

ADA PROCEDURE CODES	PROCEDURE DESCRIPTION	NEW FEE SCHEDULE
120	PERIODIC ORAL EVALUATION	19.89
140	LIMITED EMERGENCY ORAL EVALUATION – PROBLEM FOCUSED	24.57
145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER	28.08
150	COMPREHENSIVE ORAL EVALUATION – NEW OR ESTABLISHED PATIENT	28.08
170	RE-EVALUATION – LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT POST-OPERATIVE VISIT)	19.89
210	INTRAORAL – COMPLETE SERIES	51.48
220	INTRAORAL – PERIAPICAL – FIRST FILM	8.19
230	INTRAORAL – PERIAPICAL – EACH ADDITIONAL FILM (ALLOWABLE OF THREE (3) PER DATE OF SERVICE)	7.02
240	INTRAORAL – OCCLUSAL FILM	11.70
250	EXTRAORAL – 2D PROJECTION REDIOGRAPHIC IMAGE CREATED USING A STATIONARY SOURCE AND DETECTOR	11.70
251	EXTRAORAL – POSTERIOR DENTAL REDIOGRAPHIC IMAGE	12.87
270	BITEWING – SINGLE FILM	12.87
272	BITEWINGS – TWO FILMS	15.21
273	BITEWINGS – THREE FILMS	23.40
274	BITEWINGS – FOUR FILMS	23.40
277	VERTICAL BITEWINGS – 7 to 8 FILMS	12.87
330	PANORAMIC FILM	38.61
350	2D ORAL FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY	11.70
460	PULP VITALITY TESTS	5.85
470	DIAGNOSTIC CASTS	23.40
1110	PROPHYLAXIS – ADULT	51.48

1120	PROPHYLAXIS – CHILD	26.91
1206	TOPICAL APPLICATION OF FLOURIDE VARNISH	14.04
1208	TOPICAL APPLICATION OF FLUORIDE EXCLUDING VARNISH	14.04
1351	SEALANT – PER TOOTH	21.06
1510	SPACE MAINTAINER – FIXED – UNILATERAL EXCLUDES DISTAL SHOE	117.00
<b>ADA PROCEDURE CODES</b>	<b>PROCEDURE DESCRIPTION</b>	<b>NEW FEE SCHEDULE</b>
1515	SPACE MAINTAINER – FIXED - BILATERAL	175.50
1520	SPACE MAINTAINER – REMOVABLE - UNILATERAL	163.80
1525	SPACE MAINTAINER – REMOVABLE - BILATERAL	204.75
1550	RECEMENTATION OF SPACE MAINTAINER	23.40
1555	REMOVAL OF FIXED SPACE MAINTAINER	23.40
2140	AMALGAM - ONE SURFACE, PRIMARY OR PERMANENT	53.82
2150	AMALGAM - TWO SURFACES, PRIMARY OR PERMANENT	69.03
2160	AMALGAM - THREE SURFACES, PRIMARY OR PERMANENT	84.24
2161	AMALGAM - FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	98.28
2330	RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR	67.86
2331	RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR	83.07
2332	RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR	99.45
2335	RESIN-BASED COMPOSITE – FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE, ANTERIOR	118.17
2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR (NOT COVERED; IF APPROPRIATE, USE ADA CODE 2970)	67.86
2391	RESIN-BASED COMPOSITE – ONE SURFACE, POSTERIOR	81.90
2392	RESIN-BASED COMPOSITE – TWO SURFACES, POSTERIOR	112.32
2393	RESIN-BASED COMPOSITE – THREE SURFACES, POSTERIOR	132.21
2394	RESIN-BASED COMPOSITE – FOUR OR MORE SURFACES, POSTERIOR	132.21
2510	INLAY – METALLIC - ONE SURFACE	236.34

