



Delta Dental of Minnesota
P.O. Box 9304
Minneapolis, MN 55440-9304

Confidential Filed Fee Schedule

(Updated to include CDT 2009/2010 code terminology)

Provider File	
License #	_____
Name	_____
Effective Date:	_____, 20__
Enter Date:	_____, 20__
Operator:	_____
Notes:	_____
For Delta Dental Use Only	

Statement of Intent:

I agree that each fee submitted to Delta Dental on a claim for dental services I provide to any Delta Dental patient will be these pre-filed fees or the fees actually charged and accepted as payment in full, whichever is less, consistent with the rules and regulations of Delta Dental. If requested by Delta Dental, I will verify by providing documentary evidence satisfactory to Delta Dental that the fees listed on this schedule are my normal (most frequently charged) fees for dental procedures uniformly charged to patients or third party payors. I understand that I cannot revise my pre-filed fees until after the expiration of six (6) months from the effective date indicated below. My fees as pre-filed with Delta Dental on this schedule include the amount of any applicable MinnesotaCare tax.

Note:
Fees must be filed with Delta Dental 30 days prior to their effective date to ensure proper payment of claims. Fee ranges per procedure are not accepted. Please retain a copy of this form with your records.
These new fees are effective on _____, 20__

Dentist Information: To ensure an accurate update, ALL dentists and ALL locations must be given.

This fee schedule applies to the following dentist(s) at the following locations(s) ONLY. Please attach additional sheets if necessary.

_____ Dentist Personal Signature	_____ Dentist Name (print)	_____ Tax Identification	_____ License	_____ NPI Number
_____ Street Address		_____ City	_____ State	_____ Zip
_____ Dentist Personal Signature	_____ Dentist Name (print)	_____ Tax Identification	_____ License	_____ NPI Number
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_____ Street Address		_____ City	_____ State	_____ Zip

I. CLINICAL ORAL EVALUATIONS		
D0120	Periodic oral evaluation – established patient	\$
D0140	Limited oral evaluation – problem focused	\$
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$
D0150	Comprehensive oral evaluation – new or established patient	\$
D0160	Detailed and extensive oral evaluation – problem focused, by report	\$
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	\$
D0180	Comprehensive periodontal evaluation – new or established patient	\$
II. RADIOGRAPHS/DIAGNOSTIC IMAGING		
D0210	Intraoral – complete series (including bitewings)	\$
D0220	Intraoral – periapical first film	\$
D0230	Intraoral – periapical each additional film	\$
D0240	Intraoral – occlusal film	\$
D0250	Extraoral – first film	\$
D0260	Extraoral – each additional film	\$
D0270	Bitewing – single film	\$
D0272	Bitewings – two films	\$
D0273	Bitewings – three films	\$
D0274	Bitewings – four films	\$
D0277	Vertical bitewings – 7 to 8 films	\$
D0290	Posterior – anterior or lateral skull and facial bone survey film	\$
D0310	Sialography	\$
D0320	Temporomandibular joint arthrogram, including injection	\$
D0321	Other temporomandibular joint films, by report	\$
D0322	Tomographic survey	\$
D0330	Panoramic film	\$
D0340	Cephalometric film	\$
D0350	Oral/facial photographic images	\$
D0360	Cone beam ct – craniofacial data capture	\$
D0362	Cone beam – two-dimensional image reconstruction using existing data, includes multiple images	\$
D0363	Cone beam – three-dimensional image reconstruction using existing data, includes multiple images	\$
D0415	Collection of microorganisms for culture and sensitivity	\$

