


2024 General Dentistry Fee Schedule

Procedure Code	Procedure Description	Fee Schedule
120	PERIODIC ORAL EVALUATION	\$19.89
140	LIMITED EMERGENCY ORAL EVALUATION – PROBLEM FOCUSED	\$24.57
145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER	\$28.08
150	COMPREHENSIVE ORAL EVALUATION – NEW OR ESTABLISHED PATIENT	\$28.08
170	RE-EVALUATION – LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT POST-OPERATIVE VISIT)	\$19.89
210	INTRAORAL – COMPLETE SERIES	\$51.48
220	INTRAORAL – PERIAPICAL – FIRST FILM	\$8.19
230	INTRAORAL – PERIAPICAL – EACH ADDITIONAL FILM (ALLOWABLE OF THREE (3) PER DATE OF SERVICE)	\$7.02
240	INTRAORAL – OCCLUSAL FILM	\$11.70
250	EXTRAORAL – 2D PROJECTION REDIORGRAPHIC IMAGE CREATED USING A STATIONARY SOURCE AND DETECTOR	\$11.70
251	EXTRAORAL – POSTERIOR DENTAL REDIORGRAPHIC IMAGE	\$12.87
270	BITEWING – SINGLE FILM	\$12.87
272	BITEWINGS – TWO FILMS	\$15.21
273	BITEWINGS – THREE FILMS	\$23.40
274	BITEWINGS – FOUR FILMS	\$23.40
277	VERTICAL BITEWINGS – 7 to 8 FILMS	\$12.87
330	PANORAMIC FILM	\$38.61
350	2D ORAL FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY	\$11.70
460	PULP VITALITY TESTS	\$5.85
470	DIAGNOSTIC CASTS	\$23.40
1110	PROPHYLAXIS – ADULT	\$51.48
1120	PROPHYLAXIS – CHILD	\$26.91
1206	TOPICAL APPLICATION OF FLOURIDE VARNISH	\$14.04
1208	TOPICAL APPLICATION OF FLUORIDE EXCLUDING VARNISH	\$14.04
1351	SEALANT – PER TOOTH	\$21.06
1355	CARIES PREVENTATIVE MEDICAMENT APPLICATION - PER TOOTH	\$21.06
1510	SPACE MAINTAINER – FIXED – UNILATERAL EXCLUDES DISTAL SHOE	\$117.00
1516	SPACE MAINTAINER – FIXED - BILATERAL, MAXILLARY	\$175.50
1517	SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR	\$175.50
1520	SPACE MAINTAINER – REMOVABLE - UNILATERAL	\$163.80
1526	SPACE MAINTAINER – REMOVABLE - BILATERAL, MAXILLARY	\$204.75
1527	SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR	\$204.75
1551	RECEMENT OR REBOND BILATERAL SPACE MAINTAINER, MAXILLARY	\$23.40
1552	RECEMENT OR REBOND BILATERAL SPACE MAINTAINER, MANDIBULAR	\$23.40
1553	RECEMENT OR REBOND UNILATERAL SPACE MAINTAINER, PER QAUADRANT	\$30.42
2140	AMALGAM - ONE SURFACE, PRIMARY OR PERMANENT	\$53.82
2150	AMALGAM - TWO SURFACES, PRIMARY OR PERMANENT	\$69.03

