Medical

Code	Description	
11200	RMVL SKIN TAGS MLT FIBRQ TAGS ANY UP TO&INC 15	$365.97
11730	AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	$470.98
15853	REMOVAL SUTURES/STAPLES NOT REQUIRING ANESTHESIA	$42.97
17000	DESTRUCTION PREMALIGNANT LESION 1ST	$272.58
17340	CRYOTHERAPY CO2 SLUSH LIQUID N2 ACNE	$186.56
36410	VNPNXR 3 YEARS/> PHYS/QHP SKILL DX/THER PURPOSES	$51.25
36415	COLLECTION VENOUS BLOOD VENIPUNCTURE	$26.91
36416	COLLECTION CAPILLARY BLOOD SPECIMEN	$35.87
45378	COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	$2,381.05
69209	REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	$65.33
69210	REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	$185.90
70336	MRI TEMPOROMANDIBULAR JOINT	$2,084.90
71271	COMPUTED TOMOGRAPHY THORAX LW DOSE LNG CA SCR C-	$843.33
77065	DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ UNI	$488.95
77066	DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ BI	$585.50
77067	SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	$514.63
80051	ELECTROLYTE PANEL	$37.92
81001	URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	$40.99
81002	URNLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	$25.13
81025	URINE PREGNANCY TEST VISUAL COLOR CMPRSN METHS	$30.15
82270	BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1 DETER	$20.50
82274	BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	$102.24
82948	GLUCOSE BLOOD REAGENT STRIP	$24.55
82951	GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	$126.47
82952	GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPECIMENS	$38.50
83036	HEMOGLOBIN GLYCOSYLATED A1C	$84.13
83037	HGB GLYCOSYLATED A1C DEVICE CLEARED FDA HOME USE	$56.71
84153	ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	$122.96
85018	BLOOD COUNT HEMOGLOBIN	$20.98
85246	CLOTTING FACTOR VIII VW FACTOR ANTIGEN	$269.98
86580	SKIN TEST TUBERCULOSIS INTRADERMAL	$43.90
86580	SKIN TEST TUBERCULOSIS INTRADERMAL	$43.90
86677	ANTIBODY HELICOBACTER PYLORI	$78.07
87426	IAAD IA SEVERE AQT RESPIR SYND CORONAVIRUS	$150.76
87430	IAAD IA STREPTOCOCCUS GROUP A	$38.87
87491	IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	$132.66
87520	IADNA HEPATITIS C DIRECT PROBE TECHNIQUE	$159.15
87624	IADNA HUMAN PAPILLOMAVIRUS HI-RSK TYP POOLD RSLT	$187.89
88142	CYTP CERV/VAG AUTO THIN LAYER PREP MNL SCREEN	$86.28
88175	CYTP C/V AUTO THIN LYR PREPJ SCR MNL RESCR PHYS	$132.57
90396	VARICELLA-ZOSTER IMMUNE GLOBULIN HUMAN IM	$613.58

Medical

Code	Description	
90396	VARICELLA-ZOSTER IMMUNE GLOBULIN HUMAN IM	$613.58
90460	IM ADM THRU 18YR ANY RTE 1ST/ONLY COMPT VAC/TOX	$87.12
90471	IM ADM PRQ ID SUBQ/IM NJXS 1 VACCINE	$89.37
90472	IM ADM PRQ ID SUBQ/IM NJXS EA VACCINE	$46.13
90480	IMM ADMN SARSCOV2 VACCINE SINGLE DOSE	$137.70
90620	MENB-4C RECOMBNT PROT & OUTER MEMB VESIC VACC IM	$650.96
90620	MENB-4C RECOMBNT PROT & OUTER MEMB VESIC VACC IM	$650.96
90620	MENB-4C RECOMBNT PROT & OUTER MEMB VESIC VACC IM	$650.96
90620	MENB-4C RECOMBNT PROT & OUTER MEMB VESIC VACC IM	$650.96
90632	HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	$195.58
90632	HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	$195.58
90633	HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	$112.53
90633	HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	$112.53
90647	HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE	$88.87
90647	HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE	$88.87
90649	4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	$276.40
90649	4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	$276.40
90651	9VHPV VACC 2/3 DOSE SCHED IM USE	$821.53
90651	9VHPV VACC 2/3 DOSE SCHED IM USE	$821.53
90651	9VHPV VACC 2/3 DOSE SCHED IM USE	$821.53
90656	IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	$63.02
90656	IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	$63.02
90656	IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	$63.02
90656	IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	$63.02
90656	IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	$63.02
90656	IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	$63.02
90662	IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	$195.64
90662	IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	$195.64
90662	IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	$195.64
90662	IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	$195.64
90662	IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	$195.64
90670	PCV13 VACCINE FOR INTRAMUSCULAR USE	$328.70
90670	PCV13 VACCINE FOR INTRAMUSCULAR USE	$328.70
90677	PCV20 VACCINE FOR INTRAMUSCULAR USE	$880.31
90677	PCV20 VACCINE FOR INTRAMUSCULAR USE	$880.31
90680	RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	$279.28
90680	RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	$279.28
90681	RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE	$208.06
90681	RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE	$208.06
90686	IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	$58.71
90686	IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	$58.71

Medical

Code	Description	
90686	IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	$58.71
90686	IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	$58.71
90686	IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	$58.71
90686	IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	$58.71
90686	IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	$58.71
90688	IIV4 VACC SPLIT VIRUS 0.5 ML DOS FOR IM USE	$43.14
90688	IIV4 VACC SPLIT VIRUS 0.5 ML DOS FOR IM USE	$43.14
90688	IIV4 VACC SPLIT VIRUS 0.5 ML DOS FOR IM USE	$43.14
90688	IIV4 VACC SPLIT VIRUS 0.5 ML DOS FOR IM USE	$43.14
90696	DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	$191.97
90696	DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	$191.97
90700	DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM	$87.13
90700	DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM	$87.13
90700	DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM	$87.13
90707	MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	$257.31
90707	MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	$257.31
90707	MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	$257.31
90710	MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	$792.66
90710	MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	$792.66
90713	POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	$122.76
90713	POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	$122.76
90714	TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	$86.28
90714	TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	$86.28
90714	TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	$86.28
90715	TDAP VACCINE 7 YRS/> IM	$140.15
90716	VAR VACCINE LIVE FOR SUBCUTANEOUS USE	$473.63
90716	VAR VACCINE LIVE FOR SUBCUTANEOUS USE	$473.63
90723	DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	$228.16
90723	DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	$228.16
90734	MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	$486.87
90734	MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	$486.87
90734	MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	$486.87
90734	MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	$486.87
90744	HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM	$110.70
90744	HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM	$110.70
90744	HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM	$110.70
90746	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	$189.64
90746	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	$189.64
90750	HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM NJX	$541.70
90750	HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM NJX	$541.70
90759	HEP B VACC 3 AG 10 MCG 3 DOSE SCHED FOR IM USE	$255.00

Medical

Code	Description	
91320	SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE	$638.35
91320	SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE	$638.35
91321	SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE	$393.46
91321	SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE	$393.46
91321	SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE	$393.46
91322	SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE	$417.38
91322	SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE	$417.38
91322	SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE	$417.38
91322	SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE	$417.38
91322	SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE	$417.38
91322	SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE	$417.38
92012	OPH SVCS MEDICAL XM&EVAL INTERMEDIATE EST PT	$160.75
92012	OPH SVCS MEDICAL XM&EVAL INTERMEDIATE EST PT	$160.75
92014	OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST	$346.17
92014	OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST	$346.17
92250	FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	$128.40
93000	ECG ROUTINE ECG W/LEAST 12 LDS W/I&R	$97.19
93005	ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	$43.00
93010	ECG ROUTINE ECG W/LEAST 12 LDS I&R ONLY	$58.30
94760	NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETER	$30.82
94762	NONINVASIVE EAR/PULSE OXIMETRY OVERNIGHT MONITOR	$154.08
95249	CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	$275.29
95250	CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT	$658.74
96127	BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	$19.52
96160	PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	$34.85
96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	$79.09
97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	$7.90
97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	$50.26
97026	APPLICATION MODALITY 1/> AREAS INFRARED	$41.09
97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	$35.88
98960	EDUCATION&TRAINING PT SELF-MGMT NQHP INDIV PT	$78.93
99000	HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	$26.60
99001	HANDLG&/OR CONVEY OF SPEC FOR TR FROM PT TO LAB	$51.36
99173	SCREENING TEST VISUAL ACUITY QUANTITATIVE BILAT	$10.23
99188	APPLICATION TOPICAL FLUORIDE VARNISH BY PHS/QHP	$53.30
99188	APPLICATION TOPICAL FLUORIDE VARNISH BY PHS/QHP	$53.30
99202	OFFICE/OUTPATIENT NEW SF MDM 15 MINUTES	$35.02
99202	OFFICE/OUTPATIENT NEW SF MDM 15 MINUTES	$35.02
99203	OFFICE/OUTPATIENT NEW LOW MDM 30 MINUTES	$363.63
99203	OFFICE/OUTPATIENT NEW LOW MDM 30 MINUTES	$363.63
99204	OFFICE/OUTPATIENT NEW MODERATE MDM 45 MINUTES	$574.20

