

DENTAL FEE SCHEDULE Effective 7/1/10

Print Date: 12-15-11

Mississippi Medicaid dental fees are set at the Ingenix® Dental Customized Fee Analyzer Report 60th percentile 41% effective for dates of service beginning 7/1/10.

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Code	Code Status	PA	Description	Age	Age	Begin Date	End Date	Units	Fee
D0120	Not covered		PERIODIC ORAL EXAM ESTABLISHED	0	20	07/01/1996	12/31/9999	1	0.00
D0140	Fee on file		LIMITED ORAL EVALUATION - PROBLEM	0	999	07/01/2009	12/31/9999	1	35.40
D0145	Fee on file		ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER	0	2	07/01/2010	12/31/9999	1	33.04
D0150	Fee on file		COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT COMPREHENSIVE	0	20	07/01/2009	12/31/9999	1	37.17
D0160	Not covered		DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED, BY	0	999	01/01/1996	12/31/9999	1	0.00
D0170	Not covered		RE-EVALUATION-LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT: NOT	0	999	01/01/2000	12/31/9999	1	0.00
D0180	Not covered		COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED	0	999	01/01/2003	12/31/9999	1	0.00
D0210	Fee on file		INTRAORAL - COMPLETE SERIES (INCLUDING BITEWINGS)	0	999	07/01/2009	12/31/9999	1	57.23
D0220	Fee on file		INTRAORAL- PERIAPICAL-FIRST FILM	0	999	07/01/2009	12/31/9999	1	11.21
D0230	Fee on file		INTRAORAL - PERIAPICAL - EACH	0	999	07/01/2009	12/31/9999	13	10.03
D0240	Not covered		INTRAORAL- OCCLUSAL FILM	0	999	07/01/1983	12/31/9999	1	0.00
D0250	Not covered		EXTRAORAL--FIRST FILM	0	999	07/01/1983	12/31/9999	1	0.00
D0260	Not covered		EXTRAORAL- EACH ADDITIONAL FILM	0	999	01/01/1970	12/31/9999	99999	0.00
D0270	Fee on file		BITEWING- SINGLE FILM	0	999	07/01/2009	12/31/9999	1	11.80
D0272	Fee on file		BITEWINGS- TWO FILMS	0	999	07/01/2009	12/31/9999	1	18.88
D0273	Fee on file		BITEWINGS- THREE FILMS	0	999	07/01/2009	12/31/9999	1	23.01
D0274	Fee on file		BITEWINGS- FOUR FILMS	0	999	07/01/2009	12/31/9999	1	26.55
D0277	Not covered		VERTICAL BITEWINGS - 7 TO 8 FILMS	0	999	01/01/2000	12/31/9999	1	0.00
D0290	Not covered		POST/ANT OR LAT SKULL & BONE SURVEY	0	999	07/01/1983	12/31/9999	1	0.00
D0310	Not covered		SALIOGRAPHY	0	999	07/01/1983	12/31/9999	1	0.00
D0320	Not covered		TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCLUDING INJECTION	0	999	12/10/1991	12/31/9999	99999	0.00
D0321	Priced by PA	Yes	OTHER TEMPOROMANDIBULAR JOINT FILMS, BY REPORT	0	999	12/01/2008	12/31/9999	2	0.00
D0322	Not covered		TOMOGRAPHIC SURVEY	0	999	12/01/1992	12/31/9999	9999	0.00
D0330	Fee on file		PANORAMIC FILM	0	999	07/01/2009	12/31/9999	1	49.56
D0340	Fee on file		CEPHALOMETRIC FILM	0	20	07/01/2009	12/31/9999	1	56.05
D0350	Fee on file		ORAL/FACIAL PHOTOGRAPHIC IMAGES	0	20	07/01/2009	12/31/9999	1	26.55
D0360	Not covered		CONE BEAM CT - CRANIOFACIAL DATA	0	999	01/01/2007	12/31/9999	1	0.00
D0362	Not covered		CONE BEAM - TWO DIMENSIONAL IMAGE RECONSTRUCTION USING EXISTING DATA, INCLUDES MULTIPLE IMAGES	0	999	01/01/2007	12/31/9999	1	0.00
D0363	Not covered		CONE BEAM - THREE DIMENSIONAL IMAGE RECONSTRUCTION USING EXISTING DATA, INCLUDES MULTIPLE IMAGES	0	999	01/01/2007	12/31/9999	1	0.00
D0415	Not covered		COLLECTION OF MICROORGANISMS FOR CULTURE AND SENSITIVITY	0	999	12/01/1992	12/31/9999	9999	0.00
D0416	Not covered		VIRAL CULTURE	0	999	01/01/2005	12/31/9999	1	0.00
D0417	Not covered		COLLECTION & PREPARATION OF SALIVA SAMPLE FOR LABORATORY DIAGNOSTIC	0	999	01/01/2009	12/31/9999	1	0.00
D0418	Not covered		ANALYSIS OF SALIVA SAMPLE	0	999	01/01/2009	12/31/9999	1	0.00
D0421	Not covered		GENETIC TEST FOR SUSCEPTIBILITY TO ORAL DISEASES	0	999	01/01/2005	12/31/9999	1	0.00
D0425	Not covered		CARIES SUSCEPTIBILITY TESTS	0	999	12/01/1992	12/31/9999	9999	0.00
D0431	Not covered		ADJUNCTIVE PRE-DIAGNOSTIC TEST THAT AIDS IN DETECTION OF MUCOSAL	0	999	01/01/2005	12/31/9999	1	0.00

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D0460	Not covered		PULP VITALITY TESTS	0	999	01/01/1970	12/31/9999	1	0.00
D0470	Fee on file		DIAGNOSTIC CASTS	0	20	07/01/2009	12/31/9999	1	53.69
D0472	Not covered		ACCESSION OF TISSUE, GROSS EXAMINATION. PREPARATION AND	0	999	01/01/2000	12/31/9999	1	0.00
D0473	Not covered		ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION. PREPARATION	0	999	01/01/2000	12/31/9999	1	0.00
D0474	Not covered		ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION. INCLUDING	0	999	01/01/2000	12/31/9999	1	0.00
D0475	Not covered		DECALCIFICATION PROCEDURE	0	999	01/01/2005	12/31/9999	1	0.00
D0476	Not covered		SPECIAL STAINS FOR MICROORGANISMS	0	999	01/01/2005	12/31/9999	1	0.00
D0477	Not covered		SPECIAL STAINS, NOT FOR	0	999	01/01/2005	12/31/9999	1	0.00
D0478	Not covered		IMMUNOHISTOCHEMICAL STAINS	0	999	01/01/2005	12/31/9999	1	0.00
D0479	Not covered		TISSUE IN-SITU HYBRIDIZATION, INCLUDING INTERPRETATION	0	999	01/01/2005	12/31/9999	1	0.00
D0480	Not covered		ACCESSION OF EXFOLIATIVE CYTOLOGIC SMEARS, MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF	0	999	01/01/2000	12/31/9999	1	0.00
D0481	Not covered		ELECTRON MICROSCOPY-DIAGNOSTIC	0	999	01/01/2005	12/31/9999	1	0.00
D0482	Not covered		DIRECT IMMUNOFLUORESCENCE	0	999	01/01/2005	12/31/9999	1	0.00
D0483	Not covered		INDIRECT IMMUNOFLUORESCENCE	0	999	01/01/2005	12/31/9999	1	0.00
D0484	Not covered		CONSULTATION ON SLIDES PREPARED	0	999	01/01/2005	12/31/9999	1	0.00
D0485	Not covered		CONSULTATION, INCLUDING PREPARATION OF SLIDES FROM BIOPSY MATERIAL	0	999	01/01/2005	12/31/9999	1	0.00
D0486	Not covered		ACCESSION TRANSEPIITHELIAL CYTOLOGIC SAMPLE, MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF	0	999	01/01/2007	12/31/9999	1	0.00
D0502	Not covered		OTHER ORAL PATHOLOGY PROCEDURES, BY	0	999	12/10/1991	12/31/9999	99999	0.00
D0999	Priced by PA	Yes	UNSPECIFIED DIAGNOSTIC PROCEDURE, BY	0	999	10/01/2003	12/31/9999	1	0.00
D1110	Not covered		PROPHYLAXIS - ADULT	0	999	01/01/1970	12/31/9999	1	0.00
D1120	Fee on file		PROPHYLAXIS - CHILD	0	20	07/01/2009	12/31/9999	1	26.55
D1203	Fee on file		TOPICAL APPLICATION OF FLUORIDE -	0	20	07/01/2009	12/31/9999	1	14.75
D1204	Not covered		TOPICAL APPLICATION OF FLUORIDE -	0	999	12/10/1991	12/31/9999	99999	0.00
D1206	Fee on file		TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR MODERATE TO HIGH CARRIES RISK PATIENTS	0	20	07/01/2009	12/31/9999	1	22.42
D1310	Not covered		NUTRITIONAL COUNSELING FOR THE CONTROL OF DENTAL DISEASE	0	999	01/01/1970	12/31/9999	1	0.00
D1320	Not covered		TOBACCO COUNSELING FOR THE CONTROL AND PREVENTION OF ORAL DISEASE	0	999	01/01/1996	12/31/9999	1	0.00
D1330	Not covered		ORAL HYGIENE INSTRUCTION	0	999	01/01/1970	12/31/9999	1	0.00
D1351	Fee on file		SEALANT - PER TOOTH	0	20	07/01/2009	12/31/9999	1	23.60
D1352	Not covered		PREVENTATIVE RESIN RESTORATION IN A MODERAT TO HIGH CARRIES RISK PATIENT-	0	999	01/01/2011	12/31/9999	1	0.00
D1510	Fee on file		SPACE MAINTAINER - FIXED-UNILATERAL	0	20	07/01/2009	12/31/9999	4	126.26
D1515	Fee on file		SPACE MAINTAINER - FIXED-BILATERAL	0	20	07/01/2009	12/31/9999	2	177.00
D1520	Fee on file		SPACE MAINTAINER - REMOVABLE-	0	20	07/01/2009	12/31/9999	4	139.24
D1525	Fee on file		SPACE MAINTAINER - REMOVABLE-	0	20	07/01/2009	12/31/9999	2	214.76
D1550	Fee on file		RECEMENTATION OF SPACE MAINTAINER	0	20	07/01/2009	12/31/9999	4	27.14
D1555	Fee on file		REMOVAL OF FIXED SPACER MAINTAINER	0	20	07/01/2009	12/31/9999	1	26.55
D2140	Fee on file		AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT AMALGAM-ONE SURFACE	0	20	07/01/2009	12/31/9999	1	58.41
D2150	Fee on file		AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT AMALGAM-TWO SURFACES	0	20	07/01/2009	12/31/9999	1	75.52
D2160	Fee on file		AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT AMALGAM-THREE SURFACES.	0	20	07/01/2009	12/31/9999	1	91.45
D2161	Fee on file		AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT AMALGAM-FOUR	0	20	07/01/2009	12/31/9999	1	111.51
D2330	Fee on file		RESIN-ONE SURFACE, ANTERIOR	0	20	07/01/2009	12/31/9999	1	65.49
D2331	Fee on file		RESIN-TWO SURFACES, ANTERIOR	0	20	07/01/2009	12/31/9999	1	83.19
D2332	Fee on file		RESIN-THREE SURFACES, ANTERIOR	0	20	07/01/2009	12/31/9999	1	102.07

