



**Re: *Smiles For Children* Fee Schedule Effective July 1, 2022**

Dear Valued ***Smiles For Children*** Provider:

The enclosed amendment is for your records only and does not need to be returned. The amendment states that **effective July 1, 2022**, the fees for all codes covered under the ***Smiles For Children*** dental program will be increased 30%. The fee schedule applies to all Virginia ***Smiles For Children*** subgroups. A copy of this fee schedule will also be available online at [www.dentaquest.com](http://www.dentaquest.com) on July 1, 2022.

As a reminder, we strongly encourage all providers to update their electronic software as soon as possible and submit claims with your usual and customary fees rather than with the current ***Smiles For Children*** fees. This will ensure that your payment is the new fee for the services rendered to ***Smiles For Children*** members as of July 1, 2022. After July 1, 2022, if you submit claims using the previous ***Smiles For Children*** fees, you will be reimbursed at the lower rate. Any claim submitted with the old fee will require resubmission as a corrected claim with the higher fee schedule. This would not only create additional work for your staff but also delay payments to which you are entitled.

If you currently submit claims via the DentaQuest Provider Web Portal using the **Billed Amount List**, please be sure to update the billed amount to reflect your usual and customary fees instead of the ***Smiles For Children*** fees. Again, this will ensure that your payment is the new fee for the services rendered to ***Smiles For Children*** members as of July 1, 2022. If you do not currently utilize the portal to submit claims, we encourage you to consider this free option as a way to submit claims for quicker and more efficient processing.

We are committed to keeping our providers informed and addressing any questions that may arise. If you have questions, please contact Customer Service at 888.912.3456 or your Provider Partner.

Sincerely,

Katherine Mulligan  
Director of Provider Engagement

**ATTACHMENT A-1  
SMILES FOR CHILDREN(GVWB2005)  
SCHEDULE OF ALLOWABLE FEES**

**\*\*PLEASE REFER TO OFFICE REFERENCE MANUAL ON DENTAQUEST'S WEBSITE FOR COVERED SERVICES\*\***

Code	Description	Fee
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	\$26.20
D0140	LIMITED ORAL EVALUATION-PROBLEM FOCUSED	\$32.28
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER	\$26.20
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$40.70
D0170	RE-EVALUATION, LIMITED PROBLEM FOCUSED	\$32.28
D0210	INTRAORAL - COMPLETE SERIES OF RADIOGRAPHIC IMAGES	\$93.48
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	\$14.53
D0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	\$14.53
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	\$15.95
D0250	EXTRA-ORAL - 2D PROJECTION RADIOGRAPHIC IMAGE CREATED USING A STATIONARY RADIATION SOURCE, AND DETECTOR	\$61.35
D0251	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE	\$61.35
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	\$14.53
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	\$26.20
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	\$31.20
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	\$35.88
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$70.19
D0340	CEPHALOMETRIC RADIOGRAPHIC IMAGE	\$93.63
D0470	DIAGNOSTIC CASTS	\$67.80
D1110	PROPHYLAXIS - ADULT	\$61.35
D1120	PROPHYLAXIS - CHILD	\$43.58
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	\$27.03
D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	\$27.03
D1351	SEALANT - PER TOOTH	\$41.96
D1354	INTERIM CARIES ARRESTING MEDICAMENT APPLICATION - PER TOOTH	\$15.60
D1355	CARIES PREVENTIVE MEDICAMENT APPLICATION-PER TOOTH	\$41.96
D1510	SPACE MAINTAINER-FIXED, UNILATERAL- PER QUADRANT	\$179.19
D1516	SPACE MAINTAINER --FIXED-- BILATERAL, MAXILLARY	\$297.04
D1517	SPACE MAINTAINER --FIXED-- BILATERAL, MANDIBULAR	\$297.04