Medical

Code	Description	
99204	OFFICE/OUTPATIENT NEW MODERATE MDM 45 MINUTES	$574.20
99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	$795.89
99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	$795.89
99211	OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	$66.62
99211	OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	$66.62
99212	OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN	$30.25
99212	OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN	$30.25
99213	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN	$260.35
99213	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN	$260.35
99213	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN	$260.35
99214	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	$383.63
99214	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	$383.63
99215	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN	$563.67
99215	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN	$563.67
99381	INITIAL PREVENTIVE MEDICINE NEW PATIENT <1YEAR	$352.79
99382	INITIAL PREVENTIVE MEDICINE NEW PT AGE 1-4 YRS	$376.18
99383	INITIAL PREVENTIVE MEDICINE NEW PT AGE 5-11 YRS	$379.93
99384	INITIAL PREVENTIVE MEDICINE NEW PT AGE 12-17 YR	$437.84
99385	INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	$442.24
99386	INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	$493.06
99386	INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	$493.06
99387	INITIAL PREVENTIVE MEDICINE NEW PATIENT 65YRS&>	$522.75
99391	PERIODIC PREVENTIVE MED ESTABLISHED PATIENT <1Y	$307.50
99392	PERIODIC PREVENTIVE MED EST PATIENT 1-4YRS	$333.69
99393	PERIODIC PREVENTIVE MED EST PATIENT 5-11YRS	$320.20
99394	PERIODIC PREVENTIVE MED EST PATIENT 12-17YRS	$353.96
99395	PERIODIC PREVENTIVE MED EST PATIENT 18-39 YRS	$385.40
99396	PERIODIC PREVENTIVE MED EST PATIENT 40-64YRS	$409.20
99397	PERIODIC PREVENTIVE MED EST PATIENT 65YRS& OLDER	$429.37
99408	ALCOHOL/SUBSTANCE SCREEN & INTERVEN 15-30 MIN	$35.81
99409	ALCOHOL/SUBSTANCE SCREEN & INTERVENTION >30 MIN	$296.89
99421	ONLINE DIGITAL E/M SVC EST PT <7 D 5-10 MINUTES	$61.30
99453	REM MNTR PHYSIOL PARAM 1ST SET UP PT EDUCAJ EQP	$43.05
99454	REM MNTR PHYSIOL PARAM 1ST DEV SUPPLY EA 30 D	$142.78
99457	REMOTE PHYSIOLOGIC MONITORING 1ST 20 MIN MONTH	$112.57
99490	CHRONIC CARE MGMT SVCS STAFF 1ST 20 MIN CAL MO	$131.20

Accupuncture

Code	Description	
97810	ACUPUNCTURE 1/> NDLS W/O ESTIM 1ST 15 MIN	71.75
97811	ACUPUNCTURE 1/> NDLS W/O ESTIM EACH ADDL 15 MIN	56.26
97813	ACUPUNCTURE 1/> NDLS W/ESTIM 1ST 15 MIN	81.84
97814	ACUPUNCTURE 1/> NDLS W/ESTIM EACH ADDL 15 MIN	61.63

Chiro

Code	Description	
98940	CHIROPRACTIC MANIPULATIVE TX SPINAL 1-2 REGIONS	32.16
98941	CHIROPRACTIC MANIPULATIVE TX SPINAL 3-4 REGIONS	30.25
98942	CHIROPRACTIC MANIPULATIVE TX SPINAL 5 REGIONS	30.82
98943	CHIROPRACTIC MANIPLTV TX EXTRASPINAL 1/> REGION	56.5

Behavioral Health

Code	Description	
90785	PSYCHOTHERAPY COMPLEX INTERACTIVE	$51.25
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	$404.87
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	$404.87
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	$404.87
90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	$660.86
90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	$660.86
90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	$660.86
90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES	$220.85
90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES	$220.85
90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES	$220.85
90833	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 30 MIN	$256.80
90833	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 30 MIN	$256.80
90833	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 30 MIN	$256.80
90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES	$230.62
90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES	$230.62
90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES	$230.62
90836	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 45 MIN	$256.80
90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	$255.75
90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	$255.75
90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	$255.75
90838	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 60 MIN	$307.50
90839	PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	$296.67
90840	PSYCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES	$179.03
90845	PSYCHOANALYSIS	$306.71
90846	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	$251.28
90846	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	$251.28
90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	$225.98
90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	$225.98
90849	MULTIPLE FAMILY GROUP PSYCHOTHERAPY	$173.91
90853	GROUP PSYCHOTHERAPY	$156.52
90853	GROUP PSYCHOTHERAPY	$156.52
90853	GROUP PSYCHOTHERAPY	$156.52
90853	GROUP PSYCHOTHERAPY	$156.52
90863	PHARMACOLOGIC MANAGEMENT W/PSYCHOTHERAPY	$132.05
90865	NARCOSYNTHESIS PSYC DX&THER PURPOSES	$549.52
90867	REPET TMS TX INITIAL W/MAP/MOTR THRESHLD/DEL&M	$2,762.10
90868	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY & MNG	$1,790.25
90869	REPET TMS TX SUBSEQ MOTR THRESHLD W/DELIV & MN	$3,389.76
90870	ELECTROCONVULSIVE THERAPY	$664.95
90875	INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 30 MIN	$256.80
90876	INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 45 MIN	$179.37
90880	HYPNOTHERAPY	$330.14
90882	ENVIRONMENTAL IVNTJ MGMT PURPOSES PSYC PT	$95.85
90885	PSYCHIATRIC EVAL HOSPITAL RECORDS DX PURPOSES	$138.44
90887	INTERPJ/EXPLNAJ RESULTS PSYCHIATRIC EXAM FAMILY	$255.75
90889	PREP REPORT PT PSYCH STATUS AGENCY/PAYER	$150.89
90901	BIOFEEDBACK TRAINING ANY MODALITY	$82.18
90912	BFB TRAING W/EMG &/MANOMETRY 1ST 15 MIN CNTCT	$317.75
90913	BFB TRAING W/EMG&/MANOMETRY EA ADDL 15 MIN CNTCT	$217.81

Dental

Code	Description	
D0120	PERIODIC ORAL EVALUATION - EST PATIENT	$86.50
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	$145.01
D0145	ORAL EVAL PT UND 3 YR AGE CNSL W/PRIM CAREGIVER	$134.83
D0150	COMP ORAL EVALUATION - NEW OR EST PATIENT	$152.64
D0160	DTL&EXT ORAL EVALUATION - PROBLEM FOCUSED REPORT	$305.28
D0170	RE-EVALUATION - LIMITED PROBLEM FOCUSED	$101.76
D0171	RE-EVALUATION POST-OPERATIVE OFFICE VISIT	$101.76
D0180	COMP PERIODONTAL EVALUATION - NEW OR EST PATIENT	$165.36
D0190	SCREENING OF A PATIENT	$86.50
D0191	ASSESSMENT OF A PATIENT	$61.06
D0210	INTRAORAL COMPREHENSIVE SERIES RADIOGPHIC IMAGES	$223.87
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	$44.77
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL IMAGE	$40.30
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	$69.40
D0250	EXTRAORAL 2D PRJECTN RAD IMG BY RAD SRCE/ DTECTR	$85.07
D0251	EXTRAORAL POSTERIOR DENTAL RAD IMAGE	$78.36
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	$44.00
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	$70.40
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	$85.80
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	$99.00
D0277	VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES	$149.60
D0310	SIALOGRAPHY	$549.50
D0320	TEMPOROMANDIBULAR JOINT ARTHROGRAM INCL INJ	$970.79
D0322	TOMOGRAPHIC SURVEY	$787.62
D0330	PANORAMIC RADIOGRAPHIC IMAGE	$170.35
D0340	2D CEPHLOMTRIC RAD IMG - ACQSTN MEASRE& ANALYSIS	$192.33
D0350	2D ORAL/FACIAL PHOTOGRAPHIC IMAGES	$91.58
D0364	CNE BEAM CAPTR & INTREP LESS THAN WHL JAW	$305.89
D0365	CNE BEAM CAPTR INTERP W FLD VIEW 1 ARCH MNDBL	$390.15
D0366	CNE BEAM CAPTR INTERP W FLD VIEW 1 ARCH MAXL	$390.15
D0367	CNE BEAM CAPTR INTERP W FLD VIEW BTH JAWS	$439.60
D0368	CNE BEAM CAPTR INTERP FR TMJ 2 OR MORE	$452.42
D0369	MAXILLOFACIAL MRI CAPTURE AND INTERPRETATION	$256.44
D0370	MAXLFCL US IMAGE CAPTR AND INTRP	$146.53
D0380	CNE BEAM CAPTR LMTD FLD <1 WHL JAW	$315.05
D0381	CNE BEAM CAPTR W FLD VIEW 1 ARCH MNDBL	$426.78
D0382	CNE BEAM CAPTR W FLD VIEW 1 ARCH MAXL	$426.78
D0383	CNE BEAM CAPTR W FLD VIEW BTH JAWS	$426.78
D0384	CNE BEAM CAPTR FR TMJ 2 OR MORE	$457.92
D0385	MAXILLOFACIAL MRI IMAGE CAPTURE	$2,811.63
D0386	MAXILLOFACIAL ULTRASOUND IMAGE CAPTURE	$703.37

