



ADDENDUM A-1

To Participating Provider Agreement New Hampshire

Delta Dental Adult Medicaid Reimbursement Fees - Fee ID: GV173895

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

Code	Procedure Description	Fee
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	\$38.52
D0140	LIMITED ORAL EVALUATION-PROBLEM FOCUSED	\$56.83
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$71.98
D0160	DETAILED AND EXTENSIVE ORAL EVAL-PROBLEM FOCUSED, BY REPORT	\$61.88
D0190	SCREENING OF A PATIENT	\$20.00
D0191	ASSESSMENT OF A PATIENT	\$33.00
D0210	INTRAORAL - COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES	\$73.25
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	\$16.42
D0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	\$16.42
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	\$16.42
D0250	EXTRA-ORAL – 2D PROJECTION RADIOGRAPHIC IMAGE CREATED USING A STATIONARY RADIATION SOURCE, AND DETECTOR	\$33.02
D0251	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE	\$45.47
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	\$16.42
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	\$32.84
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	\$40.41
D0310	SIALOGRAPHY	\$84.04
D0320	TEMPOROMANDIBULAR JOINT ARTHOGRAM, INCLUDING INJECTION	\$76.45
D0321	OTHER TEMPOROMANDIBULAR JOINT FILMS, BY REPORT	\$91.54
D0322	TOMOGRAPHIC SURVEY	\$149.99
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$73.25
D0364	CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW, LESS THAN ONE WHOLE JAW	\$146.49

Code	Procedure Description	Fee
D0365	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH – MANDIBLE	\$183.11
D0366	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH – MAXILLA, WITH OR WITHOUT CRANIUM	\$183.11
D0367	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS, WITH OR WITHOUT CRANIUM	\$183.11
D0368	CONE BEAM CT CAPTURE AND INTERPRETATION FOR TMJ SERIES INCLUDING TWO OR MORE EXPOSURES	\$219.74
D0380	CONE BEAM CT IMAGE CAPTURE WITH LIMITED FIELD OF VIEW – LESS THAN ONE WHOLE JAW	\$219.74
D0381	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH – MANDIBLE	\$219.74
D0382	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH – MAXILLA, WITH OR WITHOUT CRANIUM	\$219.74
D0383	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF BOTH JAWS, WITH OR WITHOUT CRANIUM	\$219.74
D0384	CONE BEAM CT IMAGE CAPTURE FOR TMJ SERIES INCLUDING TWO OR MORE EXPOSURES	\$219.74
D0415	BACTERIOLOGIC STUDIES	\$66.91
D0425	CARIES SUSCEPTIBILITY TESTS	\$38.19
D0460	PULP VITALITY TESTS	\$36.35
D0502	OTHER ORAL PATHOLOGY PROCEDURES, BY REPORT	\$19.10
D1110	PROPHYLAXIS - ADULT	\$75.00
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	\$25.00
D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	\$25.00
D1310	NUTRITIONAL COUNSELING FOR CONTROL OF DENTAL DISEASE	\$7.09
D1320	TOBACCO COUNSELING FOR CONTROL AND PREVENTION OF ORAL DISEASE	\$7.43
D1330	ORAL HYGIENE INSTRUCTIONS	\$40.34
D1354	APPLICATION OF CARIES ARRESTING MEDICAMENT- PER TOOTH	\$37.88
D2140	AMALGAM - ONE SURFACE, PRIMARY OR PERMANENT	\$122.50
D2150	AMALGAM - TWO SURFACES, PRIMARY OR PERMANENT	\$140.17
D2160	AMALGAM - THREE SURFACES, PRIMARY OR PERMANENT	\$160.38
D2161	AMALGAM - FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	\$165.43
D2330	RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR	\$112.39
D2331	RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR	\$125.02
D2332	RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR	\$151.54
D2335	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES (ANTERIOR)	\$164.17
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	\$284.14
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	\$122.50
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	\$140.17
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	\$160.38

