

AIRCONDITIONING AND REFRIGERATION INDUSTRY  
HEALTH AND WELFARE TRUST FUND

DENTAL FEE SCHEDULE

CODE	DESCRIPTION	ALLOWANCE
080	ORTHODONTICS-LIFETIME MAXIMUM	\$2,400.00
110	INITIAL ORAL EXAMINATION	\$55.00
120	PERIODIC ORAL EVALUATION	\$40.00
130	EMERGENCY ORAL EXAMINATION	\$50.00
140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	\$40.00
150	COMPREHENSIVE ORAL EVALUATION	\$50.00
180	COMPREHENSIVE PERIODONTAL EVALUATION-NEW OR ESTAB	\$50.00
210	INTRAORAL - COMPLETE SERIES (INCL BITEWINGS)	\$100.00
220	INTRAORAL - PERIAPICAL FIRST FILM	\$28.00
230	INTRAORAL - PERIAPICAL EACH ADD'L FILM	\$15.00
240	INTRAORAL - OCCLUSAL FILM	\$35.00
250	EXTRAORAL - FIRST FILM	\$10.00
260	EXTRAORAL - EACH ADDITIONAL FILM	\$9.00
270	BITEWING - SINGLE FILM	\$20.00
272	BITEWINGS - TWO FILMS	\$40.00
273	RADIOGRAPHS, 3 BITEWINGS	\$18.00
274	BITEWINGS - FOUR FILMS	\$53.00
275	BITEWINGS-EACH ADDITIONAL FILM	\$6.00
277	VERTICAL BITEWINGS - 7 TO 8 FILMS	\$53.00
290	POSTERIOR-ANT. OR LAT. SKULL & FACIAL BONE SURVEY	\$30.00
310	SIALOGRAPHY	\$54.00
320	TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCL INJECTION	\$36.00
321	OTHER TEMPOROMANDIBULAR JOINT, BY REPORT	\$60.00
322	TOMOGRAPHIC SURVEY	\$130.00
330	PANORAMIC FILM	\$79.00
340	CEPHALOMETRIC FILM	\$100.00
350	ORAL/FACIAL IMAGES (INCL INTRA AND EXTRAORAL IMAGES)	N/C
410	BACTERIAL STUDIES	\$24.00
415	BACTERIOLOGIC STUDIES FOR DETERMINATION	\$50.00
425	CARIES SUSCEPTIBILITY TESTS	\$18.00
430	BIOPSY & EXAM ORAL TISSUE HARD	\$36.00
450	HISTOPATHOLOGIC EXAMINATION	\$36.00
460	PULP VITALITY TESTS	\$69.00
470	DIAGNOSTIC CASTS	\$100.00
471	DIAGNOSTIC PHOTOS	N/C
473	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAM	\$18.00
501	HISTOPATHOLOGIC EXAMINATIONS	\$18.00
1110	PROPHYLAXIS - ADULT	\$69.00
1120	PROPHYLAXIS - CHILD	\$55.00
1201	PROPHY/FLUORIDE CHILD AGE 14 AND OVER	\$68.00
1203	TOPICAL APPLICATION OF FLUORIDE	\$45.00
1204	TOPICAL APPLICATION OF FLUORIDE	\$45.00
1205	PROPHY/FLUORIDE ADULT	\$75.00
1210	SODIUM FLUORIDE TREATMENTS	\$33.00
1211	SODIUM FLUORIDE TREATMENT W/PROPHY	\$57.00
1220	STANNOUS FLUORIDE TREATMENT	\$9.00
1221	STANNOUS FLUORIDE TREATMENT W/PROPHY	\$33.00
1230	ACID FLUORIDE TREATMENT	\$31.00
1351	SEALANT - PER TOOTH	\$51.00

1510	SPACE MAINTAINER - FIXED - UNILATERAL	\$247.00
1515	SPACE MAINTAINER - FIXED - BILATERAL	\$315.00
1520	SPACE MAINTAINER - REMOVABLE - UNILATERAL	\$150.00
1525	SPACE MAINTAINER - REMOVABLE - BILATERAL	\$400.00
1550	RE-CEMENTATION OF SPACE MAINTAINER	\$24.00
2140	AMALGAM - 1 SURFACE, PRIMARY	\$76.00
2150	AMALGAM - 2 SURFACES, PRIMARY	\$91.20
2160	AMALGAM - 3 SURFACES, PRIMARY	\$100.00
2161	AMALGAM - 4 OR MORE SURFACES	\$116.00
2190	PIN RETENTION PER PIN	\$24.00
2210	SILICATE CEMENT-PER RESTORATION	\$52.00
2330	RESIN-BASED COMPOSITE - 1 SURFACE	\$100.00
2331	RESIN-BASED COMPOSITE - 2 SURFACES	\$115.20