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D2335	Fee on file		RESIN-FOUR OR MORE SURFACES ON INVOLVING INCISAL ANGLE	0	20	07/01/2009	12/31/9999	1	120.95
D2390	Fee on file		RESIN-BASED COMPOSITE CROWN,	0	20	07/01/2009	12/31/9999	1	133.93
D2391	Fee on file		RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	0	20	07/01/2009	12/31/9999	1	76.70
D2392	Fee on file		RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	0	20	07/01/2009	12/31/9999	1	100.30
D2393	Fee on file		RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	0	20	07/01/2009	12/31/9999	1	124.49
D2394	Fee on file		RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	0	20	07/01/2009	12/31/9999	1	152.22
D2410	Not covered		GOLD FOIL - ONE SURFACE	0	999	01/01/1970	12/31/9999	1	0.00
D2420	Not covered		GOLD FOIL - TWO SURFACES	0	999	01/01/1970	12/31/9999	1	0.00
D2430	Not covered		GOLD FOIL - THREE SURFACES	0	999	01/01/1970	12/31/9999	1	0.00
D2510	Not covered		INLAY - METALLIC - ONE SURFACE	0	999	01/01/1970	12/31/9999	1	0.00
D2520	Not covered		INLAY - METALLIC -TWO SURFACES	0	999	01/01/1970	12/31/9999	1	0.00
D2530	Not covered		INLAY - METALLIC - THREE SURFACES	0	999	01/01/1970	12/31/9999	1	0.00
D2542	Not covered		ONLAY-METALLIC-TWO SURFACES	0	999	01/01/2000	12/31/9999	1	0.00
D2543	Not covered		ONLAY - METALLIC - THREE SURFACES	0	999	01/01/1996	12/31/9999	1	0.00
D2544	Not covered		ONLAY - METALLIC - FOUR OR MORE	0	999	01/01/1996	12/31/9999	1	0.00
D2610	Not covered		INLAY - PORCELAIN/CERAMIC - ONE	0	999	01/01/1970	12/31/9999	1	0.00
D2620	Not covered		INLAY - PORCELAIN/CERAMIC-TWO	0	999	12/10/1991	12/31/9999	99999	0.00
D2630	Not covered		INLAY - PORCELAIN/CERAMIC-THREE	0	999	12/10/1991	12/31/9999	99999	0.00
D2642	Not covered		ONLAY - PORCELAIN/CERAMIC - TWO	0	999	01/01/1996	12/31/9999	1	0.00
D2643	Not covered		ONLAY - PORCELAIN/CERAMIC - THREE	0	999	01/01/1996	12/31/9999	1	0.00
D2644	Not covered		ONLAY - PORCELAIN/CERAMIC - FOUR OR MORE SURFACES	0	999	01/01/1996	12/31/9999	1	0.00
D2650	Not covered		INLAY - RESIN-BASED COMPOSITE - ONE SURFACE INLAY - RESIN-BASED COMPOSIT	0	999	12/01/1992	12/31/9999	9999	0.00
D2651	Not covered		INLAY - RESIN-BASED COMPOSITE - TWO SURFACES INLAY - RESIN-BASED COMPOST	0	999	12/01/1992	12/31/9999	9999	0.00
D2652	Not covered		INLAY - RESIN-BASED COMPOSITE - THREE OR MORE SURFACES INLAY - RESIN-BAS	0	999	12/01/1992	12/31/9999	9999	0.00
D2662	Not covered		ONLAY - RESIN-BASED COMPOSITE - TWO SURFACES ONLAY - RESIN-BASED COMPOST	0	999	01/01/1996	12/31/9999	1	0.00
D2663	Not covered		ONLAY - RESIN-BASED COMPOSITE - THREE SURFACES ONLAY - RESIN-BASED COMPO	0	999	01/01/1996	12/31/9999	1	0.00
D2664	Not covered		ONLAY - - RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES ONLAY - - RESIN-	0	999	01/01/1996	12/31/9999	1	0.00
D2710	Not covered		CROWN - RESIN-BASED COMPOSITE	0	999	01/01/1970	12/31/9999	1	0.00
D2712	Not covered		CROWN - 3/4 RESIN-BASED COMPOSITE	0	999	01/01/2005	12/31/9999	1	0.00
D2720	Not covered		CROWN-RESIN WITH HIGH NOBLE METAL	0	999	01/01/1970	12/31/9999	1	0.00
D2721	Not covered		CROWN-RESIN WITH PREDOMINANTLY BASE	0	999	01/01/1970	12/31/9999	1	0.00
D2722	Not covered		CROWN-RESIN WITH NOBLE METAL	0	999	01/01/1970	12/31/9999	1	0.00
D2740	Not covered		CROWN-PORCELAIN/CERAMIC SUBSTRATE	0	999	01/01/1970	12/31/9999	1	0.00
D2750	Fee on file	Yes	CROWN-PORCELAIN FUSED TO HIGH NOBLE	0	20	07/01/2009	12/31/9999	32	506.22
D2751	Fee on file	Yes	CROWN-PROCELAIN FUSED TO PREDOMINANTLY BASE METAL	0	20	07/01/2009	12/31/9999	32	471.41
D2752	Fee on file	Yes	CROWN-PORCELAIN FUSED TO NOBLE METAL	0	20	07/01/2009	12/31/9999	32	482.62
D2780	Not covered		CROWN - 3/4 CAST HIGH NOBLE METAL	0	999	01/01/2000	12/31/9999	1	0.00
D2781	Not covered		CROWN - 3/4 CAST PREDOMINANTLY BASE	0	999	01/01/2000	12/31/9999	1	0.00
D2782	Not covered		CROWN - 3/4 CAST NOBLE METAL	0	999	01/01/2000	12/31/9999	1	0.00
D2783	Not covered		CROWN - 3/4 PORCELAIN/CERAMIC	0	999	01/01/2000	12/31/9999	1	0.00
D2790	Not covered		CROWN - FULL CAST HIGH NOBLE METAL	0	999	01/01/1970	12/31/9999	1	0.00
D2791	Not covered		CROWN - FULL CAST PREDOMINANTLY BASE	0	999	09/01/1986	12/31/9999	99999	0.00
D2792	Not covered		CROWN - FULL CAST NOBLE METAL	0	999	01/01/1970	12/31/9999	1	0.00
D2794	Not covered		CROWN-TITANIUM	0	999	01/01/2005	12/31/9999	1	0.00
D2799	Not covered		PROVISIONAL CROWN	0	999	01/01/2000	12/31/9999	1	0.00
D2910	Not covered		RECEMENT INLAY, ONLAY OR PARTIAL COVRAGE RESTORATION	0	999	01/01/1970	12/31/9999	1	0.00

