

CPTCODE	PROCEDURES	CPTCode begin date	CPT code end date	Max Pay Amt
D0120	PERIODIC ORAL EXAM	3/1/2017	2/28/2018	\$44.00
D0140	EMERGENCY/LIMITED ORAL EXAM	3/1/2017	2/28/2018	\$32.00
D0150	COMPREHENSIVE ORAL EXAM	3/1/2017	2/28/2018	\$63.00
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED, BY REPORT *requires pre-authorization and must be performed by a pre-determined LDP provider. *covered by Medicaid for Ortho < 20 y.o.	3/1/2017	2/28/2018	\$150.00
D0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT	3/1/2017	2/28/2018	\$63.00
D0190	SCREENING OF A PATIENT	3/1/2017	2/28/2018	\$18.00
D0191	ASSESSMENT OF A PATIENT	3/1/2017	2/28/2018	\$18.00
D0210	FULL MOUTH SERIES - ONCE PER YEAR	3/1/2017	2/28/2018	\$105.00
D0220	PERIAPICAL, SINGLE FILM	3/1/2017	2/28/2018	\$24.00
D0230	PERIAPICAL, EACH ADDITIONAL FILM	3/1/2017	2/28/2018	\$15.00
D0240	OCCLUSAL FILM *Covered by medicaid for <20 y.o.	3/1/2017	2/28/2018	\$66.00
D0270	BITEWING, SINGLE FILM	3/1/2017	2/28/2018	\$13.00
D0272	BITEWINGS, 2 FILMS	3/1/2017	2/28/2018	\$17.00
D0273	BITEWINGS, 3 FILMS	3/1/2017	2/28/2018	\$20.00
D0274	BITEWING, 4 FILMS	3/1/2017	2/28/2018	\$25.00
D0330	PANORAMIC RADIOGRAPHIC IMAGE	3/1/2017	2/28/2018	\$68.00
D0350	2D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY *Covered by medicaid for <20 y.o.	3/1/2017	2/28/2018	\$70.00
D0460	PULP VITALITY TEST	3/1/2017	2/28/2018	\$30.00
D0470	DIAGNOSTIC CASTS *requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2017	2/28/2018	\$96.00
D0473	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	3/1/2017	2/28/2018	\$140.00
D0474	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION, INCLUDING ASSESSMENT OF SURGICAL MARGINS FOR PRESENCE OF DISEASE, PREPARATION, AND TRANSMISSION OF WRITTEN REPORT	3/1/2017	2/28/2018	\$200.00
D0475	DECALCIFICATION PROCEDURE	3/1/2017	2/28/2018	\$230.00
D0476	SPECIAL STAINS FOR MICROORGANISMS	3/1/2017	2/28/2018	\$220.00
D0477	SPECIAL STAINS, NOT FOR MICROORGANISMS	3/1/2017	2/28/2018	\$220.00
D0478	IMMUNOHISTOCHEMICAL STAINS	3/1/2017	2/28/2018	\$140.00
D0482	DIRECT IMMUNOFLUORESCENCE	3/1/2017	2/28/2018	\$180.00

