIXED	\$232.75
D6999	FIXED PROSTHODONTIC PROCEDURE	\$0.00
D7111	EXTRACTION, CORONAL REMNANTS - PRIMARY TOOTH	\$51.00
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	\$65.70
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	\$127.50
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	\$168.75
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	\$217.50
D7240	REMOVAL OF IMPACTED TOOTH-COMPLETLY BONY	\$294.00
D7241	REMOVAL OF IMPACTED TOOTH-COMPLETLY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	\$153.13
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	\$135.00
D7251	CORONECTOMY-INTENTIONAL PARTIAL TOOTH REMOVAL IS PERFORMED WHEN A NEUROVASCULAR COMPLICATION IS LIKELY IF THE ENTIRE IMPACTED TOOTH IS REMOVED.	\$217.00
D7260	OROANTRAL FISTULA CLOSURE	\$423.75

Code	Description	Fee
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	\$134.75
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH	\$107.80
D7272	TOOTH TRANSPLANTATION (INCLUDES REIMPLANTATION FROM ONE SITE TO ANOTHER)	\$147.00
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	\$61.25
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	\$61.25
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	\$92.25
D7285	INCISIONAL BIOPSY OF ORAL TISSUE-HARD (BONE, TOOTH)	\$73.50
D7286	INCISIONAL BIOPSY OF ORAL TISSUE-SOFT	\$157.50
D7287	CYTOLOGY SAMPLE COLLECTION	\$86.40
D7288	BRUSH BIOPSY - TRANSEPIHELIAL SAMPLE COLLECTION	\$87.59
D7290	SURGICAL REPOSITIONING OF TEETH	\$134.75
D7291	TRANSSEPTAL FIBEROTOMY, BY REPORT	\$49.00
D7292	SURGICAL PLACEMENT OF TEMPORARY ANCHORAGE DEVICE [SCREW RETAINED PLATE] REQUIRING FLAP; INCLUDES DEVICE REMOVAL	\$808.50
D7293	SURGICAL PLACEMENT OF TEMPORARY ANCHORAGE DEVICE REQUIRING FLAP; INCLUDES DEVICE REMOVAL	\$625.74
D7294	SURGICAL PLACEMENT OF TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP; INCLUDES DEVICE REMOVAL	\$404.20
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	\$125.25
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	\$62.58
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	\$202.50
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	\$101.25
D7340	VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION)	\$377.25
D7350	VESTIBULOPLASTY - RIDGE EXTENSION	\$517.50
D7410	RADICAL EXCISION - LESION DIAMETER UP TO 1.25CM	\$188.25
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	\$403.50
D7412	EXCISION OF BENIGN LESION, COMPLICATED	\$412.00
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM	\$98.00
D7414	EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM	\$147.00
D7415	EXCISION OF MALIGNANT LESION, COMPLICATED	\$594.00
D7440	EXCISION OF MALIGNANT TUMOR - LESION DIAMETER UP TO 1.25CM	\$177.63
D7441	EXCISION OF MALIGNANT TUMOR - LESION DIAMETER GREATER THAN 1.25CM	\$232.75
D7450	REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25CM	\$264.00
D7451	REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION GREATER THAN 1.25CM	\$159.25

**ATTACHMENT A-4  
SCHEDULE OF ALLOWABLE FEES FOR ASSIGNED PROGRAMS  
All Provider Types**

**\*\* PLEASE REFER TO OFFICE REFERENCE MANUAL ON DENTAQUEST'S WEBSITE FOR COVERED SERVICES\*\***

Code	Description	Fee
D7460	REMOVAL OF NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25CM	\$116.38
D7461	REMOVAL OF NONODONTOGENIC CYST OR TUMOR - LESION GREATER THAN 1.25CM	\$384.00
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHOD, BY REPORT	\$67.38
D7471	REMOVAL OF EXOSTOSIS - PER SITE	\$288.00
D7472	REMOVAL OF TORUS PALATINUS	\$384.00
D7473	REMOVAL OF TORUS MANDIBULARIS	\$336.00
D7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	\$330.00
D7490	RADICAL RESECTION OF MAXILLA OR MANDIBLE	\$3024.00
D7510	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE	\$88.50
D7511	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)	\$44.25
D7520	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE	\$122.50
D7521	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)	\$61.50
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE	\$234.00
D7540	REMOVAL OF REACTION-PRODUCING FOREIGN BODIES, MUSCULOSKELETAL SYSTEM	\$98.00
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE	\$104.13
D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY	\$122.50
D7610	MAXILLA - OPEN REDUCTION	\$2100.00
D7620	MAXILLA - CLOSED REDUCTION	\$1650.00
D7630	MANDIBLE-OPEN REDUCTION	\$2240.00
D7640	MANDIBLE - CLOSED REDUCTION	\$1629.00
D7650	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	\$1895.50
D7660	MALAR AND/OR ZYGOMATIC ARCH-CLOSED	\$1584.50
D7670	ALVEOLUS STABILIZATION OF TEETH, CLOSED REDUCTION SPLINTING	\$79.63
D7671	ALVEOLUS - OPEN REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	\$648.00
D7680	FACIAL BONES - COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES	\$3314.00
D7710	MAXILLA - OPEN REDUCTION	\$2210.50
D7720	MAXILLA - CLOSED REDUCTION	\$1707.00
D7730	MANDIBLE - OPEN REDUCTION	\$2381.50
D7740	MANDIBLE - CLOSED REDUCTION	\$1787.00
D7750	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	\$2055.50
D7760	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION	\$2839.50
D7770	ALVEOLUS-STABILIZATION OF TEETH, OPEN REDUCTION SPLINTING	\$1383.00
D7771	ALVEOLUS, CLOSED REDUCTION STABILIZATION OF TEETH	\$949.50
D7780	FACIAL BONES - COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES	\$4011.00
D7810	OPEN REDUCTION OF DISLOCATION	\$2028.50
D7820	CLOSED REDUCTION DISLOCATION	\$79.63
D7830	MANIPULATION UNDER ANESTHESIA	\$457.50
D7840	CONDYLECTOMY	\$2573.50

Code	Description	Fee
D7850	SURGICAL DISSECTOMY, WITH/WITHOUT IMPLANT	\$2548.50
D7852	DISC REPAIR	\$2755.00
D7854	SYNOVECTOMY	\$2583.00
D7856	MYOTOMY	\$1759.50
D7870	ARTHROCENTESIS	\$263.00
D7880	OCCLUSAL ORTHOTIC DEVICE, BY REPORT	\$137.20
D7910	SUTURE SMALL WOUNDS UP TO 5 CM	\$123.75
D7911	COMPLICATED SUTURE-UP TO 5 CM	\$79.63
D7912	COMPLEX SUTURE - GREATER THAN 5CM	\$159.25
D7920	SKIN GRAFT (IDENTIFY DEFECT COVERED, LOCATION AND TYPE OF GRAFT)	\$1368.00
D7922	PLACEMENT OF INTRA-SOCKET BIOLOGICAL DRESSING TO AID IN HEMOSTASIS OR CLOT STABILIZATION, PER SITE	\$0.00
D7940	OSTEOPLASTY-FOR ORTHOGNATHIC DEFORMITIES	\$1969.50
D7941	OSTEOTOMY - MADIBULAR RAMI	\$4500.00
D7943	OSTEOTOMY - MANDIBULAR RAMI WITH BONE GRAFT; INCLUDES OBTAINING THE GRAFT	\$4318.50
D7944	OSTEOTOMY - SEGMENTED OR SUBAPICAL - PER SEXTANT OR QUADRANT	\$3459.00
D7945	OSTEOTOMY - BODY OF MANDIBLE	\$3405.00
D7946	LEFORT I (MAXILLA - TOTAL)	\$4139.50
D7947	LEFORT I (MAXILLA - SEGMENTED)	\$4173.50
D7948	LEFORT II OR LEFORT III - WITHOUT BONE GRAFT	\$4799.50
D7949	LEFORT II OR LEFORT III - WITH BONE GRAFT	\$5717.50
D7950	OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF THE MANDIBLE OR MAXILLA - AUTOGENOUS OR NONAUTOGENOUS, BY REPORT	\$1038.50
D7951	SINUS AUGMENTATION	\$1350.00
D7953	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SITE	\$309.00
D7955	REPAIR OF MAXILLOFACIAL SOFT AND/OR HARD TISSUE DEFECT	\$1037.00
D7960	FRENULLECTOMY - ALSO KNOWN AS FRENECTOMY OR FRENOTOMY - SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE	\$236.25
D7963	FRENULOPLASTY	\$236.25
D7970	EXCISION OF HYPERPLASTIC TISSUE - PER ARCH	\$315.00
D7971	EXCISION OF PERICORONAL GINGIVA	\$97.50
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	\$42.88
D7980	SURGICAL SIALOLITHOTOMY	\$189.88
D7982	SIALODOCHOPLASTY	\$855.00
D7983	CLOSURE OF SALIVARY FISTULA	\$159.25
D7991	CORONOIDECTOMY	\$1889.50
D7997	APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE), INCLUDES REMOVAL OF ARCHBAR	\$49.00
D7998	INTRAORAL FIXATION DEVICE--NON-FRACTURE	\$1218.00
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	\$0.00
D8010	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	\$697.00
D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	\$697.00

**ATTACHMENT A-4  
SCHEDULE OF ALLOWABLE FEES FOR ASSIGNED PROGRAMS  
All Provider Types**

**\*\* PLEASE REFER TO OFFICE REFERENCE MANUAL ON DENTAQUEST'S WEBSITE FOR COVERED SERVICES\*\***

Code	Description	Fee
D8030	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	\$697.00
D8040	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION	\$697.00
D8050	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	\$697.00
D8060	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	\$697.00
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	\$697.00
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	\$697.00
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	\$697.00
D8210	REMOVABLE APPLIANCE THERAPY (INCLUDES APPLIANCES FOR THUMB SUCKING AND TONGUE THRUSTING)	\$250.00
D8220	FIXED APPLIANCE THERAPY (INCLUDES APPLIANCES FOR THUMB SUCKING AND TONGUE THRUSTING)	\$250.00
D8660	PRE-ORTHODONTIC TREATMENT EXAMINATION TO MONITOR GROWTH AND DEVELOPMENT	\$75.00
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT	\$66.74
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES)	\$98.00
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	\$0.00
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROCEDURE	\$39.75
D9120	FIXED PARTIAL DENTURE SECTIONING	\$69.00
D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	\$18.00
D9211	REGIONAL BLOCK ANESTHESIA	\$18.38
D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA	\$30.63
D9219	EVALUATION FOR MODERATE SEDATION, DEEP SEDATION OR GENERAL ANESTHESIA	\$25.00
D9222	DEEP SEDATION/GENERAL ANESTHESIA FIRST 15 MINUTES	\$48.75
D9223	DEEP SEDATION/GENERAL ANESTHESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	\$48.75
D9230	INHALATION OF NITROUS OXIDE/ANALGESIA, ANXIOLYSIS	\$27.81
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA-FIRST 15 MINUTES	\$48.75
D9248	NON-INTRAVENOUS MODERATE (CONSCIOUS) SEDATION	\$125.00
D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN	\$45.00
D9311	CONSULTATION WITH MEDICAL HEALTH CARE PROFESSIONAL	\$25.00
D9410	HOUSE/EXTENDED CARE FACILITY CALL	\$24.50
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	\$37.24
D9430	OFFICE VISIT FOR OBSERVATION - NO OTHER SERVICES PERFORMED	\$31.50
D9440	OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS	\$30.63
D9610	THERAPEUTIC DRUG INJECTION, BY REPORT	\$18.38
D9612	THERAPEUTIC DRUG INJECTION - 2 OR MORE MEDICATIONS BY REPORT	\$36.75
D9630	OTHER DRUGS AND/OR MEDICAMENTS, BY REPORT	\$8.62
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	\$12.25
D9911	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT SURFACE, PER TOOTH	\$14.00
D9920	BEHAVIOR MANAGEMENT, BY REPORT	\$49.00
D9930	TREATMENT OF COMPLICATIONS (POST-SURGICAL) - UNUSUAL CIRCUMSTANCES, BY REPORT	\$39.00

