



(Federal Registry January 16, 2024)

For families/Households with more than 8 persons  
Add \$5,380 each additional person

### 2024 SLIDING FEE SCALE

Family Size	100% A	101% to 125% B	126% to 150% C	151% to 200% D	201% to 250% E	251 to 1000% F
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#### GROSS YEARLY INCOME - INGRESO ANUAL

1	\$15,060.00	\$18,825.00	\$22,590.00	\$30,120.00	to \$37,650.00	\$37,651.00
2	\$20,440.00	\$25,550.00	\$30,660.00	\$40,880.00	to \$51,100.00	\$51,101.00
3	\$25,820.00	\$32,275.00	\$38,730.00	\$51,640.00	to \$64,550.00	\$64,551.00
4	\$31,200.00	\$39,000.00	\$46,800.00	\$62,400.00	to \$78,000.00	\$78,001.00
5	\$36,580.00	\$45,725.00	\$54,870.00	\$73,160.00	to \$91,450.00	\$91,451.00
6	\$41,960.00	\$52,450.00	\$62,940.00	\$83,920.00	to \$104,900.00	\$104,901.00
7	\$47,340.00	\$59,175.00	\$71,010.00	\$94,680.00	to \$118,350.00	\$118,351.00
8	\$52,720.00	\$65,900.00	\$79,080.00	\$105,440.00	to \$131,800.00	\$131,801.00

