

New Dental Rates Effective 07/01/2022

Please see [Provider Manuel](#) to confirm coverage of procedures for age groups.

	Description	Current Rate	New Rate	Variance	% Increase
D0120	PERIODIC ORAL EVALUATION	\$ 10.00	\$ 21.00	\$ 11.00	110%
D0140	LIMITED ORAL EVALUATION- PROBLEM-FOCUSED	\$ 10.00	\$ 42.00	\$ 32.00	320%
D0150	COMPREHENSIVE ORAL EVALUATION	\$ 20.00	\$ 40.00	\$ 20.00	100%
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION--PROBLEM FOCUSED, BY REPORT	\$ 20.00	\$ 64.00	\$ 44.00	220%
D0190	SCREENING OF PATIENT	\$ 10.00	\$ 20.00	\$ 10.00	100%
D0191	ASSESSMENT OF A PATIENT	\$ 10.00	\$ 20.00	\$ 10.00	100%
D0210	INTRAORAL-COMPLETE SERIES (INCLUDING BITEWINGS)	\$ 40.00	\$ 74.00	\$ 34.00	85%
D0220	INTRAORAL-PERIAPICAL-FIRST FILM	\$ 10.00	\$ 15.00	\$ 5.00	50%
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FILM	\$ 7.00	\$ 13.00	\$ 6.00	86%
D0240	INTRAORAL-OCCLUSAL FILM	\$ 10.00	\$ 21.00	\$ 11.00	110%
D0250	EXTRAORAL-FIRST FILM	\$ 10.00	\$ 23.00	\$ 13.00	130%
D0270	BITEWING-SINGLE FILM	\$ 10.00	\$ 14.00	\$ 4.00	40%
D0272	BITEWINGS-TWO FILMS	\$ 14.00	\$ 24.00	\$ 10.00	71%
D0273	BITEWINGS, THREE FILMS	\$ 18.00	\$ 25.20	\$ 7.20	40%
D0274	BITEWINGS-FOUR FILMS	\$ 22.00	\$ 35.00	\$ 13.00	59%
D0275	BITEWINGS-EACH ADDITIONAL FILM	\$ 7.00	\$ 7.00	\$ -	0%
D0310	SIALOGRAPHY	\$ 54.00	\$ 54.00	\$ -	0%
D0320	TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCLUDING INJECTION	\$ 48.00	\$ 230.00	\$ 182.00	379%
D0321	OTHER TEMPOROMANDIBULAR JOINT FILMS, BY REPORT	MANUAL	MANUAL	N/A	N/A
D0330	PANORAMIC FILM	\$ 32.00	\$ 67.00	N/A	N/A
D0502	OTHER ORAL PATHOLOGY PROCEDURES, BY REPORT	MANUAL	MANUAL	N/A	N/A
D0601	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF LOW RISK	\$ 0.01	\$ 0.01	N/A	N/A
D0602	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF MODERATE RISK	\$ 0.01	\$ 0.01	\$ -	0%

D0603	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF HIGH RISK	\$ 0.01	\$ 0.01	\$ -	0%
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT	MANUAL	MANUAL	N/A	N/A
D1110	PROPHYLAXIS-ADULT	\$ 30.00 Age Limitation (> 12)	\$ 53.00	N/A	N/A
D1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR MODERATE TO HIGH CARIES RISK PATIENTS	\$ 20.00	\$ 26.00	\$ 6.00	30%
D1208	TOPICAL APPLICATION OF FLUORIDE	\$ 18.00	\$ 29.00	\$ 11.00	61%
D2140	AMALGAM-ONE SURFACE	\$ 28.00	\$ 62.00	N/A	N/A
D2150	AMALGAM-TWO SURFACES	\$ 37.00	\$ 77.00	\$ 40.00	108%
D2160	AMALGAM-THREE SURFACES	\$ 46.00	\$ 92.00	\$ 46.00	100%
D2161	AMALGAM-FOUR OR MORE SURFACES	\$ 55.00	\$ 116.00	\$ 61.00	111%
D2330	RESIN-ONE SURFACE, ANTERIOR	\$ 35.00	\$ 72.00	\$ 37.00	106%
D2331	RESIN-TWO SURFACES, ANTERIOR	\$ 44.00	\$ 92.00	\$ 48.00	109%
D2332	RESIN-THREE SURFACES, ANTERIOR	\$ 54.00	\$ 116.00	\$ 62.00	115%
D2335	RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	\$ 65.00	\$ 146.00	\$ 81.00	125%
D2391	RESIN-BASED COMPOSITE- ONE SURFACE,POSTERIOR	\$ 26.00	\$ 55.00	\$ 29.00	112%
D2392	RESIN-BASED COMPOSITE- TWO SURFACES, POSTERIOR	\$ 34.00	\$ 70.00	\$ 36.00	106%
D2393	RESIN-BASED COMPOSITE- THREE SURFACES, POSTERIOR	\$ 42.00	\$ 83.00	\$ 41.00	98%
D2394	RESIN-BASED COMPOSITE- FOUR OR MORE SURFACES, POSTERIOR	\$ 50.00	\$ 114.00	\$ 64.00	128%
D2910	RECEMENT INLAY	\$ 27.00	\$ 57.00	\$ 30.00	111%
D2920	RECEMENT CROWN	\$ 27.00	\$ 57.00	\$ 30.00	111%
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH	\$ 88.00	\$ 171.00	\$ 83.00	94%
D2932	PREFABRICATED RESIN CROWN	\$ 88.00 Age Limitation (> 20)	\$ 211.00	\$ 123.00	140%
D2940	SEDATIVE FILLING	\$ 27.00	\$ 61.00	\$ 34.00	126%

