



(Federal Registry January 16, 2023)

For families/Households with more than 8 persons
Add \$5,140 each additional person

2023 SLIDING FEE SCALE

Family Size	100%	101% to 125%	126% to 150%	151% to 200%	201% to 250%	251 to 1000%
	A	B	C	D	E	F
	GROSS YEARLY INCOME - INGRESO ANNUAL					
1	\$14,580.00	\$18,225.00	\$21,870.00	\$29,160.00	\$36,450.00	\$36,451.00
2	\$19,720.00	\$24,650.00	\$29,580.00	\$39,440.00	\$49,300.00	\$49,301.00
3	\$24,860.00	\$31,075.00	\$37,290.00	\$49,720.00	\$62,150.00	\$62,151.00
4	\$30,000.00	\$37,500.00	\$45,000.00	\$60,000.00	\$75,000.00	\$75,001.00
5	\$35,140.00	\$43,925.00	\$52,710.00	\$70,280.00	\$87,850.00	\$87,851.00
6	\$40,280.00	\$50,350.00	\$60,420.00	\$80,560.00	\$100,700.00	\$100,701.00
7	\$45,420.00	\$56,775.00	\$68,130.00	\$90,840.00	\$113,550.00	\$113,551.00
8	\$50,560.00	\$63,200.00	\$75,840.00	\$101,120.00	\$126,400.00	\$126,401.00

CPT/HCPCSCODE	CPT DESCRIPTION	PRICE	Slide A	Slide B	Slide C	Slide D	Slide E	Slide F
1 10060	Drainage of skin abscess	\$271.00	\$0.00	\$110.00	\$165.00	\$215.00	\$271.00	\$271.00
2 11200	Removal of skin tags	\$209.00	\$0.00	\$85.00	\$125.00	\$165.00	\$209.00	\$209.00
3 11421	Exc h-f-nk-sp b9+marg 0.6-1	\$321.00	\$0.00	\$130.00	\$195.00	\$255.00	\$321.00	\$321.00
4 11422	Exc h-f-nk-sp b9+marg 1.1-2	\$391.00	\$0.00	\$155.00	\$235.00	\$315.00	\$391.00	\$391.00
5 11750	Removal of nail bed	\$498.00	\$0.00	\$200.00	\$300.00	\$400.00	\$498.00	\$498.00
6 17000	Destroy benign/premig lesion	\$165.00	\$0.00	\$65.00	\$100.00	\$130.00	\$165.00	\$165.00
7 20600	Drain/inject joint/bursa	\$111.00	\$0.00	\$45.00	\$65.00	\$90.00	\$111.00	\$111.00
8 20605	Drain/inject joint/bursa	\$117.00	\$0.00	\$45.00	\$70.00	\$95.00	\$117.00	\$117.00
9 20610	Drain/inject joint/bursa	\$144.00	\$0.00	\$60.00	\$85.00	\$115.00	\$144.00	\$144.00
10 29450	Application of leg cast	\$330.00	\$0.00	\$130.00	\$200.00	\$265.00	\$330.00	\$330.00
11 29580	Application of paste boot	\$104.00	\$0.00	\$40.00	\$60.00	\$85.00	\$104.00	\$104.00
12 54050	Destruction penis lesion(s)	\$311.00	\$0.00	\$125.00	\$185.00	\$250.00	\$311.00	\$311.00
13 54150	Circumcision w/regional block	\$289.00	\$0.00	\$115.00	\$175.00	\$230.00	\$289.00	\$289.00
14 56420	Drainage of gland abscess	\$270.00	\$0.00	\$110.00	\$160.00	\$215.00	\$270.00	\$270.00
15 56501	Destroy vulva lesions sim	\$339.00	\$0.00	\$135.00	\$205.00	\$270.00	\$339.00	\$339.00
16 57160	Insert pessary/other device	\$137.00	\$0.00	\$55.00	\$80.00	\$110.00	\$137.00	\$137.00
17 57170	Fitting of diaphragm/cap	\$138.00	\$0.00	\$55.00	\$85.00	\$110.00	\$138.00	\$138.00
18 57452	Exam of cervix w/scope	\$266.00	\$0.00	\$105.00	\$160.00	\$215.00	\$266.00	\$266.00
19 57455	Biopsy of cervix w/scope	\$321.00	\$0.00	\$130.00	\$195.00	\$255.00	\$321.00	\$321.00
20 57460	Bx of cervix w/scope leep	\$475.00	\$0.00	\$190.00	\$285.00	\$380.00	\$475.00	\$475.00