2332	RESIN-BASED COMPOSITE - 3 SURFACES	\$144.00
2335	RESIN-BASED COMPOSITE - 4 OR MORE SURFACES	\$156.00
2336	COMPOSITE RESIN CROWN-ANTERIOR PRIMARY	\$78.00
2340	ACID ETCH, ADDITIONAL	\$18.00
2380	COMPOSITE RESIN-1 SURFACE POSTERIOR	\$97.60
2381	COMPOSITE RESIN-2 SURFACES POSTERIOR	\$124.80
2382	COMPOSITE RESIN-3 SURFACES POSTERIOR	\$76.00
2385	COMPOSITE RESIN-1 SURFACE POSTERIOR	\$105.60
2386	COMPOSITE RESIN-2 SURFACES POSTERIOR	\$136.00
2387	COMP. RESIN-3 SURFACES POSTERIOR	\$156.00
2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	\$78.00
2391	RESIN-BASED COMPOSITE - 1 SURFACE	\$105.60
2392	RESIN-BASED COMPOSITE - 2 SURFACE	\$136.00
2393	RESIN-BASED COMPOSITE - 3 SURFACES	\$156.00
2394	RESIN-BASED COMPOSITE - 4 OR MORE SUR	\$156.00
2510	INLAY - METALLIC - 1 SURFACE	\$255.00
2520	INLAY - METALLIC - 2 SURFACE	\$468.00
2530	INLAY - METALLIC - 3 SURFACES	\$520.00
2540	ONLAY-METALLIC-PER TOOTH-IN ADDITION TO INLAY	\$160.00
2542	ONLAY-METALLIC-2 SURFACES	\$370.00
2543	ONLAY - METALLIC-3 SURFACE	\$580.00
2544	ONLAY - METALLIC-4 OR MORE SURFACES	\$580.00
2610	INLAY - PORCELAIN/CERAMIC - 1 SURFACE	\$90.00
2620	INLAY - PORCELAIN/CERAMIC - 2 SURFACE	\$240.00
2630	INLAY - PORCELAIN/CERAMIC - 3 SURFACE	\$300.00
2640	ONLAY-PORCELAIN/CERAMIC-PER TOOTH	\$124.00
2642	ONLAY - PORCELAIN/CERAMIC - 2 SURFACE	\$504.00
2643	ONLAY - PORCELAIN/CERAMIC - 3 SURFACE	\$560.00
2644	ONLAY - PORCELAIN/CERAMIC - 4 SURFACE	\$600.00
2650	INLAY - RESIN-BASED COMPOSITE	\$114.00
2651	INLAY - RESIN-BASED COMPOSITE	\$150.00
2652	INLAY - RESIN-BASED COMPOSITE	\$180.00
2660	ONLAY COMPOSITE/RESIN-PER TOOTH	\$45.00
2662	ONLAY - RESIN-BASED COMPOSITE	\$195.00
2710	CROWN - RESIN (INDIRECT)	\$155.00
2720	CROWN - RESIN WITH HIGH NOBLE	\$310.00
2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	\$296.00
2722	CROWN - RESIN WITH NOBLE METAL	\$302.00
2740	CROWN - PORCELAIN/CERAMIC SUBSTRATE	\$668.00
2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	\$600.00
2751	CROWN - PORCELAIN FUSED TO PREDOM BASE METAL	\$548.80
2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	\$560.00
2780	CROWN - 3/4 CAST HIGH NOBLE METAL	\$580.00
2783	CROWN - 3/4 PORCELAIN/CERAMIC	\$600.00

2790	CROWN - FULL CAST HIGH NOBLE METAL	\$577.60
2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	\$596.00
2792	CROWN - FULL CAST NOBLE METAL	\$544.00
2810	GOLD 3/4 CAST, (HIGH & MEDIUM NOBLE)	\$580.00
2892	METAL DOWEL POST & CORE	\$172.00
2910	RECEMENT INLAY	\$64.00
2920	RECEMENT CROWN	\$64.00
2930	PREFABRICATED STAINLESS STEEL	\$158.40
2931	PREFABRICATED STAINLESS STEEL	\$184.00
2932	PREFABRICATED RESIN CROWN	\$200.00
2933	PREFABRICATED STAINLESS STEEL	\$132.00
2940	SEDATIVE FILLING	\$132.00
2950	CORE BUILDUP, INCLUDING ANY PINS	\$144.00
2951	PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION	\$132.00