Dental

Code	Description	
D0414	LAB MICRBAL SPEC CULTRE/SENS/REPORT PREP TRNSMSN	$96.10
D0415	COLLECTION MICROORGANISMS CULTURE & SENSITIVITY	$69.67
D0416	VIRAL CULTURE	$103.30
D0417	CLCT & PREP SALIVA SAMPLE FOR LAB DX TESTING	$93.69
D0418	ANALYSIS OF SALIVA SAMPLE	$96.10
D0422	COLLECT/PREP GENETIC SAMPLE FOR LAB ANALYSIS	$69.67
D0425	CARIES SUSCEPTIBILITY TESTS	$60.06
D0431	ADJUNCTIVE PREDX TST NOT INCL CYTOLOGY/BX PROC	$96.10
D0460	PULP VITALITY TESTS	$96.10
D0470	DIAGNOSTIC CASTS	$211.41
D0472	ACCESSION OF TISSUE GROSS EXAMINATION PREP/REPRT	$132.13
D0473	ACCESS TISSUE GR&MIC EXAMINATION PREP/REPRT	$278.68
D0474	ACCESS TISS GR&MIC EX ASSESS SURG MARG PREP/RPT	$312.31
D0475	DECALCIFICATION PROCEDURE	$168.17
D0476	SPECIAL STAINS FOR MICROORGANISMS	$163.36
D0477	SPECIAL STAINS NOT FOR MICROORGANISMS	$223.42
D0478	IMMUNOHISTOCHEMICAL STAINS	$204.20
D0479	TISSUE INSITU HYBRIDIZATION INCL INTERPRETATION	$312.31
D0480	ACESS EXFOLIATIVE CYTOL SMEAR MIC EXAM PREP/REPT	$192.19
D0481	ELECTRON MICROSCOPY	$720.72
D0482	DIRECT IMMUNOFLUORESCENCE	$240.24
D0483	INDIRECT IMMUNOFLUORESCENCE	$240.24
D0484	CONSULTATION ON SLIDES PREPARED ELSEWHERE	$360.36
D0485	CONSULT INCL PREP SLIDES BX MATL SPL REF SRC	$497.30
D0486	ACCESSION TRANSEPITHELIAL CYTOLOG SAMPL MIC EXAM	$230.63
D0601	CARIES RISK ASSESS DOCU FINDING OF LOW RISK	$65.37
D0602	CARIES RISK AX AND DOCU WITH A FNDNG OF MOD RISK	$65.37
D0603	CARIES RISK AX AND DOCU WITH FNDNG OF HIGH RISK	$65.37
D0604	ANTIGEN TEST PUB HLTH PATHOGEN INCL CORONAVIRUS	$42.49
D0605	ANTIBODY TEST PUB HLTH PATHOGEN INCL CORONAVIRUS	$31.60
D0701	PANORAMIC FILM - IMAGE CAPTURE ONLY	$170.35
D0702	2-D CEPHALOMETRIC FILM - IMAGE CAPTURE ONLY	$192.33
D0703	2-D ORAL/FACIAL FILM - IMAGE CAPTURE ONLY	$91.58
D0705	EXTRA-ORAL POSTERIOR FLM - IMAGE CAPTURE ONLY	$78.36
D0706	INTRAORAL OCCLUSAL FILM - IMAGE CAPTURE ONLY	$69.40
D0707	INTRAORAL PERIAPICAL FLM - IMAGE CAPTURE ONLY	$44.77
D0708	INTRAORAL BITEWING - IMAGE CAPTURE ONLY	$44.00
D0709	INTRAORAL CMPRHNSV SERIES RAD IMAGE CAPT ONLY	$223.87
D1110	PROPHYLAXIS - ADULT	$149.85
D1120	PROPHYLAXIS - CHILD	$103.42
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	$79.95

Dental

Code	Description	
D1208	TOPICAL APPLICATION OF FLUORIDE EXCL VARNISH	$53.30
D1310	NUTRITIONAL COUNSELING CONTROL OF DENTAL DISEASE	$76.36
D1320	TOBACCO CNSL CONTROL&PREVENTION ORAL DISEASE	$82.90
D1321	COUNSEL ADVRSE EFFECTS HI RISK SUBSTNCE ABUSE	$104.72
D1330	ORAL HYGIENE INSTRUCTIONS	$104.72
D1351	SEALANT - PER TOOTH	$85.09
D1352	PREV RSN REST MOD HIGH CARIES RISK PT-PERM TOOTH	$109.08
D1353	SEALANT REPAIR PER TOOTH	$109.08
D1354	INTERIM CARIES ARRESTING MEDICATION APPLICATION	$85.09
D1355	CARIES PREVENTIVE MEDICAMENT APP - PER TOOTH	$85.09
D1510	SPACE MAINTAINER - FIXED - UNILATERAL	$522.97
D1516	SPACE MAINTAINER - FIXED - BILATERIAL MAXILLARY	$732.15
D1517	SPACE MAINTAINER - FIXED - BILATERIAL MANDIBULAR	$732.15
D1520	SPACE MAINTAINER - REMOVABLE - UNILATERAL	$575.26
D1526	SPACE MAINTAINER - REMOVABLE - BILATERAL MAXILRY	$889.04
D1527	SPACE MAINTAINER - REMOVABLE - BILATERAL MNDBULR	$889.04
D1551	RECMT/REBND BILAT SPACE MAINTAINER MAXILLARY	$112.96
D1552	RECMT/REBND BILAT SPACE MAINTAINER MANDIBULAR	$112.96
D1553	RECMT/REBND UNI SPACE MAINTAINER PER QUADRANT	$75.31
D1556	REMOVAL FIXED UNI SPACE MAINTAINER PER QUADRANT	$73.22
D1557	REMOVAL FIXED BILAT SPACE MAINTAINER MAXILLARY	$108.78
D1558	REMOVAL FIXED BILAT SPACE MAINTAINER MANDIBULAR	$108.78
D1575	DISTAL SHOE SPACE MAINTANR - FIXED - UNILATERIAL	$575.26
D2140	AMALGAM - ONE SURFACE PRIMARY OR PERMANENT	$217.17
D2150	AMALGAM - TWO SURFACES PRIMARY OR PERMANENT	$281.05
D2160	AMALGAM - THREE SURFACES PRIMARY OR PERMANENT	$339.81
D2161	AMALGAM-FOUR/MORE SURFACES PRIMARY/PERMANENT	$413.90
D2330	RESIN-BASED COMPOSITE - ONE SURFACE ANTERIOR	$238.28
D2331	RESIN-BASED COMPOSITE - TWO SURFACES ANTERIOR	$304.09
D2332	RESIN-BASED COMPOSITE - THREE SURFACES ANTERIOR	$372.17
D2335	RESIN BASED COMPOSITE 4/> SURFACES ANTERIOR	$440.25
D2390	RESIN-BASED COMPOSITE CROWN ANTERIOR	$487.91
D2391	RESIN-BASED COMPOSITE - ONE SURFACE POSTERIOR	$279.13
D2392	RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR	$365.37
D2393	RESIN-BASED COMPOSITE - THREE SURFACES POSTERIOR	$453.87
D2394	RESIN COMPOS - FOUR OR MORE SURFACES POSTERIOR	$555.99
D2410	GOLD FOIL - ONE SURFACE	$517.57
D2420	GOLD FOIL - TWO SURFACES	$862.62
D2430	GOLD FOIL - THREE SURFACES	$1,495.21
D2510	INLAY - METALLIC - ONE SURFACE	$1,368.69
D2520	INLAY - METALLIC - TWO SURFACES	$1,552.72