21 57500	Biopsy of cervix	\$221.00	\$0.00	\$90.00	\$135.00	\$175.00	\$221.00	\$221.00
22 57510	Cauterization of cervix	\$337.00	\$0.00	\$135.00	\$200.00	\$270.00	\$337.00	\$337.00
23 58100	Biopsy of uterus lining	\$255.00	\$0.00	\$100.00	\$155.00	\$205.00	\$255.00	\$255.00
24 58300	Insertion IUD	\$240.00	\$15.00	\$95.00	\$145.00	\$190.00	\$240.00	\$240.00
25 58301	Removal IUD	\$160.00	\$15.00	\$65.00	\$95.00	\$130.00	\$160.00	\$160.00
26 59025	Fetal non-stress test	\$508.00	\$0.00	\$205.00	\$305.00	\$405.00	\$508.00	\$508.00
27 69210	Remove impacted ear wax	\$93.00	\$0.00	\$35.00	\$55.00	\$75.00	\$93.00	\$93.00
28 96372	Injection Administration	\$35.00	\$0.00	\$15.00	\$20.00	\$30.00	\$35.00	\$35.00
29 90791	Psychiatric Diagnostic Evaluation (In-person and telehealth)	\$340.00	\$15.00	\$25.00	\$35.00	\$45.00	\$340.00	\$340.00
30 90832	Psychotherapy, 16-37 minutes (In-person and telehealth)	\$230.00	\$15.00	\$25.00	\$35.00	\$45.00	\$230.00	\$230.00
31 90834	Psychotherapy, 38-52 minutes (In-person and telehealth)	\$270.00	\$15.00	\$25.00	\$35.00	\$45.00	\$270.00	\$270.00
32 90837	Psychotherapy, 53+ minutes (In-person and telehealth)	\$300.00	\$15.00	\$25.00	\$35.00	\$45.00	\$300.00	\$300.00
33 90846	Family psytch w/o patient	\$225.00	\$15.00	\$25.00	\$35.00	\$45.00	\$225.00	\$225.00
34 90849	Multiple family group psytch	\$83.00	\$15.00	\$25.00	\$35.00	\$45.00	\$83.00	\$83.00
35 90853	Group psychotherapy (In-person and telehealth)	\$83.00	\$15.00	\$25.00	\$35.00	\$45.00	\$83.00	\$83.00
36 92002	Eye Exam - New Patient, Intermediate	\$110.00	\$15.00	\$25.00	\$35.00	\$45.00	\$110.00	\$110.00
37 92004	Eye Exam - New Patient, Comprehensive	\$180.00	\$15.00	\$25.00	\$35.00	\$45.00	\$180.00	\$180.00
38 92012	Eye Exam - Established Patient, Intermediate	\$120.00	\$15.00	\$25.00	\$35.00	\$45.00	\$120.00	\$120.00
39 92014	Eye Exam - Established Patient, Comprehensive	\$155.00	\$15.00	\$25.00	\$35.00	\$45.00	\$155.00	\$155.00
40 93000	Electrocardiogram complete	\$72.00	\$0.00	\$30.00	\$45.00	\$60.00	\$72.00	\$72.00
41 93005	Electrocardiogram tracing	\$106.00	\$0.00	\$40.00	\$65.00	\$85.00	\$106.00	\$106.00
42 93040	Rhythm ECG with report	\$66.00	\$0.00	\$25.00	\$40.00	\$55.00	\$66.00	\$66.00
43 94060	Evaluation of wheezing	\$41.00	\$0.00	\$15.00	\$25.00	\$35.00	\$41.00	\$41.00
44 94150	Vital capacity test	\$50.00	\$0.00	\$20.00	\$30.00	\$40.00	\$50.00	\$50.00
45 94640	Airway inhalation treatment	\$112.00	\$0.00	\$45.00	\$65.00	\$90.00	\$112.00	\$112.00
46 97762	C/o for orthotic/prosth use	\$144.00	\$0.00	\$60.00	\$85.00	\$115.00	\$144.00	\$144.00
47 97802	Medical nutrition indiv (In-person and telehealth)	\$85.00	\$15.00	\$25.00	\$35.00	\$45.00	\$85.00	\$85.00
48 97803	Med nutrition indiv subseq (In-person and telehealth)	\$74.00	\$15.00	\$25.00	\$35.00	\$45.00	\$74.00	\$74.00