Code	Description	Fee
D9941	FABRICATION OF ATHLETIC MOUTHGUARD	\$137.26
D9942	REPAIR AND/OR RELINE OF OCCLUSAL GUARD	\$135.00
D9944	OCCLUSAL GUARD--HARD APPLIANCE, FULL ARCH	\$296.25
D9945	OCCLUSAL GUARD--SOFT APPLIANCE FULL ARCH	\$296.25
D9946	OCCLUSAL GUARD--HARD APPLIANCE, PARTIAL ARCH	\$296.25
D9950	OCCLUSION ANALYSIS-MOUNTED CASE	\$55.13
D9951	OCCLUSAL ADJUSTMENT - LIMITED	\$42.75
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	\$300.75
D9970	ENAMEL MICROABRASION	\$55.13
D9971	ODONTOPLASTY 1-2 TEETH; INCLUDES REMOVAL OF ENAMEL PROJECTIONS	\$41.00
D9972	EXTERNAL BLEACHING - PER ARCH	\$70.00
D9973	EXTERNAL BLEACHING - PER TOOTH	\$57.00
D9974	INTERNAL BLEACHING - PER TOOTH	\$55.13
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT	\$0.00

**TEXAS FEE SCHEDULE FOR STAR HEALTH PLAN, STAR+PLUS CBA WAIVER PROGRAM  
FQHC DENTAL PANEL REIMBURSEMENT**

- 1.00 Provider(s) who are qualified FQHC locations shall be reimbursed for Covered Services rendered to eligible STAR Health, and STAR+Plus CBA Waiver Program Members at the current PPS encounter rate on file with HHSC and amended as required.
- 2.00 Provider agrees to practice cost effective dentistry. Provider acknowledges that improper billing or the rendering of dental care that is determined to be unnecessary or inappropriate by DentaQuest, shall not be compensated and will constitute sufficient basis for termination of this agreement or other measures as described in paragraph 3.00.
- 3.00 Provider acknowledges that reimbursement can only be maintained with the cooperation and commitment of all dental panel members to practice cost effective, quality dentistry. Providers, whose practice patterns deviate from the norms of the DentaQuest dental panel, may be subject to notice of probationary status and/or possible termination, subject to the appropriate notice and appeal procedures as stated herein.
- 4.00 DentaQuest shall pay Provider within thirty (30) calendar days of receipt of clean claims for dental services rendered to Members. Provider agrees to accept electronic payment and electronic remittances if/when available. DentaQuest will pay Providers interest at a rate of 1.5 % per month (18% per annum) on all clean claims not adjudicated within 30 days.
- 5.00 Provider reimbursement requires receipt of a clean claim. A claim shall be considered clean only if the claim requires no further information, documentation, adjustment or alteration by Provider to be adjudicated by DentaQuest. DentaQuest shall deny claims that are not clean claims within thirty (30) calendar days of receipt. Any dispute regarding payment shall be deemed waived unless Provider submits written notification of the reasons for the dispute within one hundred twenty (120) days of receipt of the payment, statement of denial or adjustment. Provider agrees that DentaQuest can adjust future payments or request Provider refund an amount equal to any payment made to Provider in error by DentaQuest including but not limited to an overpayment, duplicate payment, an ineligible member, or for any other reason for which payment should not have initially been made.

**ATTACHMENT B**  
**TEXAS FEE SCHEDULE**  
**DENTAL PANEL REIMBURSEMENT**

- 1.00 Fee Schedules. Provider shall be reimbursed for Covered Services rendered to eligible Members administered by DentaQuest at the lesser of billed charges or one hundred percent (100%) of the applicable attached Fee Schedule as shown in Attachment B of this Agreement.
- 2.00 Provider agrees to practice cost effective dentistry. Provider acknowledges that improper billing or the rendering of dental care that is determined to be unnecessary or inappropriate by DentaQuest, shall not be compensated and will constitute sufficient basis for termination of this agreement or other measures as described in paragraph 3.00.
- 3.00 Provider acknowledges that fee-for-service dental reimbursement can only be maintained with the cooperation and commitment of all dental panel members to practice cost effective, quality dentistry. Providers, whose practice patterns deviate from the norms of the DentaQuest dental panel, may be subject to notice of probationary status and/or possible termination, subject to the appropriate notice and appeal procedures as stated herein.
- 4.00 DentaQuest shall pay Provider within thirty (30) calendar days of receipt of clean claims for dental services rendered to Members. Provider agrees to accept electronic payment and electronic remittances if/when available. DentaQuest will pay Providers interest at a rate of 1.5 % per month (18% per annum) on all clean claims not adjudicated within 30 days.
- 5.1 Provider reimbursement requires receipt of a clean claim. A claim shall be considered clean only if the claim requires no further information, documentation, adjustment or alteration by Provider to be adjudicated by DentaQuest. DentaQuest shall deny claims that are not clean claims within thirty (30) calendar days of receipt. Any dispute regarding payment shall be deemed waived unless Provider submits written notification of the reasons for the dispute within one hundred twenty (120) days of receipt of the payment, statement of denial or adjustment. Provider agrees that DentaQuest can adjust future payments or request Provider refund an amount equal to any payment made to Provider in error by DentaQuest including but not limited to an overpayment, duplicate payment, an ineligible member, or for any other reason for which payment should not have initially been made.

**ATTACHMENT B-1**  
**SCHEDULE OF ALLOWABLE FEES FOR ASSIGNED PROGRAMS**  
**GENERAL DENTISTS, PEDODONTISTS, ORTHODONTISTS, PROSTHODONTISTS**  
**\*\* PLEASE REFER TO OFFICE REFERENCE MANUAL ON DENTAQUEST'S WEBSITE FOR COVERED SERVICES\*\***

Code	Description	Fee
D0120	Periodic oral evaluation - established patient	\$25.48
D0140	Limited oral evaluation-problem focused	\$42.14
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$25.48
D0150	Comprehensive oral evaluation - new or established patient	\$40.18
D0160	Detailed and extensive oral eval-problem focused, by report	\$69.58
D0170	Re-evaluation, limited problem focused	\$42.14
D0180	Comprehensive periodontal evaluation - new or established patient	\$57.82
D0210	Intraoral - complete series of radiographic images	\$76.44
D0220	Intraoral - periapical first radiographic image	\$13.72
D0230	Intraoral - periapical each additional radiographic image	\$10.78
D0240	Intraoral - occlusal radiographic image	\$26.46
D0250	Extra-oral - 2d projection radiographic image created using a stationary radiation source, and detector	\$24.50
D0270	Bitewing - single radiographic image	\$13.72
D0272	Bitewings - two radiographic images	\$23.52
D0273	Bitewings - three radiographic images	\$29.40
D0274	Bitewings - four radiographic images	\$35.28
D0277	Vertical bitewings - 7 to 8 films	\$62.72
D0290	Posterior-anterior or lateral skull and facial bone survey radiographic image	\$75.46
D0330	Panoramic radiographic image	\$62.72
D0340	Cephalometric radiographic image	\$73.50
D0350	2d oral/facial photographic image obtained intra-orally or extra-orally	\$39.20
D0367	Cone beam ct capture and interpretation with field of view of both jaws, with or without cranium	\$199.67
D0460	Pulp vitality tests	\$29.40
D0470	Diagnostic casts	\$52.92
D0472	Accession of tissue, gross examination	\$73.50
D0473	Accession of tissue, gross and microscopic exam	\$95.06
D0474	Accession of tissue, gross and microscopic exam (surgical)	\$100.94
D0601	Caries risk assessment and documentation, with a finding of low risk	\$10.00
D0602	Caries risk assessment and documentation, with a finding of moderate risk	\$10.00
D0603	Caries risk assessment and documentation, with a finding of high risk	\$10.00
D1110	Prophylaxis - adult	\$54.88
D1120	Prophylaxis - child	\$42.14
D1203	Topical application of fluoride (prophylaxis not included) - child	\$19.60
D1204	Topical application of fluoride (prophylaxis not included) - adult	\$17.64
D1206	Topical application of fluoride varnish	\$17.64
D1208	Topical application of fluoride - excluding varnish	\$17.64
D1351	Sealant - per tooth	\$30.38
D1352	Preventive resin restoration is a mod. To high caries risk patient perm tooth conservative rest of an active cavitated lesion in a pit	\$37.24
D1510	Space maintainer-fixed-unilateral	\$198.94
D1515	Space maintainer - fixed - bilateral	\$383.18

Code	Description	Fee
D1520	Space maintainer-removable-unilateral	\$235.20
D1525	Space maintainer-removable-bilateral	\$352.80
D2140	Amalgam - one surface, primary or permanent	\$80.36
D2150	Amalgam - two surfaces, primary or permanent	\$97.02
D2160	Amalgam - three surfaces, primary or permanent	\$128.38
D2161	Amalgam - four or more surfaces, primary or permanent	\$148.96
D2330	Resin-based composite - one surface, anterior	\$87.22
D2331	Resin-based composite - two surfaces, anterior	\$107.80
D2332	Resin-based composite - three surfaces, anterior	\$129.36
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$148.96
D2390	Resin-based composite crown, anterior	\$201.88
D2391	Resin-based composite - one surface, posterior	\$89.18
D2392	Resin-based composite - two surfaces, posterior	\$126.42
D2393	Resin-based composite - three surfaces, posterior	\$154.84
D2394	Resin-based composite - four or more surfaces, posterior	\$189.14
D2510	Inlay - metallic -1 surface	\$578.20
D2520	Inlay-metallic-2 surfaces	\$612.50
D2530	Inlay-metallic-3+ surfaces	\$656.60
D2542	Onlay - metallic - two surfaces	\$661.50
D2543	Onlay-metallic-3 surfaces	\$686.00
D2544	Onlay-metallic-4+ surfaces	\$764.40
D2710	Crown - resin-based composite (indirect)	\$352.80
D2712	Crown - 3/4 resin-based composite (indirect)	\$352.80
D2720	Crown-resin with high noble metal	\$735.00
D2721	Crown - resin with predominantly base metal	\$666.40
D2722	Crown - resin with noble metal	\$707.56
D2740	Crown - porcelain/ceramic substrate	\$752.64
D2750	Crown - porcelain fused to high noble metal	\$700.70
D2751	Crown - porcelain fused to predominantly base metal	\$641.90
D2752	Crown - porcelain fused to noble metal	\$659.54
D2780	Crown - ¾ cast high noble metal	\$749.70
D2781	Crown - ¾ cast predominantly base metal	\$719.32
D2782	Crown - ¾ cast noble metal	\$742.84
D2783	Crown - ¾ porcelain/ceramic	\$762.44
D2790	Crown - full cast high noble metal	\$690.90
D2791	Crown - full cast predominantly base metal	\$612.50
D2792	Crown - full cast noble metal	\$646.80
D2794	Crown - titanium	\$711.48
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$56.84
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$56.84