2520	INLAY – METALLIC - TWO SURFACES	286.65
2530	INLAY – METALLIC – THREE OR MORE SURFACES	321.75
2542	ONLAY – METALLIC – TWO SURFACES	286.65
2543	ONLAY – METALLIC – THREE SURFACES	321.75
2544	ONLAY – METALLIC – FOUR OR MORE SURFACES	339.30
2610	INLAY – PORCELAIN / CERAMIC - ONE SURFACE	298.35
2620	INLAY – PORCELAIN / CERAMIC - TWO SURFACES	351.00
2630	INLAY – PORCELAIN / CERAMIC - THREE OR MORE SURFACES	380.25
2642	ONLAY – PORCELAIN / CERAMIC – TWO SURFACES	351.00
<b>ADA PROCEDURE CODES</b>	<b>PROCEDURE DESCRIPTION</b>	<b>NEW FEE SCHEDULE</b>
2643	ONLAY – PORCELAIN / CERAMIC – THREE SURFACES	380.25
2644	ONLAY – PORCELAIN / CERAMIC – FOUR OR MORE SURFACES	380.25
2650	INLAY – RESIN-BASED COMPOSITE – ONE SURFACE (Lab Processed)	236.34
2651	INLAY – RESIN-BASED COMPOSITE – TWO SURFACES (Lab Processed)	286.65
2652	INLAY – RESIN-BASED COMPOSITE – THREE OR MORE SURFACES (Lab Processed)	321.75
2662	ONLAY – RESIN-BASED COMPOSITE – TWO SURFACES (Lab Processed)	351.00
2663	ONLAY – RESIN-BASED COMPOSITE – THREE SURFACES (Lab processed)	380.25
2664	ONLAY – RESIN-BASED COMPOSITE – FOUR OR MORE SURFACES (Lab Processed)	380.25
2740	CROWN – PORCELAIN / CERAMIC SUBSTRATE	479.70
2750	CROWN – PORCELAIN FUSED TO HIGH NOBLE METAL	503.10
2751	CROWN – PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	430.56
2752	CROWN – PORCELAIN FUSED TO NOBLE METAL	485.55
2780	CROWN – ¾ CAST HIGH NOBLE METAL	430.56
2781	CROWN – ¾ CAST PREDOMINANTLY BASE METAL	430.56
2782	CROWN – ¾ CAST NOBLE METAL	430.56

2783	CROWN – ¾ PORCELAIN / CERAMIC	430.56
2790	CROWN - FULL CAST HIGH NOBLE METAL	514.80
2791	CROWN – FULL CAST PREDOMINANTLY BASE METAL	430.56
2792	CROWN – FULL CAST NOBLE METAL	485.55
2799	PROVISIONAL CROWN	99.45
2910	RECEMENT OR RE-BOND INLAY ONLAY VANEER OR PARTIAL COVERAGE RESTORATION	29.25
2920	RECEMENT CROWN	30.42
2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH	98.28
2931	PREFABRICATED STAINLESS STEEL CROWN - PERMANENT TOOTH	105.30
2932	PREFABRICATED RESIN CROWN	99.45
2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	127.53
2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN – PRIMARY TOOTH	127.53
<b>ADA PROCEDURE CODES</b>	<b>PROCEDURE DESCRIPTION</b>	<b>NEW FEE SCHEDULE</b>
2940	PROTECTIVE RESTORATION	29.25
2950	CORE BUILD-UP, INCLUDING ANY PINS	77.22
2951	PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION	18.72
2952	POST AND CORE IN ADDITION TO CROWN	131.04
2953	EACH ADDITIONAL INDIRECTLY FABRICATED POST SAME TOOTH	131.04
2954	FABRICATED POST AND CORE IN ADDITION TO CROWN	112.32
2957	EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH	112.32
2960	LABIAL VENEER (RESIN LAMINATE) CHAIRSIDE	257.40
2980	CROWN REPAIR, BY REPORT	93.60
3110	PULP CAP – DIRECT (EXCLUDING FINAL RESTORATION)	23.40
3120	PULP CAP – INDIRECT (EXCLUDING FINAL RESTORATION)	18.72

3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT	56.16
3221	PULPAL DEBRIDEMENT, PRIMARY & PERMANENT TEETH (Not to be billed by the provider doing the Endodontic treatment)	56.16
3230	PULPAL THERAPY (RESORBABLE FILLING) ANTERIOR – PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	102.96
3240	PULPAL THERAPY (RESORBABLE FILLING) POSTERIOR - PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	102.96
3310	ENDODONTIC THERAPY – ANTERIOR TOOTH EXCLUDING FINAL RESTORATION	304.20
3320	ENDODONTIC THERAPY – PRE-MOLAR TOOTH (EXCLUDING FINAL RESTORATION)	351.00
3330	ENDODONTIC THERAPY – MOLAR TOOTH (EXCLUDING FINAL RESTORATION)	508.95
3332	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH	40.95
3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	93.60
3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - ANTERIOR	340.47
3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – PRE-MOLAR	398.97
3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - MOLAR	508.95
3410	APICOECTOMY - ANTERIOR	245.70

