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								270	276	293	275	295	296	274	271	272	273	278	294	086/524	520
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED P	$18.20	$34.30	NA	9/1/2016	12/31/2299	^	NA	NA	NA			NA			NA	NA				
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSE	$24.96	$47.04	NA	9/1/2016	12/31/2299	^						PA				PA	NA			
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR E	$33.80	$63.70	NA	9/1/2016	12/31/2299	^	PA	PA	PA	PA		PA			PA	PA	NA	PA		
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION -	$26.00	$49.00	NA	9/1/2016	12/31/2299	^					PA	PA	PA	PA			NA		PA	
D0210	INTRAORAL-COMPLETE SERIES (INCLUDING BIT	$52.52	$98.98	NA	9/1/2016	12/31/2299	^	PA	PA				PA			PA	PA	NA	PA		PA
D0220	INTRAORAL-PERIAPICAL-FIRST FILM	$9.88	$18.62	NA	9/1/2016	12/31/2299	^						PA								
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FIL	$8.84	$16.66	NA	9/1/2016	12/31/2299	^						PA								
D0240	INTRAORAL-0CCLUSAL FILM	$9.88	$18.62	NA	9/1/2016	12/31/2299	^						PA					NA			
D0270	BITEWING-SINGLE FILM	$7.28	$13.72	NA	9/1/2016	12/31/2299	^	PA	PA				PA				PA				
D0272	BITEWINGS-TWO FILMS	$16.64	$31.36	NA	9/1/2016	12/31/2299	^	PA	PA				PA				PA				
D0274	BITEWINGS-FOUR FILMS	$24.96	$47.04	NA	9/1/2016	12/31/2299	^	PA	PA				PA				PA				
D0321	OTHER TEMPOROMANDIBULAR JOINT FILMS BY	$182.00	$343.00	NA	9/1/2016	12/31/2299		PA	PA		PA	PA	PA	PA	PA		PA	NA	PA	PA	
D0330	PANORAMIC FILM	$45.24	$85.26	NA	9/14/2017	12/31/2299	^	>21			>21	>21	>21	>21	>21			NA	>21		
D0340	CEPHALOMETRIC RADIOGRAPHIC IMAGE	$66.56	$125.44	NA	9/1/2016	12/31/2299		NA	NA		NA	NA	NA	PA	PA	PA	PA	NA	PA		NA
D0364	CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMIT	$130.00	$245.00	NA	9/1/2016	12/31/2299		NA	NA		NA	NA	NA	NA	PA	PA	PA	NA	PA	PA	NA
D0412	BLOOD GLUCOSE LEVEL TEST	$3.50	$4.54	NA	1/1/2019	12/31/2299												NA		NA	
D0425	CARIES SUSCEPTIBILITY TESTS	$23.40	$44.10	NA	9/1/2016	12/31/2299	^	PA	PA	NA	NA	NA	NA	PA	PA	PA	NA	NA	PA	PA	PA
D0470	DIAGNOSTIC CASTS	$50.96	$96.04	NA	9/1/2016	12/31/2299	^	PA	PA	PA			PA	PA	PA		PA	NA		PA	
D0601	CARIES RISK ASSESS LOW RISK	$11.96	$22.54	NA	9/1/2016	12/31/2299	^	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		NA		
D0602	CARIES RISK ASSESS MOD RISK	$11.96	$22.54	NA	9/1/2016	12/31/2299	^	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		NA		
D0603	CARIES RISK ASSESS HIGH RISK	$11.96	$22.54	NA	9/1/2016	12/31/2299	^	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		NA		
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE BY REP	MP	MP	NA	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PR	PA		PA
D1110	PROPHYLAXIS-ADULT	$33.28	$62.72	NA	9/1/2016	12/31/2299	^														
D1120	PROPHYLAXIS-CHILD	$23.92	$45.08	NA	9/1/2016	12/31/2299	^														
D1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC AP	$15.08	$28.42	NA	9/1/2016	12/31/2299	^														
D1208	TOPICAL APP OF FLUORIDE	$15.08	$28.42	NA	9/1/2016	12/31/2299															

