



## DENTAL FEE SCHEDULE

### Diagnostics

Code	Description	CCN Region 1	CCN Region 2	CCN Region 3
D0120	Periodic oral evaluation – established patient	35.91	35.91	35.91
D0140	Limited oral evaluation – problem focused	68.93	68.93	68.93
D0150	Comprehensive oral evaluation – new or established patient	60.13	60.13	60.13
D0160	Detailed and extensive oral evaluation – problem focused, by report	118.87	118.87	118.87
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	59.88	59.88	59.88
D0171	Re-evaluation – post-operative office visit	58.63	58.63	58.63
D0180	Comprehensive periodontal evaluation – new or established patient	61.29	61.29	61.29
D0190	Screening of a patient	58.63	58.63	58.63
D0191	Assessment of a patient	52.77	58.63	58.63
D0391	Interpr of diagnostic image by prac not associated with capture of the image, incl report	97.49	97.49	97.49
D0393	Treatment simulation using 3D image volume	483.11	483.11	483.11
D0394	Digital subtraction of two or more images or image volumes of the same modality	483.11	483.11	483.11
D0395	Fusion of two or more 3D image volumes of one or more modalities	483.11	483.11	483.11
D0411	HbA1c in-office point of service testing	104.87	104.87	104.87
D0412	Blood glucose level test – in-office using a glucose meter	6.77	6.77	6.77
D0414	Processing microbial specimen incl C&S, I&R by medical lab	191.16	191.16	191.16
D0415	Collection of microorganisms for culture and sensitivity	78.51	78.51	78.51
D0416	Viral culture	78.77	78.77	78.77
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing	55.44	55.44	55.44
D0418	Analysis of saliva sample	55.44	55.44	55.44
D0419	Assessment of salivary flow by measurement	49.13	49.13	49.13
D0422	Collection and preparation of genetic sample material for laboratory analysis and report	43.49	43.49	43.49
D0423	Genetic test for susceptibility to diseases – specimen analysis	35.72	35.72	35.72
D0425	Caries susceptibility tests	54.88	54.88	54.88
D0431	Pre dx oral cancer screen by fluorescence – not to incl cytology/biopsy	62.43	62.43	62.43
D0460	Pulp vitality test	64.25	64.25	64.25
D0470	Diagnostic casts	98.66	98.66	98.66
D0472	Accession of tissue, gross examination, preparation and transmission of written report	71.99	71.99	71.99
D0473	Accession of tissue, gross and microscopic exam, preparation and transmission of written rpt	197.84	197.84	197.84
D0474	Lab analysis of biopsied tissue (obtained by surgical means) incl report	223.32	235.46	235.46
Code	Description	CCN Region 1	CCN Region 2	CCN Region 3
D0475	Decalcification procedure	89.42	89.42	89.42
D0476	Special stains for microorganisms	100.51	100.51	100.51

D0477	Special stains, not for microorganisms	111.49	111.49	111.49
D0478	Immunohistochemical stains	105.87	105.87	105.87
D0479	Tissue in-situ hybridization, including interpretation	142.46	142.46	142.46
D0480	Lab anly of non-trans cell cytology smpl of oral mucosa collected by scraping incl report	106.47	106.47	106.47
D0481	Electron microscopy	462.33	462.33	462.33
D0482	Direct immunofluorescence	125.36	125.36	125.36
D0483	Indirect immunofluorescence	118.13	118.13	118.13
D0484	Consultation on slides prepared elsewhere	190.06	190.06	190.06
D0485	Consultation, incl preparation of slides from biopsy material supplied by referring source	224.47	224.47	224.47
D0486	Lab analysis transepithelial cell cytology of oral mucosa collected by brush biopsy incl rept	185.70	185.70	185.70
D0502	Other oral pathology procedures, by report	126.83	126.83	126.83
D0600	Diag. test of the enamel, dentin & cementum using an integrated laser/intraoral camera system	30.71	30.71	30.71
D0601	Caries risk assessment and documentation, with a finding of low risk	60.09	60.09	60.09
D0602	Caries risk assessment and documentation, with a finding of moderate risk	60.09	60.09	60.09
D0603	Caries risk assessment and documentation, with a finding of high risk	60.09	60.09	60.09
D0999	Unspecified diagnostic procedure, by report	145.65	145.65	145.65

#### Radiographs

Code	Description	CCN Region 1	CCN Region 2	CCN Region 3
D0210	Intraoral – complete series of radiographic images	119.73	119.73	119.73
D0220	Intraoral – periapical first radiographic image	25.28	25.28	25.28
D0230	Intraoral – periapical each additional radiographic image	20.12	20.12	20.12
D0240	Intraoral – occlusal radiographic image	33.16	33.16	33.16
D0250	Extra-oral – 2D projection radiographic image created using stnry radiation source, & detector	46.09	46.09	46.09
D0251	Extra-oral posterior dental radiographic image	46.06	46.06	46.06
D0270	Bitewing – single radiographic image	20.46	20.46	20.46
D0272	Bitewings – two radiographic images	29.29	29.29	29.29
D0273	Bitewings – three radiographic images	37.52	37.52	37.52
D0274	Bitewings – four radiographic images	42.43	42.43	42.43
D0277	Vertical bitewings – 7 to 8 radiographic images	99.40	99.40	99.40
D0310	Sialography	367.71	367.71	367.71
D0320	Temporomandibular joint arthrogram, including injection	578.76	578.76	578.76
D0321	Other temporomandibular joint radiographic images, by report	252.45	252.45	252.45
Code	Description	CCN Region 1	CCN Region 2	CCN Region 3
D0330	Panoramic radiographic image	87.69	87.69	87.69
D0340	2D Cephalometric radiographic image – acquisition, measurement and analysis	105.77	105.77	105.77



D0350	2D Oral/facial photographic image obtained intra-orally or extra-orally	175.62	175.62	175.62
D0351	3D photographic image	195.14	195.14	195.14
D0369	Maxillofacial MRI capture and interpretation	609.35	609.35	609.35
D0370	Maxillofacial ultrasound capture and interpretation	609.35	609.35	609.35
D0371	Sialoendoscopy capture and interpretation	330.94	367.71	367.71
D0385	Maxillofacial MRI image capture	609.35	609.35	609.35
D0386	Maxillofacial ultrasound image capture	609.35	609.35	609.35

**Diagnostics – Computed Tomography**

Code	Description	CCN Region 1	CCN Region 2	CCN Region 3
D0322	Tomographic survey	443.15	443.15	443.15
D0364	Cone beam CT capture and interpretation with limited field of view – less than one whole jaw	521.44	521.44	521.44
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – mandible	538.06	538.06	538.06
D0366	Cone Beam CT w/ I&R Max w or w/o cranium	511.22	511.22	511.22
D0367	Cone beam CT capture and interpretation with field of view of both jaws; w or w/o cranium	548.41	548.41	548.41
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	609.35	609.35	609.35
D0380	Cone beam CT image capture with limited field of view – less than one whole jaw	548.41	548.41	548.41
D0381	Cone beam CT image capture with field of view of one full dental arch – mandible	548.41	548.41	548.41
D0382	Cone beam CT image capture w field of view of 1 full dental arch – maxilla, w or w/o cranium	548.41	548.41	548.41
D0383	Cone beam CT image capture with field of view of both jaws; with or without cranium	548.41	548.41	548.41
D0384	Cone beam CT image capture for TMJ series including two or more exposures	609.35	609.35	609.35

**Preventive**

Code	Description	CCN Region 1	CCN Region 2	CCN Region 3
D1110	Prophylaxis - adult	82.45	82.45	82.45
D1206	Topical application of fluoride varnish	45.65	45.65	45.65
D1208	Topical application of fluoride – excluding varnish	33.13	33.13	33.13
D1310	Nutritional counseling for control of dental disease	50.28	50.28	50.28
D1320	Tobacco counseling for the control and prevention of oral disease	51.48	51.48	51.48
D1330	Oral hygiene instructions	66.75	66.75	66.75
D1351	Sealant – per tooth	47.42	47.42	47.42

