



# CCPOA Benefit Trust Fund

**EFFECTIVE:  
01/01/2024**

## CCPOA Primary Dental Fee Schedule for Out-Of-Network Providers

The Trust has provided these payment allowances for informational purposes only and not as a guarantee of payment.

All claims for dental services are subject to review for medical necessity as well as other provisions and limitations of the Program. In addition, benefit payments are subject to the Program deductibles and co-insurance levels.

Covered dental services and supplies are only payable for Employees and Dependents eligible for this Dental program when dental services are rendered.

Program allowances does not provide an extension of eligibility nor does it guarantee the Employee or Dependent is eligible under the Program.

Some procedures require a review. Pre-Authorization is recommended for procedures over \$300.

If you have any questions, please contact our Customer Service department.

ID#	Description	Cost
<b>PREVENTATIVE SERVICES</b>		
D0120	PERIODIC ORAL EVALUATION	\$67.00
D0140	LIMITED ORAL EVALUATION	\$99.00
D0145	ORAL EVAL UNDER 3 YRS OF AGE	\$87.00
D0150	COMPREHENSIVE ORAL EVALUATION	\$115.00
D0160	EXTENSIVE PROBLEM FOCUSED ORAL EVAL BY REPORT	\$187.00
D0170	RE-EVALUATION-LIMITED	\$90.00
D0180	COMPREHENSIVE PERIODONTAL EVALUATION-NEW OR ESTABLISHED PATIENT	\$122.00
D0210	INTRAORAL-COMPLETE SERIES(INCLUDING BITEWINGS)	\$170.00
D0220	INTRAORAL-SINGLE, FIRST FILM	\$37.00
D0230	INTRAORAL-EACH ADDITIONAL FILM	\$32.00
D0240	INTRAORAL-OCCLUSAL FILM	\$50.00
D0250	EXTRAORAL SINGLE, FIRST FILM	\$77.00

ID#	Description	Cost
D0270	BITEWING, SINGLE FILM	\$37.00
D0272	BITEWING, TWO FILMS	\$58.00
D0273	BITEWING, THREE FILMS	\$70.00
D0274	BITEWINGS, FOUR FILMS	\$82.00
D0277	VERTICAL BITEWINGS-7 TO 8 FILMS	\$121.00
D0330	PANORAMIC-MAXILLARY AND MANDIBULAR-SINGLE FILM	\$145.00
D0340	CEPHALOMETRIC RADIOGRAPH	\$148.00
D0350	ORAL/FACIAL IMAGES	\$86.00
D0351	3D PHOTOGRAPHIC IMAGE	\$201.00
D0460	PULP VITALITY TESTS	\$71.00
D0470	DIAGNOSITC CAST	\$149.00
D0472	ACCESSION OF TISSUE, GROSS EXAMINATION	\$159.00
D1110	PROPHYLAXIS ADULT	\$118.00
D1120	PROPHYLAXIS-CHILD	\$86.00
D1206	TOPICAL FLUORIDE VARNISH	\$50.00
D1208	TOPICAL APPLICATION OF FLUORIDE	\$48.00
D1351	SEALANT PER TOOTH	\$70.00
D1510	FIXED, UNILATERAL TYPE	\$398.00
D1516	SPACE MAINTAINER FIXED BILATERAL MAXILLARY	\$525.00
D1517	SPACE MAINTAINER FIXED BILATERAL MANDIBULAR	\$535.00
D1520	SPACE MAINTAINER REMOVABLE UNILATERAL	\$482.00
D1526	SPACE MAINTAINER REMOVABLE BILATERAL MAXILLARY	\$564.00
D1527	SPACE MAINTAINER REMOVABLE BILATERAL MANDIBULAR	\$567.00
<b>RESTORATIVE SERVICES</b>		
D2140	AMALGAM-ONE SURFACE	\$182.00
D2150	AMALGAM TWO SURFACES PERMANENT	\$182.00
D2160	AMALGAM-THREE SURFACES	\$278.00