D2920	Re-cement or re-bond crown	\$55.86
D2921	Reattachment of tooth fragment, incisal edge or cusp	\$54.00
D2930	Prefabricated stainless steel crown - primary tooth	\$145.04
D2931	Prefabricated stainless steel crown-permanent tooth	\$176.40
D2932	Prefabricated resin crown	\$206.78
D2933	Prefabricated stainless steel crown with resin window	\$220.50
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	\$220.50
D2940	Protective restoration	\$52.92
D2941	Interim therapeutic restoration - primary dentition	\$54.00
D2949	Restorative foundation for an indirect restoration	\$141.00
D2950	Core buildup, including any pins when required	\$138.18
D2951	Pin retention - per tooth, in addition to restoration	\$30.38
D2952	Cast post and core in addition to crown	\$200.90
D2954	Prefabricated post and core in addition to crown	\$183.26
D2960	Labial veneer (laminate)-chair	\$352.80
D2961	Labial veneer (resin laminate) - laboratory	\$581.14
D2962	Labial veneer (porc laminate) - laboratory	\$769.30
D3110	Pulp cap - direct (excluding final restoration)	\$15.68
D3120	Pulp cap - indirect (excluding final restoration)	\$25.68
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of	\$90.16
D3221	Pulpal debridement, primary and permanent teeth	\$107.80
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$96.04
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$112.70
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$117.60
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$430.22
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	\$517.44
D3330	Endodontic therapy, molar (excluding final restoration)	\$664.44
D3333	Internal root repair of perforation defects	\$120.54
D3346	Retreatment of previous root canal therapy-anterior	\$674.24
D3347	Retreatment of previous root canal therapy-bicuspid	\$710.50
D3348	Retreatment of previous root canal therapy-molar	\$838.88
D3351	Apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	\$233.24
D3352	Apexification/recalcification - interim medication replacement	\$117.60
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations,	\$372.40
D3355	Pulpal regeneration - initial visit	\$238.00
D3356	Pulpal regeneration - interim medication replacement	\$120.00
D3357	Pulpal regeneration - completion of treatment	\$380.00
D3410	Apicoectomy - anterior	\$568.40
D3421	Apicoectomy - bicuspid (first root)	\$637.00
D3425	Apicoectomy - molar (first root)	\$645.82
D3426	Apicoectomy (each additional root)	\$224.42
D3427	Periradicular surgery without apicoectomy	\$290.00
D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site	\$190.00
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site	\$190.00

D3430	Retrograde filling - per root	\$157.78
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	\$190.00
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	\$190.00
D3450	Root amputation - per root	\$289.10
D3460	Endodontic endosseous implant	\$1073.10
D3920	Hemisection (including any root removal), not incl root canal therapy	\$226.38
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$401.80
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$241.08
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$421.40
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$252.84
D4245	Apically positioned flap	\$321.44
D4249	Clinical crown lengthening - hard tissue	\$490.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces	\$826.14
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces	\$490.00
D4263	Bone replacement graft - first site in quadrant	\$294.00
D4264	Bone replacement graft - each additional site in quadrant	\$186.20
D4266	Guided tissue regenerate-resorbable barrier, per site, per tooth	\$357.70
D4267	Guided tissue regeneration - nonresorbable barrier, per site, per tooth	\$447.86
D4270	Pedicle soft tissue graft procedure	\$490.00
D4271	Free soft tissue graft procedure	\$620.34
D4273	Subepithelial connective tissue graft procedure	\$686.00
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	\$620.34
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in	\$310.17
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth,	\$316.50
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional	\$316.50
D4321	Provision splinting - extracoronal	\$200.90
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$146.02
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$91.14
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$54.88
D4910	Periodontal maintenance procedures	\$79.38
D4921	Gingival irrigation - per quadrant	\$22.00
D5110	Complete denture - maxillary	\$756.56
D5120	Complete denture - mandibular	\$756.56
D5130	Immediate denture - maxillary	\$768.32
D5140	Immediate denture - mandibular	\$768.32
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$604.66
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$604.66
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and	\$780.08
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and	\$780.08
D5225	Maxillary partial denture-flexible base	\$705.60
D5226	Mandibular partial denture-flexible base	\$705.60
D5281	Removable unilateral partial denture - one piece cast metal	\$531.16
D5410	Adjust complete denture - maxillary	\$44.10
D5411	Adjust complete denture - mandibular	\$44.10

D5421	Adjust partial denture-maxillary	\$46.06
D5422	Adjust partial denture - mandibular	\$46.06
D5511	Repair broken complete denture base, mandibular	98.00
D5512	Repair broken complete denture base, maxillary	98.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$86.24
D5611	Repair resin partial denture base, mandibular	97.02
D5612	Repair resin partial denture base, maxillary	97.02
D5630	Repair or replace broken clasp	\$132.30
D5640	Replace broken teeth-per tooth	\$86.24
D5650	Add tooth to existing partial denture	\$110.74
D5660	Add clasp to existing partial denture	\$132.30
D5710	Rebase complete maxillary denture	\$327.32
D5711	Rebase complete mandibular denture	\$327.32
D5720	Rebase maxillary partial denture	\$297.92
D5721	Rebase mandibular partial denture	\$297.92
D5730	Reline complete maxillary denture (chairside)	\$185.22
D5731	Reline complete mandibular denture (chairside)	\$185.22
D5740	Reline maxillary partial denture (chairside)	\$171.50
D5741	Reline mandibular partial denture (chairside)	\$171.50
D5750	Reline complete maxillary denture (laboratory)	\$234.22
D5751	Reline complete mandibular denture (laboratory)	\$234.22
D5760	Reline maxillary partial denture (laboratory)	\$226.38
D5761	Reline mandibular partial denture (laboratory)	\$226.38
D5820	Interim partial denture (maxillary)	\$339.08
D5821	Interim partial denture-mandibular	\$339.08
D5850	Tissue conditioning, maxillary	\$91.14
D5851	Tissue conditioning,mandibular	\$91.14
D5863	Overdenture - complete maxillary	\$772.00
D5864	Overdenture - partial maxillary	\$772.00
D5865	Overdenture - complete mandibular	\$772.00
D5866	Overdenture - partial mandibular	\$772.00
D5994	Periodontal medicament carrier with peripheral seal - laboratory processed	\$49.00
D6010	Surgical placement of implant body: endosteal implant	\$1573.88
D6011	Second stage implant surgery	\$803.00
D6013	Surgical placement of mini implant	\$803.00
D6040	Surgical placement:eposteal implnt	\$5978.00
D6050	Surgical placement-transosteal implant	\$3995.46
D6052	Semi-precision attachment abutment	\$412.00
D6054	Implant/abutment supported removable denture for partially edentulous arch	\$1087.80
D6055	Connecting bar - implant supported or abutment supported	\$1551.34
D6056	Prefabricated abutment	\$368.48
D6057	Custom abutment	\$492.94
D6058	Abutment supported porcelain/ceramic crown	\$925.12
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$840.84

D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$770.28
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$791.84
D6062	Abutment supported cast metal crown (high noble metal)	\$829.08
D6063	Abutment supported cast metal crown (predominantly base metal)	\$735.00
D6064	Abutment supported cast metal crown (noble metal)	\$776.16
D6065	Implant supported porcelain/ceramic crown	\$1078.00
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$1029.00
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$920.22
D6068	Abutment supported retainer for porcelain/ceramic fpd	\$945.70
D6069	Abutment supported retainer for porcelain fused to metal fpd (high noble metal)	\$926.10
D6070	Abutment supported retainer for porcelain fused to metal fpd (predominantly base metal)	\$818.30
D6071	Abutment supported retainer for porcelain fused to metal fpd (noble metal)	\$833.00
D6072	Abutment supported retainer for cast metal fpd (high noble metal)	\$852.60
D6073	Abutment supported retainer for cast metal fpd (predominantly base metal)	\$720.30
D6074	Abutment supported retainer for cast metal fpd (noble metal)	\$833.00
D6075	Implant supported retainer for ceramic fpd	\$860.44
D6076	Implant supported retainer for porcelain fused to metal fpd (titanium, titanium alloy, or high noble metal)	\$858.48
D6077	Implant supported retainer for cast metal fpd (titanium, titanium alloy, or high noble metal)	\$795.76
D6078	Implant/abutment supported fixed denture for completely edentulous arch	\$2324.56
D6079	Implant/abutment supported fixed denture for partially edentulous arch	\$1857.10
D6092	Re-cement or re-bond implant/abutment supported crown	\$55.86
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	\$78.40
D6094	Abutment supported crown - (titanium)	\$854.56
D6194	Abutment supported retainer crown for fpd (titanium)	\$963.34
D6210	Pontic - cast high noble metal	\$710.50
D6211	Pontic-cast base metal	\$661.50
D6212	Pontic - cast noble metal	\$676.20
D6214	Pontic - titanium	\$711.48
D6240	Pontic-porcelain fused-high noble	\$715.40
D6241	Pontic-porcelain fused to base metal	\$629.16
D6242	Pontic-porcelain fused-noble metal	\$683.06
D6250	Pontic-resin with high noble metal	\$759.50
D6251	Pontic-resin with base metal	\$604.66
D6252	Pontic-resin with noble metal	\$653.66
D6545	Retainer - cast metal fixed	\$343.00
D6602	Inlay - cast high noble metal, two surfaces	\$588.00
D6603	Inlay - cast high noble metal, three or more surfaces	\$646.80
D6604	Inlay - cast predominantly base metal, two surfaces	\$528.22
D6605	Inlay - cast predominantly base metal, three or more surfaces	\$620.34
D6606	Inlay - cast noble metal, two surfaces	\$571.34
D6607	Inlay - cast noble metal, three or more surfaces	\$632.10
D6610	Onlay - cast high noble metal, two surfaces	\$665.42
D6611	Onlay - cast high noble metal, three or more surfaces	\$763.42
D6612	Onlay - cast predominantly base metal, two surfaces	\$622.30