Code	Description	CCN Region 1	CCN Region 2	CCN Region 3
D1352	Preventive resin restoration in a moderate to high caries risk patient-- permanent tooth	47.42	47.42	47.42
D1353	Sealant repair – per tooth	23.68	23.68	23.68



D1354	Interim caries arresting medicament application – per tooth	39.27	39.27	39.27
D1510	Space maintainer – fixed – unilateral	289.06	289.06	289.06
D1516	Space maintainer – fixed – bilateral, maxillary	312.89	312.89	312.89
D1517	Space maintainer – fixed – bilateral, mandibular	312.89	312.89	312.89
D1520	Space maintainer – removable – unilateral	348.11	348.11	348.11
D1526	Space maintainer – removable – bilateral, maxillary	329.69	329.69	329.69
D1527	Space maintainer – removable – bilateral, mandibular	329.69	329.69	329.69
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	54.00	54.00	54.00
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	54.00	54.00	54.00
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	54.00	54.00	54.00
D1556	Removal of fixed unilateral space maintainer – per quadrant	50.20	50.20	50.20
D1557	Removal of fixed bilateral space maintainer – maxillary	50.20	50.20	50.20
D1558	Removal of fixed bilateral space maintainer – mandibular	50.20	50.20	50.20
D1575	Distal shoe space maintainer – fixed – unilateral	361.57	401.74	401.74
D1999	Unspecified preventive procedure, by report	70.20	70.20	70.20

**Restorative**

Code	Description	CCN Region 1	CCN Region 2	CCN Region 3
D2140	Amalgam – one surface, primary or permanent	83.95	83.95	83.95
D2150	Amalgam – two surfaces, primary or permanent	102.69	102.69	102.69
D2160	Amalgam – three surfaces, primary or permanent	119.43	119.43	119.43
D2161	Amalgam – four or more surfaces, primary or permanent	148.01	148.01	148.01
D2330	Resin-based composite – one surface, anterior	94.73	94.73	94.73
D2331	Resin-based composite – two surfaces, anterior	129.71	129.71	129.71
D2332	Resin-based composite – three surfaces, anterior	166.66	166.66	166.66
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	202.70	202.70	202.70
D2390	Resin-based composite crown, anterior	322.63	358.47	358.47
D2391	Resin-based composite – one surface, posterior	132.33	132.33	132.33
D2392	Resin-based composite – two surfaces, posterior	179.00	179.00	179.00
D2393	Resin-based composite – three surfaces, posterior	225.27	225.27	225.27
D2394	Resin-based composite – four or more surfaces, posterior	280.95	280.95	280.95
D2410	Gold foil – one surface	367.26	367.26	367.26
D2420	Gold foil – two surfaces	503.40	503.40	503.40
Code	Description	CCN Region 1	CCN Region 2	CCN Region 3
D2430	Gold foil – three surfaces	807.74	807.74	807.74
D2510	Inlay – metallic – one surface	702.31	702.31	702.31



D2520	Inlay – metallic – two surfaces	793.50	793.50	793.50
D2530	Inlay – metallic – three or more surfaces	927.56	927.56	927.56
D2542	Onlay – metallic – two surfaces	909.57	909.57	909.57
D2543	Onlay – metallic – three surfaces	959.05	959.05	959.05
D2544	Onlay – metallic – four or more surfaces	1004.12	1004.12	1004.12
D2610	Inlay – porcelain/ceramic – one surface	810.76	810.76	810.76
D2620	Inlay – porcelain/ceramic – two surfaces	849.82	849.82	849.82
D2630	Inlay – porcelain/ceramic – 3+ surfaces	920.42	920.42	920.42
D2642	Onlay – porcelain/ceramic – two surfaces	897.31	897.31	897.31
D2643	Onlay – porcelain/ceramic – three surfaces	955.04	955.04	955.04
D2644	Onlay – porcelain/ceramic – four or more surfaces	1050.73	1050.73	1050.73
D2650	Inlay – resin-based composite – one surface	588.92	588.92	588.92
D2651	Inlay – resin-based composite – two surfaces	669.54	669.54	669.54
D2652	Inlay – resin-based composite – three or more surfaces	715.43	715.43	715.43
D2662	Onlay – resin-based composite – two surfaces	638.99	638.99	638.99
D2663	Onlay – resin-based composite – three surfaces	759.10	759.10	759.10
D2664	Onlay – resin-based composite – four or more surfaces	837.98	837.98	837.98
D2710	Crown – resin-based composite (indirect)	421.11	421.11	421.11
D2712	Crown – 3/4 resin-based composite (indirect)	428.40	428.40	428.40
D2720	Crown – resin with high noble metal	1031.89	1031.89	1031.89
D2721	Crown – resin with predominantly base metal	961.60	961.60	961.60
D2722	Crown – resin with noble metal	995.87	995.87	995.87
D2740	Crown – porcelain/ceramic	1044.52	1044.52	1044.52
D2750	Crown – porcelain fused to high noble metal	956.14	956.14	956.14
D2751	Crown – porcelain fused to predominantly base metal	917.82	917.82	917.82
D2752	Crown – porcelain fused to noble metal	933.40	933.40	933.40
D2753	Crown – porcelain fused to titanium and titanium alloys	827.13	827.13	827.13
D2780	Crown – 3/4 cast high noble metal	1007.27	1007.27	1007.27
D2781	Crown – 3/4 cast predominantly base metal	936.40	936.40	936.40
D2782	Crown – 3/4 cast noble metal	990.38	990.38	990.38
D2783	Crown – 3/4 porcelain/ceramic	1026.11	1026.11	1026.11
D2790	Crown – full cast high noble metal	953.50	953.50	953.50
D2791	Crown – full cast predominantly base metal	923.60	923.60	923.60
<b>Code</b>	<b>Description</b>	<b>CCN Region 1</b>	<b>CCN Region 2</b>	<b>CCN Region 3</b>
D2792	Crown – full cast noble metal	854.18	854.18	854.18
D2794	Crown – titanium	1041.75	1041.75	1041.75

D2799	Provisional crown – further treatment/completion of diag necessary prior to final impression	388.79	388.79	388.79
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	86.53	86.53	86.53
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	85.70	85.70	85.70
D2920	Re-cement or re-bond crown	84.20	84.20	84.20
D2921	Reattachment of tooth fragment, incisal edge or cusp	64.59	64.59	64.59
D2929	Prefabricated porcelain/ceramic crown – primary tooth	269.80	269.80	269.80
D2930	Prefabricated stainless steel crown – primary tooth	258.17	258.17	258.17
D2931	Prefabricated stainless steel crown – permanent tooth	283.32	283.32	283.32
D2932	Prefabricated resin crown	343.46	309.11	309.11
D2933	Prefabricated stainless steel crown with resin window	320.32	320.32	320.32
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth	293.59	293.59	293.59
D2940	Protective restoration	91.79	91.79	91.79
D2941	Interim therapeutic restoration – primary dentition	70.16	70.16	70.16
D2949	Restorative foundation for an indirect restoration	55.20	55.20	55.20
D2950	Core buildup, including any pins when required	209.57	209.57	209.57
D2951	Pin retention – per tooth, in addition to restoration	53.12	53.12	53.12
D2952	Post and core in addition to crown, indirectly fabricated	359.55	359.55	359.55
D2953	Each additional indirectly fabricated post – same tooth	209.19	209.19	209.19
D2954	Prefabricated post and core in addition to crown	262.66	262.66	262.66
D2955	Post removal	244.10	244.10	244.10
D2957	Each additional prefabricated post – same tooth	141.99	141.99	141.99
D2960	Labial veneer (resin laminate) – chairside	532.70	532.70	532.70
D2961	Labial veneer (resin laminate) – laboratory	747.83	747.83	747.83
D2962	Labial veneer (porcelain laminate) – laboratory	949.60	949.60	949.60
D2971	Additional procedures to construct new crown under existing partial denture framework	240.55	216.50	216.50
D2975	Coping	511.47	511.47	511.47
D2980	Crown repair necessitated by restorative material failure	219.68	219.68	219.68
D2981	Inlay repair necessitated by restorative material failure	190.53	190.53	190.53
D2982	Onlay repair necessitated by restorative material failure	190.53	190.53	190.53
D2983	Veneer repair necessitated by restorative material failure	190.53	190.53	190.53
D2990	Resin infiltration of incipient smooth surface lesions	47.42	47.42	47.42
D2999	Unspecified restorative procedure, by report	170.35	170.35	170.35