49 97804	Medical nutrition group (In-person and telehealth)	\$40.00	\$15.00	\$25.00	\$35.00	\$40.00	\$40.00	\$40.00
50 98966	Telephone assessment provided by a qualified nonphysician -5-10min	\$40.00	\$15.00	\$25.00	\$35.00	\$40.00	\$40.00	\$40.00
51 98967	Telephone assessment provided by a qualified nonphysician -11-20min	\$50.00	\$15.00	\$25.00	\$35.00	\$40.00	\$50.00	\$50.00
52 98968	Telephone assessment provided by a qualified nonphysician -21-30min	\$60.00	\$15.00	\$25.00	\$35.00	\$40.00	\$60.00	\$60.00
53 99202	Office Visit Out/Pat New 15- 29min (In-person and telehealth)	\$200.00	\$15.00	\$25.00	\$35.00	\$45.00	\$200.00	\$200.00
54 99203	Office Visit Out/Pat New 30- 44min (In-person and telehealth)	\$250.00	\$15.00	\$25.00	\$35.00	\$45.00	\$250.00	\$250.00
55 99204	Office Visit Out/Pat New 45- 59min (In-person and telehealth)	\$360.00	\$15.00	\$25.00	\$35.00	\$45.00	\$360.00	\$360.00
56 99205	Office Visit Out/Pat New 60- 74min (In-person and telehealth)	\$450.00	\$15.00	\$25.00	\$35.00	\$45.00	\$450.00	\$450.00
57 99211	Office Visit O/P Estab 5 min (In-person and telehealth)	\$28.00	\$15.00	\$25.00	\$28.00	\$28.00	\$28.00	\$28.00
58 99212	Office Visit O/P Estab 10-19min (In-person and telehealth)	\$150.00	\$15.00	\$25.00	\$35.00	\$45.00	\$150.00	\$150.00
59 99213	Office Visit O/P Estab 20-29min (In-person and telehealth)	\$200.00	\$15.00	\$25.00	\$35.00	\$45.00	\$200.00	\$200.00
60 99214	Office Visit O/P Estab 30-39min (In-person and telehealth)	\$250.00	\$15.00	\$25.00	\$35.00	\$45.00	\$250.00	\$250.00
61 99215	Office Visit O/P Estab 40-54min (In-person and telehealth)	\$325.00	\$15.00	\$25.00	\$35.00	\$45.00	\$325.00	\$325.00
62 99381	Prev Med Init Eval New < age 1	\$195.00	\$15.00	\$25.00	\$35.00	\$45.00	\$195.00	\$195.00
63 99382	Prev Med Init Eval New age 1-4	\$195.00	\$15.00	\$25.00	\$35.00	\$45.00	\$195.00	\$195.00
64 99383	PrevMed Init Eval New age 5-11	\$195.00	\$15.00	\$25.00	\$35.00	\$45.00	\$195.00	\$195.00
65 99384	PrevMed InitEval New age 12-17	\$215.00	\$15.00	\$25.00	\$35.00	\$45.00	\$215.00	\$215.00
66 99385	PrevMed InitEval New age 18-39	\$240.00	\$15.00	\$25.00	\$35.00	\$45.00	\$240.00	\$240.00
67 99386	PrevMed InitEval New age 40-64	\$270.00	\$15.00	\$25.00	\$35.00	\$45.00	\$270.00	\$270.00
68 99387	PrevMed Init Eval New age 65+	\$300.00	\$15.00	\$25.00	\$35.00	\$45.00	\$300.00	\$300.00
69 99391	Preventive Med Re-Eval < age1	\$195.00	\$15.00	\$25.00	\$35.00	\$45.00	\$195.00	\$195.00
70 99392	Preventive Med Re-Eval age 1-4	\$195.00	\$15.00	\$25.00	\$35.00	\$45.00	\$195.00	\$195.00
71 99393	Prevent Med Re-Eval age 5-11	\$195.00	\$15.00	\$25.00	\$35.00	\$45.00	\$195.00	\$195.00
72 99394	Prevent Med Re-Eval age 12-17	\$215.00	\$15.00	\$25.00	\$35.00	\$45.00	\$215.00	\$215.00
73 99395	Prevent Med Re-Eval age 18-39	\$240.00	\$15.00	\$25.00	\$35.00	\$45.00	\$240.00	\$240.00