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D1320	TOBACCO COUNSELING FOR THE CONTROL AND PREVENTION	$3.38	$6.37	NA	9/1/2016	12/31/2299															
D1351	SEALANT-PER TOOTH	NA	$39.20	NA	9/1/2016	12/31/2299	^														
D1354	INTERIM CARIES ARRESTING MEDICAMENT	$28.42	$28.42	20%	9/1/2018	12/31/2299		NA	NA	NA	NA	NA	NA	PA	PA	NA	NA	NA	NA	NA	PA
D1510	SPACE MAINTAINER-FIXED UNILATERAL	$111.80	$210.70	33%	9/1/2016	12/31/2299	^	PA	PA	PA	PA	PA	PA			<21		NA			PA
D1515	SPACE MAINTAINER-FIXED BILATERAL	$170.56	$321.44	33%	9/1/2016	12/31/2018	^	PA	PA	PA	PA		PA			<21		NA			PA
D1516	FIXED BILA SPACE MAINT, MAX	$170.56	$321.44	33%	1/1/2019	12/31/2299		PA	PA	PA	PA		PA			PA		NA			
D1517	FIXED BILA SPACE MAINT, MAN	$170.56	$321.56	33%	1/1/2019	12/31/2299		PA	PA	PA	PA		PA			PA		NA			
D1525	SPACE MAINTAINER-REMOVABLE BILATERAL	$182.00	$343.00	33%	9/1/2016	12/31/2018	^	PA	PA	PA	PA		PA			<21		NA			PA
D1526	REMOVE BILAT SPACE MAIN, MAX	$182.00	$343.00	33%	1/1/2019	12/31/2299		PA	PA	PA	PA		PA			PA		NA			
D1527	REMOVE BILAT SPACE MAIN, MAN	$182.00	$343.00	33%	1/1/2019	12/31/2299		PA	PA	PA	PA		PA			PA		NA			
D1550	RECEMENTATION OF SPACE MAINTAINER	$31.72	$59.78	20%	9/1/2016	12/31/2299		<21	<21	PA	<21		PA			<21		NA			
D1555	REMOVAL OF FIXED SPACE MAINTAINER	$39.00	$73.50	33%	9/1/2016	12/31/2299			PA	PA			PA					NA			
D1575	DIST SPACE MAINT, FIXED UNIL	NA	$210.70	33%	1/1/2017	12/31/2299		<21	NA	NA	<21	<21	NA		<21	<21	<21	NA	NA	<21	NA
D2140	AMALGAM-ONE SURFACE PRIMARY OR PERMANEN	$49.40	$93.10	20%	9/1/2016	12/31/2299	^		PA	PA	PA		PA			PA	PA	NA			
D2150	AMALGAM-TWO SURFACES PRIMARY OR PERMANE	$59.28	$111.72	20%	9/1/2016	12/31/2299	^		PA	PA	PA		PA			PA	PA	NA			
D2160	AMALGAM-THREE SURFACES PRIMARY OR PERMA	$75.40	$142.10	20%	9/1/2016	12/31/2299	^		PA	PA	PA		PA			PA	PA	NA			
D2161	AMALGAM-FOUR OR MORE SURFACES PRIMARY O	$104.00	$196.00	20%	9/1/2016	12/31/2299	^		PA	PA	PA		PA			PA	PA	NA			
D2330	RESIN-ONE SURFACE ANTERIOR	$52.00	$98.00	20%	9/1/2016	12/31/2299	^		PA	PA	PA		PA			PA	PA	NA			
D2331	RESIN-TWO SURFACES ANTERIOR	$70.72	$133.28	20%	9/1/2016	12/31/2299	^		PA	PA	PA		PA			PA	PA	NA			
D2332	RESIN-THREE SURFACES ANTERIOR	$88.40	$166.60	20%	9/1/2016	12/31/2299	^		PA	PA	PA		PA			PA	PA	NA			
D2335	RESIN-FOUR OR MORE SURFACES OR INVOLVING	$109.20	$205.80	20%	9/1/2016	12/31/2299	^		PA	PA	PA		PA			PA	PA	NA			
D2390	COMPOSITE CROWN ANTERIOR	N/A	$205.80	20%	1/1/2018	12/31/2299			PA	PA	PA		PA			PA	PA	NA			
D2391	RESIN-BASED COMPOSITE - ONE SURFACE POS	$49.40	$93.10	20%	9/1/2016	12/31/2299	^		PA	PA	PA		PA			PA	PA	NA			
D2392	RESIN-BASED COMPOSITE - TWO SURFACES PO	$59.28	$111.72	20%	9/1/2016	12/31/2299	^		PA	PA	PA		PA			PA	PA	NA			
D2393	RESIN-BASED COMPOSITE - THREE SURFACES	$75.40	$142.10	20%	9/1/2016	12/31/2299	^		PA	PA	PA		PA			PA	PA	NA			
D2394	RESIN-BASED COMPOSITE-FOUR OR MORE SURF	$104.00	$196.00	20%	9/1/2016	12/31/2299	^		PA	PA	PA		PA			PA	PA	NA			
D2751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY B	$418.60	$788.90	33%	9/1/2016	12/31/2299	^	PA	PA	PA	PA	>21	PA	PA	PA	PA	PA	NA		PA	PA

