

Section 330

POVERTY LEVEL (FED. REGISTER 01/19/2023)

Under 100% A	101% to 133% B	134% to 166% C	167% to 200% D	201% to 250% E	251 to 1000% F
-----------------	-------------------	-------------------	-------------------	-------------------	-------------------

FAMILY SIZE - MIEMBROS EN LA FAMILIA

DENT1 Routine Fee = \$30	
DENT2 Adv. Rehab = \$75	
DENT3 Endodontics = \$100	
DENT4 Adv. Surg = \$100	
DENT 0 = \$0	
DNT2C = \$75 per crown or pontic	
DNT2D = \$75 per denture or prosthesis	

1	\$ 0 to	\$ 14,580	to	\$ 19,391	to	\$ 24,349	to	\$ 29,160	to	\$ 36,450	above	\$ 36,451
2	\$ 0 to	\$ 19,720	to	\$ 26,228	to	\$ 32,932	to	\$ 39,440	to	\$ 49,300	above	\$ 49,301
3	\$ 0 to	\$ 24,860	to	\$ 33,064	to	\$ 41,516	to	\$ 49,720	to	\$ 62,150	above	\$ 62,151
4	\$ 0 to	\$ 30,000	to	\$ 39,900	to	\$ 50,100	to	\$ 60,000	to	\$ 75,000	above	\$ 75,001
5	\$ 0 to	\$ 35,140	to	\$ 46,736	to	\$ 58,684	to	\$ 70,280	to	\$ 87,850	above	\$ 87,851
6	\$ 0 to	\$ 40,280	to	\$ 53,572	to	\$ 67,268	to	\$ 80,560	to	\$ 100,700	above	\$ 100,701
7	\$ 0 to	\$ 45,420	to	\$ 60,409	to	\$ 75,851	to	\$ 90,840	to	\$ 113,550	above	\$ 113,551
8	\$ 0 to	\$ 50,560	to	\$ 67,245	to	\$ 84,435	to	\$ 101,120	to	\$ 126,400	above	\$ 126,401

For families/households with more than 8 persons, add \$5,140 for each additional person.

Srv. Code	Description	Standard Fee	Nominal Fee A	101% to 133% B	134% to 166% C	167% to 200% D	201% to 250% E	251 to 1000% F	Lab Fee (Informational unless multiple)
(Patient Responsibility is discounted based on a percent of charge and income level)									
Discount Percent:				60%	40%	20%	No Discount	No Discount	

DIAGNOSTIC TREATMENT

Total Fee Includes Lab (unless multiple teeth)

D0120	PERIODIC RECLL EXAM	\$ 103.00		\$ 42.00	\$ 62.00	\$ 83.00	\$ 103.00	\$ 103.00	
D0140	EMERGENCY ORAL EXAM	\$ 158.00		\$ 64.00	\$ 95.00	\$ 127.00	\$ 158.00	\$ 158.00	
D0145	INFANT/TODDLER EVALUATION	\$ 145.00		\$ 58.00	\$ 87.00	\$ 116.00	\$ 145.00	\$ 145.00	
D0150	INITIAL ORAL EXAM	\$ 185.00		\$ 74.00	\$ 111.00	\$ 148.00	\$ 185.00	\$ 185.00	
D0170	RE-EVAL- LIMITED, PROB FOCUSED/EST PT; NOT	\$ 151.00		\$ 61.00	\$ 91.00	\$ 121.00	\$ 151.00	\$ 151.00	
D0210	COMPLETE INTRAORAL SERIES	\$ 251.00		\$ 101.00	\$ 151.00	\$ 201.00	\$ 251.00	\$ 251.00	
D0220	INTRAOR PERIAPICAL RADIO 1ST	\$ 60.00	Included in \$30 Routine Fee (DENT1)	\$ 24.00	\$ 36.00	\$ 48.00	\$ 60.00	\$ 60.00	
D0230	INTRAORAL PERIAP-EA ADDL FILM	\$ 51.00		\$ 21.00	\$ 31.00	\$ 41.00	\$ 51.00	\$ 51.00	
D0240	INTRAORAL OCCLUSAL FILM	\$ 77.00		\$ 31.00	\$ 47.00	\$ 62.00	\$ 77.00	\$ 77.00	
D0270	BITEWING RADIOGRAPH 1ST	\$ 57.00		\$ 23.00	\$ 35.00	\$ 46.00	\$ 57.00	\$ 57.00	
D0272	BITEWINGS 2 FILMS	\$ 89.00		\$ 36.00	\$ 54.00	\$ 72.00	\$ 89.00	\$ 89.00	
D0274	BITEWING 4 FILMS	\$ 125.00		\$ 50.00	\$ 75.00	\$ 100.00	\$ 125.00	\$ 125.00	
D0330	PANORAMIC FILM	\$ 224.00		\$ 90.00	\$ 135.00	\$ 180.00	\$ 224.00	\$ 224.00	
D0460	PULP VITALITY TEST	\$ 113.00		\$ 46.00	\$ 68.00	\$ 91.00	\$ 113.00	\$ 113.00	
D0470	DIAGNOSTIC CASTS	\$ 302.00		\$ 121.00	\$ 182.00	\$ 242.00	\$ 302.00	\$ 302.00	

