



LP1 Procedure Category: **Diagnostics**

Proc code	Procedure Description	Fee's
17	Cancelled Appt (less than 24hr notice)	\$20.00
120	Periodic Oral Evaluation	\$15.00
140	Limited Oral Evaluation- Problem Focused	\$15.00
150	Comprehensive Oral Evaluation	\$15.00
160	Detailed and Extensive Oral Evaluation- Problem focused	\$20.00
170	Re-Evaluation- Limited, Problem focused	NC
180	Comprehensive Periodontal Evaluation	NC
210	Intraoral- Complete Series (Including Bitewings)	\$30.00
274	Bitewing- Four Films	\$20.00
277	Vertical Bitewings- Seven to Eight Films	\$20.00
290	Posterior, Anterior, Lateral Skull or Facial Bone Surgery	UCR*
310	Sialography	UCR*
320	Temporomandiblar Joint Arthrogram	UCR*
321	Other Temporomandiblar Joint Films	UCR*
322	Tomographic Survey	UCR*
330	Panoramic Film	\$30.00
340	Cephalometric Film	\$60.00
350	Oral or Facial Images (Including Intraoral and Extraoral)	\$40.00
415	Bacteriologic Studies for Determination of Pathology	\$24.00
425	Caries Susceptibility	\$25.00
460	Pulp Vitality Tests	NC
470	Diagnostic Casts (Per Cast)	NC
472	Accession of Tissue, Gross Exam, Prep	NC
473	Accession of Tissue, Gross and Microscopic Exam	UCR*
474	Accession of Tissue, Gross or Micro Exam; Surgical	NC
480	Processing or Interpretation of Cytologic Smears	NC
502	Other Oral Pathology Procedures, by Report	\$166.00
999	Unspecified Diagnostic Procedures, by Report	\$27.00

Initials _____

Procedure Category: **Preventative**

Proc Code	Procedure Description	Fee's
1110	Prophylaxis, Adult	\$27.00
1120	Prophylaxis, Children	\$20.00

1203	Topical Application of Fluoride w/out Prophylaxis	\$10.00
1204	Topical Application of Fluoride w/out Prophylaxis	\$10.00
1310	Nutritional Counseling for Control of Dental Disease	\$29.00
1320	Tobacco Counseling for Control and Prevention	\$19.00
1330	Oral Hygiene Instruction	\$19.00
1351	Sealant- Per Tooth	\$20.00
1510	Space Maintainer- Fixed- Unilateral	\$160.00
1515	Space Maintainer- Fixed- Bilateral	\$210.00
1520	Space Maintainer- Removeable- Unilateral	\$150.00
1525	Space Maintainer- Removeable- Bilateral	\$270.00
1550	Recementation of Space Maintainer	NC
1555	Removal of Fixed Space Maintainer	NC

Procedure Category: **Restorative**

Proc Code Procedure Description

2140	Amalgam- One Surface, Permanent or Deciduous	\$20.00
2150	Amalgam- Two Surfaces, Permanent or Deciduous	\$40.00
2160	Amalgam- Three Surfaces, Permanent or Deciduous	\$60.00
2161	Amalgam- Four or More Surfaces, Permanent or Deciduous	UCR*
2330	Resin-Based Composite- One Surface, Anterior	\$80.00
2331	Resin-Based Composite- Two Surfaces, Anterior	\$90.00
2332	Resin-Based Composite- Three Surfaces, Anterior	\$100.00
2335	Resin-Based Composite- Four or More Surfaces, Anterior	\$110.00
2390	Resin-Based Composite Crown, Anterior	\$75.00
2391	Resin-Based Composite- One Surface, Posterior	\$80.00
2392	Resin-Based Composite- Two Surfaces, Posterior	\$90.00
2393	Resin-Based Composite- Three Surfaces, Posterior	\$110.00
2394	Resin-Based Composite- Four or More Surfaces, Posterior	\$120.00
2410	Gold Foil- One Surface	UCR*
2420	Gold Foil- Two Surfaces	UCR*
2430	Gold Foil- Three Surfaces	UCR*
2510	Inlay- Metallic- One Surface	\$385.00
2520	Inlay- Metallic- Two Surfaces	\$400.00
2530	Inlay- Metallic- Three Surfaces	\$420.00
2542	Onlay- Metallic- Two Surfaces	\$440.00
2543	Onlay- Metallic- Three Surfaces	\$460.00
2544	Onlay- Metallic- Four or More Surfaces	\$480.00
2610	Inlay- Porcelain or Ceramic- One Surface	\$385.00
2620	Inlay- Porcelain or Ceramic- Two Surfaces	\$400.00
2630	Inlay- Porcelain or Ceramic- Three Surfaces	\$465.00

