

ADA CODE*	CDT - Procedure description	Average Cost 2023	Member Cost 700L	Member Cost 700N
	DIAGNOSTIC - Procedures that aid the dentist in evaluating existing conditions and determining required dental care.			
D9431	OFFICE VISIT-PER PATIENT/PER VISIT	50.00	5.00	5.00
D0120	PERIODIC ORAL EVALUATION - EST PATIENT	61.00	No charge	No charge
D0140	LIMITED ORAL EVALUATION-PROBLEM FOCUSED	94.00	25.00	25.00
D0145	ORAL EVALUATION -NEW OR ESTABLISHED PATIENT UNDER AGE 3/COUNSELING WITH PRIMARY CAREGIVER	85.00	No charge	No charge
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	96.00	No charge	No charge
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION-PROBLEM FOCUSED, BY REPORT	149.00	55.00	55.00
D0170	REEVALUATION-LIMITED, PROBLEM FOCUSED(ESTABLISHED PATIENT; NOT POST-OP VISIT)	81.00	17.00	17.00
D0180	COMPREHENSIVE PERIODONTAL EVALUATION NEW OR ESTABLISHED PATIENT	114.00	No charge	No charge
D0190	SCREENING OF A PATIENT	63.00	No charge	No charge
D0191	ASSESSMENT OF A PATIENT	87.00	No charge	No charge
D0210	INTRAORAL-COMPREHENSIVE SERIES (INCLUDING BITEWINGS)	146.00	25.00	25.00
D0220	INTRAORAL-PERAPICAL FIRST FILM	34.00	No charge	No charge
D0230	INTRAORAL-PERAPICAL EACH ADDITIONAL FILM	27.00	No charge	No charge
D0240	INTRAORAL-OCCLUSAL FILM	40.00	No charge	No charge
D0270	BITEWING-SINGLE FILM	38.00	No charge	No charge
D0272	BITEWINGS-TWO FILMS	54.00	No charge	No charge
D0273	BITEWINGS-THREE FILMS	55.00	No charge	No charge
D0274	BITEWINGS-FOUR FILMS	72.00	No charge	No charge
D0277	VERTICAL BITEWINGS - 7 TO 8 FILMS	100.00	50.00	50.00
D0330	PANORAMIC FILM	127.00	25.00	25.00
D0431	ADJUNCTIVE PREDIAGNOSTIC TEST THAT AIDS IN DETECTION OF MUCOSAL ABNORMALITIES INCLUDING PREMALIGNANT AND MALIGNANT LESIONS, NOT TO INCLUDE CYTOLOGY OR BIOPSY PROCEDURES	45.00	40.00	40.00
D0460	PULP VITALITY TESTS	46.00	No charge	No charge
D0470	DIAGNOSTIC CASTS	117.00	11.00	11.00
	PREVENTIVE - Procedures that prevent the occurrence of oral diseases.			
D1110	PROPHYLAXIS (Cleaning) ADULT	104.00	7.00	7.00
D1120	PROPHYLAXIS (Cleaning) CHILD	82.00	7.00	7.00
D1206	TOPICAL FLUORIDE VARNISH-THERAPEUTIC APPLICATION FOR MODERATE TO HIGH CARIES RISK PATIENTS	56.00	17.00	17.00

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D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	45.00	No charge	No charge
D1310	NUTRITIONAL COUNSELING FOR CONTROL OF DENTAL DISEASE	24.00	No charge	No charge
D1320	TOBACCO COUNSELING FOR THE CONTROL AND PREVENTION OF ORAL DISEASE	66.00	No charge	No charge
D1330	ORAL HYGIENE INSTRUCTIONS	95.00	No charge	No charge
D1351	SEALANT-PER TOOTH	62.00	15.00	15.00
D1510	SPACE MAINTAINER-FIXED-UNILATERAL	363.00	100.00+LAB	150.00
D1516	SPACE MAINTAINER-FIXED-BILATERAL, UPPER	538.00	125.00+LAB	175.00
D1517	SPACE MAINTAINER-FIXED-BILATERAL, LOWER	564.00	125.00+LAB	175.00
D1520	SPACE MAINTAINER-REMOVABLE-UNILATERAL	348.00	100.00+LAB	150.00
D1526	SPACE MAINTAINER-REMOVABLE-BILATERAL, UPPER	440.00	125.00+LAB	175.00
D1527	SPACE MAINTAINER-REMOVABLE-BILATERAL, LOWER	440.00	125.00+LAB	175.00
D1551	RECEMENTATION OF SPACE MAINTAINER - UPPER	78.00	25.00	25.00
D1552	RECEMENTATION OF SPACE MAINTAINER - LOWER	84.00	25.00	25.00
	RESTORATIVE Those procedures for restoring lost tooth structure.			