PREVENTIVE TREATMENT

D1110	PROPHYLAXIS-ADULT	\$ 177.00		\$ 71.00	\$ 107.00	\$ 142.00	\$ 177.00	\$ 177.00	
D1120	PROPHYLAXIS - CHILD	\$ 131.00		\$ 53.00	\$ 79.00	\$ 105.00	\$ 131.00	\$ 131.00	
D1206	FLUORIDE VARNISH	\$ 78.00	Included in \$30 Routine Fee (DENT1)	\$ 32.00	\$ 47.00	\$ 63.00	\$ 78.00	\$ 78.00	
D1208	FLUORIDE NON-VARNISH	\$ 78.00		\$ 32.00	\$ 47.00	\$ 63.00	\$ 78.00	\$ 78.00	
D1310	NUTRITIONAL COUNSELING	\$ 124.00		\$ -	\$ -	\$ -	\$ -	\$ -	
D1330	ORAL HYGIENE INSTRUCTION	\$ 125.00		\$ -	\$ -	\$ -	\$ -	\$ -	
D1351	SEALANTS-PER TOOTH	\$ 103.00		\$ 42.00	\$ 62.00	\$ 83.00	\$ 103.00	\$ 103.00	
D1510	SPACE MAINT. FX-UNILATERAL	\$ 574.00	1st Visit:\$90 Routine Fee/Lab (Dent1); Additional Visit(s) \$30	\$ 290.00	\$ 405.00	\$ 520.00	\$ 574.00	\$ 574.00	\$ 60.00