Code	Description	Fee
D1520	SPACE MAINTAINER-REMOVABLE- UNILATERAL	\$179.19
D1526	SPACE MAINTAINER --REMOVABLE-- BILATERAL, MAXILLARY	\$297.04
D1527	SPACE MAINTAINER --REMOVABLE-- BILATERAL, MANDIBULAR	\$297.04
D1551	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER- MAXILLARY	\$69.42
D1552	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER- MANDIBULAR	\$69.42
D1553	RE-CEMENT OR RE-BOND UNILATERAL SPACE MAINTAINER- PER QUADRANT	\$69.42
D1556	REMOVAL OF FIXED UNILATERAL SPACE MAINTAINER- PER QUADRANT	\$56.50
D1557	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER- MAXILLARY	\$56.50
D1558	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER- MANDIBULAR	\$56.50
D1575	DISTAL SHOE SPACE MAINTAINER - FIXED - UNILATERAL - PER QUADRANT	\$179.19
D2140	AMALGAM - ONE SURFACE, PRIMARY OR PERMANENT	\$77.19
D2150	AMALGAM - TWO SURFACES, PRIMARY OR PERMANENT	\$98.19
D2160	AMALGAM - THREE SURFACES, PRIMARY OR PERMANENT	\$115.93
D2161	AMALGAM - FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	\$130.47
D2330	RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR	\$96.56
D2331	RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR	\$115.93
D2332	RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR	\$149.85
D2335	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	\$172.46
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	\$205.89
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	\$96.56
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	\$115.93
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	\$149.85
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	\$166.01
D2644	ONLAY-PORCELAIN/CERAMIC-4+ SURFACES	\$650.00
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	\$318.03
D2720	CROWN-RESIN WITH HIGH NOBLE METAL	\$650.00
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	\$650.00
D2722	CROWN - RESIN WITH NOBLE METAL	\$650.00
D2740	CROWN - PORCELAIN/CERAMIC	\$650.00

Code	Description	Fee
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	\$650.00
D2751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$650.00
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	\$650.00
D2753	CROWN- PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$650.00
D2790	CROWN - FULL CAST HIGH NOBLE METAL	\$650.00
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	\$650.00
D2792	CROWN - FULL CAST NOBLE METAL	\$650.00
D2794	CROWN- TITANIUM AND TITANIUM ALLOYS	\$650.00
D2915	RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE	\$56.50
D2920	RE-CEMENT OR RE-BOND CROWN	\$56.50
D2928	PREFABRICATED PORCELAIN/CERAMIC CROWN – PERMANENT TOOTH	\$233.84
D2929	PREFABRICATED PORCELAIN/CERAMIC CROWN – PRIMARY TOOTH	\$233.84
D2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH	\$178.01
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH	\$178.01
D2932	PREFABRICATED RESIN CROWN	\$166.69
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	\$233.84
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH	\$233.84
D2940	PROTECTIVE RESTORATION	\$53.27
D2950	CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED	\$143.35
D2951	PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION	\$25.83
D2952	CAST POST AND CORE IN ADDITION TO CROWN	\$159.98
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$143.35
D2962	LABIAL VENEER (PORC LAMINATE) - LABORATORY	\$470.68
D3110	PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)	\$23.93
D3120	PULP CAP - INDIRECT (EXCLUDING FINAL RESTORATION)	\$23.93
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT	\$108.15
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	\$87.74
D3230	PULPAL THERAPY (RESORBABLE FILLING) - ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	\$215.35
D3240	PULPAL THERAPY (RESORBABLE FILLING) - POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	\$271.17

Code	Description	Fee
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	\$487.50
D3320	ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION)	\$559.00
D3330	ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION)	\$882.70
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR	\$560.63
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - PREMOLAR	\$642.85
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR	\$1015.11
D3351	APEXIFICATION/RECALCIFICATION - INITIAL VISIT (APICAL CLOSURE / CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	\$119.64
D3352	APEXIFICATION/RECALCIFICATION - INTERIM MEDICATION REPLACEMENT	\$79.76
D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT (INCLUDES COMPLETED ROOT CANAL THERAPY - APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	\$526.38
D3410	APICOECTOMY - ANTERIOR	\$361.62
D3421	APICOECTOMY - PREMOLAR (FIRST ROOT)	\$361.62
D3425	APICOECTOMY - MOLAR (FIRST ROOT)	\$361.62
D3426	APICOECTOMY (EACH ADDITIONAL ROOT)	\$159.51
D3430	RETROGRADE FILLING - PER ROOT	\$79.76
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$442.34
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$260.00
D4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	\$390.00
D4260	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$686.10
D4261	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$478.45
D4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	\$283.40
D4264	BONE REPLACEMENT GRAFT - EACH ADDITIONAL SITE IN QUADRANT	\$141.70
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$318.03
D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURE	\$518.32

