

	Excellus BlueCross BlueShield	
	2025 Dental Schedule of Allowances	
	Effective January 1, 2025	
The allowances specified in this schedule are not intended to represent what the dentist's charge will or should be, but Benefits for services listed in this Schedule of Allowances are subject to coverage under members' dental plan.		
Procedure Code	Procedure Description	Current Allowance
D0120	Periodic Oral Evaluation- Established Patient	\$36.23
D0140	Limited Oral Evaluation- Problem Focused	\$54.05
D0145	Oral Evaluation <3 yrs & Counseling w/Primary Caregiver	\$47.80
D0150	Comprehensive Oral Evaluation	\$57.05
D0160	Detailed and Extensive Oral Evaluation - problem focused, by report	\$56.61
D0170	Re-Evaluation Limit	NC
D0171	Re-Evaluation Post-Operative Office Visit	NC
D0180	Comprehensive Periodontal Evaluation - new or established patient	\$32.16
D0190	Screening of a Patient	NC
D0191	Assessment of a Patient	NC
D0210	Intraoral - comprehensive series of radiographic images	\$121.20
D0220	Intraoral Periapical First Radiographic Image	\$18.85
D0230	Intraoral Periapical Each Additional Radiographic Image	\$15.20
D0240	Intraoral Occlusal Radiographic Image	\$22.81
D0250	Extra Oral 2D Projection Radiographic Image	\$30.36
D0251	Extra Oral Posterior Dental Radiographic Image	\$28.37
D0270	Bitewing- Single Radiographic Image	\$18.23
D0272	Bitewings- Two Radiographic Images	\$33.11
D0273	Bitewings- Three Radiographic Images	\$38.50
D0274	Bitewings- Four Radiographic Images	\$50.58
D0277	Vertical Bitewings- 7 to 8 Radiographic Images	\$59.73
D0310	Sialography	\$165.98
D0320	Temporomandibular Joint Arthrogram	NC
D0321	Other Temporomandibular Joint Radiographic Images	NC
D0322	Tomographic Survey	NC
D0330	Panoramic Radiographic Image	\$83.04
D0340	2D Cephalometric Radiographic Image	\$75.14
D0350	2D Oral/Facial Photographic Images	\$15.24
D0364	Cone Beam CT- Less Than One Whole Jaw	\$146.32
D0365	Cone Beam CT- Full Arch Mandible	\$186.22
D0366	Cone Beam CT- Full Arch Maxilla	\$189.29
D0367	Cone Beam CT- Both Jaws	\$194.41
D0368	Cone Beam CT- TMJ	NC
D0369	Maxillofacial MRI Capture and Interpretation	NC
D0370	Maxillofacial Ultrasound Capture and Interpretation	NC
D0371	Sialoendoscopy Capture and Interpretation	NC
D0372	Intraoral tomosynthesis - comprehensive series of radiographic images	NC
D0373	Intraoral tomosynthesis - bitewing radiographic image	NC
D0374	Intraoral tomosynthesis - periapical radiographic image	NC
D0380	Cone Beam CT Image- Less Than Whole Jaw	NC
D0381	Cone Beam CT Image- Full Arch Mandible	NC

D0382	Cone Beam CT Image- Full Arch Maxilla	NC
D0383	Cone Beam CT Image- Both Jaws	NC
D0384	Cone Beam CT Image- TMJ	NC
D0385	Maxillofacial MRI Image Capture	NC
D0386	Maxillofacial Ultrasound Image Capture	NC
D0387	Intraoral tomosynthesis - comprehensive series of radiographic images - image capture only	NC
D0388	Intraoral tomosynthesis - bitewing radiographic image - image capture only	NC
D0389	Intraoral tomosynthesis-periapical radiographic image - image capture only	NC
D0391	Interpretation of Diagnostic Image	NC
D0393	Virtual treatment simulation using 3D image volume or surface scan	NC
D0394	Digital Subtraction of Two or More Images	NC
D0395	Fusion of Two or More 3D Images	NC
D0396	3D printing of a 3D dental surface scan	NC
D0411	HbA1c In-Office Point of Service Testing	NC
D0412	Blood Glucose Level Test	NC
D0414	Laboratory Processing of Microbial Speciman	NC
D0415	Collection of Microorganisms	NC
D0416	Viral Culture	NC
D0417	Collection & Preparation of Saliva Sample	NC
D0418	Analysis of Saliva Sample	NC
D0419	Assessment of Salivary Flow by Measurement	NC
D0422	Collection and Preparation of Genetic Material	NC
D0423	Genetic Test for Susceptibility to Diseases-Specimen Analysis	NC
D0425	Caries Susceptibility Tests	NC
D0431	Adjunctive Pre-Diagnostic Test	NC
D0460	Pulp Vitality Tests	\$27.07
D0470	Diagnostic Casts	NC
D0472	Accession of Tissue Gross Examination	NC
D0473	Accession of Tissue Gross/Microscopic Examination	NC
D0474	Accession of Tissue Including Assessment	NC
D0475	Decalcification Procedure	NC
D0476	Special Stains for Microorganisms	NC
D0477	Special Stains Not for Microorganisms	NC
D0478	Immunohistochemical Stains	NC
D0479	Tissue In-Situ Hybridization, Including Interpretation	NC
D0480	Accession of Exfoliative Cytologic Smears	NC
D0481	Electron Microscopy	NC
D0482	Direct Immunofluorescene	NC
D0483	Indirect Immunofluorescene	NC
D0484	Consultation on Slides Prepared Elsewhere	NC
D0485	Consultation, Including Preparation of Slides	NC
D0486	Laboratory Accession of Transepithelial Cytologic Sample	NC
D0502	Other Oral Pathology Procedures	NC
D0600	Non-Ionizing Diagnostic Imaging	NC
D0601	Caries Risk Assessment and Documentation, Low Risk	NC
D0602	Caries Risk Assessment and Documentation, Moderate Risk	NC
D0603	Caries Risk Assessment and Documentation, High Risk	NC

