



**STANIS NET PLUS, INC. FEE SCHEDULE - As of 1/1/11**

ADA Code	Description of Service	Schedule
D0120	PERIODIC ORAL EVALUATION	\$ 27
D0140	LIMITED ORAL EVAL PROBLEM FOCUS	\$ 38
D0150	COMPREHENSIVE ORAL EVALUATION	\$ 42
D0160	EXTENSIVE ORAL EVAL PROB FOCUS	\$ 46
D0170	RE-EVAL, EST PT, PROBLEM FOCUS	\$ 31
D0180	COMPREHENSIVE PERIO EVALUATION	\$ 45
D0210	INTRAORAL COMPLETE FILM SERIES	\$ 56
D0220	INTRAORAL PERIAPICAL-FIRST FILM	\$ 12
D0230	INTRAORAL PERIAPICAL-EA ADD FILM	\$ 9
D0240	INTRAORAL OCCLUSAL FILM	\$ 25
D0250	EXTRAORAL-FIRST FILM	\$ 41
D0260	EXTRAORAL-EA ADDITIONAL FILM	\$ 22
D0270	DENTAL BITEWING X-RAY-SINGLE FILM	\$ 10
D0272	DENTAL BITEWINGS-TWO FILMS	\$ 18
D0273	DENTAL BITEWINGS-THREE FILMS	\$ 22
D0274	DENTAL BITEWINGS-FOUR FILMS	\$ 29
D0277	VERTICAL BITEWINGS-SEVEN TO EIGHT	\$ 44
D0290	DENTAL FILM SKULL/FACIAL BONE	\$ 23
D0321	DENTAL OTHER TMJ FILMS	\$ 51
D0330	DENTAL PANORAMIC FILM	\$ 52
D0340	DENTAL CEPHALOMETRIC FILM	\$ 50
D0350	ORAL/FACIAL PHOTOGRAPHIC IMAGES	\$ 23
D0415	MICROORGANISMS FOR CULTURE & SENSTI	\$ 29
D0425	CARIES SUSCEPTIBILITY TEST	\$ 22
D0431	ADIUNCTIVE PREDX TEST NOT INCLUDING CYTOLOGY	\$ 25
D0460	PULP VITALITY TEST	\$ 35
D0470	DIAGNOSTIC CASTS	\$ 58
D0472	ACCESSN TISS-GROSS EXAM- PREP & TRANSMISSION REPORT	\$ 35
D0473	ACCESSN TISS-GROSS & MICRO EXAM-PREP TRANS REPORT	\$ 75
D1110	DENTAL PROPHYLAXIS ADULT	\$ 50
D1120	DENTAL PROPHYLAXIS CHILD	\$ 35
D1201	TOPICAL FLUOR W/PROPHY-CHILD	\$ 52
D1203	TOPICAL FLUOR W/O PROPHY-CHILD	\$ 29
D1204	TOPICAL FLUOR W/O PROPHY-ADULT	\$ 29
D1206	TOPICAL FLUOR VARNISH	\$ 25
D1351	DENTAL SEALANT PER TOOTH	\$ 27
D1510	SPACE MAINTAINER-FIXED UNILATERAL	\$ 173
D1515	SPACE MAINTAINER-FIXED BILATERAL	\$ 345
D1520	SPACE MAINTAINER-REMOVABLE UNILATERAL	\$ 138
D1525	SPACE MAINTAINER-REMOVABLE BILATERAL	\$ 285
D1550	RECEMENT SPACE MAINTAINER	\$ 23
D2140	AMALGAM RESTORATION-ONE SURF. PERMANENT	\$ 64
D2150	AMALGAM RESTORATION-TWO SURF. PERMANENT	\$ 69
D2160	AMALGAM RESTORATION-THREE SURF. PERMANENT	\$ 90
D2161	AMALGAM RESTORATION-FOUR OR MORE SURF. PERMANENT	\$ 102
D2330	RESIN RESTORATION-ONE SURFACE ANTERIOR	\$ 64
D2331	RESIN RESTORATION-TWO SURFACES ANTERIOR	\$ 87
D2332	RESIN RESTORATION-THREE SURFACES ANTERIOR	\$ 107