Code	Description	Fee
D4277	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY), FIRST TOOTH OR EDENTULOUS TOOTH POSITION IN GRAFT	\$438.66
D4278	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY), EACH ADDITIONAL CONTIGUOUS TOOTH OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE	\$219.32
D4322	SPLINT – INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS	\$190.48
D4323	SPLINT – EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS	\$334.18
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	\$121.08
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH PER QUADRANT	\$63.80
D4346	SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION – FULL MOUTH, AFTER ORAL EVALUATION	\$61.35
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE A COMPREHENSIVE ORAL EVALUATION AND DIAGNOSIS ON A SUBSEQUENT VISIT	\$101.76
D4910	PERIODONTAL MAINTENANCE PROCEDURES	\$80.72
D5110	COMPLETE DENTURE - MAXILLARY	\$877.31
D5120	COMPLETE DENTURE - MANDIBULAR	\$877.31
D5130	IMMEDIATE DENTURE - MAXILLARY	\$877.31
D5140	IMMEDIATE DENTURE - MANDIBULAR	\$877.31
D5211	MAXILLARY PARTIAL DENTURE – RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$858.85
D5212	MANDIBULAR PARTIAL DENTURE – RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$858.85
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$965.04
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$965.04
D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE – RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$858.85
D5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE – RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$858.85
D5223	IMMEDIATE MAXILLARY PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$965.04

Code	Description	Fee
D5224	IMMEDIATE MANDIBULAR PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$965.04
D5225	MAXILLARY PARTIAL DENTURE- FLEXIBLE BASE	\$858.85
D5226	MANDIBULAR PARTIAL DENTURE- FLEXIBLE BASE	\$858.85
D5227	IMMEDIATE MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	\$858.85
D5228	IMMEDIATE MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	\$858.85
D5282	REMOVABLE UNILATERAL PARTIAL DENTURE--ONE PIECECAST METAL (INCLUDING CLASPS AND TEETH), MAXILLARY	\$356.19
D5283	REMOVABLE UNILATERAL PARTIAL DENTURE--ONE PIECECAST METAL (INCLUDING CLASPS AND TEETH), MANDIBULAR	\$356.19
D5284	REMOVEABLE UNILATERAL PARTIAL DENTURE- ONE PIECE FLEXIBLE BASE- PER QUADRANT	\$356.19
D5286	REMOVEABLE UNILATERAL PARTIAL DENTURE- ONE PIECE RESIN BASE- PER QUADRANT	\$356.19
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$41.96
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	\$41.96
D5421	ADJUST PARTIAL DENTURE-MAXILLARY	\$25.83
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$25.83
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	\$108.15
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	\$108.15
D5520	REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE (EACH TOOTH)	\$88.78
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	\$108.15
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	\$108.15
D5621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	\$156.61
D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	\$156.61
D5630	REPAIR OR REPLACE BROKEN RETENTIVE/CLASPING MATERIALS PER TOOTH	\$150.12
D5640	REPLACE BROKEN TEETH-PER TOOTH	\$142.05
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$124.32
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	\$150.12
D5725	REBASE HYBRID PROSTHESIS	\$209.14
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	\$263.11
D5731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	\$263.11
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	\$133.98