D2140	AMALGAM FILLING-ONE SURFACE, PRIMARY OR PERMANENT	177.00	15.00	15.00
D2150	AMALGAM FILLING-TWO SURFACES, PRIMARY OR PERMANENT	210.00	19.00	19.00
D2160	AMALGAM FILLING-THREE SURFACES, PRIMARY OR PERMANENT	253.00	25.00	25.00
D2161	AMALGAM FILLING-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	236.00	30.00	30.00
D2330	RESIN-BASED COMPOSITE-ONE SURFACE, ANTERIOR	181.00	35.00	35.00
D2331	RESIN-BASED COMPOSITE-TWO SURFACES, ANTERIOR	222.00	45.00	45.00
D2332	RESIN-BASED COMPOSITE-THREE SURFACES, ANTERIOR	269.00	55.00	55.00
D2335	RESIN-BASED COMPOSITE-FOUR OR MORE SURFACES	327.00	65.00	65.00
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	365.00	75.00	75.00
D2391	RESIN-BASED COMPOSITE-ONE SURFACE, POSTERIOR	200.00	40.00	40.00
D2392	RESIN-BASED COMPOSITE-TWO SURFACES, POSTERIOR	252.00	47.00	47.00
D2393	RESIN-BASED COMPOSITE-THREE SURFACES, POSTERIOR	308.00	57.00	57.00
D2394	RESIN-BASED COMPOSITE-FOUR OR MORE SURFACES, POSTERIOR	355.00	60.00	60.00
D2510	INLAY-METALLIC-ONE SURFACE	1046.00	185.00+LAB	250.00
D2520	INLAY-METALLIC-TWO SURFACES	1084.00	200.00+LAB	265.00
D2530	INLAY-METALLIC-THREE OR MORE SURFACES	1030.00	220.00+LAB	285.00
D2542	ONLAY-METALLIC TWO SURFACES	1010.00	185.00+LAB	847.00
D2543	ONLAY-METALLIC THREE SURFACES	1357.00	200.00+LAB	895.00
D2544	ONLAY-METALLIC FOUR OR MORE SURFACES	1376.00	220.00+LAB	832.00

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D2721	CROWN-RESIN WITH PREDOMINANTLY BASE METAL	1331.00	305.00+LAB	485.00
D2722	CROWN-RESIN WITH NOBLE METAL	1360.00	305.00+LAB	305.00+LAB
D2740	CROWN-PORCELAIN/CERAMIC SUBSTRATE	1306.00	305.00+LAB	485.00
D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	1015.00	305.00+LAB	305.00+LAB
D2751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	929.00	305.00+LAB	485.00
D2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	1156.00	305.00+LAB	305.00+LAB
D2780	CROWN-3/4 CAST HIGH NOBLE METAL	1348.00	305.00+LAB	305.00+LAB
D2781	CROWN-3/4 CAST PREDOMINANTLY BASE METAL	1298.00	305.00+LAB	485.00
D2782	CROWN-3/4 CAST NOBLE METAL	1448.00	305.00+LAB	305.00+LAB
D2783	CROWN-3/4 PORCELAIN/CERAMIC	1380.00	305.00+LAB	485.00
D2790	CROWN-FULL CAST HIGH NOBLE METAL	1295.00	305.00+LAB	305.00+LAB
D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	1300.00	305.00+LAB	485.00
D2792	CROWN-FULL CAST NOBLE METAL	1283.00	305.00+LAB	305.00+LAB
D2794	CROWN-TITANIUM	1420.00	305.00+LAB	485.00
D2799	PROVISIONAL CROWN-TEMPORARY RESTORATION OF AT LEAST SIX MONTHS	567.00	42.00	42.00
D2910	RE-CEMENT INLAY, ONLAY, OR PARTIAL COVERAGE RESTORATION	125.00	23.00	23.00
D2920	RE-CEMENT CROWN	120.00	23.00	23.00
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	280.00	65.00	65.00
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH	329.00	65.00	65.00
D2932	PREFABRICATED RESIN CROWN	458.00	85.00	85.00
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	380.00	90.00	90.00
D2940	SEDATIVE FILLING TEMPORARY FILLING TO RELIEVE PAIN	132.00	27.00	27.00