D2335	RESIN RESTORATION-FOUR OR MORE SURF. ANTERIOR	\$ 130
D2336	RESIN RESTORATION-CROWN ANTERIOR PRIMARY	\$ 138
D2337	RESIN RESTORATION-CROWN ANTERIOR PERMANENT	\$ 146
D2390	RESIN BASED COMP CROWN ANTERIOR	\$ 150
D2391	RESIN RESTORATION-ONE SURFACE POSTERIOR PERMANENT	\$ 67
D2392	RESIN RESTORATION-TWO SURFACES POSTERIOR PERMANENT	\$ 96
D2393	RESIN RESTORATION-THREE SURFACES POSTERIOR PERMANENT	\$ 121
D2394	RESIN RESTORATION-FOUR OR MORE SURF. POSTERIOR PERMANENT	\$ 143
D2410	GOLD FOIL RESTORATION-ONE SURFACE	\$ 244

ADA Code	Description of Service	Schedule
D2430	GOLD FOIL RESTORATION-TWO SURFACES	\$ 279
D2430	GOLD FOIL RESTORATION-THREE SURFACES	\$ 428
D2510	INLAY METALLIC-ONE SURFACE	\$ 257
D2520	INLAY METALLIC-TWO SURFACES	\$ 293
D2530	INLAY METALLIC-THREE OR MORE SURFACES	\$ 460
D2542	ONLAY METALLIC-TWO SURFACES	\$ 368
D2543	ONLAY METALLIC-THREE SURFACES	\$ 403
D2544	ONLAY METALLIC-FOUR OR MORE SURFACES	\$ 439
D2610	INLAY PORCELAIN/CERAMIC-ONE SURFACE	\$ 242
D2620	INLAY PORCELAIN/CERAMIC-TWO SURFACES	\$ 317
D2630	INLAY PORCELAIN/CERAMIC-THREE OR MORE SURFACES	\$ 467
D2642	ONLAY PORCELAIN-TWO SURFACES	\$ 527
D2643	ONLAY PORCELAIN-THREE SURFACES	\$ 556
D2644	ONLAY PORCELAIN-FOUR OR MORE SURFACES	\$ 573
D2650	INLAY COMPOSITE/RESIN-ONE SURFACE	\$ 121
D2651	INLAY COMPOSITE/RESIN-TWO SURFACES	\$ 242
D2652	INLAY COMPOSITE/RESIN-THREE OR MORE SURFACES	\$ 401
D2662	ONLAY COMPOSITE/RESIN-TWO SURFACES	\$ 236
D2663	ONLAY COMPOSITE/RESIN-THREE SURFACES	\$ 345
D2664	ONLAY COMPOSITE/RESIN-FOUR OR MORE SURFACES	\$ 494
D2710	CROWN-RESIN BASED COMPOSITE	\$ 204
D2712	CROWN-3/4 RESIN BASED COMPOSITE	\$ 246
D2720	CROWN-RESIN W/HIGH NOBLE METAL	\$ 595
D2721	CROWN-RESIN W/BASE METAL	\$ 550
D2722	CROWN-RESIN W/NOBLE METAL	\$ 575
D2740	CROWN-PORCELAIN/CERAMIC SUBSTRATE	\$ 600
D2750	CROWN-PORCELAIN W/HIGH NOBLE METAL	\$ 615
D2751	CROWN-PORCELAIN FUSED BASE METAL	\$ 560
D2752	CROWN-PORCELAIN W/NOBLE METAL	\$ 575
D2780	CROWN-3/4 CAST HIGH NOBLE METAL	\$ 466
D2781	CROWN-3/4 CAST BASE METAL	\$ 438
D2782	CROWN-3/4 CAST NOBLE METAL	\$ 453
D2783	CROWN-3/4 PORCELAIN/CERAMIC	\$ 479
D2790	CROWN-FULL CAST HIGH NOBLE METAL	\$ 580
D2791	CROWN-FULL CAST BASE METAL	\$ 560
D2792	CROWN-FULL CAST NOBLE METAL	\$ 565
D2799	PROVISIONAL CROWN	\$ 195
D2910	RECEMENT INLAY, ONLAY/PARTIAL	\$ 50