D0604	Antigen Testing for a Public Health Pathogen, Including Coronavirus	NC
D0605	Antibody Testing for a Public Health Pathogen, Including Coronavirus	NC
D0701	Panoramic Radiographic Image	NC
D0702	2-D Cephalometric Radiographic Image	NC
D0703	2-D Oral/Facial Photographic Image Obtained Intra-orally or Extra-orally	NC
D0705	Extra-oral Posterior Dental Radiographic Image	NC
D0706	Intraoral – Occlusal Radiographic Image	NC
D0707	Intraoral – Periapical Radiographic Image	NC
D0708	Intraoral – Bitewing Radiographic Image	NC
D0709	Intraoral - comprehensive series of radiographic images - image capture only	NC
D0801	3D Dental Surface Scan - direct	NC
D0802	3D dental surface scan - indirect	NC
D0803	3D facial surface scan - direct	NC
D0804	3D facial surface scan - indirect	NC
D0999	Unspecified Diagnostic Procedure	SC
D1110	Prophylaxis Adult	\$79.31
D1120	Prophylaxis Child	\$56.33
D1206	Topical Application of Fluoride Varnish	\$25.15
D1208	Topical Application of Fluoride - Excluding Varnish	\$25.15
D1301	Immunization Counseling	NC
D1310	Nutritional Counseling / Dental Disease	NC
D1320	Tobacco Counseling Prevention of Disease	NC
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	NC
D1330	Oral Hygiene Instructions	NC
D1351	Sealant - Per Tooth	\$33.84
D1352	Preventive Resin Restoration- High Caries Risk Patient	NC
D1353	Sealant Repair- Per Tooth	NC
D1354	Application of Caries Arresting Medicament- per tooth	NC
D1355	Caries Preventive Medicament Application - Per tooth	NC
D1510	Space Maintainer - Fixed Unilateral - Per Quadrant	\$174.63
D1516	Space Maintainer - Fixed Bilateral Maxillary	\$274.50
D1517	Space Maintainer - Fixed Bilateral Mandibular	\$274.50
D1520	Space Maintainer - Removable Unilateral - Per Quadrant	\$161.70
D1526	Space Maintainer - Removable Bilateral Maxillary	\$274.50
D1527	Space Maintainer - Removable Bilateral Mandibular	\$274.50
D1551	Re-Cement or Re-Bond Bilateral Space Maintainer Maxillary	\$66.66
D1552	Re-Cement or Re-Bond Bilateral Space Maintainer Mandibular	\$66.66
D1553	Re-Cement or Re-Bond Unilateral Space Maintainer Per Quadrant	\$60.09
D1556	Removal of Fixed Unilateral Space Maintainer Per Quadrant	\$51.67
D1557	Removal of Fixed Bilateral Space Maintainer Maxillary	\$56.84
D1558	Removal of Fixed Bilateral Space Maintainer Mandibular	\$56.84
D1575	Distal Shoe Space Maintainer-Fixed - Unilateral - Per Quadrant	\$163.31
D1781	Vaccine administration-human papillomavirus - Dose 1	NC
D1782	Vaccine administration-human papillomavirus - Dose 2	NC
D1783	Vaccine administration-human papillomavirus - Dose 3	NC
D1999	Unspecified Preventive Procedure, By Report	SC
D2140	Amalgam - One Surface, Primary or Permanent	\$83.80

D2150	Amalgam - Two Surfaces, Primary or Permanent	\$102.42
D2160	Amalgam - Three Surfaces, Primary or Permanent	\$128.39
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	\$124.64
D2330	Resin Based Composite - One Surface Anterior	\$112.52
D2331	Resin Based Composite - Two Surfaces Anterior	\$140.95
D2332	Resin Based Composite - Three Surfaces Anterior	\$163.02
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	\$193.96
D2390	Resin Based Composite Crown Anterior	\$167.04
D2391	Resin Based Composite One Surface Posterior	\$138.11
D2392	Resin Based Composite Two Surfaces Posterior	\$167.39
D2393	Resin Based Composite Three Surfaces Posterior	\$188.45
D2394	Resin Based Composite Four or More Surfaces Posterior	\$203.13
D2410	Gold Foil One Surface	NC
D2420	Gold Foil Two Surfaces	NC
D2430	Gold Foil Three Surfaces	NC
D2510	Metallic Inlay One Surface	\$151.91
D2520	Metallic Inlay Two Surfaces	\$524.19
D2530	Metallic Inlay Three or More Surfaces	\$576.57
D2542	Metallic Onlay Two Surfaces	\$513.90
D2543	Metallic Onlay Three Surfaces	\$670.58
D2544	Metallic Onlay Four or More Surfaces	\$670.58
D2610	Inlay One Surface Porcelain/Ceramic	\$150.41
D2620	Inlay Two Surfaces Porcelain/Ceramic	\$513.90
D2630	Inlay Three or More Surfaces Porcelain/Ceramic	\$576.57
D2642	Onlay Porcelain/Ceramic- Two Surfaces	\$513.90
D2643	Onlay Porcelain/Ceramic- Three Surfaces	\$670.58
D2644	Onlay Porcelain/Ceramic- Four or More Surfaces	\$670.58
D2650	Inlay Composite/Resin Based- One Surface	\$150.41
D2651	Inlay Composite/Resin Based- Two Surfaces	\$513.90
D2652	Inlay Composite/Resin Based Three or More Surfaces	\$576.57
D2662	Onlay Composite/Resin Based- Two Surfaces	\$513.90
D2663	Onlay Composite/Resin Based- Three Surfaces	\$670.58
D2664	Onlay Composite/Resin Based- Four or More Surfaces	\$670.58
D2710	Crown Resin Based Composite Indirect	\$384.18
D2712	Crown- 3/4 Resin Based Composite Indirect	\$770.93
D2720	Crown Resin With High Noble Metal	\$873.72
D2721	Crown Resin with Predominantly Base Metal	\$732.38
D2722	Crown Resin with Noble Metal	\$801.76
D2740	Crown Porcelain/Ceramic	\$1,029.46
D2750	Crown Porcelain Fused High Noble Metal	\$940.09
D2751	Crown Porcelain Fused to Predominantly Base Metal	\$835.24
D2752	Crown Porcelain Fused to Noble Metal	\$910.69
D2753	Crown Porcelain Fused to Titanium and Titanium Alloys	\$901.76
D2780	Crown 3/4 Cast High Noble Metal	\$752.05
D2781	Crown 3/4 Cast Predominately Base Metal	\$752.05
D2782	Crown 3/4 Cast Noble Metal	\$752.05
D2783	Crown 3/4 Porcelain/Ceramic	\$752.05
D2790	Crown Full Cast High Noble Metal	\$937.92