Initials _____

2642	Onlay- Porcelain or Ceramic- Two Surfaces	\$400.00
2643	Onlay- Porcelain or Ceramic- Three Surfaces	\$465.00
2644	Onlay- Porcelain or Ceramic- Four or More Surfaces	\$495.00
2650	Inlay- Resin-Based Composite-One Surface	\$425.00

2651	Inlay- Resin-Based Composite-Two Surfaces	\$465.00
2652	Inlay- Resin-Based Composite-Three Surfaces	\$495.00
2662	Onlay- Resin Based Composite-Two Surfaces	\$400.00
2663	Onlay- Resin Based Composite-Three Surfaces	\$465.00
2664	Onlay- Resin Based Composite-Four or More Surfaces	\$495.00

Procedure Category: **Crowns**

Proc Code Procedure Description

2710	Crown- Resin (laboratory)	\$495.00
2712	Crown- 3/4 Resin- Based Composite(laboratory)	\$495.00
2720	Crown- Resin with High Noble Metal	\$525.00
2721	Crown-Resin with Predominantly Base Metal	\$525.00
2722	Crown- Resin with Noble Metal	\$525.00
2740	Crown- Porcelain or Ceramic Substrate	\$525.00
2750	Crown-Porcelain Fused to High Noble Metal	\$525.00
2751	Crown-Porcelain Fused to Predominantly Base Metal	\$425.00
2752	Crown- Porcelain Fused to Noble Metal	\$465.00
2780	Crown- 3/4 Cast High Noble Metal	\$465.00
2781	Crown- 3/4 Cast Predominantly Base Metal	\$425.00
2782	Crown- 3/4 Cast Noble Metal	\$465.00
2783	Crown- 3/4 Porcelain or Ceramic	\$525.00
2790	Crown- Full Cast High Noble Metal	\$525.00
2791	Crown- Full Cast Predominately Base Metal	\$425.00
2792	Crown- Full Cast Noble Metal	\$465.00
2794	Crown- Titanium	\$525.00
2799	Provisional Crown- Used for a Minimum of Six Months	\$65.00
2910	Recement Inlays	NC
2915	Recement Cast or Prefabricated Post and Core	NC
2920	Recement Crowns	NC
2930	Prefabricated Stainless Steel Crown- Primary	\$100.00
2931	Prefabricated Stainless Steel Crown- Permanent	UCR*
2932	Prefabricated Resin Crown	UCR*
2933	Prefabricated Stainless Steel Crown with Resin	UCR*
2940	Sedative Filing	UCR*
2950	Crown Buildup, Including any Pins	\$25.00
2951	Pin Retention in Addition of Restoration- per Tooth	NC
2952	Cast Post and Core in Addition to Crown	\$140.00
2953	Each Additional Cast Post- Same Tooth	\$140.00
2954	Prefabricated Post and Core in Addition to Crown	\$90.00
2955	Post Removal (not in conjunction with Endodontic)	\$100.00

Initials_____

2957	Each Additional Prefabricated Post- Same Tooth	NC
2960	Labial Veneer (Resin Laminate)- Chair side	\$85.00
2961	Labial Veneer (Resin Laminate)- Laboratory	\$400.00
2962	Labial Veneer (Procelain Laminate)- Laboratory	\$700.00

2970	Temporary Crown (Fractured Tooth)	NC
2980	Crown Repair, by Report	\$100.00
2990	Continued Treatment- Crowns	NC
2999	Unspecified Restorative Procedure, by Report	UCR*