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D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	$364.00	$686.00	33%	9/1/2016	12/31/2299	^	PA	PA	PA	PA	>21	PA	PA	PA	PA	PA	NA	PA	PA	PA
D2910	RECEMENT INLAY ONLAY OR PARTIAL COVERAGE	$14.56	$27.44	20%	9/1/2016	12/31/2299	^	PA	PA	PA	PA		PA			PA	PA	NA			
D2920	RECEMENT CROWN	$21.84	$41.16	20%	9/1/2016	12/31/2299		PA	PA	PA	PA		PA			PA	PA	NA			
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIM	$119.60	$200.00	33%	9/1/2016	12/31/2299	^	PA	PA	PA	PA		PA		PA	PA	PA	NA	PA	PA	PA
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERM	$119.60	$200.00	33%	9/1/2016	12/31/2299	^	PA	PA	PA	PA		PA	>21	>21	PA	PA	NA	>21	>21	>21
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN	$176.28	$300.00	33%	9/1/2016	12/31/2299		PA	PA	PA	PA		PA	>21	PA	PA	PA	NA	PA	PA	PA
D2940	SEDATIVE FILLING	$26.00	$49.00	20%	9/1/2016	12/31/2299	^		PA	PA			PA			PA	PA	NA			
D2950	CORE BUILD-UP INCLUDING ANY PINS	$64.48	$121.52	33%	9/1/2016	12/31/2299	^	PA	PA	PA	PA		PA	PA	PA	PA	PA	NA	PA	PA	PA
D2951	PIN RETENTION-PER TOOTH IN ADDITION TO	$18.20	$34.30	33%	9/1/2016	12/31/2299		PA	PA	PA	PA		PA			PA	PA	NA			
D2954	PREFABRICATED POST AND CORE IN ADDITION	$119.60	$225.40	33%	9/1/2016	12/31/2299	^	PA	PA	PA	PA		PA	PA	PA	PA	PA	NA	PA	PA	PA
D2999	UNSPECIFIED RESTORATIVE PROCEDURE BY RE	MP	MP	33%	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	PA
D3110	PULP CAP-DIRECT (EXCLUDING FINAL RESTORA	$54.08	$101.92	20%	8/17/2017	12/31/2299	^	<21	NA	NA	<21	<21	NA	<21	<21	NA	NA	NA	<21	<21	<21
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL R	$69.16	$130.34	20%	9/1/2016	12/31/2299	^		PA	PA	PA	PA	PA		PA	PA	PA	NA	PA		
D3310	ANTERIOR (EXCLUDING FINAL RESTORATION)	$306.28	$577.22	20%	9/1/2016	12/31/2299	^	PA	NA	NA	NA	PA	NA	PA	PA	NA	NA	NA	PA	PA	PAR
D3320	BICUSPID (EXCLUDING FINAL RESTORATION)	$394.16	$742.84	20%	9/1/2016	12/31/2299	^	PAR	NA	NA	NA	PAR	NA	PAR	PAR	NA	NA	NA	PAR	PAR	PAR
D3330	MOLAR (EXCLUDING FINAL RESTORATION)	$455.00	$857.50	20%	9/1/2016	12/31/2299	^	PAR	NA	NA	NA	PAR	NA	PAR	PAR	NA	NA	NA	PAR	PAR	PAR
D3346	RETREATMENT OF PREVIOUS RCT ANTERIOR	NA	$431.20	20%	9/1/2016	12/31/2299	^		<21	<21	<21	<21	<21	<21	<21	<21	<21	<21	<21	<21	<21
D3347	RETREATMENT OF PREVIOUS RCT BICUSPID	NA	$697.76	20%	9/1/2016	12/31/2299	^		<21	<21	<21	<21	<21	<21	<21	<21	<21	<21	<21	<21	<21
D3348	RETREATMENT OF PREVIOUS RCT MOLAR	NA	$857.50	20%	9/1/2016	12/31/2299	^		<21	<21	<21	<21	<21	<21	<21	<21	<21	<21	<21	<21	<21
D3351	APEXIFICATION/RECALCIFICATION-INITIAL VI	NA	$247.94	20%	9/1/2016	12/31/2299	^		PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	PA
D3352	APEXIFICATION/RECALCIFICATION - INTERIM MEDICATION REP	NA	$247.94	20%	9/1/2016	12/31/2299	^		NA	NA	NA	NA	NA	PA	PA	PA	NA	NA	PA	PA	PA
D3353	APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES CO	NA	$247.94	20%	9/1/2016	12/31/2299	^		NA	NA	NA	NA	NA	PA	PA	PA	NA	NA	PA	PA	PA
D3410	APICOECTOMY/PERIRADICULAR SURGERY-ANTERI	$208.00	$392.00	20%	9/1/2016	12/31/2299	^		PA	PA	<21	<21	PA	<21	<21	<21	PA	NA	<21	<21	<21
D3421	APICOECTOMY/PERIRADICULAR SURGERY-BICUSP	$234.00	$441.00	20%	9/1/2016	12/31/2299	^		PA	PA	<21	<21	PA	<21	<21	<21	PA	NA	<21	<21	<21
D3425	APICOECTOMY/PERIRADICULAR SURGERY-MOLAR	$260.00	$490.00	20%	9/1/2016	12/31/2299	^		PA	PA	<21	<21	PA	<21	<21	<21	PA	NA	<21	<21	<21
D3950	CANAL PREPARATION AND FITTING OF PREFORM	$70.72	$133.28	20%	9/1/2016	12/31/2299			NA	NA	PA		NA	PA	PA	NA	NA	NA	PA	PA	PA
D3999	UNSPECIFIED ENDODONTIC PROCEDURE BY REP	MP	MP	20%	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	PA