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2160	AMALGAM - THREE SURFACES, PRIMARY OR PERMANENT	\$84.24
2161	AMALGAM - FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	\$98.28
2330	RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR	\$67.86
2331	RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR	\$83.07
2332	RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR	\$99.45
2335	RESIN-BASED COMPOSITE – FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE, ANTERIOR	\$118.17
2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR (NOT COVERED; IF APPROPRIATE, USE ADA CODE 2970)	\$67.86
2391	RESIN-BASED COMPOSITE – ONE SURFACE, POSTERIOR	\$81.90
2392	RESIN-BASED COMPOSITE – TWO SURFACES, POSTERIOR	\$112.32
2393	RESIN-BASED COMPOSITE – THREE SURFACES, POSTERIOR	\$132.21
2394	RESIN-BASED COMPOSITE – FOUR OR MORE SURFACES, POSTERIOR	\$132.21
2510	INLAY – METALLIC - ONE SURFACE	\$236.34
2520	INLAY – METALLIC - TWO SURFACES	\$286.65
2530	INLAY – METALLIC – THREE OR MORE SURFACES	\$321.75
2542	ONLAY – METALLIC – TWO SURFACES	\$286.65
2543	ONLAY – METALLIC – THREE SURFACES	\$321.75
2544	ONLAY – METALLIC – FOUR OR MORE SURFACES	\$339.30
2610	INLAY – PORCELAIN / CERAMIC - ONE SURFACE	\$298.35
2620	INLAY – PORCELAIN / CERAMIC - TWO SURFACES	\$351.00
2630	INLAY – PORCELAIN / CERAMIC - THREE OR MORE SURFACES	\$380.25
2642	ONLAY – PORCELAIN / CERAMIC – TWO SURFACES	\$351.00
2643	ONLAY – PORCELAIN / CERAMIC – THREE SURFACES	\$380.25
2644	ONLAY – PORCELAIN / CERAMIC – FOUR OR MORE SURFACES	\$380.25
2650	INLAY – RESIN-BASED COMPOSITE – ONE SURFACE (Lab Processed)	\$236.34
2651	INLAY – RESIN-BASED COMPOSITE – TWO SURFACES (Lab Processed)	\$286.65
2652	INLAY – RESIN-BASED COMPOSITE – THREE OR MORE SURFACES (Lab Processed)	\$321.75
2662	ONLAY – RESIN-BASED COMPOSITE – TWO SURFACES (Lab Processed)	\$351.00
2663	ONLAY – RESIN-BASED COMPOSITE – THREE SURFACES (Lab processed)	\$380.25
2664	ONLAY – RESIN-BASED COMPOSITE – FOUR OR MORE SURFACES (Lab Processed)	\$380.25
2740	CROWN – PORCELAIN / CERAMIC SUBSTRATE	\$479.70
2750	CROWN – PORCELAIN FUSED TO HIGH NOBLE METAL	\$503.10
2751	CROWN – PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$430.56
2752	CROWN – PORCELAIN FUSED TO NOBLE METAL	\$485.55
2780	CROWN – ¾ CAST HIGH NOBLE METAL	\$430.56
2781	CROWN – ¾ CAST PREDOMINANTLY BASE METAL	\$430.56
2782	CROWN – ¾ CAST NOBLE METAL	\$430.56
2783	CROWN – ¾ PORCELAIN / CERAMIC	\$430.56

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2790	CROWN - FULL CAST HIGH NOBLE METAL	\$514.80
2791	CROWN – FULL CAST PREDOMINANTLY BASE METAL	\$430.56
2792	CROWN – FULL CAST NOBLE METAL	\$485.55
2799	PROVISIONAL CROWN	\$99.45
2910	RECEMENT OR RE-BOND INLAY ONLAY VANEER OR PARTIAL COVERAGE RESTORATION	\$29.25
2920	RECEMENT CROWN	\$30.42
2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH	\$98.28
2931	PREFABRICATED STAINLESS STEEL CROWN - PERMANENT TOOTH	\$105.30
2932	PREFABRICATED RESIN CROWN	\$99.45
2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	\$127.53
2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN – PRIMARY TOOTH	\$127.53
2940	PROTECTIVE RESTORATION	\$29.25
2950	CORE BUILD-UP, INCLUDING ANY PINS	\$77.22
2951	PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION	\$18.72
2952	POST AND CORE IN ADDITION TO CROWN	\$131.04
2953	EACH ADDITIONAL INDIRECTLY FABRICATED POST SAME TOOTH	\$131.04
2954	FABRICATED POST AND CORE IN ADDITION TO CROWN	\$112.32
2957	EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH	\$112.32
2960	LABIAL VENEER (RESIN LAMINATE) CHAIRSIDE	\$257.40
2980	CROWN REPAIR, BY REPORT	\$93.60
3110	PULP CAP – DIRECT (EXCLUDING FINAL RESTORATION)	\$23.40
3120	PULP CAP – INDIRECT (EXCLUDING FINAL RESTORATION)	\$18.72
3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT	\$56.16
3221	PULPAL DEBRIDEMENT, PRIMARY & PERMANENT TEETH (Not to be billed by the provider doing the Endodontic treatment)	\$56.16
3230	PULPAL THERAPY (RESORBABLE FILLING) ANTERIOR – PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	\$102.96
3240	PULPAL THERAPY (RESORBABLE FILLING) POSTERIOR - PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	\$102.96
3310	ENDODONTIC THERAPY – ANTERIOR TOOTH EXCLUDING FINAL RESTORATION	\$304.20
3320	ENDODONTIC THERAPY – PRE-MOLAR TOOTH (EXCLUDING FINAL RESTORATION)	\$351.00
3330	ENDODONTIC THERAPY – MOLAR TOOTH (EXCLUDING FINAL RESTORATION)	\$508.95
3332	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH	\$40.95
3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	\$93.60
3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - ANTERIOR	\$340.47
3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PRE-MOLAR	\$398.97
3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - MOLAR	\$508.95
3410	APICOECTOMY - ANTERIOR	\$245.70