Procedure Category: **Endodontics**

Proc Code Procedure Description

3110	Pulpal Cap- Direct (Excluding Final Restoration)	\$10.00
3120	Pulpal Cap- Indirect (Excluding Final Restoration)	\$10.00
3220	Therapeutic Pulpotomy (Excluding Restoration)	\$100.00
3221	Pulpal Debridement, Primary and Permanent Teeth	\$100.00
3230	Pulpal Therapy(Resorbable Filling)- Anterior, Primary	\$100.00
3240	Pulpal Therapy(Resorbable Filling)- Posterior, Primary	\$100.00
3310	One Canal(Excluding Final Restoration)	\$300.00
3320	Two Canals (Excluding Final Restoration)	\$400.00
3330	Three Canals(Excluding Final Restoration)	\$500.00
3331	Treatment of Root Canal Obstruction, Non- Surgical	\$100.00
3332	Incomplete Endodontic Therapy; Inoperable	\$75.00
3333	Internal Root Repair or Perforation Defects	\$100.00
3340	Four or More Canals(Excluding Final Restoration)	\$500.00
3346	Retreatment-Anterior (Excluding Specialists)	\$580.00
3347	Retreatment- Bicuspid(Excluding Specialists)	\$650.00
3348	Retreatment- Molar(Excluding Specialists)	\$725.00
3351	Apexification/Recalcification- Initial visit	\$120.00
3352	Apexification/Recalcification- Interim Meds Replacement	\$120.00
3353	Apexification/Recalcification- Final Visit	\$120.00
3410	Apicoectomy/Periradicular Surgery- Anterior	\$205.00
3421	Apicoectomy/Periradicular Surgery- Bicuspid	\$205.00
3425	Apicoectomy/Periradicular Surgery- Molar	\$205.00
3426	Apicoectomy/Periradicular Surgery- (Each Additional)	\$205.00
3430	Retrograde Filling- Per Root	\$60.00
3450	Root Amputation- Per Root	\$80.00
3460	Endodontic Endosseous Implant	\$1,600.00
3470	Intentional Re-Implantation(Including Necessary)	\$350.00
3910	Tooth Isolation- Surgical	\$90.00
3920	Hemisection Including Root Removal not Root Canal	\$90.00
3950	Canal Preparation and Fitting- Dowel or Post	NC
3970	Continued Treatment- Endodontics	NC
3999	Unspecified Endodontic Procedure, by Report	UCR*

Initials _____

Procedure Category: **Periodontics**

Proc Code Procedure Description

4210	Gingivectomy or Gingivoplasty(4+ Contiguous Teeth)	\$125.00
4211	Gingivectomy or Gingivoplasty(1-3 Contiguous Teeth)	\$125.00

4230	Anatomical Grown Exposure(Four or More Teeth)	\$125.00
4231	Anatomical Grown Exposure(Three Teeth)	\$125.00
4240	Gingival Flap Procedure w/ Root Plan(4+ Contiguous)	\$125.00
4241	Gingival Flap Procedure w/ Root Plan(1-3 contiguous)	\$125.00
4245	Apically Positioning Flap	\$210.00
4249	Clinical Crown Lengthening- Hard tissue	\$145.00
4260	Osseous Surgery(Per Quadrant)	\$115.00
4261	Osseous Surgery- With Flap (1-3 teeth per quadrant)	\$115.00
4263	Bone Replacement Graft- Single Site(per quadrant)	\$250.00
4264	Bone Replacement Graft- Multiple Sites (per quadrant)	\$120.00
4265	Biologic Materials to Aid in Soft and Osseous Regeneration	\$200.00
4266	Guided Tissue Regeneration- Resorbable Barrier	UCR*
4267	Guided Tissue Regeneration- Nonresorbable Barrier	UCR*
4268	Surgical Revision Procedure- Per Tooth	\$280.00
4270	Pedicle Soft Tissue Graft Procedure	UCR*
4271	Free Soft Tissue Graft Procedure	UCR*
4273	Subepithelial Connective Tissue Graft Procedures	UCR*
4274	Distal or Proximal Wedge Procedure w/out same	UCR*
4275	Soft Tissue Allograft	UCR*
4276	Combined Connective Tissue and Double Pedicle	UCR*
4320	Provisional Splinting- Intracoronaral(Per Tooth)	\$200.00
4321	Provisional Splinting- Extracoronaral(Per Tooth)	\$200.00
4341	Root Planning(4+ Contiguous Teeth per Quadrant)	\$105.00
4342	Periodontal Scaling or Root Planning(1-3 contiguous)	\$80.00
4355	Full mouth Debriedment to Enable a full evaluation	NC
4381	Localized Delivery of Chemotherapeutic Agents	\$20.00
4910	Periodontal Maintenance- Active Therapy	NC
4920	Unscheduled Dressing Change (not the treating)	\$40.00
4999	Unspecified Periodontal Procedure, by report	NC