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D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR	$208.52	$392.98	50%	9/1/2016	12/31/2299		PA	PA	PA		>21	PA		>21	>21	PA	NA	>21	>21	>21
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO T	$54.60	$102.90	50%	9/1/2016	12/31/2299		PA	PA	PA		<21	PA		>21	>21	PA	NA	>21	>21	>21
D4999	UNSPECIFIED PERIODONTAL PROCEDURE; BY R	MP	MP	50%	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	PA
D5110	COMPLETE DENTURE - MAXILLARY	$554.32	$1,044.68	50%	9/1/2016	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	PA
D5120	COMPLETE DENTURE - MANDIBULAR	$554.32	$1,044.68	50%	9/1/2016	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	PA
D5211	UPPER PARTIAL-RESIN BASE (INCLUDING ANY	$519.48	$979.02	50%	9/1/2016	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	PA
D5212	LOWER PARTIAL-RESIN BASE (INCLUDING ANY	$504.40	$950.60	50%	9/1/2016	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	PA
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL F	$622.44	$1,173.06	50%	9/1/2016	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	PA
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL	$611.52	$1,152.48	50%	9/1/2016	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	PA
D5511	REP BROKE COMP DENT BASE MANDIBULAR	$100.36	$189.14	20%	1/1/2018	12/31/2299		PA	PA	PA	PA		PA			PA	PA	NA			
D5512	REP BROKE COMP DENT BASE MAXILLARY	$100.36	$189.14	20%	1/1/2018	12/31/2299		PA	PA	PA	PA		PA			PA	PA	NA			
D5520	REPLACE MISSING OR BROKEN TEETH-COMPLETE	$34.32	$64.68	20%	9/1/2016	12/31/2299		PA	PA	PA	PA		PA			PA	PA	NA			
D5611	REPAIR RESIN DENTURE BASE MANDIBULAR	$78.00	$147.00	20%	1/1/2018	12/31/2299		PA	PA	PA	PA		PA			PA	PA	NA			
D5612	REPAIR RESIN DENTURE BASE MAXILLARY	$78.00	$147.00	20%	1/1/2018	12/31/2299		PA	PA	PA	PA		PA			PA	PA	NA			
D5621	REPAIR CAST PARTIAL FRAME MANDIBULAR	$31.20	$58.80	20%	1/1/2018	12/31/2299		PA	PA	PA	PA		PA			PA	PA	NA			
D5622	REPAIR CAST PARTIAL FRAME MAXILLARY	$31.20	$58.80	20%	1/1/2018	12/31/2299		PA	PA	PA	PA		PA			PA	PA	NA			
D5630	REPAIR OR REPLACE BROKEN CLASP	$74.36	$140.14	20%	9/1/2016	12/31/2299		PA	PA	PA	PA		PA			PA	PA	NA			
D5640	REPLACE BROKEN TEETH-PER TOOTH	$64.48	$121.52	20%	9/1/2016	12/31/2299		PA	PA	PA	PA		PA			PA	PA	NA			
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	$49.92	$94.08	20%	9/1/2016	12/31/2299		PA	PA	PA	PA		PA			PA	PA	NA			
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	$66.04	$124.46	20%	9/1/2016	12/31/2299		PA	PA	PA	PA		PA			PA	PA	NA			
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIR	$57.20	$107.80	20%	9/1/2016	12/31/2299	^	PA	PA	PA	PA		PA			PA	PA	NA			PA
D5731	RELINE LOWER COMPLETE MANDIBULAR DENTURE	$57.20	$107.80	20%	9/1/2016	12/31/2299	^	PA	PA	PA	PA		PA			PA	PA	NA			PA
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRS	$57.20	$107.80	20%	9/1/2016	12/31/2299	^	PA	PA	PA	PA		PA			PA	PA	NA			PA
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIR	$57.20	$107.80	20%	9/1/2016	12/31/2299	^	PA	PA	PA	PA		PA			PA	PA	NA			PA
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABOR	$103.48	$195.02	20%	9/1/2016	12/31/2299	^	PA	PA	PA	PA		PA			PA	PA	NA			PA
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABO	$103.48	$195.02	20%	9/1/2016	12/31/2299	^	PA	PA	PA	PA		PA			PA	PA	NA			PA
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORA	$99.32	$187.18	20%	9/1/2016	12/31/2299	^	PA	PA	PA	PA		PA			PA	PA	NA			PA