Dental

Code	Description	
D2530	INLAY - METALLIC - THREE OR MORE SURFACES	$1,789.65
D2542	ONLAY - METALLIC - TWO SURFACES	$1,755.14
D2543	ONLAY - METALLIC - THREE SURFACES	$1,835.66
D2544	ONLAY - METALLIC - FOUR OR MORE SURFACES	$1,909.27
D2610	INLAY - PORCELAIN/CERAMIC - ONE SURFACE	$1,610.22
D2620	INLAY - PORCELAIN/CERAMIC - TWO SURFACES	$1,699.94
D2630	INLAY - PORCELAIN/CERAMIC - THREE/MORE SURFACES	$1,810.35
D2642	ONLAY - PORCELAIN/CERAMIC - TWO SURFACES	$1,759.74
D2643	ONLAY - PORCELAIN/CERAMIC - THREE SURFACES	$1,897.76
D2644	ONLAY - PORCELAIN/CERAMIC - 4 OR MORE SURFACES	$2,012.78
D2650	INLAY - RESIN-BASED COMPOSITE - ONE SURFACE	$1,058.15
D2651	INLAY - RESIN-BASED COMPOSITE - TWO SURFACES	$1,260.58
D2652	INLAY RESIN BASED COMPOSITE 3 OR MORE SURFACES	$1,324.98
D2662	ONLAY - RESIN-BASED COMPOSITE - TWO SURFACES	$1,150.16
D2663	ONLAY - RESIN-BASED COMPOSITE - THREE SURFACES	$1,352.59
D2664	ONLAY RESIN BASED COMPOSIT FOUR OR MORE SURFACES	$1,449.20
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	$693.13
D2712	CROWN 3/4 RESIN-BASED COMPOSITE (INDIRECT)	$693.13
D2720	CROWN - RESIN WITH HIGH NOBLE METAL	$1,708.42
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	$1,601.03
D2722	CROWN - RESIN WITH NOBLE METAL	$1,636.18
D2740	CROWN - PORCELAIN/CERAMIC	$1,753.33
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	$1,729.90
D2751	CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL	$1,610.80
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	$1,649.85
D2753	CROWN-PORCELAIN FUSED TITANIUM AND ALLOYS	$1,610.80
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	$1,659.61
D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	$1,561.98
D2782	CROWN - 3/4 CAST NOBLE METAL	$1,612.75
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	$1,706.47
D2790	CROWN - FULL CAST HIGH NOBLE METAL	$1,669.37
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	$1,581.51
D2792	CROWN - FULL CAST NOBLE METAL	$1,610.80
D2794	CROWN - TITANIUM	$1,708.42
D2799	PROVISIONAL CROWN	$693.13
D2910	RECMNT/REBND INLAY/ONLAY/VNR/PART CVRGE RESTRATN	$149.83
D2915	RECMNT/REBND INDRCT OR PREFAB POST AND CORE	$149.83
D2920	RE-CEMENT OR RE-BOND CROWN	$151.92
D2921	REATTACHMENT OF TOOTH FRAG INCISAL EDGE/CUSP	$218.51
D2928	PREFAB PORCELAIN/CERAMIC CROWN-PERM TOOTH	$601.42
D2929	PREFABR PORC CROWN - PRIMARY TOOTH	$601.42

Dental

Code	Description	
D2930	PREFABR STAINLESS STEEL CROWN - PRIMARY TOOTH	$414.12
D2931	PREFABR STAINLESS STEEL CROWN - PERMANENT TOOTH	$468.23
D2932	PREFABRICATED RESIN CROWN	$499.45
D2933	PREFABR STAINLESS STEEL CROWN W/RESIN WINDOW	$572.28
D2934	PREFAB ESTHETIC COAT STNLESS STEEL CROWN PRIM	$572.28
D2940	PLACEMENT OF INTERIM DIRECT RESTORATION	$158.16
D2949	RESTOR FOUNDATION FOR INDIR RESTOR	$158.16
D2950	CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED	$395.40
D2951	PIN RETENTION - PER TOOTH ADDITION RESTORATION	$89.48
D2952	POST AND CORE ADDITION TO CROWN INDIRECTLY FAB	$624.31
D2953	EACH ADDITIONAL INDIRECTLY FAB POST SAME TOOTH	$312.15
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	$499.45
D2955	POST REMOVAL	$384.99
D2957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	$249.72
D2960	LABIAL VENEER (RESIN LAMINATE) - CHAIRSIDE	$1,207.00
D2961	LABIAL VENEER (RESIN LAMINATE) - LABORATORY	$1,369.32
D2962	LABIAL VENEER (PORCELAIN LAMINATE) - LABORATORY	$1,487.94
D2971	ADD PROC CUST CRWN UND XST PART DENTUR FRMEWRK	$239.32
D2975	COPING	$728.36
D2980	CROWN REPAIR MATERIAL FAILURE	$291.34
D2981	INLAY REPAIR BY REPORT	$291.34
D2982	ONLAY REPAIR BY REPORT	$291.34
D2983	VENEER REPAIR BY REPORT	$291.34
D2990	RESIN INFILT OF INCIPIENT LESIONS	$104.05
D3110	PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)	$152.64
D3120	PULP CAP - INDIRECT(EXCLUDING FINAL RESTORATION)	$122.11
D3220	TX PULP-REMV PULP CORONAL DENTINOCEMENTL JUNC	$312.91
D3221	PULPAL DEBRIDEMENT PRIMARY AND PERMANENT TEETH	$343.44
D3222	PART PULPOTOMY FOR APEXOGENEIS PERM TOOTH	$318.00
D3230	PULPAL THERAPY - ANTERIOR PRIMARY TOOTH	$269.87
D3240	PULPAL THERAPY - POSTERIOR PRIMARY TOOTH	$332.15
D3310	ENDODONTIC THERAPY ANTERIOR TOOTH	$1,058.73
D3320	ENDODONTIC THERAPY PREMOLAR TOOTH	$1,297.47
D3330	ENODODONTIC THERAPY MOLAR	$1,608.86
D3331	TREATMENT RC OBSTRUCTION; NON-SURGICAL ACCESS	$415.19
D3332	INCOMPLETE ENDO TX; INOP UNRESTORABLE/FX TOOTH	$788.86
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	$363.29
D3346	RETREATMENT PREVIOUS RC THERAPY - ANTERIOR	$1,411.65
D3347	RETREATMENT PREVIOUS RC THERAPY - PREMOLAR	$1,660.76
D3348	RETREATMENT PREVIOUS ROOT CANAL THERAPY - MOLAR	$2,055.19
D3351	APEXIFICATION/RECALCIFICAT INIT VST	$607.92

Dental

Code	Description	
D3352	APEXIFICAT/RECALCIFICAT INT MED REPL	$272.51
D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT	$838.50
D3355	PULPAL REGENERATION - INITIAL VISIT	$607.92
D3356	PULPAL REGEN - INTERIM MED RPLCMNT	$272.51
D3410	APICOECTOMY - ANTERIOR	$1,205.35
D3421	APICOECTOMY - PREMOLAR (FIRST ROOT)	$1,341.61
D3425	APICOECTOMY - MOLAR (FIRST ROOT)	$1,519.79
D3426	APICOECTOMY (EACH ADDITIONAL ROOT)	$513.58
D3428	BG IN CONJ PERIRADICULAR SURG/TOOTH SINGLE SITE	$1,588.97
D3429	BG IN CONJ PERIRADICUL SURG EACH CONTIG TH SSS	$1,515.60
D3430	RETROGRADE FILLING - PER ROOT	$377.33
D3431	BIO MAT SFT OSS REGE CONJ PERIR SUR	$1,865.67
D3432	GTR RESORB BRRER PER SITE IN CONJ PERIRAD SURG	$1,603.64
D3450	ROOT AMPUTATION - PER ROOT	$786.10
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	$2,934.76
D3470	INTENTIONAL REIMPLANTATION W/NECESSARY SPLINTING	$1,498.83
D3471	SURGICAL REPAIR ROOT RESORPTION - ANTERIOR	$1,865.67
D3472	SURGICAL REPAIR ROOT RESORPTION - PREMOLAR	$1,865.67
D3473	SURGICAL REPAIR ROOT RESORPTION - MOLAR	$1,865.67
D3501	SRG EXP ROOT WO APICO/RPR ROOT RESORPTN - ANT	$1,090.06
D3502	SRG EXP ROOT WO APICO/RPR ROOT RESORPTN-PREMOLAR	$1,090.06
D3503	SRG EXP ROOT WO APICO/RPR ROOT RESORPTN-MOLAR	$1,090.06
D3920	HEMISECTION NOT INCLUDING ROOT CANAL THERAPY	$597.43
D3950	CANAL PREPARATION&FITTING PREFORMED DOWEL/POST	$272.51
D4210	GINGIVECT/PLSTY 4/>CNTIG/TOOTH BOUND SPACES-QUAD	$1,190.66
D4211	GINGIVECT/PLSTY 1-3 CNTIG/TOOTH BOUND SPACE-QUAD	$529.18
D4212	GINGIVECT/PLSTY FOR ACCESS RESTORATION PER TOOTH	$423.35
D4230	ANAT CROWN EXP 4/> CONTIGUOUS TEETH PER QUAD	$1,666.92
D4231	ANATOMICAL CROWN EXPOSURE 1-3 TEETH PER QUADRANT	$793.77
D4240	GINGL FLP PROC 4/> CONTIG/TOOTH BOUND SPACE-QUAD	$1,508.17
D4241	GINGL FLP PROC 1-3 CONTIG/TOOTH BOUND SPACE-QUAD	$873.15
D4245	APICALLY POSITIONED FLAP	$1,111.28
D4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	$1,653.69
D4260	OSSEOUS SURG 4/> CNTIG TEETH QUAD	$2,513.61
D4261	OSSEOUS SURG 1-3 CNTIG TEETH QUAD	$1,349.41
D4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	$899.61
D4264	BONE REPLACEMENT GRAFT - EA ADD SITE QUADRANT	$767.31
D4266	GUID TISS REGEN NAT TETH RESORB BARRIER PER SITE	$926.07
D4267	GUID TISS REGEN NAT TETH NONRESORB BARR PER SITE	$1,190.66
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	$1,785.99
D4273	AUTOGNS CONECTIVE TISSUE GRFT 1ST TOOTH/IMPLANT	$2,182.88