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Procedure Code	Procedure Description	Fee Schedule
3421	APICOECTOMY- PRE-MOLAR (FIRST ROOT)	\$276.12
3425	APICOECTOMY- MOLAR (FIRST ROOT)	\$320.58
3426	APICOECTOMY (EACH ADDITIONAL ROOT)	\$91.26
3430	RETROGRADE FILLING - PER ROOT	\$93.60
3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROOT CANAL THERAPY	\$163.80
4210	GINGIVECTOMY OR GINGIVOPLASTY – FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$234.00
4211	GINGIVECTOMY OR GINGIVOPLASTY – ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$74.88
4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING – FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$332.28
4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING – ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$332.28
4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	\$234.00
4260	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) – FOUR OR MORE CONTIGUOUS TEETH OF TOOTH BOUNDED SPACES PER QUADRANT	\$468.00
4261	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) – ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$468.00
4277	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT	\$351.00
4341	PERIODONTAL SCALING AND ROOT PLANING – FOUR OR MORE TEETH PER QUADRANT	\$102.96
4342	PERIODONTAL SCALING AND ROOT PLANING – ONE TO THREE TEETH, PER QUADRANT	\$102.96
4355	FULL MOUTH DEBRIDEMENT TO ENABLE A COMPREHENSIVE EVALUATION AND DIAGNOSIS ON A SUBSEQUENT VISIT <i>(WHEN COVERED, LIMITED TO ONCE PER 36 MONTHS)</i>	\$54.99
4910	PERIODONTAL MAINTENANCE	\$49.14
5110	COMPLETE DENTURE – MAXILLARY	\$678.60
5120	COMPLETE DENTURE – MANDIBULAR	\$678.60
5130	IMMEDIATE DENTURE – MAXILLARY	\$737.10
5140	IMMEDIATE DENTURE – MANDIBULAR	\$737.10
5211	MAXILLARY PARTIAL DENTURE – RESIN BASE (INCLUDING CLASPS, RESTS & TEETH)	\$470.34
5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING CLASPS, RESTS & TEETH)	\$470.34
5213	MAXILLARY PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING CLASPS, RESTS & TEETH)	\$737.10
5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING CLASPS, RESTS & TEETH)	\$737.10
5221	IMMEDIATE MAXILLARY PARTIAL DENTURE – RESIN BASE (INCLUDING CLASPS, RESTS & TEETH)	\$470.34

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5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING CLASPS, RESTS & TEETH)	\$470.34
5223	IMMEDIATE MAXILLARY PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING CLASPS, RESTS & TEETH)	\$737.10
5224	IMMEDIATE MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING CLASPS, RESTS & TEETH)	\$737.10
5410	ADJUST COMPLETE DENTURE – MAXILLARY	\$23.40
5411	ADJUST COMPLETE DENTURE – MANDIBULAR	\$23.40
5421	ADJUST PARTIAL DENTURE – MAXILLARY	\$23.40
5422	ADJUST PARTIAL DENTURE – MANDIBULAR	\$23.40
5511	REPAIR BROKEN COMPLETE DENTURE BASE MANDIBULAR	\$64.35
5512	REPAIR BROKEN COMPLETE DENTURE BASE MAXILLARY	\$64.35
5520	REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE, PER TOOTH	\$58.50
5611	REPAIR RESIN DENTURE BASE MANDIBULAR	\$81.90
5612	REPAIR RESIN DENTURE BASE MAXILLARY	\$81.90
5621	REPAIR CAST FRAMEWORK MANDIBULAR	\$93.60
5622	REPAIR CAST FRAMEWORK MAXILLARY	\$93.60
5630	REPAIR OR REPLACE BROKEN CLASP	\$87.75
5640	REPLACE BROKEN TEETH – PER TOOTH	\$58.50
5650	ADD TOOTH TO EXISTING PARTIAL DENTURE (REPLACES EXTRACTED TOOTH)	\$81.90
5660	ADD CLASP TO EXISTING PARTIAL DENTURE (PER TOOTH)	\$87.75
5670	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK - MAXILLARY	\$194.22
5671	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK - MANDIBULAR	\$194.22
5710	REBASE COMPLETE MAXILLARY DENTURE	\$194.22
5711	REBASE COMPLETE MANDIBULAR DENTURE	\$194.22
5720	REBASE MAXILLARY PARTIAL DENTURE	\$191.88
5721	REBASE MANDIBULAR PARTIAL DENTURE	\$191.88
5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	\$105.30
5731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	\$105.30
5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	\$93.60
5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	\$93.60
5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	\$169.65
5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	\$169.65
5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	\$169.65
5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	\$169.65
5820	INTERIM PARTIAL DENTURE – MAXILLARY (ALLOWED FOR ANTERIOR TEETH ONLY, REFER TO THE PRODUCT FOR COVERAGE)	\$175.50
5821	INTERIM PARTIAL DENTURE – MANDIBULAR (ALLOWED FOR ANTERIOR TEETH ONLY, REFER TO THE PRODUCT FOR COVERAGE)	\$175.50
5850	TISSUE CONDITIONING, MAXILLARY	\$40.95
5851	TISSUE CONDITIONING, MANDIBULAR	\$40.95