74 99396	Prevent Med Re-Eval age 40-64	\$270.00	\$15.00	\$25.00	\$35.00	\$45.00	\$270.00	\$270.00
75 99397	Prevent Med Re-Eval age 65+	\$300.00	\$15.00	\$25.00	\$35.00	\$45.00	\$300.00	\$300.00
76 99441	Telephone E/M service; 5-10 minutes of medical discussion	\$73.00	\$15.00	\$25.00	\$35.00	\$45.00	\$73.00	\$73.00
77 99442	Telephone E/M service; 11-20 minutes of medical discussion	\$116.00	\$15.00	\$25.00	\$35.00	\$45.00	\$116.00	\$116.00
78 99443	Telephone E/M service, 21-30 minutes of medical discussion	\$137.00	\$15.00	\$25.00	\$35.00	\$45.00	\$137.00	\$137.00
79 D0120	Periodic Oral Evaluation	\$70.00		\$28.00	\$42.00	\$56.00	\$70.00	\$70.00
80 D0140	Limited Oral Evaluation	\$60.00		\$24.00	\$36.00	\$48.00	\$60.00	\$60.00
81 D0145	Infant/Toddler Oral Eval	\$50.00		\$20.00	\$30.00	\$40.00	\$50.00	\$50.00
82 D0150	Comprehensive Oral Evaluation	\$80.00		\$32.00	\$48.00	\$64.00	\$80.00	\$80.00
83 D0160	Detailed and extensive oral eval - problem focused by report	\$90.00		\$42.00	\$58.00	\$74.00	\$90.00	\$90.00
84 D0170	Re-eval limited problem focused (est pt not post-op)	\$80.00		\$32.00	\$48.00	\$64.00	\$80.00	\$80.00
85 D0171	Re-eval post op	\$50.00		\$20.00	\$30.00	\$40.00	\$50.00	\$50.00
86 D0180	Comp Perio eval new or est pt	\$90.00		\$42.00	\$58.00	\$74.00	\$90.00	\$90.00
87 D0191	Screening of a patient (state or federally mandated)	\$50.00		\$20.00	\$30.00	\$40.00	\$50.00	\$50.00
88 D0210	Intraoral Complete series	\$150.00	Included in \$40 Routine Fee	\$60.00	\$90.00	\$120.00	\$150.00	\$150.00
89 D0220	Intraoral Periapical 1st film	\$20.00		\$8.00	\$8.00	\$11.00	\$20.00	\$20.00
90 D0230	Intraoral Periapical ea add'l	\$15.00		\$6.00	\$6.00	\$8.00	\$15.00	\$15.00
91 D0240	Intraoral Occlusal film	\$30.00		\$12.00	\$18.00	\$24.00	\$30.00	\$30.00
92 D0270	Bitewing single film	\$20.00		\$8.00	\$12.00	\$16.00	\$20.00	\$20.00
93 D0272	Bitewings two films	\$40.00		\$16.00	\$24.00	\$32.00	\$40.00	\$40.00
94 D0273	Bitewings three films	\$60.00		\$24.00	\$36.00	\$48.00	\$60.00	\$60.00
95 D0274	Bitewings four films	\$80.00		\$32.00	\$48.00	\$64.00	\$80.00	\$80.00
96 D0277	Vertical bitewings 7 to 8 films (not to constitute an FMS)	\$90.00		\$42.00	\$58.00	\$74.00	\$90.00	\$90.00
97 D0330	Panoramic film	\$100.00		\$40.00	\$60.00	\$80.00	\$100.00	\$100.00
98 D0703	2-D oral/facial photo image obtained intraorally or extraorally - image	\$20.00	\$5.00	\$8.00	\$12.00	\$16.00	\$20.00	\$20.00
99 D0431	Adjunctive pre-diag test - oral cancer screening	\$50.00	\$5.00	\$10.00	\$15.00	\$20.00	\$25.00	\$25.00
100 D0460	Pulp Vitality Tests	\$30.00		\$12.00	\$18.00	\$24.00	\$30.00	\$30.00
101 D0470	Diagnostic casts	\$80.00		\$32.00	\$48.00	\$64.00	\$80.00	\$80.00
102 D1110	Prophylaxis-Adult	\$80.00		\$32.00	\$48.00	\$64.00	\$80.00	\$80.00
103 D1120	Prophylaxis-Child	\$60.00		\$24.00	\$36.00	\$48.00	\$60.00	\$60.00
104 D1206	Fluoride Topical	\$50.00		\$20.00	\$30.00	\$40.00	\$50.00	\$50.00