D2950	CORE BUILDUP INCLUDING ANY PINS	301.00	42.00	42.00
D2951	PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION	92.00	42.00	42.00
D2952	POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED	418.00	100.00+LAB	180.00
D2953	EACH ADDITIONAL INDIRECTLY FABRICATED POST-SAME TOOTH	276.00	70.00+LAB	150.00
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	344.00	75.00	75.00
D2957	EACH ADDITIONAL PREFABRICATED POST-SAME TOOTH	155.00	60.00	60.00
D2960	LABIAL VENEER (RESIN LAMINATE)-CHAIRSIDE	821.00	325.00	325.00
D2961	LABIAL VENEER (RESIN LAMINATE)-LABORATORY	922.00	400.00+LAB	575.00
D2962	LABIAL VENEER (PORCELAIN LAMINATE)-LABORATORY	1483.00	475.00+LAB	650.00
D2980	CROWN REPAIR, BY REPORT	292.00	100.00+LAB	150.00

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	ENDODONTICS (Root Canal Therapy) - Procedures for treating diseases of the dental pulp (nerve).			
D3110	PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)	97.00	9.00	9.00
D3120	PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)	88.00	9.00	9.00
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION)-REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT	215.00	65.00	65.00
D3221	PULPAL DEBRIDEMENT PRIMARY AND PERMANENT TEETH	264.00	60.00	60.00
D3230	PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	261.00	80.00	80.00
D3240	PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	310.00	95.00	95.00
D3310	ANTERIOR (EXCLUDING FINAL RESTORATION)	907.00	195.00	195.00
D3320	BICUSPID (EXCLUDING FINAL RESTORATION)	1019.00	230.00	230.00
D3330	MOLAR (EXCLUDING FINAL RESTORATION)	1312.00	315.00	315.00
D3332	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH	550.00	95.00	95.00
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR	1226.00	335.00	335.00
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-BICUSPID	1386.00	365.00	365.00
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR	1609.00	461.00	461.00
D3351	APEXIFICATION/RECALCIFICATION-INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	155.00	95.00	95.00
D3352	APEXIFICATION/RECALCIFICATION-INTERIM MEDICATION REPLACEMENT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	278.00	95.00	95.00
D3353	APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL THERAPY-APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	926.00	95.00	95.00
D3410	APICOECTOMY/PERIRADICULAR SURGERY-ANTERIOR	934.00	180.00	180.00
D3421	APICOECTOMY/PERIRADICULAR SURGERY-BICUSPID (FIRST ROOT)	1045.00	180.00	180.00
D3425	APICOECTOMY/PERIRADICULAR SURGERY-MOLAR (FIRST ROOT)	1154.00	180.00	180.00
D3426	APICOECTOMY/PERIRADICULAR SURGERY-(EACH ADDITIONAL ROOT)	403.00	135.00	135.00
D3430	RETROGRADE FILLING-PER ROOT	350.00	105.00	105.00

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D3450	ROOT AMPUTATION-PER ROOT	600.00	105.00	105.00
D3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL) NOT	565.00	95.00	95.00
	PERIODONTICS - Procedures for treating diseases of the gingival tissues (gum) and periodontal membrane.			