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D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABOR	$99.32	$187.18	20%	9/1/2016	12/31/2299	^	PA	PA	PA	PA		PA			PA	PA	NA			PA
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROC	MP	MP	50%	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	PA
D5931	OBTURATOR PROSTHESIS SURGICAL	$592.80	$1,117.20	20%	9/1/2016	12/31/2299		PA	PA	PA	PA		PA					NA			
D5932	OBTURATOR PROSTHESIS DEFINITIVE	$1,138.28	$2,145.22	20%	9/1/2016	12/31/2299		PA	PA	PA	PA		PA					NA			
D5986	FLUORIDE GEL CARRIER	$70.20	$132.30	NA	9/1/2016	12/31/2299		NA	NA	NA	PA	PA	NA		PA	PA	PA	NA	PA	PA	PA
D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS BY	MP	MP	50%	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	PA
D6930	RECEMENT BRIDGE	$14.56	$27.44	20%	9/1/2016	12/31/2299		PA	PA	PA	PA		PA	PA		PA	PA	NA			
D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDU	MP	MP	50%	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	PA
D7111	EXTRACTION; CORONAL REMANTS - DECIDUOUS	$46.80	$88.20	20%	9/1/2016	12/31/2299	^	PA	PA	PA	PA						PA	NA			
D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROO	$59.80	$112.70	20%	9/1/2016	12/31/2299	^	PA	PA	PA			PA				PA	NA			
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIR	$104.00	$196.00	33%	9/1/2016	12/31/2299	^	PA	PA	PR	PR	PR	PR	PR	PR		PA	NA	PR	PR	
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	$118.56	$223.44	33%	9/1/2016	12/31/2299	^	PA	PA	PR	PR	PR	PR	PR	PR		PA	NA	PR	PR	
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	$149.76	$282.24	33%	9/1/2016	12/31/2299	^	PA	PA	PR	PR	PR	PR	PR	PR		PA	NA	PR	PR	
D7240	REMOVAL OF AN IMPACTED TOOTH-COMPLETE B	$195.00	$367.50	33%	9/1/2016	12/31/2299	^	PA	PA	N/A	PA	PA	N/A	PA	PA	PA	N/A	N/A	PA	PA	PA
D7241	REMOVAL OF IMPACTED TOOTH-COMPLETE BONY	$217.88	$410.62	33%	9/1/2016	12/31/2299	^	PA	PA	PR	PR	PR	PR	PR	PR	PR	PA	NA	PR	PR	
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	$148.72	$280.28	33%	9/1/2016	12/31/2299	^	PA	PA	PR	PR	PR	PR	PR	PR		PA	NA	PR	PR	
D7251	CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL	$148.20	$279.30	20%	9/1/2016	12/31/2299		NA	NA	NA	NA	NA	NA	NA	NA		NA	NA	NA		NA
D7261	PRIMARY CLOSURE OF A SINUS PERFERATION	$332.80	$627.20	NA	9/1/2016	12/31/2299		PR	NA	NA	PR		NA	PR	PR		NA	NA	PR		PR
D7260	ORAL ANTRAL FISTULA CLOSURE	$330.20	$622.30	20%	9/1/2016	12/31/2299			PA	PA	PA	PA	PA	PA	PA		PA	NA	PA	PA	
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATIO	$386.88	$729.12	20%	9/1/2016	12/31/2299	^	PR	NA	NA	PR	PR	NA	PR	PR	PR	PR	NA	PR	PR	PR
D7272	TOOTH TRANSPLANTATION (INCLUDES REIMPLAN	$82.68	$155.82	20%	9/1/2016	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	PA
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	NA	$344.96	20%	9/1/2016	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA		PA	NA	PA	PA	PA
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED	NA	$93.10	NA	9/1/2016	12/31/2299		NA	NA	NA	NA	NA	NA	PA	PA			NA	PA		PA
D7286	BIOPSY OF ORAL TISSUE - SOFT	$68.12	$128.38	20%	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	NA	PA	PA	PA	NA	NA	PA	PA	PA
D7294	SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE	$93.60	$176.40	NA	9/1/2016	12/31/2299		NA	NA	NA	NA	NA	NA	PA	PA			NA	PA		
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EX	$104.00	$196.00	20%	9/1/2016	12/31/2299	^	NA	NA	NA	PA	PA	NA	PA	PA	PA	NA	NA	PA	PA	PA
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	$48.88	$92.12	20%	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	NA	PA	PA	PA	NA	NA	PA	PA	PA