D0416	Viral culture	\$
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing	\$
D0418	Analysis of saliva sample	\$
D0421	Genetic test for susceptibility to oral diseases	\$
D0425	Caries susceptibility tests	\$
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	\$
D0460	Pulp vitality tests	\$
D0470	Diagnostic casts	\$
D0472	Accession of tissue, gross examination, preparation and transmission of written report	\$
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	\$
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	\$
D0475	Decalcification procedure	\$
D0476	Special stains for microorganisms	\$
D0477	Special stains, not for microorganisms	\$
D0478	Immunohistochemical stains	\$
D0479	Tissue in-situ hybridization, including interpretation	\$
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	\$
D0481	Electron microscopy – diagnostic	\$
D0482	Direct immunofluorescence	\$
D0483	Indirect immunofluorescence	\$
D0484	Consultation on slides prepared elsewhere	\$
D0485	Consultation including preparation of slides from biopsy material supplied by referring source	\$
D0486	Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	\$
D0502	Other oral pathology procedures, by report	\$
D0999	Unspecified diagnostic procedure, by report	\$
III. PREVENTIVE SERVICES		
D1110	Prophylaxis – adult	\$
D1120	Prophylaxis – child	\$

D1203	Topical application of fluoride – child	\$
D1204	Topical application of fluoride – adult	\$
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$
D1310	Nutritional counseling for control of dental disease	\$
D1320	Tobacco counseling for the control and prevention of oral disease	\$
D1330	Oral hygiene instructions	\$
D1351	Sealant – per tooth	\$
IV. SPACE MAINTENANCE (Passive Appliances)		
D1510	Space maintainer – fixed – unilateral	\$
D1515	Space maintainer – fixed – bilateral	\$
D1520	Space maintainer – removable – unilateral	\$
D1525	Space maintainer – removable – bilateral	\$
D1550	Re-cementation of space maintainer	\$
D1555	Removal of fixed space maintainer	\$
V. AMALGAM RESTORATIONS		
D2140	Amalgam – one surface, primary or permanent	\$
D2150	Amalgam – two surfaces, primary or permanent	\$
D2160	Amalgam – three surfaces, primary or permanent	\$
D2161	Amalgam – four or more surfaces, primary or permanent	\$
VI. RESIN – BASED COMPOSITE RESTORATIONS		
D2330	Resin-based composite – one surface, anterior	\$
D2331	Resin-based composite – two surfaces, anterior	\$
D2332	Resin-based composite – three surfaces, anterior	\$
D2335	Resin-based composite – four or more surfaces or involving incisal angle, (anterior)	\$
D2390	Resin-based composite crown, anterior	\$
D2391	Resin-based composite – one surface, posterior	\$
D2392	Resin-based composite – two surfaces, posterior	\$
D2393	Resin-based composite – three surfaces, posterior	\$
D2394	Resin-based composite – four or more surfaces, posterior	\$

VII. GOLD FOIL RESTORATIONS		
D2410	Gold foil – one surface	\$
D2420	Gold foil – two surfaces	\$
D2430	Gold foil – three surfaces	\$
VIII. INLAY/ONLAY RESTORATIONS		
D2510	Inlay – metallic – one surface	\$
D2520	Inlay – metallic – two surfaces	\$
D2530	Inlay – metallic – three or more surfaces	\$
D2542	Onlay – metallic – two surfaces	\$
D2543	Onlay – metallic – three surfaces	\$
D2544	Onlay – metallic – four or more surfaces	\$
D2610	Inlay – porcelain/ceramic – one surface	\$
D2620	Inlay – porcelain/ceramic – two surfaces	\$
D2630	Inlay – porcelain/ceramic – three or more surfaces	\$
D2642	Onlay – porcelain/ceramic – two surfaces	\$
D2643	Onlay – porcelain/ceramic – three surfaces	\$
D2644	Onlay – porcelain/ceramic – four or more surfaces	\$
D2650	Inlay – resin-based composite – one surface	\$
D2651	Inlay – resin-based composite – two surfaces	\$
D2652	Inlay – resin-based composite – three or more surfaces	\$
D2662	Onlay – resin-based composite – two surfaces	\$
D2663	Onlay – resin-based composite – three surfaces	\$
D2664	Onlay – resin-based composite – four or more surfaces	\$
IX. CROWNS – SINGLE RESTORATIONS		
D2710	Crown – resin-based composite (indirect)	\$
D2712	Crown – 3/4 resin-based composite (indirect)	\$
D2720	Crown – resin with high noble metal	\$
D2721	Crown – resin with predominantly base metal	\$
D2722	Crown – resin with noble metal	\$
D2740	Crown – porcelain/ceramic substrate	\$
D2750	Crown – porcelain fused to high noble metal	\$
D2751	Crown – porcelain fused to predominantly base metal	\$
D2752	Crown – porcelain fused to noble metal	\$
D2780	Crown – 3/4 cast high noble metal	\$