D4210	GINGIVECTOMY OR GINGIVOPLASTY- FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES -PER QUADRANT	825.00	235.00	235.00
D4211	GINGIVECTOMY OR GINGIVOPLASTY-ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES -PER QUADRANT	454.00	160.00	160.00
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES - PER QUADRANT	852.00	265.00	265.00
D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES - PER QUADRANT	543.00	215.00	215.00
D4249	CLINICAL CROWN LENGTHENING-HARD TISSUE	935.00	265.00	265.00
D4260	OSSEOUS SURGERY INCLUDING FLAP ENTRY & CLOSURE-FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES - PER QUADRANT	1408.00	385.00	385.00
D4261	OSSEOUS SURGERY INCLUDING FLAP ENTRY & CLOSURE - ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES - PER QUADRANT	1358.00	315.00	315.00
D4320	PROVISIONAL SPLINTING-INTRACORONAL	358.00	85.00	85.00
D4321	PROVISIONAL SPLINTING-EXTRACORONAL	377.00	90.00	90.00
D4341	PERIODONTAL SCALING AND ROOT PLANING-FOUR OR MORE TEETH PER QUADRANT	273.00	95.00	95.00
D4342	PERIODONTAL SCALING AND ROOT PLANING-ONE TO THREE TEETH PER QUADRANT	206.00	80.00	80.00
D4346	SCALING IN PRESENCE OF GENERALIZED GINGIVAL INFLAMMATION - FULL MOUTH, AFTER ORAL EVALUATION	224.00	190.00	190.00
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE PERIODONTAL EVALUATION AND DIAGNOSIS	190.00	85.00	85.00
D4381	LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH, BY REPORT	139.00	30.00	30.00
D4910	PERIODONTAL MAINTENANCE	160.00	65.00	65.00
	PROSTHODONTICS - Procedures for providing artificial replacements of missing natural teeth.			

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D5110	COMPLETE DENTURE-UPPER	1657.00	375.00+LAB	595.00
D5120	COMPLETE DENTURE-LOWER	1679.00	375.00+LAB	595.00
D5130	IMMEDIATE DENTURE-UPPER	1829.00	375.00+LAB	595.00
D5140	IMMEDIATE DENTURE-LOWER	1884.00	375.00+LAB	595.00
D5211	UPPER PARTIAL DENTURE-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	1326.00	400.00+LAB	510.00
D5212	LOWER PARTIAL DENTURE-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	1332.00	400.00+LAB	510.00
D5213	UPPER PARTIAL DENTURE-CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	1772.00	425.00+LAB	535.00
D5214	LOWER PARTIAL DENTURE- CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	1748.00	425.00+LAB	535.00
D5282	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE CAST METAL (INCLUDING CLASPS AND TEETH), UPPER	1059.00	300.00+LAB	340.00
D5283	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE CAST METAL (INCLUDING CLASPS AND TEETH), LOWER	1059.00	300.00+LAB	340.00
D5410	ADJUST COMPLETE DENTURE-UPPER	92.00	35.00	35.00
D5411	ADJUST COMPLETE DENTURE-LOWER	95.00	35.00	35.00
D5421	ADJUST PARTIAL DENTURE-UPPER	92.00	35.00	35.00
D5422	ADJUST PARTIAL DENTURE-LOWER	98.00	35.00	35.00
D5511	REPAIR BROKEN COMPLETE DENTURE BASE - LOWER	226.00	40.00+LAB	75.00
D5512	REPAIR BROKEN COMPLETE DENTURE BASE - UPPER	223.00	40.00+LAB	75.00
D5520	REPLACE MISSING OR BROKEN TEETH-COMPLETE DENTURE (EACH TOOTH)	187.00	40.00+LAB	75.00
D5611	REPAIR RESIN PARTIAL DENTURE BASE - LOWER	168.00	40.00+LAB	75.00
D5612	REPAIR RESIN PARTIAL DENTURE BASE - UPPER	221.00	40.00+LAB	75.00