Procedure Category: **Prosthodontics**

Proc Code	Procedure Description	
5110	Complete Upper Denture	\$700.00
5120	Complete Lower Denture	\$700.00
5130	Immediate Upper Denture	\$700.00
5140	Immediate Lower Denture	\$700.00
5211	Upper Partial Denture- Resin Base	\$600.00
5212	Lower Partial Denture- Resin Base	\$600.00

Initials _____

5213	Upper Partial Denture- Cast Chrome	\$750.00
5214	Lower Partial Denture- Cast Chrome	\$750.00
5225	Maxillary with Flexible Base	\$750.00
5226	Mandibula with Flexible Base	\$750.00
5410	Adjust complete denture- Upper	NC

5411	Adjust complete denture- Lower	NC
5421	Adjust partial denture- Upper	NC
5422	Adjust partial denture- Lower	NC
5510	Repair Broken complete Denture Base	\$100.00
5520	Replace Missing or Broken Teeth (complete denture)	\$85.00
5610	Repair Resin Denture Base	\$100.00
5620	Repair Cast Framework	\$110.00
5630	Repair or Replace Broken Clasp	\$110.00
5640	Replace Broken Teeth- per tooth	\$85.00
5650	Add tooth to Existing Partial Denture	\$105.00
5660	Add Clasp to Existing Partial Denture	\$125.00
5670	Replace All Teeth- Acrylic on Cast Metal Framework	\$350.00
5671	Replace All Teeth- Acrylic on Cast Metal Framework	\$350.00
5710	Rebase Complete Upper Denture	\$330.00
5711	Rebase Complete Lower Denture	\$330.00
5720	Rebase Upper partial Denture	\$290.00
5721	Rebase Lower Partial Denture	\$290.00
5730	Reline complete Upper Denture(office)	\$30.00
5731	Reline complete Lower Denture(office)	\$30.00
5740	Reline Upper Partial Denture(office)	\$30.00
5741	Reline Lower Partial Denture(Office)	\$30.00
5750	Reline Complete Upper Denture (lab)	\$210.00
5751	Reline Complete Lower Denture (lab)	\$210.00
5760	Reline Upper Partial Denture (lab)	\$210.00
5761	Reline Lower Partial Denture (lab)	\$210.00
5810	Interim Complete Denture (Upper)	\$400.00
5811	Interim Complete Denture (Lower)	\$400.00
5820	Interim Partial Denture (Upper)	\$300.00
5821	Interim Partial Denture (Lower)	\$300.00
5850	Tissue Conditioning- Upper	NC
5851	Tissue Conditioning- Lower	NC
5860	Overdenture- Complete, by Report	\$800.00
5861	Overdenture- Partial, by report	\$800.00
5862	Precision Attachment, by report	\$235.00
5867	Replacement of Replaceable Part(Semi or Full)	\$100.00
5875	Modification of Removable Prosthesis after Implant	\$85.00
5899	Unspecified Removable Prosthodontic Procedure	NC
5980	Continued Treatment- Prosthodontics	NC
5999	Unspecified Maxillofacial Prosthesis, by Report	NC

Initials _____

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Procedure Category: **Bridge Pont. And Crown Abut.**

Proc Code	Procedure Description	
6205	Pontic- Indirect Resin..	\$600.00
6210	Pontic- Cast High Noble Medal	\$525.00
6211	Pontic- Cast Predominately Base Metal	\$475.00
6212	Pontic- Cast Noble Medal	\$500.00