**Endodontics**

Code	Description	CCN Region 1	CCN Region 2	CCN Region 3
D3110	Pulp cap – direct (excluding final restoration)	76.68	76.68	76.68

D3120	Pulp cap – indirect (excluding final restoration)	62.89	62.89	62.89
D3220	Pulpotomy & medicament excl final rest. Primary/perm. Not for apexogenesis	159.76	159.76	159.76
D3221	Pulpal debridement, primary and permanent teeth	189.15	189.15	189.15
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	149.59	149.59	149.59
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	192.71	192.71	192.71
D3240	Pulpal therapy (resorbable filling) –posterior, primary tooth (excluding final restoration)	223.09	223.09	223.09
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	657.88	657.88	657.88
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	716.79	716.79	716.79
D3330	Endodontic therapy, molar tooth (excluding final restoration)	1043.74	1043.74	1043.74
D3331	Treatment of root canal obstruction; non-surgical access	358.59	358.59	358.59
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	399.35	399.35	399.35
D3333	Internal root repair of perforation defects	286.66	286.66	286.66
D3346	Retreatment of previous root canal therapy – anterior	917.74	917.74	917.74
D3347	Retreatment of previous root canal therapy – premolar	1061.84	1061.84	1061.84
D3348	Retreatment of previous root canal therapy – molar	1219.89	1219.89	1219.89
D3351	Apexification/recalcification incl opening tth, canal prep, medicaments, X-rays initial	339.98	339.98	339.98
D3352	Apexification/recalcification – interim medication replacement	176.55	176.55	176.55
D3353	Apexification/recalcification interm repl intra-canal medicaments, X-rays	490.26	490.26	490.26
D3355	Pulpal regeneration – initial visit	336.32	336.32	336.32
D3356	Pulpal regeneration – interim medication replacement	176.55	176.55	176.55
D3357	Pulpal regeneration – completion of treatment	402.67	402.67	402.67
D3410	Apicoectomy – anterior	781.34	781.34	781.34
D3421	Apicoectomy – premolar (first root)	907.34	907.34	907.34
D3425	Apicoectomy – molar (first root)	893.06	893.06	893.06
D3426	Apicoectomy (each additional root)	276.69	276.69	276.69
D3427	Periradicular surgery without apicoectomy	296.81	296.81	296.81
D3428	Bone graft in conjunction with periradicular surgery – per tooth, single site	475.16	475.16	475.16
D3429	Bone graft in conj with periradicular surg – each add'l contiguous tooth in same surgical site	327.73	327.73	327.73
D3430	Retrograde filling – per root	223.25	223.25	223.25
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conj w periradicular surg	316.80	316.80	316.80
D3432	Guided tissue regeneration, resorbable barrier, per site, in conj with periradicular surgery	615.75	615.75	615.75
Code	Description	CCN Region 1	CCN Region 2	CCN Region 3
D3450	Root amputation – per root	453.12	453.12	453.12
D3460	Endodontic endosseous implant	1594.95	1772.17	1772.17

D3470	Intentional reimplantation (including necessary splinting)	838.08	838.08	838.08
D3910	Surgical procedure for isolation of tooth with rubber dam	136.87	136.87	136.87
D3920	Hemisection (including any root removal), not including root canal therapy	354.12	354.12	354.12
D3950	Canal preparation and fitting of prefomed dowel or post	179.88	179.88	179.88
D3999	Unspecified endodontic procedure, by report	243.36	243.36	243.36

**Periodontics**

Code	Description	CCN Region 1	CCN Region 2	CCN Region 3
D4210	Gingivectomy or gingivoplasty – 4+ contiguous teeth or tooth bounded spaces per quadrant	462.32	462.32	462.32
D4211	Gingivectomy or gingivoplasty – 1-3 contiguous teeth or tooth bounded spaces per quadrant	194.72	194.72	194.72
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	59.34	59.34	59.34
D4230	Anatomical crown exposure – four or more contiguous teeth or bounded tooth spaces per quadrant	726.38	807.09	807.09
D4231	Anatomical crown exposure – one to three teeth or bounded tooth spaces per quadrant	411.95	411.95	411.95
D4240	Gingival flap procedure, incl root planing - 4+ contiguous teeth/tooth bounded spaces per quad	711.87	711.87	711.87
D4241	Gingival flap procedure, incl root planing, 1-3 contiguous teeth/tooth bounded spaces per quad	358.29	358.29	358.29
D4245	Apically positioned flap	519.93	577.70	577.70
D4249	Clinical crown lengthening - hard tissue	670.98	670.98	670.98
D4260	Alveoloplasty (incl flap & closure and closure) >3 contig. Tth or spaces- per quad	845.43	845.43	845.43
D4261	Alveoloplasty (incl flap & closure and closure) 1-3 contig. Tth or spaces-per quad	866.23	866.23	866.23
D4263	Bone replacement graft – retained natural tooth – first site in quadrant	629.59	566.63	566.63
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	327.73	327.73	327.73
D4265	Biologic materials to aid in soft and osseous tissue regeneration	330.45	330.45	330.45
D4266	Guided tissue regeneration – resorbable barrier, per site	554.18	554.18	554.18
D4267	Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)	644.87	716.52	716.52
D4268	Surgical revision procedure, per tooth	497.60	497.60	497.60
D4270	Pedicle soft tissue graft procedure	758.97	758.97	758.97
D4273	Autogenous CT Graft incl. donor & recipient sites first	793.45	793.45	793.45
D4274	Mesial/distal wedge, single tooth, separate surgical procedure	423.75	423.75	423.75
D4275	Non-autogenous. CT Graft (incl recipient site & donor material) first	632.38	632.38	632.38
D4276	Combined connective tissue and double pedicle graft, per tooth	587.05	587.05	587.05
Code	Description	CCN Region 1	CCN Region 2	CCN Region 3
D4277	Free Soft tissue graft procedure (including recipient & donor site) first graft	802.48	802.48	802.48
D4278	Free soft tissue graft procedure (including recipient & donor surgical sites (ea. add)	401.07	401.07	401.07



D4283	Autogenous CT Graft (incl both sites) each additional graft, same site reported by D4273	396.41	396.41	396.41
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	316.15	316.15	316.15
D4320	Provisional splinting – intracoronal	329.76	329.76	329.76
D4321	Provisional splinting – extracoronal	191.71	191.71	191.71
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	250.26	250.26	250.26
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	179.57	170.59	170.59
D4346	Scaling in presence of gen mod to severe ging inflm full mouth (after oral evaluation)	157.30	157.30	157.30
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	135.91	135.91	135.91
D4381	Placement of subging controlled release antimicrobials into perio pockets per tth	117.84	106.06	106.06
D4910	Periodontal maintenance	125.93	125.93	125.93
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	110.11	110.11	110.11
D4921	Gingival irrigation – per quadrant	58.26	54.62	54.62
D4999	Unspecified periodontal procedure, by report	102.02	102.02	102.02