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5862	PRECISION ATTACHMENT BY REPORT	\$163.80
5863	OVERDENTURE – COMPLETE MAXILLARY	\$807.30
5864	OVERDENTURE – PARTIAL MAXILLARY	\$807.30
5865	OVERDENTURE – COMPLETE MANDIBULAR	\$807.30
5866	OVERDENTURE – PARTIAL MANDIBULAR	\$807.30
6010	SURGICAL PLACEMENT OF IMPLANE BODY ENDOSTEAL IMPLANT	\$1,053.00
6040	SURGICAL PLACEMENT EPOSTEAL IMPLANT	\$1,053.00
6050	SURGICAL PLACEMENT TRANSOSTEAL IMPLANT	\$1,053.00
6210	PONTIC – CAST HIGH NOBLE METAL	\$380.25
6211	PONTIC - CAST PREDOMINANTLY BASE METAL	\$368.55
6212	PONTIC – CAST NOBLE METAL	\$374.40
6240	PONTIC – PORCELAIN FUSED TO HIGH NOBLE METAL	\$503.10
6241	PONTIC – PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$430.56
6242	PONTIC – PORCELAIN FUSED TO NOBLE METAL	\$485.55
6245	PONTIC – PORCELAIN / CERAMIC	\$503.10
6545	RETAINER – CAST METAL FOR RESIN BONDED FIXED PROSTHESIS	\$169.65
6548	RETAINER – PORCELAIN / CERAMIC FOR RESIN BONDED FIXED PROSTHESIS	\$169.65
6600	RETAINER INLAY – PORCELAIN / CERAMIC, TWO SURFACES	\$351.00
6601	RETAINER INLAY – PORCELAIN / CERAMIC, THREE OR MORE SURFACES	\$380.25
6602	RETAINER INLAY – CAST HIGH NOBLE METAL, TWO SURFACED	\$359.19
6603	RETAINER INLAY – CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	\$394.29
6604	RETAINER INLAY – CAST PREDOMINANTLY BASE METAL, TWO SURFACES	\$286.65
6605	RETAINER INLAY – CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	\$321.75
6606	RETAINER INLAY – CAST NOBLE METAL, TWO SURFACES	\$341.64
6607	RETAINER INLAY – CAST NOBLE METAL, THREE OR MORE SURFACES	\$376.74
6608	RETAINER ONLAY – PORCELAIN / CERAMIC, TWO SURFACES	\$351.00
6609	RETAINER ONLAY – PORCELAIN / CERAMIC, THREE OR MORE SURFACES	\$380.25
6610	RETAINER ONLAY – CAST HIGH NOBLE METAL, TWO SURFACES	\$359.19
6611	RETAINER ONLAY – CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	\$394.29
6612	RETAINER ONLAY – CAST PREDOMINANTLY BASE METAL, TWO SURFACES	\$286.65
6613	ONLAY – CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	\$321.75
6614	RETAINER ONLAY – CAST NOBLE METAL, TWO SURFACES	\$341.64
6615	RETAINER ONLAY – CAST NOBLE METAL, THREE OR MORE SURFACES	\$376.74
6740	RETAINER CROWN – PORCELAIN / CERAMIC	\$503.10
6750	RETAINER CROWN – PORCELAIN FUSED TO HIGH NOBLE METAL	\$503.10