Code	Procedure Description	Fee
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	\$165.43
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	\$218.46
D2720	CROWN-RESIN WITH HIGH NOBLE METAL	\$252.56
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	\$252.56
D2722	CROWN - RESIN WITH NOBLE METAL	\$252.56
D2740	CROWN - PORCELAIN/CERAMIC	\$600.00
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	\$600.00
D2751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$600.00
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	\$600.00
D2753	CROWN- PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$600.00
D2790	CROWN - FULL CAST HIGH NOBLE METAL	\$600.00
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	\$600.00
D2792	CROWN - FULL CAST NOBLE METAL	\$600.00
D2915	RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE	\$23.99
D2920	RE-CEMENT OR RE-BOND CROWN	\$23.99
D2940	PROTECTIVE RESTORATION	\$69.46
D2950	CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED	\$148.00
D2951	PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION	\$23.99
D2980	CROWN REPAIR, BY REPORT	\$71.37
D3470	INTENTIONAL REIMPLANTATION	\$386.30
D4322	SPLINT – INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS	\$246.08
D4323	SPLINT – EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS	\$202.24
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	\$144.10
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH PER QUADRANT	\$72.05
D4346	SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION, FULL MOUTH, AFTER ORAL EVALUATION	\$66.93
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE A COMPREHENSIVE PERIODONTAL EVALUATION AND DIAGNOSIS ON A SUBSEQUENT VISIT	\$95.69
D4910	PERIODONTAL MAINTENANCE PROCEDURES	\$84.07
D5110	COMPLETE DENTURE - MAXILLARY	\$840.00
D5120	COMPLETE DENTURE - MANDIBULAR	\$840.00
D5130	IMMEDIATE DENTURE - MAXILLARY	\$840.00
D5140	IMMEDIATE DENTURE - MANDIBULAR	\$840.00
D5211	MAXILLARY PARTIAL DENTURE, RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$640.00
D5212	MANDIBULAR PARTIAL DENTURE, RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$640.00

Code	Procedure Description	Fee
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$740.00
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$740.00
D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE – RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$640.00
D5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$640.00
D5223	IMMEDIATE MAXILLARY PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$740.00
D5224	IMMEDIATE MANDIBULAR PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$740.00
D5225	MAXILLARY PARTIAL DENTURE-FLEXIBLE BASE	\$740.00
D5226	MANDIBULAR PARTIAL DENTURE-FLEXIBLE BASE	\$740.00
D5227	IMMEDIATE MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	\$740.00
D5228	IMMEDIATE MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	\$740.00
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$20.21
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	\$20.21
D5421	ADJUST PARTIAL DENTURE-MAXILLARY	\$20.21
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$20.21
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	\$120.00
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	\$120.00
D5520	REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE (EACH TOOTH)	\$70.72
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	\$120.00
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	\$120.00
D5621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	\$66.26
D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	\$63.62
D5630	REPAIR OR REPLACE BROKEN RETENTIVE/CLASPING MATERIALS PER TOOTH	\$78.29
D5640	REPLACE BROKEN TEETH-PER TOOTH	\$78.29
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$85.87
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	\$103.55
D5710	REBASE COMPLETE MAXILLARY DENTURE	\$121.33
D5711	REBASE COMPLETE MANDIBULAR DENTURE	\$129.37
D5720	REBASE MAXILLARY PARTIAL DENTURE	\$122.20
D5721	REBASE MANDIBULAR PARTIAL DENTURE	\$121.11
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	\$88.40
D5731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	\$88.40