D2915	RECEMENT CASE OR PREFABRICATED POST AND CORE	\$ 39
D2920	RECEMENT CROWN	\$ 44
D2930	PREFAB STAINLESS STEEL CROWN-PRIMARY TOOTH	\$ 130
D2931	PREFAB STAINLESS STEEL CROWN-PERMANENT TOOTH	\$ 144
D2932	PREFABRICATED RESIN CROWN	\$ 130
D2933	PREFABRICATED SSC W/RESIN WINDOW	\$ 100
D2940	SEDATIVE FILLING	\$ 50
D2950	CORE BUILD UP-INCLUDING PINS	\$ 144
D2951	TOOTH PIN RETENTION	\$ 35
D2952	POST AND CORE CAST-CROWN	\$ 207
D2953	EACH ADDITIONAL CAST POST	\$ 98
D2954	PREFAB POST/CORE & CROWN	\$ 184
D2955	POST REMOVAL	\$ 102
D2957	EACH ADDITIONAL PREFAB POST	\$ 81
D2960	LAMINATE LABIAL VENEER (CHAIRSIDE)	\$ 260
D2961	LAB LABIAL VENEER RESIN	\$ 389
D2962	LAB LABIAL VENEER PORCELAIN	\$ 418
D2970	TEMPORARY CROWN	\$ 115
D2980	CROWN REPAIR	\$ 113
D3110	PULP CAP DIRECT	\$ 38
D3120	PULP CAP INDIRECT	\$ 28
D3220	THERAPEUTIC PULPOTOMY	\$ 87
D3221	GROSS PULPAL DEBRIDEMENT	\$ 84
D3230	PULPAL THERAPY ANTERIOR PRIMARY TOOTH	\$ 90
D3240	PULPAL THERAPY POSTERIOR PRIMARY TOOTH	\$ 90
D3310	ROOT CANAL THERAPY-ANTERIOR	\$ 360
D3320	ROOT CANAL THERAPY-TWO CANALS	\$ 440

ADA Code	Description of Service	Schedule
D3330	ROOT CANAL THERAPY-THREE CANALS	\$ 572
D3331	NON-SURGICAL TREATMENT ROOT CANAL OBSTRUCTION	\$ 109
D3332	INCOMPLETE ENDODONTIC TREATMENT	\$ 281
D3333	INTERNAL ROOT REPAIR	\$ 94
D3346	RETREAT ROOT CANAL ANTERIOR	\$ 480
D3347	RETREAT ROOT CANAL BICUSPID	\$ 575
D3348	RETREAT ROOT CANAL MOLAR	\$ 690
D3351	APEXIFICATION/RECALC INITIAL	\$ 200
D3352	APEXIFICATION/RECALC INTERIM	\$ 90
D3353	APEXIFICATION/RECALC FINAL	\$ 272
D3410	APICOECTOMY/PREIRADUCULAR SURG-ANTERIOR	\$ 400
D3421	ROOT SURGERY-BICUSPID	\$ 450
D3425	ROOT SURGERY-MOLAR	\$ 500
D3426	ROOT SURGERY-EACH ADDITIONAL ROOT	\$ 170
D3430	RETROGRADE FILLING	\$ 125
D3450	ROOT AMPUTATION	\$ 255
D3470	INTENTIONAL REPLANTATION	\$ 546
D3910	ISOLATION-TOOTH W/RUBBER DAM	\$ 35
D3920	TOOTH SPLITTING	\$ 202
D3950	CANAL PREP/FITTING OF DOWEL	\$ 85
D4210	GINGIVECTOMY/PLASTY PER QUAD	\$ 330
D4211	GINGIVECTOMY/PLASTY ONE TO THREE TEETH	\$ 140
D4240	GINGIVAL FLAP PROC W/ROOT PLANNING	\$ 485
D4245	APICALLY POSITIONED FLAP	\$ 266
D4249	CROWN LENGTHENING HARD TISSUE	\$ 390
D4260	OSSEOUS SURGERY-PER QUADRANT	\$ 625
D4261	OSSEOUS SURGERY INCLUDING FLAP ENTR/CLOS	\$ 300