2952	CAST POST AND CORE IN ADDITION	\$235.20
2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$172.00
2955	POST REMOVAL (NOT IN CONJ. W/ENDO THERAPY)	\$138.00
2960	LABIAL VENEER (RESIN LAMINATE)	\$260.00
2962	LABIAL VENEER (PORCELAIN LAMINATE)	\$600.00
2970	TEMPORARY CROWN (FRACTURED TOOTH)	\$100.00
2980	CROWN REPAIR, BY REPORT	\$64.00
3110	PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)	\$59.20
3120	PULP CAP - INDIRECT (EXCLUDING FINAL RESTORATION)	\$68.00
3210	THERAPUTIC PULPOTOMY, PRIMARY	\$100.00
3220	THERAPEUTIC PULPOTOMY (EXCL FINAL RESTORATION)	\$120.00
3221	PULPAL DEBRIDEMENT, PRIMARY & PERMANENT TEETH	\$120.00
3230	PULPAL THERAPY (RESORBABLE FILLING)	\$100.00
3240	PULPAL THERAPY (RESORBABLE FILLING)	\$120.00
3310	ANTERIOR (EXCLUDING FINAL RESTORATION)	\$460.00
3320	BICUSPID (EXCLUDING FINAL RESTORATION)	\$520.00
3330	MOLAR (EXCLUDING FINAL RESTORATION)	\$640.00
3340	ROOT CANAL-4 CANALS	\$760.00
3346	RETREATMENT OF PREVIOUS ROOT CANAL ANTERIOR	\$320.00
3347	RETREATMENT OF PREVIOUS ROOT CANAL BICUSPID	\$320.00
3348	RETREATMENT OF PREVIOUS ROOT CANAL MOLAR	\$640.00
3350	APEXIFICATION	\$66.00
3410	APICOECTOMY/PERIRADICULAR SURGURY	\$380.00
3421	APICOECTOMY/PERIRADICULAR SURGURY	\$380.00
3425	APICOECTOMY/PERIRADICULAR SURGURY	\$380.00
3426	APICOECTOMY/PERIRADICULAR SURGURY	\$184.20
3430	RETROGRADE FILLING - PER ROOT	\$90.00
3450	ROOT AMPUTATION - PER ROOT	\$280.00
3910	SURGICAL PROCEDURE FOR ISOLATION OF TOOTH W/DAM	\$24.00
3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL)	\$105.00
3950	CANAL PREPARATION AND FITTING	\$105.00
4210	GINGIVECTOMY OR GINGIVOPLASTY	\$320.00
4211	GINGIVECTOMY OR GINGIVOPLASTY	\$97.60
4220	GINGIVAL CURETTAGE-PER QUADRANT	\$121.60
4240	GINGIVAL FLAP PROCEDURE, INCL ROOT PLANING 4+TEETH	\$340.00
4241	GINGIVAL FLAP PROCEDURE, INCL ROOT PLANING 1-3 TEETH	\$204.00
4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	\$580.00
4250	MUCOGINGIVAL SURGERY, PER QUAD	\$249.00
4260	OSSEOUS SURGERY (INCL FLAP ENTRY AND CLOSURE)	\$680.00
4261	OSSEOUS SURGERY (INCL FLAP ENTRY AND CLOSURE)	\$195.00
4262	OSSEOUS GRAFT-MULTIPLE SITES	\$255.00
4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	\$220.00
4266	GUIDED TISSUE REGENERATION - RESORBABLE BARRIER	\$270.00

4267	GUIDED TISSUE REGENERATION - NONRESORBABLE	\$260.00
4268	SURGICAL REVISION PROCEDURE, PER TOOTH	\$270.00
4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$180.00
4271	FREE SOFT TISSUE GRAFT PROCEDURE	\$600.00
4272	APICALLY REPOSITIONED FLAP PROCEDURE	\$345.00
4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURE	\$680.00
4320	PROVISIONAL SPLINTING - INTRACORONAL	\$60.00
4321	PROVISIONAL SPLINTING - EXTRACORONAL	\$80.00
4330	OCCUSAL ADJUSTMENT, LIMITED	\$33.00
4331	OCCLUSAL ADJUSTMENT, COMPLETE	\$132.00