CPT/HCPCS CODE	CPT DESCRIPTION	PRICE	Slide A	Slide B	Slide C	Slide D	Slide E	Slide F
10060	Drainage of skin abscess	\$271.00	\$0.00	\$110.00	\$165.00	\$215.00	\$271.00	\$271.00
11200	Removal of skin tags	\$209.00	\$0.00	\$85.00	\$125.00	\$165.00	\$209.00	\$209.00
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
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
11750	Removal of nail bed	\$498.00	\$0.00	\$200.00	\$300.00	\$400.00	\$498.00	\$498.00
17000	Destroy benign/premalignant lesion	\$165.00	\$0.00	\$65.00	\$100.00	\$130.00	\$165.00	\$165.00
20600	Drain/inject joint/bursa	\$111.00	\$0.00	\$45.00	\$65.00	\$90.00	\$111.00	\$111.00
20605	Drain/inject joint/bursa	\$117.00	\$0.00	\$45.00	\$70.00	\$95.00	\$117.00	\$117.00
20610	Drain/inject joint/bursa	\$144.00	\$0.00	\$60.00	\$85.00	\$115.00	\$144.00	\$144.00
29450	Application of leg cast	\$330.00	\$0.00	\$130.00	\$200.00	\$265.00	\$330.00	\$330.00
29580	Application of paste boot	\$104.00	\$0.00	\$40.00	\$60.00	\$85.00	\$104.00	\$104.00
54050	Destruction penis lesion(s)	\$311.00	\$0.00	\$125.00	\$185.00	\$250.00	\$311.00	\$311.00
54150	Circumcision w/regional block	\$289.00	\$0.00	\$115.00	\$175.00	\$230.00	\$289.00	\$289.00
56420	Drainage of gland abscess	\$270.00	\$0.00	\$110.00	\$160.00	\$215.00	\$270.00	\$270.00
56501	Destroy vulva lesions sim	\$339.00	\$0.00	\$135.00	\$205.00	\$270.00	\$339.00	\$339.00
57160	Insert pessary/other device	\$137.00	\$0.00	\$55.00	\$80.00	\$110.00	\$137.00	\$137.00
57170	Fitting of diaphragm/cap	\$138.00	\$0.00	\$55.00	\$85.00	\$110.00	\$138.00	\$138.00
57452	Exam of cervix w/scope	\$266.00	\$0.00	\$105.00	\$160.00	\$215.00	\$266.00	\$266.00
57455	Biopsy of cervix w/scope	\$321.00	\$0.00	\$130.00	\$195.00	\$255.00	\$321.00	\$321.00
57460	Bx of cervix w/scope leep	\$475.00	\$0.00	\$190.00	\$285.00	\$380.00	\$475.00	\$475.00
57500	Biopsy of cervix	\$221.00	\$0.00	\$90.00	\$135.00	\$175.00	\$221.00	\$221.00
57510	Cauterization of cervix	\$337.00	\$0.00	\$135.00	\$200.00	\$270.00	\$337.00	\$337.00
58100	Biopsy of uterus lining	\$255.00	\$0.00	\$100.00	\$155.00	\$205.00	\$255.00	\$255.00
58300	Insertion IUD	\$240.00	\$15.00	\$95.00	\$145.00	\$190.00	\$240.00	\$240.00
58301	Removal IUD	\$160.00	\$15.00	\$65.00	\$95.00	\$130.00	\$160.00	\$160.00
59025	Fetal non-stress test	\$508.00	\$0.00	\$205.00	\$305.00	\$405.00	\$508.00	\$508.00
69210	Remove impacted ear wax	\$93.00	\$0.00	\$35.00	\$55.00	\$75.00	\$93.00	\$93.00
87811	COVID Binax Test	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
96372	Injection Administration	\$35.00	\$0.00	\$15.00	\$20.00	\$30.00	\$35.00	\$35.00
90791	Psychiatric Diagnostic Evaluation (In-person and telehealth)	\$340.00	\$15.00	\$25.00	\$35.00	\$45.00	\$340.00	\$340.00
90832	Psychotherapy, 16-37 minutes (In-person and telehealth)	\$230.00	\$15.00	\$25.00	\$35.00	\$45.00	\$230.00	\$230.00
90834	Psychotherapy, 38-52 minutes (In-person and telehealth)	\$270.00	\$15.00	\$25.00	\$35.00	\$45.00	\$270.00	\$270.00
90837	Psychotherapy, 53+ minutes (In-person and telehealth)	\$300.00	\$15.00	\$25.00	\$35.00	\$45.00	\$300.00	\$300.00
90846	Family psytch w/o patient	\$225.00	\$15.00	\$25.00	\$35.00	\$45.00	\$225.00	\$225.00
90849	Multiple family group psytch	\$83.00	\$15.00	\$25.00	\$35.00	\$45.00	\$83.00	\$83.00
90853	Group psychotherapy (In-person and telehealth)	\$83.00	\$15.00	\$25.00	\$35.00	\$45.00	\$83.00	\$83.00
92002	Eye Exam - New Patient, Intermediate	\$110.00	\$15.00	\$25.00	\$35.00	\$45.00	\$110.00	\$110.00
92004	Eye Exam - New Patient, Comprehensive	\$180.00	\$15.00	\$25.00	\$35.00	\$45.00	\$180.00	\$180.00
92012	Eye Exam - Established Patient, Intermediate	\$120.00	\$15.00	\$25.00	\$35.00	\$45.00	\$120.00	\$120.00
92014	Eye Exam - Established Patient, Comprehensive	\$155.00	\$15.00	\$25.00	\$35.00	\$45.00	\$155.00	\$155.00
92083	Visual Field Exam	\$104.00	\$25.00	\$30.00	\$35.00	\$40.00	\$104.00	\$104.00
93000	Electrocardiogram complete	\$72.00	\$0.00	\$30.00	\$45.00	\$60.00	\$72.00	\$72.00
93005	Electrocardiogram tracing	\$106.00	\$0.00	\$40.00	\$65.00	\$85.00	\$106.00	\$106.00
93040	Rhythm ECG with report	\$66.00	\$0.00	\$25.00	\$40.00	\$55.00	\$66.00	\$66.00
94060	Evaluation of wheezing	\$41.00	\$0.00	\$15.00	\$25.00	\$35.00	\$41.00	\$41.00
94150	Vital capacity test	\$50.00	\$0.00	\$20.00	\$30.00	\$40.00	\$50.00	\$50.00
94640	Airway inhalation treatment	\$112.00	\$0.00	\$45.00	\$65.00	\$90.00	\$112.00	\$112.00
97762	C/o for orthotic/prosth use	\$144.00	\$0.00	\$60.00	\$85.00	\$115.00	\$144.00	\$144.00
97802	Medical nutrition indiv (In-person and telehealth)	\$85.00	\$15.00	\$25.00	\$35.00	\$45.00	\$85.00	\$85.00
97803	Med nutrition indiv subseq (In-person and telehealth)	\$74.00	\$15.00	\$25.00	\$35.00	\$45.00	\$74.00	\$74.00
97804	Medical nutrition group (In-person and telehealth)	\$40.00	\$15.00	\$25.00	\$35.00	\$40.00	\$40.00	\$40.00