6214	Pontic- Titanium	\$595.00
6240	Pontic- Porcelain Fused to High Noble Metal	\$525.00
6241	Pontic- Porcelain Fused to Base Metal	\$475.00
6242	Pontic- Porcelain Fused to Noble Metal	\$500.00
6245	Pontic- Porcelain/ Ceramic	\$595.00
6253	Provisional Pontic	NC
6545	Cast Medal Retainer with Acid Etched Arm	\$250.00
6548	Porcelain/Ceramic Retainer with Acid Etched Arm	\$250.00
6600	Inlay- Porcelain/Ceramic- Two surfaces	\$525.00
6601	Inlay- Porcelain/Ceramic- Three or more surfaces	\$600.00
6602	Inlay- Cast High Noble Metal- Two surfaces	\$525.00
6603	Inlay- Cast High Noble Metal- Three or more surfaces	\$595.00
6604	Inlay- Cast Predominately Base Metal- Two surfaces	\$495.00
6605	Inlay-Cast Predominately Base Metal-Three or more surfaces	\$525.00
6606	Inlay- Cast Noble Metal- Two surfaces	\$525.00
6607	Inlay- Cast Noble Metal- Three or more surfaces	\$600.00
6608	Onlay- Porcelain/Ceramic- two surfaces	\$525.00
6609	Onlay- Porcelain/Ceramic- three or more surfaces	\$600.00
6610	Onlay- Cast High Noble Metal- Two Surfaces	\$525.00
6611	Onlay- Cast High Noble Metal- Three or more surfaces	\$600.00
6612	Onlay-Cast Predominately Base Metal- Two surfaces	\$495.00
6613	Onlay- Cast Predominately Base Metal- Three or more surfaces	\$525.00
6614	Onlay- Cast Noble Metal- two surfaces	\$525.00
6615	Onlay- Cast Noble Metal- three or more surfaces	\$600.00
6624	Inlay- Titanium	\$425.00
6634	Onlay- Titanium	\$425.00
6740	Crown- Porcelain/ Ceramic	\$550.00
6750	Crown- Porcelain fused to high noble metal	\$595.00
6751	Crown- Porcelain fused to base metal	\$540.00
6752	Crown- Porcelain fused to noble metal	\$575.00

Initials_____

6780	Crown- Three Quarter Cast to High Noble Metal	\$595.00
6781	Crown- Three Quarter Cast to Predominately Base Metal	\$540.00
6782	Crown- Three Quarter Cast Noble Metal	\$575.00
6783	Crown- Three Quarter Porcelain/ Ceramic	\$600.00
6790	Crown- Full cast High Noble Metal	\$595.00
6791	Crown- Full Cast Base Metal	\$540.00
6792	Crown- Full Cast Noble Metal	\$575.00
6793	Provisional Retainer Crown	NC
6794	Crown- Titanium	\$475.00
6920	Connector Bar	\$40.00
6930	Recement Bridge	NC
6940	Stress Breaker	\$150.00
6950	Precision Attachment	\$265.00

6970	Cast Post and Core in addition of Fixed Partial denture	\$190.00
6972	Prefabricated Post and core- Add to Bridge	NC
6973	Core Build up for Retainer, Including any Pins	\$75.00
6975	Coping- Metal	NC
6976	Each additional Cast Post- Same tooth	\$300.00
6977	Each Additional Prefabricated Post- Same tooth	NC
6980	Bridge Repair, Per crown	\$100.00
6985	Pediatric Partial Denture, Fixed	\$325.00
6990	Continued Treatment- Bridges	NC
6999	Unspecified Fixed Prosthodontic Procedure, by report	NC