4340	PERIO SCALE & ROOT PLANING ENTIRE MOUTH	\$560.00
4341	PERIODONTAL SCALING AND ROOT PLANING PER QUAD	\$140.00
4342	PERIODONTAL SCALING AND ROOT PLANING 1-3 TEETH	\$140.00
4345	PERIO SCALING-PRESENCE OF GINGIVAL INFLAMATION	\$69.60
4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMP EVAL & DX	\$76.00
4381	LOCALIZED DELIVERY OF CHEMOTHERAPY AGENT	\$39.00
4910	PERIODONTAL MAINTENANCE	\$81.60
4920	UNSCHEDULED DRESSING CHANGE (OTHER THAN DENTIST)	\$21.00
5110	COMPLETE DENTURE - MAXILLARY	\$839.20
5120	COMPLETE DENTURE - MANDIBULAR	\$760.00
5130	IMMEDIATE DENTURE - MAXILLARY	\$760.00
5140	IMMEDIATE DENTURE - MANDIBULAR	\$760.00
5211	MAXILLARY PARTIAL DENTURE - RESIN BASE INCL CLASPS	\$395.00
5212	MANDIBULAR PARTIAL DENTURE - RESIN INCL CLASPS	\$395.00
5213	AXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK	\$1,000.00
5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK	\$1,040.00
5215	UPPER PARTIAL-HIGH NOBLE CAST	\$395.00
5225	MAX PD FLEXIBLE BASE	\$760.00
5226	MAND PD FLEXIBLE BASE	\$760.00
5281	REMOVABLE UNILATERAL PARTIAL DENTURE	\$113.00
5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$39.00
5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$80.00
5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$77.60
5510	REPAIR BROKEN COMPLETE DENTURE	\$128.00
5520	REPLACE MISSING OR BROKEN TEET	\$80.00
5610	REPAIR RESIN DENTURE BASE	\$100.00
5620	REPAIR CAST FRAMEWORK	\$120.00
5630	REPAIR OR REPLACE BROKEN CLASP	\$130.40
5640	REPLACE BROKEN TEETH - PER TOOTH ON DENTURE	\$104.00
5650	ADD TOOTH TO EXISTING PARTIAL	\$144.00
5660	ADD CLASP TO EXISTING PARTIAL	\$140.00
5710	REBASE COMPLETE MAXILLARY DENTURE	\$183.00
5720	REBASE MAXILLARY PARTIAL DENTURE	\$183.00
5730	RELINE COMPLETE MAXILLARY DENTURE	\$147.20
5740	RELINE MAXILLARY PARTIAL DENTURE	\$147.20
5750	RELINE COMPLETE MAXILLARY DENTURE	\$280.00
5751	RELINE COMPLETE MANDIBULAR DENTURE	\$280.00
5760	RELINE MAXILLARY PARTIAL DENTURE	\$280.00
5761	RELINE MANDIBULAR PARTIAL DENTURE	\$280.00
5810	INTERIM COMPLETE DENTURE (MAXILLARY)	N/C
5811	INTERIM COMPLETE DENTURE (MANDIBULAR)	N/C
5820	INTERIM PARTIAL DENTURE (MAXILLARY)	N/C
5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	N/C
5850	TISSUE CONDITIONING, MAXILLARY	\$128.00
5851	TISSUE CONDITIONING, MANDIBULAR	\$98.40
5861	OVERDENTURE - PARTIAL, BY REPORT	\$98.40
5867	REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION	\$98.00

5982	SURGICAL STENT	\$60.00
5988	SURGICAL SPLINT	\$350.00
6010	SURGICAL PLACEMENT OF IMPLANT	\$1,150.00
6020	ABUTMENT PLACEMENT OR SUBSTITU	N/C
6040	SURGICAL PLACEMENT: EPOSTEAL I	N/C
6050	SURGICAL PLACEMENT: TRANSOSTEA	N/C
6053	IMPLANT/ABUTMENT SUPPORTED REM	N/C
6054	IMPLANT/ABUTMENT SUPPORTED REM	N/C
6055	DENTAL IMPLANT SUPPORTED CONNE	N/C
6056	PREFABRICATED ABUTMENT	N/C
6057	CUSTOM ABUTMENT	\$410.00
6058	ABUTMENT SUPPORTED PORCELAIN/C	N/C