D1110	ADULT PROPHYLAXIS, UP TO FOUR A YEAR	3/1/2017	2/28/2018	\$98.00
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	3/1/2017	2/28/2018	\$31.00
D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	3/1/2017	2/28/2018	\$37.00
D2140	AMALGAM - 1 SURFACE	3/1/2017	2/28/2018	\$85.00
D2150	AMALGAM - 2 SURFACES	3/1/2017	2/28/2018	\$113.00
D2160	AMALGAM - 3 SURFACES	3/1/2017	2/28/2018	\$163.00
D2161	AMALGAM - 4 OR MORE SURFACES	3/1/2017	2/28/2018	\$163.00
D2330	RESIN-BASED COMPOSITE- 1 SURFACE - ANTERIOR	3/1/2017	2/28/2018	\$125.00
D2331	RESIN BASED COMPOSITE- 2 SURFACES - ANTERIOR	3/1/2017	2/28/2018	\$140.00
D2332	RESIN BASED COMPOSITE- 3 SURFACES - ANTERIOR	3/1/2017	2/28/2018	\$170.00
D2335	RESIN-BASED COMPOSITE - 4+ SURFACES OR INVOLVING INCISAL ANGLE - ANTERIOR	3/1/2017	2/28/2018	\$212.00
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR *Covered by medicaid for <20 y.o.	3/1/2017	2/28/2018	\$151.00
D2391	RESIN-BASED COMPOSITE ONE SURFACE - POSTERIOR	3/1/2017	2/28/2018	\$125.00
D2392	RESIN-BASED COMPOSITE TWO SURFACES - POSTERIOR	3/1/2017	2/28/2018	\$160.00
D2393	RESIN-BASED COMPOSITE THREE SURFACES - POSTERIOR	3/1/2017	2/28/2018	\$192.00
D2394	RESIN-BASED COMPOSITE FOUR OR MORE SURFACES - POSTERIOR	3/1/2017	2/28/2018	\$227.00
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT) *Covered by medicaid for <20 y.o.	3/1/2017	2/28/2018	\$329.00
D2720	CROWN - RESIN WITH HIGH NOBLE METAL *Covered by medicaid for <20 y.o.	3/1/2017	2/28/2018	\$468.00
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL *Covered by medicaid for <20 y.o.	3/1/2017	2/28/2018	\$468.00
D2722	CROWN - RESIN WITH NOBLE METAL *Covered by medicaid for <20 y.o.	3/1/2017	2/28/2018	\$468.00
D2740	CROWN - PORCELAIN/CERAMIC SUBSTRATE *Covered by medicaid for <20 y.o.	3/1/2017	2/28/2018	\$1,028.00
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL *Covered by medicaid for <20 y.o.	3/1/2017	2/28/2018	\$1,028.00
D2751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL *Covered by medicaid for <20 y.o.	3/1/2017	2/28/2018	\$1,028.00
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL *Covered by medicaid for <20 y.o.	3/1/2017	2/28/2018	\$1,028.00
D2790	CROWN FULL CAST HIGH NOBLE METAL *Covered by medicaid for <20 y.o.	3/1/2017	2/28/2018	\$1,028.00
D2792	CROWN FULL CAST NOBLE METAL	3/1/2017	2/28/2018	\$1,028.00
D2910	RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL COVERAGE RESTORATION *Covered by medicaid for <20 y.o.	3/1/2017	2/28/2018	\$27.00
D2920	RE-CEMENT OR RE-BOND CROWN	3/1/2017	2/28/2018	\$32.00
D2931	PREFABRICATED STAINLESS STEEL CROWN - PERMANENT TOOTH	3/1/2017	2/28/2018	\$143.00
D2940	SEDATIVE FILLING	3/1/2017	2/28/2018	\$75.00
D2941	INTERIM THERAPEUTIC RESTORATION - PRIMARY DETENTION *Covered by medicaid for <5 y.o.	3/1/2017	2/28/2018	\$112.00

D2950	CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED *Covered by medicaid for <20 y.o.	3/1/2017	2/28/2018	\$200.00
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN *Covered by medicaid for <20 y.o.	3/1/2017	2/28/2018	\$259.00
D2957	EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH	3/1/2017	2/28/2018	\$60.00
D3110	PULP CAP – DIRECT (EXCLUDING FINAL RESTORATION)	3/1/2017	2/28/2018	\$130.00
D3120	PULP CAP – INDIRECT (EXCLUDING FINAL RESTORATION) *Covered by medicaid for <20 y.o.	3/1/2017	2/28/2018	\$152.00
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) *Covered by medicaid for <20 y.o.	3/1/2017	2/28/2018	\$153.00
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	3/1/2017	2/28/2018	\$130.00
D3230	PULPAL THERAPY (RESTORABLE FILLING) ANTERIOR-PRIMARY TOOTH *Covered by medicaid for <20 y.o.	3/1/2017	2/28/2018	\$112.00
D3240	PULPAL THERAPY (RESTORABLE FILLING) POSTERIOR-PRIMARY TOOTH *Covered by medicaid for <20 y.o.	3/1/2017	2/28/2018	\$200.00
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH	3/1/2017	2/28/2018	\$800.00
D3320	ENDODONTIC THERAPY, BICUSPID TOOTH *Covered by medicaid for <20 y.o.	3/1/2017	2/28/2018	\$820.00
D3330	ENDODONTIC THERAPY, MOLAR *Covered by medicaid for <20 y.o.	3/1/2017	2/28/2018	\$990.00
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION, NON-SURGICAL ACCESS	3/1/2017	2/28/2018	\$454.00
D3332	INCOMPLETE ENDODONTICS THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH	3/1/2017	2/28/2018	\$421.00
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - ANTERIOR	3/1/2017	2/28/2018	\$800.00
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – BICUSPID *Covered by medicaid for <20 y.o.	3/1/2017	2/28/2018	\$1,000.00
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – MOLAR *Covered by medicaid for <20 y.o.	3/1/2017	2/28/2018	\$1,100.00
D3410	APICOECTOMY/PERIADICULAR SURGERY- ANTERIOR *Covered by medicaid for <20 y.o.	3/1/2017	2/28/2018	\$800.00
D3421	APICOECTOMY/PERIADICULAR SURGERY- BICUSPID - 1ST ROOT	3/1/2017	2/28/2018	\$900.00
D3425	APICOECTOMY/PERIADICULAR SURGERY- MOLAR- 1ST ROOT	3/1/2017	2/28/2018	\$1,000.00
D3426	APICOECTOMY/PERIADICULAR SURGERY- EACH ADDITIONAL ROOT	3/1/2017	2/28/2018	\$324.00
D3430	RETROGRADE FILLING - PER ROOT *Covered by medicaid for <20 y.o.	3/1/2017	2/28/2018	\$379.00
D4210	GINGIVECTOMY OR GINGIVOPLASTY – 4 OR MORE CONTIGUOUS TEETH	3/1/2017	2/28/2018	\$340.00
D4211	GINGIVECTOMY OR GINGIVOPLASTY – 1-3 CONTIGUOUS TEETH	3/1/2017	2/28/2018	\$220.00
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING – 4 OR MORE CONTIGUOUS TEETH	3/1/2017	2/28/2018	\$771.00