D4263	BONE REPLACEMENT GRAFT-FIRST SITE IN QUADRANT	\$ 240
D4264	BONE REPLACEMENT GRAFT-EACH ADD SITE IN QUADRANT	\$ 173
D4265	BIOLOGIC MATERIALS TO AID OSSEOUS TISSUE REGENERATION	\$ 240
D4266	GUIDED TISSUE REGENERATION RESORBLE PROC	\$ 374
D4267	GUIDED TISSUE REGENERATION NONRESORB PROC	\$ 370
D4268	SURGERY REVIS PROC PER TOOT	\$ 300
D4270	PEDICLE SOFT TISSUE GRAFT	\$ 480
D4271	FREE SOFT TISSUE GRAFT	\$ 432
D4273	SUBEPITHELIAL TISSUE GRAFT PER TOOTH	\$ 515
D4274	DISTAL/PROXIMAL WEDGE PROC	\$ 288
D4275	SOFT TISSUE ALLOGRAFT	\$ 275
D4276	COMB CONNECT TISSUE/DBL PEDICLE	\$ 600
D4320	PROVISIONAL SPLINT-INTRACORONAL	\$ 230
D4321	PROVISIONAL SPLINT-EXTRACORONAL	\$ 200
D4341	PERIODONTAL SCALING & ROOT-PER QUADRANT	\$ 125
D4342	PERIODONTAL SCALING 1-3 TEETH PER QUAD	\$ 70
D4355	FULL MOUTH DEBRIDEMENT	\$ 121
D4381	LOCALIZED DELIVERY ANTIMICROBIAL AGENTS	\$ 102
D4910	PERIODONTAL MAINT PROCEDURES	\$ 75
D4920	UNSCHEDULED DRESSING CHANGED (NOT TXING DOCTOR)	\$ 40
D5110	DENTURES-COMPLETE MAXILLARY	\$ 690
D5120	DENTURES-COMPLETE MANDIBULAR	\$ 633
D5130	DENTURES-IMMEDIATE MAXILLARY	\$ 719
D5140	DENTURES-IMMEDIATE MANDIBULAR	\$ 690
D5211	DENTURES-MAXILLARY PARTIAL RESIN	\$ 619
D5212	DENTURES-MANDIBULAR PARTIAL RESIN	\$ 619
D5213	DENTURES-MAXILLARY PARTIAL METAL	\$ 719
D5214	DENTURES-MANDIBULAR PARTIAL METAL	\$ 690
D5225	DENTURES-MAXILLARY PARTIAL FLEXIBLE	\$ 719
D5226	DENTURES-MANDIBULAR PARTIAL	\$ 525
D5281	REMOVABLE PARTIAL DENTURE	\$ 294
D5410	DENTURES-ADJUST COMPLETE MAXILLARY	\$ 29
D5411	DENTURES-ADJUST COMPLETE MANDIBULAR	\$ 52
D5421	DENTURES-ADJUST PARTIAL MAXILLARY	\$ 44
D5422	DENTURES-ADJUST PARTIAL MANDIBULAR	\$ 35
D5510	DENTURES-REPAIR BROKEN COMPLETE BASE	\$ 97
D5520	REPLACE DENTURE TEETH-COMPLETE REPAIR	\$ 97
D5610	DENTURES-REPAIR RESIN BASE	\$ 87

ADA Code	Description of Service	Schedule
D5620	REPAIR PARTIAL DENTURE-CAST FRAMEWORK	\$ 102
D5630	REPAIR PARTIAL DENTURE-CLASP	\$ 104
D5640	REPLACE PARTIAL DENTURE-TEETH	\$ 87
D5650	ADD TOOTH TO PARTIAL DENTURE	\$ 104
D5660	ADD CLASP TO PARTIAL DENTURE	\$ 138
D5670	REPLACEMENT TEETH/ACRYLIC ON CAST METAL FRAME (MAXILLARY)	\$ 325
D5671	REPLACEMENT TEETH/ACRYLIC ON CAST	\$ 325
D5710	DENTURES-REBASE COMPLETE MAXILLARY	\$ 126
D5711	DENTURES-REBASE COMPLETE MANDIBULAR	\$ 126