RESTORATIVE TREATMENT

D2140	AMALGAM 1 SURFACE	\$ 280.00	Included in \$30 Routine Fee (DENT1)	\$ 112.00	\$ 168.00	\$ 224.00	\$ 280.00	\$ 280.00	
D2150	AMALGAM 2 SURFACE	\$ 358.00		\$ 144.00	\$ 215.00	\$ 287.00	\$ 358.00	\$ 358.00	
D2160	AMALGAM 3 SURFACE	\$ 426.00		\$ 171.00	\$ 256.00	\$ 341.00	\$ 426.00	\$ 426.00	
D2161	AMALGAM 4 OR MORE SURF	\$ 507.00		\$ 203.00	\$ 305.00	\$ 406.00	\$ 507.00	\$ 507.00	
D2330	RESIN 1/SURFACE ANTEIOR	\$ 326.00		\$ 131.00	\$ 196.00	\$ 261.00	\$ 326.00	\$ 326.00	
D2331	RESIN 2 SURFACES ANTERIOR	\$ 393.00		\$ 158.00	\$ 236.00	\$ 315.00	\$ 393.00	\$ 393.00	
D2332	RESIN 3 SURFACES ANTERIOR	\$ 479.00		\$ 192.00	\$ 288.00	\$ 384.00	\$ 479.00	\$ 479.00	
D2335	RESIN-4+ SURFS.OR INVOLV.INCIS.ANG	\$ 613.00		\$ 246.00	\$ 368.00	\$ 491.00	\$ 613.00	\$ 613.00	
D2390	RESIN-BASED COMPOSITE CROWN ANTERIO	\$ 921.00		\$ 369.00	\$ 553.00	\$ 737.00	\$ 921.00	\$ 921.00	
D2391	RESIN-1 SURFACE POSTERIOR	\$ 349.00		Included in \$30 Routine Fee (DENT1)	\$ 140.00	\$ 210.00	\$ 280.00	\$ 349.00	\$ 349.00
D2392	RESIN-2 SURFACE, POSTERIOR	\$ 440.00	\$ 176.00		\$ 264.00	\$ 352.00	\$ 440.00	\$ 440.00	
D2393	RESIN-3 SURFACE, POSTERIOR	\$ 542.00	\$ 217.00		\$ 326.00	\$ 434.00	\$ 542.00	\$ 542.00	
D2394	RESIN-4 OR MORE SURFACES, POSTERIOR	\$ 639.00	\$75 Adv Rehab (DENT2) - Plus additional lab fee	\$ 256.00	\$ 384.00	\$ 512.00	\$ 639.00	\$ 639.00	
D2542**	2 Surface Gold Onlay	\$ 1,920.00	1st Visit: \$225 Adv Rehab/Lab (DENT2); Additional Visit(s) \$75	\$ 918.00	\$ 1,302.00	\$ 1,686.00	\$ 1,920.00	\$ 1,920.00	\$ 150.00
D2543**	3 Surface Gold Onlay	\$ 1,988.00	1st Visit: \$250 Adv Rehab/Lab (DENT2); Additional Visit(s) \$75	\$ 971.00	\$ 1,368.00	\$ 1,766.00	\$ 1,988.00	\$ 1,988.00	\$ 175.00
D2544**	4 Surface Gold Onlay	\$ 2,074.00	\$275 Adv Rehab/Lab(DENT2)	\$ 1,030.00	\$ 1,445.00	\$ 1,860.00	\$ 2,074.00	\$ 2,074.00	\$ 200.00
D2740**T	CROWN-PORC/CERAMIC SUBSTRATE	\$ 2,000.00	1st Visit: \$225 Adv Rehab/Lab (DENT2); Additional Visit(s) \$75	\$ 950.00	\$ 1,350.00	\$ 1,750.00	\$ 2,000.00	\$ 2,000.00	\$ 150.00
D2750**T	CROWN-PORC FUSED HIGH NOBLE METAL	\$ 2,000.00	1st Visit: \$275 Adv Rehab/Lab (DENT2); Additional Visit(s) \$75	\$ 1,000.00	\$ 1,400.00	\$ 1,800.00	\$ 2,000.00	\$ 2,000.00	\$ 200.00
D2752**T	CROWN-PORC FUSED/NOBLE METAL	\$ 2,000.00	1st Visit: \$225 Adv Rehab/Lab (DENT2); Additional Visit(s) \$75	\$ 950.00	\$ 1,350.00	\$ 1,750.00	\$ 2,000.00	\$ 2,000.00	\$ 150.00
D2790**T	CROWN/FULL CAST HIGH NOBLE METAL	\$ 2,000.00	1st Visit: \$275 Adv Rehab/Lab (DENT2); Additional Visit(s) \$75	\$ 1,000.00	\$ 1,400.00	\$ 1,800.00	\$ 2,000.00	\$ 2,000.00	\$ 200.00
D2792**T	CROWN/FULL CAST NOBLE METAL	\$ 2,000.00	1st Visit: \$225 Adv Rehab/Lab (DENT2); Additional Visit(s) \$75	\$ 950.00	\$ 1,350.00	\$ 1,750.00	\$ 2,000.00	\$ 2,000.00	\$ 150.00
D2920	RECEMENT CROWN	\$ 235.00	\$30 Routine (DENT1)	\$ 94.00	\$ 141.00	\$ 188.00	\$ 235.00	\$ 235.00	
D2930	STAINLESS STEEL CROWN	\$ 527.00	\$75 Adv Rehab (DENT2)	\$ 211.00	\$ 317.00	\$ 422.00	\$ 527.00	\$ 527.00	
D2940	SEDATIVE FILLING	\$ 271.00	\$30 Routine (DENT1)	\$ 109.00	\$ 163.00	\$ 217.00	\$ 271.00	\$ 271.00	
D2950	CROWN BUILD/UP (AMALG.OR COMPOSITE)	\$ 525.00	\$75 Adv Rehab (DENT2)	\$ 210.00	\$ 315.00	\$ 420.00	\$ 525.00	\$ 525.00	
D2951	CROWN BUILD-UP (COMPOSITE)	\$ 168.00	\$75 Adv Rehab (DENT2)	\$ 68.00	\$ 101.00	\$ 135.00	\$ 168.00	\$ 168.00	
D2952**	POST AND CORE CAST	\$ 823.00	1st Visit: \$175 Adv Rehab/Lab (DENT2); Additional Visit(s) \$75	\$ 430.00	\$ 594.00	\$ 759.00	\$ 823.00	\$ 823.00	\$ 100.00
D2954	PREFAB POST&CORE IN ADD CROWN	\$ 633.00	\$75 Adv Rehab (DENT2)	\$ 254.00	\$ 380.00	\$ 507.00	\$ 633.00	\$ 633.00	
D2961**	LABIAL VENEER/RESIN/LAB	\$ 1,918.00	1st Visit: \$175 Adv Rehab/Lab (DENT2); Additional Visit(s) \$75	\$ 868.00	\$ 1,251.00	\$ 1,635.00	\$ 1,918.00	\$ 1,918.00	\$ 100.00
D2962**	PORCELAIN VENEER LAMINATE	\$ 2,254.00	\$225 Adv Rehab/Lab (DENT2)	\$ 1,052.00	\$ 1,503.00	\$ 1,954.00	\$ 2,254.00	\$ 2,254.00	\$ 150.00
D2799	TEMPORARY CROWN	\$ 935.00	1st Visit: \$115 Adv Rehab/Lab (DENT2); Additional Visit(s) \$75	\$ 414.00	\$ 601.00	\$ 788.00	\$ 935.00	\$ 935.00	\$ 40.00