Code	Procedure Description	Fee
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	\$80.81
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	\$80.81
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	\$230.00
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	\$230.00
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	\$230.00
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	\$230.00
D5810	INTERIM COMPLETE DENTURE-MAXILLARY	\$215.33
D5811	INTERIM COMPLETE DENTURE-MANDIBULAR	\$202.26
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	\$250.00
D5821	INTERIM PARTIAL DENTURE-MANDIBULAR	\$250.00
D5850	TISSUE CONDITIONING, MAXILLARY	\$43.17
D5851	TISSUE CONDITIONING,MANDIBULAR	\$43.32
D5982	SURGICAL STENT	\$42.54
D5983	RADIATION CARRIER	\$77.57
D5986	FLUORIDE GEL CARRIER	\$21.26
D5988	SURGICAL SPLINT	\$55.64
D6100	SURGICAL REMOVAL OF IMPLANT BODY	\$156.89
D7111	EXTRACTION, CORONAL REMNANTS - PRIMARY TOOTH	\$58.50
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	\$126.28
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	\$157.86
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	\$164.77
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	\$221.00
D7240	REMOVAL OF IMPACTED TOOTH-COMPLETLY BONY	\$284.14
D7241	REMOVAL OF IMPACTED TOOTH-COMPLETLY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	\$284.14
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	\$157.86
D7260	OROANTRAL FISTULA CLOSURE	\$150.28
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	\$292.92
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH	\$140.17
D7272	TOOTH TRANSPLANTATION (INLCUDES REIMPLANTATION FROM ONE SITE TO ANOTHER)	\$318.61
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	\$151.28
D7285	INCISIONAL BIOPSY OF ORAL TISSUE-HARD (BONE, TOOTH)	\$70.72
D7286	INCISIONAL BIOPSY OF ORAL TISSUE-SOFT	\$175.00
D7298	REMOVAL OF TEMPORARY ANCHORAGE DEVICE [SCREW RETAINED PLATE], REQUIRING FLAP	\$276.49
D7299	REMOVAL OF TEMPORARY ANCHORAGE DEVICE, REQUIRING FLAP	\$185.65
D7300	REMOVAL OF TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP	\$165.61

Code	Procedure Description	Fee
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	\$160.00
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	\$80.00
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	\$212.00
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	\$106.00
D7340	VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION)	\$99.76
D7350	VESTIBULOPLASTY - RIDGE EXTENSION	\$199.53
D7410	RADICAL EXCISION - LESION DIAMETER UP TO 1.25CM	\$103.55
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	\$283.61
D7412	EXCISION OF BENIGN LESION, COMPLICATED	\$361.16
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM	\$157.94
D7414	EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM	\$360.10
D7415	EXCISION OF MALIGNANT LESION, COMPLICATED	\$627.33
D7440	EXCISION OF MALIGNANT TUMOR - LESION DIAMETER UP TO 1.25CM	\$198.93
D7441	EXCISION OF MALIGNANT TUMOR - LESION DIAMETER GREATER THAN 1.25CM	\$399.38
D7450	REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25CM	\$83.35
D7451	REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION GREATER THAN 1.25CM	\$209.63
D7460	REMOVAL OF NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25CM	\$99.76
D7461	REMOVAL OF NONODONTOGENIC CYST OR TUMOR - LESION GREATER THAN 1.25CM	\$233.63
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHOD, BY REPORT	\$85.08
D7471	REMOVAL OF EXOSTOSIS - PER SITE	\$275.61
D7472	REMOVAL OF TORUS PALATINUS	\$356.25
D7473	REMOVAL OF TORUS MANDIBULARIS	\$326.89
D7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	\$273.62
D7490	RADICAL RESECTION OF MAXILLA OR MANDIBLE	\$1154.80
D7510	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE	\$94.72
D7511	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)	\$94.72
D7520	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE	\$99.76
D7521	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)	\$99.76
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE	\$32.84