D2781	Crown – 3/4 cast predominantly base metal	\$
D2782	Crown – 3/4 cast noble metal	\$
D2783	Crown – 3/4 porcelain/ceramic	\$
D2790	Crown – full cast high noble metal	\$
D2791	Crown – full cast predominantly base metal	\$
D2792	Crown – full cast noble metal	\$
D2794	Crown – titanium	\$
D2799	Provisional crown	\$
X. OTHER RESTORATIVE SERVICES		
D2910	Recement inlay, onlay, or partial coverage restoration	\$
D2915	Recement cast or prefabricated post and core	\$
D2920	Recement crown	\$
D2930	Prefabricated stainless steel crown – primary tooth	\$
D2931	Prefabricated stainless steel crown – permanent tooth	\$
D2932	Prefabricated resin crown	\$
D2933	Prefabricated stainless steel crown with resin window	\$
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth	\$
D2940	Sedative filling	\$
D2950	Core buildup, including any pins	\$
D2951	Pin retention – per tooth, in addition to restoration	\$
D2952	Post and core in addition to crown, indirectly fabricated	\$
D2953	Each additional indirectly fabricated post – same tooth	\$
D2954	Prefabricated post and core in addition to crown	\$
D2955	Post removal (not in conjunction with endodontic therapy)	\$
D2957	Each additional prefabricated post – same tooth	\$
D2960	Labial veneer (resin laminate) – chairside	\$
D2961	Labial veneer (resin laminate) – laboratory	\$
D2962	Labial veneer (porcelain laminate) – laboratory	\$
D2970	Temporary crown (fractured tooth)	\$
D2971	Additional procedures to construct new crown under existing partial denture framework	\$
D2975	Coping	\$
D2980	Crown repair, by report	\$
D2999	Unspecified restorative procedure, by report	\$

XI. ENDODONTICS		
D3110	Pulp cap – direct (excluding final restoration)	\$
D3120	Pulp cap – indirect (excluding final restoration)	\$
D3220	Therapeutic pulpotomy (excluding final restoration) removal of pulp coronal to the dentinocemental junction and application of medicament	\$
D3221	Pulpal debridement, primary and permanent teeth	\$
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	\$
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	\$
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	\$
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	\$
D3330	Endodontic therapy, molar (excluding final restoration)	\$
D3331	Treatment of root canal obstruction; non-surgical access	\$
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$
D3333	Internal root repair of perforation defects	\$
D3346	Retreatment of previous root canal therapy – anterior	\$
D3347	Retreatment of previous root canal therapy – bicuspid	\$
D3348	Retreatment of previous root canal therapy – molar	\$
D3351	Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption etc.)	\$
D3352	Apexification/recalcification – interim medication replacement (apical closure /calcific repair of perforations, root resorption, etc.)	\$
D3353	Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)	\$
D3410	Apicoectomy/periradicular surgery – anterior	\$
D3421	Apicoectomy/periradicular surgery – bicuspid (first root)	\$
D3425	Apicoectomy/periradicular surgery – molar (first root)	\$

D3426	Apicoectomy/periradicular surgery (each additional root)	\$
D3430	Retrograde filling – per root	\$
D3450	Root amputation – per root	\$
D3460	Endodontic endosseous implant	\$
D3470	Intentional reimplantation (including necessary splinting)	\$
D3910	Surgical procedure for isolation of tooth with rubber dam	\$
D3920	Hemisection (including any root removal), not including root canal therapy	\$
D3950	Canal preparation and fitting of preformed dowel or post	\$
D3999	Unspecified endodontic procedure, by report	\$
XII. PERIODONTICS		
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	\$
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	\$
D4230	Anatomical crown exposure – four or more contiguous teeth per quadrant	\$
D4231	Anatomical crown exposure – one to three teeth per quadrant	\$
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	\$
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	\$
D4245	Apically positioned flap	\$
D4249	Clinical crown lengthening – hard tissue	\$
D4260	Osseous surgery (including flap entry and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$
D4261	Osseous surgery (including flap entry and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	\$
D4263	Bone replacement graft – first site in quadrant	\$
D4264	Bone replacement graft – each additional site in quadrant	\$
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$
D4266	Guided tissue regeneration – resorbable barrier, per site	\$
D4267	Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)	\$
D4268	Surgical revision procedure, per tooth	\$