Dental

Code	Description	
D4274	MESIAL OR DISTAL WEDGE PROCEDURE	$1,238.29
D4275	NONAUTGNS CONECTV TISSUE GRFT 1ST TOOTH/IMPLANT	$1,640.46
D4276	COMB CNCTIVE TISSUE & PEDICLE GRAFT PER TOOTH	$2,447.47
D4277	FREE SOFT TISSUE GRAFT, 1ST TOOTH/ IMPLANT	$1,852.14
D4278	FREE SOFT TISSUE GRAFT, E/ADNL TOOTH, IMPLNT	$608.56
D4283	AUTO CNNCTV TISSUE GRFT PROC E/A TOOTH, IMPLANT	$1,860.07
D4285	NON-AUTO CNNCTV TSSUE GRFT PROC E/A TOOTH/IMPLNT	$1,399.69
D4341	PRDONTAL SCALING&ROOT PLANING 4/MORE TEETH-QUAD	$391.51
D4342	PRDONTAL SCALING&ROOT PLANING 1-3 TEETH-QUAD	$226.66
D4346	SCALNG GNGIVAL INFLAMM FULL MOUTH AFTR ORAL EVAL	$226.66
D4355	FULL MOUTH DEBRID ENABLE COMP PERIO EVAL & DX	$267.87
D4910	PERIODONTAL MAINTENANCE	$241.09
D4920	UNSCHEDULED DRESSING CHANGE	$175.15
D5110	COMPLETE DENTURE - MAXILLARY	$2,433.55
D5120	COMPLETE DENTURE - MANDIBULAR	$2,433.55
D5130	IMMEDIATE DENTURE - MAXILLARY	$2,653.37
D5140	IMMEDIATE DENTURE - MANDIBULAR	$2,653.37
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE	$2,053.86
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE	$2,386.92
D5213	MAX PART DENTUR-CAST METL FRMEWRK W/RSN BASE	$2,688.89
D5214	MAND PART DENTUR- CAST METL FRMEWRK W/RSN BASE	$2,688.89
D5221	IMMED MAXILLARY PARTIAL DENTURE RESIN BASE	$2,240.37
D5222	IMMED MANDIBULAR PARTIAL DENTURE RESIN BASE	$2,602.30
D5223	IMMED MAXIL PART DENTURE CAST METL FRAME W/RESIN	$2,930.91
D5224	IMMED MAND PART DENTURE CAST METL FRAME W/RESIN	$2,930.91
D5225	MAXILLARY PARTIAL DENTRUE FLEXIBLE BASE	$2,053.86
D5226	MANDIBULAR PARTIAL DENTURE FLEXIBLE BASE	$2,386.92
D5282	RMVBL UNIL PRTL DNTR CST MTL INCL CLSP TTH MXLRY	$1,567.60
D5283	RMVBL UNIL PRTL DNTR CST MTL INCL CLSP TTH MNDBL	$1,567.60
D5284	RMVABLE UNI PRTL DNTURE 1 PC FLEX BASE PER QDRNT	$1,196.79
D5286	RMVABLE UNI PRTL DNTURE 1 PC RESIN PER QDRNT	$1,196.79
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	$133.22
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	$133.22
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	$133.22
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	$133.22
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	$266.45
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	$266.45
D5520	REPLACE MISSING/BROKEN TEETH - COMPLETE DENTURE	$222.04
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	$288.65
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	$288.65
D5621	REPAIR CAST FRAMEWORK, MANDIBULAR	$310.85

Dental

Code	Description	
D5622	REPAIR CAST FRAMEWORK, MAXILLARY	$310.85
D5630	REPAIR OR REPLACE BROKEN CLASP PER TOOTH	$377.47
D5640	REPLACE BROKEN TEETH - PER TOOTH	$244.24
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	$333.06
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE PER TOOTH	$399.67
D5670	REPLACE ALL TEETH&ACRYLIC CAST METAL FRMEWRK MAX	$976.97
D5671	REPLACE ALL TEETH&ACRYLIC CAST METL FRMEWRK MAND	$976.97
D5710	REBASE COMPLETE MAXILLARY DENTURE	$988.07
D5711	REBASE COMPLETE MANDIBULAR DENTURE	$943.67
D5720	REBASE MAXILLARY PARTIAL DENTURE	$932.56
D5721	REBASE MANDIBULAR PARTIAL DENTURE	$932.56
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	$557.32
D5731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	$557.32
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	$510.69
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	$510.69
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	$743.83
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	$743.83
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	$732.73
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	$732.73
D5810	INTERIM COMPLETE DENTURE (MAXILLARY)	$1,176.81
D5811	INTERIM COMPLETE DENTURE (MANDIBULAR)	$1,265.62
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	$910.36
D5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	$965.87
D5850	TISSUE CONDITIONING MAXILLARY	$233.14
D5851	TISSUE CONDITIONING MANDIBULAR	$233.14
D5863	OVERDENTURE COMPLETE MAXILLARY	$2,575.65
D5864	OVERDENTURE PARTIAL MAXILLARY	$3,397.20
D5865	OVERDENTURE COMPLETE MIBULAR	$2,575.65
D5866	OVERDENTURE PARTIAL MIBULAR	$3,530.42
D5911	FACIAL MOULAGE (SECTIONAL)	$617.27
D5912	FACIAL MOULAGE (COMPLETE)	$617.27
D5913	NASAL PROSTHESIS	$12,998.16
D5914	AURICULAR PROSTHESIS	$12,998.16
D5915	ORBITAL PROSTHESIS	$17,589.93
D5916	OCULAR PROSTHESIS	$4,691.68
D5931	OBTURATOR PROSTHESIS SURGICAL	$6,998.67
D5932	OBTURATOR PROSTHESIS DEFINITIVE	$13,089.20
D5934	MANDIBULAR RESECTION PROSTHESIS W/GUIDE FLANGE	$11,930.16
D5935	MANDIBULAR RESECTION PROSTHESIS W/O GUIDE FLANGE	$10,380.32
D5936	OBTURATOR PROSTHESIS INTERIM	$11,659.27
D5937	TRISMUS APPLIANCE (NOT FOR TMD TREATMENT)	$1,465.46