105 D1208	Fluoride Varnish	\$60.00		\$24.00	\$36.00	\$48.00	\$60.00	\$60.00
106 D1351	Sealant - per tooth	\$50.00		\$20.00	\$30.00	\$40.00	\$50.00	\$50.00
107 D1353	Sealant repair - per tooth	\$30.00		\$12.00	\$18.00	\$24.00	\$30.00	\$30.00
108 D1510	Space maint - fixed, uni per quad	\$300.00	</					

CPT/HCPCS CODE	CPT DESCRIPTION	PRICE	Slide A	Slide B	Slide C	Slide D	Slide E	Slide F
152	D3220 Therapeutic pulpotomy	\$150.00		\$60.00	\$90.00	\$120.00	\$150.00	\$150.00
153	D3221 Pulpal debridement - prim/perm teeth	\$100.00		\$40.00	\$60.00	\$80.00	\$100.00	\$100.00
154	D3310 Root Canal 1 Canal Anterior tooth	\$600.00		\$240.00	\$360.00	\$480.00	\$600.00	\$600.00
155	D3320 Root Canal 2 Canal Premolar	\$800.00		\$320.00	\$480.00	\$640.00	\$800.00	\$800.00
156	D3330 Root Canal 3 Canal Molar	\$1,050.00		\$420.00	\$630.00	\$840.00	\$1,050.00	\$1,050.00
157	D3332 Incomplete endo - inoperable or fractured tooth	\$300.00	\$200 Endodontic	\$220.00	\$260.00	\$270.00	\$300.00	\$300.00
158	D3410 Apicoectomy/periradicular-ant	\$300.00		\$220.00	\$260.00	\$270.00	\$300.00	\$300.00
159	D3421 Apicoectomy/periradial-bicusp	\$500.00		\$260.00	\$300.00	\$400.00	\$500.00	\$500.00
160	D3425 Apicoectomy/periradial-molar	\$700.00		\$280.00	\$420.00	\$560.00	\$700.00	\$700.00
161	D3430 Retrograde filling-per root	\$150.00		\$60.00	\$90.00	\$120.00	\$150.00	\$150.00
162	D3450 Roof Amputation	\$150.00		\$60.00	\$90.00	\$120.00	\$150.00	\$150.00
163	D3920 Hemisection	\$300.00		\$120.00	\$180.00	\$240.00	\$300.00	\$300.00
164	D4210 Gingivectomy Quadrant	\$450.00		\$250.00	\$270.00	\$360.00	\$450.00	\$450.00
165	D4211 Gingivectomy per teeth	\$275.00		\$210.00	\$220.00	\$250.00	\$275.00	\$275.00
166	D4240 Gingival Flap Procedure per Quad	\$700.00		\$280.00	\$420.00	\$560.00	\$700.00	\$700.00
167	D4249 Clinical Crown Lengthening	\$500.00	\$200 Adv Surgical	\$260.00	\$310.00	\$400.00	\$500.00	\$500.00
168	D4270 Pedicle Soft Tissue graft proc	\$350.00		\$140.00	\$210.00	\$280.00	\$350.00	\$350.00
169	D4277 Free Soft Tissue Graft Procedure	\$350.00		\$210.00	\$250.00	\$280.00	\$350.00	\$350.00
170	D4278 Free Soft Tissue Graft Procedure	\$350.00		\$210.00	\$250.00	\$280.00	\$350.00	\$350.00
171	D4341 Periodontal Scaling - 4 or more per quad	\$200.00		\$95.00	\$110.00	\$160.00	\$200.00	\$200.00
172	D4342 Periodontal Scaling - 1-3 teeth per quad	\$150.00	\$40 Routine Fee	\$90.00	\$100.00	\$110.00	\$150.00	\$150.00
173	D4346 Scaling in Presence of Generalized	\$100.00		\$55.00	\$65.00	\$80.00	\$100.00	\$100.00
174	D4355 Full Mouth Debridement	\$80.00		\$50.00	\$60.00	\$70.00	\$80.00	\$80.00
175	D4381 Localized delivery of antimicrobial agents - per tooth	\$90.00	\$10.00	\$15.00	\$20.00	\$22.00	\$25.00	\$25.00
176	D4910 Periodontal maintenance	\$90.00	\$40 Routine Fee	\$60.00	\$70.00	\$80.00	\$90.00	\$90.00