6059	ABUTMENT SUPPORTED PORCELAIN F	\$735.00
6060	ABUTMENT SUPPORTED PORCELAIN F	N/C
6061	ABUTMENT SUPPORTED PORCELAIN F	N/C
6062	ABUTMENT SUPPORTED CAST METAL	N/C
6063	ABUTMENT SUPPORTED CAST METAL	N/C
6064	ABUTMENT SUPPORTED CAST METAL	N/C
6065	IMPLANT SUPPORTED PORCELAIN/CE	N/C
6066	IMPLANT SUPPORTED PORCELAIN FU	N/C
6067	IMPLANT SUPPORTED METAL CROWN	N/C
6068	ABUTMENT SUPPORTED RETAINER FO	N/C
6069	ABUTMENT SUPPORTED RETAINER FO	N/C
6070	ABUTMENT SUPPORTED RETAINER FO	N/C
6071	ABUTMENT SUPPORTED RETAINER FO	N/C
6072	ABUTMENT SUPPORTED RETAINER FO	N/C
6073	ABUTMENT SUPPORTED RETAINER FO	N/C
6074	ABUTMENT SUPPORTED RETAINER FO	N/C
6075	IMPLANT SUPPORTED RETAINER FOR	N/C
6076	IMPLANT SUPPORTED RETAINER FOR	N/C
6077	IMPLANT SUPPORTED RETAINER FOR	N/C
6078	IMPLANT/ABUTMENT SUPPORTED FIX	N/C
6079	IMPLANT/ABUTMENT SUPPORTED FIX	N/C
6080	IMPLANT MAINTENANCE PROCEDURES	N/C
6090	REPAIR IMPLANT SUPPORTED PROST	N/C
6095	REPAIR IMPLANT ABUTMENT, BY RE	N/C
6100	IMPLANT REMOVAL, BY REPORT	N/C
6199	UNSPECIFIED IMPLANT PROCEDURE,	N/C
6210	PONTIC - CAST HIGH NOBLE METAL	\$560.00
6211	PONTIC - CAST PREDOMINANTLY BASE METAL	\$480.00
6212	PONTIC - CAST NOBLE METAL	\$504.00
6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	\$560.00
6241	PONTIC - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$540.00
6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL	\$548.00
6250	PONTIC - RESIN WITH HIGH NOBLE METAL	\$310.00
6251	PONTIC - RESIN WITH PREDOMINANTLY BASE METAL	\$296.00
6252	PONTIC - RESIN WITH NOBLE METAL	\$302.00
6520	INLAY-METALLIC-TWO SURFACES	\$240.00
6530	INLAY-METALLIC-THREE OR MORE SURFACES	\$282.00
6540	INLAY-METALLIC-ONLAYING CUSPS	\$56.00
6545	RETAINER - CAST METAL FOR RESIN BONDED FIXED PROSTHESIS	\$118.80
6720	CROWN - RESIN WITH HIGH NOBLE METAL	\$310.00
6721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	\$296.00
6722	CROWN - RESIN WITH NOBLE METAL	\$302.00
6750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	\$560.00
6751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$540.00
6752	CROWN - PORCELAIN FUSED TO NOBLE METAL	\$540.00

6780	CROWN - 3/4 CAST HIGH NOBLE METAL	\$580.00
6790	CROWN - FULL CAST HIGH NOBLE METAL	\$556.00
6791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	\$520.00
6792	CROWN - FULL CAST NOBLE METAL	\$336.00
6930	RECEMENT FIXED PARTIAL DENTURE	\$80.00
6940	STRESS BREAKER	\$79.00
6950	PRECISION ATTACHMENT	\$164.00
6972	PREFABRICATED POST AND CORE IN ADD. TO FIXED PARTIAL DENTURE	\$192.00
6973	CORE BUILD UP FOR RETAINER, INCLUDING ANY PINS	\$160.00
7110	SIMPLE EXTRACTION-SINGLE TOOTH	\$80.00
7111	CORONAL REMNANTS - DECIDUOUS TOOTH	\$81.00
7120	SIMPLE EXTRACTION-EACH ADDITIONAL TOOTH	\$76.00
7130	ROOT REMOVAL-EXPOSED ROOTS	\$125.60
7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT	\$80.00