D2791	Crown Full Cast Predominantly Base Metal	\$790.91
D2792	Crown Full Cast Noble Metal	\$839.79
D2794	Crown - Titanium and Titanium Alloys	\$839.79
D2799	Interim Crown- further treatment or completion of diagnosis necessary prior to final impression	NC
D2910	Re-Cement Inlay, Onlay, Veneer or Partial Coverage Restoration	\$62.67
D2915	Re-Cement Castor Re-Bond Indirectly Prefabricated Post and Core	\$66.66
D2920	Re-Cement or Re-Bond Crown	\$67.33
D2921	Reattachment of Tooth Fragment, Incisal Edge or Cusp	\$39.74
D2928	Prefabricated Porcelain/Ceramic Crown -- Permanent Tooth	\$266.03
D2929	Prefabricated Porcelain/Ceramic Crown Primary Tooth	\$181.60
D2930	Prefabricated Stainless Steel Crown Primary Tooth	\$172.07
D2931	Prefabricated Stainless Steel Crown Permanent Tooth	\$181.75
D2932	Prefabricated Resin Crown	\$235.64
D2933	Prefabricated Stainless Steel/Resin Crown	\$181.75
D2934	Prefabricated Esthetic Coated Stainless Steel Crown	\$162.94
D2940	Protective Restoration	\$68.83
D2949	Restorative Foundation for an Indirect Restoration	\$32.00
D2950	Core Buildup, Including any Pins When Required	\$175.70
D2951	Pin Retention Per Tooth in Addition to Restoration	\$18.81
D2952	Post and Core in Addition to Crown, Indirectly Fabricated	\$243.66
D2953	Each Additional Indirectly Fabricated Post- Same Tooth	\$57.82
D2954	Prefabricated Post and Core in Addition to Crown	\$188.20
D2955	Post Removal	\$69.76
D2956	Removal of an indirect restoration on a natural tooth	NC
D2957	Each Additional Prefabricated Post- Same Tooth	\$45.66
D2960	Labial Veneer (Resin Laminate) Direct	\$250.68
D2961	Labial Veneer (Resin Laminate) Indirect	\$363.49
D2962	Labial Veneer (Porcelain Laminate) Indirect	\$536.46
D2971	Additional Procedures to Customize a Crown to fit under an existing denture framework	NC
D2975	Coping	\$376.03
D2976	Band stabilization - per tooth	NC
D2980	Crown Repair Necessitated by Restorative Material Failure	\$247.00
D2981	Inlay Repair Necessitated by Restorative Material Failure	\$247.00
D2982	Onlay Repair Necessitated by Restorative Material Failure	\$247.00
D2983	Veneer Repair Necessitated by Restorative Material Failure	\$247.00
D2989	Excavation of a tooth resulting in the determination of non-restorability	NC
D2990	Resin Infiltration	\$46.96
D2991	Application of hydroxyapatite regeneration medicament - per tooth	NC
D2999	Restoration Unspecified Procedure	SC
D3110	Pulp Cap Direct Excluding Final Restoration	\$40.97
D3120	Pulp Cap Indirect Excluding Final Restoration	\$44.25
D3220	Therapeutic Pulpotomy	\$91.48
D3221	Pulpal Debridement, Primary and Permanent Teeth	\$75.21
D3222	Partial Pulpotomy for Apexogenesis	\$75.21
D3230	Pulpal Therapy, Anterior, Primary Tooth	\$150.41
D3240	Pulpal Therapy, Posterior, Primary Tooth	\$225.62

D3310	Endodontic Therapy, Anterior Tooth	\$528.18
D3320	Endodontic Therapy, Premolar Tooth	\$769.45
D3330	Endodontic Therapy, Molar Tooth	\$947.32
D3331	Treatment of Root Canal Obstruction	\$162.96
D3332	Incomplete Endodontic Therapy	\$338.42
D3333	Internal root repair of perforation defects	\$130.24
D3346	Retreatment of Previous Root Canal Therapy- Anterior	\$582.05
D3347	Retreatment of Previous Root Canal Therapy- Premolar	\$848.02
D3348	Retreatment of Previous Root Canal Therapy- Molar	\$1,043.32
D3351	Apexification/Recalcification- Initial Visit	\$125.34
D3352	Apexification/Recalcification- Interim Medication Replacement	\$100.27
D3353	Apexification/Recalcification- Final Visit	\$507.64
D3355	Pulpal Regeneration- Initial Visit	\$125.34
D3356	Pulpal Regeneration- Interim Medication Replacement	\$100.27
D3357	Pulpal Regeneration- Completion of Treatment	\$507.64
D3410	Apicoectomy- Anterior	\$559.03
D3421	Apicoectomy- Premolar (First Root)	\$686.87
D3425	Apicoectomy- Molar (First Root)	\$773.37
D3426	Apicoectomy- (Each Additional Root)	\$129.11
D3428	Bone Graft W/Periradicular Surgery Per Tooth	NC
D3429	Bone Graft W/Periradicular Surgery Add Tooth	NC
D3430	Retrograde Filling Per Root	\$125.34
D3431	Biologic Materials to Aid in Soft and Osseous Tissue	NC
D3432	Guided Tissue Regeneration, Resorable Barrier, Per Site	NC
D3450	Root Amputation Per Root	\$313.36
D3460	Endodontic Endosseous Implant	NC
D3470	Intentional Re-Implantation (Including Splinting)	NC
D3471	Surgical Repair of Root Resorption- Anterior	\$283.00
D3472	Surgical Repair of Root Resorption -- Premolar Tooth	\$283.00
D3473	Surgical Repair of Root Resorption-- Molar Tooth	\$283.00
D3501	Surgical Exp of Root Surface w/out Apicoectomy/Repair of Root Resorption--Anterior	NC
D3502	Surgical Exposure of Root Surface w/out Apicoectomy or Repair of Root Resorption -- Premolar	NC
D3503	Surgical Exposure of Root Surface w/out Apicoectomy or Repair of Root Resorption- Molar	NC
D3910	Surgical Isolation Procedure	NC
D3911	Intraorifice Barrier	NC
D3920	Hemisection (including Root Removal)	\$313.36
D3921	Decoronation or Submergence of an Erupted tooth	\$189.29
D3950	Canal Preparation and Fitting of Preformed Dowel/Post	NC
D3999	Endodontic Unspecified Service	SC
D4210	Gingivectomy or Gingivoplasty- Four or More Teeth	\$402.12
D4211	Gingivectomy or Gingivoplasty- One to Three Teeth	\$87.74
D4212	Gingivectomy or Gingivoplasty, Per Tooth	\$108.80
D4230	Anatomical Crown Exposure- Four or More Contiguous Teeth	NC
D4231	Anatomical Crown Exposure- One to Three Teeth	NC

D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$706.93
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$272.46
D4245	Apically Positioned Flap	NC
D4249	Clinical Crown Lengthening- Hard Tissue	\$562.76
D4260	Osseous Surgery- Four or More Contiguous Teeth	\$985.98
D4261	Osseous Surgery- One to Three Teeth	\$508.53
D4263	Bone Replacement Graft- First Site in Quadrant	NC
D4264	Bone Replacement Graft- Each Additional Site	NC
D4265	Biologic Materials to Aid in Soft and Osseous Tissue Regeneration, per site	NC
D4266	Guided tissue regeneration, natural teeth - resorbable barrier, per site	NC
D4267	Guided tissue regeneration, natural teeth - non-resorbable barrier, per site	NC
D4268	Surgical Revision Per Tooth	NC
D4270	Pedicle Soft Tissue Graft Procedure	NC
D4273	Autogenous Connective Tissue Graft Procedure	NC
D4274	Mesial/Distal Wedge Procedure, Single Tooth	NC
D4275	Non-Autogenous Connective Tissue Graft	NC
D4276	Combined Connective Tissue and Pedicle Graft, per Tooth	NC
D4277	Free Soft Tissue Graft Procedure- First Tooth	NC
D4278	Free Soft Tissue Graft Procedure- Additional Teeth	NC
D4283	Autogenous Connective Tissue Graft- Each Additional Tooth	NC
D4285	Non-Autogenous Connective Tissue Graft- Each Additional Tooth	NC
D4286	Removal of non-resorbable barrier	NC
D4322	Splint -Intra-coronal; Natural teeth or prosthetic Crowns	NC
D4323	Splint -Extra-coronal Natural teeth or prosthetic Crowns	NC
D4341	Periodontal Scaling and Root Planing- Four or More Teeth	\$184.81
D4342	Periodontal Scaling and Root Planing- One to Three Teeth	\$68.44
D4346	Full Mouth Scaling- Moderate/Severe Inflammation	NC
D4355	debridement to enable a comprehensive periodontal evaluation and diagnosis on a sub	NC
D4381	Localized Delivery of Antimicrobial Agents	NC
D4910	Periodontal Maintenance	\$95.54
D4920	Unscheduled Dressing Change	NC
D4921	Gingival irrigation with a medicinal agent - per quadrant	NC
D4999	Periodontal Unspecified Procedure by Report	SC
D5110	Complete Denture- Maxillary	\$1,300.00
D5120	Complete Denture- Mandibular	\$1,300.00
D5130	Immediate Denture- Maxillary	\$1,500.00
D5140	Immediate Denture- Mandibular	\$1,500.00
D5211	Maxillary Partial Denture- Resin Base	\$749.09
D5212	Mandibular Partial Denture- Resin Base	\$749.09
D5213	Maxillary Partial Denture- Cast Base/Resin Bases	\$1,174.38
D5214	Mandibular Partial Denture- Cast Base/Resin Bases	\$1,174.38
D5221	Immediate Maxillary Partial Denture/Resin Base	\$745.36
D5222	Immediate Mandibular Partial Denture/Resin Base	\$745.36
D5223	Immediate Maxillary Partial Denture Cast Metal Resin Denture	\$1,145.63
D5224	Immediate Mandibular Partial Denture Cast Metal Resin Denture	\$1,145.63
D5225	Maxillary Partial Denture- Flexible Base	\$1,145.63