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D2915	Not covered		RECEMENT CAST OR PREFABRICATED POST AND CORE	0	999	01/01/2005	12/31/9999	1	0.00
D2920	Not covered		RECEMENT CROWN	0	999	01/01/1970	12/31/9999	1	0.00
D2930	Fee on file		PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH	0	20	07/01/2009	12/31/9999	1	121.54
D2931	Fee on file		PREFABRICATED STAINLESS STEEL CROWN - PERMANENT TOOTH	0	20	07/01/2009	12/31/9999	1	137.47
D2932	Not covered		PREFABRICATED RESIN CROWN	0	999	12/10/1991	12/31/9999	99999	0.00
D2933	Fee on file		PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	0	20	07/01/2009	12/31/9999	1	168.15
D2934	Fee on file		PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH	0	20	07/01/2009	12/31/9999	1	168.15
D2940	Fee on file	Yes	PROTECTIVE RESTORATION	0	20	07/01/2009	12/31/9999	1	46.61
D2950	Not covered		CORE BUILD-UP, INCLUDING ANY PINS	0	999	01/01/1970	12/31/9999	1	0.00
D2951	Not covered		PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION	0	20	12/10/1991	12/31/9999	99999	0.00
D2952	Fee on file	Yes	POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED	0	20	07/01/2009	12/31/9999	1	183.49
D2953	Not covered		EACH ADDITIONAL INDIRECTLY FABRICATED POST - SAME TOOTH	0	999	01/01/2000	12/31/9999	1	0.00
D2954	Not covered		PREFABRICATED POST AND CORE IN ADDITION TO CROWN	0	999	12/10/1991	12/31/9999	99999	0.00
D2955	Not covered		POST REMOVAL (NOT IN CONJUNCTION WITH ENDODONTIC THERAPY)	0	999	01/01/1996	12/31/9999	1	0.00
D2957	Not covered		EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	0	999	01/01/2000	12/31/9999	1	0.00
D2960	Not covered		LABIAL VENEER (LAMINATE)-CHAIRSIDE	0	999	07/28/1986	12/31/9999	1	0.00
D2961	Not covered		LABIAL VENEER (RESIN LAMINATE)-	0	999	12/01/1992	12/31/9999	9999	0.00
D2962	Not covered		LABIAL VENEER (PORCELAIN LAMINATE)-	0	999	12/01/1992	12/31/9999	9999	0.00
D2970	Not covered		TEMPORARY (FRACTURED TOOTH)	0	999	01/01/2007	12/31/9999	1	0.00
D2971	Not covered		ADDITIONAL PROCEDURES TO CONSTRUCT NEW CROWN UNDER EXISTING PARTIAL COPING	0	999	01/01/2005	12/31/9999	1	0.00
D2975	Not covered		CROWN REPAIR, BY REPORT	0	999	12/10/1991	12/31/9999	99999	0.00
D2999	Priced by PA	Yes	UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT	0	20	10/01/2003	12/31/9999	1	0.00
D3110	Not covered		PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)	0	999	01/01/1970	12/31/9999	1	0.00
D3120	Not covered		PULP CAP -INDIRECT (EXCLUDING FINAL RESTORATION)	0	999	01/01/1970	12/31/9999	1	0.00
D3220	Fee on file		THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP	0	20	07/01/2009	12/31/9999	1	77.29
D3221	Not covered		PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TFFTH PULPAL DEBRIDEMENT.	0	999	01/01/2000	12/31/9999	1	0.00
D3222	Fee on file		PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH INCOMPLETED ROOT DEVELOPMENT	0	20	07/01/2009	12/31/9999	1	78.47
D3230	Not covered		PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR. PRIMARY TOOTH (EXCLUDING F	0	999	01/01/1996	12/31/9999	1	0.00
D3240	Not covered		PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR. PRIMARY TOOTH (EXCLUDING	0	999	01/01/1996	12/31/9999	1	0.00
D3310	Fee on file		ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	0	20	07/01/2009	12/31/9999	1	345.74
D3320	Fee on file		ENDODONTIC THERAPY, BICUSPID TOOTH (EXCLUDING FINAL RESTORATION)	0	20	07/01/2009	12/31/9999	1	423.62
D3330	Fee on file		ENDODONTIC THERAPY, MOLAR (EXCLUDING FINAL RESTORATION)	0	20	07/01/2009	12/31/9999	1	525.10
D3331	Not covered		TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS	0	999	01/01/2000	12/31/9999	1	0.00
D3332	Not covered		INCOMPLETE ENDODONTIC THERAPY; INOPERABLE. UNRESTORABLE OR	0	999	01/01/2000	12/31/9999	1	0.00
D3333	Not covered		INTERNAL ROOT REPAIR OF PERFORATION	0	999	01/01/2000	12/31/9999	1	0.00
D3346	Fee on file	Yes	RETREATMENT-ANTERIOR, BY REPORT	0	20	01/01/2011	12/31/9999	1	460.79
D3347	Fee on file	Yes	RETREATMENT-BICUSPID, BY REPORT	0	20	01/01/2011	12/31/9999	1	542.21
D3348	Fee on file	Yes	RETREATMENT-MOLAR, BY REPORT	0	20	01/01/2011	12/31/9999	1	670.83

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D3351	Not covered		APEXIFICATION/RECALCIFICATION/PULPAL REGENERATION - INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, PULP SPACE DISINFECTION, ETC)	0	999	12/01/1992	12/31/9999	9999	0.00
D3352	Not covered		APEXIFICATION/RECALCIFICATION/PULPAL REGENERATION - INTERIM MEDICATION REPLACEMENT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, PULP SPACE DISINFECTION, ETC)	0	999	12/01/1992	12/31/9999	9999	0.00
D3353	Not covered		APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL	0	999	12/01/1992	12/31/9999	9999	0.00
D3354	Not covered		PULPAL REGENERATION (COMPLETION OF REGENERATIVE TREATMENT IN AN IMMATURE PERMANENT TOOTH WITH A NECROTIC PULP); DOES NOT INCLUDE FINAL	0	999	01/01/2011	12/31/9999	1	0.00
D3410	Not covered		APICOECTOMY/PERIRADICULAR SURGERY-	0	999	07/01/1983	12/31/9999	1	0.00
D3421	Not covered		APICOECTOMY/PERIRADICULAR SURGERY-BICUSPID (FIRST ROOT)	0	999	12/01/1992	12/31/9999	9999	0.00
D3425	Not covered		APICOECTOMY/PERIRADICULAR SURGERY-MOLAR (FIRST ROOT)	0	999	12/01/1992	12/31/9999	9999	0.00
D3426	Not covered		APICOECTOMY/PERIRADICULAR SURGERY (EACH ADDITIONAL ROOT)	0	999	12/01/1992	12/31/9999	9999	0.00
D3430	Not covered		RETROGRADE FILLING - PER ROOT	0	999	07/01/1983	12/31/9999	1	0.00
D3450	Not covered		ROOT AMPUTATION - PER ROOT	0	999	07/01/1983	12/31/9999	1	0.00
D3460	Not covered		ENDODONTIC ENDOSSEOUS IMPLANT	0	999	01/01/1970	12/31/9999	1	0.00
D3470	Not covered		INTENTIONAL REPLANTATION (INCLUDING NECESSARY SPLINTING)	0	999	12/01/1992	12/31/9999	9999	0.00
D3910	Not covered		SURGICAL PROCEDURE FOR ISOLATION OF TOOTH WITH RUBBER DAM	0	999	01/01/1970	12/31/9999	1	0.00
D3920	Not covered		HEMISECTION (INCLUDING ANY ROOT REMOVAL). NOT INCLUDING ROOT CANAL	0	999	01/01/1970	12/31/9999	1	0.00
D3950	Not covered		CANAL PREPARATION AND FITTING OF PREFORMED DOWEL OR POST	0	999	01/01/1970	12/31/9999	1	0.00
D3999	Priced by PA	Yes	UNSPECIFIED ENDODONTIC PROCEDURE, BY	0	20	10/01/2003	12/31/9999	1	0.00
D4210	Fee on file		GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	0	999	07/01/2009	12/31/9999	4	295.00
D4211	Fee on file		GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	0	999	07/01/2009	12/31/9999	4	130.98
D4230	Not covered		ANATOMICAL CROWN EXPOSURE - FOUR OR MORE CONTIGUOUS TEETH PER QUADRANT	0	999	01/01/2007	12/31/9999	1	0.00
D4231	Not covered		ANATOMICAL CROWN EXPOSURE - ONT TO THREE TEETH PER QUADRANT	0	999	01/01/2007	12/31/9999	1	0.00
D4240	Fee on file		GINGIVAL FLAP PROCEDURE INCLUDING ROOT PLANNING - FOUR OR MORE CONTINGLIQUS TEETH OR TOOTH BOUNDED	10	20	07/01/2009	12/31/9999	4	373.47
D4241	Fee on file		GINGIVAL FLAP PROCEDURE INCLUDING ROOT PLANNING - ONE TO THREE CONTINGLIQUS TEETH OR TOOTH BOUNDED	10	20	07/01/2009	12/31/9999	4	215.94
D4245	Not covered		APICALLY POSITIONED FLAP	0	999	01/01/2000	12/31/9999	1	0.00
D4249	Not covered		CROWN LENGTHENING-HARD AND SOFT TISSUE. BY REPORT	0	999	12/01/1992	12/31/9999	9999	0.00
D4260	Fee on file		OSSEOUS SURGERY INCLUDING FLAP ENTRY AND CLOSURE - FOUR OR MORE CONTIGLIQUS TEETH OR TOOTH BOUNDED	0	999	07/01/2009	12/31/9999	4	622.45
D4261	Fee on file		OSSEOUS SURGERY INCLUDING FLAP ENTRY AND CLOSURE - ONE TO THREE CONTIGLIQUS TEETH OR TOOTH BOUNDED	0	999	07/01/2009	12/31/9999	4	333.94
D4263	Not covered		BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	0	999	01/01/1996	12/31/9999	1	0.00
D4264	Not covered		BONE REPLACEMENT GRAFT - EACH ADDITIONAL SITE IN QUADRANT	0	999	01/01/1996	12/31/9999	1	0.00
D4265	Not covered		BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION	0	999	01/01/2003	12/31/9999	1	0.00