ID#	Description	Cost
D2161	AMALGAM-FOUR SURFACES	\$326.00
D2330	COMPOSITE RESIN ONE SURFACE ANTERIOR	\$214.00
D2331	COMPOSITE RESIN-TWO SURFACES	\$261.00
D2332	COMPOSITE RESIN-THREE SURFACES	\$318.00
D2335	RESIN-BASED COMPOSITE-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	\$403.00
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	\$561.00
D2391	RESIN-BASED COMPOSITE-ONE SURFACE, POSTERIOR	\$233.00
D2392	RESIN-BASED COMPOSITE-TWO SURFACE, POSTERIOR	\$296.00
D2393	RESIN-BASED COMPOSITE-THREE SURFACES, POSTERIOR	\$364.00
D2394	RESIN-BASED COMPOSITE-FOUR OR MORE SURFACES, POSTERIOR	\$431.00
D2510	INLAY, METALLIC ONE SURFACE	\$1,124.00
D2520	INLAY, METALLIC TWO SURFACES	\$1,171.00
D2530	INLAY METALLIC THREE OR MORE SURFACES	\$1,267.00
D2542	ONLAY- METALLIC - TWO SURFACES	\$1,269.00
D2543	METALLIC ONLAY THREE SURFACES	\$1,337.00
D2544	METALLIC ONLAY FOUR SURFACES	\$1,388.00
D2610	INLAY, PORCELAIN	\$1,187.00
D2620	PORCELAIN INLAY 2 SURFACE	\$1,216.00
D2630	INLAY PORCELAIN/CERAMIC THREE OR MORE SURFACES	\$1,271.00
D2642	ONLAY-PORCELAIN/CERAMIC TWO SURFACE	\$1,296.00
D2643	ONLAY -PORCELAIN/CERAMIC THREE SURFACES	\$1,356.00
D2644	ONLAY PORCELAIN/CERAMIC FOUR SURFACES	\$1,401.00
D2662	ONLAY RESIN LAB TWO SURFACES	\$1,226.00
D2663	ONLAY RESIN LAB THREE SURFACES	\$1,254.00
D2664	ONLAY RESIN FOUR SURFACES	\$1,364.00
D2712	CROWN - 3/4 RESIN BASED COMPOSITE (INDIRECT)	\$1,299.00
D2720	CROWN RESIN WITH HIGH NOBLE METAL	\$1,357.00

ID#	Description	Cost
D2721	CROWN RESIN WITH PREDOMINANTLY BASE METAL	\$1,308.00
D2722	CROWN RESIN WITH NOBLE METAL	\$1,329.00
D2740	CROWN- PROCELAIN/CERAMIC	\$1,445.00
D2750	CROWN PORCELAIN PRECIOUS	\$1,419.00
D2751	CROWN PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$1,339.00
D2752	CROWN PORCELAIN FUSED TO NOBLE METAL	\$1,377.00
D2780	CROWN-3/4 CAST HIGH NOBLE METAL	\$1,407.00
D2781	CROWN-3/4 CAST PREDOMINATELY BASE METAL	\$1,339.00
D2782	CROWN 3/4 CAST NOBLE METAL	\$1,358.00
D2783	CROWN 3/4 PORCELAIN/CERAMIC	\$1,407.00
D2790	GOLD (FULL CAST)	\$1,467.00
D2791	CROWN FULL CAST PREDOMINANTLY BASE METAL	\$1,317.00
D2792	CROWN FULL CAST NOBLE METAL	\$1,388.00
D2920	RECEMENT CROWNS	\$148.00
D2929	PREFAB PORCELAIN /CERAMIC CRN - PRIMARY TOOTH	\$476.00
D2930	PREFAB STAINLESS STEEL CROWN PRIM TOOTH	\$337.00
D2931	PREFAB STAINLESS STEEL CROWN, PERMANENT	\$406.00
D2932	PREFAB RESIN CROWN	\$439.00
D2933	PREFAB STAINLESS STEEL CROWN RESIN	\$454.00
D2940	SEDATIVE FILLING	\$161.00
D2950	CROWN BUILDUP INCLUDING ANY PINS.	\$344.00
D2951	PIN RETENTION PER TOOTH	\$95.00
D2952	CAST POST & CORE IN ADDITION TO CROWN	\$530.00
D2953	EACH ADDITIONAL CAST POST-SAME TOOTH	\$390.00
D2954	PREFAB POST & CORE IN ADDTION TO CROWN	\$425.00
D2955	POST REMOVAL (NOT IN CONJUNCTION WITH ENDODONTIC THERAPY)	\$368.00
D2957	EACH ADDITIONAL PREFABRICATED POST-SAME TOOTH	\$253.00