Code	Procedure Description	Fee
D7540	REMOVAL OF REACTION-PRODUCING FOREIGN BODIES, MUSCULOSKELETAL SYSTEM	\$213.23
D7550	PARTIAL OSTEOTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE	\$243.79
D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY	\$464.87
D7610	MAXILLA - OPEN REDUCTION	\$947.96
D7620	MAXILLA - CLOSED REDUCTION	\$683.68
D7630	MANDIBLE-OPEN REDUCTION	\$1598.74
D7640	MANDIBLE - CLOSED REDUCTION	\$912.09
D7650	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	\$1857.21
D7660	MALAR AND/OR ZYGOMATIC ARCH-CLOSED	\$1547.52
D7670	ALVEOLUS STABILIZATION OF TEETH, CLOSED REDUCTION SPLINTING	\$351.16
D7671	ALVEOLUS - OPEN REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	\$636.91
D7680	FACIAL BONES - COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES	\$1358.39
D7710	MAXILLA - OPEN REDUCTION	\$138.68
D7720	MAXILLA - CLOSED REDUCTION	\$426.96
D7730	MANDIBLE - OPEN REDUCTION	\$912.64
D7740	MANDIBLE - CLOSED REDUCTION	\$624.26
D7750	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	\$549.95
D7760	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION	\$2867.21
D7770	ALVEOLUS-STABILIZATION OF TEETH, OPEN REDUCTION SPLINTING	\$396.52
D7771	ALVEOLUS, CLOSED REDUCTION STABILIZATION OF TEETH	\$717.26
D7780	FACIAL BONES - COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES	\$1246.48
D7810	OPEN REDUCTION OF DISLOCATION	\$2126.57
D7820	CLOSED REDUCTION DISLOCATION	\$37.88
D7830	MANIPULATION UNDER ANESTHESIA	\$66.93
D7840	CONDYLECTOMY	\$397.79
D7850	SURGICAL DISCECTOMY, WITH/WITHOUT IMPLANT	\$397.79
D7852	DISC REPAIR	\$1173.17
D7854	SYNOVECTOMY	\$2702.54
D7856	MYOTOMY	\$1817.44
D7858	JOINT RECONSTRUCTION	\$3916.51
D7860	ARTHROTOMY	\$3544.55
D7865	ARTHROPLASTY	\$2902.29
D7870	ARTHROCENTESIS	\$32.84
D7872	ARTHROSCOPY - DIAGNOSIS WITH OR WITHOUT BIOPSY	\$2014.75
D7873	ARTHROSCOPY-SURGICAL: LAVAGE AND LYSIS OF ADHESIONS	\$1295.38
D7874	ARTHROSCOPY-SURGICAL: DISC REPOSITIONING AND STABILIZATION	\$3479.57