D5621	REPAIR CAST FRAMEWORK - LOWER	215.00	40.00+LAB	75.00
D5622	REPAIR CAST FRAMEWORK - UPPER	215.00	40.00+LAB	75.00
D5630	REPAIR OR REPLACE PARTIAL DENTURE BROKEN CLASP	291.00	40.00+LAB	75.00
D5640	REPLACE PARTIAL DENTURE BROKEN TEETH-PER TOOTH	202.00	40.00+LAB	75.00
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	220.00	40.00+LAB	75.00
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	274.00	40.00+LAB	75.00
D5670	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (UPPER)	715.00	389.00	389.00
D5671	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (LOWER)	715.00	389.00	389.00
D5710	REBASE COMPLETE UPPER DENTURE	580.00	40.00+LAB	75.00

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D5711	REBASE COMPLETE LOWER DENTURE	627.00	40.00+LAB	75.00
D5720	REBASE UPPER PARTIAL DENTURE	824.00	40.00+LAB	75.00
D5721	REBASE LOWER PARTIAL DENTURE	824.00	40.00+LAB	75.00
D5730	RELINE COMPLETE UPPER DENTURE (CHAIRSIDE)	408.00	75.00	75.00
D5731	RELINE COMPLETE LOWER DENTURE (CHAIRSIDE)	426.00	75.00	75.00
D5740	RELINE UPPER PARTIAL DENTURE (CHAIRSIDE)	303.00	75.00	75.00
D5741	RELINE LOWER PARTIAL DENTURE (CHAIRSIDE)	381.00	75.00	75.00
D5750	RELINE COMPLETE UPPER DENTURE (LABORATORY)	498.00	80.00+LAB	150.00
D5751	RELINE COMPLETE LOWER DENTURE (LABORATORY)	506.00	80.00+LAB	150.00
D5760	RELINE UPPER PARTIAL DENTURE (LABORATORY)	438.00	80.00+LAB	150.00
D5761	RELINE LOWER PARTIAL DENTURE (LABORATORY)	469.00	80.00+LAB	150.00
D5820	INTERIM PARTIAL DENTURE (UPPER)	676.00	200.00+LAB	350.00
D5821	INTERIM PARTIAL DENTURE (LOWER)	730.00	200.00+LAB	350.00
D5850	TISSUE CONDITIONING, UPPER	233.00	30.00	30.00
D5851	TISSUE CONDITIONING, LOWER	272.00	30.00	30.00
D6055	DENTAL IMPLANT SUPPORTED CONNECTING BAR	473.00	275.00	275.00
D6056	PREFABRICATED ABUTMENT - INCLUDES PLACEMENT	680.00	475.00	475.00
D6057	CUSTOM ABUTMENT - INCLUDES PLACEMENT	989.00	450.00	450.00
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	1599.00	585.00+LAB	785.00
D6059	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN-HIGH NOBLE METAL	1677.00	585.00+LAB	585.00+LAB
D6060	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN-	1267.00	585.00+LAB	785.00
D6061	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN - NOBLE METAL	1472.00	585.00+LAB	585.00+LAB
D6062	ABUTMENT SUPPORTED CAST METAL CROWN-HIGH NOBLE METAL	1535.00	585.00+LAB	585.00+LAB
D6063	ABUTMENT SUPPORTED CAST METAL CROWN-PREDOMINANTLY BASE METAL	1686.00	585.00+LAB	785.00
D6064	ABUTMENT SUPPORTED CAST METAL CROWN-NOBLE METAL	1688.00	585.00+LAB	585.00+LAB
D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	1633.00	585.00+LAB	785.00
D6066	IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN(TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL)	1514.00	585.00+LAB	785.00
D6067	IMPLANT SUPPORTED METAL CROWN(TITANIUM, TITANIUM	1541.00	585.00+LAB	785.00
D6068	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC FPD	1514.00	450.00+LAB	575.00
D6069	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO	1503.00	450.00+LAB	575.00
D6070	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (PREDOMINANTLY BASE METAL)	1929.00	450.00+LAB	575.00