ID#	Description	Cost
D2960	LABIAL VENEER OFFICE	\$851.00
D2961	RESIN VENEER LAB	\$1,237.00
D2962	PORCELAIN VENEER LAB	\$1,464.00
D2980	CROWN REPAIR	\$368.00
D2981	INLAY REPAIR	\$362.00
D2982	ONLAY REPAIR	\$369.00
<b>ENDODONTIC SERVICES</b>		
D3220	THERAPUEUTIC PULPOTOMY	\$260.00
D3221	GROSS PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	\$296.00
D3230	PULPAL THERAPY ANTERIOR PRIMARY	\$348.00
D3240	PULPAL THERAPY POSTERIOR PRIMARY	\$380.00
D3310	ROOT CANAL ONE CANAL	\$959.00
D3320	ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION)	\$1,085.00
D3330	ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION)	\$1,317.00
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION, NON-SURGICAL ACCESS	\$752.00
D3332	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE OR FRACTURED TOOTH	\$576.00
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	\$444.00
D3346	RETREAT ROOT CANAL 1 CANAL	\$1,108.00
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-PREMOLAR	\$1,256.00
D3348	RETREAT ROOT CANAL 3 CANALS	\$1,515.00
D3410	APICOECTOMY, PERFORMED AS A SEPARATE SURGICAL PROCEDURE	\$910.00
D3421	APICOECTOMY-PREMOLAR (FIRST ROOT)	\$1,032.00
D3425	APICOECTOMY, MOLAR 1ST ROOT	\$1,147.00
D3426	APICOECTOMY, ADDITIONAL ROOT	\$535.00
D3428	BONE GRAFT IN CONJUNCTION WITH PERIADICULAR SURGERY PER TOOTH	\$803.00
D3429	BONE GRAFT	\$746.00
D3430	RETROGRADE FILLING	\$364.00

ID#	Description	Cost
D3450	ROOT RESECTION/AMPUTATION PER ROOT	\$634.00
D3920	HEMISECTION	\$587.00
<b>PERIODONTIC SERVICES</b>		
D4210	GINGIVECTOMY OR GINGIVOPLASTY, PER QUADRANT	\$789.00
D4211	GINGIVECTOMY OR GINGIVOPLASTY THREE OR LESS TEETH PER QUAD	\$416.00
D4240	GINGIVAL FLAP PROCEDURE PER QUADRANT	\$952.00
D4241	GINGIVAL FLAP PROCEDURE-INCLUDING ROOT PLANING ONE TO THREE TEETH, PER QUADRANT	\$781.00
D4245	APICALLY POSITIONED FLAP	\$1,043.00
D4249	CROWN LENGTHENING	\$980.00
D4260	OSSEOUS SURGERY PER QUADRANT	\$1,386.00
D4261	OSSEOUS GRAFT-SINGLE SIT INCLUDING FLAP ENTRY AND CLOSURE AND DONOR SITE	\$1,151.00
D4263	BONE REPLACEMENT GRAFT FIRST SITE IN QUADRANT	\$827.00
D4264	BONE REPLACEMENT GRAFT EACH ADDITIONAL SITE IN QUADRANT	\$679.00
D4265	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION	\$692.00
D4266	GUIDED TISSUED REGENERATION RESORBABLE	\$867.00
D4267	GUIDED TISSUED REGENERATION NON RESORBABLE	\$1,074.00
D4268	SURGICAL REVISION PER TOOTH	\$995.00
D4270	PEDICLE SOFT TISSUE GRAFTS	\$1,096.00
D4273	SUB-EPITHELIAL CONNECTIVE TISSUE GRAFT	\$1,360.00
D4341	PERIODONTAL SCALING AND ROOT PLANING, PER QUADRANT	\$329.00
D4342	PERIODONTAL SCALING AND ROOT PLANING-ONE TO THREE TEETH, PER QUADRANT	\$241.00
D4355	FULL MOUTH DEBRIDEMENT	\$231.00
D4910	PERIODONTAL PROPHYLAXIS	\$173.00
<b>PROSTHODONTIC SERVICES</b>		
D5110	COMPLETE UPPER	\$2,216.00
D5120	COMPLETE LOWER	\$2,243.00