Code	Description	Fee
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	\$133.98
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	\$308.28
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	\$308.28
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	\$190.48
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	\$190.48
D5765	SOFT LINER FOR COMPLETE OR PARTIAL REMOVABLE DENTURE – INDIRECT	\$133.98
D5850	TISSUE CONDITIONING, MAXILLARY	\$162.50
D5851	TISSUE CONDITIONING, MANDIBULAR	\$162.50
D5951	FEEDING AID	\$508.83
D6096	REMOVE BROKEN IMPLANT RETAINING SCREW	\$56.50
D6205	PONTIC - INDIRECT RESIN BASED COMPOSITE	\$650.00
D6211	PONTIC-CAST BASE METAL	\$650.00
D6212	PONTIC - CAST NOBLE METAL	\$650.00
D6214	PONTIC - TITANIUM AND TITANIUM ALLOYS	\$650.00
D6240	PONTIC-PORCELAIN FUSED-HIGH NOBLE	\$650.00
D6241	PONTIC-PORCELAIN FUSED TO BASE METAL	\$650.00
D6242	PONTIC-PORCELAIN FUSED-NOBLE METAL	\$650.00
D6243	PONTIC - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$650.00
D6245	PROSTHODONTICS FIXED, PONTIC - PORCELAIN/CERAMIC	\$650.00
D6250	PONTIC-RESIN WITH HIGH NOBLE METAL	\$650.00
D6251	PONTIC-RESIN WITH BASE METAL	\$650.00
D6252	PONTIC-RESIN WITH NOBLE METAL	\$650.00
D6545	RETAINER - CAST METAL FIXED	\$381.63
D6548	PROSTHODONTICS FIXED, RETAINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHODONTIC	\$381.63
D6710	CROWN - INDIRECT RESIN BASED COMPOSITE	\$650.00
D6720	CROWN-RESIN WITH HIGH NOBLE METAL	\$650.00
D6721	CROWN-RESIN WITH BASE METAL	\$650.00
D6722	CROWN-RESIN WITH NOBLE METAL	\$650.00
D6740	RETAINER CROWN – PORCELAIN/CERAMIC	\$650.00
D6750	CROWN-PORCELAIN FUSED HIGH NOBLE	\$650.00
D6751	CROWN-PORCELAIN FUSED TO BASE METAL	\$650.00
D6752	CROWN-PORCELAIN FUSED NOBLE METAL	\$650.00
D6753	RETAINER CROWN- PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$650.00
D6784	RETAINER CROWN 3/4- TITANIUM AND TITANIUM ALLOYS	\$650.00

Code	Description	Fee
D6790	CROWN-FULL CAST HIGH NOBLE	\$650.00
D6791	CROWN - FULL CAST BASE METAL	\$650.00
D6792	CROWN - FULL CAST NOBLE METAL	\$650.00
D6794	RETAINER CROWN - TITANIUM AND TITANIUM ALLOYS	\$650.00
D6930	RE-CEMENT OR RE-BOND FIXED PARTIAL DENTURE	\$82.33
D7111	EXTRACTION, CORONAL REMNANTS - PRIMARY TOOTH	\$23.93
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	\$89.70
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	\$166.40
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	\$200.20
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	\$276.90
D7240	REMOVAL OF IMPACTED TOOTH-COMpletely BONY	\$321.10
D7241	REMOVAL OF IMPACTED TOOTH-COMpletely BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	\$345.80
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	\$166.40
D7260	OROANTRAL FISTULA CLOSURE	\$497.09
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	\$239.23
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH	\$438.66
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	\$352.30
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	\$163.05
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	\$128.70
D7285	INCISIONAL BIOPSY OF ORAL TISSUE-HARD (BONE, TOOTH)	\$106.54
D7286	INCISIONAL BIOPSY OF ORAL TISSUE-SOFT	\$106.54
D7288	BRUSH BIOPSY - TRANSEPIHELIAL SAMPLE COLLECTION	\$79.76
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	\$132.39
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	\$63.80
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	\$222.79
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	\$111.64