D5720	DENTURES-REBASE PARTIAL MAXILLARY	\$ 74
D5721	DENTURES-REBASE PARTIAL MANDIBULAR	\$ 74
D5730	DENTURE-RELINE COMPLETE MAXILLARY (CHAIR SIDE)	\$ 175
D5731	DENTURE-RELINE COMPLETE MANDIBULAR (CHAIR SIDE)	\$ 175
D5740	DENTURE-RELINE PARTIAL MAXILLARY (CHAIR SIDE)	\$ 102
D5741	DENTURE-RELINE PARTIAL MANDIBULAR (CHAIR SIDE)	\$ 161
D5750	DENTURE-RELINE COMPLETE MAXILLARY (LAB)	\$ 173
D5751	DENTURE-RELINE COMPLETE MANDIBULAR (LAB)	\$ 173
D5760	DENTURE-RELINE PARTIAL MAXILLARY (LAB)	\$ 202
D5761	DENTURE-RELINE PARTIAL MANDIBULAR (LAB)	\$ 202
D5810	INTERIM COMP. DENT MAXILLARY	\$ 85
D5811	INTERIM COMP. DENT MANDIBULAR	\$ 85
D5820	DENTURE-INTERIM PARTIAL MAXILLARY	\$ 288
D5821	DENTURE-INTERIM PARTIAL MANDIBULAR	\$ 288
D5850	DENTURE-TISSUE CONDITIONING MAXILLARY	\$ 130
D5851	DENTURE-TISSUE CONDITIONING MANDIBULAR	\$ 130
D5860	OVER DENTURE COMPLETE	\$ 543
D5861	OVER DENTURE PARTIAL	\$ 610
D5862	PRECISION ATTACHMENT	\$ 288
D5982	SURGICAL STENT	\$ 199
D6010	ODONTICS ENDOSTEAL IMPLANT	\$ 1,000
D6053	IMPL SUPPORTED REMOVABLE DENT - COMPLETE	\$ 950
D6054	IMPLY SUPPORTED REMOVABLE DENT - PARTIAL	\$ 950
D6055	DENTAL IMP SUPPORTED CONN BAR	\$ 275
D6056	PREFABRICATED ABUTMENT	\$ 489
D6057	CUSTOM ABUTMENT	\$ 821
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	\$ 714
D6059	ABUTMENT SUPPORTED PORCELAIN FUSED TO HIGH NOBLE METAL CROWN	\$ 705
D6060	ABUTMENT SUPPORTED PORCELAIN BASE METAL CROWN	\$ 582
D6061	ABUTMENT SUPPORTED PORCELAIN NOBLE METAL CROWN	\$ 616
D6062	ABUTMENT SUPPORTED CAST HIGH NOBLE METAL CROWN	\$ 703
D6063	ABUTMENT SUPPORTED CAST BASE METAL CROWN	\$ 705
D6064	ABUTMENT SUPPORTED CAST NOBLE METAL CROWN	\$ 666
D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	\$ 680
D6066	IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN	\$ 685
D6067	IMPLANT SUPPORTED METAL CROWN	\$ 664
D6068	ABUTMENT SUPPORTED RETAINER PORCELAIN/CERAMIC CROWN FIXED PARTIAL	\$ 714
D6069	ABUTMENT SUPPORTED RETAINER PORCELAIN HIGH NOBLE CROWN FIXED PARTIAL	\$ 705
D6070	ABUTMENT SUPPORTED RETAINER PORCELAIN BASE METAL CROWN FIXED PARTIAL	\$ 666
D6071	ABUTMENT SUPPORTED RETAINER PORCELAIN NOBLE CROWN FIXED PARTIAL	\$ 680
D6072	ABUTMENT SUPPORTED RETAINER CAST HIGH NOBLE CROWN FIXED PARTIAL	\$ 694