Code	Code Status	PA	Description	Age	Age	Begin Date	End Date	Units	Fee
D4266	Not covered		GUIDED TISSUE REGENERATION - RESORBABLE BARRIER, PER SITE GUIDED	0	999	01/01/1996	12/31/9999	1	0.00
D4267	Not covered		GUIDED TISSUE REGENERATION - NONRESORBABLE BARRIER, PER SITE	0	999	01/01/1996	12/31/9999	1	0.00
D4268	Not covered		SURGICAL REVISION PROCEDURE, PER	0	999	01/01/2000	12/31/9999	1	0.00
D4270	Not covered		PEDICLE SOFT TISSUE GRAFT PROCEDURE	0	999	07/01/1983	12/31/9999	1	0.00
D4271	Not covered		FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY)	0	999	07/01/1983	12/31/9999	1	0.00
D4273	Not covered		SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURES, PER TOOTH	0	999	01/01/1996	12/31/9999	1	0.00
D4274	Not covered		DISTAL OR PROXIMAL WEDGE PROCEDURE (WHEN NOT PERFORMED IN CONJUNCTION	0	999	01/01/1996	12/31/9999	1	0.00
D4275	Not covered		SOFT TISSUE ALLOGRAFT	0	999	01/01/2003	12/31/9999	1	0.00
D4276	Not covered		COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT, PER TOOTH	0	999	01/01/2003	12/31/9999	1	0.00
D4320	Not covered		PROVISIONAL SPLINTING - INTRACORONAL	0	999	07/01/1983	12/31/9999	1	0.00
D4321	Not covered		PROVISIONAL SPLINTING - EXTRACORONAL	0	999	07/01/1983	12/31/9999	1	0.00
D4341	Fee on file		PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	10	20	07/01/2009	12/31/9999	4	100.30
D4342	Fee on file		PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT	10	20	07/01/2009	12/31/9999	4	57.82
D4355	Not covered		FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND	0	999	01/01/1996	12/31/9999	1	0.00
D4381	Not covered		LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR	0	999	01/01/1996	12/31/9999	1	0.00
D4910	Not covered		PERIODONTAL MAINTENANCE PERIODONTAL MAINTENANCE	0	999	01/01/1970	12/31/9999	1	0.00
D4920	Not covered		UNSCHEDULED DRESSING CHANGE (BY SOMEONE OTHER THAN TREATING DENTIST)	0	999	01/01/1970	12/31/9999	1	0.00
D4999	Not covered		UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	0	999	07/01/1983	12/31/9999	1	0.00
D5110	Fee on file	Yes	COMPLETE UPPER	0	20	07/01/2009	12/31/9999	1	539.26
D5120	Fee on file	Yes	COMPLETE LOWER	0	20	07/01/2009	12/31/9999	1	539.26
D5130	Not covered		IMMEDIATE UPPER	0	999	01/01/1970	12/31/9999	1	0.00
D5140	Not covered		IMMEDIATE LOWER	0	999	01/01/1970	12/31/9999	1	0.00
D5211	Fee on file	Yes	UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND T	0	20	07/01/2009	12/31/9999	1	455.48
D5212	Fee on file	Yes	LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND T	0	20	07/01/2009	12/31/9999	1	529.23
D5213	Not covered		UPPER PARTIAL-CAST METAL BASE WITH RESIN SADDLES (INCLUDING ANY CONVENTI	0	999	08/04/1986	12/31/9999	1	0.00
D5214	Not covered		LOWER PARTIAL-CAST METAL BASE WITH RESIN SADDLES (INCLUDING ANY CONVENTI	0	999	08/04/1986	12/31/9999	1	0.00
D5225	Not covered		MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND	0	999	01/01/2005	12/31/9999	1	0.00
D5226	Not covered		MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND	0	999	01/01/2005	12/31/9999	1	0.00
D5281	Not covered		REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE CAST METAL (INCLUDING CLA	0	999	01/01/1970	12/31/9999	1	0.00
D5410	Not covered		ADJUST COMPLETE DENTURE-UPPER	0	999	01/01/1970	12/31/9999	1	0.00
D5411	Not covered		ADJUST COMPLETE DENTURE - LOWER	0	999	12/10/1991	12/31/9999	99999	0.00
D5421	Not covered		ADJUST PARTIAL DENTURE - UPPER	0	20	10/01/2003	12/31/9999	1	0.00
D5422	Not covered		ADJUST PARTIAL DENTURE - LOWER	0	20	10/01/2003	12/31/9999	1	0.00
D5510	Not covered		REPAIR BROKEN COMPLETE DENTURE BASE	0	999	12/10/1991	12/31/9999	99999	0.00
D5520	Not covered		REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE (EACH TOOTH)	0	999	12/10/1991	12/31/9999	99999	0.00
D5610	Not covered		REPAIR RESIN SADDLE OR BASE	0	999	01/01/1970	12/31/9999	1	0.00
D5620	Not covered		REPAIR CAST FRAMEWORK	0	999	01/01/1970	12/31/9999	1	0.00
D5630	Not covered		REPAIR OR REPLACE BROKEN CLASP	0	999	01/01/1970	12/31/9999	1	0.00
D5640	Not covered		REPLACE BROKEN TEETH - PER TOOTH	0	999	01/01/1970	12/31/9999	1	0.00
D5650	Not covered		ADD TOOTH TO EXISTING PARTIAL DENTURE	0	999	01/01/1970	12/31/9999	1	0.00
D5660	Not covered		ADD CLASP TO EXISTING PARTIAL DENTURE	0	999	01/01/1970	12/31/9999	1	0.00

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D5670	Not covered		REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MAXILLARY)	0	999	01/01/1970	12/31/9999	1	0.00
D5671	Not covered		REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MANDIBULAR)	0	999	01/01/2003	12/31/9999	1	0.00
D5710	Not covered		REBASE COMPLETE UPPER DENTURE	0	999	01/01/1970	12/31/9999	1	0.00
D5711	Not covered		REBASE COMPLETE LOWER DENTURE	0	999	12/10/1991	12/31/9999	99999	0.00
D5720	Not covered		REBASE UPPER PARTIAL DENTURE	0	999	01/01/1970	12/31/9999	1	0.00
D5721	Not covered		REBASE LOWER PARTIAL DENTURE	0	999	12/10/1991	12/31/9999	99999	0.00
D5730	Not covered		RELINER UPPER COMPLETE DENTURE	0	999	01/01/1970	12/31/9999	1	0.00
D5731	Not covered		RELINER LOWER COMPLETE DENTURE	0	999	12/10/1991	12/31/9999	99999	0.00
D5740	Not covered		RELINER UPPER PARTIAL DENTURE	0	999	01/01/1970	12/31/9999	1	0.00
D5741	Not covered		RELINER LOWER PARTIAL DENTURE	0	999	12/10/1991	12/31/9999	99999	0.00
D5750	Not covered		RELINER UPPER COMPLETE DENTURE	0	999	01/01/1970	12/31/9999	1	0.00
D5751	Not covered		RELINER LOWER COMPLETE DENTURE	0	999	12/10/1991	12/31/9999	99999	0.00
D5760	Not covered		RELINER UPPER PARTIAL DENTURE	0	999	01/01/1970	12/31/9999	1	0.00
D5761	Not covered		RELINER LOWER PARTIAL DENTURE	0	999	12/10/1991	12/31/9999	99999	0.00
D5810	Not covered		INTERIM COMPLETE DENTURE (UPPER)	0	999	01/01/1970	12/31/9999	1	0.00
D5811	Not covered		INTERIM COMPLETE DENTURE (LOWER)	0	999	01/01/1970	12/31/9999	1	0.00
D5820	Not covered		INTERIM PARTIAL DENTURE (UPPER)	0	999	01/01/1970	12/31/9999	1	0.00
D5821	Not covered		INTERIM PARTIAL DENTURE (LOWER)	0	999	01/01/1970	12/31/9999	1	0.00
D5850	Not covered		TISSUE CONDITIONING, UPPER-PER	0	999	01/01/1970	12/31/9999	1	0.00
D5851	Not covered		TISSUE CONDITIONING, LOWER-PER	0	999	12/01/1992	12/31/9999	9999	0.00
D5860	Not covered		OVERDENTURE - COMPLETE, BY REPORT	0	999	01/01/1970	12/31/9999	1	0.00
D5861	Not covered		OVERDENTURE - PARTIAL, BY REPORT	0	999	01/01/1970	12/31/9999	1	0.00
D5862	Not covered		PRECISION ATTACHMENT, BY REPORT	0	999	12/10/1991	12/31/9999	99999	0.00
D5867	Not covered		REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMENT	0	999	01/01/2000	12/31/9999	1	0.00
D5875	Not covered		MODIFICATION OF REMOVABLE PROSTHESIS FOLLOWING IMPLANT SURGERY	0	999	01/01/2000	12/31/9999	1	0.00
D5899	Not covered		UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT	0	999	12/10/1991	12/31/9999	99999	0.00
D5911	Not covered		FACIAL MOULAGE (SECTIONAL)	0	999	07/28/1986	12/31/9999	1	0.00
D5912	Not covered		FACIAL MOULAGE (COMPLETE)	0	999	07/28/1986	12/31/9999	1	0.00
D5913	Not covered		NASAL PROSTHESIS	0	999	07/28/1986	12/31/9999	1	0.00
D5914	Not covered		AURICULAR PROSTHESIS	0	999	07/28/1986	12/31/9999	1	0.00
D5915	Not covered		ORBITAL PROSTHESIS	0	999	07/28/1986	12/31/9999	1	0.00
D5916	Not covered		OCULAR PROSTHESIS	0	999	07/28/1986	12/31/9999	1	0.00
D5919	Not covered		FACIAL PROSTHESIS	0	999	07/28/1986	12/31/9999	1	0.00
D5922	Not covered		NASAL SEPTAL PROSTHESIS	0	999	10/19/1994	12/31/9999	1	0.00
D5923	Not covered		OCULAR PROSTHESIS, INTERIM	0	999	10/19/1994	12/31/9999	1	0.00
D5924	Not covered		CRANIAL PROSTHESIS	0	999	10/19/1994	12/31/9999	1	0.00
D5925	Not covered		FACIAL AUGMENTATION IMPLANT	0	999	10/19/1994	12/31/9999	1	0.00
D5926	Not covered		NASAL PROSTHESIS REPLACEMENT	0	999	10/19/1994	12/31/9999	1	0.00
D5927	Not covered		AURICULAR PROSTHESIS, REPLACEMENT	0	999	10/19/1994	12/31/9999	1	0.00
D5928	Not covered		ORBITAL PROSTHESIS, REPLACEMENT	0	999	10/19/1994	12/31/9999	1	0.00
D5929	Not covered		FACIAL PROSTHESIS, REPLACEMENT	0	999	10/19/1994	12/31/9999	1	0.00
D5931	Not covered		OBTURATOR PROSTHESIS, SURGICAL	0	999	07/28/1986	12/31/9999	1	0.00
D5932	Not covered		OBTURATOR PROSTHESIS, DEFINITIVE	0	999	07/28/1986	12/31/9999	1	0.00
D5933	Not covered		OBTURATOR PROSTHESIS, MODIFICATION	0	999	07/28/1986	12/31/9999	1	0.00
D5934	Not covered		MANDIBULAR RESECTION PROSTHESIS WITH GUIDE FLANGE	0	999	07/28/1986	12/31/9999	1	0.00
D5935	Not covered		MANDIBULAR RESECTION PROSTHESIS WITHOUT GUIDE FLANGE	0	999	07/28/1986	12/31/9999	1	0.00
D5936	Not covered		OBTURATOR/PROSTHESIS, INTERIM	0	999	10/19/1994	12/31/9999	1	0.00
D5937	Not covered		TRISMUS APPLIANCE (NOT FOR TMD)	0	999	12/01/1992	12/31/9999	9999	0.00
D5951	Not covered		FEEDING AID	0	999	08/01/1986	12/31/9999	1	0.00
D5952	Not covered		SPEECH AID PROSTHESIS, PEDIATRIC	0	999	07/28/1986	12/31/9999	1	0.00