177	D4921 Gingival irrigation - per quad	\$25.00	\$5.00	\$10.00	\$15.00	\$20.00	\$25.00	\$25.00
178	D5110 Complete denture - maxillary	\$1,200.00		\$550.00	\$650.00	\$850.00	\$950.00	\$950.00
179	D5120 Complete denture - mandibular	\$1,200.00		\$550.00	\$650.00	\$850.00	\$950.00	\$950.00
180	D5130 Immediate denture - maxillary	\$1,300.00		\$700.00	\$800.00	\$900.00	\$1,000.00	\$1,000.00
181	D5140 Immediate denture - mandibular	\$1,300.00		\$700.00	\$800.00	\$900.00	\$1,000.00	\$1,000.00
182	D5211 Max Partial Denture - Resin base	\$1,300.00		\$700.00	\$800.00	\$900.00	\$1,000.00	\$1,000.00
183	D5212 Mand Partial Denture - Resin base	\$1,300.00	\$85 Adv Rehab (Plus additional lab fee)	\$700.00	\$800.00	\$900.00	\$1,000.00	\$1,000.00
184	D5213 Partial Max Denture Cast Base	\$1,500.00		\$800.00	\$900.00	\$1,000.00	\$1,200.00	\$1,200.00
185	D5214 Partial Mand Denture Cast Base	\$1,500.00		\$800.00	\$900.00	\$1,000.00	\$1,200.00	\$1,200.00
186	D5225 Maxillary Partial Denture - Flex Base	\$1,500.00		\$800.00	\$900.00	\$1,000.00	\$1,200.00	\$1,200.00
187	D5226 Mandibular Partial Denture - Flex Base	\$1,500.00		\$800.00	\$900.00	\$1,000.00	\$1,200.00	\$1,200.00
188	D5282 Removal Unilateral Partial - Cast Metal	\$1,500.00		\$800.00	\$900.00	\$1,000.00	\$1,200.00	\$1,200.00
189	D5283 Removal Unilateral Partial - Cast Metal	\$1,500.00		\$800.00	\$900.00	\$1,000.00	\$1,200.00	\$1,200.00
190	D5410 Adj complete denture maxillary	\$80.00		\$45.00	\$50.00	\$65.00	\$80.00	\$80.00
191	D5411 Adj complete denture mandibula	\$80.00	\$40 Routine	\$45.00	\$50.00	\$65.00	\$80.00	\$80.00
192	D5421 Denture Adj Part max	\$80.00		\$45.00	\$50.00	\$65.00	\$80.00	\$80.00
193	D5422 Adj partial denture mand	\$80.00		\$45.00	\$50.00	\$65.00	\$80.00	\$80.00
194	D5511 Repair Broken Complete Denture Base - Mand	\$200.00		\$85.00	\$95.00	\$105.00	\$200.00	\$200.00
195	D5512 Repair Broken Complete Denture Base - Max	\$200.00		\$85.00	\$95.00	\$105.00	\$200.00	\$200.00
196	D5520 Replace miss/brkn teeth denture	\$200.00		\$85.00	\$95.00	\$105.00	\$200.00	\$200.00
197	D5611 Repair Resin Partial Denture Base - Mand	\$200.00		\$85.00	\$95.00	\$105.00	\$200.00	\$200.00
198	D5612 Repair Resin Partial Denture Base - Max	\$200.00		\$85.00	\$95.00	\$105.00	\$200.00	\$200.00
199	D5621 Repair Cast Partial Framework Mandibular	\$200.00	\$85 Adv Rehab (Plus additional lab fee)	\$85.00	\$95.00	\$105.00	\$200.00	\$200.00
200	D5622 Repair Cast Partial Framework Max	\$200.00		\$85.00	\$95.00	\$105.00	\$200.00	\$200.00
201	D5630 Repair or replace broken clasp per tooth	\$200.00		\$85.00	\$95.00	\$105.00	\$200.00	\$200.00
202	D5640 Repair Broken Teeth - per tooth	\$200.00		\$85.00	\$95.00	\$105.00	\$200.00	\$200.00
203	D5650 Add tooth to partial denture	\$200.00		\$85.00	\$95.00	\$105.00	\$200.00	\$200.00
204	D5660 Add Clasp to Existing Partial Denture-per tooth	\$200.00		\$85.00	\$95.00	\$105.00	\$200.00	\$200.00