D6073	ABUTMENT SUPPORTED RETAINER CAST BASE METAL CROWN FIXED PARTIAL	\$ 628
D6074	ABUTMENT SUPPORTED RETAINER CAST NOBLE CROWN FIXED PARTIAL	\$ 677
D6075	IMPLANT SUPPORTED RETAINER CERAMIC FIXED PARTIAL DENTURE	\$ 706
D6076	IMPLANT SUPPORTED RETAINER PORCELAIN HIGH NOBLE METAL FIXED PARTIAL	\$ 685
D6077	IMPLANT SUPPORTED RETAINER CAST METAL FIXED PARTIAL DENTURE	\$ 664
D6080	IMPLANT MAINTENANCE	\$ 87
D6092	RECEMENT IMPLANT/ABUTMENT SUPPORTED	\$ 50
D6094	ABUTMENT SUPP/CROWN TITANIUM	\$ 600
D6095	REPAIR IMPLANT ABUTMENT	\$ 55
D6210	PROSTHODONT HIGH NOBLE METAL	\$ 540
D6211	BRIDGE BASE METAL CAST	\$ 500
D6212	BRIDGE NOBLE METAL CAST	\$ 525
D6240	BRIDGE PORCELAIN HIGH NOBLE	\$ 540
D6241	BRIDGE PORCELAIN BASE METAL	\$ 500
D6242	BRIDGE PORCELAIN NOBLE METAL	\$ 525

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D6245	BRIDGE PORCELAIN/CERAMIC	\$ 530
D6250	BRIDGE RESIN W/HIGH NOBLE METAL	\$ 530
D6251	BRIDGE RESIN BASE METAL	\$ 490
D6252	BRIDGE RESIN W/NOBLE METAL	\$ 500
D6253	PROVISIONAL PONTIC	\$ 220
D6545	DENTAL RETAINER CAST METAL	\$ 230
D6548	PORCELAIN/CERAMIC RETAINER	\$ 210
D6600	INLAY PORCELAIN- TWO SURFACE	\$ 420
D6601	INLAY PORCELAIN-THREE + SURFACES	\$ 440
D6602	INLAY CAST HIGH NOBLE-TWO SURFACE	\$ 445
D6603	INLAY CAST HIGH NOBLE-THREE + SURFACES	\$ 475
D6604	INLAY CAST PREDOM METAL-TWO SURFACES	\$ 425
D6605	INLAY CAST PREDOM METAL-THREE +SURFACES	\$ 445
D6606	INLAY CAST NOBLE METAL-TWO SURFACES	\$ 425
D6607	INLAY CAST NOBLE METAL-THREE + SURFACES	\$ 460
D6608	ONLAY PORC/CERAMIC TWO SURFACES	\$ 440
D6609	ONLAY PROC/CERAMIC THREE + SURFACES	\$ 460
D6610	ONLAY CAST HIGH NOBLE-TWO SURFACES	\$ 465
D6611	ONLAY CAST HIGH NOBLE-THREE + SURFACES	\$ 525
D6612	ONLAY CAST PRED BASE METAL TWO SURFACES	\$ 465
D6613	ONLAY CAST PRED BASE METAL THREE + SURFACES	\$ 485
D6614	ONLAY CAST NOBLE METAL TWO SURFACES	\$ 460
D6615	ONLAY CAST NOBLE METAL THREE + SURFACES	\$ 470
D6720	RETAINER CROWN RESIN W/HIGH NOBLE	\$ 600
D6721	CROWN RESIN W/BASE METAL	\$ 565
D6722	CROWN RESIN W/NOBLE METAL	\$ 580
D6740	CROWN PORCELAIN/CERAMIC	\$ 580
D6750	CROWN PORCELAIN HIGH NOBLE	\$ 615
D6751	CROWN PORCELAIN BASE METAL	\$ 540
D6752	CROWN PORCELAIN NOBLE METAL	\$ 570
D6780	CROWN 3/4 HIGH NOBLE METAL	\$ 570
D6781	CROWN 3/4 CAST BASE METAL	\$ 580