#### Maxillofacial Prosthetics

Code	Description	CCN Region 1	CCN Region 2	CCN Region 3
D5911	Facial moulage (sectional)	492.77	492.77	492.77
D5912	Facial moulage (complete)	620.21	620.21	620.21
D5913	Nasal prosthesis	6119.58	6119.58	6119.58
D5914	Auricular prosthesis	6119.58	6119.58	6119.58
D5915	Orbital prosthesis	9278.00	9278.00	9278.00
D5916	Ocular prosthesis	4792.33	4792.33	4792.33
D5919	Facial prosthesis	4424.36	4424.36	4424.36
D5922	Nasal septal prosthesis	3071.25	3071.25	3071.25
D5923	Ocular prosthesis, interim	2193.75	2193.75	2193.75
D5924	Cranial prosthesis	4424.36	4424.36	4424.36
D5925	Facial augmentation implant prosthesis	2193.75	2193.75	2193.75
D5926	Nasal prosthesis, replacement	4424.36	4424.36	4424.36
D5927	Auricular prosthesis, replacement	4424.36	4424.36	4424.36
D5928	Orbital prosthesis, replacement	4424.36	4424.36	4424.36
D5929	Facial prosthesis, replacement	4424.36	4424.36	4424.36
Code	Description	CCN Region 1	CCN Region 2	CCN Region 3
D5931	Obturator prosthesis, surgical	3691.33	3691.33	3691.33
D5932	Obturator prosthesis, definitive	6904.00	6904.00	6904.00

D5933	Obturator prosthesis, modification	910.29	910.29	910.29
D5934	Mandibular resection prosthesis with guide flange	6192.67	6192.67	6192.67
D5935	Mandibular resection prosthesis without guide flange	5475.00	5475.00	5475.00
D5936	Obturator prosthesis, interim	6149.67	6149.67	6149.67
D5937	Trismus appliance (not for TMD treatment)	900.58	900.58	900.58
D5951	Feeding aid	1151.82	1151.82	1151.82
D5953	Speech aid prosthesis, adult	6196.33	6196.33	6196.33
D5954	Palatal augmentation prosthesis	5742.33	5742.33	5742.33
D5955	Palatal lift prosthesis, definitive	3501.67	3501.67	3501.67
D5958	Palatal lift prosthesis, interim	1213.72	1213.72	1213.72
D5959	Palatal lift prosthesis, modification	197.44	197.44	197.44
D5960	Speech aid prosthesis, modification	197.44	197.44	197.44
D5982	Surgical stent	549.82	549.82	549.82
D5983	Radiation carrier	1171.33	1171.33	1171.33
D5984	Radiation shield	1171.33	1171.33	1171.33
D5985	Radiation shield	1171.33	1171.33	1171.33
D5986	Fluoride gel carrier	150.50	150.50	150.50
D5987	Commissure splint	910.29	910.29	910.29
D5988	Surgical splint	918.79	875.09	875.09
D5991	Vesiculobullous disease medicament carrier	150.50	150.50	150.50
D5992	Adjust maxillofacial prosthetic appliance, by report	87.03	87.03	87.03
D5993	Maint & cleaning of maxillofacial prosthesis (extra/intraoral) other than req adjust by report	191.80	191.80	191.80
D5994	Periodontal medicament carrier with peripheral seal - laboratory processed	150.50	150.50	150.50
D5999	Unspecified maxillofacial prosthesis, by report	842.40	842.40	842.40

**Prosthodontics**

Code	Description	CCN Region 1	CCN Region 2	CCN Region 3
D5110	Complete denture – maxillary	1445.47	1445.47	1445.47
D5120	Complete denture – mandibular	1430.01	1430.01	1430.01
D5130	Immediate denture – maxillary	1238.09	1238.09	1238.09
D5140	Immediate denture – mandibular	1239.94	1239.94	1239.94
D5211	Maxillary partial denture – resin base (including any retentive/clasping materials, rests and teeth)	1016.51	1016.51	1016.51
Code	Description	CCN Region 1	CCN Region 2	CCN Region 3
D5212	Mandibular ptt denture – resin base (incl any retentive/clasping materials, rests and teeth)	1014.43	1014.43	1014.43
D5213	Maxillary partial denture – cast metal w resin base incl all retn, clasp mat'ls, rests, tth	1498.69	1498.69	1498.69



D5214	Mandibular partial denture – cast metal w resin base incl all retn, clasp mat'ls, rests, tth	1533.66	1533.66	1533.66
D5221	Immediate maxillary ptt denture – resin base (incl any conventional clasps, rests and teeth)	480.55	480.55	480.55
D5222	Immediate mandibular ptt denture – resin base (incl any conventional clasps, rests and teeth)	501.66	501.66	501.66
D5223	Immediate maxillary partl denture - cast metal frmwrk w/resin base incl clasps, rests, tth	600.76	600.76	600.76
D5224	Immediate mandibular partl denture – cast metal frmwrk w/resin base incl clasps, rests, tth	627.07	627.07	627.07
D5225	Maxillary partial denture – flexible base (including any clasps, rests and teeth)	1245.40	1245.40	1245.40
D5226	Mandibular partial denture – flexible base (including any clasps, rests and teeth)	1183.90	1183.90	1183.90
D5282	Removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxil	627.55	627.55	627.55
D5283	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandi	627.55	627.55	627.55
D5284	Removable unilateral partial denture – 1 piece flexible base (incl clasps & teeth) – per quad	981.55	981.55	981.55
D5286	Removable unilateral partial denture – 1 piece resin (incl clasps and teeth) - per quadrant	981.55	981.55	981.55
D5410	Adjust complete denture – maxillary	67.47	67.47	67.47
D5411	Adjust complete denture – mandibular	72.85	72.85	72.85
D5421	Adjust partial denture – maxillary	75.88	75.88	75.88
D5422	Adjust partial denture – mandibular	74.84	74.84	74.84
D5511	Repair broken complete denture base, mandibular	226.70	226.70	226.70
D5512	Repair broken complete denture base, maxillary	226.70	226.70	226.70
D5520	Replace missing or broken teeth - complete denture (each tooth)	183.05	164.75	164.75
D5611	Repair resin partial denture base, mandibular	245.40	245.40	245.40
D5612	Repair resin partial denture base, maxillary	245.40	245.40	245.40
D5621	Repair cast partial framework, mandibular	144.75	144.75	144.75
D5622	Repair cast partial framework, maxillary	146.87	146.87	146.87
D5630	Repair or replace broken clasp - per tooth	327.05	327.05	327.05
D5640	Replace broken teeth - per tooth	145.16	145.16	145.16
D5650	Add tooth to existing partial denture	178.20	178.20	178.20
D5660	Add clasp to existing partial denture - per tooth	232.18	232.18	232.18
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	538.40	538.40	538.40
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	543.04	543.04	543.04
D5710	Rebase complete maxillary denture	492.84	492.84	492.84
D5711	Rebase complete mandibular denture	487.26	487.26	487.26
Code	Description	CCN Region 1	CCN Region 2	CCN Region 3
D5720	Rebase maxillary partial denture	464.96	464.96	464.96
D5721	Rebase mandibular partial denture	463.40	463.40	463.40
D5730	Reline complete maxillary denture (chairside)	310.14	310.14	310.14



D5731	Reline complete mandibular denture (chairside)	305.03	305.03	305.03
D5740	Reline maxillary partial denture (chairside)	209.09	209.09	209.09
D5741	Reline mandibular partial denture (chairside)	246.99	246.99	246.99
D5750	Reline complete maxillary denture (laboratory)	385.23	385.23	385.23
D5751	Reline complete mandibular denture (laboratory)	409.13	409.13	409.13
D5760	Reline maxillary partial denture (laboratory)	399.03	399.03	399.03
D5761	Reline mandibular partial denture (laboratory)	382.27	382.27	382.27
D5810	Interim complete denture (maxillary)	603.21	603.21	603.21
D5811	Interim complete denture (mandibular)	629.52	629.52	629.52
D5820	Interim partial denture (maxillary)	546.32	546.32	546.32
D5821	Interim partial denture (mandibular)	576.07	576.07	576.07
D5850	Tissue conditioning, maxillary	112.15	112.15	112.15
D5851	Tissue conditioning, mandibular	128.28	128.28	128.28
D5862	Precision attachment, by report	871.45	871.45	871.45
D5863	Overdenture – complete maxillary	3182.34	3182.34	3182.34
D5864	Overdenture – partial maxillary	1236.26	1236.26	1236.26
D5865	Overdenture – complete mandibular	3195.12	3195.12	3195.12
D5866	Overdenture - partial mandibular	1393.35	1393.35	1393.35
D5867	Repl of replaceable part of semi-precision or precision attachment (male or female component)	481.85	455.15	455.15
D5875	Modification of removable prosthesis following implant surgery	521.90	521.90	521.90
D5876	Add metal substructure to acrylic full denture (per arch)	361.94	361.94	361.94
D5899	Unspecified removable prosthodontic procedure, by report	734.30	734.30	734.30