D2950	CORE BUILD-UP, INCLUDING ANY PINS	\$ 100.00	\$ 164.00	\$ 64.00	64%
D2951	PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION	\$ 12.00	\$ 27.00	\$ 15.00	125%
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$ 135.00	\$ 191.00	\$ 56.00	41%
D2980	CROWN REPAIR, BY REPORT	MANUAL	MANUAL	N/A	N/A
D2981	INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	MANUAL	MANUAL	N/A	N/A
D2982	ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	MANUAL	MANUAL	N/A	N/A
D2999	UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT	MANUAL	MANUAL	N/A	N/A
D3310	ANTERIOR ROOT CANAL, (EXCLUDING FINAL RESTORATION)	\$ 175.00	\$ 480.00	\$ 305.00	174%
D3999	UNSPECIFIED ENDODONTIC PROCEDURE, BY REPORT	MANUAL	MANUAL	N/A	N/A
D4210	GINGIVECTOMY OR GINGIVOPLASTY-PER QUADRANT	\$ 104.00 Age Limitation (< 21)	\$ 307.00	N/A	N/A
D4211	GINGIVECTOMY OR GINGIVOPLASTY-PER QUADRANT	\$ 22.00 Age Limitation (< 21)	\$ 111.00	\$ 89.00	405%
D4341	PERIODONTAL SCALING AND ROOT PLANING-PER QUADRANT	\$ 76.00	\$ 134.00	N/A	N/A
D4342	PERIODONTAL SCALING AND ROOT PLANNING- ONE TO THREE TEETH PER QUADRANT	\$ 76.00	\$ 90.00	\$ 14.00	18%
D4346	SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION - FULL MOUTH, AFTER ORAL EVALUATION	\$ 80.00	\$ 80.00	\$ -	0%
D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	MANUAL Age Limitation (YES)	MANUAL	N/A	N/A
D5110	COMPLETE DENTURE-MAXILLARY	\$ 315.00	\$ 730.00	N/A	N/A
D5120	COMPLETE DENTURE-MANDIBULAR	\$ 315.00	\$ 730.00	\$ 415.00	132%
D5211	UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$ 227.00	\$ 556.00	\$ 329.00	145%

D5212	LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$ 227.00	\$ 595.00	\$ 368.00	162%
D5213	MAXILLARY PARTIAL DENTURE-CASE METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS,	\$ 310.00 Age Limitation (<21 only)	\$ 1,097.00	\$ 787.00	254%
D5214	MANDIBULAR PARTIAL DENTURE- CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS,	\$ 310.00 Age Limitation (<21 only)	\$ 1,134.00	\$ 824.00	266%
D5410	ADJUST COMPLETE DENTURE- MAXILLARY	\$ 25.00	\$ 42.00	\$ 17.00	68%
D5411	ADJUST COMPLETE DENTURE- MANDIBULAR	\$ 25.00	\$ 42.00	\$ 17.00	68%
D5421	ADJUST PARTIAL DENTURE- MAXILLARY	\$ 25.00	\$ 53.00	\$ 28.00	112%
D5422	ADJUST PARTIAL DENTURE- MANDIBULAR	\$ 25.00	\$ 39.00	\$ 14.00	56%
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	\$ 53.00	\$ 85.00	\$ 32.00	60%
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	\$ 53.00	\$ 85.00	\$ 32.00	60%
D5520	REPLACE MISSING OR BROKEN TEETH-COMPLETE DENTURE (EACH TOOTH)	\$ 36.00	\$ 77.00	\$ 41.00	114%
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	\$ 53.00	\$ 77.00	\$ 24.00	45%
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	\$ 53.00	\$ 77.00	\$ 24.00	45%
D5621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	\$ 65.00	\$ 104.00	\$ 39.00	60%
D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	\$ 65.00	\$ 104.00	\$ 39.00	60%
D5630	REPAIR OR REPLACE BROKEN CLASP	\$ 60.00	\$ 99.00	\$ 39.00	65%
D5640	REPLACE BROKEN TEETH-PER TOOTH	\$ 36.00	\$ 77.00	\$ 41.00	114%
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$ 47.00	\$ 92.00	\$ 45.00	96%
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	\$ 66.00	\$ 98.00	\$ 32.00	48%
D5710	REBASE COMPLETE MAXILLARY DENTURE	\$ 170.00	\$ 253.00	\$ 83.00	49%