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D7411	EXCISION OF BENIGN LESION GREATER THAN 1	$117.00	$220.50	20%	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	NA	PA	PA	PA	NA	NA	PA	PA	PA
D7412	EXCISION OF BENIGN LESION COMPLICATED	$149.76	$282.24	20%	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	NA	PA	PA	PA	NA	NA	PA	PA	PA
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25	$106.60	$200.90	20%	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	NA	PA	PA	PA	NA	NA	PA	PA	PA
D7414	EXCISION OF MALIGNANT LESION GREATER THA	$141.44	$266.56	20%	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	NA	PA	PA	PA	NA	NA	PA	PA	PA
D7415	EXCISION OF MALIGNANT LESION COMPLICATE	$179.40	$338.10	20%	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	NA	PA	PA	PA	NA	NA	PA	PA	PA
D7440	EXCISION OF MALIGNANT TUMOR-LESION DIAME	$142.48	$268.52	20%	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	NA	PA	PA	PA	NA	NA	PA	PA	PA
D7441	EXCISION OF MALIGNANT TUMOR-LESION DIAME	$178.88	$337.12	20%	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	NA	PA	PA	PA	NA	NA	PA	PA	PA
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TU	$57.20	$107.80	20%	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	NA	PA	PA	PA	NA	NA	PA	PA	PA
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TU	$227.76	$429.24	20%	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	NA	PA	PA	PA	NA	NA	PA	PA	PA
D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST OR	$237.12	$446.88	20%	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	NA	PA	PA	PA	NA	NA	PA	PA	PA
D7461	REMOVAL OF BENIGN NONODONTOGENIC CYST OR	$676.00	$1,274.00	20%	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	NA	PA	PA	PA	NA	NA	PA	PA	PA
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR	$69.16	$130.34	20%	9/1/2016	12/31/2299		PR	PR	PR	PR	PR	NA	PR	PR	PA	NA	NA	PR	PR	PR
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR	$54.60	$102.90	20%	9/1/2016	12/31/2299	^	PA	PA	PA	PA		PA	PA			PA	NA			
D7472	REMOVAL OF TORUS PALATINUS	$270.40	$509.60	20%	9/1/2016	12/31/2299	^	PA	PA	PA	PA		PA	PA			PA	NA	PA		PA
D7473	REMOVAL OF TORUS MANDIBULARIS	$273.52	$515.48	20%	9/1/2016	12/31/2299	^	PA	PA	PA	PA		PA	PA			PA	NA	PA		PA
D7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	$93.08	$175.42	20%	9/1/2016	12/31/2299	^	PA	PA	PA	PA		PA	PA			PA	NA			
D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAOR	$37.44	$70.56	20%	9/1/2016	12/31/2299				PA			PA				PA	NA	PA		PA
D7511	INCISION AND DRAINAGE OF ABSCESS - INTRA	$51.48	$97.02	20%	9/1/2016	12/31/2299				PR			PR				PR	NA			
D7520	INCISION AND DRAINAGE OF ABSCESS-EXTRAOR	$51.48	$97.02	20%	9/1/2016	12/31/2299				PR			PR				PR	NA			
D7521	INCISION AND DRAINAGE OF ABSCESS - EXTRA	$52.00	$98.00	20%	9/1/2016	12/31/2299				PR			PR				PR	NA			
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA SKI	$22.36	$42.14	20%	9/1/2016	12/31/2299				PR			PR				PR	NA			
D7540	REMOVAL OF REACTION-PRODUCING FOREIGN BO	$34.32	$64.68	20%	9/1/2016	12/31/2299				PR			PR				PR	NA			
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REM	$54.60	$102.90	20%	9/1/2016	12/31/2299				PR			PR				PR	NA			
D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOT	$371.80	$700.70	20%	9/1/2016	12/31/2299		PA	PA	PA			PA	PA			PA	NA	PA		PA
D7630	MANDIBLE-OPEN REDUCTION (TEETH IMMOBILIZ	$371.80	$700.70	20%	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA	NA	PA	PA	PA
D7640	MANDIBLE-CLOSED REDUCTION (TEETH IMMOBIL	$457.60	$862.40	20%	9/1/2016	12/31/2299		PA	PA	PA	PA		PA	PR			PA	NA			
D7670	ALVEOLUS - CLOSED REDUCTION MAY INCLUDE	$218.40	$411.60	20%	9/1/2016	12/31/2299		PR	PA	PA	PA		PA					NA			