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D5953	Not covered		SPEECH AID PROSTHESIS,ADULT	0	999	07/28/1986	12/31/9999	1	0.00
D5954	Not covered		PALATAL AUGMENTATION PROSTHESIS	0	999	07/28/1986	12/31/9999	1	0.00
D5955	Fee on file	Yes	PALATAL LIFT PROSTHESIS,DEFINITIVE	0	20	07/01/2009	12/31/9999	1	2,232.56
D5958	Not covered		PALATAL LIFT PROSTHESIS, INTERIM	0	999	10/19/1994	12/31/9999	1	0.00
D5959	Not covered		PALATAL LIFT PROSTHESIS,MODIFICATION	0	999	10/19/1994	12/31/9999	1	0.00
D5960	Not covered		SPEECH AID PROSTHESIS, MODIFICATION	0	999	10/19/1994	12/31/9999	1	0.00
D5982	Not covered		SURGICAL STENT	0	999	07/28/1986	12/31/9999	1	0.00
D5983	Not covered		RADIATION CARRIER	0	999	07/28/1986	12/31/9999	1	0.00
D5984	Not covered		RADIATION SHIELD	0	999	07/28/1986	12/31/9999	1	0.00
D5985	Not covered		RADIATION CONE LOCATOR	0	999	07/28/1986	12/31/9999	1	0.00
D5986	Not covered		FLUORIDE GEL CARRIER	0	999	07/28/1986	12/31/9999	1	0.00
D5987	Not covered		COMMISSURE SPLINT	0	999	07/28/1986	12/31/9999	1	0.00
D5988	Not covered		SURGICAL SPLINT	0	999	07/28/1986	12/31/9999	1	0.00
D5991	Not covered		TOPICAL MEDICAMENT CARRIER	0	999	01/01/2009	12/31/9999	1	0.00
D5992	Not covered		ADULT MAXILLOFACIAL PROSTHETIC BY	0	999	01/01/2011	12/31/9999	1	0.00
D5993	Not covered		MAINTENANCE AND CLEAING OF A MAXILLOFACIAL PROSTHESIS (EXTRA OR INTRAORAL) OTHER THAN REQUITRED	0	999	01/01/2011	12/31/9999	1	0.00
D5999	Not covered		UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT	0	999	12/10/1991	12/31/9999	99999	0.00
D6010	Not covered		SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT	0	999	01/01/1996	12/31/9999	1	0.00
D6012	Not covered		SURGICAL PLACEMENT OF INTERIM IMPLANT BODY FOR TRANSITIONAL PROSTHESIS: ENDOSTEAL IMPLANT	0	999	01/01/2007	12/31/9999	1	0.00
D6040	Not covered		SUBPERIOSTEAL IMPLANT	0	999	10/19/1994	12/31/9999	1	0.00
D6050	Not covered		TRANSASSEOUS IMPLANT	0	999	10/19/1994	12/31/9999	1	0.00
D6053	Not covered		IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR COMPLETELY	0	999	01/01/2003	12/31/9999	1	0.00
D6054	Not covered		IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY	0	999	01/01/2003	12/31/9999	1	0.00
D6055	Not covered		CONNECTING BAR - IMPLANT SUPPORTED OR ABUTMENT SUPPORTED	0	999	12/01/1992	12/31/9999	9999	0.00
D6056	Not covered		PREFABRICATED ABUTMENT - INCLUDES	0	999	01/01/2000	12/31/9999	1	0.00
D6057	Not covered		CUSTOM ABUTMENT - INCLUDES PLACEMENT	0	999	01/01/2000	12/31/9999	1	0.00
D6058	Not covered		ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	0	999	01/01/2000	12/31/9999	1	0.00
D6059	Not covered		ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL)	0	999	01/01/2000	12/31/9999	1	0.00
D6060	Not covered		ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINANTLY BASE	0	999	01/01/2000	12/31/9999	1	0.00
D6061	Not covered		ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL)	0	999	01/01/2000	12/31/9999	1	0.00
D6062	Not covered		ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)	0	999	01/01/2000	12/31/9999	1	0.00
D6063	Not covered		ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINANTLY BASE METAL)	0	999	01/01/2000	12/31/9999	1	0.00
D6064	Not covered		ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)	0	999	01/01/2000	12/31/9999	1	0.00
D6065	Not covered		IMPLANT SUPPORTED PORCELAIN/CERAMIC	0	999	01/01/2000	12/31/9999	1	0.00
D6066	Not covered		IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN (TITANIUM, TITANIUM ALI	0	999	01/01/2000	12/31/9999	1	0.00
D6067	Not covered		IMPLANT SUPPORTED METAL CROWN (TTTANIUM, TITANIUM ALLOY, HIGH NOBLE	0	999	01/01/2000	12/31/9999	1	0.00
D6068	Not covered		ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC FPD	0	999	01/01/2000	12/31/9999	1	0.00
D6069	Not covered		ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (HIGH	0	999	01/01/2000	12/31/9999	1	0.00
D6070	Not covered		ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD	0	999	01/01/2000	12/31/9999	1	0.00
D6071	Not covered		ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (NOBLE	0	999	01/01/2000	12/31/9999	1	0.00

Code	Code Status	PA	Description	Age	Age	Begin Date	End Date	Units	Fee
D6072	Not covered		ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL)	0	999	01/01/2000	12/31/9999	1	0.00
D6073	Not covered		ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (PREDOMINANTLY BASE METAL)	0	999	01/01/2000	12/31/9999	1	0.00
D6074	Not covered		ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL)	0	999	01/01/2000	12/31/9999	1	0.00
D6075	Not covered		IMPLANT SUPPORTED RETAINER FOR	0	999	01/01/2000	12/31/9999	1	0.00
D6076	Not covered		IMPLANT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD	0	999	01/01/2000	12/31/9999	1	0.00
D6077	Not covered		IMPLANT SUPPORTED RETAINER FOR CAST METAL FPD (TITANIUM, TITANIUM ALLOY)	0	999	01/01/2000	12/31/9999	1	0.00
D6078	Not covered		IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR COMPLETELY EDENTULOUS	0	999	01/01/2000	12/31/9999	1	0.00
D6079	Not covered		IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS	0	999	01/01/2000	12/31/9999	1	0.00
D6080	Not covered		IMPLANT MAINTENANCE PROCEDURES, INCLUDING: REMOVAL OF PROSTHESIS.	0	999	12/01/1992	12/31/9999	9999	0.00
D6090	Not covered		REPAIR IMPLANT SUPPORTED PROSTHESIS BY REPORT	0	999	10/19/1994	12/31/9999	1	0.00
D6091	Not covered		REPLACEMENT OF SEMI-PRECISION OR PRECISION ATTACHMENT (MALE OR FEMALE COMPONENT) OF IMPLANT/ABUTMENT SUPPORTED PROSTHESIS, PER ATTACHMENT	0	999	01/01/2007	12/31/9999	1	0.00
D6092	Not covered		RECEMENT IMPLANT/ABUTMENT SUPPORTED	0	999	01/01/2007	12/31/9999	1	0.00
D6093	Not covered		RECEMENT IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL DENTURE	0	999	01/01/2007	12/31/9999	1	0.00
D6094	Not covered		ABUTMENT SUPPORTED CROWN -	0	999	01/01/2005	12/31/9999	1	0.00
D6095	Not covered		REPAIR IMPLANT ABUTMENT, BY REPORT	0	999	01/01/1996	12/31/9999	1	0.00
D6100	Not covered		IMPLANT REMOVAL, BY REPORT	0	999	10/19/1994	12/31/9999	1	0.00
D6190	Not covered		RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT	0	999	01/01/2005	12/31/9999	1	0.00
D6194	Not covered		ABUTMENT SUPPORTED RETAINER CROWN FOR FPD - (TITANIUM)	0	999	01/01/2005	12/31/9999	1	0.00
D6199	Not covered		UNSPECIFIED IMPLANT PROCEDURE, BY	0	999	10/19/1994	12/31/9999	1	0.00
D6205	Not covered		PONTIC - INDIRECT RESIN BASED	0	999	01/01/2005	12/31/9999	1	0.00
D6210	Not covered		PONTIC - CAST HIGH NOBLE METAL	0	999	01/01/1970	12/31/9999	1	0.00
D6211	Not covered		PONTIC - CAST PREDOMINANTLY BASE	0	999	01/01/1970	12/31/9999	1	0.00
D6212	Not covered		PONTIC - CAST NOBLE METAL	0	999	01/01/1970	12/31/9999	1	0.00
D6214	Not covered		PONTIC TITANIUM	0	999	01/01/2005	12/31/9999	1	0.00
D6240	Not covered		PONTIC - PORCELAIN FUSED TO HIGH NOBLE	0	999	01/01/1970	12/31/9999	1	0.00
D6241	Not covered		PONTIC - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	0	999	01/01/1970	12/31/9999	1	0.00
D6242	Not covered		PONTIC - PORCELAIN FUSED TO NOBLE	0	999	01/01/1970	12/31/9999	1	0.00
D6245	Not covered		PONTIC - PORCELAIN/CERAMIC	0	999	01/01/2000	12/31/9999	1	0.00
D6250	Not covered		PONTIC-RESIN WITH HIGH NOBLE METAL	0	999	01/01/1970	12/31/9999	1	0.00
D6251	Not covered		PONTIC - RESIN WITH PREDOMINANTLY	0	999	01/01/1970	12/31/9999	1	0.00
D6252	Not covered		PONTIC - RESIN WITH NOBLE METAL	0	999	01/01/1970	12/31/9999	1	0.00
D6253	Not covered		PROVISIONAL PONTIC	0	999	01/01/2003	12/31/9999	1	0.00
D6254	Not covered		INTERIM PONTIC	0	999	01/01/2011	12/31/9999	1	0.00
D6545	Not covered		RETAINER-CAST METAL FOR ACID ETCHED FIXED PROSTHESIS	0	999	07/28/1986	12/31/9999	1	0.00
D6548	Not covered		RETAINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHESIS	0	999	01/01/2000	12/31/9999	1	0.00
D6600	Not covered		INLAY-PORCELAIN/CERAMIC, TWO SURFACES	0	999	01/01/2003	12/31/9999	1	0.00
D6601	Not covered		INLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES	0	999	01/01/2003	12/31/9999	1	0.00
D6602	Not covered		INLAY - CAST HIGH NOBLE METAL, TWO	0	999	01/01/2003	12/31/9999	1	0.00
D6603	Not covered		INLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	0	999	01/01/2003	12/31/9999	1	0.00
D6604	Not covered		INLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES	0	999	01/01/2003	12/31/9999	1	0.00
D6605	Not covered		INLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	0	999	01/01/2003	12/31/9999	1	0.00