D5226	Mandibular Partial Denture- Flexible Base	\$1,145.63
D5227	Immediate Maxillary Partial Denture - Flexible base (Including any clasps, rests and teeth)	\$745.36
D5228	Immediate Mandibular Partial Denture - Flexible base (Including any clasps, rests and teeth)	\$745.36
D5282	Maxillary Removable Unilateral Partial Denture	\$496.35
D5283	Mandibular Removable Unilateral Partial Denture	\$496.35
D5284	Removable Unilateral Partial Denture One Piece Flexible Base Per Quadrant	\$506.28
D5286	Removable Unilateral Partial Denture One Piece Resin Per Quadrant	\$506.28
D5410	Adjust Complete Denture- Maxillary	\$51.40
D5411	Adjust Complete Denture- Mandibular	\$51.40
D5421	Adjust Partial Denture- Maxillary	\$51.40
D5422	Adjust Partial Denture- Mandibular	\$51.40
D5511	Repair Broken Complete Denture Base, Mandibular	\$110.50
D5512	Repair Broken Complete Denture Base, Maxillary	\$110.50
D5520	Replace Missing or Broken Tooth Complete Denture	\$125.34
D5611	Repair Resin Partial Denture Base, Mandibular	\$125.34
D5612	Repair Resin Partial Denture Base, Maxillary	\$125.34
D5621	Repair Cast Partial Framework, Mandibular	\$190.22
D5622	Repair Cast Partial Framework, Maxillary	\$190.22
D5630	Repair or Replace Broken Retentive/Clasping Materials	\$157.93
D5640	Replace Broken Teeth- Per Tooth	\$87.74
D5650	Add Tooth To Partial Denture (Existing)	\$137.88
D5660	Add Clasp To Partial Denture (Existing)	\$162.94
D5670	Replace All Teeth and Acrylic Maxillary	NC
D5671	Replace All Teeth and Acrylic Mandibular	NC
D5710	Rebase Complete Maxillary Denture	\$376.03
D5711	Rebase Complete Mandibular Denture	\$376.03
D5720	Rebase Maxillary Partial Denture	\$376.03
D5721	Rebase Mandibular Partial Denture	\$376.03
D5725	Rebase Hybrid Prosthesis	NC
D5730	Reline Complete Maxillary Denture Direct	\$250.68
D5731	Reline Complete Mandibular Denture Direct	\$250.68
D5740	Reline Maxillary Partial Denture Direct	\$250.68
D5741	Reline Mandibular Partial Denture Direct	\$250.68
D5750	Reline Complete Maxillary Denture Indirect	\$376.03
D5751	Reline Complete Mandibular Denture Indirect	\$376.03
D5760	Reline Maxillary Partial Denture Indirect	\$313.36
D5761	Reline Mandibular Partial Denture Indirect	\$313.36
D5765	Soft Liner for Complete or Partial Removable Denture - Indirect	\$376.03
D5810	Interim Complete Denture Maxillary	NC
D5811	Interim Complete Denture Mandibular	NC
D5820	Interim Partial Denture Maxillary	\$313.36
D5821	Interim Partial Denture Mandibular	\$313.36
D5850	Tissue Conditioning- Maxillary	\$87.74
D5851	Tissue Conditioning- Mandibular	\$87.74
D5862	Precision Attachment, by report	NC
D5863	Overdenture- Complete Maxillary	\$1,089.23

D5864	Overdenture- Partial Maxillary	\$1,089.23
D5865	Overdenture- Complete Mandibular	\$1,089.23
D5866	Overdenture- Partial Mandibular	\$1,089.23
D5867	Replacement of Replaceable Part of Semi-Precision or Precision Attachment, per attachment	NC
D5875	Modification of Removable Prosthesis Post Implant	NC
D5876	Add metal substructure to acrylic full denture	SC
D5899	Unspecified Removable Prosthodontic Procedure	SC
D5911	Facial Moulage Sectional	NC
D5912	Facial Moulage Complete	NC
D5913	Nasal Prosthesis	NC
D5914	Auricular Prosthesis	NC
D5915	Orbital Prosthesis	NC
D5916	Ocular Prosthesis	NC
D5919	Facial Prosthesis	NC
D5922	Nasal Septal Prosthesis	NC
D5923	Ocular Prosthesis, Interim	NC
D5924	Cranial Prosthesis	NC
D5925	Facial Augmentation Implant Prosthesis	NC
D5926	Nasal Prosthesis, Replacement	NC
D5927	Auricular Prosthesis, Replacement	NC
D5928	Orbital Prosthesis, Replacement	NC
D5929	Facial Prosthesis, Replacement	NC
D5931	Obturator Prosthesis, Surgical	\$1,128.08
D5932	Obturator Prosthesis, Definitive	\$1,128.08
D5933	Obturator Prosthesis, Modification	NC
D5934	Mandibular Resection Prosthesis with Guide Flange	NC
D5935	Mandibular Resection Prosthesis without Guide Flange	NC
D5936	Obturator Prosthesis, Interim	NC
D5937	Trismus Appliance- Not for TMD Treatment	NC
D5951	Feeding Aid	NC
D5952	Speech Aid Prosthesis, Pediatric	NC
D5953	Speech Aid Prosthesis, Adult	NC
D5954	Palatal Augmentation Prosthesis	NC
D5955	Palatal Lift Prosthesis, Definitive	NC
D5958	Palatal Lift Prosthesis, Interim	NC
D5959	Palatal Lift Prosthesis, Modification	NC
D5960	Speech Aid Prosthesis, Modification	NC
D5982	Surgical Stent	NC
D5983	Radiation Carrier	NC
D5984	Radiation Shield	NC
D5985	Radiation Cone Locator	NC
D5986	Fluoride Gel Carrier	NC
D5987	Commissure Splint	NC
D5988	Surgical Splint	NC
D5991	Vesiculobullous Disease Medicament Carrier	NC
D5992	Adjust Maxillofacial Prosthetic Appliance	NC
D5993	Maintenance/Cleaning Maxillofacial Prosthesis	NC