D6613	Onlay - cast predominantly base metal, three or more surfaces	\$641.90
D6614	Onlay - cast noble metal, two surfaces	\$637.98
D6615	Onlay - cast noble metal, three or more surfaces	\$661.50
D6624	Inlay - titanium	\$646.80
D6634	Onlay - titanium	\$763.42
D6720	Crown-resin with high noble metal	\$735.00
D6721	Crown-resin with base metal	\$666.40
D6722	Crown-resin with noble metal	\$707.56
D6750	Crown-porcelain fused high noble	\$700.70
D6751	Crown-porcelain fused to base metal	\$641.90
D6752	Crown-porcelain fused noble metal	\$659.54
D6780	Crown-3/4 cast high noble metal	\$749.70
D6781	Prosthodontics fixed, crown 3/4 cast predominantly based metal	\$719.32
D6782	Prosthodontics fixed, crown 3/4 cast noble metal	\$742.84
D6790	Crown-full cast high noble	\$690.90
D6791	Crown - full cast base metal	\$612.50
D6792	Crown - full cast noble metal	\$646.80
D6794	Crown - titanium	\$711.48
D6930	Re-cement or re-bond fixed partial denture	\$78.40
D6940	Stress breaker	\$196.00
D6970	Cast post/core and fixed retain	\$234.22
D6972	Prefabricated post and core + retainer	\$203.84
D6973	Core build retainer with pins	\$140.14
D7111	Extraction, coronal remnants - deciduous tooth	\$66.64
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$83.30
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of	\$166.60
D7220	Removal of impacted tooth-soft tissue	\$220.50
D7230	Removal of impacted tooth-partially bony	\$284.20
D7240	Removal of impacted tooth-completely bony	\$343.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$176.40
D7260	Oroantral fistula closure	\$553.70
D7261	Primary closure of a sinus perforation	\$490.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$313.60
D7280	Surgical access of an unerupted tooth	\$401.80
D7283	Placement of device to facilitate eruption of impacted tooth	\$120.54
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	\$376.32
D7286	Incisional biopsy of oral tissue-soft	\$205.80
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$163.66
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$98.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$264.60
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$158.76
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	\$492.94
D7350	Vestibuloplasty - ridge extension	\$676.20
D7410	Radical excision - lesion diameter up to 1.25cm	\$245.98

D7411	Excision of benign lesion greater than 1.25 cm	\$527.24
D7450	Removal of odontogenic cyst or tumor - lesion diameter up to 1.25cm	\$344.96
D7451	Removal of odontogenic cyst or tumor - lesion greater than 1.25cm	\$452.76
D7460	Removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25cm	\$428.26
D7461	Removal of nonodontogenic cyst or tumor - lesion greater than 1.25cm	\$501.76
D7471	Removal of exostosis - per site	\$543.90
D7473	Removal of torus mandibularis	\$683.75
D7510	Incision and drainage of abscess - intraoral soft tissue	\$115.64
D7520	Incision and drainage of abscess - extraoral soft tissue	\$217.56
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$305.76
D7540	Removal of reaction-producing foreign bodies, musculoskeletal system	\$343.98
D7550	Partial osteotomy/sequestrectomy for removal of non-vital bone	\$261.66
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$803.60
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	\$308.70
D7970	Excision of hyperplastic tissue - per arch	\$411.60
D7971	Excision of pericoronal gingiva	\$127.40
D8010	Limited orthodontic treatment of the primary dentition	\$697.00
D8020	Limited orthodontic treatment of the transitional dentition	\$697.00
D8050	Interceptive orthodontic treatment of the primary dentition	\$697.00
D8060	Interceptive orthodontic treatment of the transitional dentition	\$697.00
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$697.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$697.00
D8090	Comprehensive orthodontic treatment of the adult dentition	\$697.00
D8210	Removable appliance therapy (includes appliances for thumb sucking and tongue thrusting)	\$250.00
D8220	Fixed appliance therapy (includes appliances for thumb sucking and tongue thrusting)	\$250.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$14.70
D8670	Periodic orthodontic treatment visit	\$63.37
D8680	Orthodontic retention (removal of appliances)	\$98.00
D8690	Orthodontic treatment (alternative billing to a contract fee)	\$19.60
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$51.94
D9222	Deep sedation/general anesthesia - first 15 minutes	112.50
D9223	Deep sedation/general anesthesia - each 15 minute increment	\$112.50
D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes	104.50
D9243	Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment	\$104.50
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$58.80
D9430	Office visit for observation - no other services performed	\$41.16
D9440	Office visit - after regularly scheduled hours	\$74.48
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	\$50.96
D9940	Occlusal guard, by report	\$387.10
D9951	Occlusal adjustment - limited	\$55.86
D9952	Occlusal adjustment - complete	\$392.98
D9972	External bleaching - per arch	\$192.34

THIS BLANK INTENTIONALLY LEFT BLANK

**ATTACHMENT B-2**  
**SCHEDULE OF ALLOWABLE FEES FOR ASSIGNED PROGRAMS**  
**ENDODONTISTS, PERIODONTISTS, ORAL SURGEONS**

**\*\* PLEASE REFER TO OFFICE REFERENCE MANUAL ON DENTAQUEST'S WEBSITE FOR COVERED SERVICES\*\***

Code	Description	Fee
D0120	Periodic oral evaluation - established patient	\$25.48
D0140	Limited oral evaluation-problem focused	\$42.14
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$25.48
D0150	Comprehensive oral evaluation - new or established patient	\$40.18
D0160	Detailed and extensive oral eval-problem focused, by report	\$69.58
D0170	Re-evaluation, limited problem focused	\$42.14
D0180	Comprehensive periodontal evaluation - new or established patient	\$57.82
D0210	Intraoral - complete series of radiographic images	\$76.44
D0220	Intraoral - periapical first radiographic image	\$13.72
D0230	Intraoral - periapical each additional radiographic image	\$10.78
D0240	Intraoral - occlusal radiographic image	\$26.46
D0250	Extra-oral - 2d projection radiographic image created using a stationary radiation source, and detector	\$24.50
D0270	Bitewing - single radiographic image	\$13.72
D0272	Bitewings - two radiographic images	\$23.52
D0273	Bitewings - three radiographic images	\$29.40
D0274	Bitewings - four radiographic images	\$35.28
D0277	Vertical bitewings - 7 to 8 films	\$62.72
D0290	Posterior-anterior or lateral skull and facial bone survey radiographic image	\$75.46
D0330	Panoramic radiographic image	\$62.72
D0340	Cephalometric radiographic image	\$73.50
D0350	2d oral/facial photographic image obtained intra-orally or extra-orally	\$39.20
D0367	Cone beam ct capture and interpretation with field of view of both jaws, with or without cranium	\$199.67
D0460	Pulp vitality tests	\$29.40
D0470	Diagnostic casts	\$52.92
D0472	Accession of tissue, gross examination	\$73.50
D0473	Accession of tissue, gross and microscopic exam	\$95.06
D0474	Accession of tissue, gross and microscopic exam (surgical)	\$100.94
D0601	Caries risk assessment and documentation, with a finding of low risk	\$10.00
D0602	Caries risk assessment and documentation, with a finding of moderate risk	\$10.00
D0603	Caries risk assessment and documentation, with a finding of high risk	\$10.00
D1110	Prophylaxis - adult	\$54.88
D1120	Prophylaxis - child	\$42.14
D1203	Topical application of fluoride (prophylaxis not included) - child	\$19.60
D1204	Topical application of fluoride (prophylaxis not included) - adult	\$17.64
D1206	Topical application of fluoride varnish	\$17.64
D1208	Topical application of fluoride - excluding varnish	\$19.60
D1351	Sealant - per tooth	\$30.38
D1352	Preventive resin restoration is a mod. To high caries risk patient perm tooth conservative rest of an active cavitated lesion in a pit	\$37.24
D1510	Space maintainer-fixed-unilateral	\$198.94
D1515	Space maintainer - fixed - bilateral	\$383.18

Code	Description	Fee
D1520	Space maintainer-removable-unilateral	\$235.20
D1525	Space maintainer-removable-bilateral	\$352.80
D2140	Amalgam - one surface, primary or permanent	\$80.36
D2150	Amalgam - two surfaces, primary or permanent	\$97.02
D2160	Amalgam - three surfaces, primary or permanent	\$128.38
D2161	Amalgam - four or more surfaces, primary or permanent	\$148.96
D2330	Resin-based composite - one surface, anterior	\$87.22
D2331	Resin-based composite - two surfaces, anterior	\$107.80
D2332	Resin-based composite - three surfaces, anterior	\$129.36
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$148.96
D2390	Resin-based composite crown, anterior	\$201.88
D2391	Resin-based composite - one surface, posterior	\$89.18
D2392	Resin-based composite - two surfaces, posterior	\$126.42
D2393	Resin-based composite - three surfaces, posterior	\$154.84
D2394	Resin-based composite - four or more surfaces, posterior	\$189.14
D2510	Inlay - metallic -1 surface	\$578.20
D2520	Inlay-metallic-2 surfaces	\$612.50
D2530	Inlay-metallic-3+ surfaces	\$656.60
D2542	Onlay - metallic - two surfaces	\$661.50
D2543	Onlay-metallic-3 surfaces	\$686.00
D2544	Onlay-metallic-4+ surfaces	\$764.40
D2710	Crown - resin-based composite (indirect)	\$352.80
D2712	Crown - 3/4 resin-based composite (indirect)	\$352.80
D2720	Crown-resin with high noble metal	\$735.00
D2721	Crown - resin with predominantly base metal	\$666.40
D2722	Crown - resin with noble metal	\$707.56
D2740	Crown - porcelain/ceramic substrate	\$752.64
D2750	Crown - porcelain fused to high noble metal	\$700.70
D2751	Crown - porcelain fused to predominantly base metal	\$641.90
D2752	Crown - porcelain fused to noble metal	\$659.54
D2780	Crown - ¾ cast high noble metal	\$749.70
D2781	Crown - ¾ cast predominantly base metal	\$719.32
D2782	Crown - ¾ cast noble metal	\$742.84
D2783	Crown - ¾ porcelain/ceramic	\$762.44
D2790	Crown - full cast high noble metal	\$690.90
D2791	Crown - full cast predominantly base metal	\$612.50
D2792	Crown - full cast noble metal	\$646.80
D2794	Crown - titanium	\$711.48
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$56.84
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$56.84