Dental

Code	Description	
D5951	FEEDING AID	$1,905.09
D5952	SPEECH AID PROSTHESIS PEDIATRIC	$6,186.01
D5953	SPEECH AID PROSTHESIS ADULT	$11,748.08
D5954	PALATAL AUGMENTATION PROSTHESIS	$10,886.57
D5955	PALATAL LIFT PROSTHESIS DEFINITIVE	$10,069.47
D5982	SURGICAL STENT	$988.07
D5983	RADIATION CARRIER	$2,220.39
D5984	RADIATION SHIELD	$2,220.39
D5985	RADIATION CONE LOCATOR	$2,220.39
D5986	FLUORIDE GEL CARRIER	$222.04
D5987	COMMISSURE SPLINT	$3,330.59
D5988	SURGICAL SPLINT	$666.12
D5991	VESICULOBULLOUS DISEASE MEDICAMENT CARRIER	$255.34
D5995	PERIO MEDIC CARRIER PERIPH SEAL LAB PRCESSD MAX	$1,221.21
D5996	PERIO MEDIC CARRIER PERIPH SEAL LAB PRCESSD MAN	$1,221.21
D6010	SURG PLACEMENT IMPLANT BODY: ENDOSTEAL IMPLANT	$3,226.23
D6012	SURG PLCMT INTERIM IMPL TRNSITIONL PROS: ENDOS	$3,841.27
D6013	SURGICAL PLACEMENT OF MINI IMPLANT	$4,065.53
D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT	$13,988.46
D6050	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	$10,435.83
D6055	CONNECTING BAR IMPLANT OR ABUTMENT SUPPORTED	$1,221.21
D6056	PREFABRICATED ABUTMENT INCLUDES PLACEMENT	$843.75
D6057	CUSTOM FABRICATED ABUTMENT INCLUDES PLACEMENT	$1,043.58
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	$2,340.29
D6059	ABUT SUPP PORCELAIN TO METL CROWN HI NOBLE METL	$2,309.21
D6060	ABUT SUPP PORCELAIN TO MTL CROWN PREDOM BASE MTL	$2,182.64
D6061	ABUT SUPP PORCELAIN TO METAL CROWN NOBLE METAL	$2,227.05
D6062	ABUTMENT SUPP CAST METAL CROWN HIGH NOBLE METAL	$2,218.17
D6063	ABUTMENT SUPP CAST METAL CROWN PREDOM BASE METAL	$1,931.74
D6064	ABUTMENT SUPP CAST METAL CROWN NOBLE METAL	$2,020.55
D6065	IMPL SUPP PORCELAIN/CERAMIC CROWN	$2,302.54
D6066	IMPL SUPP PORCLN FUSED METL CRWN TITNM/HIGH NOBL	$2,242.59
D6067	IMPL SUPP METAL CROWN TITIANM/HIGH NOBLE METL	$2,175.98
D6068	ABUT SUPP RETAINER PORCELAIN/CERAMIC FPD	$2,320.31
D6069	ABUT RETAINR PORCELN TO METL FPD HI NOBL METL	$2,309.21
D6070	ABUT RETN PORCELN TO METL FPD PREDOM BASE METL	$2,182.64
D6071	ABUT SUPP RETN PORCELN FUSD METAL FPD NOBLE METL	$2,227.05
D6072	ABUT SUPP RETN CAST METL FPD HIGH NOBLE METL	$2,253.70
D6073	ABUT RTNR CAST METL FPD PREDOM BASE METL	$2,058.30
D6074	ABUTMENT RTNR CAST METAL FPD NOBLE METAL	$2,187.08
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	$2,302.54

Dental

Code	Description	
D6076	IMPL SUPP RTNR PORCLN FUSED METL FPD TITNM/HIGH	$2,242.59
D6077	IMPL SUPP RTNR CST METL FPD TITNM/HIGH NOBLE	$2,175.98
D6080	IMPL MAINT PROC REMV CLEAN PROSTH & ABUT REINSRT	$190.95
D6081	SCALNG/DBRDMNT IMPLNT WO FLAP ENTRY/CLOS	$97.70
D6082	IMPL SUPP CROWN PORCLN FUSED BASE ALLOY	$2,242.59
D6083	IMPL SUPP CROWN PORCLN FUSED TO NOBLE ALLOYS	$2,242.59
D6084	IMPL SUPP CROWN PORCLN FUSED TO TITANIUM ALLOYS	$2,242.59
D6085	PROVISIONAL IMPLANT CROWN	$670.56
D6086	IMPLANT SUPPORTED CROWN PREDOM BASE ALLOYS	$2,175.98
D6087	IMPLANT SUPPORTED CROWN NOBLE ALLOYS	$2,175.98
D6088	IMPLNT SUPRTD CROWN TITANIUM AND ALLOYS	$2,175.98
D6091	REPL ATTACHMNT IMPL/ABUT SUPP PROS PER ATTACHMNT	$921.46
D6092	RECEMENT / REBOND IMPLANT/ABUTMENT SUPP CROWN	$179.85
D6093	RECMNT/REBOND IMPL/ABUTMNT SUPP FIX PART DENTURE	$281.99
D6094	ABUTMENT SUPPORTED CROWN TITANIUM	$1,831.82
D6097	ABUT SUPP CROWN PORCLN FUSED TO TITANIUM ALLOYS	$2,242.59
D6098	IMPL SUPP RETAINER PORCELAIN FUSED TO BASE ALLOY	$2,182.64
D6099	IMPL SUPP RETAINR FPD PORCLN FUSED NOBLE ALLOYS	$2,227.05
D6101	DBRDMNT OF SNGL PERI-IMPLANT DEFECT/S	$659.46
D6102	DBRDMNT AND OSSEOUS CNTUR OF PERI-IMPLANT DEFECT	$905.92
D6103	BONE GRFT RPR PERIIMPLNT DFCT W/O FLAP ENTR/CLSE	$754.93
D6104	BONE GRAFT AT TIME OF IMPLANT PLACEMENT	$754.93
D6110	IMPL/ABUTMENT SUPPORTED RD - MAXILLARY	$3,035.27
D6111	IMPL/ABUTMENT SUPPORTED RD - MANDIBULAR	$3,035.27
D6112	IMPL/ABUTMENT SUPPORTED RPD - MAXILLARY	$3,035.27
D6113	IMPLANT / ABUTMENT SUPPORTED RPD - MANDIBULAR	$3,035.27
D6114	IMPLANT / ABUTMENT SUPPORTED FD - MAXILLARY FULL	$9,325.64
D6115	IMPLANT/ABUTMENT SUPPORTED FD - MANDIBULAR FULL	$9,325.64
D6116	IMPL/ABUTMENT SUPPORTED FD - MAXILLARY - PARTIAL	$4,076.64
D6117	IMPL/ABUT SUPPORTED FD - MANDIBULAR - PARTIAL	$4,076.64
D6118	IMP/ABUT SPRTD INTRM FIXED DENTR EDENTLS MANDBLR	$2,764.39
D6119	IMP/ABUT SPRTD INTRM FIXED DENTR EDENTLS MAXLARY	$2,764.39
D6120	IMPL SUPP RETAINR PORCLN FUSED TITNM AND ALLOYS	$2,182.64
D6121	IMPL SUPP RETAINER METAL FPD BASE ALLOYS	$2,058.30
D6122	IMPL SUPP RETAINER METAL FPD NOBLE ALLOYS	$2,187.08
D6123	IMPL SUPP RETAINR METAL FPD TITNM AND ALLOYS	$2,058.30
D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX BY REPORT	$410.77
D6191	SEMI-PRECISION ABUTMENT - PLACEMENT	$1,723.02
D6192	SEMI-PRECISION ATTACHMENT - PLACEMENT	$921.46
D6194	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD-TITANM	$1,887.33
D6195	ABUT SUPP RETAINR PORCLN FUSED TITANIUM ALLOYS	$2,222.61