**(GENERAL DENTISTRY SNGD1)** 0

<b>ADA PROCEDURE CODES</b>	<b>PROCEDURE DESCRIPTION</b>	<b>NEW FEE SCHEDULE</b>
3421	APICOECTOMY– PRE-MOLAR (FIRST ROOT)	276.12
3425	APICOECTOMY– MOLAR (FIRST ROOT)	320.58
3426	APICOECTOMY (EACH ADDITIONAL ROOT)	91.26
3430	RETROGRADE FILLING - PER ROOT	93.60
3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROOT CANAL THERAPY	163.80

4210	GINGIVECTOMY OR GINGIVOPLASTY – FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	234.00
4211	GINGIVECTOMY OR GINGIVOPLASTY – ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	74.88
4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING – FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	332.28
4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING – ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	332.28
4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	234.00
4260	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) – FOUR OR MORE CONTIGUOUS TEETH OF TOOTH BOUNDED SPACES PER QUADRANT	468.00
4261	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) – ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	468.00
4277	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT	351.00
4341	PERIODONTAL SCALING AND ROOT PLANING – FOUR OR MORE TEETH PER QUADRANT	102.96
4342	PERIODONTAL SCALING AND ROOT PLANING – ONE TO THREE TEETH, PER QUADRANT	102.96
4355	FULL MOUTH DEBRIDEMENT TO ENABLE A COMPREHENSIVE EVALUATION AND DIAGNOSIS ON A SUBSEQUENT VISIT ( <i>WHEN COVERED, LIMITED TO ONCE PER 36 MONTHS</i> )	54.99
4910	PERIODONTAL MAINTENANCE	49.14
5110	COMPLETE DENTURE – MAXILLARY	678.60
<b>(GENERAL DENTISTRY SNGD1)</b>		0
<b>ADA PROCEDURE CODES</b>	<b>PROCEDURE DESCRIPTION</b>	<b>NEW FEE SCHEDULE</b>
5120	COMPLETE DENTURE – MANDIBULAR	678.60

5130	IMMEDIATE DENTURE – MAXILLARY	737.10
5140	IMMEDIATE DENTURE – MANDIBULAR	737.10
5211	MAXILLARY PARTIAL DENTURE – RESIN BASE (INCLUDING CLASPS, RESTS & TEETH)	470.34
5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING CLASPS, RESTS & TEETH)	470.34
5213	MAXILLARY PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING CLASPS, RESTS & TEETH)	737.10
5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING CLASPS, RESTS & TEETH)	737.10
5221	IMMEDIATE MAXILLARY PARTIAL DENTURE – RESIN BASE (INCLUDING CLASPS, RESTS & TEETH)	470.34
5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING CLASPS, RESTS & TEETH)	470.34
5223	IMMEDIATE MAXILLARY PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING CLASPS, RESTS & TEETH)	737.10
5224	IMMEDIATE MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING CLASPS, RESTS & TEETH)	737.10
5410	ADJUST COMPLETE DENTURE – MAXILLARY	23.40
5411	ADJUST COMPLETE DENTURE – MANDIBULAR	23.40
5421	ADJUST PARTIAL DENTURE – MAXILLARY	23.40
5422	ADJUST PARTIAL DENTURE – MANDIBULAR	23.40
5511	REPAIR BROKEN COMPLETE DENTURE BASE MANDIBULAR	64.35
5512	REPAIR BROKEN COMPLETE DENTURE BASE MAXILLARY	64.35
5520	REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE, PER TOOTH	58.50
5611	REPAIR RESIN DENTURE BASE MANDIBULAR	81.90
5612	REPAIR RESIN DENTURE BASE MAXILLARY	81.90
5621	REPAIR CAST FRAMEWORK MANDIBULAR	93.60

5622	REPAIR CAST FRAMEWORK MAXILLARY	93.60
5630	REPAIR OR REPLACE BROKEN CLASP	87.75
<b>(GENERAL DENTISTRY SNGD1)</b>		0
<b>ADA PROCEDURE CODES</b>	<b>PROCEDURE DESCRIPTION</b>	<b>NEW FEE SCHEDULE</b>
5640	REPLACE BROKEN TEETH – PER TOOTH	58.50
5650	ADD TOOTH TO EXISTING PARTIAL DENTURE (REPLACES EXTRACTED TOOTH)	81.90
5660	ADD CLASP TO EXISTING PARTIAL DENTURE (PER TOOTH)	87.75
5670	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK - MAXILLARY	194.22
5671	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK - MANDIBULAR	194.22
5710	REBASE COMPLETE MAXILLARY DENTURE	194.22
5711	REBASE COMPLETE MANDIBULAR DENTURE	194.22
5720	REBASE MAXILLARY PARTIAL DENTURE	191.88
5721	REBASE MANDIBULAR PARTIAL DENTURE	191.88
5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	105.30
5731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	105.30
5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	93.60
5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	93.60
5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	169.65
5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	169.65
5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	169.65
5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	169.65
5820	INTERIM PARTIAL DENTURE – MAXILLARY (ALLOWED FOR ANTERIOR TEETH ONLY, REFER TO THE PRODUCT FOR COVERAGE)	175.50
5821	INTERIM PARTIAL DENTURE – MANDIBULAR (ALLOWED FOR ANTERIOR TEETH ONLY, REFER TO THE PRODUCT FOR COVERAGE)	175.50
5850	TISSUE CONDITIONING, MAXILLARY	40.95