ENDODONTICS

D3110	PULP CAP DIRECT	\$ 180.00	\$30 Routine (DENT1)	\$ 72.00	\$ 108.00	\$ 144.00	\$ 180.00	\$ 180.00	
D3120	PULP CAP INDIRECT	\$ 175.00		\$ 70.00	\$ 105.00	\$ 140.00	\$ 175.00	\$ 175.00	
D3220	VITAL PULPOTOMY	\$ 443.00		\$ 178.00	\$ 266.00	\$ 355.00	\$ 443.00	\$ 443.00	
D3310	Endodontic therapy, ANTERIOR tooth-excl final restor	\$ 1,493.00	\$100 Endodontics (DENT3)	\$ 598.00	\$ 896.00	\$ 1,195.00	\$ 1,493.00	\$ 1,493.00	
D3320	Endodontic therapy, PREMOLAR tooth-excl final restor	\$ 1,650.00		\$ 660.00	\$ 990.00	\$ 1,320.00	\$ 1,650.00	\$ 1,650.00	
D3330	Endodontic therapy, MOLAR tooth-excl final restor	\$ 1,988.00		\$ 796.00	\$ 1,193.00	\$ 1,591.00	\$ 1,988.00	\$ 1,988.00	
D3351	APEXIFICATION-INITIAL VISIT	\$ 768.00		\$ 308.00	\$ 461.00	\$ 615.00	\$ 768.00	\$ 768.00	
D3352	APEXIFICATION/RECALCIFICATION-INTER	\$ 517.00		\$ 207.00	\$ 311.00	\$ 414.00	\$ 517.00	\$ 517.00	
D3353	APEXIFICATION/RECALCIF FINAL VISIT	\$ 991.00		\$ 397.00	\$ 595.00	\$ 793.00	\$ 991.00	\$ 991.00	
D3410	APICOECTOMY(PER TOOTH) 1 ROOT	\$ 1,521.00		\$ 609.00	\$ 913.00	\$ 1,217.00	\$ 1,521.00	\$ 1,521.00	
D3421	APICOECTOMY (BICUSPID)	\$ 1,631.00		\$ 653.00	\$ 979.00	\$ 1,305.00	\$ 1,631.00	\$ 1,631.00	
D3425	APICOECTOMY (MOLAR)	\$ 1,809.00		\$ 724.00	\$ 1,086.00	\$ 1,448.00	\$ 1,809.00	\$ 1,809.00	
D3430	RETROGRADE FILLING	\$ 603.00		\$ 242.00	\$ 362.00	\$ 483.00	\$ 603.00	\$ 603.00	
D3450	ROOT AMPUTATION-PER ROOT	\$ 1,025.00		\$ 410.00	\$ 615.00	\$ 820.00	\$ 1,025.00	\$ 1,025.00	
D3920	HEMISECTION	\$ 902.00		\$ 361.00	\$ 542.00	\$ 722.00	\$ 902.00	\$ 902.00	

PERIODONTICS

D4210	GINGIVECTOMY QUAD	\$ 1,206.00	\$100 Adv Surgical (DENT4)	\$ 483.00	\$ 724.00	\$ 965.00	\$ 1,206.00	\$ 1,206.00	
D4211	GINGIVECTOMY PER TOOTH	\$ 722.00		\$ 289.00	\$ 434.00	\$ 578.00	\$ 722.00	\$ 722.00	
D4240	GINGIVAL FLAP PROC PER QUAD	\$ 1,568.00		\$ 628.00	\$ 941.00	\$ 1,255.00	\$ 1,568.00	\$ 1,568.00	
D4249	CROWN LENGTHENING	\$ 1,532.00		\$ 613.00	\$ 920.00	\$ 1,226.00	\$ 1,532.00	\$ 1,532.00	
D4260	OSSEOUS SQ	\$ 2,220.00		\$ 888.00	\$ 1,332.00	\$ 1,776.00	\$ 2,220.00	\$ 2,220.00	
D4270	PEDICLE GRAFT	\$ 1,877.00		\$ 751.00	\$ 1,127.00	\$ 1,502.00	\$ 1,877.00	\$ 1,877.00	
D4341	PERI. SCALING & ROOT PLANING.PER QUAD	\$ 503.00		\$ 202.00	\$ 302.00	\$ 403.00	\$ 503.00	\$ 503.00	
D4342	PERI. SCAL.&ROOT 1 TO 3 TEETH	\$ 385.00	\$ 154.00	\$ 231.00	\$ 308.00	\$ 385.00	\$ 385.00		
D4355	FULL MOUTH DEBRIDEMENT	\$ 417.00	\$ 167.00	\$ 251.00					