D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING – 1-3 CONTIGUOUS TEETH	3/1/2017	2/28/2018	\$608.00
D4249	CLINICAL CROWN LENGTHENING ON HARD TISSUE (EXCLUDING TEETH 6-11 AND 22-27 without authorization)	3/1/2017	2/28/2018	\$900.00
D4341	PERIODONTAL SCALING & ROOT PLANING PER QUAD 4 OR MORE TEETH	3/1/2017	2/28/2018	\$176.00
D4342	PERIODONTAL SCALING & ROOT PLANING PER QUAD 1-3 TEETH	3/1/2017	2/28/2018	\$125.00
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS	3/1/2017	2/28/2018	\$176.00
D4381	LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE, PER TOOTH	3/1/2017	2/28/2018	\$24.00
D4910	PERIODONTAL MAINTENANCE	3/1/2017	2/28/2018	\$147.00
D5110	COMPLETE UPPER DENTURE (MAXILLARY)	3/1/2017	2/28/2018	\$1,200.00
D5120	COMPLETE LOWER DENTURE (MANDIBULAR)	3/1/2017	2/28/2018	\$1,200.00
D5130	COMPLETE UPPER IMMEDIATE DENTURE (MAXILLARY)	3/1/2017	2/28/2018	\$1,200.00
D5140	COMPLETE LOWER IMMEDIATE DENTURE (MANDIBULAR)	3/1/2017	2/28/2018	\$1,200.00
D5211	UPPER (MAXILLARY) PARTIAL DENTURE - RESIN BASE	3/1/2017	2/28/2018	\$370.00
D5212	LOWER (MANDIBULAR) PARTIAL DENTURE-RESIN BASE	3/1/2017	2/28/2018	\$370.00
D5213	UPPER PARTIAL DENTURE CAST METAL FRAMEWORK WITH RESIN	3/1/2017	2/28/2018	\$712.00
D5214	LOWER PARTIAL DENTURE CAST METAL FRAMEWORK WITH RESIN	3/1/2017	2/28/2018	\$712.00
D5225	MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS, AND TEETH)	3/1/2017	2/28/2018	\$1,200.00
D5226	MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS, AND TEETH)	3/1/2017	2/28/2018	\$1,200.00
D5410	DENTURE ADJUSTMENTS - COMPLETE UPPER	3/1/2017	2/28/2018	\$26.00
D5411	DENTURE ADJUSTMENTS - COMPLETE LOWER	3/1/2017	2/28/2018	\$26.00
D5421	DENTURE ADJUSTMENTS - PARTIAL UPPER	3/1/2017	2/28/2018	\$26.00
D5422	DENTURE ADJUSTMENTS - PARTIAL LOWER	3/1/2017	2/28/2018	\$26.00
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	3/1/2017	2/28/2018	\$58.00
D5520	REPLACE MISSING OR BROKEN TOOTH	3/1/2017	2/28/2018	\$58.00
D5610	REPAIR RESIN DENTURE BASE	3/1/2017	2/28/2018	\$60.00
D5620	REPAIR CAST FRAMEWORK	3/1/2017	2/28/2018	\$75.00
D5630	REPAIR/REPLACE BROKEN CLASP	3/1/2017	2/28/2018	\$87.00
D5640	REPLACE BROKEN TEETH - PER TOOTH	3/1/2017	2/28/2018	\$65.00
D5650	ADD TOOTH TO PARTIAL	3/1/2017	2/28/2018	\$61.00
D5660	ADD CLASP TO PARTIAL	3/1/2017	2/28/2018	\$150.00
D5710	REBASE COMPLETE DENTURE MAXILLARY DENTURE	3/1/2017	2/28/2018	\$304.00