ID#	Description	Cost
D5130	IMMEDIATE UPPER	\$2,329.00
D5140	IMMEDIATE LOWER	\$2,348.00
D5211	MAXILLARY PARTIAL DENTURE	\$1,763.00
D5212	MANDIBULAR PARTIAL DENTURE-RESIN BASE INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH	\$1,754.00
D5213	MAXILLARY PARTIAL DENTURE-CAST METAL FRAMEWORK W/RESIN BASE INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH.	\$2,285.00
D5214	MANDIBULAR PARTIAL DENTURE CAST METAL WITH FRAMEWORK WITH RESIN DENTURE BASES INCLUDING ANY CONVENTIONAL CLASPS, RESTSAND TEETH	\$2,300.00
D5221	IMMEDIATE MAXILLARY PARTIAL-RESIN BASE (INCLUDING CLASPS, RESTS AND TEETH)	\$1,874.00
D5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE-RESIN BASE INCLUDING CLASPS, RESTS AND TEETH	\$1,906.00
D5223	IMMEDIATE MAXILLARY PARTIAL DENTURE-CAST METAL FRAMEWORK WITH RESIN DENTURE BASES INCLUDING CLASPS RESTS AND TEETH	\$2,306.00
D5224	IMMEDIATE MANDIBULAR PARTIAL DENTURE-CAST METAL FRAMEWORK RESIN BASE INCLUDING CLASPS, RESTS AND TEETH	\$2,275.00
D5225	MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	\$1,982.00
D5226	MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	\$1,979.00
D5282	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE CAST METAL INCLUDING CLASPS AND TEETH, MAXILLARY	\$1,285.00
D5283	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE CAST METAL INCLUDING CLASPS AND TEETH, MANDIBULAR	\$1,285.00
D5284	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE FLEXIBLEBASE (INCLUDING CLASPS AND TEETH) - PER QUADRANT	\$1,323.00
D5286	REMOVABLE UNITATERAL PARTIAL DENTURE-RESIN BASED	\$1,298.00
D5410	COMPLETE DENTURE ADJUSTMENT	\$116.00
D5411	COMPLETE LOWER DENTURE ADJUSTMENT	\$115.00
D5421	PARTIAL DENTURE (UPPER) ADJUSTMENT	\$114.00
D5422	PARTIAL DENTURE (LOWER) ADJUSTMENT	\$114.00
D5511	REPAIR BROKEN COMPLETE DENTURE BASE-MANDIBULAR	\$287.00
D5512	REPAIR BROKEN COMLETE DENTURE BASE-MAXILLARY	\$287.00

ID#	Description	Cost
D5520	REPLACE MISSING OR BROKEN TEETH COMPLETE DENTURE EACH TOOTH	\$244.00
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	\$274.00
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	\$275.00
D5621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	\$368.00
D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	\$363.00
D5630	REPAIR/REPLACE CLASP	\$332.00
D5640	REPLACE BROKEN TOOTH ON DENTURE, NO OTHER REPAIRS	\$245.00
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$287.00
D5660	ADD CLASP TO PARTIAL DENTURE	\$338.00
D5670	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MAXILLARY)	\$934.00
D5671	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMWORK (MANDIBULAR)	\$950.00
D5710	REBASE COMPLETE MAXILLARY DENTURE	\$750.00
D5711	REBASE COMPLETE MANDIBULAR DENTURE	\$745.00
D5720	REBASE MAXILLARY PARTIAL DENTURE	\$714.00
D5721	REBASE MANDIBULAR PARTIAL DENTURE	\$718.00
D5730	RELINING COMPLETE UPPER DENTURE OFFICE RELINE	\$471.00
D5731	RELINING COMPLETE LOWER DENTURE (OFFICE)	\$467.00
D5740	RELINING UPPER OR LOWER PARTIAL DENTURE (OFFICE RELINE)	\$455.00
D5741	RELINING LOWER PARTIAL OFFICE	\$456.00
D5750	RELINING UPPER COMPLETE DENTURE (LABORATORY)	\$598.00
D5751	RELINING COMPLETE LOWER DENTURE LAB RELINE	\$598.00
D5760	RELINING UPPER PARTIAL DENTURE (LABORATORY)	\$579.00
D5761	RELINING LOWER PARTIAL DENTURE (LABORATORY)	\$582.00
D5810	TEMPORARY COMPLETE UPPER DENTURE	\$1,087.00
D5811	TEMPORARY COMPLETE LOWER DENTURE	\$1,091.00
D5820	TEMPORARY DENTURE, PARTIAL UPPER STAYPLATE	\$873.00
D5821	TEMPORARY DENTURE, PARTIAL LOWER STAYPLATE	\$874.00