5851	TISSUE CONDITIONING, MANDIBULAR	40.95
5862	PRECISION ATTACHMENT BY REPORT	163.80
5863	OVERDENTURE – COMPLETE MAXILLARY	807.30
5864	OVERDENTURE – PARTIAL MAXILLARY	807.30
5865	OVERDENTURE – COMPLETE MANDIBULAR	807.30
5866	OVERDENTURE – PARTIAL MANDIBULAR	807.30
6010	SURGICAL PLACEMENT OF IMPLANE BODY ENDOSTEAL IMPLANT	1053.00

**(GENERAL DENTISTRY SNGD1)**

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<b>ADA PROCEDURE CODES</b>	<b>PROCEDURE DESCRIPTION</b>	<b>NEW FEE SCHEDULE</b>
6040	SURGICAL PLACEMENT EPOSTEAL IMPLANT	1053.00
6050	SURGICAL PLACEMENT TRANSOSTEAL IMPLANT	1053.00
6210	PONTIC – CAST HIGH NOBLE METAL	380.25
6211	PONTIC - CAST PREDOMINANTLY BASE METAL	368.55
6212	PONTIC – CAST NOBLE METAL	374.40
6240	PONTIC – PORCELAIN FUSED TO HIGH NOBLE METAL	503.10
6241	PONTIC – PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	430.56
6242	PONTIC – PORCELAIN FUSED TO NOBLE METAL	485.55
6245	PONTIC – PORCELAIN / CERAMIC	503.10
6545	RETAINER – CAST METAL FOR RESIN BONDED FIXED PROSTHESIS	169.65
6548	RETAINER – PORCELAIN / CERAMIC FOR RESIN BONDED FIXED PROSTHESIS	169.65
6600	RETAINER INLAY – PORCELAIN / CERAMIC, TWO SURFACES	351.00
6601	RETAINER INLAY – PORCELAIN / CERAMIC, THREE OR MORE SURFACES	380.25
6602	RETAINER INLAY – CAST HIGH NOBLE METAL, TWO SURFACED	359.19
6603	RETAINER INLAY – CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	394.29

6604	RETAINER INLAY – CAST PREDOMINANTLY BASE METAL, TWO SURFACES	286.65
6605	RETAINER INLAY – CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	321.75
6606	RETAINER INLAY – CAST NOBLE METAL, TWO SURFACES	341.64
6607	RETAINER INLAY – CAST NOBLE METAL, THREE OR MORE SURFACES	376.74
6608	RETAINER ONLAY – PORCELAIN / CERAMIC, TWO SURFACES	351.00
6609	RETAINER ONLAY – PORCELAIN / CERAMIC, THREE OR MORE SURFACES	380.25
6610	RETAINER ONLAY – CAST HIGH NOBLE METAL, TWO SURFACES	359.19
6611	RETAINER ONLAY – CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	394.29
6612	RETAINER ONLAY – CAST PREDOMINANTLY BASE METAL, TWO SURFACES	286.65
6613	ONLAY – CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	321.75

**(GENERAL DENTISTRY SNGD1)** 0

<b>ADA PROCEDURE CODES</b>	<b>PROCEDURE DESCRIPTION</b>	<b>NEW FEE SCHEDULE</b>
6614	RETAINER ONLAY – CAST NOBLE METAL, TWO SURFACES	341.64
6615	RETAINER ONLAY – CAST NOBLE METAL, THREE OR MORE SURFACES	376.74
6740	RETAINER CROWN – PORCELAIN / CERAMIC	503.10
6750	RETAINER CROWN – PORCELAIN FUSED TO HIGH NOBLE METAL	503.10
6751	RETAINER CROWN – PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	430.56
6752	RETAINER CROWN – PORCELAIN FUSED TO NOBLE METAL	485.55
6780	RETAINER CROWN – ¾ CAST HIGH NOBLE METAL	380.25
6781	RETAINER CROWN – ¾ CAST PREDOMINANTLY BASE METAL	380.25
6782	RETAINER CROWN – ¾ CAST NOBLE METAL	380.25
6783	RETAINER CROWN – ¾ PORCELAIN / CERAMIC	380.25