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D6071	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (NOBLE METAL)	1381.00	450.00+LAB	450.00+LAB
D6072	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL)	1992.00	450.00+LAB	450.00+LAB
D6073	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (PREDOMINANTLY BASE METAL)	1819.00	450.00+LAB	575.00
D6074	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL)	1933.00	450.00+LAB	450.00+LAB
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	1897.00	450.00+LAB	575.00
D6076	IMPLANT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL)	1183.00	450.00+LAB	575.00
D6077	IMPLANT SUPPORTED RETAINER FOR CAST METAL FPD (TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL)	1923.00	450.00+LAB	575.00
D6080	IMPLANT MAINTENANCE PROCEDURES, INCLUDING REMOVAL OF PROSTHESIS, CLEANSING OF PROSTHESIS AND ABUTMENTS AND REINSERTION OF PROSTHESIS	1253.00	950.00	950.00
D6090	REPAIR IMPLANT SUPPORTED PROSTHESIS, BY REPORT	2562.00	1500.00	1500.00
D6210	PONTIC-CAST HIGH NOBLE METAL	786.00	305.00+LAB	305.00+LAB
D6211	PONTIC-CAST PREDOMINANTLY BASE METAL	1285.00	305.00+LAB	480.00
D6212	PONTIC-CAST NOBLE METAL	1153.00	305.00+LAB	305.00+LAB
D6240	PONTIC-PORCELAIN FUSED TO HIGH NOBLE METAL	1097.00	305.00+LAB	305.00+LAB
D6241	PONTIC-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	890.00	305.00+LAB	480.00
D6242	PONTIC-PORCELAIN FUSED TO NOBLE METAL	1057.00	305.00+LAB	305.00+LAB
D6245	PONTIC-PORCELAIN/CERAMIC	1255.00	310.00+LAB	485.00
D6250	PONTIC-RESIN WITH HIGH NOBLE METAL	1337.00	305.00+LAB	305.00+LAB
D6251	PONTIC-RESIN WITH PREDOMINANTLY BASE METAL	1233.00	310.00+LAB	485.00
D6252	PONTIC-RESIN WITH NOBLE METAL	1273.00	305.00+LAB	305.00+LAB
D6545	RETAINER-CAST METAL FOR RESIN BONDED FIXED PROSTHESIS	868.00	250.00+LAB	290.00
D6720	CROWN-RESIN WITH HIGH NOBLE METAL	1349.00	305.00+LAB	305.00+LAB
D6721	CROWN-RESIN WITH PREDOMINANTLY BASE METAL	1279.00	310.00+LAB	485.00
D6722	CROWN-RESIN WITH NOBLE METAL	1206.00	305.00+LAB	305.00+LAB
D6740	CROWN-PORCELAIN/CERAMIC	1251.00	310.00+LAB	485.00
D6750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	1083.00	305.00+LAB	305.00+LAB
D6751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	951.00	310.00+LAB	485.00
D6752	CROWN-PORCELAIN FUSED TO NOBLE METAL	1055.00	310.00+LAB	310.00+LAB
D6780	CROWN-3/4 CAST HIGH NOBLE METAL	1303.00	305.00+LAB	305.00+LAB
D6781	CROWN-3/4 CAST PREDOMINANTLY BASE METAL	1303.00	310.00+LAB	485.00
D6782	CROWN-3/4 CAST NOBLE METAL	1210.00	310.00+LAB	310.00+LAB

ADA CODE*	CDT - Procedure description	Average Cost 2023	Member Cost 700L	Member Cost 700N
D6783	CROWN-3/4 PORCELAIN/CERAMIC	1341.00	310.00+LAB	485.00
D6790	CROWN-FULL CAST HIGH NOBLE METAL	1169.00	305.00+LAB	305.00+LAB
D6791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	1242.00	310.00+LAB	485.00
D6792	CROWN-FULL CAST NOBLE METAL	1310.00	310.00+LAB	310.00+LAB
D6920	CONNECTOR BAR FPD	190.00	70.00	70.00
D6930	RE-CEMENT FIXED PARTIAL DENTURE	131.00	35.00	35.00
D6940	STRESS BREAKER FPD	455.00	150.00	150.00
D6950	PRECISION ATTACHMENT FPD	799.00	200.00	200.00
D6980	FIXED PARTIAL DENTURE REPAIR, BY REPORT	363.00	90.00	90.00
	ORAL SURGERY - Procedures for treating non-restorable teeth and diseases or injury in the oral cavity.			