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D7671	ALVEOLUS - OPEN REDUCTION MAY INCLUDE S	$228.80	$431.20	20%	9/1/2016	12/31/2299		PR	PA	PA	PR	PR	PA	PR	PR		PA	NA	PR	PR	PR
D7710	MAXILLA-OPEN REDUCTION	$244.40	$460.60	20%	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA	NA	PA	PA	PA
D7720	MAXILLA-CLOSED REDUCTION	$69.68	$131.32	20%	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA	NA	PA	PA	PA
D7730	MANDIBLE-OPEN REDUCTION	$536.64	$1,011.36	20%	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA	NA	PA	PA	PA
D7740	MANDIBLE-CLOSED REDUCTION	$371.28	$699.72	20%	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA	NA	PA	PA	PA
D7750	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTI	$247.52	$466.48	20%	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA	NA	PA	PA	PA
D7760	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUC	$41.08	$77.42	20%	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA	NA	PA	PA	PA
D7780	FACIAL BONES-COMPLICATED REDUCTION WITH	$536.64	$1,011.36	20%	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA	NA	PA	PA	PA
D7810	OPEN REDUCTION OF DISLOCATION	$400.40	$754.60	20%	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA	NA	PA	PA	PA
D7820	CLOSED REDUCTION OF DISLOCATION	$41.08	$77.42	20%	9/1/2016	12/31/2299												NA			
D7840	CONDYLECTOMY	$618.80	$1,166.20	20%	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	PR	PA	PR		PA	NA	PA	PR	PR
D7852	DISC REPAIR	$1,300.00	$2,450.00	20%	9/1/2016	12/31/2299		NA	NA	NA	NA	NA	NA	NA	NA		NA	NA	NA		NA
D7865	ARTHROPLASTY	$1,300.00	$2,450.00	20%	9/1/2016	12/31/2299		NA	NA	NA	NA	NA	NA	NA	NA		NA	NA	NA		NA
D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE	$416.00	$784.00	20%	9/1/2016	12/31/2299		NA	NA	NA	NA	NA	NA	NA	NA		NA	NA	NA		NA
D7880	OCCLUSAL ORTHOTIC APPLIANCE	$416.00	$784.00	20%	9/1/2016	12/31/2299		NA	NA	PA	PA	PA	NA	NA	PA	PA	PA	NA	PA	PA	NA
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	$71.76	$135.24	20%	9/1/2016	12/31/2299		PR	PR	PR	PR	PR	PR	PR	PR		PR	NA	PR	PR	PR
D7911	COMPLICATED SUTURE-UP TO 5 CM	$213.72	$402.78	20%	9/1/2016	12/31/2299		PR	PR	PR	PR	PR	PR	PR	PR		PR	NA	PR	PR	PR
D7912	COMPLICATED SUTURE-GREATER THAN 5 CM	$57.20	$107.80	20%	9/1/2016	12/31/2299		PR	PR	PR	PR	PR	PR	PR	PR		PR	NA	PR	PR	PR
D7940	OSTEOPLASTY-FOR ORTHOGNATHIC DEFORMITIES	$731.64	$1,378.86	20%	9/1/2016	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA		PA	NA	PA	PA	PA
D7941	OSTEOTOMY - MANDIBULAR RAMI	$3,120.00	$5,880.00	20%	9/1/2016	12/31/2299		NA	NA	NA	NA	NA	NA	NA	NA		NA	NA	NA		NA
D7944	OSTEOTOMY-SEGMENTED OR SUBAPICAL	$731.64	$1,378.86	20%	9/1/2016	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA		PA	NA	PA	PA	PA
D7945	OSTEOTOMY-BODY OF MANDIBLE	$660.40	$1,244.60	20%	9/1/2016	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA		PA	NA	PA	PA	PA
D7946	LEFORT I (MAXILLA-TOTAL)	$732.68	$1,380.82	20%	9/1/2016	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA		PA	NA	PA	PA	PA
D7947	LEFORT I (MAXILLA-SEGMENTED)	$732.68	$1,380.82	20%	9/1/2016	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA		PA	NA	PA	PA	PA
D7948	LEFORT II OR LEFORT III (OSTEOPLASTY OF	$732.68	$1,380.82	20%	9/1/2016	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA		PA	NA	PA	PA	PA
D7949	LEFORT II OR LEFORT III-WITH BONE GRAFT	$732.68	$1,380.82	20%	9/1/2016	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA		PA	NA	PA	PA	PA
D7960	FRENULECTOMY (FRENECTOMY OR FRENOTOMY)-S	$138.32	$260.68	20%	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA	NA	PA	PA	PA

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D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	$81.64	$153.86	20%	9/1/2016	12/31/2299		PA	PA	PA			PA				PA	NA			
D7971	EXCISION OF PERICORONAL GINGIVA	$147.68	$278.32	20%	10/1/2018	12/31/2299		PR		PR	PR	PR	NA	PR	PA	PR	NA	NA	PR	PR	PR
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	$69.68	$131.32	20%	9/1/2016	12/31/2299		PA	PA	PA			PA		PA		PA	NA	PA		
D7980	SIALOLITHOTOMY	$171.08	$322.42	20%	9/1/2016	12/31/2299		PA	PA	PA			PA				PA	NA			
D7983	CLOSURE OF SALIVARY FISTULA	$330.20	$622.30	20%	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA	NA	PA		PA
D7990	EMERGENCY TRACHEOTOMY	$231.40	$436.10	20%	9/1/2016	12/31/2299												NA			
D7997	APPLIANCE REMOVAL (NOT BY DENTIST WHO PL	$312.00	$588.00	20%	9/1/2018	12/31/2299		PR	PA	PA	PR		PA	PR		PA	PA	PA		PA	NA
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE BY R	MP	MP	20%	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	PA
D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL	NA	MP	20%	9/1/2016	12/31/2299		NA	NA	NA	NA	NA	NA	NA	PA	NA	PA	NA	PA		NA
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF T	NA	$584.31	NA	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	PA
D8220	FIXED APPLIANCE THERAPY	NA	$784.00	20%	9/1/2016	12/31/2299		NA	NA	NA	NA	NA	NA	NA	PA	NA	PA	NA	PA		NA
D8660	PRE-ORTHODONTIC VISIT	NA	$33.63	NA	9/1/2016	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA	PA		NA	PA	PA	PA
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT (AS	NA	$87.13	100%	8/1/2016	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	PA
D8692	REPLACEMENT OF LOST OR BROKEN RETAINER	$104.00	$196.00	100%	9/1/2018	12/31/2299	^	NA	NA	NA	NA	NA	NA	PA	PA	NA	PA	NA	PA	PA	NA
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE BY RE	MP	MP	100%	9/1/2016	12/31/2299	^											NA			PA
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENT	$46.80	$88.20	NA	9/1/2016	12/31/2299		PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	NA	PR	PR	PR
D9222	DEEP SEDATION/GENERAL ANESTHESIA-EACH 15	$66.04	$124.46	20%	1/1/2018	12/31/2299		PA	PA	PA	PA	PA			PA		PA	NA	PA	PA	PA
D9223	DEEP SEDATION/GENERAL ANESTHESIA-EACH 15	$66.04	$124.46	20%	1/1/2016	12/31/2299	^	PA	PA	PA	PA	PA			PA		PA	NA	PA	PA	PA
D9230	ANALGESIA; ANXIOLYSIS; INHALA	$31.20	$58.80	20%	2/1/2010	12/31/2299	^	PA	PA	PA	PA	PA			PA		PA	NA	PA	PA	PA
D9239	IV MOD SEDATION, 1ST 15 MIN	$66.04	$124.46	20%	1/1/2018	12/31/2299		PA	PA	PA	PA	PA			PA		PA	NA	PA	PA	PA
D9243	INTRAVENOUS MODERATE(CONSCIOUS) SEDATION/ANALGESIA	$66.04	$124.46	20%	1/1/2016	12/31/2299	^	PA	PA	PA	PA	PA			PA		PA	NA	PA	PA	PA
D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVID	$17.68	$33.32	NA	9/1/2016	12/31/2299												NA			PA
D9410	HOUSE/EXTENDED CARE FACILITY CALL	$13.00	$24.50	NA	9/1/2016	12/31/2299	#	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA
D9420	HOSPITAL CALL	$49.40	$93.10	NA	9/1/2016	12/31/2299															
D9610	INFUSION OF THERAPEUTIC DRUG SINGLE DOSE	MP	MP		1//12019	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	NA	NA
D9613	INFILTRATION OF SUSTAIN RELEASE THERAP ANALGESIC MULTI SITES	MP	MP		1/1/2019	12/31/2299		PA		PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	NA	NA