D2920	Re-cement or re-bond crown	\$55.86
D2921	Reattachment of tooth fragment, incisal edge or cusp	\$54.00
D2930	Prefabricated stainless steel crown - primary tooth	\$145.04
D2931	Prefabricated stainless steel crown-permanent tooth	\$176.40
D2932	Prefabricated resin crown	\$206.78
D2933	Prefabricated stainless steel crown with resin window	\$220.50
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	\$220.50
D2940	Protective restoration	\$52.92
D2941	Interim therapeutic restoration - primary dentition	\$54.00
D2949	Restorative foundation for an indirect restoration	\$141.00
D2950	Core buildup, including any pins when required	\$138.18
D2951	Pin retention - per tooth, in addition to restoration	\$30.38
D2952	Cast post and core in addition to crown	\$200.90
D2954	Prefabricated post and core in addition to crown	\$183.26
D2960	Labial veneer (laminare)-chair	\$352.80
D2961	Labial veneer (resin laminate) - laboratory	\$581.14
D2962	Labial veneer (porc laminate) - laboratory	\$769.30
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application	\$106.82
D3221	Pulpal debridement, primary and permanent teeth	\$118.58
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$106.82
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$124.46
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$129.36
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$496.86
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	\$569.38
D3330	Endodontic therapy, molar (excluding final restoration)	\$798.70
D3333	Internal root repair of perforation defects	\$132.30
D3346	Retreatment of previous root canal therapy-anterior	\$741.86
D3347	Retreatment of previous root canal therapy-bicuspid	\$784.00
D3348	Retreatment of previous root canal therapy-molar	\$923.16
D3351	Apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	\$256.76
D3352	Apexification/recalcification - interim medication replacement	\$142.10
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations,	\$409.64
D3355	Pulpal regeneration - initial visit	\$238.00
D3356	Pulpal regeneration - interim medication replacement	\$120.00
D3357	Pulpal regeneration - completion of treatment	\$380.00
D3410	Apicoectomy - anterior	\$625.24
D3421	Apicoectomy - bicuspid (first root)	\$700.70
D3425	Apicoectomy - molar (first root)	\$710.50
D3426	Apicoectomy (each additional root)	\$246.96
D3427	Periradicular surgery without apicoectomy	\$290.00
D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site	\$190.00
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site	\$190.00
D3430	Retrograde filling - per root	\$173.46
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	\$190.00

D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	\$190.00
D3450	Root amputation - per root	\$318.50
D3460	Endodontic endosseous implant	\$1180.90
D3920	Hemisection (including any root removal), not incl root canal therapy	\$255.78
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$441.98
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$265.58
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$490.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$294.00
D4245	Apically positioned flap	\$353.78
D4249	Clinical crown lengthening - hard tissue	\$539.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces	\$908.46
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces	\$539.00
D4263	Bone replacement graft - first site in quadrant	\$353.78
D4264	Bone replacement graft - each additional site in quadrant	\$206.78
D4266	Guided tissue regenerate-resorbable barrier, per site, per tooth	\$411.60
D4267	Guided tissue regeneration - nonresorbable barrier, per site, per tooth	\$514.50
D4270	Pedicle soft tissue graft procedure	\$539.00
D4271	Free soft tissue graft procedure	\$686.00
D4273	Subepithelial connective tissue graft procedure	\$754.60
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	\$686.00
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in	\$343.00
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth,	\$350.00
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional	\$350.00
D4321	Provision splinting - extracoronal	\$221.48
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$178.36
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$99.96
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$54.88
D4910	Periodontal maintenance procedures	\$87.22
D4921	Gingival irrigation - per quadrant	\$22.00
D5110	Complete denture - maxillary	\$756.56
D5120	Complete denture - mandibular	\$756.56
D5130	Immediate denture - maxillary	\$768.32
D5140	Immediate denture - mandibular	\$768.32
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$604.66
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$604.66
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and	\$780.08
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and	\$780.08
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$663.00
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$663.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps,	\$796.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps,	\$796.00
D5225	Maxillary partial denture-flexible base	\$705.60
D5226	Mandibular partial denture-flexible base	\$705.60
D5281	Removable unilateral partial denture - one piece cast metal	\$531.16

D5410	Adjust complete denture - maxillary	\$44.10
D5411	Adjust complete denture - mandibular	\$44.10
D5421	Adjust partial denture-maxillary	\$46.06
D5422	Adjust partial denture - mandibular	\$46.06
D5511	Repair broken complete denture base, mandibular	98.00
D5512	Repair broken complete denture base, maxillary	98.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$86.24
D5611	Repair resin partial denture base, mandibular	97.02
D5612	Repair resin partial denture base, maxillary	97.02
D5630	Repair or replace broken clasp	\$132.30
D5640	Replace broken teeth-per tooth	\$86.24
D5650	Add tooth to existing partial denture	\$110.74
D5660	Add clasp to existing partial denture	\$132.30
D5710	Rebase complete maxillary denture	\$327.32
D5711	Rebase complete mandibular denture	\$327.32
D5720	Rebase maxillary partial denture	\$297.92
D5721	Rebase mandibular partial denture	\$297.92
D5730	Reline complete maxillary denture (chairside)	\$185.22
D5731	Reline complete mandibular denture (chairside)	\$185.22
D5740	Reline maxillary partial denture (chairside)	\$171.50
D5741	Reline mandibular partial denture (chairside)	\$171.50
D5750	Reline complete maxillary denture (laboratory)	\$234.22
D5751	Reline complete mandibular denture (laboratory)	\$234.22
D5760	Reline maxillary partial denture (laboratory)	\$226.38
D5761	Reline mandibular partial denture (laboratory)	\$226.38
D5820	Interim partial denture (maxillary)	\$339.08
D5821	Interim partial denture-mandibular	\$339.08
D5850	Tissue conditioning, maxillary	\$91.14
D5851	Tissue conditioning,mandibular	\$91.14
D5863	Overdenture - complete maxillary	\$772.00
D5864	Overdenture - partial maxillary	\$772.00
D5865	Overdenture - complete mandibular	\$772.00
D5866	Overdenture - partial mandibular	\$772.00
D5994	Periodontal medicament carrier with peripheral seal - laboratory processed	\$49.00
D6010	Surgical placement of implant body: endosteal implant	\$1573.88
D6011	Second stage implant surgery	\$803.00
D6013	Surgical placement of mini implant	\$803.00
D6040	Surgical placement:eposteal implnt	\$5978.00
D6050	Surgical placement-transosteal implant	\$3995.46
D6052	Semi-precision attachment abutment	\$412.00
D6054	Implant/abutment supported removable denture for partially edentulous arch	\$1087.80
D6055	Connecting bar - implant supported or abutment supported	\$1551.34
D6056	Prefabricated abutment	\$368.48
D6057	Custom abutment	\$492.94

D6058	Abutment supported porcelain/ceramic crown	\$925.12
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$840.84
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$770.28
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$791.84
D6062	Abutment supported cast metal crown (high noble metal)	\$829.08
D6063	Abutment supported cast metal crown (predominantly base metal)	\$735.00
D6064	Abutment supported cast metal crown (noble metal)	\$776.16
D6065	Implant supported porcelain/ceramic crown	\$1078.00
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$1029.00
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$920.22
D6068	Abutment supported retainer for porcelain/ceramic fpd	\$945.70
D6069	Abutment supported retainer for porcelain fused to metal fpd (high noble metal)	\$926.10
D6070	Abutment supported retainer for porcelain fused to metal fpd (predominantly base metal)	\$818.30
D6071	Abutment supported retainer for porcelain fused to metal fpd (noble metal)	\$833.00
D6072	Abutment supported retainer for cast metal fpd (high noble metal)	\$852.60
D6073	Abutment supported retainer for cast metal fpd (predominantly base metal)	\$720.30
D6074	Abutment supported retainer for cast metal fpd (noble metal)	\$833.00
D6075	Implant supported retainer for ceramic fpd	\$860.44
D6076	Implant supported retainer for porcelain fused to metal fpd (titanium, titanium alloy, or high noble metal)	\$858.48
D6077	Implant supported retainer for cast metal fpd (titanium, titanium alloy, or high noble metal)	\$795.76
D6078	Implant/abutment supported fixed denture for completely edentulous arch	\$2324.56
D6079	Implant/abutment supported fixed denture for partially edentulous arch	\$1857.10
D6092	Re-cement or re-bond implant/abutment supported crown	\$55.86
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	\$78.40
D6094	Abutment supported crown - (titanium)	\$854.56
D6194	Abutment supported retainer crown for fpd (titanium)	\$1011.36
D6210	Pontic - cast high noble metal	\$710.50
D6211	Pontic-cast base metal	\$661.50
D6212	Pontic - cast noble metal	\$676.20
D6214	Pontic - titanium	\$711.48
D6240	Pontic-porcelain fused-high noble	\$715.40
D6241	Pontic-porcelain fused to base metal	\$629.16
D6242	Pontic-porcelain fused-noble metal	\$683.06
D6250	Pontic-resin with high noble metal	\$759.50
D6251	Pontic-resin with base metal	\$604.66
D6252	Pontic-resin with noble metal	\$653.66
D6545	Retainer - cast metal fixed	\$343.00
D6602	Inlay - cast high noble metal, two surfaces	\$588.00
D6603	Inlay - cast high noble metal, three or more surfaces	\$646.80
D6604	Inlay - cast predominantly base metal, two surfaces	\$528.22
D6605	Inlay - cast predominantly base metal, three or more surfaces	\$620.34
D6606	Inlay - cast noble metal, two surfaces	\$571.34
D6607	Inlay - cast noble metal, three or more surfaces	\$632.10
D6610	Onlay - cast high noble metal, two surfaces	\$665.42

D6611	Onlay - cast high noble metal, three or more surfaces	\$763.42
D6612	Onlay - cast predominantly base metal, two surfaces	\$622.30
D6613	Onlay - cast predominantly base metal, three or more surfaces	\$641.90
D6614	Onlay - cast noble metal, two surfaces	\$637.98
D6615	Onlay - cast noble metal, three or more surfaces	\$661.50
D6624	Inlay - titanium	\$646.80
D6634	Onlay - titanium	\$763.42
D6720	Crown-resin with high noble metal	\$735.00
D6721	Crown-resin with base metal	\$666.40
D6722	Crown-resin with noble metal	\$707.56
D6740	Retainer crown – porcelain/ceramic	\$719.32
D6750	Crown-porcelain fused high noble	\$700.70
D6751	Crown-porcelain fused to base metal	\$641.90
D6752	Crown-porcelain fused noble metal	\$659.54
D6780	Crown-3/4 cast high noble metal	\$749.70
D6781	Prosthodontics fixed, crown ¼ cast predominantly based metal	\$719.32
D6782	Prosthodontics fixed, crown ¼ cast noble metal	\$742.84
D6790	Crown-full cast high noble	\$690.90
D6791	Crown - full cast base metal	\$612.50
D6792	Crown - full cast noble metal	\$646.80
D6794	Crown - titanium	\$711.48
D6930	Re-cement or re-bond fixed partial denture	\$78.40
D6940	Stress breaker	\$196.00
D6970	Cast post/core and fixed retain	\$234.22
D6972	Prefabricated post and core + retainer	\$203.84
D6973	Core build retainer with pins	\$140.14
D7111	Extraction, coronal remnants - deciduous tooth	\$69.58
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$100.94
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of	\$186.20
D7220	Removal of impacted tooth-soft tissue	\$243.04
D7230	Removal of impacted tooth-partially bony	\$305.76
D7240	Removal of impacted tooth-completely bony	\$367.50
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$191.10
D7260	Oroantral fistula closure	\$581.14
D7261	Primary closure of a sinus perforation	\$514.50
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$329.28
D7280	Surgical access of an unerupted tooth	\$434.14
D7283	Placement of device to facilitate eruption of impacted tooth	\$127.40
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	\$394.94
D7286	Incisional biopsy of oral tissue-soft	\$216.58
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$181.30
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$108.78
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$279.30
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$167.58