6790	RETAINER CROWN – FULL CAST HIGH NOBLE METAL	503.10
6791	RETAINER CROWN – FULL CAST PREDOMINANTLY BASE METAL	376.74
6792	RETAINER CROWN – FULL CAST NOBLE METAL	376.74
6930	RECEMENT OR RE-BOND FIXED PARTIAL DENTURE	39.78
6940	STRESS BREAKER (REFER TO THE PRODUCT FOR COVERAGE)	146.25
6950	PRECISION ATTACHMENT (REFER TO THE PRODUCT FOR COVERAGE)	204.75
6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE BY REPORT	29.25
7111	EXTRACTION, CORONAL REMNANTS – PRIMARY TOOTH	54.99
7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT – (ELEVATION AND/OR FORCEPS REMOVAL)	54.99
7210	EXTRACTION OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND / OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	81.90
7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	114.66
7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	138.06
7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	196.56
7241	REMOVAL OF IMPACTED TOOTH – COMPLETELY BONY WITH UNUSUAL SURGICAL COMPLICATIONS	196.56
7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	72.54
7260	OROANTRAL FISTULA CLOSURE	210.60

**(GENERAL DENTISTRY SNGD1)**

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<b>ADA PROCEDURE CODES</b>	<b>PROCEDURE DESCRIPTION</b>	<b>NEW FEE SCHEDULE</b>
7261	PRIMARY CLOSURE OF SINUS PERFORATION	210.60
*7285	INCISIONAL BIOPSY OF ORAL TISSUE – HARD (BONE, TOOTH) ( <i>REFER TO MEDICAL</i> )	128.70
*7286	INCISIONAL BIOPSY OF ORAL TISSUE – SOFT ( <i>REFER TO MEDICAL</i> )	105.30
7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS – FOUR OR MORE TEETH OR TOOTH SPACES OER QUADRANT	79.56

7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS – ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	49.14
7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS – FOUR OR MORE TEETH OR TOOTH SPACES PER QUADRANT	127.53
7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS – ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	79.56
7471	REMOVAL OF LATERAL EXOSTOSIS – MAXILLA OR MANDIBLE	152.10
7472	REMOVAL OF TORUS PALATINUS	152.10
7473	REMOVAL OF TORUS MANDIBULARIS	152.10
7485	REDUCTION OF OSSEOUS TUBEROSITY	152.10
7510	INCISION AND DRAINAGE OF ABSCESS – INTRAORAL SOFT TISSUE	52.65
7520	INCISION AND DRAINAGE OF ABSCESS – EXTRAORAL SOFT TISSUE – COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)	65.52
7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN OR SUBCUTANEOUS ALVEOLAR TISSUE	100.62
7960	FRENULECTOMY (FRENECTOMY OR FRENOTOMY) – SEPARATE PROCEDURE	204.75
7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	152.10
9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROCEDURE	40.95
9120	FIXED PARTIAL DENTURE SECTIONING	29.25
9222	DEEP SEDATION/GENERAL ANESTHESIA – FIRST 15 MINUTES (REFER TO THE PRODUCT FOR COVERAGE)	117.00
9223	DEEP SEDATION/GENERAL ANESTHESIA – EACH ADDITIONAL 15 MINUTES (REFER TO THE PRODUCT FOR COVERAGE)	66.69
9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE (REFER TO THE PRODUCT FOR COVERAGE)	29.25
9239	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA – FIRST 15 MINUTES	117.00

**(GENERAL DENTISTRY SNGD1)**

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ADA PROCEDURE CODES	PROCEDURE DESCRIPTION	NEW FEE SCHEDULE
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	(REFER TO THE PRODUCT FOR COVERAGE)	0
9243	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA – EACH ADDITIONAL 15 MINUTES (REFER TO THE PRODUCT FOR COVERAGE)	66.69
9440	OFFICE VISIT (AFTER REGULAR SCHEDULED HOURS)	46.80
9910	APPLICATION OF DESENSITIZING MEDICAMENTS	23.40
9911	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT SURFACE, PER TOOTH	23.40