98966	Telephone assessment provided by a qualified nonphysician -5-10min	\$40.00	\$15.00	\$25.00	\$35.00	\$40.00	\$40.00	\$40.00
98967	Telephone assessment provided by a qualified nonphysician -11-20min	\$50.00	\$15.00	\$25.00	\$35.00	\$40.00	\$50.00	\$50.00
98968	Telephone assessment provided by a qualified nonphysician -21-30min	\$60.00	\$15.00	\$25.00	\$35.00	\$40.00	\$60.00	\$60.00
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
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
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
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
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
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
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
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
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
99381	Prev Med Init Eval New < age 1	\$195.00	\$15.00	\$25.00	\$35.00	\$45.00	\$195.00	\$195.00
99382	Prev Med Init Eval New age 1-4	\$195.00	\$15.00	\$25.00	\$35.00	\$45.00	\$195.00	\$195.00
99383	PrevMed Init Eval New age 5-11	\$195.00	\$15.00	\$25.00	\$35.00	\$45.00	\$195.00	\$195.00
99384	PrevMed InitEval New age 12-17	\$215.00	\$15.00	\$25.00	\$35.00	\$45.00	\$215.00	\$215.00
99385	PrevMed InitEval New age 18-39	\$240.00	\$15.00	\$25.00	\$35.00	\$45.00	\$240.00	\$240.00
99386	PrevMed InitEval New age 40-64	\$270.00	\$15.00	\$25.00	\$35.00	\$45.00	\$270.00	\$270.00
99387	PrevMed Init Eval New age 65+	\$300.00	\$15.00	\$25.00	\$35.00	\$45.00	\$300.00	\$300.00
99391	Preventive Med Re-Eval < age1	\$195.00	\$15.00	\$25.00	\$35.00	\$45.00	\$195.00	\$195.00
99392	Preventive Med Re-Eval age 1-4	\$195.00	\$15.00	\$25.00	\$35.00	\$45.00	\$195.00	\$195.00
99393	Prevent Med Re-Eval age 5-11	\$195.00	\$15.00	\$25.00	\$35.00	\$45.00	\$195.00	\$195.00
99394	Prevent Med Re-Eval age 12-17	\$215.00	\$15.00	\$25.00	\$35.00	\$45.00	\$215.00	\$215.00
99395	Prevent Med Re-Eval age 18-39	\$240.00	\$15.00	\$25.00	\$35.00	\$45.00	\$240.00	\$240.00
99396	Prevent Med Re-Eval age 40-64	\$270.00	\$15.00	\$25.00	\$35.00	\$45.00	\$270.00	\$270.00
99397	Prevent Med Re-Eval age 65+	\$300.00	\$15.00	\$25.00	\$35.00	\$45.00	\$300.00	\$300.00
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
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
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
D0120	Periodic Oral Evaluation	\$70.00		\$28.00	\$42.00	\$56.00	\$70.00	\$70.00
D0140	Limited Oral Evaluation	\$60.00		\$24.00	\$36.00	\$48.00	\$60.00	\$60.00
D0145	Infant/Toddler Oral Eval	\$50.00		\$20.00	\$30.00	\$40.00	\$50.00	\$50.00
D0150	Comprehensive Oral Evaluation	\$80.00		\$32.00	\$48.00	\$64.00	\$80.00	\$80.00
D0160	Detailed and extensive oral eval - problem focused by report	\$90.00		\$42.00	\$58.00	\$74.00	\$100.00	\$100.00
D0170	Re-eval limited problem focused (est pt not post-op)	\$80.00		\$32.00	\$48.00	\$64.00	\$80.00	\$80.00
D0171	Re-eval post op	\$50.00		\$20.00	\$30.00	\$40.00	\$50.00	\$50.00
D0180	Comp Perio eval new or est pt	\$90.00		\$42.00	\$58.00	\$74.00	\$90.00	\$90.00
D0191	Screening of a patient (state or federally mandated)	\$50.00		\$20.00	\$30.00	\$40.00	\$50.00	\$50.00
D0210	Intraoral Complete series	\$150.00	Included in \$40 Routine Fee	\$60.00	\$90.00	\$120.00	\$150.00	\$150.00
D0220	Intraoral Periapical 1st film	\$20.00		\$8.00	\$8.00	\$11.00	\$20.00	\$20.00
D0230	Intraoral Periapical ea add'l	\$15.00		\$6.00	\$6.00	\$8.00	\$15.00	\$15.00
D0240	Intraoral Occlusal film	\$30.00		\$12.00	\$18.00	\$24.00	\$30.00	\$30.00
D0270	Bitewing single film	\$20.00		\$8.00	\$12.00	\$16.00	\$20.00	\$20.00
D0272	Bitewings two films	\$40.00		\$16.00	\$24.00	\$32.00	\$40.00	\$40.00
D0273	Bitewings three films	\$60.00		\$24.00	\$36.00	\$48.00	\$60.00	\$60.00
D0274	Bitewings four films	\$80.00		\$32.00	\$48.00	\$64.00	\$80.00	\$80.00
D0277	Vertical bitewings 7 to 8 films (not to constitute an FMS)	\$90.00		\$42.00	\$58.00	\$74.00	\$100.00	\$100.00
D0330	Panoramic film	\$100.00		\$40.00	\$60.00	\$80.00	\$100.00	\$100.00
D0350	Oral/Facial Photographic Images	\$20.00	\$ 5.00	\$8.00	\$12.00	\$16.00	\$20.00	\$20.00
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
D0431	Adjunctive pre-diag test - oral cancer screening	\$50.00	\$5.00	\$10.00	\$15.00	\$20.00	\$25.00	\$25.00
D0460	Pulp Vitality Tests	\$30.00		\$12.00	\$18.00	\$24.00	\$30.00	\$30.00
D0470	Diagnostic casts	\$80.00		\$32.00	\$48.00	\$64.00	\$80.00	\$80.00
D1110	Prophylaxis-Adult	\$80.00		\$32.00	\$48.00	\$64.00	\$80.00	\$80.00
D1120	Prophylaxis-Child	\$60.00		\$24.00	\$36.00	\$48.00	\$60.00	\$60.00
D1206	Fluoride Topical	\$50.00		\$20.00	\$30.00	\$40.00	\$50.00	\$50.00
D1208	Fluoride Varnish	\$60.00		\$24.00	\$36.00	\$48.00	\$60.00	\$60.00
D1351	Sealant - per tooth	\$50.00		\$20.00	\$30.00	\$40.00	\$50.00	\$50.00
D1353	Sealant repair - per tooth	\$30.00		\$12.00	\$18.00	\$24.00	\$30.00	\$30.00
D1510	Space maint - fixed							