ID#	Description	Cost
D5850	TISSUE CONDITIONING UPPER	\$262.00
D5851	TISSUE CONDITIONING LOWER	\$262.00
D5863	OVERDENTURE-COMplete MAXILLARY	\$2,804.00
D5864	OVERDENTURE-PARTIAL MAXILLARY	\$2,823.00
D5865	OVERDENTURE-COMplete MANDIBULAR	\$2,793.00
D5866	OVERDENTURE-PARTIAL MANDIBULAR	\$2,788.00
D5867	REPLACEMENT OF REPLACEABLE PART OF SEMI-PREC OR PREC ATTACH	\$476.00
D5875	MODIFICATION OF REMOVABLE PROSTHESIS FOLLOWING IMPLANT SURG	\$563.00
<b>IMPLANT SERVICES – All By Report</b>		
D6010	SURGICAL PLACEMENT OF IMPLANT BODY ENDOSTEAL IMPLANT	\$2,440.00
D6011	DENTAL IMPLANT EXPOSURE	\$763.00
D6012	INTERIM IMPLANT BODY FOR TRANS PROSTHESIS	\$2,063.00
D6013	SURGICAL IMPLANT OF MINI IMPLANT	\$1,571.00
D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT	\$8,844.00
D6050	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	\$6,432.00
D6051	INTERIM ABUTMENT	\$676.00
D6055	DENTAL IMPLANT SUPPORTED CONNECTING BAR	\$3,778.00
D6056	PREFABRICATED ABUTMENT	\$910.00
D6057	CUSTOM ABUTMENT	\$1,069.00
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	\$1,714.00
D6059	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN	\$1,767.00
D6060	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN	\$1,634.00
D6061	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN NOBLE META	\$1,687.00
D6062	ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)	\$1,752.00
D6063	ABUTMENT SUPPORTED CAST METAL CROWN	\$1,657.00
D6064	ABUTMENT SUPPORTED CAST METAL CROWN, NOBLE METAL	\$1,684.00
D6065	IMPLANT SUPPORTED PROCELAIN/CERAMIC CROWN	\$1,874.00

ID#	Description	Cost
D6066	IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN	\$1,874.00
D6067	IMPLANT SUPPORTED METAL CROWN	\$1,949.00
D6068	ABUTMENT SUPPORTED RETAINER FOR PORC/CERAMIC FPD	\$1,748.00
D6069	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD	\$1,765.00
D6070	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD	\$1,705.00
D6071	ABUTMENT SUPPORTED RETAINER FOR PROCELAIN FUSED TO METAL FPD	\$1,714.00
D6072	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD	\$1,809.00
D6073	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD	\$1,714.00
D6074	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD, NOBLE METAL	\$1,714.00
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	\$1,867.00
D6076	IMPLANT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD	\$1,914.00
D6077	IMPLANT SUPPORTED RETAINER FOR CAST METAL FPD	\$1,968.00
D6080	IMPLANT MAINTENANCE PROCEDURE	\$369.00
D6081	SCALING/DEBRIDEMENT OF IMPLANT	\$266.00
D6082	IMPLANT SUPPORTED CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE ALLOYS	\$1,812.00
D6083	IMPLANT SUPPORTED CROWN-PORCELAIN FUSED TO NOBLE ALLOYS	\$1,875.00
D6085	PROVISIONAL IMPLANT CROWN	\$655.00
D6087	IMPLANT SUPPORTED CROWN- NOBLE ALLOYS	\$1,928.00
D6090	REPAIR IMPLANT	\$882.00
D6091	RPLCMNT OF PRECISION ATTACHMENT OF IMPLANT	\$697.00
D6092	RECEMNT INPLANT/ABUTMENT SUPPORTED CROWN	\$193.00
D6093	RECEMENT IMPLANT/ABUTMENT PARTIAL DENTURE	\$241.00
D6094	ABUTMENT SUPPORTED CROWN (TITANIUM)	\$1,698.00
D6095	REPAIR IMPLANT ABUTMENT, BY REPORT	\$873.00
D6096	REMOVE BROKEN IMPLANT RETAINING SCREW	\$535.00
D6099	INPLANT SUPPORTED RETAINER FOR FPD-PROCELAIN FUSED TO NOBLE ALLOYS	\$1,897.00