D7111	EXTRACTION, CORONAL REMNANTS-DECIDUOUS TOOTH	152.00	35.00	35.00
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	189.00	65.00	65.00
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING ELEVATION OF MUCOPERIOSTEAL FLAP AND REMOVAL OF BONE AND/OR SECTION OF TOOTH	317.00	70.00	70.00
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	357.00	95.00	95.00
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	415.00	110.00	110.00
D7240	REMOVAL OF IMPACTED TOOTH-COMpletely BONY	508.00	130.00	130.00
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	340.00	80.00	80.00
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH	715.00	160.00	160.00
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	541.00	150.00	150.00
D7286	BIOPSY OF ORAL TISSUE SOFT	421.00	200.00	200.00
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS-FOUR OR MORE TEETH OR TOOTH SPACES,PER QUADRANT	324.00	115.00	115.00
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS-ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	255.00	105.00	105.00
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS-FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	720.00	115.00	115.00
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS-ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	393.00	115.00	115.00
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	703.00	390.00	390.00
D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE	304.00	85.00	85.00
D7961	FRENULECTOMY - BUCCAL/LABIAL	453.00	95.00	95.00
D7962	FRENULECTOMY - LINGUAL	511.00	95.00	95.00

ADA CODE*	CDT - Procedure description	Average Cost 2023	Member Cost 700L	Member Cost 700N
D7971	EXCISION OF PERICORONAL GINGIVA	191.00	95.00	95.00
D7997	APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE), INCLUDES REMOVAL OF ARCHBAR	200.00	25.00	25.00
	OTHER SERVICES			
D9110	PALLIATIVE TREATMENT OF DENTAL PAIN-PER VISIT	134.00	5.00	5.00
D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	69.00	35.00	35.00
D9215	LOCAL ANESTHESIA	48.00	15.00	15.00
D9222	DEEP SEDATION/GENERAL ANESTHESIA-FIRST 15 MINUTES	238.00	65.00	165.00
D9223	DEEP SEDATION/GENERAL ANESTHESIA-EACH SUBSEQUENT 15 MINUTES INCREMENTS	236.00	65.00	65.00
D9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE	96.00	30.00	30.00
D9310	CONSULTATION (DIAGNOSTIC SERVICE PROVIDED BY A DENTIST OTHER THAN REQUESTING DENTIST)	146.00	60.00	60.00
D9430	OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED HOURS)-NO OTHER SERVICES PERFORMED	78.00	No charge	No charge
D9431	OFFICE VISIT-PER PATIENT/PER VISIT	50.00	5.00	5.00
D9440	OFFICE VISIT-AFTER REGULARLY SCHEDULED HOURS	166.00	45.00	45.00
D9450	CASE PRESENTATION, SUBSEQUENT TO DETAILED AND EXTENSIVE TREATMENT PLANNING	93.00	No charge	No charge
D9630	OTHER DRUGS AND/OR MEDICAMENTS, BY REPORT	60.00	UCR	UCR
D9630	OTHER DRUGS AND/OR MEDICAMENTS, PERIDEX	60.00	15.00	15.00
D9910	APPLICATION OF DESENSITIZING MEDICAMENT-TREATMENT FOR ROOT SENSITIVITY "PER VISIT"; NOT TO BE USED FOR	101.00	30.00	30.00
D9911	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR	139.00	30.00	30.00
D9920	BEHAVIOR MANAGEMENT, BY REPORT	200.00	35.00	35.00
D9944	OCCLUSAL GUARD-HARD APPLIANCE, FULL ARCH	610.00	90.00+LAB	90.00+LAB
D9945	OCCLUSAL GUARD-SOFT APPLIANCE, FULL ARCH	582.00	90.00+LAB	90.00+LAB
D9946	OCCLUSAL GUARD-HARD APPLIANCE, PARTIAL ARCH	663.00	90.00+LAB	90.00+LAB
D9951	OCCLUSAL ADJUSTMENT LIMITED	181.00	50.00	50.00
D9952	OCCLUSAL ADJUSTMENT COMPLETE	262.00	125.00	125.00
D9961	RECORDS TRANSFER-DUPLICATION FEE	50.00	UCR	UCR
D9970	ENAMEL MICROABRASION (per treatment visit)	223.00	35.00	35.00
D9972	EXTERNAL BLEACHING-PER ARCH	260.00	150.00	150.00
D9973	EXTERNAL BLEACHING-PER TOOTH	277.00	60.00	60.00
D9974	INTERNAL BLEACHING-PER TOOTH	281.00	60.00	60.00
D9988	MISSED APPOINTMENT-FIRST	50.00	25.00	25.00
D9988	MISSED APPOINTMENT-ADDITIONAL	50.00	20.00	20.00