D4270	Pedicle soft tissue graft procedure	\$
D4271	Free soft tissue graft procedure (including donor site surgery)	\$
D4273	Subepithelial connective tissue graft procedures, per tooth	\$
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$
D4275	Soft tissue allograft	\$
D4276	Combined connective tissue and double pedicle graft, per tooth	\$
D4320	Provisional splinting – intracoronal	\$
D4321	Provisional splinting – extracoronal	\$
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	\$
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	\$
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	\$
D4910	Periodontal maintenance	\$
D4920	Unscheduled dressing change (by someone other than treating dentist)	\$
D4999	Unspecified periodontal procedure, by report	\$
XIII. PROSTHODONTICS (REMOVABLE)		
D5110	Complete denture – maxillary	\$
D5120	Complete denture – mandibular	\$
D5130	Immediate denture – maxillary	\$
D5140	Immediate denture – mandibular	\$
D5211	Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	\$
D5212	Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	\$
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$
D5225	Maxillary partial denture – flexible base (including any clasps, rests and teeth)	\$

D5226	Mandibular partial denture – flexible base (including any clasps, rests and teeth)	\$
D5281	Removable unilateral partial denture – one piece cast metal (including clasps and teeth)	\$
D5410	Adjust complete denture – maxillary	\$
D5411	Adjust complete denture – mandibular	\$
D5421	Adjust partial denture – maxillary	\$
D5422	Adjust partial denture – mandibular	\$
D5510	Repair broken complete denture base	\$
D5520	Replace missing or broken teeth – complete denture (each tooth)	\$
D5610	Repair resin denture base	\$
D5620	Repair cast framework	\$
D5630	Repair or replace broken clasp	\$
D5640	Replace broken teeth – per tooth	\$
D5650	Add tooth to existing partial denture	\$
D5660	Add clasp to existing partial denture	\$
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$
D5710	Rebase complete maxillary denture	\$
D5711	Rebase complete mandibular denture	\$
D5720	Rebase maxillary partial denture	\$
D5721	Rebase mandibular partial denture	\$
D5730	Reline complete maxillary denture (chairside)	\$
D5731	Reline complete mandibular denture (chairside)	\$
D5740	Reline maxillary partial denture (chairside)	\$
D5741	Reline mandibular partial denture (chairside)	\$
D5750	Reline complete maxillary denture (laboratory)	\$
D5751	Reline complete mandibular denture (laboratory)	\$
D5760	Reline maxillary partial denture (laboratory)	\$
D5761	Reline mandibular partial denture (laboratory)	\$
D5810	Interim complete denture (maxillary)	\$
D5811	Interim complete denture (mandibular)	\$