Code	Procedure Description	Fee
D7875	ARTHROSCOPY-SURGICAL SYNOVECTOMY	\$3812.01
D7876	ARTHROSCOPY-SURGERY DISCECTOMY	\$4109.74
D7877	ARTHROSCOPY-SURGICAL DEBRIDEMENT	\$89.96
D7880	OCCLUSAL ORTHOTIC DEVICE, BY REPORT	\$507.65
D7910	SUTURE SMALL WOUNDS UP TO 5 CM	\$56.83
D7911	COMPLICATED SUTURE-UP TO 5 CM	\$123.76
D7912	COMPLEX SUTURE - GREATER THAN 5CM	\$303.16
D7920	SKIN GRAFT (IDENTIFY DEFECT COVERED, LOCATION AND TYPE OF GRAFT)	\$81.14
D7940	OSTEOPLASTY- FOR ORTHOGNATHIC DEFORMITIES	\$180.52
D7941	OSTEOTOMY - MADIBULAR RAMI	\$645.65
D7943	OSTEOTOMY- MANDIBULAR RAMI WITH BONE GRAFT; INCLUDES OBTAINING THE GRAFT	\$487.55
D7944	OSTEOTOMY - SEGMENTED OR SUBAPICAL - PER SEXTANT OR QUADRANT	\$802.96
D7945	OSTEOTOMY - BODY OF MANDIBLE	\$1410.95
D7946	LEFORT I (MAXILLA - TOTAL)	\$4454.49
D7947	LEFORT I (MAXILLA - SEGMENTED)	\$4153.22
D7948	LEFORT II OR LEFORT III - WITHOUT BONE GRAFT	\$4956.45
D7949	LEFORT II OR LEFORT III - WITH BONE GRAFT	\$736.28
D7950	OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF THE MANDIBLE OR MAXILLA - AUTOGENOUS OR NONAUTOGENOUS, BY REPORT	\$577.47
D7953	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SITE	\$215.45
D7955	REPAIR OF MAXILLOFACIAL SOFT AND/OR HARD TISSUE DEFECT	\$486.60
D7961	BUCCAL / LABIAL FRENECTOMY (FRENULECTOMY)	\$156.42
D7962	LINGUAL FRENECTOMY (FRENULECTOMY)	\$156.42
D7970	EXCISION OF HYPERPLASTIC TISSUE - PER ARCH	\$66.93
D7971	EXCISION OF PERICORONAL GINGIVA	\$104.72
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	\$167.50
D7979	NON-SURGICAL SIALOLITHOTOMY	\$46.17
D7980	SURGICAL SIALOLITHOTOMY	\$99.76
D7981	EXCISION OF SALIVARY GLAND, BY REPORT	\$265.19
D7982	SIALODOCHOPLASTY	\$199.53
D7983	CLOSURE OF SALIVARY FISTULA	\$748.03
D7990	EMERGENCY TRACHEOTOMY	\$167.58
D7991	CORONOIDECTOMY	\$458.71
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	\$20.21
D9110	PALLIATIVE TREATMENT OF DENTAL PAIN - PER VISIT	\$34.10
D9211	REGIONAL BLOCK ANESTHESIA	\$8.43
D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA	\$15.60
D9215	LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	\$5.82

Code	Procedure Description	Fee
D9222	DEEP SEDATION/GENERAL ANESTHESIA FIRST 15 MINUTES	\$284.14
D9223	DEEP SEDATION/GENERAL ANESTHESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	\$94.72
D9230	INHALATION OF NITROUS OXIDE/ANALGESIA, ANXIOLYSIS	\$47.99
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA- FIRST 15 MINUTES	\$189.42
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	\$63.14
D9248	NON-INTRAVENOUS MODERATE SEDATION	\$167.96
D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN	\$26.52
D9410	HOUSE/EXTENDED CARE FACILITY CALL	\$16.46
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	\$63.14
D9430	OFFICE VISIT FOR OBSERVATION - NO OTHER SERVICES PERFORMED	\$8.84
D9440	OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS	\$20.21
D9610	THERAPEUTIC DRUG INJECTION, BY REPORT	\$7.58
D9630	OTHER DRUGS AND/OR MEDICAMENTS, BY REPORT	\$5.24
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	\$6.68
D9930	TREATMENT OF COMPLICATIONS (POST-SURGICAL) - UNUSUAL CIRCUMSTANCES, BY REPORT	\$15.64
D9944	OCCLUSAL GUARD--HARD APPLIANCE, FULL ARCH	\$145.00
D9945	OCCLUSAL GUARD--SOFT APPLIANCE FULL ARCH	\$145.00
D9946	OCCLUSAL GUARD--HARD APPLIANCE, PARTIAL ARCH	\$145.00
D9950	OCCLUSION ANALYSIS-MOUNTED CASE	\$40.79
D9951	OCCLUSAL ADJUSTMENT - LIMITED	\$36.88
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	\$146.43
D9986	MISSED APPOINTMENT	\$5.00
D9987	CANCELLED APPOINTMENT	\$5.00
D9995	TELEDENTISTRY – SYNCHRONOUS; REAL-TIME ENCOUNTER	\$12.95
D9996	TELEDENTISTRY – ASYNCHRONOUS; INFORMATION STORED AND FORWARDED TO DENTIST FOR SUBSEQUENT REVIEW	\$14.31