7210	SURGICAL REMOVAL OF ERUPTED TOOTH	\$156.00
7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	\$180.00
7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	\$228.00
7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	\$260.00
7241	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY W/UNUSUAL	\$280.00
7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROC.)	\$117.60
7260	OROANTRAL FISTULA CLOSURE	\$240.00
7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	\$360.00
7281	SURGICAL EXPOSURE OF IMPACTED OR UNERUPTED TOOTH	\$364.00
7285	BIOPSY OF ORAL TISSUE - HARD (BONE TOOTH)	\$90.00
7286	BIOPSY OF ORAL TISSUE - SOFT (ALL OTHERS)	\$200.00
7290	SURGICAL REPOSITIONING OF TEETH	\$120.00
7291	TRANSSEPTAL FIBEROTOMY/SUPRA CRESTAL FIBEROT BY REPORT	\$48.00
7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS-PER QUAD	\$93.00
7320	ALVEOLOPLASTY NOT IN CONJUNCTION W/EXTRACTIONS-PER QUAD	\$96.00
7340	VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHLIALIZATION	\$120.00
7410	EXCISION OF BENIGN LESION UP TO 1.25CM	\$90.00
7420	RADIAL EXCISION-GREATER THAN 1.25CM	\$180.00
7430	EXCISION OF BENIGN TUMOR-UP TO 1.25CM	\$90.00
7431	EXCISION OF BENIGN TUMOR-OVER 1.25CM	\$180.00
7440	EXCISION OF MALIGNANT TUMOR - UP TO 1.25CM	\$135.00
7441	EXCISION OF MALIGNANT TUMOR - OVER 1.25CM	\$216.00
7450	REMOVAL OF BENIGN ODONTOGENIC CYST/TUMOR UP TO 1.25CM	\$90.00
7451	REMOVAL OF BENIGN ODONTOGENIC CYST/TUMOR OVER 1.25CM	\$180.00
7460	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR UP TO 1.25CM	\$90.00
7461	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR OVER 1.25CM	\$180.00
7465	DEST OF LESION(S) BY ELECTROSURGERY, CHEMO OR CRYOTHERAPY	\$42.00
7470	REMOVAL OF EXOSTOSIS-MAXILLA OR MANDIBLE	\$216.00
7473	REMOVAL OF TORUS MANDIBULARIS	\$216.00
7480	PARTIAL OSTECTOMY (GUTTING OR SAUCERIZATION)	\$216.00
7510	INCISION AND DRAINAGE OF ABSCESS, INTRAORAL	\$300.00
7520	INCISION AND DRAINAGE OF ABSCESS, EXTRAORAL	\$68.00
7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN OR ALVEOLAR TISSUE	\$60.00
7540	REMOVAL OF REACTION PRODUCING FOREIGN BODIES MUSCULOSKELETAL	\$90.00
7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR OSTEOMYELITIS	\$150.00
7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR F/B	\$240.00
7610	MAXILLA - OPEN REDUCTION (TEETH IMMOBILIZED, IF PRESENT)	\$1,260.00
7620	MAXILLA - CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	\$750.00
7630	MANDIBLE - OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	\$1,260.00
7640	MANDIBLE - CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	\$750.00
7650	MALAR AND/OR ZYGOMATIC ARCH -OPEN REDUCTION	\$750.00
7660	MALAR AND/OR ZYGOMATIC ARCH -CLOSED REDUCTION	\$333.00
7670	ALVEOLUS - CLOSED REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	\$750.00