ID#	Description	Cost
D6100	IMPLANT REMOVAL	\$906.00
D6101	DEBRIDEMENT OF A PERIIMPLANT	\$941.00
D6102	DEBRIDEMENT AND OSSEOUS CONTOURING PERIIMPLANT	\$1,136.00
D6103	BONE GRAFT FOR REPAIR OF PERIIMPLANT DEFECT	\$907.00
D6104	BONE GRAFT AT TIME OF IMPLANT PLACEMENT	\$797.00
D6110	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH-MAXILLARY	\$3,682.00
D6111	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH- MANDIBULAR	\$3,712.00
D6113	IMPLANT ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH-MANDIBULAR	\$3,551.00
D6114	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS ARCH-MAXILLARY	\$11,952.00
D6115	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS ARCH-MANDIBULAR	\$11,952.00
D6116	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH-MAXILLARY	\$7,242.00
D6117	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH-MANDIBULAR	\$7,979.00
D6118	IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR EDENTULOUS ARCH-MANDIBULAR	\$3,941.00
D6119	IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR EDENTULOUS ARCH-MAXILLARY	\$4,230.00
D6191	SEMI-PRECISION ABUTMENT	\$851.00
D6192	SEMI PRECIOUS ATTACHMENT	\$482.00
D6194	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD - (TITANIUM)	\$1,733.00
D6199	UNSPECIFIED IMPLANT	\$885.00
D6205	PONTIC - INDIRECT RESIN BASED COMPOSITE	\$1,257.00
D6210	PONTIC - CAST HIGH NOBLE METAL	\$1,403.00
D6211	PONTIC - CAST PREDOMINANTLY BASE METAL	\$1,326.00
D6212	PONITC - CAST NOBLE METAL	\$1,373.00
D6214	PONTIC - TITANIUM	\$1,414.00

ID#	Description	Cost
D6240	PORCELIAN FUSED TO HIGH NOBLE METAL	\$1,415.00
D6241	PORCELAIN FUSED TO NON-PRECIOUS METAL	\$1,339.00
D6242	PORCELAIN FUSED TO NOBLE METAL	\$1,367.00
D6245	PONTIC- PORCELAIN/CERAMIC	\$1,419.00
D6250	PONTIC-RESIN WITH HIGH NOBLE METAL	\$1,377.00
D6251	PONTIC - RESIN WITH PREDOMINANTLY BASE METAL	\$1,349.00
D6252	PONTIC-RESIN WITH NOBLE METAL	\$1,338.00
D6253	PROVISIONAL PONTIC	\$857.00
D6545	CAST METAL RETAINER	\$1,086.00
D6548	RETAINER-PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHESIS	\$1,179.00
D6710	CROWN - INDIRECT RESIN BASED COMPOSITE	\$1,285.00
D6720	CROWN-RESIN WITH HIGH NOBLE METAL	\$1,354.00
D6721	CROWN-RESIN WITH PREDOMINANTLY BASE METAL	\$1,339.00
D6722	CROWN-RESIN WITH NOBLE METAL	\$1,341.00
D6740	CROWN- PORCELAIN/CERAMIC	\$1,446.00
D6750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	\$1,418.00
D6751	PORCELAIN FUSED TO NON-PRECIOUS METAL	\$1,352.00
D6752	CROWN-PORCELAIN FUSED TO NOBLE METAL	\$1,364.00
D6780	GOLD (3/4 CAST)	\$1,370.00
D6781	CROWN- 3/4 CAST PREDOMINATELY BASED METAL	\$1,339.00
D6782	CROWN- 3/4 CAST NOBLE METAL	\$1,346.00
D6783	CROWN- 3/4 PORCELAIN/CERAMIC	\$1,367.00
D6790	GOLD (FULL CAST)	\$1,394.00
D6791	NON-PRECIOUS METAL (FULL CAST)	\$1,321.00
D6792	SEMI-PRECIOUS METAL (FULL CAST)	\$1,358.00
D6930	RECEMENT BRIDGE	\$217.00