Dental

Code	Description	
D6205	PONTIC - INDIRECT RESIN BASED COMPOSITE	$1,054.38
D6210	PONTIC - CAST HIGH NOBLE METAL	$1,611.99
D6211	PONTIC - CAST PREDOMINANTLY BASE METAL	$1,510.61
D6212	PONTIC - CAST NOBLE METAL	$1,571.44
D6214	PONTIC - TITANIUM	$1,622.13
D6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	$1,591.71
D6241	PONTIC - PORCELN FUSED PREDOMINANTLY BASE METAL	$1,470.05
D6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL	$1,551.16
D6243	PONTIC PORCELAIN FUSED TO TITANIUM AND ALLOYS	$1,470.05
D6245	PONTIC - PORCELAIN/CERAMIC	$1,642.40
D6250	PONTIC - RESIN WITH HIGH NOBLE METAL	$1,571.44
D6251	PONTIC - RESIN WITH PREDOMINANTLY BASE METAL	$1,449.78
D6252	PONTIC - RESIN WITH NOBLE METAL	$1,496.41
D6253	PROVISIONAL PONTIC	$677.24
D6545	RETAINER - CAST METAL RESIN BONDED FIX PROSTH	$592.82
D6548	RETAINER - PORCELN/CERAMIC RSN BONDED FIX PROSTH	$652.10
D6549	RESIN RETAINER FOR RESIN BONDED FIXED PROSTHESIS	$427.55
D6600	RETAINER INLAY - PORCELAIN/CERAMIC TWO SURFACES	$1,176.65
D6601	RETAINER INLAY - PORC/CERAMIC 3 OR MORE SURFACES	$1,234.13
D6602	RETAINER INLAY CAST HIGH NOBLE METAL 2 SURFACES	$1,257.49
D6603	RETAINR INLAY - CAST HI NOBLE METAL 3/MORE SURFS	$1,383.24
D6604	RETAINER INLAY - CAST PREDOM BASE METAL 2 SURFS	$1,232.34
D6605	RTAINR INLAY - CAST PREDOM BASE MTL 3/MORE SURFS	$1,305.99
D6606	RETAINER INLAY - CAST NOBLE METAL TWO SURFACES	$1,212.58
D6607	RETNR INLAY CAST NOBLE METAL 3 OR MORE SURFACES	$1,345.51
D6608	RETAINER ONLAY - PORCELAIN/CERAMIC TWO SURFACES	$1,279.04
D6609	RETAINER ONLAY PORCELAIN/CERAMIC 3/MORE SURFACES	$1,334.73
D6610	RETAINER ONLAY - HIGH NOBLE METAL TWO SURFACES	$1,356.29
D6611	RETAINER ONLAY HIGH NOBLE METAL 3/MORE SURFACES	$1,483.83
D6612	RETAINER ONLAY CAST PREDOM BASE METAL 2 SURFACES	$1,349.10
D6613	RETNR ONLAY CAST PREDOM BASE METAL 3/MORE SURFS	$1,410.18
D6614	RETAINER ONLAY - CAST NOBLE METAL TWO SURFACES	$1,320.36
D6615	RETNR ONLAY CAST NOBLE METAL 3 OR MORE SURFACES	$1,372.46
D6624	RETAINER INLAY - TITANIUM	$1,257.49
D6634	RETAINER ONLAY - TITANIUM	$1,320.36
D6710	RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE	$1,347.31
D6720	RETAINER CROWN - RESIN WITH HIGH NOBLE METAL	$1,571.86
D6721	RETAINER CROWN - RESIN WITH PREDOM BASE METAL	$1,491.02
D6722	RETAINER CROWN - RESIN WITH NOBLE METAL	$1,517.97
D6740	RETAINER CROWN - PORCELAIN/CERAMIC	$1,652.70
D6750	RETNR CROWN PORCELAIN FUSED TO HIGH NOBLE METAL	$1,609.58

Dental

Code	Description	
D6751	RETNR CROWN PORCELAIN FUSED PREDOM BASE METAL	$1,501.80
D6752	RETAINER CROWN - PORCELAIN FUSED TO NOBLE METAL	$1,537.73
D6753	RETAINR CROWN PORCLN FUSED TO TITANIUM AND ALLOY	$1,501.80
D6780	RETAINER CROWN - 3/4 CAST HIGH NOBLE METAL	$1,517.97
D6781	RETAINER CROWN 3/4 CAST PREDOMINANTLY BASE METAL	$1,517.97
D6782	RETAINER CROWN - 3/4 CAST NOBLE METAL	$1,410.18
D6783	RETAINER CROWN - 3/4 PORCELAIN/CERAMIC	$1,562.88
D6784	RETAINER CROWN-3/4 TITANIUM AND ALLOYS	$1,517.97
D6790	RETAINER CROWN - FULL CAST HIGH NOBLE METAL	$1,553.89
D6791	RETAINER CROWN FULL CAST PREDOM BASE METAL	$1,473.06
D6792	RETAINER CROWN - FULL CAST NOBLE METAL	$1,526.95
D6793	PROVISIONAL RETAINER CROWN	$637.73
D6794	RETAINER CROWN - TITANIUM	$1,526.95
D6920	CONNECTOR BAR	$401.23
D6930	RECEMENT / REBOND FIXED PARTIAL DENTURE	$234.05
D6940	STRESS BREAKER	$530.51
D6950	PRECISION ATTACHMENT	$1,025.35
D6985	PEDIATRIC PARTIAL DENTURE FIXED	$891.61
D7111	EXTRACTION CORONAL REMNANTS - PRIMARY TOOTH	$211.61
D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT	$281.28
D7210	EXTRACTION ERUPTED TOOTH REMV BONE ELEV FLAP	$419.42
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	$525.90
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	$699.76
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	$821.45
D7241	REMV IMP TOOTH - CMPL BONY W/UNUSUAL SURG COMPS	$1,032.25
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	$443.32
D7251	CORONECTMY INTNTNAL PART TOOTH REMOV IMPCTD OLY	$869.26
D7260	OROANTRAL FISTULA CLOSURE	$2,829.20
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	$1,178.84
D7270	TOOTH REIMPL &/OR STBL ACC EVULSED/DISPLCD TOOTH	$884.13
D7272	TOOTH TRANSPLANTATION	$1,178.84
D7280	EXPOSURE OF AN UNERUPTED TOOTH	$825.18
D7282	MOBILIZ ERUPTED/MALPOSITIONED TOOTH AID ERUPTION	$412.59
D7283	PLCMT DEVICE FACILITATE ERUPTION IMPACTED TOOTH	$353.65
D7285	BIOPSY OF ORAL TISSUE HARD	$1,650.37
D7286	BIOPSY OF ORAL TISSUE SOFT	$707.30
D7287	EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION	$282.92
D7288	BRUSH BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION	$282.92
D7290	SURGICAL REPOSITIONING OF TEETH	$707.30
D7292	SURG PLCMT: TEMP ANCHORAGE SCREW RET PLATE FLAP	$1,131.68
D7293	SURG PLCMT: TEMP ANCHORAGE DEVICE RQR SURG FLAP	$707.30

Dental

Code	Description	
D7294	SURG PLCMT: TEMP ANCHORAGE DEVICE W/O SURG FLAP	$589.42
D7310	ALVEOLOPLASTY W/EXTRACTION 4/> TEETH/SPACE QUAD	$553.49
D7311	ALVEOLOPLSTY CONJNC XTRACT 1-3 TEETH/SPACES QUAD	$484.31
D7320	ALVEOLOPLASTY NOT W/EXTRACTIONS 4/> TEETH/SPACE	$899.43
D7321	ALVEOLOPLSTY NOT CNJNC XTRCT 1-3 TEETH/SPCE QUAD	$761.05
D7340	VESTIBULOPLASTY RIDGE EXT SEC EPITHELIALIZATION	$3,805.27
D7350	VESTIBULOPLASTY RIDGE EXT W/SOFT TISS GRAFTS	$11,069.88
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	$1,660.48
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	$2,629.10
D7412	EXCISION OF BENIGN LESION COMPLICATED	$2,905.84
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM	$1,937.23
D7414	EXCISION OF MALIGNANT LESION > 1.25 CM	$2,905.84
D7415	EXCISION OF MALIGNANT LESION COMPLICATED	$3,251.78
D7440	EXC MALIG TUMOR-LESION DIAMETER UP TO 1.25 CM	$2,629.10
D7441	EXC MALIG TUMOR-LESION DIAM GREATER THAN 1.25 CM	$3,874.46
D7450	REMOVL BENIGN ODONTOGENC CYST/TUMR-UP T0 1.25 CM	$1,660.48
D7451	REMOVAL BENIGN ODONTOGENIC CYST/TUMOR- > 1.25 CM	$2,269.33
D7460	REMOVAL BEN NONODONTOGENIC CYST/TUMR- UP 1.25 CM	$1,660.48
D7461	REMOVAL BEN NONODONTOGENIC CYST/TUMOR > 1.25 CM	$2,269.33
D7465	DESTRUCTION LESION PHYSICAL/CHEM METHOD BY REPRT	$899.43
D7471	REMOVAL OF LATERAL EXOSTOSIS	$2,056.23
D7472	REMOVAL OF TORUS PALATINUS	$2,443.68
D7473	REMOVAL OF TORUS MANDIBULARIS	$2,305.30
D7485	REDUCTION OF OSSEOUS TUBEROSITY	$2,056.23
D7490	RADICAL RESECTION OF MAXILLA OR MANDIBLE	$16,604.82
D7510	INCISION & DRAINAGE ABSCESS-INTRAORAL SOFT TISS	$595.01
D7511	I & D ABSCESS INTRAORAL SOFT TISSUE COMPLICATED	$899.43
D7520	INCISION & DRAINAGE ABSCESS-EXTRAORAL SOFT TISS	$2,833.89
D7521	I & D ABSCESS EXTRAORAL SOFT TISSUE COMPLICATED	$3,113.40
D7530	REMOVAL FB FROM MUCOSA SKIN/SUBCUT ALVEOL TISSUE	$1,021.20
D7540	REMV REACT-PRODUC FOREIGN BODIES-MUSCULOSKEL SYS	$1,131.90
D7550	PART OSTEC/SEQUESTRECTOMY REMOVAL NON-VITAL BONE	$705.70
D7560	MAXILLARY SINUSOTOMY REMOVAL TOOTH FRAGMENT/FB	$5,604.13
D7610	MAXILLA-OPEN REDUCTION	$9,063.46
D7620	MAXILLA-CLOSED REDUCTION	$6,796.91
D7630	MANDIBLE-OPEN REDUCTION	$11,783.89
D7640	MANDIBLE-CLOSED REDUCTION	$7,477.70
D7650	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION	$5,665.01
D7660	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	$3,340.34
D7670	ALVEOLUS-CLOSED REDUCTION W/STABILIZATION TEETH	$2,606.96
D7671	ALVEOLUS-OPEN REDUCTION W/STABILIZATION TEETH	$4,912.26