Procedure Category: **Oral Surgery**

Proc Code Procedure Description

7111	Coronal Remnants- Deciduous Tooth	\$40.00
7140	Extraction, Erupted Tooth/ Exposed Root (elevation)	\$60.00
7210	Surgical Removal of Erupted tooth	\$100.00
7220	Surgical Removal of Impacted tooth- soft tissue	\$150.00
7230	Surgical Removal of Impacted tooth- Partially	\$175.00
7240	Surgical Removal of Impacted tooth- Completely	\$215.00
7241	Surgical Removal of Impacted tooth- Completely	\$245.00
7250	Root Recovery, Surgical Removal	\$100.00
7260	Oroantral Fistula closure	UCR*
7261	Primary Closure of a Sinus Perforation	UCR*
7270	Tooth Reimplantation	UCR*
7272	Tooth Transplantation	UCR*
7280	Surgical Exposure Impaction/ Unerupted tooth	UCR*
7281	Surgical Exposure Impaction/ Unerupted tooth	UCR*
7282	Mobilization of Erupted or Malpositioned Tooth	UCR*
7283	Deuce to Facilitate Eruption	UCR*
7285	Biopsy of Oral Tissue- Hard	UCR*

Initials _____

7286	Biopsy of Oral Tissue- Soft	UCR*
7287	Cytology Sample Collection	\$65.00
7290	Surgical repositioning Teeth	UCR*
7291	Transseptal Fiberotomy/ Supra Crestal Fiberotomy	\$75.00
7310	Alveoloplasty Per Quadrant in Conjunction	\$125.00
7311	Alveoloplasty in Conjunction with...	\$125.00
7320	Alveoloplasty Per Quadrant Not in conjunction	UCR*
7321	Alveoloplasty in Conjunction with...	UCR*
7340	Vestibuloplasty- Ridge Ext-Second	UCR*
7350	Vestibuloplasty- Complicated	UCR*
7410	Excision of Benign Lesion up to 1.25cm	UCR*
7411	Excision of Benign Lesion greater than 1.25cm	UCR*
7412	Excision of benign lesion, complicated	UCR*

7413	Excision of Malignant lesion up to 1.25cm	UCR*
7414	Excision of Malignant lesion greater than 1.25cm	UCR*
7415	Excision of Malignant lesion, complicated	UCR*
7440	Excision of Malignant tumor- lesion up to 1.25cm	UCR*
7441	Excision of Malignant tumor- lesion over 1.25cm	UCR*
7450	Remove Odontogen Cyst or Tumor up to 1.25cm	UCR*
7451	Remove Odontogen Cyst or Tumor over 1.25cm	UCR*
7460	Remove Benign Non-Odontogen Cyst or Tumor up to 1.25cm	UCR*
7461	Remove Benign Non-Odontogen Cyst or Tumor over 1.25cm	UCR*
7465	Destruction of Lesion(s) by Physical/ Chemical	UCR*
7471	Remove lateral Exostosis (Maxilla or Mandible)	UCR*
7472	Remove Torus Palatinus	UCR*
7473	Remove Torus Mandibularis	UCR*
7485	Surgical Reduction of Osseous Tuberosity	UCR*
7490	Radical Resection of Mandible with Bone Graft	UCR*
7510	Incision and Drainage of Abscess- Intraoral Soft	\$135.00
7511	Incision and Drainage of Abscess- Intraoral Soft	\$175.00
7520	Incision and Drainage of Abscess- Extraoral Soft	\$135.00
7521	Incision and Drainage of Abscess- Extraoral Soft	\$175.00
7530	Remove Foreign Body from Mucosa/skin/Alveola	UCR*
7540	Remove Reaction Producing Foreign bodies	UCR*
7550	Partial Ostectomy/Sequestrectomy- Non-vital	UCR*
7560	Maxillary Sinusotomy to Remove tooth Fragment	UCR*
7610	Maxilla- Open Reduction (teeth immobilized)	UCR*
7620	Maxilla- Closed Reduction (teeth immobilized)	UCR*
7630	Mandible- Open Reduction (teeth Immobilized)	UCR*
7640	Mandible- closed reduction (teeth Immobilized)	UCR*
7650	Malar and/or Zygomatic Arch- Open Reduction	UCR*
7660	Malar and/or Zygomatic Arch- closed reduction	UCR*