Code	Description	Fee
D7450	REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25CM	\$184.78
D7451	REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION GREATER THAN 1.25CM	\$209.31
D7471	REMOVAL OF EXOSTOSIS - PER SITE	\$222.79
D7472	REMOVAL OF TORUS PALATINUS	\$319.02
D7473	REMOVAL OF TORUS MANDIBULARIS	\$222.79
D7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	\$222.79
D7510	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE	\$40.35
D7511	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)	\$88.40
D7880	OCCLUSAL ORTHOTIC DEVICE, BY REPORT	\$508.83
D7961	BUCCAL / LABIAL FRENECTOMY (FRENULECTOMY)	\$442.34
D7962	LINGUAL FRENECTOMY (FRENULECTOMY)	\$442.34
D7963	FRENULOPLASTY	\$478.45
D7970	EXCISION OF HYPERPLASTIC TISSUE - PER ARCH	\$213.07
D7971	EXCISION OF PERICORONAL GINGIVA	\$113.00
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	\$213.07
D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	\$431.04
D8030	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	\$431.04
D8040	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION	\$431.04
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	\$1367.60
D8210	REMOVABLE APPLIANCE THERAPY (INCLUDES APPLIANCES FOR THUMB SUCKING AND TONGUE THRUSTING)	\$263.20
D8220	FIXED APPLIANCE THERAPY (INCLUDES APPLIANCES FOR THUMB SUCKING AND TONGUE THRUSTING)	\$319.64
D8660	PRE-ORTHODONTIC TREATMENT EXAMINATION TO MONITOR GROWTH AND DEVELOPMENT	\$260.00
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT	\$529.41
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES)	\$547.33
D8703	REPLACEMENT OF LOST OR BROKEN RETAINER - MAXILLARY	\$162.50
D8704	REPLACEMENT OF LOST OR BROKEN RETAINER - MANDIBULAR	\$162.50
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	\$60.42
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROCEDURE	\$62.96
D9222	DEEP SEDATION/GENERAL ANESTHESIA FIRST 15 MINUTES	\$83.20

Code	Description	Fee
D9223	DEEP SEDATION/GENERAL ANESTHESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	\$83.20
D9230	INHALATION OF NITROUS OXIDE/ANALGESIA, ANXIOLYSIS	\$43.86
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA-FIRST 15 MINUTES	\$68.25
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	\$68.25
D9248	NON-INTRAVENOUS MODERATE (CONSCIOUS) SEDATION	\$143.00
D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN	\$108.15
D9410	HOUSE/EXTENDED CARE FACILITY CALL	\$102.25
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	\$83.93
D9440	OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS	\$41.96
D9610	THERAPEUTIC DRUG INJECTION, BY REPORT	\$25.83
D9612	THERAPEUTIC DRUG INJECTION - 2 OR MORE MEDICATIONS BY REPORT	\$51.66
D9630	OTHER DRUGS AND/OR MEDICAMENTS, BY REPORT	\$25.83
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	\$41.96
D9920	BEHAVIOR MANAGEMENT, BY REPORT	\$89.05
D9930	TREATMENT OF COMPLICATIONS (POST-SURGICAL) - UNUSUAL CIRCUMSTANCES, BY REPORT	\$43.58
D9944	OCCLUSAL GUARD--HARD APPLIANCE, FULL ARCH	\$260.00
D9945	OCCLUSAL GUARD--SOFT APPLIANCE FULL ARCH	\$195.00
D9946	OCCLUSAL GUARD--HARD APPLIANCE, PARTIAL ARCH	\$195.00
D9990	CERTIFIED TRANSLATION OR SIGN-LANGUAGE SERVICES PER VISIT	\$16.25
D9992	DENTAL CASE MANAGEMENT - CARE COORDINATION	\$10.76
D9994	DENTAL CASE MANAGEMENT - PATIENT EDUCATION TO IMPROVE ORAL HEALTH LITERACY	\$10.76
D9995	TELEDENTISTRY - SYNCHRONOUS; REAL-TIME ENCOUNTER	\$45.50
D9996	TELEDENTISTRY - ASYNCHRONOUS; INFORMATION STORED AND FORWARDED TO DENTIST FOR SUBSEQUENT REVIEW	\$19.50
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT	\$199.23