D5820	Interim partial denture (maxillary)	\$
D5821	Interim partial denture, (mandibular)	\$
D5850	Tissue conditioning, maxillary	\$
D5851	Tissue conditioning, mandibular	\$
D5860	Overdenture – complete, by report	\$
D5861	Overdenture – partial, by report	\$
D5862	Precision attachment, by report	\$
D5867	Replacement of replaceable part of semi-precision or precision attachment (male or female component)	\$
D5875	Modification of removable prosthesis following implant surgery	\$
D5899	Unspecified removable prosthodontic procedure, by report	\$
XIV. MAXILLOFACIAL PROSTHETICS		
D5911	Facial moulage (sectional)	\$
D5912	Facial moulage (complete)	\$
D5913	Nasal prosthesis	\$
D5914	Auricular prosthesis	\$
D5915	Orbital prosthesis	\$
D5916	Ocular prosthesis	\$
D5919	Facial prosthesis	\$
D5922	Nasal septal prosthesis	\$
D5923	Ocular prosthesis, interim	\$
D5924	Cranial prosthesis	\$
D5925	Facial augmentation implant prosthesis	\$
D5926	Nasal prosthesis, replacement	\$
D5927	Auricular prosthesis, replacement	\$
D5928	Orbital prosthesis, replacement	\$
D5929	Facial prosthesis, replacement	\$
D5931	Obturator prosthesis, surgical	\$
D5932	Obturator prosthesis, definitive	\$
D5933	Obturator prosthesis, modification	\$
D5934	Mandibular resection prosthesis with guide flange	\$
D5935	Mandibular resection prosthesis without guide flange	\$
D5936	Obturator prosthesis, interim	\$
D5937	Trismus appliance (not for TMD treatment)	\$
D5951	Feeding aid	\$
D5952	Speech aid prosthesis, pediatric	\$
D5953	Speech aid prosthesis, adult	\$
D5954	Palatal augmentation prosthesis	\$
D5955	Palatal lift prosthesis, definitive	\$
D5958	Palatal lift prosthesis, interim	\$

D5959	Palatal lift prosthesis, modification	\$
D5960	Speech aid prosthesis, modification	\$
D5982	Surgical stent	\$
D5983	Radiation carrier	\$
D5984	Radiation shield	\$
D5985	Radiation cone locator	\$
D5986	Fluoride gel carrier	\$
D5987	Commissure splint	\$
D5988	Surgical splint	\$
D5991	Topical medicament carrier	\$
D5999	Unspecified maxillofacial prosthesis, by report	\$
XV. IMPLANT SERVICES		
D6010	Surgical placement of implant body: endosteal implant	\$
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	\$
D6040	Surgical placement – eposteal implant	\$
D6050	Surgical placement – transosteal implant	\$
D6053	Implant/abutment supported removable denture for completely edentulous arch	\$
D6054	Implant/abutment supported removable denture for partially edentulous arch	\$
D6055	Dental implant supported connecting bar	\$
D6056	Prefabricated abutment – includes placement	\$
D6057	Custom abutment – includes placement	\$
D6058	Abutment supported porcelain/ceramic crown	\$
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$
D6062	Abutment supported cast metal crown (high noble metal)	\$
D6063	Abutment supported cast metal crown (predominantly base metal)	\$
D6064	Abutment supported cast metal crown (noble metal)	\$
D6065	Implant supported porcelain/ceramic crown	\$
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$

D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$
D6068	Abutment supported retainer for porcelain/ceramic FPD	\$
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	\$
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	\$
D6074	Abutment supported retainer for cast metal FPD (noble metal)	\$
D6075	Implant supported retainer for ceramic FPD	\$
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	\$
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	\$
D6078	Implant/abutment supported fixed denture for completely edentulous arch	\$
D6079	Implant/abutment supported fixed denture for partially edentulous arch	\$
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis	\$
D6090	Repair implant supported prosthesis, by report	\$
D6091	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	\$
D6092	Recent implant/abutment supported crown	\$
D6093	Recent implant/abutment supported fixed partial denture	\$
D6094	Abutment supported crown (titanium)	\$
D6095	Repair implant abutment, by report	\$
D6100	Implant removal, by report	\$
D6190	Radiographic/surgical implant index, by report	\$
D6194	Abutment supported retainer crown for FPD (titanium)	\$