**Fixed Prosthodontics**

Code	Description	CCN Region 1	CCN Region 2	CCN Region 3
D6205	Pontic – indirect resin-based composite	536.40	536.40	536.40
D6210	Pontic – cast high noble metal	943.98	943.98	943.98
D6211	Pontic – cast predominantly base metal	877.98	877.98	877.98
D6212	Pontic – cast noble metal	914.57	914.57	914.57
D6214	Pontic – titanium	937.50	937.50	937.50
D6240	Pontic – porcelain-fused to high noble metal	986.27	986.27	986.27
D6241	Pontic – porcelain-fused to predominantly base metal	893.78	893.78	893.78
Code	Description	CCN Region 1	CCN Region 2	CCN Region 3
D6242	Pontic – porcelain fused to noble metal	936.51	936.51	936.51
D6243	Pontic – porcelain fused to titanium and titanium alloys	829.89	829.89	829.89
D6245	Pontic – porcelain/ceramic	1021.66	1021.66	1021.66



D6250	Pontic – resin with high noble metal	916.60	916.60	916.60
D6251	Pontic – resin with predominantly base metal	845.86	845.86	845.86
D6252	Pontic – resin with noble metal	871.37	871.37	871.37
D6253	Provisional pontic - further treat or compl of diagnosis necessary prior to final impression	388.40	388.40	388.40
D6545	Retainer – cast metal for resin-bonded fixed prosthesis	405.44	405.44	405.44
D6548	Retainer – porcelain/ceramic for resin-bonded fixed prosthesis	572.21	572.21	572.21
D6549	Resin retainer – for resin-bonded fixed prosthesis	405.44	405.44	405.44
D6600	Retainer inlay – porcelain/ceramic, two surfaces	789.05	789.05	789.05
D6601	Retainer inlay – porcelain/ceramic, three or more surfaces	845.79	845.79	845.79
D6602	Retainer inlay – cast high noble metal, two surfaces	810.65	810.65	810.65
D6603	Retainer inlay – cast high noble metal, three or more surfaces	913.97	913.97	913.97
D6604	Retainer inlay – cast predominantly base metal, two surfaces	800.37	800.37	800.37
D6605	Retainer inlay – cast predominantly base metal, three or more surfaces	838.21	838.21	838.21
D6606	Retainer inlay – cast noble metal, two surfaces	767.66	767.66	767.66
D6607	Retainer inlay – cast noble metal, three or more surfaces	869.42	869.42	869.42
D6608	Retainer onlay – porcelain/ceramic, two surfaces	831.55	831.55	831.55
D6609	Retainer onlay – porcelain/ceramic, three or more surfaces	886.67	886.67	886.67
D6610	Retainer onlay – cast high noble metal, two surfaces	911.97	911.97	911.97
D6611	Retainer onlay – cast high noble metal, three or more surfaces	997.17	997.17	997.17
D6612	Retainer onlay – cast predominantly base metal, two surfaces	864.63	864.63	864.63
D6613	Retainer onlay – cast predominantly base metal, three or more surfaces	919.54	919.54	919.54
D6614	Retainer onlay – cast noble metal, two surfaces	866.63	866.63	866.63
D6615	Retainer onlay – cast noble metal, three or more surfaces	918.26	918.26	918.26
D6624	Retainer inlay – titanium	863.04	863.04	863.04
D6634	Retainer onlay – titanium	930.73	930.73	930.73
D6710	Retainer crown – indirect resin based composite	711.65	711.65	711.65
D6720	Retainer crown – resin with high noble metal	993.24	993.24	993.24
D6721	Retainer crown – resin with predominantly base metal	939.03	939.03	939.03
D6722	Retainer crown – resin with noble metal	965.27	965.27	965.27
D6740	Retainer crown – porcelain/ceramic	1063.41	1063.41	1063.41
D6750	Retainer crown – porcelain fused to high noble metal	1001.26	1001.26	1001.26
D6751	Retainer crown – porcelain fused to predominantly base metal	916.78	916.78	916.78
Code	Description	CCN Region 1	CCN Region 2	CCN Region 3
D6752	Retainer crown – porcelain fused to noble metal	949.18	949.18	949.18
D6753	Retainer crown – porcelain fused to titanium and titanium alloys	841.12	841.12	841.12
D6780	Retainer crown – 3/4 cast high noble metal	964.33	964.33	964.33



D6781	Retainer crown – 3/4 cast predominantly base metal	968.13	968.13	968.13
D6782	Retainer crown – 3/4 cast noble metal	927.17	927.17	927.17
D6783	Retainer crown – 3/4 porcelain/ceramic	1000.87	1000.87	1000.87
D6784	Retainer crown 3/4 – titanium and titanium alloys	821.61	821.61	821.61
D6790	Retainer crown – full cast high noble metal	985.59	985.59	985.59
D6791	Retainer crown – full cast predominantly base metal	925.11	925.11	925.11
D6792	Retainer crown – full cast noble metal	950.22	950.22	950.22
D6793	Provis retainer Crown- further treat or compl of diagnosis necessary prior to fnl impression	368.67	368.67	368.67
D6794	Retainer crown - titanium	977.21	977.21	977.21
D6920	Connector bar	642.82	578.53	578.53
D6930	Re-cement or re-bond fixed partial denture	127.10	127.10	127.10
D6940	Stress breaker	302.96	302.96	302.96
D6950	Precision attachment	533.20	533.20	533.20
D6980	Fixed partial denture repair necessitated by restorative material failure	342.51	342.51	342.51
D6999	Unspecified fixed prosthodontic procedure, by report	322.93	322.93	322.93

**Implant Services**

Code	Description	CCN Region 1	CCN Region 2	CCN Region 3
D6010	Surgical placement of implant body: endosteal implant	1938.21	1938.21	1938.21
D6011	Second-stage implant surgery	503.69	503.69	503.69
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	2000.21	2000.21	2000.21
D6013	Surgical placement of mini implant	968.75	968.75	968.75
D6040	Surgical placement: eposteal implant	8078.77	8078.77	8078.77
D6050	Surgical placement: transosteal implant	5762.66	5762.66	5762.66
D6051	Interim abutment	507.69	507.69	507.69
D6052	Semi-precision attachment abutment	507.69	507.69	507.69
D6055	Connecting bar – implant supported or abutment supported	1438.21	1438.21	1438.21
D6056	Prefabricated abutment-includes placement	507.69	507.69	507.69
D6057	Custom fabricated abutment - includes placement	697.31	697.31	697.31
D6058	Abutment supported porcelain/ceramic crown	1253.34	1253.34	1253.34
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	1226.19	1226.19	1226.19
Code	Description	CCN Region 1	CCN Region 2	CCN Region 3
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	1148.38	1148.38	1148.38
D6061	Abutment supported porcelain fused to metal crown (noble metal)	1185.05	1185.05	1185.05
D6062	Abutment supported cast metal crown (high noble metal)	1193.82	1193.82	1193.82