Section 330

POVERTY LEVEL (FED. REGISTER 01/19/2023)

Under 100% A	101% to 133% B	134% to 166% C	167% to 200% D	201% to 250% E	251 to 1000% F
-----------------	-------------------	-------------------	-------------------	-------------------	-------------------

FAMILY SIZE - MIEMBROS EN LA FAMILIA

DENT1 Routine Fee = \$30	
DENT2 Adv. Rehab = \$75	
DENT3 Endodontics = \$100	
DENT4 Adv. Surg = \$100	
DENT 0 = \$0	
DNT2C = \$75 per crown or pontic	
DNT2D = \$75 per denture or prosthesis	

1	\$ 0 to \$	14,580	to \$	19,391	to \$	24,349	to \$	29,160	to \$	36,450	above \$	36,451
2	\$ 0 to \$	19,720	to \$	26,228	to \$	32,932	to \$	39,440	to \$	49,300	above \$	49,301
3	\$ 0 to \$	24,860	to \$	33,064	to \$	41,516	to \$	49,720	to \$	62,150	above \$	62,151
4	\$ 0 to \$	30,000	to \$	39,900	to \$	50,100	to \$	60,000	to \$	75,000	above \$	75,001
5	\$ 0 to \$	35,140	to \$	46,736	to \$	58,684	to \$	70,280	to \$	87,850	above \$	87,851
6	\$ 0 to \$	40,280	to \$	53,572	to \$	67,268	to \$	80,560	to \$	100,700	above \$	100,701
7	\$ 0 to \$	45,420	to \$	60,409	to \$	75,851	to \$	90,840	to \$	113,550	above \$	113,551
8	\$ 0 to \$	50,560	to \$	67,245	to \$	84,435	to \$	101,120	to \$	126,400	above \$	126,401

For families/households with more than 8 persons, add \$5,140 for each additional person.