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D6606	Not covered		INLAY - CAST NOBLE METAL, TWO SURFACES	0	999	01/01/2003	12/31/9999	1	0.00
D6607	Not covered		INLAY - CAST NOBLE METAL, THREE OR MORE SURFACES	0	999	01/01/2003	12/31/9999	1	0.00
D6608	Not covered		ONLAY - PORCELAIN/CERAMIC, TWO	0	999	01/01/2003	12/31/9999	1	0.00
D6609	Not covered		ONLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES	0	999	01/01/2003	12/31/9999	1	0.00
D6610	Not covered		ONLAY - CAST HIGH NOBLE METAL, TWO	0	999	01/01/1970	12/31/9999	1	0.00
D6611	Not covered		ONLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	0	999	01/01/2003	12/31/9999	1	0.00
D6612	Not covered		ONLAY - CAST PREDOMINANTLY BASE METAL TWO SURFACES	0	999	01/01/2003	12/31/9999	1	0.00
D6613	Not covered		ONLAY - CAST PREDOMINANTLY BASE METAL THREE OR MORE SURFACES	0	999	01/01/2003	12/31/9999	1	0.00
D6614	Not covered		ONLAY - CAST NOBLE METAL, TWO	0	999	01/01/2003	12/31/9999	1	0.00
D6615	Not covered		ONLAY - CAST NOBLE METAL, THREE OR MORE SURFACES	0	999	01/01/2003	12/31/9999	1	0.00
D6624	Not covered		INLAY TITANIUM	0	999	01/01/2005	12/31/9999	1	0.00
D6634	Not covered		ONLAY - TITANIUM	0	999	01/01/2005	12/31/9999	1	0.00
D6710	Not covered		CROWN - INDIRECT RESIN BASED	0	999	01/01/2005	12/31/9999	1	0.00
D6720	Not covered		CROWN - RESIN WITH HIGH NOBLE METAL	0	999	01/01/1970	12/31/9999	1	0.00
D6721	Not covered		CROWN - RESIN WITH PREDOMINANTLY	0	999	01/01/1970	12/31/9999	1	0.00
D6722	Not covered		CROWN - RESIN WITH NOBLE METAL	0	999	10/19/1994	12/31/9999	1	0.00
D6740	Not covered		CROWN - PORCELAIN/CERAMIC	0	999	01/01/2000	12/31/9999	1	0.00
D6750	Not covered		CROWN - PORCELAIN FUSED TO HIGH NOBLE	0	999	01/01/1970	12/31/9999	1	0.00
D6751	Not covered		CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	0	999	01/01/1970	12/31/9999	1	0.00
D6752	Not covered		CROWN - PORCELAIN FUSED TO NOBLE	0	999	01/01/1970	12/31/9999	1	0.00
D6780	Not covered		CROWN - 3/4 CAST HIGH NOBLE METAL	0	999	01/01/1970	12/31/9999	1	0.00
D6781	Not covered		CROWN - 3/4 CAST PREDOMINANTLY BASED	0	999	01/01/2000	12/31/9999	1	0.00
D6782	Not covered		CROWN - 3/4 CAST NOBLE METAL	0	999	01/01/2000	12/31/9999	1	0.00
D6783	Not covered		CROWN - 3/4 PORCELAIN/CERAMIC	0	999	01/01/2000	12/31/9999	1	0.00
D6790	Not covered		CROWN - FULL CAST HIGH NOBLE METAL	0	999	01/01/1970	12/31/9999	1	0.00
D6791	Not covered		CROWN - FULL CAST PREDOMINANTLY BASE	0	999	01/01/1970	12/31/9999	1	0.00
D6792	Not covered		CROWN - FULL CAST NOBLE METAL	0	999	01/01/1970	12/31/9999	1	0.00
D6793	Not covered		PROVISIONAL RETAINER CROWN	0	999	01/01/2003	12/31/9999	1	0.00
D6794	Not covered		CROWN - TITANIUM	0	999	01/01/2005	12/31/9999	1	0.00
D6795	Not covered		INTERIM RETAINER CROWN	0	999	01/01/2011	12/31/9999	1	0.00
D6920	Not covered		CONNECTOR BAR	0	999	01/01/1996	12/31/9999	1	0.00
D6930	Not covered		RECEMENT BRIDGE	0	999	01/01/1970	12/31/9999	1	0.00
D6940	Not covered		STRESS BREAKER	0	999	01/01/1970	12/31/9999	1	0.00
D6950	Not covered		PRECISION ATTACHMENT	0	999	01/01/1970	12/31/9999	1	0.00
D6970	Not covered		POST AND CORE IN ADDITION TO FIXED PARTIAL DENTURE RETAINER. INDIRECTLY PREFABRICATED POST AND CORE IN ADDITION TO BRIDGE RETAINER	0	999	12/10/1991	12/31/9999	99999	0.00
D6972	Not covered		CORE BUILD UP FOR RETAINER, INCLUDING COPING-METAL	0	999	12/01/1992	12/31/9999	9999	0.00
D6973	Not covered		EACH ADDITIONAL INDREICLTY FABRICATED POST - SAME TOOTH	0	999	01/01/2000	12/31/9999	1	0.00
D6975	Not covered		EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	0	999	01/01/2000	12/31/9999	1	0.00
D6976	Not covered		BRIDGE REPAIR, BY REPORT	0	999	12/10/1991	12/31/9999	99999	0.00
D6977	Not covered		PEDIATRIC PARTIAL DENTURE, FIXED	0	999	01/01/2003	12/31/9999	1	0.00
D6980	Not covered		UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE. BY REPORT	0	20	10/01/2003	12/31/9999	1	0.00
D6985	Not covered	Yes	EXTRACTION, CORONAL REMNANTS - DECIDUOUS TOOTH	0	999	01/01/2003	12/31/9999	1	0.00
D6999	Priced by PA		EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMO	0	999	07/01/2009	12/31/9999	1	63.72

Code	Code Status	PA	Description	Age	Age	Begin Date	End Date	Units	Fee
D7210	Fee on file		SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF	0	999	07/01/2009	12/31/9999	1	110.92
D7220	Fee on file		REMOVAL OF IMPACTED TOOTH - SOFT	0	999	07/01/2009	12/31/9999	1	139.24
D7230	Fee on file		REMOVAL OF IMPACTED TOOTH - PARTIALLY	0	999	07/01/2009	12/31/9999	1	185.26
D7240	Fee on file		REMOVAL OF IMPACTED TOOTH -	0	999	07/01/2009	12/31/9999	1	217.12
D7241	Fee on file		REM.IMP. TOOTH, COMPLETELY BONY, WITH UNUSUAL SURG. COMPLICATIONS	0	999	07/01/2009	12/31/9999	1	273.17
D7250	Fee on file		SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CLIPPING PROCEDURE)	0	999	07/01/2009	12/31/9999	1	117.41
D7251	Priced by PA	Yes	CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL	0	999	01/01/2011	12/31/9999	1	0.00
D7260	Fee on file		ORAL ANTRAL FISTULA CLOSURE	0	999	07/01/2009	12/31/9999	1	740.45
D7261	Not covered		PRIMARY CLOSURE OF A SINUS	0	999	01/01/2003	12/31/9999	1	0.00
D7270	Fee on file		TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY FVULSED	0	20	07/01/2009	12/31/9999	1	231.28
D7272	Fee on file	Yes	TOOTH TRANSPLANTATION	0	20	07/01/2009	12/31/9999	1	308.57
D7280	Fee on file	Yes	SURGICAL ACCESS OF AN UNERUPTED TOOTH SURGICAL ACCESS OF AN	0	999	07/01/2009	12/31/9999	1	215.94
D7282	Not covered		MOBILIZATION OF ERUPTED OR MAL POSITIONED TOOTH TO AID ERUPTION	0	999	01/01/2003	12/31/9999	1	0.00
D7283	Not covered		PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	0	999	01/01/2005	12/31/9999	1	0.00
D7285	Fee on file		BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH) BIOPSY OF ORAL TISSUE - HARD	0	999	07/01/2009	12/31/9999	5	431.88
D7286	Fee on file		BIOPSY OF ORAL TISSUE - SOFT	0	999	07/01/2009	12/31/9999	5	185.26
D7287	Not covered		EXFOLIATIVE CYTOLOGICAL SAMPLE	0	999	01/01/2003	12/31/9999	1	0.00
D7288	Fee on file	Yes	BRUSH BIOPSY - TRANSEPIHELIAL SAMPLE COLLECTION	0	999	07/01/2009	12/31/9999	9999	73.75
D7290	Fee on file		SURGICAL REPOSITIONING OF TEETH	0	999	07/01/2009	12/31/9999	1	185.26
D7291	Not covered		TRANSSEPTAL FIBEROTOMY/SUPRA CRESTAL FIBEROTOMY, BY REPORT TRANSSEPTAL F	0	999	12/10/1991	12/31/9999	99999	0.00
D7292	Not covered		SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE (SCREW RETAINED PLATE) REQUIRING SURGICAL FLAP	0	999	01/01/2007	12/31/9999	1	0.00
D7293	Not covered		SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE REQUIRING SURGICAL	0	999	01/01/2007	12/31/9999	1	0.00
D7294	Not covered		SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE WITHOUT SURGICAL	0	999	01/01/2007	12/31/9999	1	0.00
D7295	Not covered		HARVEST OF BONE FOR USE IN AUTOGENOUS GRAFTING PROCEDURE	0	999	01/01/2011	12/31/9999	1	0.00
D7310	Fee on file		ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES PER QUADRANT	0	999	07/01/2009	12/31/9999	4	103.84
D7311	Fee on file		ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR	0	999	07/01/2009	12/31/9999	4	90.86
D7320	Fee on file		ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES PER QUADRANT	0	999	07/01/2009	12/31/9999	4	168.74
D7321	Fee on file		ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR	0	999	07/01/2009	12/31/9999	4	142.78
D7340	Fee on file		VESTIBULOPLASTY - RIDGE EXTENSION (SECOND EPITHELIALIZATION)	0	999	07/01/2009	12/31/9999	1	713.90
D7350	Fee on file		VESTIBULOPLASTY - RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS)	0	999	07/01/2009	12/31/9999	1	2,077.39
D7410	Fee on file		EXCISION OF BENIGN LESION UP TO 1.25 CM	0	999	07/01/2009	12/31/9999	1	311.52
D7411	Fee on file		EXCISION OF BENIGN LESION UP TO	0	999	07/01/2009	12/31/9999	1	493.24
D7412	Not covered		EXCISION OF BENIGN LESION, COMPLICATED	0	999	01/01/2003	12/31/9999	1	0.00
D7413	Fee on file		EXCISION OF MALIGNANT LESION UP TO	0	999	07/01/2009	12/31/9999	1	363.44
D7414	Fee on file		EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM	0	999	07/01/2009	12/31/9999	1	545.16
D7415	Not covered		EXCISION OF MALIGNANT LESION,	0	999	01/01/2003	12/31/9999	1	0.00