D5711	REBASE COMPLETE MANDIBULAR DENTURE	\$ 170.00	\$ 201.00	\$ 31.00	18%
D5720	REBASE MAXILLARY PARTIAL DENTURE	\$ 170.00	\$ 230.00	\$ 60.00	35%
D5721	REBASE MANDIBULAR PARTIAL DENTURE	\$ 170.00	\$ 284.00	\$ 114.00	67%
D5730	RELINE COMPLETE MAXILLRY DENTURE (CHAIRSIDE)	\$ 148.96	\$158.00	\$ 9.04	6%
D5731	RELINE LOWER COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	\$ 148.96	\$ 173.00	\$ 24.04	16%
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	\$ 140.00	\$ 142.00	\$ 2.00	1%
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	\$ 140.00	\$ 145.00	\$ 5.00	4%
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	\$ 155.00	\$ 214.00	\$ 59.00	38%
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	\$ 155.00	\$ 215.00	\$ 60.00	39%
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	\$ 140.00	\$ 211.00	\$ 71.00	51%
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	\$ 140.00	\$ 211.00	\$ 71.00	51%
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT	MANUAL	MANUAL	N/A	N/A
D5911	FACIAL MOULAGE (SECTIONAL)	MANUAL	MANUAL	N/A	N/A
D5912	FACIAL MOULAGE (COMPLETE)	MANUAL	MANUAL	N/A	N/A
D5913	NASAL PROSTHESIS	MANUAL	MANUAL	N/A	N/A
D5914	AURICULAR PROSTHESIS	MANUAL	MANUAL	N/A	N/A
D5915	ORBITAL PROSTHESIS	MANUAL	MANUAL	N/A	N/A
D5917	COMPOSITE FACIAL PROSTHESIS	MANUAL	MANUAL	N/A	N/A
D5918	REPLACEMENT PROSTHESIS	MANUAL	MANUAL	N/A	N/A
D5919	FACIAL PROSTHESIS	MANUAL	MANUAL	N/A	N/A
D5920	OCULAR IMPLANT	MANUAL	MANUAL	N/A	N/A
D5921	ORBITAL IMPLANT	MANUAL	MANUAL	N/A	N/A
D5931	OBTURATOR PROSTHESIS, SURGICAL	MANUAL	MANUAL	N/A	N/A
D5932	OBTURATOR PROSTHESIS, DEFINITIVE	MANUAL	MANUAL	N/A	N/A
D5933	OBTURATOR PROSTHESIS, MODIFICATION	MANUAL	MANUAL	N/A	N/A
D5934	MANDIBULAR RESECTION PROSTHESIS WITH GUIDE FLANGE	MANUAL	MANUAL	N/A	N/A