Srv. Code	Description	Standard Fee	Nominal Fee A	101% to 133% B	134% to 166% C	167% to 200% D	201% to 250% E	251 to 1000% F	Lab Fee (Informational unless multiple)
(Patient Responsibility is discounted based on a percent of charge and income level)									
			<i>Discount Percent:</i>	60%	40%	20%	No Discount	No Discount	
D5212**D	MAND PARTIAL DENTURE - RESIN BASE	\$ 2,600.00		\$ 1,340.00	\$ 1,860.00	\$ 2,380.00	\$ 2,600.00	\$ 2,600.00	\$ 300.00
D5213**D	PARTIAL MAX DENTURE CAST BASE	\$ 2,600.00		\$ 1,340.00	\$ 1,860.00	\$ 2,380.00	\$ 2,600.00	\$ 2,600.00	\$ 300.00
D5214**D	PARTIAL MAND DENTURE CAST BASE	\$ 2,600.00		\$ 1,340.00	\$ 1,860.00	\$ 2,380.00	\$ 2,600.00	\$ 2,600.00	\$ 300.00
D5410*	ADJUST COMPLETE DENTURE UPPER	\$ 198.00		\$ 80.00	\$ 119.00	\$ 159.00	\$ 198.00	\$ 198.00	
D5411*	ADJUST COMPLETE DENTURE LOWER	\$ 182.00		\$ 73.00	\$ 110.00	\$ 146.00	\$ 182.00	\$ 182.00	
D5421*	DENTURE ADJ PART/UPPPER	\$ 175.00	\$30 Routine (DENT1)	\$ 70.00	\$ 105.00	\$ 140.00	\$ 175.00	\$ 175.00	
D5422*	DENTURE ADJ PART/LOWER	\$ 186.00		\$ 75.00	\$ 112.00	\$ 149.00	\$ 186.00	\$ 186.00	
D5225**D	MAXILLARY PARTIAL DENTURE FLEX BA	\$ 2,600.00	1st Visit: \$375 Adv Rehab/Lab (DENT2); Additional Visit(s) \$75	\$ 1,340.00	\$ 1,860.00	\$ 2,380.00	\$ 2,600.00	\$ 2,600.00	\$ 300.00
D5226**D	MANDIBULAR PART DENTURE FLEX BASE	\$ 2,600.00		\$ 1,340.00	\$ 1,860.00	\$ 2,380.00	\$ 2,600.00	\$ 2,600.00	\$ 300.00
D5511**D	REPAIR BROKEN COMPL DENT BASE, MAND	\$ 456.00		\$ 258.00	\$ 349.00	\$ 440.00	\$ 456.00	\$ 456.00	\$ 75.00
D5512**D	REPAIR BROKEN COMPL DENT BASE, MAX	\$ 462.00		\$ 260.00	\$ 353.00	\$ 445.00	\$ 462.00	\$ 462.00	\$ 75.00
D5611**D	REPAIR RESIN PD BASE, MANDIBULAR	\$ 422.00		\$ 244.00	\$ 329.00	\$ 413.00	\$ 422.00	\$ 422.00	\$ 75.00
D5612**D	REPAIR RESIN PD BASE, MAXILLARY	\$ 445.00		\$ 253.00	\$ 342.00	\$ 431.00	\$ 445.00	\$ 445.00	\$ 75.00
D5621**D	REPAIR CAST PART FRAMEWORK, MAND	\$ 528.00	1st Visit: \$150 Adv Rehab/Lab (DENT2); Additional Visit(s) \$75	\$ 287.00	\$ 392.00	\$ 498.00	\$ 528.00	\$ 528.00	\$ 75.00
D5622**D	REPAIR CAST PART FRAMEWORK, MAX	\$ 528.00		\$ 287.00	\$ 392.00	\$ 498.00	\$ 528.00	\$ 528.00	\$ 75.00
D5630**T	REPAIR PARTIAL BROKEN CLASP	\$ 507.00		\$ 278.00	\$ 380.00	\$ 481.00	\$ 507.00	\$ 507.00	\$ 75.00
D5650**T	ADD TOOTH-EXSTNG PART.DENT	\$ 453.00		\$ 257.00	\$ 347.00	\$ 438.00	\$ 453.00	\$ 453.00	\$ 75.00
D5730**D	RELIN COMP UPPER DENT/CHAIR	\$ 709.00		\$ 284.00	\$ 426.00	\$ 568.00	\$ 709.00	\$ 709.00	
D5731**D	RELIN/COMPL LOWR DENT/CHAIR	\$ 709.00	\$30 Routine (DENT1)	\$ 284.00	\$ 426.00	\$ 568.00	\$ 709.00	\$ 709.00	
D5740**D	RELIN UPPER PART DENT-CHAIR	\$ 691.00		\$ 277.00	\$ 415.00	\$ 553.00	\$ 691.00	\$ 691.00	
D5741**D	RELIN/LOWER PART/DENT CHAIR	\$ 692.00		\$ 277.00	\$ 416.00	\$ 554.00	\$ 692.00	\$ 692.00	
D5750**D	RELIN COMPLETE UPPER DENT-LAB	\$ 905.00		\$ 487.00	\$ 668.00	\$ 849.00	\$ 905.00	\$ 905.00	\$ 125.00
D5751**D	RELIN COMPLETE LOWER DENT-LAB	\$ 905.00		\$ 487.00	\$ 668.00	\$ 849.00	\$ 905.00	\$ 905.00	\$ 125.00
D5760**D	RELIN UPPER PARTIAL DENT-LAB	\$ 901.00	1st Visit: \$200 Adv Rehab/Lab (DENT2); Additional Visit(s) \$75	\$ 486.00	\$ 666.00	\$ 846.00	\$ 901.00	\$ 901.00	\$ 125.00
D5761**D	RELIN LOWER PART DENT-LAB	\$ 902.00		\$ 486.00	\$ 667.00	\$ 847.00	\$ 902.00	\$ 902.00	\$ 125.00
D5820**	TEMP/PART STAYPLATE UPPER-DENT	\$ 1,439.00		\$ 701.00	\$ 989.00	\$ 1,277.00	\$ 1,439.00	\$ 1,439.00	\$ 125.00
D5821**	TEMP/PARTIAL LOWER-DENT	\$ 1,420.00		\$ 693.00	\$ 977.00	\$ 1,261.00	\$ 1,420.00	\$ 1,420.00	\$ 125.00