D6782	CROWN 3/4 CAST NOBLE METAL	\$ 570
D6783	CROWN 3/4 PORCELAIN/CERAMIC	\$ 575
D6790	CROWN FULL HIGH NOBLE METAL	\$ 590
D6791	CROWN FULL BASE METAL CAST	\$ 560
D6792	CROWN FULL NOBLE METAL CAST	\$ 570
D6793	PROVISIONAL RETAINER CROWN	\$ 225
D6920	CONNECTOR BAR	\$ 65
D6930	RECEMENT BRIDGE	\$ 56
D6940	STRESS BREAKER	\$ 202
D6950	PRECISION ATTACHMENT	\$ 239
D6970	POST & CORE PLUS RETAINER	\$ 207
D6972	PREFAB POST & CORE PLUS RETAINER	\$ 184
D6973	CORE BUILD UP FOR RETAINER	\$ 144
D6975	COPING METAL	\$ 250
D6976	EACH ADDITIONAL CAST POST	\$ 80
D6977	EACH ADDITIONAL PREFAB POST	\$ 82
D6980	BRIDGE REPAIR, BY REPORT	\$ 107
D6985	PEDIATRIC PARTIAL DENTURE FIXED	\$ 250
D7111	CORONAL REMNANTS DECIDUOUS	\$ 90
D7140	EXTRACTION	\$ 110
D7210	REMOVE IMPACT TOOTH W/MUCOPER FLP	\$ 140
D7220	IMPACT TOOTH REMOVAL-SOFT TISSUE	\$ 175
D7230	IMPACT TOOTH REMOVAL-PARTIAL BONY	\$ 235
D7240	IMPACT TOOTH REMOVAL-COMPLETE BONY	\$ 275
D7241	IMPACT TOOTH REMOVAL-BONY W/COMPLICATIONS	\$ 350
D7250	TOOTH ROOT REMOVAL	\$ 145
D7260	ORAL ANTRAL FISTULA CLOSURE	\$ 294
D7270	TOOTH REIMPLANTATION	\$ 295
D7272	TOOTH TRANSPLANTATION	\$ 300
D7280	EXPOSURE IMPACT TOOTH-ORTHO	\$ 335
D7282	MOBILIZATION OF ERUPTED TOOTH TO AID ERUPTION	\$ 110
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	\$ 90
D7285	BIOPSY OF ORAL TISSUE-HARD	\$ 245

ADA Code	Description of Service	Schedule
D7286	BIOPSY OF ORAL TISSUE-SOFT	\$ 170
D7287	CYTOLOGY SAMPLE COLLECTION	\$ 70
D7290	REPOSITIONING OF TEETH	\$ 275
D7291	TRANSSEPTAL FIBEROTOMY	\$ 60
D7310	ALVEOPLASTY W/EXTRACTION-PER QUADRANT	\$ 130
D7311	ALVEOPLASTY W/EXTRACTION ONE TO THREE TEETH PER QUADRANT	\$ 100
D7320	ALVEOPLASTY W/O EXTRACTION-PER QUADRANT	\$ 245
D7340	VESTIBULOPLASTY RIDGE EXTENSION	\$ 395
D7350	VESTIBULOPLASTY EXTENSION GRAFT	\$ 395
D7410	RAD EXCISION LESION UP TO 1.25 CM	\$ 185
D7411	EXCISION OF LESION GREATER THAN 1.25 CM	\$ 400
D7450	REMOVAL ODONTOGEN CYST UP TO 1.25 CM	\$ 245
D7451	REMOVAL ODONTOGEN CYST GREATER THAN 1.25 CM	\$ 295
D7460	REMOVAL NONODONTOGEN CYST UP TO 1.25 CM	\$ 265
D7461	REMOVAL NONODONTOGEN CYST GREATER THAN 1.25 CM	\$ 295
D7471	REMOVAL OF EXOSTOSIS ANY SITE	\$ 202
D7472	REMOVAL OF TORUS PALATINUS (REMOVE EXCESS BONE GROWTH)	\$ 325