D6063	Abutment supported cast metal crown (predominantly base metal)	1043.18	1043.18	1043.18
D6064	Abutment supported cast metal crown (noble metal)	1112.57	1112.57	1112.57
D6065	Implant supported porcelain/ceramic crown	1327.79	1327.79	1327.79
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1319.10	1319.10	1319.10
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	1248.24	1248.24	1248.24
D6068	Abutment supported retainer for porcelain/ceramic FPD	1247.48	1247.48	1247.48
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1229.00	1229.00	1229.00
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	1153.95	1153.95	1153.95
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	1180.65	1180.65	1180.65
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	1210.97	1210.97	1210.97
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	1106.09	1106.09	1106.09
D6074	Abutment supported retainer for cast metal FPD (noble metal)	1173.28	1173.28	1173.28
D6075	Implant supported retainer for ceramic FPD	1263.28	1263.28	1263.28
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	1232.33	1232.33	1232.33
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	1222.73	1222.73	1222.73
D6080	Impl maint. includes cleaning of implant surfaces w/ remov, clean & reinsert of prosthetic	191.80	172.62	172.62
D6081	Impl scale & debride in presence of infilm or mucositis of snl implnt, incl clean of impt srfc	211.92	211.92	211.92
D6082	Implant supported crown – porcelain fused to predominantly base alloys	1168.94	1168.94	1168.94
D6083	Implant supported crown – porcelain fused to noble alloys	1168.94	1168.94	1168.94
D6084	Implant supported crown – porcelain fused to titanium or titanium alloys	1168.94	1168.94	1168.94
D6085	Provisional implant crown	797.41	797.41	797.41
D6086	Implant supported crown – predominantly base alloys	1168.94	1160.14	1160.14
D6087	Implant supported crown – noble alloys	1168.94	1160.14	1160.14
D6088	Implant supported crown – titanium and titanium alloys	1168.94	1160.14	1160.14
D6090	Repair implant supported prosthesis, by report	886.02	886.02	886.02
D6091	Repl. precision/ semi precis attach (either component) of abutment implants-per attach	708.81	708.81	708.81
D6092	Re-cement or re-bond implant/abutment supported crown	107.07	107.07	107.07
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	158.80	158.80	158.80
D6094	Abutment supported crown – (titanium)	1039.31	1039.31	1039.31
D6095	Repair implant abutment, by report	910.29	886.02	886.02
Code	Description	CCN Region 1	CCN Region 2	CCN Region 3
D6096	Remove broken implant retaining screw	215.44	215.44	215.44
D6097	Abutment supported crown – porcelain fused to titanium or titanium alloys	1050.13	1050.13	1050.13



D6098	Implant supported retainer – porcelain fused to predominantly base alloys	1092.03	1092.03	1092.03
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys	1092.03	1092.03	1092.03
D6100	Implant removal, by report	886.02	886.02	886.02
D6101	Debride perio defect(s) involv. sngl implnt w/surface clean of exposed implnt surfaces srgcl	358.29	358.29	358.29
D6102	Debride and cntouring of perio defect (s) involv sngl implnt w/surf clean of expsd srfs srgcl	358.29	358.29	358.29
D6103	Bone graft for repair of peri-implant defect – does not include flap entry and closure	327.73	327.73	327.73
D6104	Bone graft at time of implant placement	327.73	327.73	327.73
D6110	Implant /abutment supported removable denture for edentulous arch – maxillary	1729.07	1729.07	1729.07
D6111	Implant /abutment supported removable denture for edentulous arch – mandibular	1729.07	1729.07	1729.07
D6112	Implant /abutment supported removable denture for partially edentulous arch – maxillary	1687.15	1687.15	1687.15
D6113	Implant /abutment supported removable denture for partially edentulous arch – mandibular	1687.15	1687.15	1687.15
D6114	Implant /abutment supported fixed denture for edentulous arch – maxillary	7282.32	7282.32	7282.32
D6115	Implant /abutment supported fixed denture for edentulous arch – mandibular	7563.90	7563.90	7563.90
D6116	Implant /abutment supported fixed denture for partially edentulous arch – maxillary	5467.81	5467.81	5467.81
D6117	Implant /abutment supported fixed denture for partially edentulous arch – mandibular	5643.80	5643.80	5643.80
D6118	Implant /abutment supported interim fixed denture for edentulous arch – mandibular	1361.82	1361.82	1361.82
D6119	Implant /abutment supported interim fixed denture for edentulous arch – maxillary	1511.44	1511.44	1511.44
D6120	Implant supported retainer - porcelain fused to titanium and titanium alloys	1092.03	1092.03	1092.03
D6121	Implanted supported retainer for metal FPD – predominantly base alloys	1083.54	1083.54	1083.54
D6122	Implant supported retainer for metal FPD – noble alloys	1083.54	1083.54	1083.54
D6123	Implant supported retainer for metal FPD – titanium and titanium alloys	1083.54	1083.54	1083.54
D6190	Radiographic/surgical implant index, by report	223.74	223.74	223.74
D6194	Abutment supported retainer crown for FPD (titanium)	1055.57	1055.57	1055.57
D6195	Abutment supported retainer – porcelain fused to titanium and titanium alloys	1046.25	1046.25	1046.25
D6199	Unspecified implant procedure, by report	577.73	577.73	577.73

**Oral & Maxillofacial Surgery**

Code	Description	CCN Region 1	CCN Region 2	CCN Region 3
D7111	Extraction, coronal remnants – primary tooth	98.12	98.12	98.12





D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	116.04	116.04	116.04
D7210	Extraction of erupted tooth-surgical incl cutting/removal/smoothing of bone w/closure	204.43	204.43	204.43
D7220	Removal of impacted tooth – soft tissue	314.91	314.91	314.91
D7230	Removal of impacted tooth – partially bony	393.33	393.33	393.33
D7240	Removal of impacted tooth – completely bony	438.04	438.04	438.04
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	451.08	451.08	451.08
D7250	Removal of residual tooth roots (cutting procedure)	254.04	254.04	254.04
D7251	Coronectomy - intentional partial tooth removal	707.19	707.19	707.19
D7260	Oroantral fistula closure	1443.35	1443.35	1443.35
D7261	Primary closure of a sinus perforation	638.60	638.60	638.60
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	543.18	543.18	543.18
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	654.37	654.37	654.37
D7280	Exposure of an unerupted tooth	482.48	482.48	482.48
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	278.28	278.28	278.28
D7283	Placement of device to facilitate eruption of impacted tooth	197.58	197.58	197.58
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	616.87	616.87	616.87
D7286	Incisional biopsy of oral tissue-soft	280.65	280.65	280.65
D7287	Exfoliative cytological sample collection	126.43	126.43	126.43
D7288	Brush biopsy – transepithelial sample collection	170.38	170.38	170.38
D7290	Surgical repositioning of teeth	418.40	418.40	418.40
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	97.49	97.49	97.49
D7292	Placement of temporary anchorage device [screw retained plate] req flap; incl device removal	2609.50	2609.50	2609.50
D7293	Placement of temporary anchorage device requiring flap; includes device removal	2770.92	2770.92	2770.92
D7294	Placement of temporary anchorage device without flap; includes device removal	1832.72	1832.72	1832.72
D7295	Harvest of bone for use in autogenous grafting procedure	703.96	820.47	820.47
D7296	Corticotomy-one to three teeth or tooth spaces, per quadrant	593.65	593.65	593.65
D7297	Corticotomy-four or more teeth or tooth spaces, per quadrant	623.90	623.90	623.90
D7310	Alveoloplasty in conjunction with extractions – 4+ teeth or tooth spaces, per quadrant	259.87	259.87	259.87
D7311	Alveoloplasty in conjunction with extractions – 1-3 teeth or tooth spaces, per quadrant	238.52	238.52	238.52
D7320	Alveoloplasty not in conj with extractions – 4+ teeth or tooth spaces, per quadrant	322.11	322.11	322.11
D7321	Alveoloplasty not in conjunction with extractions – 1-3 teeth or tooth spaces, per quadrant	619.85	619.85	619.85
<b>Code</b>	<b>Description</b>	<b>CCN Region 1</b>	<b>CCN Region 2</b>	<b>CCN Region 3</b>
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	1698.10	1698.10	1698.10