Initials _____

7670	Alveolus- closed reduction, teeth stabilization	UCR*
7671	Alveolus- open reduction, teeth stabilization	UCR*
7680	Facial Bones- complicated Reduction w/ Fixator	UCR*
7710	Maxilla- Open Reduction	UCR*
7720	Maxilla- Closed Reduction	UCR*
7730	Mandible- Open Reduction	UCR*
7740	Mandible- Closed Reduction	UCR*
7750	Malar and/or Zygomatic Arch- Open Reduction	UCR*
7760	Malar and/or Zygomatic Arch- closed reduction	UCR*
7770	Alveolus- Open Reduction Stabilization of Teeth	UCR*
7771	Alveolus- Closed Reduction Stabilization of Teeth	UCR*
7780	Facial Bones- complicated Reduction w/ Fixator	UCR*
7960	Frenectomy	\$175.00

7972	Surgical Reduction of Fibrous Tuberosity	\$200.00
7990	Continued Treatment- Oral Surgery	NC
7999	Unspecified Oral Surgery Procedure by Report	UCR*

Procedure Category: **Orthodontia**

Proc Code Procedure Description

8010	Limited Orthodontic Treatment- Primary	UCR*
8020	Limited Orthodontic Treatment- Transitional	UCR*
8030	Limited Orthodontic Treatment- Adolescent	UCR*
8040	Limited Orthodontic Treatment- Adult	UCR*
8050	Interceptive Orthodontic Treatment of Primary	UCR*
8060	Interceptive Orthodontic Treatment of Transitional	UCR*
8070	Comprehensive Orthodontic Treatment- Transitional	\$3,500.00
8080	Comprehensive Orthodontic Treatment- Adolescent	\$3,500.00
8090	Comprehensive Orthodontic Treatment- Adult	\$3,500.00
8210	Removable Appliance Therapy/ Habit	\$370.00
8220	Fixed Appliance Therapy/ Habit	\$370.00
8660	Pre- Orthodontic Treatment Visit	NC
8670	Periodic Orthodontic Treatment Visit	NC
8680	Orthodontic Retention (Removal of Appliances)	\$275.00
8690	Orthodontic Treatment	UCR*
8691	Repair of Orthodontic Appliance	\$65.00
8692	Replacement of Lost or Broken Retainer	UCR*
8693	Rebonding or Recementing Fixed Retainers	NC

Initials_____

Procedure Category: **Other Services**

Proc Code Procedure Description

9110	Palliative Emergency Treatment	\$35.00
9210	Local Anesthesia w/out Operative/Surgical	NC
9211	Regional Block Anesthesia	NC
9212	Trigeminal Division Block Anesthesia	NC
9215	Local Anesthesia	NC
9220	Anesthesia- General(Per Quadrant)	\$175.00
9230	Inhalation- Nitrous Oxide	\$75.00
9241	IV Sedation (Per Quadrant)	\$155.00
9310	Consultation- Per Session(Excluding Specialists)	NC
9430	Office Visit for Observation- No other services	NC

9440	Office Visit after Regularly Scheduled Hours	\$50.00
9610	Therapeutic Drug Injection, by report	UCR*
9630	Other drugs and/or medicaments, by report	UCR*
9910	Application of Desensitizing Medicine	NC
9930	Treatment of Complications (Post- Surgical)	NC
9940	Occlusal Guards	\$225.00
9941	Fabrication of Athletic Mouth Guard	\$225.00
9950	Occlusion Analysis- Mounted Case	\$50.00
9951	Occlusal Adjustment- Limited	\$50.00
9952	Occlusal Adjustment- Completed	UCR*

1.NC- MEANS NO CHARGE

2. UCR* MEANS 75% OF THE PROVIDERS USUAL,CUSTOMARY & REASONABLE FEES.

3. THIS FEE SCHEDULE IS FOR SERVICES PROVIDED BY GENERAL DENTISTS ONLY, AN

4. Participating specialists (board certified or advanced degree) do not charge according t

Participating specialists will give a 25% discount off of their normal fees.

5. Outside lab fees are billed separate, and are not included in these fees.

Signature_____

Title_____

Date_____

JD EXCLUDES SERVICES PROVIDED BY A BOARD CERTIFIED SPECIALIST.