Dental

Code	Description	
D7680	FACE BONES-COMP RDUC W/FIX&MX SURG APPRCHES CPT	$16,995.03
D7710	MAXILLA - OPEN REDUCTION	$10,651.99
D7720	MAXILLA - CLOSED REDUCTION	$7,477.70
D7730	MANDIBLE - OPEN REDUCTION	$15,409.27
D7740	MANDIBLE - CLOSED REDUCTION	$7,624.38
D7750	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION	$9,697.21
D7760	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	$3,891.06
D7770	ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH	$5,272.03
D7771	ALVEOLUS CLOSED REDUCTION STABILIZATION OF TEETH	$4,068.18
D7780	FACIAL BONES-COMP RDUC FIX & MULT APPROACHES	$22,660.04
D7810	OPEN REDUCTION OF DISLOCATION	$9,968.43
D7820	CLOSED REDUCTION OF DISLOCATION	$1,632.81
D7830	MANIPULATION UNDER ANESTHESIA	$935.40
D7840	CONDYLECTOMY	$13,588.28
D7850	SURGICAL DISCECTOMY WITH/WITHOUT IMPLANT	$11,734.07
D7852	DISC REPAIR	$13,436.07
D7854	SYNOVECTOMY	$13,865.02
D7856	MYOTOMY	$9,838.36
D7858	JOINT RECONSTRUCTION	$28,042.77
D7860	ARTHROTOMY	$11,952.70
D7865	ARTHROPLASTY	$19,261.59
D7870	ARTHROCENTESIS	$636.52
D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE	$1,273.04
D7872	ARTHROSCOPY - DIAGNOSIS WITH OR WITHOUT BIOPSY	$6,794.14
D7873	ARTHROSCOPY: LAVAGE & LYSIS ADHESIONS	$8,180.64
D7874	ARTHROSCOPY: DISC REPSTN & STABILIZATION	$11,734.07
D7875	ARTHROSCOPY: SYNOVECTOMY	$12,854.90
D7876	ARTHROSCOPY: DISCECTOMY	$13,859.49
D7877	ARTHROSCOPY: DEBRIDEMENT	$12,232.22
D7880	OCCLUSAL ORTHOTIC DEVICE BY REPORT	$1,527.64
D7881	OCCLUSAL ORTHOTIC DEVICE ADJUSTMENT	$166.05
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	$907.73
D7911	COMPLICATED SUTURE - UP TO 5 CM	$2,266.56
D7912	COMPLICATED SUTURE - GREATER THAN 5 CM	$4,079.25
D7920	SKIN GRAFT	$6,683.44
D7921	COLL APPL AUTOLOGOUS BLD CNCNTRT PRODUCT	$617.15
D7941	OSTEOTOMY - MANDIBULAR RAMI	$17,019.94
D7943	OSTEOT-MANDIB RAMI W/BONE GRFT;INCL OBTAIN GRAFT	$15,636.21
D7944	OSTEOTOMY - SEGMENTED OR SUBAPICAL	$13,934.21
D7945	OSTEOTOMY - BODY OF MANDIBLE	$18,542.05
D7946	LEFORT I (MAXILLA - TOTAL)	$22,970.00

Dental

Code	Description	
D7947	LEFORT I (MAXILLA - SEGMENTED)	$19,316.94
D7948	LEFORT II/LEFORT III - W/O BONE GRAFT	$25,073.28
D7949	LEFORT II OR LEFORT III - WITH BONE GRAFT	$32,656.15
D7953	BONE REPLCMT GRAFT RIDGE PRESERVATION PER SITE	$940.94
D7961	BUCCAL/LABIAL FRENECTOMY (FRENULECTOMY)	$761.05
D7962	LINGUAL FRENECTOMY (FRENULECTOMY)	$761.05
D7963	FRENULOPLASTY	$1,245.36
D7970	EXCISION OF HYPERPLASTIC TISSUE - PER ARCH	$1,106.99
D7971	EXCISION OF PERICORONAL GINGIVA	$415.12
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	$1,549.78
D7980	SURGICAL SIALOLITHOTOMY	$1,743.51
D7982	SIALODOCHOPLASTY	$4,123.53
D7983	CLOSURE OF SALIVARY FISTULA	$3,957.48
D7990	EMERGENCY TRACHEOTOMY	$3,403.99
D7991	CORONOIDECTOMY	$8,302.41
D7997	APPLIANCE REMOVAL INCLUDES REMOVAL OF ARCHBAR	$636.52
D7998	INTRAORAL PLCMT FIX DEVICE NOT CONJUNCTION W/FX	$2,767.47
D9110	PALLIATIVE TREATMENT OF DENTAL PAIN PER VISIT	$218.78
D9120	FIXED PARTIAL DENTURE SECTIONING	$247.20
D9210	LOCAL ANES-NOT CONJUNCTION W/OP/SURGICAL PROC	$75.83
D9211	REGIONAL BLOCK ANESTHESIA	$83.67
D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA	$130.74
D9215	LOCAL ANESTHESIA CONJUCTION OPERATIVE/SURG PROC	$62.76
D9219	EVALUATION FOR MOD OR DEEP SEDATION / GA	$149.04
D9222	DEEP SEDATION / GENERAL ANESTHESIA FIRST 15 MIN	$444.52
D9223	DEEP SEDATION/ GEN ANESTH EACH 15 MIN INCREMENT	$339.93
D9230	INHALATION OF NITROUS OXIDE/ANXIOLYSIS ANALGESIA	$125.51
D9239	IV MOD (CONSCIOUS) SEDTION/ANALGSIA FIRST 15 MIN	$366.07
D9243	IV MOD (CONSCIOUS) SEDATION EACH 15 MIN INCRMENT	$287.63
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	$183.04
D9310	CONSULT DX SERV DENT/PHY NOT REQUESTING DENT/PHY	$244.07
D9311	CONSULT WITH A MEDICAL HEALTHCARE PROFESSIONAL	$244.07
D9410	HOUSE/EXTENDED CARE FACILITY CALL	$279.15
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	$451.53
D9440	OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS	$152.54
D9450	CASE PRESENTATION AFTER DETL&EXTN TREATMENT PLAN	$76.27
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	$98.13
D9911	APPLIC DESENZT RSN CERV &OR ROOT SURF-TOOTH	$137.38
D9932	CLEAN/INSPECT REMOVBL COMPLETE MAXILLARY DENTURE	$137.38
D9933	CLEAN INSPECT REMVBL COMPLETE MANDIBULAR DENTURE	$137.38
D9934	CLEAN/ INSPECT REMVBL PARTIAL MAXILLARY DENTURE	$137.38

Dental

Code	Description	
D9935	CLEAN INSPECT REMVBL PARTIAL MANDIBULAR DENTURE	$137.38
D9941	FABRICATION OF ATHLETIC MOUTHGUARD	$280.37
D9942	REPAIR AND/OR RELINE OF OCCLUSAL GUARD	$336.44
D9943	OCCLUSAL GUARD ADJUSTMENT	$168.22
D9944	OCCLUSAL GUARD - HARD APPLIANCE, FULL ARCH	$813.06
D9945	OCCLUSAL GUARD - SOFT APPLIANCE, FULL ARCH	$813.06
D9946	OCCLUSAL GUARD HARD APPLIANCE PARTIAL ARCH	$813.06
D9950	OCCLUSION ANALYSIS - MOUNTED CASE	$532.70
D9951	OCCLUSAL ADJUSTMENT - LIMITED	$238.31
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	$1,121.46
D9970	ENAMEL MICROABRASION	$126.16
D9971	ODONTOPLASTY 1-2 TEETH; INCL REMOVAL ENAMEL PROJ	$162.61
D9972	EXTERNAL BLEACHING - PER ARCH	$560.73
D9973	EXTERNAL BLEACHING - PER TOOTH	$92.52
D9974	INTERNAL BLEACHING - PER TOOTH	$490.64
D9975	EXTERNAL BLEACHING - PER ARCH (HOME)	$560.73
D9992	DENTAL CASE MANAGEMENT - CARE COORDINATION	$98.13
D9995	TELEDENTISTRY - SYNCHRONOUS; REAL TIME ENCOUNTER	$448.59
D9996	TELDENTRY ASYNCHRNS INFO FWD DENTIST SBSQNT REVW	$336.44