D5995	Periodontal Medicament Carrier with Peripheral Seal- Laboratory Processed- Maxillary	NC
D5996	Periodontal Medicament Carrier with Peripheral Seal- Laboratory Processed- Mandibular	NC
D5999	Unspecified Maxillofacial Prosthesis	SC
D6010	Endosteal Implant	\$1,853.15
D6011	Surgical Access to an Implant body (second stage implant surgery)	NC
D6012	Surgical Placement of Interim Implant body for Transitional Prosthesis; Endosteal Implant	NC
D6013	Surgical Placement of a Mini Implant	NC
D6040	Surgical Placement, Eposteal Implant	NC
D6050	Surgical Placement, Transosteal Implant	NC
D6051	Interim Implant Abutment Placement	NC
D6055	Connecting Bar- Implant Supported/Abutment Supported	NC
D6056	Prefabricated Abutment- Includes Modification & Placement	\$621.35
D6057	Custom Fabricated Abutment- Includes Placement	\$806.36
D6058	Abutment Supported Porcelain/Ceramic Crown	\$1,050.47
D6059	Abutment Supported Porcelain Fused Metal Crown	\$950.29
D6060	Abutment Support Porcelain Base Metal Crown	\$790.91
D6061	Abutment Supported Porcelain Noble Metal Crown	\$862.35
D6062	Abutment Supported Cast Metal High Noble Metal Crown	\$881.16
D6063	Abutment Supported Cast Metal Crown	\$790.91
D6064	Abutment Supported Cast Metal Noble Crown	\$839.79
D6065	Implant Supported Porcelain/Ceramic Crown	\$972.68
D6066	Implant Supported Crown Porcelain Fused to High Noble Alloys	\$879.90
D6067	Implant Supported Crown	\$881.67
D6068	Abutment Supported Retainer for Porcelain /Ceramic FPD	NC
D6069	Abutment Supported Retainer Porcelain Fused to Metal FPD	NC
D6070	Abutment Supported Retainer Porcelain to Metal FPD	NC
D6071	Abutment Supported Retainer Porcelain Noble Metal FPD	NC
D6072	Abutment Supported Retainer Cast FPD High Noble FPD	NC
D6073	Abutment Supported Retainer for Cast Base Metal FPD	NC
D6074	Abutment Supported Retainer for Cast Noble Metal FPD	NC
D6075	Implant Supported Retainer for Ceramic FPD	NC
D6076	Implant Supported Retainer FPD	NC
D6077	Implant Supported Retainer Metal FPD	NC
D6080	Implant Maintenance Procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	NC
D6081	Scaling and Debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	NC
D6082	Implant Supported Crown Porcelain Fused Predominantly Base Alloy	\$897.50
D6083	Implant Supported Crown Porcelain Fused to Noble Alloys	\$897.50
D6084	Implant Supported Crown Porcelain Fused to Titanium or Titanium Alloys	\$897.50
D6085	Interim Implant Crown	NC
D6086	Implant Supported Crown Predominantly Base Alloys	\$899.30
D6087	Implant Supported Crown Noble Alloys	\$899.30
D6088	Implant Supported Crown Titanium and Titanium Alloys	\$899.30
D6089	Accessing and retorquing loose implant screw - per screw	\$125.00

D6090	Repair Implant supported prosthesis, by report	SC
D6091	Replacement of Replaceable Part of Semi-Precision or Precision Attachment of Implant/Abutment supported prosthesis, per attachment	NC
D6092	Re-Cement or Re-Bond Implant/Abutment Supported Crown	\$62.67
D6093	Re-Cement or Re-Bond Implant/Abutment Supported Fixed Partial Denture	NC
D6094	Abutment Supported Crown Titanium and Titanium Alloys	\$839.79
D6096	Remove Broken Implant Retaining Screw	\$255.80
D6097	Abutment Supported Crown Porcelain Fused Titanium or Titanium Alloys	\$879.59
D6098	Implant Supported Retainer Porcelain Fused Predominantly Base Alloys	NC
D6099	Implant Supported Retainer for FPD Porcelain Fused to Noble Alloys	NC
D6100	Surgical Removal of Implant Body	\$500.00
D6101	Debridement of Peri-Implant Defect	NC
D6102	Debridement and Osseus Contouring of Peri-Implant	NC
D6103	Bone Graft for Peri-Implant Repair Defect	NC
D6104	Bone Graft at Time of Implant Placement	NC
D6105	Removal of implant body not requiring bone removal or flap elevation	\$116.09
D6106	Guided tissue regeneration - resorbable barrier, per implant	NC
D6107	Guided tissue regeneration - non-resorbable barrier, per implant	NC
D6110	Implant-Abutment Supported Removable Denture- Maxillary	NC
D6111	Implant-Abutment Supported Removable Denture- Mandibular	NC
D6112	Implant-Abutment Supported Removable Denture-Partially Edent-Maxillary	NC
D6113	Implant-Abutment Supported Removable Denture-Partially Edent-Mandibular	NC
D6114	Implant-Abutment Supported Fixed Denture-Edentulous-Maxillary	NC
D6115	Implant-Abutment Supported Fixed Denture-Edentulous-Mandibular	NC
D6116	Implant-Abutment Supported Fixed Denture-Partially Edentulous-Maxillary	NC
D6117	Implant-Abutment Supported Fixed Denture-Partially Edentulous-Manibular	NC
D6118	Implant-Abutment Supported Interim Fixed Denture for Edentulous-Manibular	NC
D6119	Implant-Abutment Supported Interim Fixed Denture for Edentulous-Maxillary	NC
D6120	Implant Supported Retainer Porcelain Fused Titanium and Titanium Alloys	NC
D6121	Implant Supported Retainer for Metal FPD Predominantly Base Alloys	NC
D6122	Implant Supported Retainer for Metal FPD Noble Alloys	NC
D6123	Implant Supported Retainer for Metal FPD Titanium and Titanium Alloys	NC
D6180	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments	NC
D6190	Radiographic/Surgical Implant Index, By Report	NC
D6191	Semi-Precision Abutment --Placement	NC
D6192	Semi-Precision Attachment--Placement	NC
D6193	Replacement of an implant screw	\$80.00
D6194	Abutment Supported Retainer Crown For FPD	NC
D6195	Abutment Supported Retainer Porcelain Fused Titanium and Titanium Alloys	NC
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	\$131.30
D6198	Remove Intern Implant component	NC
D6199	Unspecified Implant Procedure	SC
D6205	Pontic- Indirect Resin Based Composite	\$374.78
D6210	Pontic Cast High Noble Metal	\$881.16
D6211	Pontic Cast Predominantly Base Metal	\$790.91
D6212	Pontic Cast Noble Metal	\$839.79