D7350	Vestibuloplasty incl soft tissue grftng, reattachment, revision of atchmnt and tissue mngment	5050.82	5050.82	5050.82
D7410	Excision of benign lesion up to 1.25 cm	477.25	477.25	477.25
D7411	Excision of benign lesion greater than 1.25 cm	1043.26	1043.26	1043.26
D7412	Excision of benign lesion, complicated	1163.07	1163.07	1163.07
D7413	Excision of malignant lesion up to 1.25 cm	640.53	640.53	640.53
D7414	Excision of malignant lesion greater than 1.25 cm	805.61	805.61	805.61
D7415	Excision of malignant lesion, complicated	1224.89	1224.89	1224.89
D7440	Excision of malignant tumor – lesion diameter up to 1.25 cm	1069.24	1069.24	1069.24
D7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm	1698.30	1698.30	1698.30
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	587.33	587.33	587.33
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	978.96	978.96	978.96
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm	511.22	511.22	511.22
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm	1012.59	1012.59	1012.59
D7465	Destruction of lesion(s) by physical or chemical method, by report	455.11	455.11	455.11
D7471	Removal of lateral exostosis (maxilla or mandible)	643.13	643.13	643.13
D7472	Removal of torus palatinus	863.33	863.33	863.33
D7473	Removal of torus mandibularis	670.98	670.98	670.98
D7485	Reduction of osseous tuberosity	653.65	653.65	653.65
D7490	Radical resection of maxilla or mandible	7287.41	7287.41	7287.41
D7510	Incision and drainage of abscess— intraoral soft tissue	266.02	266.02	266.02
D7511	I&D of abscess, intraoral soft tissue complex w/ dissec into adjnt fascial space(s) for drnge	639.02	639.02	639.02
D7520	Incision and drainage of abscess – extraoral soft tissue	935.05	935.05	935.05
D7521	I&D of abscess, extraoral soft tissue complex w/ dissec into adjnt fascial space(s) for drnge	1046.67	1046.67	1046.67
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	356.41	356.41	356.41
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	479.27	479.27	479.27
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	333.99	333.99	333.99
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	1932.54	1932.54	1932.54
D7610	Maxilla – open reduction (teeth immobilized, if present)	3856.74	3856.74	3856.74
D7620	Maxilla – closed reduction (teeth immobilized, if present)	2893.66	2893.66	2893.66
D7630	Mandible – open reduction (teeth immobilized, if present)	4676.79	4676.79	4676.79
D7640	Mandible – closed reduction (teeth immobilized, if present)	3115.94	3115.94	3115.94
D7650	Malar and/or zygomatic arch – open reduction	2864.05	2864.05	2864.05
D7660	Malar and/or zygomatic arch – closed reduction	2115.18	2115.18	2115.18
Code	Description	CCN Region 1	CCN Region 2	CCN Region 3
D7670	Alveolus – closed reduction, may include stabilization of teeth	1110.30	1110.30	1110.30



D7671	Alveolus – open reduction, may include stabilization of teeth	1596.04	1596.04	1596.04
D7680	Facial bones – complicated reduction with fixation and multiple surgical approaches	6770.52	6770.52	6770.52
D7710	Maxilla – open reduction	4499.30	4499.30	4499.30
D7720	Maxilla – closed reduction	3097.86	3097.86	3097.86
D7730	Mandible – open reduction	5886.48	5886.48	5886.48
D7740	Mandible – closed reduction	3235.01	3235.01	3235.01
D7750	Malar and/or zygomatic arch – open reduction	4009.30	4009.30	4009.30
D7760	Malar and/or zygomatic arch – closed reduction	2704.62	2704.62	2704.62
D7770	Alveolus - open reduction stabilization of teeth	2194.14	2194.14	2194.14
D7771	Alveolus, closed reduction stabilization of teeth	2361.90	2361.90	2361.90
D7780	Facial bones - complicated reduction with fixation and multiple approaches	8806.48	8806.48	8806.48
D7810	Open reduction of dislocation	4049.72	4049.72	4049.72
D7820	Closed reduction of dislocation	638.39	638.39	638.39
D7830	Manipulation under anesthesia	458.09	458.09	458.09
D7840	Condylectomy	5553.13	5553.13	5553.13
D7850	Surgical discectomy, with/without implant	5040.44	5040.44	5040.44
D7852	Disc repair	5628.65	5628.65	5628.65
D7854	Synovectomy	5740.25	5740.25	5740.25
D7856	Myotomy	3971.98	3971.98	3971.98
D7858	Joint reconstruction	14811.00	14811.00	14811.00
D7860	Arthrotomy	6313.00	6313.00	6313.00
D7865	Arthroplasty	10173.00	10173.00	10173.00
D7870	Arthrocentesis	294.24	294.24	294.24
D7871	Non-arthroscopic lysis and lavage	798.63	798.63	798.63
D7872	Arthroscopy - diagnosis, with or without biopsy	3588.50	3588.50	3588.50
D7873	Arthroscopy: lavage and lysis of adhesions	4320.50	4320.50	4320.50
D7874	Arthroscopy: disc repositioning and stabilization	6197.50	6197.50	6197.50
D7875	Arthroscopy: synovectomy	6789.50	6789.50	6789.50
D7876	Arthroscopy: discectomy	7320.00	7320.00	7320.00
D7877	Arthroscopy: debridement	6460.50	6460.50	6460.50
D7880	Occlusal orthotic device, by report	798.14	798.14	798.14
D7881	Occlusal orthotic device adjustment	69.62	69.62	69.62
D7899	Unspecified TMD therapy, by report	269.45	269.45	269.45
D7910	Suture of recent small wounds up to 5 cm	383.41	383.41	383.41
Code	Description	CCN Region 1	CCN Region 2	CCN Region 3
D7911	Complicated suture – up to 5 cm	576.04	576.04	576.04



D7912	Complicated suture – greater than 5 cm	1224.90	1224.90	1224.90
D7920	Skin graft (identify defect covered, location and type of graft)	2613.74	2613.74	2613.74
D7921	Collection and application of autologous blood concentrate product	438.15	388.39	388.39
D7922	Placement of intra-socket biological dressing to aid w/hemostasis/clot stabilization, per site	28.33	28.33	28.33
D7940	Osteoplasty – for orthognathic deformities	4794.19	4794.19	4794.19
D7941	Osteotomy – mandibular rami	7720.33	7720.33	7720.33
D7943	Osteotomy – mandibular rami with bone graft; includes obtaining the graft	7223.25	7223.25	7223.25
D7944	Osteotomy – segmented or subapical	6335.75	6335.75	6335.75
D7945	Osteotomy – body of mandible	7592.63	7592.63	7592.63
D7946	LeFort I (maxilla – total)	9220.02	9220.02	9220.02
D7947	LeFort I (maxilla – segmented)	8288.74	8288.74	8288.74
D7948	Osteo facial bones for hypoplasia/rtrusion compl prcedure incl clsure & post op W/O bone grft	12010.98	12010.98	12010.98
D7949	LeFort II or LeFort III - with bone graft	14314.62	14314.62	14314.62
D7950	Osseous, perioss or cart. graft max or mand auto/non-autogen inclds obtain graft mat'l by rpt	1929.85	1736.87	1736.87
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	3398.42	3398.42	3398.42
D7952	Sinus augmentation via a vertical approach	1808.44	1808.44	1808.44
D7953	Bone replacement graft for ridge preservation - per site	1750.34	1750.34	1750.34
D7955	Repair of maxillofacial soft and/or hard tissue defect	1690.28	1878.09	1878.09
D7960	Frenectomy/frenotomy/frenulectomy as a separate procedure, not incidental	566.54	509.89	509.89
D7963	Frenuloplasty	496.56	496.56	496.56
D7970	Excision of hyperplastic tissue - per arch	452.73	452.73	452.73
D7971	Excision of pericoronal gingiva	177.70	177.70	177.70
D7972	Surgical reduction of fibrous tuberosity	551.86	551.86	551.86
D7979	Non-surgical sialolithotomy	153.81	153.81	153.81
D7980	Surgical sialolithotomy	683.75	683.75	683.75
D7981	Excision of salivary gland, by report	1034.09	1034.09	1034.09
D7982	Sialodochoplasty	1707.06	1707.06	1707.06
D7983	Closure of salivary fistula	1479.26	1479.26	1479.26
D7990	Emergency tracheotomy	1430.54	1430.54	1430.54
D7991	Coronoidectomy	3708.37	3708.37	3708.37
D7995	Synthetic graft – mandible or facial bones, by report	3268.55	2941.69	2941.69
D7996	Implant-mandible for augmentation purposes (excluding alveolar ridge), by report	2941.69	3268.55	3268.55