PROSTHODONTICS FIXED

D6065**T	Implant Supported Porcelain/Ceramic Crown	\$ 2,800.00	1st Visit: \$375 Adv Rehab/Lab (DENT2); Additional Visit(s) \$75	\$ 1,420.00	\$ 1,980.00	\$ 2,540.00	\$ 2,800.00	\$ 2,800.00	\$ 300.00
D6066**T	Implant Supported Porcelain Fused to Metal Crown (tit	\$ 2,800.00		\$ 1,420.00	\$ 1,980.00	\$ 2,540.00	\$ 2,800.00	\$ 2,800.00	\$ 300.00
D6067**T	Implant Supported Metal Crown (titanium, titanium allc	\$ 2,800.00		\$ 1,420.00	\$ 1,980.00	\$ 2,540.00	\$ 2,800.00	\$ 2,800.00	\$ 300.00
D6211**	MARYLAND BR PONTIC	\$ 1,974.00		\$ 940.00	\$ 1,335.00	\$ 1,730.00	\$ 1,974.00	\$ 1,974.00	\$ 150.00
D6242**	PONTIC PORC/FUSE NOBLE-METAL	\$ 2,000.00		\$ 950.00	\$ 1,350.00	\$ 1,750.00	\$ 2,000.00	\$ 2,000.00	\$ 150.00
D6545**	MARYLAND BR. RET	\$ 2,000.00	1st Visit: \$225 Adv Rehab/Lab (DENT2); Additional Visit(s) \$75	\$ 950.00	\$ 1,350.00	\$ 1,750.00	\$ 2,000.00	\$ 2,000.00	\$ 150.00
D6740**	PORCELIN RETAINER	\$ 2,000.00		\$ 950.00	\$ 1,350.00	\$ 1,750.00	\$ 2,000.00	\$ 2,000.00	\$ 150.00
D6752**T	PORCL/FSE SEMI/PRECS ABTMT	\$ 2,000.00		\$ 950.00	\$ 1,350.00	\$ 1,750.00	\$ 2,000.00	\$ 2,000.00	\$ 150.00
D6792**T	CROWN FULL CAST NOBLE METAL	\$ 2,024.00		\$ 960.00	\$ 1,365.00	\$ 1,770.00	\$ 2,024.00	\$ 2,024.00	\$ 150.00
D6930	RECEMENT BRIDGE	\$ 346.00	\$30 Routine (DENT1)	\$ 139.00	\$ 208.00	\$ 277.00	\$ 346.00	\$ 346.00	

ORAL AND MAXILLOFACIAL SURGERY

D7111	CORONAL REMNANTS-DECIDUOUS TOOTH	\$ 277.00	\$30 Routine (DENT1)	\$ 111.00	\$ 167.00	\$ 222.00	\$ 277.00	\$ 277.00	
D7140	EXTRACTION-ERUPT TOOTH/EXPOSED ROOT	\$ 397.00		\$ 159.00	\$ 239.00	\$ 318.00	\$ 397.00	\$ 397.00	
D7210	SURG EXTRACT ERUPT TOOTH	\$ 563.00		\$ 226.00	\$ 338.00	\$ 451.00	\$ 563.00	\$ 563.00	
D7220	RMVL/IMPCTED TOOTH-S TISSUE	\$ 633.00		\$ 254.00	\$ 380.00	\$ 507.00	\$ 633.00	\$ 633.00	
D7230	PARTIAL BONY IMPACTION	\$ 736.00		\$ 295.00	\$ 442.00	\$ 589.00	\$ 736.00	\$ 736.00	
D7240	COMPLETE BONY IMPACTION	\$ 902.00		\$ 361.00	\$ 542.00	\$ 722.00	\$ 902.00	\$ 902.00	
D7250	SRG RMVL RESDL TOOTH ROOTS	\$ 633.00		\$ 254.00	\$ 380.00	\$ 507.00	\$ 633.00	\$ 633.00	
D7260	OROANTRAL FISTULA CLOSURE	\$ 2,704.00		\$ 1,082.00	\$ 1,623.00	\$ 2,164.00	\$ 2,704.00	\$ 2,704.00	
D7270	TOOTH REIMPLANT/STABLELIZE	\$ 1,067.00		\$ 427.00	\$ 641.00	\$ 854.00	\$ 1,067.00	\$ 1,067.00	
D7272	TOOTH TRANSPLANTATION	\$ 1,464.00		\$ 586.00	\$ 879.00	\$ 1,172.00	\$ 1,464.00	\$ 1,464.00	
D7280	SURGICAL EXPOSURE FOR ERUP	\$ 1,030.00		\$ 412.00	\$ 618.00	\$ 824.00	\$ 1,030.00	\$ 1,030.00	
D7286	BIOPSY ORAL TISSUE-SOFT	\$ 693.00	\$100 Adv Surgical (DENT4)	\$ 278.00	\$ 416.00	\$ 555.00	\$ 693.00	\$ 693.00	
D7310	ALVEOLOPLASTY/PER QUAD W/EXT	\$ 615.00		\$ 246.00	\$ 369.00	\$ 492.00	\$ 615.00	\$ 615.00	
D7320	ALVEOLOPLASTY NOT IN CONJUNC W EXT	\$ 954.00		\$ 382.00	\$ 573.00	\$ 764.00	\$ 954.00	\$ 954.00	
D7340	VESTIBULOPLASTY	\$ 2,740.00		\$ 1,096.00	\$ 1,644.00	\$ 2,192.00	\$ 2,740.00	\$ 2,740.00	
D7350	VESTIBULOPLASTY-INCL.SOFT TISS GRAF	\$ 6,293.00		\$ 2,518.00	\$ 3,776.00	\$ 5,035.00	\$ 6,293.00	\$ 6,293.00	
D7471	REMOVAL OF LATERAL EXOSTOSIS	\$ 1,575.00		\$ 630.00	\$ 945.00	\$ 1,260.00	\$ 1,575.00	\$ 1,575.00	
D7510	I&D INTRAORAL SOFT TISSUE	\$ 484.00		\$ 194.00	\$ 291.00	\$ 388.00	\$ 484.00	\$ 484.00	
D7520	I&D ABSCESS-EXTRAORAL	\$ 1,254.00		\$ 502.00	\$ 753.00	\$ 1,004.00	\$ 1,254.00	\$ 1,254.00	
D7530	REMOVAL F/B: SKIN/SUBCUT. TISSUE	\$ 754.00		\$ 302.00	\$ 453.00	\$ 604.00	\$ 754.00	\$ 754.00	
D7560	MAXILLARY SINUSOSTOMY	\$ 3,512.00		\$ 1,405.00	\$ 2,108.00	\$ 2,810.00	\$ 3,512.00	\$ 3,512.00	
D7880**	OCCLUSAL APPLIANCE	\$ 2,709.00	1st Visit: \$200 Adv Rehab/Lab (DENT2); Additional Visit(s) \$75	\$ 1,209.00	\$ 1,751.00	\$ 2,293.00	\$ 2,709.00	\$ 2,709.00	\$ 125.00
D7961	FRENULECTOMY	\$ 819.00	\$100 Adv Surgical (DENT4)	\$ 328.00	\$ 492.00	\$ 656.00	\$ 819.00	\$ 819.00	
D7970	EXCISION HYPERPLASTIC TISSUE	\$ 1,026.00		\$ 411.00	\$ 616.00	\$ 821.00	\$ 1,026.00	\$ 1,026.00	
D7971	EXCISION PERICORONAL GINGIVA	\$ 599.00	\$30 Routine (DENT1)	\$ 240.00	\$ 360.00	\$ 480.00	\$ 599.00	\$ 599.00	