D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	\$517.44
D7350	Vestibuloplasty - ridge extension	\$710.50
D7410	Radical excision - lesion diameter up to 1.25cm	\$258.72
D7411	Excision of benign lesion greater than 1.25 cm	\$553.70
D7450	Removal of odontogenic cyst or tumor - lesion diameter up to 1.25cm	\$362.60
D7451	Removal of odontogenic cyst or tumor - lesion greater than 1.25cm	\$475.30
D7460	Removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25cm	\$449.82
D7461	Removal of nonodontogenic cyst or tumor - lesion greater than 1.25cm	\$527.24
D7471	Removal of exostosis - per site	\$571.34
D7510	Incision and drainage of abscess - intraoral soft tissue	\$121.52
D7520	Incision and drainage of abscess - extraoral soft tissue	\$228.34
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$321.44
D7540	Removal of reaction-producing foreign bodies, musculoskeletal system	\$361.62
D7550	Partial osteotomy/sequestrectomy for removal of non-vital bone	\$274.40
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$843.78
D7960	Frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	\$324.38
D7970	Excision of hyperplastic tissue - per arch	\$432.18
D7971	Excision of pericoronal gingiva	\$134.26
D8010	Limited orthodontic treatment of the primary dentition	\$697.00
D8020	Limited orthodontic treatment of the transitional dentition	\$697.00
D8050	Interceptive orthodontic treatment of the primary dentition	\$697.00
D8060	Interceptive orthodontic treatment of the transitional dentition	\$697.00
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$697.00
D8090	Comprehensive orthodontic treatment of the adult dentition	\$697.00
D8210	Removable appliance therapy (includes appliances for thumb sucking and tongue thrusting)	\$250.00
D8220	Fixed appliance therapy (includes appliances for thumb sucking and tongue thrusting)	\$250.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$14.70
D8670	Periodic orthodontic treatment visit	\$63.37
D8680	Orthodontic retention (removal of appliances)	\$98.00
D8690	Orthodontic treatment (alternative billing to a contract fee)	\$19.60
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$51.94
D9222	Deep sedation/general anesthesia – first 15 minutes.	112.50
D9223	Deep sedation/general anesthesia – each 15 minute increment	\$112.50
D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes.	104.50
D9243	Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment	\$104.50
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$58.80
D9430	Office visit for observation - no other services performed	\$41.16
D9440	Office visit - after regularly scheduled hours	\$74.48
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	\$50.96
D9940	Occlusal guard, by report	\$387.10
D9951	Occlusal adjustment - limited	\$55.86
D9952	Occlusal adjustment - complete	\$392.98

THIS BLANK INTENTIONALLY LEFT BLANK

**Attachment B-3**  
**SCHEDULE OF ALLOWABLE FEES FOR ASSIGNED PROGRAMS**  
**All Provider Types**

**\*\* PLEASE REFER TO OFFICE REFERENCE MANUAL ON DENTAQUEST'S WEBSITE FOR COVERED SERVICES\*\***

Code	Description	Fee
D0120	Periodic oral evaluation - established patient	\$25.48
D0140	Limited oral evaluation-problem focused	\$16.90
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$19.36
D0150	Comprehensive oral evaluation - new or established patient	\$31.79
D0160	Detailed and extensive oral eval-problem focused, by report	\$52.88
D0170	Re-evaluation, limited problem focused	\$32.03
D0180	Comprehensive periodontal evaluation - new or established patient	\$43.94
D0210	Intraoral - complete series of radiographic images	\$58.09
D0220	Intraoral - periapical first radiographic image	\$11.30
D0230	Intraoral - periapical each additional radiographic image	\$10.36
D0240	Intraoral - occlusal radiographic image	\$20.11
D0250	Extra-oral - 2d projection radiographic image created using a stationary radiation source, and detector	\$18.62
D0270	Bitewing - single radiographic image	\$10.43
D0272	Bitewings - two radiographic images	\$21.04
D0273	Bitewings - three radiographic images	\$22.34
D0274	Bitewings - four radiographic images	\$31.15
D0277	Vertical bitewings - 7 to 8 films	\$47.67
D0290	Posterior-anterior or lateral skull and facial bone survey radiographic image	\$57.35
D0310	Sialography	\$114.70
D0320	Temporomandibular joint arthrogram, including injection	\$217.48
D0321	Other temporomandibular joint films, by report	\$78.95
D0322	Tomographic survey	\$203.33
D0330	Panoramic radiographic image	\$57.40
D0340	Cephalometric radiographic image	\$55.86
D0350	2d oral/facial photographic image obtained intra-orally or extra-orally	\$29.79
D0367	Cone beam ct capture and interpretation with field of view of both jaws, with or without cranium	\$151.75
D0415	Bacteriologic studies	\$53.63
D0460	Pulp vitality tests	\$22.34
D0470	Diagnostic casts	\$40.22
D0502	Other oral pathology procedures, by report	\$60.33
D0601	Caries risk assessment and documentation, with a finding of low risk	\$7.60
D0602	Caries risk assessment and documentation, with a finding of moderate risk	\$7.60
D0603	Caries risk assessment and documentation, with a finding of high risk	\$7.60
D1110	Prophylaxis - adult	\$49.39
D1120	Prophylaxis - child	\$32.03
D1206	Topical application of fluoride varnish	\$13.41
D1208	Topical application of fluoride - excluding varnish	\$13.41
D1330	Oral hygiene instructions	\$9.68
D1352	Preventive resin restoration is a mod. To high caries risk patient perm tooth conservative rest of an active cavitated	\$28.30
D1510	Space maintainer-fixed-unilateral	\$151.19

Code	Description	Fee
D1515	Space maintainer - fixed - bilateral	\$291.22
D1520	Space maintainer-removable-unilateral	\$178.75
D1525	Space maintainer-removable-bilateral	\$268.13
D2140	Amalgam - one surface, primary or permanent	\$57.97
D2150	Amalgam - two surfaces, primary or permanent	\$77.14
D2160	Amalgam - three surfaces, primary or permanent	\$98.27
D2161	Amalgam - four or more surfaces, primary or permanent	\$112.50
D2330	Resin-based composite - one surface, anterior	\$69.98
D2331	Resin-based composite - two surfaces, anterior	\$92.74
D2332	Resin-based composite - three surfaces, anterior	\$116.42
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$134.06
D2390	Resin-based composite crown, anterior	\$153.43
D2391	Resin-based composite - one surface, posterior	\$74.16
D2392	Resin-based composite - two surfaces, posterior	\$97.20
D2393	Resin-based composite - three surfaces, posterior	\$117.00
D2394	Resin-based composite - four or more surfaces, posterior	\$130.50
D2410	Gold foil - 1 surface	\$318.03
D2420	Gold foil - 2 surfaces	\$351.55
D2430	Gold foil - 3 surfaces	\$351.55
D2510	Inlay - metallic -1 surface	\$439.43
D2520	Inlay-metallic-2 surfaces	\$465.50
D2530	Inlay-metallic-3+ surfaces	\$499.02
D2542	Onlay - metallic - two surfaces	\$502.74
D2543	Onlay-metallic-3 surfaces	\$521.36
D2544	Onlay-metallic-4+ surfaces	\$580.94
D2610	Inlay-porce/ceramic-1surface	\$439.43
D2620	Inlay-porcelain/ceramic-2 surfaces	\$465.50
D2630	Inlay-porc/ceramic 3+ surfaces	\$499.02
D2642	Onlay-porcelain/ceramic-2 surfaces	\$502.74
D2643	Onlay-porcelain/ceramic-3 surfaces	\$521.36
D2644	Onlay-porcelain/ceramic-4+ surfaces	\$580.94
D2650	Inlay-composite/resin 1 surface	\$439.43
D2651	Inlay-composite/resin-2 surfaces	\$465.50
D2652	Inlay-composite/resin-3+ surfaces	\$499.02
D2662	Onlay-composite/resin-2 surfaces	\$502.74
D2663	Onlay-composite/resin-3 surfaces	\$521.36
D2664	Onlay-composite/resin-4+ surfaces	\$580.94
D2710	Crown - resin-based composite (indirect)	\$268.13
D2720	Crown-resin with high noble metal	\$558.60
D2721	Crown - resin with predominantly base metal	\$506.46



D2722	Crown - resin with noble metal	\$537.75
D2740	Crown - porcelain/ceramic substrate	\$572.00
D2750	Crown - porcelain fused to high noble metal	\$552.74
D2751	Crown - porcelain fused to predominantly base metal	\$500.62
D2752	Crown - porcelain fused to noble metal	\$505.61
D2780	Crown - ¾ cast high noble metal	\$569.77
D2781	Crown - ¾ cast predominantly base metal	\$546.68
D2782	Crown - ¾ cast noble metal	\$564.56
D2783	Crown - ¾ porcelain/ceramic	\$579.45
D2790	Crown - full cast high noble metal	\$527.27
D2791	Crown - full cast predominantly base metal	\$485.63
D2792	Crown - full cast noble metal	\$499.95
D2794	Crown - titanium	\$540.72
D2799	Provisional crown	\$189.13
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$43.20
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$43.20
D2920	Re-cement or re-bond crown	\$17.64
D2921	Reattachment of tooth fragment, incisal edge or cusp	\$41.04
D2931	Prefabricated stainless steel crown-permanent tooth	\$134.06
D2932	Prefabricated resin crown	\$157.15
D2940	Protective restoration	\$32.27
D2941	Interim therapeutic restoration - primary dentition	\$41.04
D2949	Restorative foundation for an indirect restoration	\$107.16
D2950	Core buildup, including any pins when required	\$105.02
D2951	Pin retention - per tooth, in addition to restoration	\$23.09
D2952	Cast post and core in addition to crown	\$152.68
D2953	Each additional cast post - same tooth	\$32.03
D2954	Prefabricated post and core in addition to crown	\$139.28
D2955	Post removal (not in conjunction with endodontic therapy)	\$55.12
D2957	Each additional prefabricated post - same tooth	\$27.56
D2960	Labial veneer (laminate)-chair	\$268.13
D2961	Labial veneer (resin laminate) - laboratory	\$441.67
D2962	Labial veneer (porc laminate) - laboratory	\$584.67
D2971	Additional procedures to construct new crown under partial denture framework	\$82.67
D2975	Coping	\$268.13
D2980	Crown repair, by report	\$36.50
D3110	Pulp cap - direct (excluding final restoration)	\$11.92
D3120	Pulp cap - indirect (excluding final restoration)	\$11.92
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and	\$68.52
D3221	Pulpal debridement, primary and permanent teeth	\$81.93
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$72.99
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$85.65
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$89.38
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$326.97