D6214	Pontic- Titanium and Titanium Alloys	\$839.79
D6240	Pontic Porcelain Fused High Noble Metal	\$920.02
D6241	Pontic Porcelain Fused Predominantly Base Metal	\$810.76
D6242	Pontic Porcelain Fused to Noble Metal	\$883.99
D6243	Pontic Porcelain Fused to Titanium and Titanium Alloys	\$875.33
D6245	Pontic Porcelain/Ceramic	\$997.07
D6250	Pontic Resin with High Noble Metal	\$852.33
D6251	Pontic Resin with Predominantly Base Metal	\$714.45
D6252	Pontic Resin with Noble Metal	\$782.13
D6253	Interim Pontic - Further Treatment or Completion of Diagnosis Necessary Prior to Final Impression	NC
D6545	Retainer- Cast Metal for Resin Bonded Fixed Prosthesis	\$226.87
D6548	Retainer- Porcelain/Ceramic for Resin Bonded Fixed Prosthesis	\$226.87
D6549	Resin Retainer- Resin Bonded Fixed Prosthesis	\$226.87
D6600	Retainer Inlay- Porcelain/Ceramic Two Surfaces	\$513.90
D6601	Retainer Inlay- Porcelain/Ceramic Three or More Surfaces	\$576.57
D6602	Retainer Inlay- Cast High Noble Metal Two Surfaces	\$513.90
D6603	Retainer Inlay- Cast High Noble Metal Three or More Surfaces	\$576.57
D6604	Retainer Inlay- Cast Predominantly Base Metal Two Surfaces	\$513.90
D6605	Retainer Inlay- Cast Predominantly Base Metal Three or More Surfaces	\$576.57
D6606	Retainer Inlay- Cast Noble Metal Two Surfaces	\$513.90
D6607	Retainer Inlay- Cast Noble Metal Three or More Surfaces	\$576.57
D6608	Retainer Onlay- Porcelain/Ceramic Two Surfaces	\$513.90
D6609	Retainer Onlay- Porcelain/Ceramic Three or More Surfaces	\$668.08
D6610	Retainer Onlay- Cast High Noble Metal Two Surfaces	\$513.90
D6611	Retainer Onlay- Cast High Noble Metal Three or More Surfaces	\$670.58
D6612	Retainer Onlay- Cast Predominantly Base Metal Two Surfaces	\$513.90
D6613	Retainer Onlay- Cast Predominantly Base Metal Three or More Surfaces	\$668.08
D6614	Retainer Onlay- Cast Noble Metal Two Surfaces	\$513.90
D6615	Retainer Onlay- Cast Noble Metal Three or More Surfaces	\$668.08
D6624	Retainer Inlay- Titanium	\$513.90
D6634	Retainer Onlay- Titanium	\$513.90
D6710	Retainer Crown- Indirect Resin Based Composite	\$374.78
D6720	Retainer Crown- Resin with High Noble Metal	\$852.33
D6721	Retainer Crown- Resin with Predominantly Base Metal	\$714.45
D6722	Retainer Crown- Resin with Noble Metal	\$782.13
D6740	Retainer Crown- Porcelain/Ceramic	\$1,076.83
D6750	Retainer Crown- Porcelain Fused to High Noble Metal	\$993.62
D6751	Retainer Crown- Porcelain Fused to Predominantly Base Metal	\$810.76
D6752	Retainer Crown- Porcelain Fused to Noble Metal	\$954.71
D6753	Retainer Crown- Porcelain Fused to Titanium and Titanium Alloys	\$883.99
D6780	Retainer Crown- 3/4 Cast High Noble Metal	\$767.09
D6781	Retainer Crown- 3/4 Predominantly Base Metal	\$767.09
D6782	Retainer Crown- 3/4 Cast Noble Metal	\$767.09
D6783	Retainer Crown- 3/4 Porcelain/Ceramic	\$767.09
D6784	Retainer Crown- 3/4 Titanium and Titanium Alloys	\$767.09
D6790	Retainer Crown- Full Cast High Noble Metal	\$881.16
D6791	Retainer Crown- Full Cast Predominantly Base Metal	\$790.91

D6792	Retainer Crown- Full Cast Noble Metal	\$839.79
D6793	Interim Retainer Crown - further treatment or completion of diagnosis necessary prior to final impression	NC
D6794	Retainer Crown- Titanium and Titanium Alloys	\$839.79
D6920	Connector Bar	NC
D6930	Re-Cement or Re-Bond Fixed Partial Denture	\$98.30
D6940	Stress Breaker	NC
D6950	Precision Attachment	NC
D6980	Fixed Partial Denture Repair	\$247.00
D6985	Pediatric Partial Denture, Fixed	NC
D6999	Unspecified Fixed Prosthodontic Procedure	SC
D7111	Extraction, Coronal Remnants- Primary Tooth	\$58.81
D7140	Extraction Erupted Tooth or Exposed Root	\$120.57
D7210	Extraction Erupted Tooth Requiring Removal of Bone	\$211.89
D7220	Removal of Impacted Tooth- Soft Tissue	\$259.34
D7230	Removal of Impacted Tooth- Partially Bony	\$282.22
D7240	Removal of Impacted Tooth- Completely Bony	\$374.49
D7241	Removal of Impacted Tooth- Completely Bony Surgical	\$402.73
D7250	Removal of Residual Tooth Roots (Cutting Procedure)	\$132.37
D7251	Coronectomy - intentional partial tooth removal, impacted teeth only	\$204.61
D7252	Partial extraction for immediate implant placement	\$230.00
D7259	Nerve dissection	NC
D7260	Oroantral Fistula Closure	NC
D7261	Primary Closure of a Sinus Perforation	NC
D7270	Tooth Re-Implantation	\$294.56
D7272	Tooth Transplantation	\$294.56
D7280	Exposure of an Unerupted Tooth	\$313.36
D7282	Mobilization of Erupted/Malpositioned Tooth to Aid Eruption	\$175.48
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	*
D7284	Excisional biopsy of minor salivary glands	NC
D7285	Incisional Biopsy of Oral Tissue- Hard	\$211.83*
D7286	Incisional Biopsy of Oral Tissue- Soft	\$126.60*
D7287	Exfoliative Cytological Sample Collection	NC
D7288	Brush Biopsy- Transepithelial Sample Collection	NC
D7290	Surgical Repositioning of Teeth	\$294.56
D7291	Transseptal Fiberotomy/Supra Crestal Fiberotomy	NC
D7292	Placement of Temporary Anchorage Device (screw retained plate) Requiring Flap	NC
D7293	Placement of Temporary Anchorage Device Requiring Flap	NC
D7294	Placement of Temporary Anchorage Device without Flap	NC
D7295	Harvest of Bone/Grafting	NC
D7296	Corticotomy- One to Three Teeth or Tooth Spaces Per Quad	NC
D7297	Corticotomy- Four or More Teeth or Tooth Spaces Per Quad	NC
D7298	Removal of Temporary Anchorage Device (screw retained plate), requiring flap	NC
D7299	Removal of Temporary Anchorage Device, requiring flap	NC
D7300	Removal of Temporary Anchorage device, without flap	NC
D7310	Alveoloplasty with Extractions, Four or More Teeth Per Quad	\$109.05
D7311	Alveoloplasty with Extractions, One to Three Teeth Per Quad	\$41.37
D7320	Alveoloplasty not in Conjunction with Extractions Four or More Teeth	\$134.12