D5935	MANDIBULAR RESECTION PROSTHESIS WITHOUT GUIDE FLANGE	MANUAL	MANUAL	N/A	N/A
D5951	FEEDING AID	MANUAL	MANUAL	N/A	N/A
D5952	SPEECH AID PROSTHESIS, PEDIATRIC	MANUAL	MANUAL	N/A	N/A
D5953	SPEECH AID PROSTHESIS, ADULT	MANUAL	MANUAL	N/A	N/A
D5954	PALATAL AUGMENTATION PROSTHESIS	MANUAL	MANUAL	N/A	N/A
D5955	PALATAL LIFT PROSTHESIS, DEFINITIVE	MANUAL	MANUAL	N/A	N/A
D5956	OBTURATOR	MANUAL	MANUAL	N/A	N/A
D5957	SPEECH BULB	MANUAL	MANUAL	N/A	N/A
D5983	RADIATION CARRIER	MANUAL	MANUAL	N/A	N/A
D5984	RADIATION SHIELD	MANUAL	MANUAL	N/A	N/A
D5985	RADIATION CONE LOCATOR	MANUAL	MANUAL	N/A	N/A
D5986	FLUORIDE GEL CARRIER	MANUAL	MANUAL	N/A	N/A
D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT	MANUAL	MANUAL	N/A	N/A
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	\$ 73.00	\$ 75.00	\$ 2.00	3%
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING ELEVATION OF MUCOPERIOSTEAL FLAP AND REMOVAL OF BONE AND/OR SECTIO	\$ 73.00	\$ 149.00	\$ 76.00	104%
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	\$ 95.00	\$ 191.00	\$ 96.00	101%
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	\$ 130.00	\$ 249.00	\$ 119.00	92%
D7240	REMOVAL OF IMPACTED TOOTH-COMpletely BONY	\$ 160.00	\$ 295.00	\$ 135.00	84%
D7241	REMOVAL OF IMPACTED TOOTH-COMpletely BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	MANUAL	MANUAL	N/A	N/A
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	\$ 58.00	\$ 144.00	N/A	N/A
D7260	ORAL ANTRAL FISTULA CLOSURE	MANUAL	MANUAL	N/A	N/A
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	\$ 200.00	MANUAL	N/A	N/A
D7285	BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)	\$ 21.00	\$ 122.00	\$ 101.00	481%

D7286	BIOPSY OF ORAL TISSUE - SOFT (ALL OTHERS)	\$ 25.20	\$ 164.00	\$ 138.80	551%
D7287	CYTOLOGY SAMPLE COLLECTION	\$ 25.00	MANUAL	N/A	N/A
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT	\$ 100.00	\$ 187.00	\$ 87.00	87%
D7340	VESTIBULOPLASTY-RIDGE EXTENSION (SECOND EPITHELIALIZATION)	\$ 220.00	\$ 747.00	\$ 527.00	240%
D7350	VESTIBULOPLASTY-RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE RE-ATTACHMENTS, REVISION OF SOFT TISSUE	\$ 405.00	\$ 943.00	\$ 538.00	133%
D7410	RADICAL EXCISION-LESION DIAMETER UP TO 1.25 CM	\$ 35.00	\$ 115.00	\$ 80.00	229%
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	\$ 56.00	\$ 208.00	\$ 152.00	271%
D7440	EXCISION OF MALIGNANT TUMOR- LESION DIAMETER UP TO 1.25 CM	\$ 53.00	\$ 188.00	\$ 135.00	255%
D7441	EXCISION OF MALIGNANT TUMOR- LESION DIAMETER GREATER THAN 1.25 CM	\$ 137.00	\$ 249.00	\$ 112.00	82%
D7450	REMOVAL OF ODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 CM	\$ 49.00	\$ 248.00	\$ 199.00	406%
D7451	REMOVAL OF ODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN 1.25 CM	\$ 63.00	\$ 288.00	\$ 225.00	357%
D7460	REMOVAL OF NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 CM	\$ 42.00	\$ 121.00	\$ 79.00	188%
D7461	REMOVAL OF NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN 1.25 CM	\$ 91.00	\$ 143.00	\$ 52.00	57%
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHODS, BY REPORT	\$ 23.10	MANUAL	N/A	N/A
D7471	REMOVAL OF EXOSTOSIS - PER SITE	\$ 125.28	\$ 143.00	\$ 17.72	14%
D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE	\$ 14.02	\$ 96.00	\$ 81.98	585%
D7520	INCISION AND DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE	\$ 40.45	\$ 80.00	\$ 39.55	98%