D5711	REBASE COMPLETE MANDIBULAR DENTURE	3/1/2017	2/28/2018	\$304.00
D5720	REBASE MAXILLARY PARTIAL DENTURE	3/1/2017	2/28/2018	\$199.00
D5721	REBASE MANDIBULAR PARTIAL DENTURE	3/1/2017	2/28/2018	\$199.00
D5740	RELINE PARTIAL UPPER OR LOWER	3/1/2017	2/28/2018	\$129.00
D5741	RELINE PARTIAL UPPER OR LOWER	3/1/2017	2/28/2018	\$129.00
D5750	RELINE COMPLETE UPPER OR LOWER, LAB	3/1/2017	2/28/2018	\$187.00
D5751	RELINE COMPLETE UPPER OR LOWER, LAB	3/1/2017	2/28/2018	\$187.00
D5760	RELINE COMPLETE UPPER OR LOWER, LAB	3/1/2017	2/28/2018	\$176.00
D5761	RELINE PARTIAL UPPER OR LOWER, LAB	3/1/2017	2/28/2018	\$176.00
D5820	INTERIM PARTIAL DENTURE UPPER (MAXILLARY)	3/1/2017	2/28/2018	\$250.00
D5821	INTERIM PARTIAL DENTURE LOWER (MANDIBULAR)	3/1/2017	2/28/2018	\$250.00
D5850	TISSUE CONDITIONING, MAXILLARY *Covered by medicaid for <20 y.o.	3/1/2017	2/28/2018	\$30.00
D5851	TISSUE CONDITIONING, MANDIBULAR *Covered by medicaid for <20 y.o.	3/1/2017	2/28/2018	\$30.00
D6010	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT *for mandibular denture only, requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2017	2/28/2018	\$1,337.00
D6011	SECOND STAGE IMPLANT SURGERY *for mandibular denture only, requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2017	2/28/2018	\$890.00
D6056	PREFABRICATED ABUTMENT - INCLUDES MODIFICATION AND PLACEMENT *for mandibular denture only, requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2017	2/28/2018	\$640.00
D6057	CUSTOM FABRICATED ABUTMENT - INCLUDES PLACEMENT *requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2017	2/28/2018	\$500.00
D6059	ABUTMENT SUPPORTED PORCELAIN FUSED METAL CROWN *requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2017	2/28/2018	\$1,250.00
D6080	IMPLANT MAINTENANCE PROCEDURES *requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2017	2/28/2018	\$128.00
D6090	REPAIR IMPLANT SUPPORTED PROSTHESIS, BY REPORT *requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2017	2/28/2018	\$175.00
D6095	REPAIR IMPLANT ABUTMENT, BY REPORT *requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2017	2/28/2018	\$175.00
D6100	IMPLANT REMOVAL - BY REPORT *requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2017	2/28/2018	\$640.00
D6104	BONE GRAFT AT TIME OF IMPLANT PLACEMENT *for mandibular denture only, requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2017	2/28/2018	\$644.00