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D9920	BEHAVIOR MANAGEMENT BY REPORT (Prior Authorization)	MP	MP	20%	9/1/2016	12/31/2299	^											NA			
D9940	OCCLUSAL GUARDS BY REPORT	$177.84	$335.16	20%	9/1/2016	12/31/2018	^	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	PA
D9941	FABRICATION OF ATHLETIC MOUTHGUARD	$177.84	$335.16	20%	9/1/2016	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	PA
D9944	OCCLUSAL GUARD, HARD, FULL ARCH	$335.16	$335.16	20%	1/1/2019	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	NA
D9945	OCCLUSAL GUARD, SOFT, FULL ARCH	$150.00	$150.00	20%	1/1/2019	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	NA
D9992	Case Management Care Coordination	MP	MP	33%	1/1/2017	12/31/2299		PA	NA	NA	PA	PA	NA	NA	PA	PA	PA	NA	NA	PA	NA
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE BY REP	MP	MP	33%	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	PA

Max Fee column - MP means MANUALLY PRICED

Note: T1015 MAY BE BILLED ONLY BY FQHCS - PROVIDER SPECIFIC RATE

Pgm Limits Column{^}indicates program limitations apply. See Provider Manual Chapter 7 and also the following policy transmittals PB 06-103; PB 09-25; PB 09-57; PB 11-07; and PB 11-61;PB 14-62; PB 15-15, PB 15-27 and PB 16-45.

Pgm Limits Column{#}-indicates service is limited to private practice (non-group related) dentists and public health hygienists. See policy transmittal PB 11-61.

Effective 9/1/2018 D1354 will pay $28.42 for first tooth and all additional teeth will pay $1.00

PA TYPE designates:

PR means Authorization Review is required to be obtained from Connecticut Dental Health Partnership after the service has been performed

PA means Prior Authorization is required to be obtained from Connecticut Dental Health Partnership before the service is performed

An empty box means that prior authorization is NOT required

NA means that the Provider Type/Specialty cannot bill for these codes

Effective 10/01/2014 - D0120 for Dental Hygienist payable for >21 years of age or older

Provider Type / specialty Column Designates:

PA means Prior Authorization (PA) is required for all ages

<21 means Prior Authorization is required for patients under the age of 21

>21 means Prior Authorization is required for patients 21 years of age and older

21-69 means Prior Authorization is required for patients 21 years of age and older, but less than 70

PAR designates PA >21 and PR <21

Proc Code	Proc description	Adult Fee Schedule	Children Fee Schedule	Husky B Copay	Effective Date	End Date	PGM Limits	Endodontist	Oral & Maxillofacial Pathologist	Oral & Maxillofacial Radiologist	Periodontist	Prosthodontist	Dental Anesthesiologist	Pediatric Dentist	General Dentist	Oral Surgeon	Orthodontist	Dental Hygienist	Public Health Dentist	Hospital and Free Standing Clinics	FQHC
Please note procedure code D3352 and D3353 are restricted to under the age of 18																					
The CDT Code and Nomenclature above have been obtained from Current Dental Terminology (including procedure codes; nomenclatures; descriptors and other data contained therein) ("CDT").																					
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