D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	\$393.25
D3330	Endodontic therapy, molar (excluding final restoration)	\$504.97
D3331	Treatment of root canal obstruction; non-surgical access	\$155.74
D3332	Incomplete endodontic therapy; inoperable or fractured tooth	\$116.80
D3333	Internal root repair of perforation defects	\$91.61
D3346	Retreatment of previous root canal therapy-anterior	\$512.42
D3347	Retreatment of previous root canal therapy-bicuspid	\$539.98
D3348	Retreatment of previous root canal therapy-molar	\$637.55
D3351	Apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	\$177.26
D3352	Apexification/recalcification - interim medication replacement	\$89.38
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of	\$283.02
D3355	Pulpal regeneration - initial visit	\$180.88
D3356	Pulpal regeneration - interim medication replacement	\$91.20
D3357	Pulpal regeneration - completion of treatment	\$288.80
D3410	Apicoectomy - anterior	\$431.98
D3421	Apicoectomy - bicuspid (first root)	\$484.12
D3425	Apicoectomy - molar (first root)	\$490.82
D3426	Apicoectomy (each additional root)	\$170.56
D3427	Periradicular surgery without apicoectomy	\$220.40
D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site	\$144.40
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site	\$144.40
D3430	Retrograde filling - per root	\$119.91
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	\$144.40
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	\$144.40
D3450	Root amputation - per root	\$219.72
D3460	Endodontic endosseous implant	\$815.56
D3470	Intentional reimplantation	\$370.17
D3910	Surgical procedure for isolation of tooth with rubber dam	\$14.15
D3920	Hemisection (including any root removal), not incl root canal therapy	\$172.05
D3950	Canal preparation and fitting of preformed dowel or post	\$36.50
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$305.37
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$183.22
D4230	Anatomical crown exposure - 4+ teeth per quad	\$305.37
D4231	Anatomical crown exposure - 1 to 3 teeth per quad	\$183.22
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$320.26
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$192.16
D4245	Apically positioned flap	\$244.29
D4249	Clinical crown lengthening - hard tissue	\$372.40
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded	\$627.87
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded	\$372.40
D4263	Bone replacement graft - first site in quadrant	\$223.44
D4264	Bone replacement graft - each additional site in quadrant	\$141.51
D4265	Biological materials to aid in soft and osseous tissue regeneration	\$131.69
D4266	Guided tissue regenerate-resorbable barrier, per site, per tooth	\$271.85

D4267	Guided tissue regeneration - nonresorbable barrier, per site, per tooth	\$340.37
D4268	Surgical revision procedure	\$261.32
D4270	Pedicle soft tissue graft procedure	\$372.40
D4271	Free soft tissue graft procedure	\$471.46
D4273	Subepithelial connective tissue graft procedure	\$521.36
D4274	Distal or proximal wedge procedure	\$243.55
D4275	Soft tissue allograft	\$532.53
D4276	Combined connective tissue and double pedicle graft	\$547.43
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	\$471.46
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position	\$235.73
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional	\$260.00
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional	\$260.00
D4320	Provision splinting - intracoronal	\$167.58
D4321	Provision splinting - extracoronal	\$152.68
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$49.62
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$69.27
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$46.65
D4381	Localized delivery of antimicrobial agents	\$16.39
D4910	Periodontal maintenance procedures	\$33.08
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	\$38.73
D4921	Gingival irrigation - per quadrant	\$16.72
D5110	Complete denture - maxillary	\$521.07
D5120	Complete denture - mandibular	\$521.07
D5130	Immediate denture - maxillary	\$528.07
D5140	Immediate denture - mandibular	\$528.07
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$450.96
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$450.96
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and	\$588.07
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and	\$588.07
D5225	Maxillary partial denture-flexible base	\$536.26
D5226	Mandibular partial denture-flexible base	\$536.26
D5281	Removable unilateral partial denture - one piece cast metal	\$403.68
D5410	Adjust complete denture - maxillary	\$16.54
D5411	Adjust complete denture - mandibular	\$16.54
D5421	Adjust partial denture-maxillary	\$16.54
D5422	Adjust partial denture - mandibular	\$16.54
D5511	Repair broken complete denture base, mandibular	82.47
D5512	Repair broken complete denture base, maxillary	82.47
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$38.59
D5611	- repair resin partial denture base, mandibular	82.47
D5612	Repair resin partial denture base, maxillary	82.47
D5621	Repair cast partial framework, mandibular	49.62
D5622	Repair cast partial framework, maxillary	49.62
D5630	Repair or replace broken clasp	\$44.10

D5640	Replace broken teeth-per tooth	\$38.59
D5650	Add tooth to existing partial denture	\$44.10
D5660	Add clasp to existing partial denture	\$55.13
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$202.59
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$202.59
D5710	Rebase complete maxillary denture	\$248.76
D5711	Rebase complete mandibular denture	\$248.76
D5720	Rebase maxillary partial denture	\$226.42
D5721	Rebase mandibular partial denture	\$226.42
D5730	Reline complete maxillary denture (chairside)	\$71.67
D5731	Reline complete mandibular denture (chairside)	\$71.67
D5740	Reline maxillary partial denture (chairside)	\$66.15
D5741	Reline mandibular partial denture (chairside)	\$66.15
D5750	Reline complete maxillary denture (laboratory)	\$104.74
D5751	Reline complete mandibular denture (laboratory)	\$104.74
D5760	Reline maxillary partial denture (laboratory)	\$104.74
D5761	Reline mandibular partial denture (laboratory)	\$104.74
D5810	Interim complete denture-maxillary	\$217.48
D5811	Interim complete denture-mandibular	\$217.48
D5820	Interim partial denture (maxillary)	\$257.70
D5821	Interim partial denture-mandibular	\$257.70
D5850	Tissue conditioning, maxillary	\$69.27
D5851	Tissue conditioning,mandibular	\$69.27
D5860	Overdenture - complete, by report	\$574.99
D5861	Overdenture - partial, by report	\$574.99
D5862	Precision attachment, by report	\$180.24
D5863	Overdenture - complete maxillary	\$586.72
D5864	Overdenture - partial maxillary	\$586.72
D5865	Overdenture - complete mandibular	\$586.72
D5866	Overdenture - partial mandibular	\$586.72
D5867	Replacement of replaceable part of semi-precision attachment	\$116.40
D5875	Modification of removable prosthesis following implant surgery	\$133.87
D5911	Facial moulage (sectional)	\$36.50
D5912	Facial moulage (complete)	\$66.29
D5913	Nasal prosthesis	\$639.04
D5914	Auricular prosthesis	\$639.04
D5915	Orbital prosthesis	\$639.04
D5916	Ocular prosthesis	\$411.13
D5919	Facial prosthesis	\$821.51
D5922	Nasal septal prosthesis	\$102.78
D5923	Ocular prosthesis, interim	\$246.53
D5924	Cranial prosthesis	\$319.52
D5925	Facial augment implant prosthesis	\$274.09
D5926	Nasal prosthesis, replacement	\$328.46

D5927	Auricular prosthesis, replace	\$328.46
D5928	Orbital prosthesis, replace	\$328.46
D5929	Facial prosthesis, replacement	\$656.91
D5931	Obturator prosthesis, surgical	\$274.09
D5932	Obturator prosthesis, definitive	\$949.62
D5933	Obturator prosthesis, modification	\$205.56
D5934	Mandibular resection prosthesis with guide flange	\$411.13
D5935	Mandibular resection prosthesis without guide flange	\$411.13
D5936	Obturator prosthesis, interim	\$456.56
D5937	Trismus appliance (not for tmd treatment)	\$192.16
D5951	Feeding aid	\$102.78
D5952	Speech aid prosthesis, pediatric	\$615.95
D5953	Speech aid prosthesis, adult	\$615.95
D5954	Palatal augment prosthesis	\$323.99
D5955	Palatal lift prosthesis, definitive	\$164.60
D5958	Palatal lift prosthesis, interim	\$164.60
D5959	Palatal lift prosthesis, modification	\$72.99
D5960	Speech aid prosthesis, modification	\$72.99
D5982	Surgical stent	\$82.67
D5983	Radiation carrier	\$119.17
D5984	Radiation shield	\$119.17
D5985	Radiation cone locator	\$119.17
D5986	Fluoride gel carrier	\$36.50
D5987	Commissure splint	\$96.08
D5988	Surgical splint	\$82.67
D5994	Periodontal medicament carrier with peripheral seal - laboratory processed	\$37.24
D6010	Surgical placement of implant body: endosteal implant	\$1196.15
D6011	Second stage implant surgery	\$610.28
D6012	Surgical placement of interim implant body-endosteal implant	\$961.64
D6013	Surgical placement of mini implant	\$610.28
D6040	Surgical placement:eposteal implnt	\$4543.28
D6050	Surgical placement-transosteal implant	\$3036.55
D6052	Semi-precision attachment abutment	\$313.12
D6054	Implant/abutment supported removable denture for partially edentulous arch	\$826.73
D6055	Connecting bar - implant supported or abutment supported	\$1179.02
D6056	Prefabricated abutment	\$280.04
D6057	Custom abutment	\$374.63
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$585.41
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$601.80
D6062	Abutment supported cast metal crown (high noble metal)	\$630.10
D6063	Abutment supported cast metal crown (predominantly base metal)	\$558.60
D6064	Abutment supported cast metal crown (noble metal)	\$589.88
D6065	Implant supported porcelain/ceramic crown	\$819.28
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$782.04