D7321	Alveoloplasty not in Conjunction with Extractions One to Three Teeth	\$51.14
D7340	Vestibuloplasty- Ridge Extension, Secondary Epithelialization	SC
D7350	Vestibuloplasty- Ridge Extension	SC
D7410	Excision of Benign Lesion Up to 1.25 CM	\$243.44*
D7411	Excision of Benign Lesion Greater Than 1.25 CM	\$434.86*
D7412	Excision of Benign Lesion, Complicated	\$344.56*
D7413	Excision of Malignant Lesion up to 1.25 CM	NC
D7414	Excision of Malignant Lesion Greater Than 1.25 CM	NC
D7415	Excision of Malignant Lesion, Complicated	NC
D7440	Excision of Malignant Tumor up to 1.25 CM	NC
D7441	Excision of Malignant Tumor Greater Than 1.25 CM	NC
D7450	Removal of Benign Odontogenic Cyst up to 1.25 CM	\$409.28*
D7451	Removal of Benign Odontogenic Cyst Greater Than 1.25 CM	\$588.34*
D7460	Removal of Benign Nonodontogenic Cyst up to 1.25 CM	NC
D7461	Removal of Benign Nonodontogenic Cyst Greater Than 1.25 CM	NC
D7465	Destruction of Lesion by Physical or Chemical Method	NC
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	\$434.86
D7472	Removal of Torus Palatinus	\$562.76
D7473	Removal of Torus Mandibularis	\$486.02
D7485	Reduction of Osseous Tuberosity	\$562.76
D7490	Radical Resection of Maxilla or Mandible	NC
D7509	Marsupialization of odontogenic cyst	\$425.00
D7510	Incision and Drainage of Abscess- Intraoral Soft Tissue	\$141.64
D7511	Incision and Drainage of Abscess- Complicated	\$141.64
D7520	Incision and Drainage of Abscess- Extraoral Soft Tissue	SC
D7521	Incision and Drainage of Abscess- Complicated	SC
D7530	Foreign Body Removal from Mucosa Tissue	NC
D7540	Removal of Foreign Body Reaction Producing	NC
D7550	Partial Osteotomy/Sequestrectomy Removal of Non-Vital Bone	NC
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment	NC
D7610	Maxilla Open Reduction (Teeth Immobilized, if Present)	NC
D7620	Maxilla Closed Reduction (Teeth Immobilized, if Present)	NC
D7630	Mandible Open Reduction	NC
D7640	Mandible Closed Reduction	NC
D7650	Malar/Zygomatic Arch- Open Reduction	NC
D7660	Malar/Zygomatic Arch- Closed Reduction	NC
D7670	Alveolus- Closed Reduction	NC
D7671	Alveolus- Open Reduction	NC
D7680	Facial Bones- Complicated Reduction with Fixation	NC
D7710	Maxilla Open Reduction	NC
D7720	Maxilla Closed Reduction	NC
D7730	Mandible Open Reduction	NC
D7740	Mandible Closed Reduction	NC
D7750	Malar/Zygomatic Arch- Open Reduction	NC
D7760	Malar/Zygotmatic Arch- Closed Reduction	NC
D7770	Alveolus- Open Reduction Stabilization of Teeth	NC
D7771	Alveolus- Closed Reduction Stabilization of Teeth	NC
D7780	Facial Bones- Complicated Reduction with Fixation and Mult. Approaches	NC

D7810	Open Reduction of Dislocation	NC
D7820	Closed Reduction of Dislocation	NC
D7830	Manipulation Under Anesthesia	NC
D7840	Condylectomy	NC
D7850	Surgical Discectomy, with/without Implant	NC
D7852	Disc Repair	NC
D7854	Synovectomy	NC
D7856	Myotomy	NC
D7858	Joint Reconstruction	NC
D7860	Arthrotomy	NC
D7865	Arthroplasty	NC
D7870	Arthrocentesis	NC
D7871	Non-Athroscopic Lysis and Lavage	NC
D7872	Arthroscopy- Diagnosis, with/without Biopsy	NC
D7873	Arthroscopy- Lavage and Lysis of Adhesions	NC
D7874	Arthroscopy- Disc Repositioning and Stabilization	NC
D7875	Arthroscopy- Synovectomy	NC
D7876	Arthroscopy- Discectomy	NC
D7877	Arthroscopy- Debridement	NC
D7880	Occlusal Orthotic Device, By Report	NC
D7881	Occlusal Orthotic Device Adjustment	NC
D7899	Unspecified TMD Therapy, By Report	NC
D7910	Suture of Recent Small Wounds up to 5 CM	NC
D7911	Complicated Suture- up to 5 CM	NC
D7912	Complicated Suture- Greater Than 5 CM	NC
D7920	Skin Graft	NC
D7921	Collect/Application of Autologous Blood Conc Product	NC
D7922	Placement of Intra-Socket, Per Site	NC
D7939	Indexing for osteotomy using dynamic robotic assisted or dynamic navigation	NC
D7940	Osteoplasty- For Orthognathic Deformities	NC
D7941	Osteotomy- Mandibular Rami	NC
D7943	Osteotomy- Mandibular Rami with Bone Graft	NC
D7944	Osteotomy- Segmented or Subapical	NC
D7945	Osteotomy- Body of Mandible	NC
D7946	Lefort I Maxilla Total	NC
D7947	Lefort I Maxilla Segmented	NC
D7948	Lefort II or Lefort III without Bone Graft	NC
D7949	Lefort II or Lefort III with Bone Graft	NC
D7950	Osseous, Osteoperiosteal, or Cartilage Graft Mandible/Maxilla	NC
D7951	Sinus Augmentation, Lateral Open Approach	NC
D7952	Sinus Augmentation via a Vertical Approach	NC
D7953	Bone Replacement Graft for Ridge Preservation	NC
D7955	Repair of Maxillofacial Soft and/or Hard Tissue Defect	NC
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site	NC
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site	NC
D7961	Buccal / Labial Frenectomy (Frenulectomy)	\$177.99
D7962	Lingual Frenectomy (Frenulectomy)	\$177.99
D7963	Frenuloplasty	\$177.99