205	D5670 Replace all teeth and acryl on cast metal max	\$200.00		\$85.00	\$95.00	\$105.00	\$200.00	\$200.00
206	D5671 Replace all teeth and acryl on cast metal mand	\$200.00		\$85.00	\$95.00	\$105.00	\$200.00	\$200.00
207	D5730 Reline complete maxilla-Office	\$150.00	\$40 Routine	\$60.00	\$90.00	\$120.00	\$150.00	\$150.00
208	D5731 Reline complete mandibu-Office	\$150.00		\$60.00	\$90.00	\$120.00	\$150.00	\$150.00
209	D5740 Reline part maxillary-Office	\$100.00		\$60.00	\$70.00	\$80.00	\$100.00	\$100.00
210	D5741 Reline part mandibular-Office	\$100.00		\$60.00	\$70.00	\$80.00	\$100.00	\$100.00
211	D5750 Reline complete maxillary-Lab	\$210.00		\$125.00	\$175.00	\$225.00	\$210.00	\$210.00
212	D5751 Reline complete mandibular-Lab	\$210.00		\$125.00	\$175.00	\$225.00	\$210.00	\$210.00
213	D5760 Reline part maxillary-Lab	\$210.00	\$85 Adv Rehab (Plus additional lab fee)	\$125.00	\$175.00	\$225.00	\$210.00	\$210.00
214	D5761 Reline part mandibular-Lab	\$210.00		\$125.00	\$175.00	\$225.00	\$210.00	\$210.00
215	D5820 Interim partial maxillary	\$400.00		\$125.00	\$175.00	\$225.00	\$400.00	\$400.00
216	D5821 Interim partial mandibular	\$400.00		\$125.00	\$175.00	\$225.00	\$400.00	\$400.00
217	D5876 Add Metal substructure to Acrylic-Full Dent - per arch	\$400.00		\$125.00	\$175.00	\$225.00	\$400.00	\$400.00
218	D6210 Pontic - cast high noble metal	\$1,200.00		\$675.00	\$775.00	\$825.00	\$975.00	\$975.00
219	D6211 Pontic - Cast metal base	\$1,000.00		\$320.00	\$375.00	\$400.00	\$950.00	\$950.00
220	D6212 Pontic - cast noble metal	\$1,000.00		\$650.00	\$750.00	\$800.00	\$850.00	\$850.00
221	D6240 Pontic - porc fused to high noble metal	\$1,200.00		\$675.00	\$775.00	\$825.00	\$975.00	\$975.00
222	D6242 Pontic - porc fused base metal	\$1,000.00	\$85 Adv Rehab (Plus additional lab fee)	\$320.00	\$375.00	\$400.00	\$950.00	\$950.00
223	D6245 Pontic - porc/cerm	\$1,400.00		\$750.00	\$850.00	\$950.00	\$1,000.00	\$1,000.00
224	D6545 (Maryland Br. Ret) retainer cast metal resin bonded fixed	\$300.00		\$90.00	\$110.00	\$125.00	\$150.00	\$150.00
225	D6740 Retainer crown porc/cerm	\$1,400.00		\$800.00	\$900.00	\$1,000.00	\$1,400.00	\$1,400.00
226	D6750 Retainer crown porc fused to high noble metal	\$1,200.00		\$675.00	\$775.00	\$825.00	\$1,200.00	\$1,200.00
227	D6752 Retainer crown porc fused to noble metal	\$1,000.00		\$650.00	\$750.00	\$800.00	\$850.00	\$850.00
228	D6752 Crown-Porc fuse to noble metal	\$1,000.00		\$650.00	\$750.00	\$800.00	\$850.00	\$850.00
229	D6792 Crown-full cast noble metal	\$1,000.00		\$650.00	\$750.00	\$800.00	\$850.00	\$850.00
230	D6920 Connector bar	\$300.00	\$85 Adv Rehab	\$205.00	\$220.00	\$240.00	\$300.00	\$300.00
231	D6930 Recement/bond Bridge	\$100.00	\$40 Routine	\$70.00	\$80.00	\$90.00	\$100.00	\$100.00
232	D7111 Coronal remnants - primary tooth	\$100.00		\$60.00	\$80.00	\$90.00	\$100.00	\$100.00