D6111	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH-MANDIBULAR *requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2017	2/28/2018	\$2,430.00
D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT *for mandibular denture only, requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2017	2/28/2018	\$450.00
D6240	PONTIC – PORCELAIN FUSED TO HIGH NOBLE METAL	3/1/2017	2/28/2018	\$900.00
D6241	PONTIC – PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	3/1/2017	2/28/2018	\$800.00
D6250	PONTIC - RESIN WITH HIGH NOBLE METAL	3/1/2017	2/28/2018	\$800.00
D6251	PONTIC – RESIN WITH PREDOMINANTLY BASE METAL	3/1/2017	2/28/2018	\$780.00
D6740	RETAINER CROWN - PORCELAIN/CERAMIC	3/1/2017	2/28/2018	\$900.00
D6750	CROWN – PORCELAIN FUSED TO HIGH NOBLE METAL	3/1/2017	2/28/2018	\$900.00
D6751	CROWN - PROCELAIN TO PREDOMINATLY BASE METAL	3/1/2017	2/28/2018	\$800.00
D6930	RE-CEMENT OR RE-BOND FIXED PARTIAL DENTURE	3/1/2017	2/28/2018	\$54.00
D7111	EXTRACTION, CORONAL REMNANTS - DECIDUOUS TOOTH	3/1/2017	2/28/2018	\$59.00
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT	3/1/2017	2/28/2018	\$135.00
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE	3/1/2017	2/28/2018	\$299.00
D7220	REMOVAL OF IMPACTED TOOTH, SOFT TISSUE	3/1/2017	2/28/2018	\$241.76
D7230	REMOVAL OF IMPACTED TOOTH, PARTIALLY BONY	3/1/2017	2/28/2018	\$261.28
D7240	REMOVAL OF IMPACTED TOOTH, COMPLETELY BONY	3/1/2017	2/28/2018	\$298.40
D7241	REMOVAL OF IMPACTED TOOTH, BONY W/UNUSUAL SURGICAL COMPLICATIONS	3/1/2017	2/28/2018	\$348.80
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS CUTTING PROCEDURE	3/1/2017	2/28/2018	\$188.53
D7270	TOOTH RE-IMPLANTATION AND/OR STABILIZATION	3/1/2017	2/28/2018	\$464.00
D7285	INCISIONAL BIOPSY OF ORAL TISSUE – HARD (BONE OR TOOTH)	3/1/2017	2/28/2018	\$840.00
D7286	INCISIONAL BIOPSY OF ORAL TISSUE – SOFT	3/1/2017	2/28/2018	\$520.00
D7310	ALVEOPLASTY IN CONJUNCTION WITH EXTRATIONS- FOUR OR MORE TEETH OR SPACES, PER QUADRANT	3/1/2017	2/28/2018	\$150.00
D7311	ALVEOPLASTY IN CONJUNCTION WITH EXTRATIONS- ONE TO THREE TEETH TEETH OR SPACES, PER QUADRANT	3/1/2017	2/28/2018	\$150.00
D7320	ALVEOPLASTY NOT IN CONJUNCTION WITH EXTRATIONS- FOUR OR MORE TEETH OR SPACES, PER QUADRANT	3/1/2017	2/28/2018	\$150.00
D7321	ALVEOPLASTY NOT IN CONJUNCTION WITH EXTRATIONS- ONE TO THREE TEETH OR SPACES, PER QUADRANT	3/1/2017	2/28/2018	\$150.00
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	3/1/2017	2/28/2018	\$465.00
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	3/1/2017	2/28/2018	\$780.00
D7472	REMOVAL OF TORUS PALANTINUS	3/1/2017	2/28/2018	\$400.00

D7473	REMOVAL OF TORUS MANDIBULARIS	3/1/2017	2/28/2018	\$400.00
D7460	REMOVAL OF BENIGN NONDONTONGENIC CYST OR TUMOR- LESION DIAMETER UP TO 1.25 CM	3/1/2017	2/28/2018	\$982.00
D7510	INCISION & DRAINAGE OF INTRAORAL ABSCESS	3/1/2017	2/28/2018	\$250.00
D7520	INCISION & DRAINAGE OF ABSCESS EXTRAORAL SOFT TISSUE	3/1/2017	2/28/2018	\$443.00
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE	3/1/2017	2/28/2018	\$357.00
D7880	OCCLUSAL ORTHOTIC DEVICE *Covered by medicaid for <20 y.o.	3/1/2017	2/28/2018	\$520.00
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROCEDURE	3/1/2017	2/28/2018	\$100.00
D9223	DEEP SEDATION/GENERAL ANESTHESIA- EACH 15 MINUTES	3/1/2017	2/28/2018	\$218.00
D9230	NITROUS OXIDE	3/1/2017	2/28/2018	\$35.00
D9248	NON-INTRAVENTOUS CONSCIOUS SEDATION	3/1/2017	2/28/2018	\$260.00
D9630	OTHER DRUGS AND/OR MEDICAMENTS BY REPORT *Covered by medicaid for <20 y.o.	3/1/2017	2/28/2018	\$70.00
D9940	OCCLUSAL GUARD *Covered by medicaid for <20 y.o.	3/1/2017	2/28/2018	\$176.00

covered by Medicaid

covered by Medicaid <20 years old