ID#	Description	Cost
<b>ORAL AND MAXILLOFACIAL SURGERY SERVICES</b>		
D7111	EXTRACTION, CORONAL REMNANTS-PRIMARY TOOTH	\$172.00
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	\$241.00
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH	\$364.00
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	\$402.00
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	\$501.00
D7240	REMOVAL OF IMPACTED TOOTH-COMpletely BONY	\$619.00
D7241	COMPLETE BONY IMPACTION PRESENTING UNUSUAL DIFFICULTY AND CIRCUMSTANCES	\$722.00
D7250	SURGICAL REMOVAL OF RESIDUAL ROOT	\$390.00
D7251	CORONECTOMY-INTENTIONAL PARTIAL TOOTH REMOVAL	\$585.00
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	\$987.00
D7270	TOOTH REIMPLANTATION	\$691.00
D7272	TOOTH TRANSPLANTATION	\$902.00
D7280	SURGICALLY EXPOSED IMPACTED/UNERUPTED TOOTH (ORTHO PURPOSES)	\$627.00
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	\$616.00
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	\$618.00
D7285	BIOPSY OF ORAL TISSUE: HARD	\$603.00
D7286	BIOPSY OF ORAL TISSUE: SOFT	\$428.00
D7287	CYTOLOGY SAMPLE COLLECTION	\$248.00
D7290	SURGICALLY REPOSITIONING OF TEETH	\$615.00
D7291	TRANSEPTAL FIBEROTOMY	\$373.00
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS PER QUAD	\$401.00
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREETEETH OR TOOTH SPACES, PER QUADRANT	\$388.00
D7320	ALVEOPLASTY W/O EXTRACTIONS PER QUADRANT	\$570.00
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	\$535.00

ID#	Description	Cost
D7340	VESTIBULOPLASTY PER ARCH	\$1,538.00
D7350	VESTIBULOPLASTY PER ARCH COMPLEX	\$2,834.00
D7410	EXCISION OF LESION UP TO 1.25CM	\$526.00
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	\$805.00
D7412	EXCISION OF BENIGN LESION, COMPLICATED	\$1,192.00
D7450	REMOVAL OF ODONTOGENIC CYST/TUMOR UP TO 1.25CM	\$787.00
D7451	REMOVAL OF ODONTOGENIC CYST/TUMOR OVER 1.25CM	\$1,122.00
D7510	SURGICAL INCISION AND DRAINAGE, INTRAORAL	\$305.00
D7511	INCISION AND DRAINAGE OF ABCESS - INTRORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)	\$458.00
D7520	SURGICAL INCISION AND DRAINAGE EXTRAORAL	\$570.00
D7521	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE- COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)	\$812.00
D7530	SURGICAL INCISION, REMOVAL OF FOREIGN BODY	\$455.00
D7540	SURGICAL INCISION, REMOVAL OF REACTION PRODUCING FOREIGN BODY	\$814.00
D7953	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SITE	\$695.00
D7961	BUCCAL/LABIAL FRENECTOMY	\$580.00
D7962	FRECTONMY LINGUAL	\$589.00
D7963	FRENULOPLASTY	\$644.00
D7970	EXCISION OF HYPERPLASTIC TISSUE PER ARCH	\$627.00
D7971	EXCISION PERICORONAL GINGIVA	\$332.00
<b>ORTHODONTIC SERVICES</b>		
D8010	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	\$2,898.00
D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	\$3,153.00
D8030	LIMITED ORTHODONTIC TREATMENT ADOLESCENT DENTITION	\$3,695.00
D8040	LIMITED ORTHODONTIC TREATMENT ADULT DENTITION	\$4,135.00
D8050	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	\$3,015.00
D8060	INTECEPTIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	\$3,307.00
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	\$6,074.00

ID#	Description	Cost
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	\$6,184.00
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	\$5,987.00
<b>ADJUNCTIVE GENERAL SERVICES</b>		
D9110	PALLIATIVE TREATMENT	\$164.00
D9222	DEEP SEDATION/GENERAL ANESTHESIA-FIRST 15 MINUTES	\$297.00
D9223	DEEP SEDATION/GENERAL ANESTHESIA	\$272.00
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANESTHESIA - FIRST 15 MINUTES	\$268.00
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA EACH - 15 MINUTE INCREMENT	\$231.00
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	\$376.00
D9310	PROFESSIONAL CONSULTATION BY SPECIALIST	\$161.00
D9410	PROFESSIONAL VISIT, HOUSE CALL	\$286.00
D9420	PROFESSIONAL VISIT HOSPITAL CALL	\$366.00
D9430	OFFICE VISIT FOR OBSERVATION NO OTHER SERVICES PERFORMED.	\$97.00
D9440	OFFICE VISIT IN CONJ W/TREATMENT (AFTER REG HOURS)	\$216.00