D6199	Unspecified implant procedure, by report	\$
XVI. PROSTHODONTICS, FIXED		
D6205	Pontic – indirect resin based composite	\$
D6210	Pontic – cast high noble metal	\$
D6211	Pontic – cast predominantly base metal	\$
D6212	Pontic – cast noble metal	\$
D6214	Pontic – titanium	\$
D6240	Pontic – porcelain fused to high noble metal	\$
D6241	Pontic – porcelain fused to predominantly base metal	\$
D6242	Pontic – porcelain fused to noble metal	\$
D6245	Pontic – porcelain/ceramic	\$
D6250	Pontic – resin with high noble metal	\$
D6251	Pontic – resin with predominantly base metal	\$
D6252	Pontic – resin with noble metal	\$
D6253	Provisional pontic	\$
D6545	Retainer – cast metal for resin bonded fixed prosthesis	\$
D6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis	\$
D6600	Inlay – porcelain/ceramic, two surfaces	\$
D6601	Inlay – porcelain/ceramic, three or more surfaces	\$
D6602	Inlay – cast high noble metal, two surfaces	\$
D6603	Inlay – cast high noble metal, three or more surfaces	\$
D6604	Inlay – cast predominantly base metal, two surfaces	\$
D6605	Inlay – cast predominantly base metal, three or more surfaces	\$
D6606	Inlay – cast noble metal, two surfaces	\$
D6607	Inlay – cast noble metal, three or more surfaces	\$
D6608	Onlay – porcelain/ceramic, two surfaces	\$
D6609	Onlay – porcelain/ceramic, three or more surfaces	\$
D6610	Onlay – cast high noble metal, two surfaces	\$
D6611	Onlay – cast high noble metal, three or more surfaces	\$
D6612	Onlay – cast predominantly base metal, two surfaces	\$
D6613	Onlay – cast predominantly base metal, three or more surfaces	\$
D6614	Onlay – cast noble metal, two surfaces	\$
D6615	Onlay – cast noble metal, three or more surfaces	\$

D6624	Inlay – titanium	\$
D6634	Onlay – titanium	\$
D6710	Crown – indirect resin based composite	\$
D6720	Crown – resin with high noble metal	\$
D6721	Crown – resin with predominantly base metal	\$
D6722	Crown – resin with noble metal	\$
D6740	Crown – porcelain/ceramic	\$
D6750	Crown – porcelain fused to high noble metal	\$
D6751	Crown – porcelain fused to predominantly base metal	\$
D6752	Crown – porcelain fused to noble metal	\$
D6780	Crown – 3/4 cast high noble metal	\$
D6781	Crown – 3/4 cast predominantly base metal	\$
D6782	Crown – 3/4 cast noble metal	\$
D6783	Crown – 3/4 porcelain/ceramic	\$
D6790	Crown – full cast high noble metal	\$
D6791	Crown – full cast predominantly base metal	\$
D6792	Crown – full cast noble metal	\$
D6793	Provisional retainer crown	\$
D6794	Crown – titanium	\$
D6920	Connector bar	\$
D6930	Recement fixed partial denture	\$
D6940	Stress breaker	\$
D6950	Precision attachment	\$
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	\$
D6972	Prefabricated post and core in addition to fixed partial denture retainer	\$
D6973	Core build up for retainer, including any pins	\$
D6975	Coping – metal	\$
D6976	Each additional indirectly fabricated post – same tooth	\$
D6977	Each additional prefabricated post – same tooth	\$
D6980	Fixed partial denture repair, by report	\$
D6985	Pediatric partial denture, fixed	\$
D6999	Unspecified fixed prosthodontic procedure, by report	\$
XVII. ORAL & MAXILLOFACIAL SURGERY		
D7111	Extraction, coronal remnants – deciduous tooth	\$
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$

D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$
D7220	Removal of impacted tooth – soft tissue	\$
D7230	Removal of impacted tooth – partially bony	\$
D7240	Removal of impacted tooth – completely bony	\$
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	\$
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$
D7260	Oroantral fistula closure	\$
D7261	Primary closure of a sinus perforation	\$
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	\$
D7280	Surgical access of an unerupted tooth	\$
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$
D7283	Placement of device to facilitate eruption of impacted tooth	\$
D7285	Biopsy of oral tissue - hard (bone, tooth)	\$
D7286	Biopsy of oral tissue – soft	\$
D7287	Exfoliative cytological sample collection	\$
D7288	Brush biopsy – transepithelial sample collection	\$
D7290	Surgical repositioning of teeth	\$
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$
D7292	Surgical placement: temporary anchorage device [screw retained plate] requiring surgical flap	\$
D7293	Surgical placement: temporary anchorage device requiring surgical flap	\$
D7294	Surgical placement: temporary anchorage device without surgical flap	\$
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$