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D7440	Fee on file		EXCISION OF MALIGNANT TUMOR - LESION DIAMETER UP TO 1.25 CM	0	999	07/01/2009	12/31/9999	1	493.24
D7441	Fee on file		EXCISION OF MALIGNANT TUMOR - LESION DIAMETER OVER 1.25 CM	0	999	07/01/2009	12/31/9999	1	726.88
D7450	Fee on file		REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 C	0	999	07/01/2009	12/31/9999	1	311.52
D7451	Fee on file		REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER	0	999	07/01/2009	12/31/9999	1	425.98
D7460	Fee on file		REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO	0	999	07/01/2009	12/31/9999	1	311.52
D7461	Fee on file		REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER	0	999	07/01/2009	12/31/9999	1	425.98
D7465	Fee on file		DESTRUCTION OF LESION(S) BY PHYSICAL METHODS: ELECTROSURGERY.	0	999	07/01/2009	12/31/9999	1	168.74
D7471	Fee on file		REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE) REMOVAL OF LATERAL EX	0	999	07/01/2009	12/31/9999	1	385.86
D7472	Not covered		REMOVAL OF TORUS PALATINUS	0	999	01/01/2003	12/31/9999	1	0.00
D7473	Not covered		REMOVAL OF TORUS MANDIBULARIS	0	999	01/01/2003	12/31/9999	1	0.00
D7485	Not covered		SURGICAL REDUCTION OF OSSEOUS	0	999	01/01/2003	12/31/9999	1	0.00
D7490	Fee on file	Yes	RADICAL RESECTION OF MAXILLA OR	0	999	07/01/2009	12/31/9999	1	3,116.38
D7510	Fee on file		INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE	0	999	07/01/2009	12/31/9999	1	111.51
D7511	Not covered		INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE - COMPLICATED	0	999	01/01/2005	12/31/9999	1	0.00
D7520	Fee on file		INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE	0	999	07/01/2009	12/31/9999	1	531.59
D7521	Not covered		INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE - COMPLICATED	0	999	01/01/2005	12/31/9999	1	0.00
D7530	Fee on file		REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN OR SUBCUTANEOUS ALVEOLAR TISS	0	999	07/01/2009	12/31/9999	1	191.75
D7540	Fee on file		REMOVAL OF REACTION-PRODUCING FOREIGN BODIES - MUSCULOSKELETAL	0	999	07/01/2009	12/31/9999	1	212.40
D7550	Fee on file		PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE PARTIAL	0	999	07/01/2009	12/31/9999	1	132.16
D7560	Fee on file		MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN	0	999	07/01/2009	12/31/9999	1	1,051.97
D7610	Fee on file		MAXILLA - OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	0	999	07/01/2009	12/31/9999	1	1,700.97
D7620	Fee on file		MAXILLA - CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	0	999	07/01/2009	12/31/9999	1	1,275.58
D7630	Fee on file		MANDIBLE - OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	0	999	07/01/2009	12/31/9999	1	2,211.32
D7640	Fee on file		MANDIBLE - CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	0	999	07/01/2009	12/31/9999	1	1,403.61
D7650	Fee on file		MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION	0	999	07/01/2009	12/31/9999	1	1,063.18
D7660	Fee on file		MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	0	999	07/01/2009	12/31/9999	1	627.17
D7670	Fee on file		ALVEOLUS - CLOSED REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	0	999	07/01/2009	12/31/9999	1	489.11
D7671	Fee on file		ALVEOLUS - OPEN REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	0	999	07/01/2009	12/31/9999	1	922.17
D7680	Fee on file		FACIAL BONES - COMPLICATED REDUCTION WITH FIXATION AND MUI-	0	999	07/01/2009	12/31/9999	1	3,189.54
D7710	Fee on file		MAXILLA - OPEN REDUCTION	0	999	07/01/2009	12/31/9999	1	1,998.92
D7720	Fee on file		MAXILLA - CLOSED REDUCTION	0	999	07/01/2009	12/31/9999	1	1,403.61
D7730	Fee on file		MANDIBLE - OPEN REDUCTION	0	999	07/01/2009	12/31/9999	1	2,892.18
D7740	Fee on file		MANDIBLE - CLOSED REDUCTION	0	999	07/01/2009	12/31/9999	1	1,430.75
D7750	Fee on file		MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION	0	999	07/01/2009	12/31/9999	1	1,820.15
D7760	Fee on file		MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	0	999	07/01/2009	12/31/9999	1	730.42
D7770	Fee on file		ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH ALVEOLUS - OPEN	0	999	07/01/2009	12/31/9999	1	989.43
D7771	Not covered		ALVEOLUS, CLOSED REDUCTION STABILIZATION OF TEETH	0	999	01/01/2003	12/31/9999	1	0.00

Code	Code Status	PA	Description	Age	Age	Begin Date	End Date	Units	Fee
D7780	Fee on file		FACIAL BONES - COMPLICATED REDUCTION WITH FIXATION AND MULTI-	0	999	07/01/2009	12/31/9999	1	4,252.72
D7810	Fee on file		OPEN REDUCTION OF DISLOCATION	0	999	07/01/2009	12/31/9999	1	1,870.89
D7820	Fee on file		CLOSED REDUCTION OF DISLOCATION	0	999	07/01/2009	12/31/9999	1	306.21
D7830	Fee on file		MANIPULATION UNDER ANESTHESIA	0	999	07/01/2009	12/31/9999	1	175.82
D7840	Fee on file		CONDYLECTOMY	0	999	07/01/2009	12/31/9999	1	2,549.98
D7850	Fee on file		SURGICAL DISCECTOMY, WITH/WITHOUT	0	999	07/01/2009	12/31/9999	1	2,202.47
D7852	Not covered		DISC REPAIR	0	999	10/19/1994	12/31/9999	1	0.00
D7854	Not covered		SYNOVECTOMY	0	999	10/19/1994	12/31/9999	1	0.00
D7856	Not covered		MYOTOMY	0	999	10/19/1994	12/31/9999	1	0.00
D7858	Not covered		JOINT RECONSTRUCTION	0	999	10/19/1994	12/31/9999	1	0.00
D7860	Fee on file	Yes	ARTHROTOMY	0	999	07/01/2009	12/31/9999	2	2,243.18
D7865	Not covered		ARTHROPLASTY	0	999	10/19/1994	12/31/9999	1	0.00
D7870	Fee on file		ARTHROCENTESIS	0	999	07/01/2009	12/31/9999	1	119.18
D7871	Not covered		NON-ARTHROSCOPIC LYSIS AND LAVAGE	0	999	01/01/2000	12/31/9999	1	0.00
D7872	Not covered		ARTHROSCOPY, DIAGNOSIS, WITH OR WITHOUT BIOPSY	0	999	10/19/1994	12/31/9999	1	0.00
D7873	Not covered		ARTHROSCOPY-SURGICAL:LAVAGE AND LYSIS OF ADHESIONS	0	999	10/19/1994	12/31/9999	1	0.00
D7874	Not covered		ARTHROSCOPY -SURGICAL:DISC REPOSITIONING AND STABILIZATION	0	999	10/19/1994	12/31/9999	1	0.00
D7875	Not covered		ARTHROSCOPY-SURGICAL: SYNOVECTOMY	0	999	10/19/1994	12/31/9999	1	0.00
D7876	Not covered		ARTHROSCOPY-SURGICAL:DISCECTOMY	0	999	10/19/1994	12/31/9999	1	0.00
D7877	Not covered		ARTHROSCOPY-SURGICAL:DEBRIDEMENT	0	999	10/19/1994	12/31/9999	1	0.00
D7880	Not covered		OCCLUSAL ORTHOTIC APPLIANCE	0	999	12/10/1991	12/31/9999	99999	0.00
D7899	Not covered		UNSPECIFIED TMD THERAPY, BY REPORT	0	999	10/19/1994	12/31/9999	1	0.00
D7910	Fee on file		SUTURE OF RECENT SMALL WOUNDS UP TO	0	999	07/01/2009	12/31/9999	1	170.51
D7911	Fee on file		COMPLICATED SUTURE-UP TO5CM	0	999	07/01/2009	12/31/9999	5	425.39
D7912	Fee on file		COMPLICATED SUTURE-GREATER THAN 5CM	0	999	07/01/2009	12/31/9999	1	765.82
D7920	Fee on file		SKIN GRAFT (IDENTIFY DEFECT COVERED, LOCATION, AND TYPE OF GRAFT)	0	999	07/01/2009	12/31/9999	1	1,254.34
D7940	Priced by PA	Yes	OSTEOPLASTY - FOR ORTHOGNATHIC	0	999	10/01/2003	12/31/9999	1	0.00
D7941	Fee on file		OSTEOTOMY - MANDIBULAR RAMI	0	999	07/01/2009	12/31/9999	1	3,194.26
D7943	Fee on file	Yes	OSTEOTOMY - MANDIBULAR RAMI WITH BONE GRAFT: INCLUDES OBTAINING THE	0	999	07/01/2009	12/31/9999	1	2,934.66
D7944	Fee on file		OSTEOTOMY - SEGMENTED OR SUBAPICAL	0	999	07/01/2009	12/31/9999	1	2,614.88
D7945	Fee on file		OSTEOTOMY - BODY OF MANDIBLE	0	999	07/01/2009	12/31/9999	1	3,479.82
D7946	Fee on file	Yes	LEFORT I (MAXILLA - TOTAL)	0	999	07/01/2009	12/31/9999	1	4,311.13
D7947	Fee on file	Yes	LEFORT I (MAXILLA - SEGMENTED)	0	999	07/01/2009	12/31/9999	1	3,625.55
D7948	Fee on file	Yes	LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE	0	999	07/01/2009	12/31/9999	1	4,705.84
D7949	Fee on file	Yes	LEFORT II OR LEFORT III - WITH BONE	0	999	07/01/2009	12/31/9999	1	6,128.92
D7950	Priced by PA	Yes	OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF THE MANDIBLE OR MAXILLA - AUTOGENOUS OR	0	999	12/01/2008	12/31/9999	1	0.00
D7951	Not covered		SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES	0	999	01/01/2007	12/31/9999	1	0.00
D7953	Not covered		BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SITE	0	999	01/01/2005	12/31/9999	1	0.00
D7955	Priced by PA	Yes	REPAIR OF MAXILLOFACIAL SOFT AND/OR HARD TISSUE DFEECT	0	999	10/01/2003	12/31/9999	1	0.00
D7960	Fee on file		FRENULECTOMY - ALSO KNOWN AS FRENECTOMY OR FRENOTOMY - SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER	0	999	07/01/2009	12/31/9999	2	142.78
D7963	Not covered		FRENULOPLASTY	0	999	01/01/2005	12/31/9999	1	0.00
D7970	Fee on file		EXCISION OF HYPERPLASTIC TISSUE - PER	0	999	07/01/2009	12/31/9999	1	207.68
D7971	Not covered		EXCISION OF PERICORONAL GINGIVA	0	999	12/10/1991	12/31/9999	99999	0.00
D7972	Not covered		SURGICAL REDUCTION OF FIBROUS	0	999	01/01/2003	12/31/9999	1	0.00
D7980	Fee on file		SIALOLITHOTOMY	0	999	07/01/2009	12/31/9999	1	327.45