D7530	REMOVAL OF FOREIGN BODY, SKIN, OR SUBCUTANEOUS AREOLAR TISSUE	\$ 33.61	\$ 210.00	\$ 176.39	525%
D7540	REMOVAL OF REACTION-PRODUCING FOREIGN BODIES- MUSCULOSKELETAL SYSTEM	\$ 93.29	\$ 464.00	\$ 370.71	397%
D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY	\$ 120.54	\$ 267.00	\$ 146.46	122%
D7610	MAXILLA-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	\$ 280.00	\$ 1,250.00	\$ 970.00	346%
D7620	MAXILLA-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	\$ 85.00	\$ 419.00	\$ 334.00	393%
D7630	MANDIBLE-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	\$ 280.00	\$ 1,045.00	\$ 765.00	273%
D7640	MANDIBLE-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	\$ 84.00	\$ 624.00	\$ 540.00	643%
D7650	MALAR AND/OR ZYGOMATIC ARCH- OPEN REDUCTION	MANUAL	MANUAL	N/A	N/A
D7660	MALAR AND/OR ZYGOMATIC ARCH- CLOSED REDUCTION	\$ 63.00	\$ 207.00	N/A	N/A
D7670	ALVEOLUS - STABILIZATION OF TEETH, CLOSED REDUCTION SPLINTING	\$ 35.00	\$ 296.00	\$ 261.00	746%
D7680	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES	MANUAL	MANUAL	N/A	N/A
D7710	MAXILLA-OPEN REDUCTION	\$ 310.80	\$ 1,250.00	N/A	N/A
D7730	MANDIBLE-OPEN REDUCTION	\$ 336.00	\$ 1,045.00	\$ 709.00	211%
D7740	MANDIBLE-CLOSED REDUCTION	\$ 100.80	\$ 624.00	\$ 523.20	519%
D7750	MALAR AND/OR ZYGOMATIC ARCH- OPEN REDUCTION	\$ 210.00	\$ 833.00	\$ 623.00	297%
D7760	MALAR AND/OR ZYGOMATIC ARCH- CLOSED REDUCTION	\$ 75.60	\$ 207.00	\$ 131.40	174%
D7770	ALVEOLUS-STABILIZATION OF TEETH, OPEN REDUCTION SPLINTING	\$ 310.80	\$ 312.00	\$ 1.20	0%
D7780	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES	MANUAL	MANUAL	N/A	N/A
D7810	OPEN REDUCTION OF DISLOCATION	\$ 377.71	\$ 521.00	N/A	N/A
D7820	CLOSED REDUCTION OF DISLOCATION	\$ 36.74	\$ 80.00	\$ 43.26	118%
D7830	MANIPULATION UNDER ANESTHESIA	MANUAL	MANUAL	N/A	N/A

D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	\$ 28.00	\$ 31.00	\$ 3.00	11%
D7911	COMPLICATED SUTURE-UP TO 5 CM	\$ 75.60	\$ 106.00	\$ 30.40	40%
D7912	COMPLICATED SUTURE-GREATER THAN 5 CM	\$ 100.80	\$ 100.80	\$ -	0%
D7920	SKIN GRAFTS (IDENTIFY DEFECT COVERED, LOCATION, AND TYPE OF GRAFT)	MANUAL	MANUAL	N/A	N/A
D7955	REPAIR OF MAXILLOFACIAL SOFT AND HARD TISSUE DEFECTS	MANUAL	MANUAL	N/A	N/A
D7961	BUCCAL / LABIAL FRENECTOMY (FRENULECTOMY)	\$ 110.00	\$ 110.00	N/A	N/A
D7962	LINGUAL FRENECTOMY (FRENULECTOMY)	\$ 110.00	\$ 110.00	\$ -	0%
D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	\$ 160.00	\$ 246.00	\$ 86.00	54%
D7980	SIALOLITHOTOMY	MANUAL	MANUAL	N/A	N/A
D7981	EXCISION OF SALIVARY GLAND, BY REPORT	MANUAL	MANUAL	N/A	N/A
D7983	CLOSURE OF SALIVARY FISTULA	\$ 186.79 Age Limitation (< 21)	\$ 517.00	\$ 330.21	177%
D7990	EMERGENCY TRACHEOTOMY	\$ 172.76	MANUAL	N/A	N/A
D7992	EMINENECTOMY	MANUAL	MANUAL	N/A	N/A
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	MANUAL	MANUAL	N/A	N/A
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MINOR PROCEDURES	\$ 40.00	\$ 40.00	N/A	N/A
D9310	CONSULTATION (DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN PRACTITIONER PROVIDING TREATMENT)	\$ 26.63	\$ 54.00	\$ 27.37	103%
D9410	HOUSE/EXTENDED CARE FACILITY CALL	\$ 32.00	\$ 39.00	\$ 7.00	22%
D9420	HOSPITAL CALL	\$ 27.86	\$ 34.00	\$ 6.14	22%
D9610	THERAPEUTIC DRUG INJECTION, BY REPORT	\$ 5.60	\$ 29.00	\$ 23.40	418%
D9630	OTHER DRUGS AND/OR MEDICAMENTS, BY REPORT	MANUAL	MANUAL	N/A	N/A
D9920	BEHAVIOR MANAGEMENT, BY REPORT	\$ 30.00	\$ 86.00	N/A	N/A

D9930	TREATMENT OF COMPLICATIONS (POSTSURGICAL) - UNUSUAL CIRCUMSTANCES, BY REPORT	MANUAL	MANUAL	N/A	N/A
D9992	DENTAL CASE MANAGEMENT-CARE COORDINATION	\$ 22.00	MANUAL	N/A	N/A