D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$699.37
D6068	Abutment supported retainer for porcelain/ceramic fpd	\$718.73
D6069	Abutment supported retainer for porcelain fused to metal fpd (high noble metal)	\$703.84
D6070	Abutment supported retainer for porcelain fused to metal fpd (predominantly base metal)	\$621.91
D6071	Abutment supported retainer for porcelain fused to metal fpd (noble metal)	\$633.08
D6072	Abutment supported retainer for cast metal fpd (high noble metal)	\$647.98
D6073	Abutment supported retainer for cast metal fpd (predominantly base metal)	\$547.43
D6074	Abutment supported retainer for cast metal fpd (noble metal)	\$633.08
D6075	Implant supported retainer for ceramic fpd	\$653.93
D6076	Implant supported retainer for porcelain fused to metal fpd (titanium, titanium alloy, or high noble metal)	\$652.44
D6077	Implant supported retainer for cast metal fpd (titanium, titanium alloy, or high noble metal)	\$604.78
D6078	Implant/abutment supported fixed denture for completely edentulous arch	\$1766.67
D6079	Implant/abutment supported fixed denture for partially edentulous arch	\$1411.40
D6080	Implant maintenance procedure	\$32.03
D6090	Repair implant prosthesis	\$100.55
D6091	Replacement of attachment- implant/abutment prosthesis	\$418.00
D6092	Re-cement or re-bond implant/abutment supported crown	\$42.45
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	\$59.58
D6094	Abutment supported crown - (titanium)	\$649.47
D6095	Repair implant abutment	\$128.11
D6100	Implant removal, by report	\$164.60
D6194	Abutment supported retainer crown for fpd (titanium)	\$732.14
D6205	Pontic - indirect resin based composite	\$484.59
D6210	Pontic - cast high noble metal	\$539.98
D6211	Pontic-cast base metal	\$502.74
D6212	Pontic - cast noble metal	\$513.91
D6214	Pontic - titanium	\$540.72
D6240	Pontic-porcelain fused-high noble	\$543.70
D6241	Pontic-porcelain fused to base metal	\$478.16
D6242	Pontic-porcelain fused-noble metal	\$519.13
D6245	Prosthodontics fixed, pontic - porcelain/ceramic	\$478.16
D6250	Pontic-resin with high noble metal	\$577.22
D6251	Pontic-resin with base metal	\$459.54
D6252	Pontic-resin with noble metal	\$496.78
D6253	Provisional pontic	\$221.58
D6545	Retainer - cast metal fixed	\$260.68
D6548	Prosthodontics fixed, retainer - porcelain/ceramic for resin bonded fixed prosthodontic	\$478.16
D6600	Inlay - porcelain/ceramic, two surfaces	\$511.88
D6601	Inlay - porcelain/ceramic, three or more surfaces	\$548.89
D6602	Inlay - cast high noble metal, two surfaces	\$446.88
D6603	Inlay - cast high noble metal, three or more surfaces	\$491.57
D6604	Inlay - cast predominantly base metal, two surfaces	\$401.45
D6605	Inlay - cast predominantly base metal, three or more surfaces	\$471.46
D6606	Inlay - cast noble metal, two surfaces	\$434.22

D6607	Inlay - cast noble metal, three or more surfaces	\$480.40
D6608	Onlay - porcelain/ceramic, two surfaces	\$555.69
D6609	Onlay - porcelain/ceramic, three or more surfaces	\$588.66
D6610	Onlay - cast high noble metal, two surfaces	\$505.72
D6611	Onlay - cast high noble metal, three or more surfaces	\$580.20
D6612	Onlay - cast predominantly base metal, two surfaces	\$472.95
D6613	Onlay - cast predominantly base metal, three or more surfaces	\$487.84
D6614	Onlay - cast noble metal, two surfaces	\$484.86
D6615	Onlay - cast noble metal, three or more surfaces	\$502.74
D6624	Inlay - titanium	\$491.57
D6634	Onlay - titanium	\$580.20
D6710	Crown - indirect resin based composite	\$541.12
D6720	Crown-resin with high noble metal	\$558.60
D6721	Crown-resin with base metal	\$506.46
D6722	Crown-resin with noble metal	\$537.75
D6740	Retainer crown - porcelain/ceramic	\$478.16
D6750	Crown-porcelain fused high noble	\$532.53
D6751	Crown-porcelain fused to base metal	\$487.84
D6752	Crown-porcelain fused noble metal	\$501.25
D6780	Crown-3/4 cast high noble metal	\$569.77
D6781	Prosthodontics fixed, crown ¼ cast predominantly based metal	\$546.68
D6782	Prosthodontics fixed, crown ¼ cast noble metal	\$564.56
D6783	Prosthodontics fixed, crown ¼ porcelain/ceramic	\$478.16
D6790	Crown-full cast high noble	\$525.08
D6791	Crown - full cast base metal	\$465.50
D6792	Crown - full cast noble metal	\$491.57
D6793	Provisional retainer crown	\$25.27
D6794	Crown - titanium	\$540.73
D6920	Connector bar	\$99.06
D6930	Re-cement or re-bond fixed partial denture	\$59.58
D6940	Stress breaker	\$148.96
D6950	Precision attachment	\$100.55
D6970	Cast post/core and fixed retain	\$178.01
D6972	Prefabricated post and core + retainer	\$154.92
D6973	Core build retainer with pins	\$106.51
D6975	Coping - metal	\$91.61
D6976	Prosthodontics fixed, each additional cast post-same tooth	\$106.51
D6977	Prosthodontics fixed, each additional prefabricated post - same tooth	\$66.22
D6980	Fixed partial denture repair	\$50.65
D6985	Pediatric partial denture, fixed	\$267.52
D7111	Extraction, coronal remnants - deciduous tooth	\$50.65
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$59.13
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of	\$90.68
D7220	Removal of impacted tooth-soft tissue	\$138.92

D7230	Removal of impacted tooth-partially bony	\$158.76
D7240	Removal of impacted tooth-completely bony	\$264.60
D7241	Removal of impacted tooth-completely bony, with unusual surgical complications	\$137.82
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$81.59
D7260	Oroantral fistula closure	\$420.81
D7261	Primary closure of a sinus perforation	\$372.40
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$238.34
D7272	Tooth transplantation (includes reimplantation from one site to another)	\$294.20
D7280	Surgical access of an unerupted tooth	\$305.37
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$91.61
D7283	Placement of device to facilitate eruption of impacted tooth	\$91.61
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	\$286.00
D7286	Incisional biopsy of oral tissue-soft	\$55.13
D7287	Cytology sample collection	\$74.37
D7288	Brush biopsy - transepithelial sample collection	\$47.46
D7290	Surgical repositioning of teeth	\$100.55
D7291	Transseptal fibrotomy, by report	\$204.82
D7292	Surgical placement of temporary anchorage device [screw retained plate] requiring flap; includes device removal	\$156.41
D7293	Surgical placement of temporary anchorage device requiring flap; includes device removal	\$1564.08
D7294	Surgical placement of temporary anchorage device without flap; includes device removal	\$1173.06
D7310	Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$121.67
D7311	Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$74.48
D7320	Alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$224.91
D7321	Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$120.66
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	\$374.63
D7350	Vestibuloplasty - ridge extension	\$513.91
D7410	Radical excision - lesion diameter up to 1.25cm	\$186.94
D7411	Excision of benign lesion greater than 1.25 cm	\$186.94
D7412	Excision of benign lesion, complicated	\$542.17
D7413	Excision of malignant lesion up to 1.25 cm	\$426.03
D7414	Excision of malignant lesion greater than 1.25 cm	\$474.44
D7415	Excision of malignant lesion, complicated	\$821.94
D7440	Excision of malignant tumor - lesion diameter up to 1.25cm	\$426.03
D7441	Excision of malignant tumor - lesion diameter greater than 1.25cm	\$474.44
D7450	Removal of odontogenic cyst or tumor - lesion diameter up to 1.25cm	\$400.70
D7451	Removal of odontogenic cyst or tumor - lesion greater than 1.25cm	\$262.17
D7460	Removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25cm	\$344.10
D7461	Removal of nonodontogenic cyst or tumor - lesion greater than 1.25cm	\$325.48
D7465	Destruction of lesion(s) by physical or chemical method, by report	\$325.48
D7471	Removal of exostosis - per site	\$381.34
D7472	Removal of torus palatinus	\$381.34
D7473	Removal of torus mandibularis	\$519.65
D7485	Surgical reduction of osseous tuberosity	\$508.23
D7510	Incision and drainage of abscess - intraoral soft tissue	\$258.12

D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$131.10
D7520	Incision and drainage of abscess - extraoral soft tissue	\$87.89
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$247.38
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$165.35
D7540	Removal of reaction-producing foreign bodies, musculoskeletal system	\$232.38
D7550	Partial osteotomy/sequestrectomy for removal of non-vital bone	\$198.86
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$610.74
D7670	Alveolus stabilization of teeth, closed reduction splinting	\$277.07
D7820	Closed reduction dislocation	\$251.00
D7880	Occlusal orthotic device, by report	\$251.00
D7910	Suture small wounds up to 5 cm	\$122.89
D7911	Complicated suture-up to 5 cm	\$150.45
D7912	Complex suture - greater than 5cm	\$176.52
D7953	Bone replacement graft for ridge preservation - per site	\$274.36
D7960	Frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	\$234.61
D7963	Frenuloplasty	\$234.61
D7970	Excision of hyperplastic tissue - per arch	\$315.08
D7971	Excision of pericoronal gingiva	\$96.82
D7972	Surgical reduction of fibrous tuberosity	\$32.03
D7980	Sialolithotomy	\$141.51
D7983	Closure of salivary fistula	\$119.17
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	\$36.50
D8010	Limited orthodontic treatment of the primary dentition	\$529.72
D8020	Limited orthodontic treatment of the transitional dentition	\$529.72
D8050	Interceptive orthodontic treatment of the primary dentition	\$529.72
D8060	Interceptive orthodontic treatment of the transitional dentition	\$529.72
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$529.72
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$529.72
D8090	Comprehensive orthodontic treatment of the adult dentition	\$529.72
D8210	Removable appliance therapy (includes appliances for thumb sucking and tongue thrusting)	\$190.00
D8220	Fixed appliance therapy (includes appliances for thumb sucking and tongue thrusting)	\$190.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$11.17
D8670	Periodic orthodontic treatment visit	\$48.16
D8680	Orthodontic retention (removal of appliances)	\$74.48
D8690	Orthodontic treatment (alternative billing to a contract fee)	\$14.90
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$39.47
D9120	Fixed partial denture sectioning	\$68.52
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$17.88
D9211	Regional block anesthesia	\$20.11
D9212	Trigeminal division block anesthesia	\$40.22
D9223	Deep sedation/general anesthesia – each 15 minute increment	\$83.79
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$20.85
D9243	Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment	\$77.83
D9248	Non-intravenous moderate (conscious) sedation	\$93.10

D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$44.69
D9410	House/extended care facility call	\$18.62
D9420	Hospital or ambulatory surgical center call	\$28.30
D9430	Office visit for observation - no other services performed	\$31.28
D9440	Office visit - after regularly scheduled hours	\$56.60
D9450	Case presentation, detailed and extensive treatment planning	\$51.33
D9610	Therapeutic drug injection, by report	\$14.15
D9612	Therapeutic drug injection - 2 or more medications by report	\$27.56
D9630	Other drugs and/or medicaments, by report	\$6.70
D9910	Application of desensitizing medicament	\$9.68
D9920	Behavior management, by report	\$36.50
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	\$38.73
D9940	Occlusal guard, by report	\$294.20
D9941	Fabrication of athletic mouthguard	\$100.42
D9942	Repair and/or reline of occlusal guard	\$104.77
D9950	Occlusion analysis-mounted case	\$41.71
D9951	Occlusal adjustment - limited	\$42.45
D9952	Occlusal adjustment - complete	\$298.66
D9970	Enamel microabrasion	\$41.71
D9971	Odontoplasty 1-2 teeth; includes removal of enamel projections	\$92.44
D9972	External bleaching - per arch	\$146.18
D9973	External bleaching - per tooth	\$102.00
D9974	Internal bleaching - per tooth	\$41.71

**THIS PAGE INTENTIONALLY LEFT BLANK**