233	D7140 Extract, erupt tooth exp root	\$150.00	\$40 Routine	\$60.00	\$90.00	\$120.00	\$150.00	\$150.00
234	D7210 Surgical removal erupted tooth	\$325.00		\$210.00	\$220.00	\$250.00	\$325.00	\$325.00
235	D7220 Rmv/Impacted Tooth-S Tissue	\$350.00		\$210.00	\$220.00	\$280.00	\$350.00	\$350.00
236	D7230 Partial Bony Impaction	\$400.00		\$275.00	\$310.00	\$375.00	\$400.00	\$400.00
237	D7240 Complete Bony Impaction	\$500.00		\$290.00	\$350.00	\$420.00	\$500.00	\$500.00
238	D7250 Srg Rmv/ Resdl Tooth Roots	\$325.00		\$210.00	\$220.00	\$250.00	\$325.00	\$325.00
239	D7260 Orontral Fistula Closure	\$300.00		\$205.00	\$220.00	\$240.00	\$300.00	\$300.00
240	D7280 Surgical Exposure For Erup	\$300.00		\$205.00	\$220.00	\$240.00	\$300.00	\$300.00
241	D7286 Biopsy Oral Tissue-Soft	\$300.00	\$200 Adv Surgical	\$205.00	\$220.00	\$240.00	\$300.00	\$300.00
242	D7310 Alveoplasty/Per Quad W/Ext	\$300.00		\$205.00	\$220.00	\$240.00	\$300.00	\$300.00
243	D7320 Alveoplasty not in conjunc W Ext	\$300.00		\$205.00	\$220.00	\$240.00	\$300.00	\$300.00
244	D7340 Vestibuloplasty	\$300.00		\$205.00	\$220.00	\$240.00	\$300.00	\$300.00
245	D7350 Vestibuloplasty-Incl. Soft Tiss Graf	\$300.00		\$205.00	\$220.00	\$240.00	\$300.00	\$300.00
246	D7471 Removal of Lateral Exostosis	\$300.00		\$205.00	\$220.00	\$240.00	\$300.00	\$300.00
247	D7510 I&D Intraoral Soft Tissue	\$300.00		\$205.00	\$220.00	\$240.00	\$300.00	\$300.00
248	D7520 I&D Abcess-Extraoral	\$300.00		\$205.00	\$220.00	\$240.00	\$300.00	\$300.00
249	D7530 Removal F/B: Skin/Subcut Tissue	\$300.00		\$205.00	\$220.00	\$240.00	\$300.00	\$300.00
250	D7560 Maxillary Sinusostomy	\$300.00		\$205.00	\$220.00	\$240.00	\$300.00	\$300.00
251	D7880 Occlusal orthotic appliance	\$425.00	\$85 Adv Rehab +	\$175.00	\$210.00	\$275.00	\$425.00	\$425.00
252	D7961 Buccal/labial frenulectomy	\$300.00		\$205.00	\$220.00	\$240.00	\$300.00	\$300.00
253	D7962 Lingual frenulectomy	\$300.00		\$205.00	\$220.00	\$240.00	\$300.00	\$300.00
254	D7970 Excision Hyerplastic Tissue	\$300.00		\$205.00	\$220.00	\$240.00	\$300.00	\$300.00
255	D7971 Excision Pericoronal Gingiva	\$300.00		\$205.00	\$220.00	\$240.00	\$300.00	\$300.00
256	D9110 Palliative TX dental pain	\$70.00	\$40 Routine	\$50.00	\$55.00	\$60.00	\$70.00	\$70.00
257	D9120 Fixed partial denture sectioning (abt/pontics)	\$272.00	\$85 Adv Rehab	\$150.00	\$180.00	\$200.00	\$272.00	\$272.00
258	D9215 Local anesthesia in conjunction w/op or surgical tx	\$20.00	\$5.00	\$10.00	\$12.00	\$15.00	\$20.00	\$20.00
259	D9310 Dental Consultation	\$70.00		\$50.00	\$55.00	\$60.00	\$70.00	\$70.00
260	D9430 Observation during office hours no tx	\$100.00		\$50.00	\$60.00	\$80.00	\$100.00	\$100.00
261	D9450 Case presentation - est patient (not same day as eval)	\$150.00	\$40 Routine	\$50.00	\$90.00	\$120.00	\$150.00	\$150.00
262	D963							