OTHER

D9110	PALLIATIVE TX (EMERGENCY)	\$ 300.00	\$30 Routine (DENT1)	\$ 120.00	\$ 180.00	\$ 240.00	\$ 300.00	\$ 300.00	
D9110	APPLICATION OF DESEN. MEDICATION	\$ 145.00		\$ 58.00	\$ 87.00	\$ 116.00	\$ 145.00	\$ 145.00	
D9941	FABRICATION OF ATHLETIC MOUTHGUARD	\$ 544.00	1st Visit: \$200 Adv Rehab/Lab (DENT2); Additional Visit(s) \$75	\$ 343.00	\$ 452.00	\$ 561.00	\$ 544.00	\$ 544.00	\$ 125.00
D9942	REPAIR AND/OR RELINE OF OCCLUSAL GUARD	\$ 476.00	\$30 Routine (DENT1)	\$ 191.00	\$ 286.00	\$ 381.00	\$ 476.00	\$ 476.00	
D9943	OCCLUSAL GUARD ADJUSTMENT	\$ 302.00		\$ 121.00	\$ 182.00	\$ 242.00	\$ 302.00	\$ 302.00	
D9944	OCCLUSAL GUARD - HARD APPL, FULL ARCH	\$ 1,126.00	1st Visit: \$200 Adv Rehab/Lab (DENT2); Additional Visit(s) \$75	\$ 576.00	\$ 801.00	\$ 1,026.00	\$ 1,126.00	\$ 1,126.00	\$ 125.00
D9945	OCCLUSAL GUARD - SOFT APPL, FULL ARCH	\$ 1,006.00		\$ 528.00	\$ 729.00	\$ 930.00	\$ 1,006.00	\$ 1,006.00	\$ 125.00
D9946	OCCLUSAL GUARD - HARD APPL, PARTIAL ARCH	\$ 1,060.00		\$ 549.00	\$ 761.00	\$ 973.00	\$ 1,060.00	\$ 1,060.00	\$ 125.00
D9951	OCCLUSAL ADJUST-LTD	\$ 406.00	\$30 Routine (DENT1)	\$ 163.00	\$ 244.00	\$ 325.00	\$ 406.00	\$ 406.00	
D9952	OCCLUSAL ADJUSTMENT-COMPLETE	\$ 1,271.00		\$ 509.00	\$ 763.00	\$ 1,017.00	\$ 1,271.00	\$ 1,271.00	
D9975**	EXTERNAL BLEACHING FOR HOME APPLIC	\$ 566.00	1st Visit: \$125 Adv Rehab/Lab (DENT2); Additional Visit(s) \$75	\$ 277.00	\$ 390.00	\$ 503.00	\$ 566.00	\$ 566.00	\$ 50.00
D9974	INTERNAL BLEACHING-PER TOOTH	\$ 544.00	\$30 Routine (DENT1)	\$ 218.00	\$ 327.00	\$ 436.00	\$ 544.00	\$ 544.00	

KEY DESCRIPTION

- ** Professional fee does not include lab fee
- * Adjustments included for first 6 months