D7321	Alveoplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	\$
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	\$
D7410	Excision of benign lesion up to 1.25 cm	\$
D7411	Excision of benign lesion greater than 1.25 cm	\$
D7412	Excision of benign lesion, complicated	\$
D7413	Excision of malignant lesion up to 1.25 cm	\$
D7414	Excision of malignant lesion greater than 1.25 cm	\$
D7415	Excision of malignant lesion, complicated	\$
D7440	Excision of malignant tumor – lesion up to 1.25 cm	\$
D7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm	\$
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	\$
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	\$
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm	\$
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm	\$
D7465	Destruction of lesion(s) by physical or chemical method, by report	\$
D7471	Removal of lateral exostosis – (maxilla or mandible)	\$
D7472	Removal of torus palatinus	\$
D7473	Removal of torus mandibularis	\$
D7485	Surgical reduction of osseous tuberosity	\$
D7490	Radical resection of maxilla or mandible	\$
D7510	Incision and drainage of abscess – intraoral soft tissue	\$
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	\$
D7520	Incision and drainage of abscess – extraoral soft tissue	\$

D7521	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	\$
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	\$
D7550	Partial osteotomy/sequestrectomy for removal of non-vital bone	\$
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$
D7610	Maxilla – open reduction (teeth immobilized, if present)	\$
D7620	Maxilla – closed reduction (teeth immobilized, if present)	\$
D7630	Mandible – open reduction (teeth immobilized, if present)	\$
D7640	Mandible – closed reduction (teeth immobilized, if present)	\$
D7650	Malar and/or zygomatic arch – open reduction	\$
D7660	Malar and/or zygomatic arch – closed reduction	\$
D7670	Alveolus – closed reduction, may include stabilization of teeth	\$
D7671	Alveolus – open reduction, may include stabilization of teeth	\$
D7680	Facial bones – complicated reduction with fixation and multiple surgical approaches	\$
D7710	Maxilla – open reduction	\$
D7720	Maxilla – closed reduction	\$
D7730	Mandible – open reduction	\$
D7740	Mandible – closed reduction	\$
D7750	Malar and/or zygomatic arch – open reduction	\$
D7760	Malar and/or zygomatic arch – closed reduction	\$
D7770	Alveolus – open reduction stabilization of teeth	\$
D7771	Alveolus, closed reduction stabilization of teeth	\$
D7780	Facial bones – complicated reduction with fixation and multiple surgical approaches	\$
D7810	Open reduction of dislocation	\$
D7820	Closed reduction of dislocation	\$
D7830	Manipulation under anesthesia	\$
D7840	Condylectomy	\$
D7850	Surgical discectomy, with/without implant	\$
D7852	Disc repair	\$
D7854	Synovectomy	\$
D7856	Myotomy	\$
D7858	Joint reconstruction	\$

D7860	Arthrotomy	\$
D7865	Arthroplasty	\$
D7870	Arthrocentesis	\$
D7871	Non-arthroscopic lysis and lavage	\$
D7872	Arthroscopy – diagnosis, with or without biopsy	\$
D7873	Arthroscopy – surgical: lavage and lysis of adhesions	\$
D7874	Arthroscopy – surgical: disc repositioning and stabilization	\$
D7875	Arthroscopy – surgical: synovectomy	\$
D7876	Arthroscopy – surgical: discectomy	\$
D7877	Arthroscopy – surgical: debridement	\$
D7880	Occlusal orthotic device, by report	\$
D7899	Unspecified TMD therapy, by report	\$
D7910	Suture of recent small wounds up to 5 cm	\$
D7911	Complicated suture – up to 5 cm	\$
D7912	Complicated suture – greater than 5 cm	\$
D7920	Skin graft (identify defect covered, location and type of graft)	\$
D7940	Osteoplasty – for orthognathic deformities	\$
D7941	Osteotomy – mandibular rami	\$
D7943	Osteotomy – mandibular rami with bone graft; includes obtaining the graft	\$
D7944	Osteotomy – segmented or subapical	\$
D7945	Osteotomy – body of mandible	\$
D7946	LeFort I – (maxilla – total)	\$
D7947	LeFort I – (maxilla – segmented)	\$
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft	\$
D7949	LeFort II or LeFort III – with bone graft	\$
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or nonautogenous, by report	\$
D7951	Sinus augmentation with bone or bone substitutes	\$
D7953	Bone replacement graft for ridge preservation – per site	\$
D7955	Repair of maxillofacial soft and/or hard tissue defect	\$
D7960	Frenulectomy (frenectomy or frenotomy) – separate procedure	\$
D7963	Frenuloplasty	\$