D7510	INCISION & DRAINAGE ABSCESS-INTRAORAL SOFT TISSUE	\$ 155
D7511	INCISION & DRAINAGE INTRAORAL SOFT TISSUE - COMPLICATED	\$ 225
D7520	INCISION & DRAINAGE ABSCESS-EXTRAORAL	\$ 245
D7530	REMOVAL OF FOREIGN BODY SKIN/AREOLAR TISSUE	\$ 95
D7540	REMOVAL REACTION PRODUCING FOREIGN BODY	\$ 120
D7550	REMOVAL OF SLOUGHED OFF BONE	\$ 61
D7560	MAXILLARY SINUSOTOMY (REM TOOTH FRAGMENT)	\$ 180
D7880	OCCLUSAL ORTHOTIC APPLIANCE	\$ 420
D7910	SUTURE RECENT WOUND UP TO 5 CM	\$ 58
D7911	COMPLICATED SUTURE WOUND UP TO 5 CM	\$ 12
D7912	COMPLICATED SUTURE WOUND GREATER THAN 5 CM	\$ 18
D7950	GRAFT, MANDIBLE/FACIAL BONES	\$ 255
D7953	BONE REPLACEMENT GRAFT PER SITE	\$ 135
D7960	FRENULECTOMY/FRENULOTOMY	\$ 345
D7970	EXCISION HYPERPLASTIC TISSUE, PER ARCH	\$ 345
D7971	EXCISION PERICORONAL GINGIVA	\$ 122
D8080	COMPREHENSIVE ORTHO TREATMENT ADOLESCENT	\$ 759
D8090	COMPREHENSIVE ORTHO TREATMENT ADULT	\$ 911
D8210	MINOR TREATMENT FOR TOOTH GUIDANCE-REMOVABLE APPL THERAPY	\$ 160
D8220	ORTHODONTIC FIXED APPLIANCE TREATMENT	\$ 547
D8670	PERIODIC ORTHODONTIC TREATMENT-VISIT	\$ 77
D8680	ORTHODONTIC RETENTION	\$ 36
D9110	PALLIATIVE TREATMENT DENTAL PAIN, MINOR PROCEDURE	\$ 50
D9120	FIXED PARTIAL DENTURE SECTIONING	\$ 90
D9220	DEEP SEDATION/GENERAL ANESTHESIA, FIRST 30 MINUTES	\$ 130
D9221	DEEP SEDATION/GENERAL ANESTHESIA, EACH ADDITIONAL 15 MINUTES	\$ 58
D9230	ANALGESIA, ANXIOLYSIS	\$ 38
D9241	IV CONSCIOUS SEDATION, FIRST 30 MINUTES	\$ 144
D9242	IV CONSCIOUS SEDATION, EACH ADDITIONAL 15 MINUTES	\$ 72
D9248	NON-IV CONSCIOUS SEDATION	\$ 40
D9310	CONSULTATION, DIAGNOSIS BY OTHER THAN TREATING PROVIDER	\$ 52
D9410	HOUSE CALL	\$ 46
D9420	HOSPITAL CALL	\$ 46
D9430	OFFICE VISIT OBSERVATION DURING REGULAR HOURS	\$ 41
D9440	OFFICE VISIT AFTER HOURS	\$ 58
D9610	THERAPEUTIC DRUG INJECTION	\$ 29
D9630	OTHER DRUGS/MEDICAMENTS	\$ 23
D9910	APPLY DESENSITIZING MEDICAMENT	\$ 46
D9911	APPLY DESENSITIZING RESIN PER TOOTH	\$ 35
D9930	POST SURGICAL COMPLICATIONS	\$ 25
D9940	OCCLUSAL GUARD	\$ 245
D9950	OCCLUSION ANALYSIS, MOUNTED CASE	\$ 130
D9951	LIMITED OCCLUSAL ADJUSTMENT	\$ 73
D9952	COMPLETE OCCLUSAL ADJUSTMENT	\$ 202
D9970	ENAMEL MICROABRASION	\$ 29
D9972	EXTERNAL BLEACHING, PER ARCH	\$ 275
D9973	EXTERNAL BLEACHING, PER TOOTH	\$ 17
D9974	INTERNAL BLEACHING, PER TOOTH	\$ 230