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6751	RETAINER CROWN – PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$430.56
6752	RETAINER CROWN – PORCELAIN FUSED TO NOBLE METAL	\$485.55
6780	RETAINER CROWN – ¾ CAST HIGH NOBLE METAL	\$380.25
6781	RETAINER CROWN – ¾ CAST PREDOMINANTLY BASE METAL	\$380.25
6782	RETAINER CROWN – ¾ CAST NOBLE METAL	\$380.25
6783	RETAINER CROWN – ¾ PORCELAIN / CERAMIC	\$380.25
6790	RETAINER CROWN – FULL CAST HIGH NOBLE METAL	\$503.10
6791	RETAINER CROWN – FULL CAST PREDOMINANTLY BASE METAL	\$376.74
6792	RETAINER CROWN – FULL CAST NOBLE METAL	\$376.74
6930	RECEMENT OR RE-BOND FIXED PARTIAL DENTURE	\$39.78
6940	STRESS BREAKER (REFER TO THE PRODUCT FOR COVERAGE)	\$146.25
6950	PRECISION ATTACHMENT (REFER TO THE PRODUCT FOR COVERAGE)	\$204.75
6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE BY REPORT	\$29.25
7111	EXTRACTION, CORONAL REMNANTS – PRIMARY TOOTH	\$54.99
7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT – (ELEVATION AND/OR FORCEPS REMOVAL)	\$54.99
7210	EXTRACTION OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND / OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	\$81.90
7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	\$114.66
7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	\$138.06
7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	\$196.56
7241	REMOVAL OF IMPACTED TOOTH – COMPLETELY BONY WITH UNUSUAL SURGICAL COMPLICATIONS	\$196.56
7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	\$72.54
7260	OROANTRAL FISTULA CLOSURE	\$210.60
7261	PRIMARY CLOSURE OF SINUS PERFORATION	\$210.60
*7285	INCISIONAL BIOPSY OF ORAL TISSUE – HARD (BONE, TOOTH) <i>(REFER TO MEDICAL)</i>	\$128.70
*7286	INCISIONAL BIOPSY OF ORAL TISSUE – SOFT <i>(REFER TO MEDICAL)</i>	\$105.30
7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS – FOUR OR MORE TEETH OR TOOTH SPACES OER QUADRANT	\$79.56
7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS – ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	\$49.14
7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS – FOUR OR MORE TEETH OR TOOTH SPACES PER QUADRANT	\$127.53
7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS – ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	\$79.56
7471	REMOVAL OF LATERAL EXOSTOSIS – MAXILLA OR MANDIBLE	\$152.10
7472	REMOVAL OF TORUS PALATINUS	\$152.10
7473	REMOVAL OF TORUS MANDIBULARIS	\$152.10
7485	REDUCTION OF OSSEOUS TUBEROSITY	\$152.10
7510	INCISION AND DRAINAGE OF ABSCESS – INTRAORAL SOFT TISSUE	\$52.65

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7520	INCISION AND DRAINAGE OF ABSCESS – EXTRAORAL SOFT TISSUE – COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)	\$65.52
7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN OR SUBCUTANEOUS ALVEOLAR TISSUE	\$100.62
7961	BUCCAL/LABIAL FRENECTOMY	\$204.75
7962	LINGUAL FRENECTOMY	\$204.75
7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	\$152.10
9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROCEDURE	\$40.95
9120	FIXED PARTIAL DENTURE SECTIONING	\$29.25
9222	DEEP SEDATION/GENERAL ANESTHESIA – FIRST 15 MINUTES (REFER TO THE PRODUCT FOR COVERAGE)	\$117.00
9223	DEEP SEDATION/GENERAL ANESTHESIA – EACH ADDITIONAL 15 MINUTES (REFER TO THE PRODUCT FOR COVERAGE)	\$66.69
9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE (REFER TO THE PRODUCT FOR COVERAGE)	\$29.25
9239	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA – FIRST 15 MINUTES (REFER TO THE PRODUCT FOR COVERAGE)	\$117.00
9243	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA – EACH ADDITIONAL 15 MINUTES (REFER TO THE PRODUCT FOR COVERAGE)	\$66.69
9440	OFFICE VISIT (AFTER REGULAR SCHEDULED HOURS)	\$46.80
9910	APPLICATION OF DESENSITIZING MEDICAMENTS	\$23.40
9911	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT SURFACE, PER TOOTH	\$23.40