Code	Code Status	PA	Description	Age	Age	Begin Date	End Date	Units	Fee
D7981	Priced by PA	Yes	EXCISION OF SALIVARY GLAND, BY REPORT	0	999	07/01/2008	12/31/9999	1	0.00
D7982	Fee on file		SIALODOCHOPLASTY	0	999	07/01/2009	12/31/9999	1	774.08
D7983	Fee on file	Yes	CLOSURE OF SALIVARY FISTULA	0	999	07/01/2009	12/31/9999	1	742.81
D7990	Fee on file	Yes	EMERGENCY TRACHEOTOMY	0	999	07/01/2009	12/31/9999	1	638.97
D7991	Fee on file	Yes	CORONOIDECTOMY	0	999	07/01/2009	12/31/9999	1	1,558.19
D7995	Not covered		SYNTHETIC GRAFT-MANDIBLE OR FACIAL BONES, BY REPORT	0	999	01/01/1996	12/31/9999	1	0.00
D7996	Not covered		IMPLANT-MANDIBLE FOR AUGMENTATION PURPOSES (EXCLUDING ALVEOLAR RIDGE), B	0	999	01/01/1996	12/31/9999	1	0.00
D7997	Not covered		APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE), INCLUDES REMOVA	0	999	01/01/2000	12/31/9999	1	0.00
D7998	Not covered		INTRAORAL PLACEMENT OF A FIXATION DEVICE NOT IN CONJUNCTION WITH A	0	999	01/01/2007	12/31/9999	1	0.00
D7999	Priced by PA	Yes	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	0	999	10/01/2003	12/31/9999	1	0.00
D8010	Not covered		LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	0	999	01/01/1996	12/31/9999	1	0.00
D8020	Not covered		LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	0	999	01/01/1996	12/31/9999	1	0.00
D8030	Not covered	Yes	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	0	20	07/01/2007	12/31/9999	1	0.00
D8040	Not covered		LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION	0	999	01/01/1996	12/31/9999	1	0.00
D8050	Not covered		INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	0	999	01/01/1996	12/31/9999	1	0.00
D8060	Not covered		INTERCEPTIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	0	999	01/01/1996	12/31/9999	1	0.00
D8070	Not covered		COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL	0	999	01/01/1996	12/31/9999	1	0.00
D8080	Fee on file	Yes	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT	0	20	07/01/2007	12/31/9999	1	1,200.00
D8090	Not covered		COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	0	999	01/01/1996	12/31/9999	1	0.00
D8210	Not covered		REMOVABLE APPLIANCE THERAPY	0	999	01/01/1970	12/31/9999	1	0.00
D8220	Not covered		FIXED APPLIANCE THERAPY	0	999	01/01/1970	12/31/9999	1	0.00
D8660	Not covered		PRE-ORTHODONTIC VISIT	0	999	01/01/1996	12/31/9999	1	0.00
D8670	Fee on file	Yes	PERIODIC ORTHODONTIC TREATMENT VISIT (AS PART OF CONTRACT)	0	20	07/01/2007	12/31/9999	1	125.00
D8680	Not covered		ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND	0	999	01/01/1996	12/31/9999	1	0.00
D8690	Not covered		ORTHODONTIC TREATMENT (ALTERNATIVE BILLING TO A CONTRACT FEE)	0	999	01/01/1996	12/31/9999	1	0.00
D8691	Not covered		REPAIR OF ORTHODONTIC APPLIANCE	0	999	01/01/2000	12/31/9999	1	0.00
D8692	Not covered		REPLACEMENT OF LOST OR BROKEN	0	999	01/01/2000	12/31/9999	1	0.00
D8693	Not covered		REBONDING OR RECEMENTING; AND/OR REPAIR, AS REQUIRED, OF FIXED RETAINERS	0	999	01/01/2007	12/31/9999	1	0.00
D8999	Priced by PA	Yes	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	0	20	10/01/2003	12/31/9999	1	0.00
D9110	Fee on file	Yes	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROCEDURES	0	999	07/01/2009	12/31/9999	1	27.14
D9120	Not covered		FIXED PARTIAL DENTURE SECTIONING	0	999	01/01/2007	12/31/9999	1	0.00
D9210	Not covered		LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL	0	999	07/01/1983	12/31/9999	1	0.00
D9211	Not covered		REGIONAL BLOCK ANESTHESIA	0	999	07/01/1983	12/31/9999	1	0.00
D9212	Not covered		TRIGEMINAL DIVISION BLOCK ANESTHESIA	0	999	07/01/1983	12/31/9999	1	0.00
D9215	Not covered		LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	0	999	07/28/1986	12/31/9999	1	0.00
D9220	Not covered		DEEP SEDATION/GENERAL ANESTHESIA-FIRST 30 MINUTES DEEP	0	999	01/01/1970	12/31/9999	1	0.00
D9221	Not covered		DEEP SEDATION/GENERAL ANESTHESIA-EACH ADDITIONAL 15 MINUTES DEEP	0	999	12/01/1992	12/31/9999	9999	0.00
D9230	Not covered		INHALATION OF NITROUS OXIDE / ANXIOLYSIS, ANALGESIA	0	999	07/01/1983	12/31/9999	1	0.00
D9241	Not covered		INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA - FIRST 30 MINUTES	0	999	01/01/2000	12/31/9999	1	0.00

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D9242	Not covered		INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA - EACH ADDITIONAL	0	999	01/01/2000	12/31/9999	1	0.00
D9248	Not covered		NON-INTRAVENOUS CONSCIOUS SEDATION	0	999	01/01/2000	12/31/9999	1	0.00
D9310	Fee on file		CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR	0	999	07/01/2009	12/31/9999	1	87.91
D9410	Not covered		HOUSE/EXTENDED CARE FACILITY CALL HOUSE/EXTENDED CARE FACILITY CALL	0	999	07/01/1983	12/31/9999	1	0.00
D9420	Not covered		HOSPITAL OR AMUPLATORY SURGICAL	0	999	07/01/1983	12/31/9999	1	0.00
D9430	Not covered		OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED HOURS)	0	999	09/01/1986	12/31/9999	1	0.00
D9440	Not covered		OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS	0	999	09/01/1986	12/31/9999	1	0.00
D9450	Not covered		CASE PRESENTATION, DETAILED AND EXTENSIVE TREATMENT PLANNING	0	999	01/01/2003	12/31/9999	1	0.00
D9610	Not covered		THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION	0	999	10/01/2003	12/31/9999	1	0.00
D9612	Not covered		THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS. DIFFERENT	0	999	01/01/2007	12/31/9999	1	0.00
D9630	Not covered		OTHER DRUGS AND/OR MEDICAMENTS, BY	0	999	10/01/2003	12/31/9999	1	0.00
D9910	Not covered		APPLICATION OF DESENSITIZING	0	999	07/01/1983	12/31/9999	1	0.00
D9911	Not covered		APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT SURFACE PER	0	999	01/01/2000	12/31/9999	1	0.00
D9920	Not covered		BEHAVIOR MANAGEMENT, BY REPORT	0	999	12/10/1991	12/31/9999	99999	0.00
D9930	Not covered		TREATMENT OF COMPLICATIONS (POSTSURGICAL) - UNUSUAL	0	999	07/01/1983	12/31/9999	1	0.00
D9940	Fee on file	Yes	OCCLUSAL GUARDS, BY REPORT	0	20	07/01/2009	12/31/9999	1	119.18
D9941	Not covered		FABRICATION OF ATHLETIC MOUTHGUARDS	0	999	12/10/1991	12/31/9999	99999	0.00
D9942	Not covered		REPAIR AND/OR RELINE OF OCCLUSAL	0	999	01/01/2005	12/31/9999	1	0.00
D9950	Not covered		OCCLUSION ANALYSIS - MOUNTED CASE	0	999	01/01/1970	12/31/9999	1	0.00
D9951	Not covered		OCCLUSAL ADJUSTMENT - LIMITED	0	999	12/10/1991	12/31/9999	99999	0.00
D9952	Not covered		OCCLUSAL ADJUSTMENT - COMPLETE	0	999	12/10/1991	12/31/9999	99999	0.00
D9970	Not covered		ENAMEL MICROABRASION	0	999	01/01/1996	12/31/9999	1	0.00
D9971	Not covered		ODONTOPLASTY 1 - 2 TEETH; INCLUDES REMOVAL OF ENAMEL PROJECTIONS	0	999	01/01/2000	12/31/9999	1	0.00
D9972	Not covered		EXTERNAL BLEACHING - PER ARCH	0	999	01/01/2000	12/31/9999	1	0.00
D9973	Not covered		EXTERNAL BLEACHING - PER TOOTH	0	999	01/01/2000	12/31/9999	1	0.00
D9974	Not covered		INTERNAL BLEACHING - PER TOOTH	0	999	01/01/2000	12/31/9999	1	0.00
D9998	Not covered		UNSPECIFIED MISCELLANEOUS SERVICE	0	999	11/01/1987	12/31/9999	99999	0.00
D9999	Priced by PA	Yes	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY	0	999	10/01/2003	12/31/9999	1	0.00