7680	FACIAL BONES - COMPLICATED REDUCTION W/FIXATION AND MULTIPLE SURG	\$1,590.00
7710	MAXILLA - OPEN REDUCTION	\$1,260.00
7720	MAXILLA - CLOSED REDUCTION	\$750.00
7730	MANDIBLE - OPEN REDUCTION	\$1,260.00
7740	MANDIBLE - CLOSED REDUCTION	\$750.00
7750	MALAR AND/OR ZYGOMATIC ARCH -OPEN REDUCTION	\$990.00
7760	MALAR AND/OR ZYGOMATIC ARCH -CLOSED REDUCTION	\$582.00
7770	ALVEOLUS - OPEN REDUCTION SPLINTING STABILIZATION OF TEETH	\$582.00
7780	FACIAL BONES - COMPLICATED REDUCTION W/FIXATION AND MULTIPLE SURG	\$1,590.00
7810	OPEN REDUCTION OF DISLOCATION	\$840.00
7820	CLOSED REDUCTION OF DISLOCATION	\$168.00
7830	MANIPULATION UNDER ANESTHESIA	\$168.00
7840	CONDYLECTOMY	\$126.00
7850	SURGICAL DISCECTOMY, WITH/WITHOUT IMPLANT BY REPORT	\$126.00
7860	ARTHROTOMY	\$126.00
7870	ARTHROCENTESIS	\$84.00
7880	OCCLUSAL ORTHOTIC DEVICE, BY REPORT	\$115.80
7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	\$99.00
7911	COMPLICATED SUTURE - UP TO 5 CM	\$168.00
7912	COMPLICATED SUTURE - GREATER THAN 5 CM	\$267.00
7940	OSTEOPLASTY - FOR ORTHOGNATHIC DEFORMITIES	\$1,680.00
7950	OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF MAND BY REPORT	\$600.00
7960	FRENULECTOMY (FRENECTOMY OR FRENOTOMY) SEPARATE PROCEDURE	\$180.00
7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	\$132.00
7971	EXCISION OF PERICORONAL GINGIVA	\$132.00
7980	SIALOLITHOTOMY	\$480.00
7981	EXCISION OF SALIVARY GLAND, BY REPORT	\$501.00
7982	SIALODOCHOPLASTY	\$582.00
7983	CLOSURE OF SALIVARY FISTULA	\$501.00
7990	EMERGENCY TRACHEOTOMY	\$333.00
7991	CORONOIDECTOMY	\$840.00
8110	MINOR TOOTH MOVEMNT, REMOVABLE APPLIANCE THERAPY	\$231.00
8120	MINOR TOOTH MOVEMENT-FIXED OR CEMENTED APPLIANCE THERAPY	\$273.90
8210	REMOVABLE APPLIANCE THERAPY-NIGHTGUARD	\$145.20
8220	FIXED APPLIANCE THERAPY	\$184.80
8360	REMOVABLE APPLIANCE THERAPY	\$231.00
8370	FIXED APPLIANCE-INTERCEPTIVE TREATMENT	\$273.90
8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES)	\$231.00
8692	REPLACEMENT OF LOST OR BROKEN RETAINER	N/C
9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN	\$77.60
9220	DEEP SEDATION/GENERAL ANESTHESIA - 1rst ½ Hr.	\$200.00
9221	DEEP SEDATION/GENERAL ANESTHESIA, EA. ADD'L 15 MINUTES	\$60.00
9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE	\$48.00
9310	CONSULTATION PER SESSION	\$96.00
9410	HOUSE/EXTENDED CARE FACILITY CALL	\$30.00
9420	HOSPITAL CALL	\$27.00
9430	OFFICE VISIT FOR OBSERVATION-REG. HOURS NO OTHER SERVICES PERFOR(	\$44.00
9440	OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS	\$80.00
9610	THERAPEUTIC DRUG INJECTION, BY REPORT	\$18.00
9940	OCCLUSAL GUARD, BY REPORT	\$250.00
9942	NIGHTGUARD-SOFT GUARD	\$90.00
9951	OCCLUSAL ADJUSTMENT - LIMITED	\$23.40
9952	OCCLUSAL ADJUSTMENT - COMPLETE	\$112.00
9971	ODONTOPLASTY 1 - 2 TEETH; INCL	\$75.00
9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT	