D7970	Excision of hyperplastic tissue – per arch	\$
D7971	Excision of pericoronal gingiva	\$
D7972	Surgical reduction of fibrous tuberosity	\$
D7980	Sialolithotomy	\$
D7981	Excision of salivary gland, by report	\$
D7982	Sialodochoplasty	\$
D7983	Closure of salivary fistula	\$
D7990	Emergency tracheotomy	\$
D7991	Coronoidectomy	\$
D7995	Synthetic graft – mandible or facial bones, by report	\$
D7996	Implant – mandible for augmentation purposes (excluding alveolar ridge), by report	\$
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	\$
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	\$
D7999	Unspecified oral surgery procedure, by report	\$
XVIII. ORTHODONTICS		
D8010	Limited orthodontic treatment of the primary dentition	\$
D8020	Limited orthodontic treatment of the transitional dentition	\$
D8030	Limited orthodontic treatment of the adolescent dentition	\$
D8040	Limited orthodontic treatment of the adult dentition	\$
D8050	Interceptive orthodontic treatment of the primary dentition	\$
D8060	Interceptive orthodontic treatment of the transitional dentition	\$
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$
D8090	Comprehensive orthodontic treatment of the adult dentition	\$
D8210	Removable appliance therapy	\$
D8220	Fixed appliance therapy	\$
D8660	Pre-orthodontic treatment visit	\$
D8670	Periodic orthodontic treatment visit (as part of contract)	\$
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$
D8690	Orthodontic treatment (alternative billing to a contract fee)	\$

D8691	Repair of orthodontic appliance	\$
D8692	Replacement of lost or broken retainer	\$
D8693	Rebonding or recementing; and/or repair, as required, of fixed retainers	\$
D8999	Unspecified orthodontic procedure, by report	\$
XIX. ADJUNCTIVE GENERAL SERVICES		
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$
D9120	Fixed partial denture sectioning	\$
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$
D9211	Regional block anesthesia	\$
D9212	Trigeminal division block anesthesia	\$
D9215	Local anesthesia	\$
D9220	Deep sedation/general anesthesia – first 30 minutes	\$
D9221	Deep sedation/general anesthesia – each additional 15 minutes	\$
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$
D9241	Intravenous conscious sedation/analgesia – first 30 minutes	\$
D9242	Intravenous conscious sedation/analgesia – each additional 15 minutes	\$
D9248	Non-intravenous conscious sedation	\$
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	\$
D9410	House/extended care facility call	\$
D9420	Hospital call	\$
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	\$
D9440	Office visit – after regularly scheduled hours	\$
D9450	Case presentation, detailed and extensive treatment planning	\$
D9610	Therapeutic parenteral drug, single administration	\$
D9612	Therapeutic parental drugs, two or more administrations, different medications	\$
D9630	Other drugs and/or medicaments, by report	\$
D9910	Application of desensitizing medicament	\$
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	\$
D9920	Behavior management, by report	\$

D9930	Treatment of complications (post-surgical) – unusual circumstances, by report	\$
D9940	Occlusal guard, by report	\$
D9941	Fabrication of athletic mouthguard	\$
D9942	Repair and/or relining of occlusal guard	\$
D9950	Occlusion analysis – mounted case	\$
D9951	Occlusal adjustment – limited	\$
D9952	Occlusal adjustment – complete	\$
D9970	Enamel microabrasion	\$
D9971	Odontoplasty 1 – 2 teeth; includes removal of enamel projections	\$
D9972	External bleaching – per arch	\$
D9973	External bleaching – per tooth	\$
D9974	Internal bleaching – per tooth	\$
D9999	Unspecified adjunctive procedure, by report	\$