D7970	Excision of Hyperplastic Tissue Per Arch	\$286.50
D7971	Excision of Pericoronary Gingiva	\$181.75
D7972	Surgical Reduction of Fibrous Tuberosity	\$255.80
D7979	Non-Surgical Sialolithotomy	NC
D7980	Surgical Sialolithotomy	NC
D7981	Excision of Salivary Gland	NC
D7982	Sialodochoplasty	NC
D7983	Closure of Salivary Fistula	NC
D7990	Emergency Tracheotomy	NC
D7991	Coronoidectomy	NC
D7993	Surgical Placement of Craniofacial Implant—Extra Oral	NC
D7994	Surgical Placement of Zygomatic Implant	NC
D7995	Synthetic Graft- Mandible or Facial Bones	NC
D7996	Implant- Mandible for Augmentation Purposes	NC
D7997	Appliance Removal Includes Removal of Archbar	NC
D7998	Intraoral Placement of a Fixation Device	NC
D7999	Unspecified Oral Surgery Procedure	SC
D8010	Limited Orthodontic Treatment of the Primary Dentition	*
D8020	Limited Orthodontic Treatment of the Transitional Dentition	*
D8030	Limited Orthodontic Treatment of the Adolescent Dentition	*
D8040	Limited Orthodontic Treatment of the Adult Dentition	*
D8070	Comprehensive Orthodontic Treatment Transitional Dentition	*
D8080	Comprehensive Orthodontic Treatment Adolescent Dentition	*
D8090	Comprehensive Orthodontic Treatment Adult Dentition	*
D8091	Comprehensive orthodontic treatment with orthognathic surgery	*
D8210	Removable Appliance Therapy	*
D8220	Fixed Appliance Therapy	*
D8660	Pre-Orthodontic Treatment Examination	*
D8670	Periodic Orthodontic Treatment Visit	*
D8671	Periodic orthodontic treatment visit associated with orthognathic surgery	*
D8680	Orthodontic Retention- Appliance Removal	*
D8681	Removable Orthodontic Retainer Adjustment	NC
D8695	Removal of Fixed Orthodontic Appliance(s)	SC
D8696	Repair of Orthodontic Appliance- Maxillary	*
D8697	Repair of Orthodontic Appliance- Mandibular	*
D8698	Re-Cement or Re-Bond Fixed Retainer- Maxillary	*
D8699	Re-Cement or Re-Bond Fixed Retainer- Mandibular	*
D8701	Repair of Fixed Retainer- Maxillary	*
D8702	Repair of Fixed Retainer- Mandibular	*
D8703	Replacement of Lost or Broken Retainer- Maxillary	NC
D8704	Replacement of Lost or Broken Retainer- Mandibular	NC
D8999	Unspecified Orthodontic Procedure	SC
D9110	Palliative treatment of dental pain - per visit	\$47.78
D9120	Fixed Partial Denture Sectioning	NC
D9130	TMJ Joint Dysfunction Non Invasive Physical Therapies	NC
D9210	Local Anesthesia not in Conjunction w/Operative Surgical Procedure	NC
D9211	Regional Block Anesthesia	NC
D9212	Trigeminal Division Block Anesthesia	NC

D9215	Local Anesthesia in Conjunction w/Operative Surgical Procedure	NC
D9219	Evaluation for Moderate Sedation or General Anesthesia	NC
D9222	Deep Sedation/General Anesthesia- First 15 Minutes	\$156.70
D9223	Deep Sedation/General Anesthesia- 15 Minute Increment	\$159.05
D9230	Inhalation of Nitrous Oxide/Analgesia, Anxiolysis	NC
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia- First 15 Minutes	\$156.70
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia- Each Subsequent 15 Minutes	\$159.05
D9248	Non-Intravenous Conscious Sedation	NC
D9310	Consultation- Specialist	NC
D9311	Consultation with a Medical Health Care Professional	NC
D9410	House/Extended Care Facility Call	\$54.08
D9420	Hospital or Ambulatory Surgical Center Call	\$54.08
D9430	Office Visit for Observation	NC
D9440	Office Visit After Hours	NC
D9450	Case presentation, subsequent to detailed and extensive treatment planning	NC
D9610	Therapeutic Parenteral Drug, Single Administration	NC
D9612	Therapeutic Parenteral Drugs, Two or More Administrations	NC
D9613	Infiltration of Sustained Released Therapeutic Drug, per quadrant	NC
D9630	Other Drugs and/or Medicaments	NC
D9910	Desensitizing Medication Application	NC
D9911	Application of Desensitizing Resin Cervical/Root Surface	NC
D9912	Pre-visit Patient screening	NC
D9913	Administration of neuromodulators	NC
D9914	Administration of dermal fillers	NC
D9920	Behavior Management	NC
D9930	Treatment- Post Surgical Complications	NC
D9932	Cleaning Removable Complete Denture Maxillary	NC
D9933	Cleaning Removable Complete Denture Mandibular	NC
D9934	Cleaning Removable Partical Denture, Maxillary	NC
D9935	Cleaning Removable Partcial Denture, Mandibular	NC
D9938	Fabrication of a custom removable clear plastic temporary aesthetic appliance	NC
D9939	Placement of a custom removable clear plastic temporary aesthetic appliance	NC
D9941	Fabrication of Athletic Mouthguards	NC
D9942	Repair and/or Reline of Occlusal Guard	NC
D9943	Occlusal Guard Adjustment	NC
D9944	Occlusal Guard Hard Appliance Full Arch	\$414.40
D9945	Occlusal Guard Soft Appliance Full Arch	\$414.40
D9946	Occlusal Guard Hard Appliance Partial Arch	\$414.40
D9947	Custom Sleep Apnea Appliance	NC
D9948	Adjustment of Custom Sleep Apnea Appliance	NC
D9949	Repair of Custom Sleep Apnea Appliance	NC
D9950	Occlusal Analysis- Mounted Case	NC
D9951	Occlusal Adjustment Limited	\$35.53
D9952	Occlusal Adjustment Complete	NC
D9953	Reline custom sleep apnea appliance (indirect)	NC
D9954	Fabrication and delivery of oral appliance therapy (OAT) morning repositioning device	NC
D9955	Oral appliance therapy (OAT) titration visit	NC
D9956	Administration of home sleep apnea test	NC

D9957	Screening for sleep related breathing disorders	NC
D9959	Unspecified sleep apnea services procedure, by report	NC
D9961	Duplicate Patient's Records	NC
D9970	Enamel Microabrasion	NC
D9971	Odontoplasty Per Tooth	NC
D9972	External Bleaching Per Arch, Performed in Office	NC
D9973	External Bleaching Per Tooth	NC
D9974	Internal Bleaching Per Tooth	NC
D9975	External Bleaching for Home Application, Per Arch	NC
D9985	Sales Tax	NC
D9986	Missed Appointment	NC
D9987	Cancelled Appointment	NC
D9990	Certified Translator or Sign Language Services Per Visit	NC
D9991	Dental Case Management	NC
D9992	Dental Case Management- Care Coordination	NC
D9993	Dental Case Management- Motivational Interviewing	NC
D9994	Dental Case Management- Patient Education	NC
D9995	Teledentistry- Synchronous Real Time Encounter	NC
D9996	Teledentistry- Asynchronous	NC
D9997	Dental Case Management- Patients with Special Health Care Needs	NC
D9999	Unspecified Adjunctive Procedure	SC
A nonprofit independent licensee of the Blue Cross Blue Shield Association		
NC = Not Covered. Patient is liable for charge		
SC = Special Consideration. Submit charge with clinical notes and usual fee. Coverage and allowance will be determined		
*Orthodontic services are covered as a Class IV Benefit, subject to the deductible and lifetime maximum for dependents to		
Allowance/*: *Biopsy Dental Codes D7410, D7411, D7412, D7450, D7451, D7285, D7286. A letter of medical necessity		