Code	Description	CCN Region 1	CCN Region 2	CCN Region 3
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	404.72	404.72	404.72
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	3059.79	3059.79	3059.79
D7999	Unspecified oral surgery procedure, by report	336.02	336.02	336.02

**Orthodontics**

Code	Description	CCN Region 1	CCN Region 2	CCN Region 3
D8010	Limited orthodontic treatment of the primary dentition	2699.31	2699.31	2699.31
D8020	Limited orthodontic treatment of the transitional dentition	2997.89	2997.89	2997.89
D8030	Limited orthodontic treatment of the adolescent dentition	2761.20	2761.20	2761.20
D8040	Limited orthodontic treatment of the adult dentition	3857.20	3857.20	3857.20
D8050	Interceptive orthodontic treatment of the primary dentition	2497.25	2497.25	2497.25
D8060	Interceptive orthodontic treatment of the transitional dentition	2620.80	2620.80	2620.80
D8070	Comprehensive orthodontic treatment of the transitional dentition	6134.14	6432.72	6432.72
D8080	Comprehensive orthodontic treatment of the adolescent dentition	5018.83	5018.83	5018.83
D8090	Comprehensive orthodontic treatment of the adult dentition	6669.39	6669.39	6669.39
D8210	Removable appliance therapy	576.69	576.69	576.69
D8220	Fixed appliance therapy	1153.03	1213.72	1213.72
D8660	Pre-orthodontic treatment examination to monitor growth and development	432.08	432.08	432.08
D8670	Periodic orthodontic treatment visit	325.28	325.28	325.28
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	568.02	606.86	606.86
D8681	Removable orthodontic retainer adjustment	126.23	126.23	126.23
D8690	Orthodontic treatment (alternative billing to a contract fee)	504.83	504.83	504.83
D8695	Removal of fixed orthodontic appliances for reason other than completion of treatment	204.78	204.78	204.78
D8696	Repair of orthodontic appliance – maxillary	123.62	123.62	123.62
D8697	Repair of orthodontic appliance – mandibular	123.62	123.62	123.62
D8698	Re-cement or re-bond fixed retainer – maxillary	46.69	46.69	46.69
D8699	Re-cement or re-bond fixed retainer – mandibular	46.69	46.69	46.69
D8701	Repair of fixed retainers, includes reattachment – maxillary	77.95	77.95	77.95
D8702	Repair of fixed retainers, includes reattachment – mandibular	77.95	77.95	77.95
D8703	Replacement of lost or broken retainer – maxillary	157.44	157.44	157.44
D8704	Replacement of lost or broken retainer – mandibular	157.44	157.44	157.44
D8999	Unspecified orthodontic procedure, by report	177.84	177.84	177.84

**Adjunctive General Services/Anesthesia**



Code	Description	CCN Region 1	CCN Region 2	CCN Region 3
D9110	Palliative (emergency) treatment of dental pain – minor procedure	137.26	137.26	137.26
D9120	Fixed partial denture sectioning	163.11	163.11	163.11
D9130	Temporomandibular joint dysfunction -non-invasive physical therapies	73.25	73.25	73.25
D9210	Local anesthesia not in conjunction with operative or surgical procedures	44.11	44.11	44.11
D9211	Regional block anesthesia	86.95	86.95	86.95
D9212	Trigeminal division block anesthesia	141.89	141.89	141.89
D9215	Local anesthesia in conjunction with operative or surgical procedures	47.52	47.52	47.52
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	97.49	97.49	97.49
D9222	Deep sedation/general anesthesia – first 15 minutes	204.50	204.50	204.50
D9223	Deep sedation/general anesthesia – each subsequent 15-minute increment	150.53	150.53	150.53
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	98.87	98.87	98.87
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15-minute increment	192.81	192.81	192.81
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	143.43	143.43	143.43
D9248	Non-intravenous conscious sedation	254.29	254.29	254.29
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	87.43	87.43	87.43
D9311	Consultation with a medical health care professional	145.28	145.28	145.28
D9410	House/extended care facility call	185.30	185.30	185.30
D9420	Hospital or ambulatory surgical center call	246.99	246.99	246.99
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	58.63	58.63	58.63
D9440	Office visit - after regularly scheduled hours	117.82	117.82	117.82
D9450	Case presentation, detailed and extensive treatment planning	179.63	179.63	179.63
D9610	Therapeutic parenteral drug, single administration	78.58	78.58	78.58
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	124.63	124.63	124.63
D9613	Infiltration of sustained release therapeutic drug-single or multiple sites	41.64	41.64	41.64
D9630	Drugs or medicaments dispensed in the office for home use	31.96	31.96	31.96
D9910	Application of desensitizing medicament	39.32	39.32	39.32
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	54.83	54.83	54.83
D9920	Behavior management, by report	102.24	102.24	102.24
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	102.23	102.23	102.23
D9932	Cleaning and inspection of removable complete denture, maxillary	172.62	172.62	172.62
D9933	Cleaning and inspection of removable complete denture, mandibular	172.62	172.62	172.62
D9934	Cleaning and inspection of removable partial denture, maxillary	172.62	172.62	172.62
D9935	Cleaning and inspection of removable partial denture, mandibular	172.62	172.62	172.62



Code	Description	CCN Region 1	CCN Region 2	CCN Region 3
D9941	Fabrication of athletic mouthguard	164.71	164.71	164.71
D9942	Repair and/or reline of occlusal guard	132.55	132.55	132.55
D9943	Occlusal guard adjustment	69.62	69.62	69.62
D9944	Occlusal guard, hard appliance, full arch	488.29	488.29	488.29
D9945	Occlusal Guard: Soft appliance, full arch	488.29	488.29	488.29
D9946	Occlusal guard: hard appliance, partial arch	171.71	171.71	171.71
D9950	Occlusion analysis – mounted case	250.72	250.72	250.72
D9951	Occlusal adjustment – limited	128.45	128.45	128.45
D9952	Occlusal adjustment – complete	548.92	548.92	548.92
D9961	Duplicate/copy patient's records	25.60	25.60	25.60
D9970	Enamel microabrasion	132.18	118.96	118.96
D9971	Odontoplasty 1-2 teeth; includes removal of enamel projections	88.85	88.85	88.85
D9972	External bleaching – per arch – performed in office	267.69	267.69	267.69
D9973	External bleaching – per tooth	145.90	131.31	131.31
D9974	Internal bleaching – per tooth	229.59	229.59	229.59
D9975	External bleaching for home appl, per arch; incl materials and fabrication of custom trays	267.69	267.69	267.69
D9986	Missed appointment	25.74	25.74	25.74
D9987	Cancelled appointment	25.74	25.74	25.74
D9990	Certified translation or sign-language services – per visit	128.62	128.62	128.62
D9991	Dental case management – addressing appointment compliance barriers	60.08	66.75	66.75
D9992	Dental case management – care coordination	60.08	66.75	66.75
D9993	Dental case management – motivational interviewing	60.08	66.75	66.75
D9994	Dental case management – patient education to improve oral health literacy	66.75	66.75	66.75
D9995	Teledentistry-synchronous; real-time encounter	95.99	95.99	95.99
D9996	Teledentistry-asynchronous; information stored and forwarded to dentist for subsequent review	95.99	95.99	95.99
D9997	Dental case management – patients with special health care needs	53.25	53.25	53.25
D9999	Unspecified adjunctive procedure, by report	140.40	140.40	140.40