CPT/HCPCS CODE	CPT DESCRIPTION	PRICE	Slide A	Slide B	Slide C	Slide D	Slide E	Slide F
D2954	Prefab post/core, add to crown	\$250.00		\$100.00	\$150.00	\$200.00	\$250.00	\$250.00
D2955	Post removal	\$100.00	\$85 Adv Rehab	\$40.00	\$60.00	\$80.00	\$100.00	\$100.00
D2960	Labial Veneer - resin - direct	\$500.00	(Plus additional lab fee)	\$200.00	\$300.00	\$400.00	\$500.00	\$500.00
D2961	Labial Veneer - Resin - indirect	\$700.00		\$300.00	\$400.00	\$500.00	\$600.00	\$600.00
D2962	Labial Veneer - Porcelain	\$700.00		\$275.00	\$375.00	\$475.00	\$550.00	\$550.00
D3110	Pulp cap direct	\$75.00	\$40 Routine	\$50.00	\$55.00	\$60.00	\$75.00	\$75.00
D3120	Pulp cap indirect	\$75.00		\$50.00	\$55.00	\$60.00	\$75.00	\$75.00
D3220	Therapeutic pulpotomy	\$150.00		\$60.00	\$90.00	\$120.00	\$150.00	\$150.00
D3221	Pulpal debridement - prim/perm teeth	\$100.00		\$40.00	\$60.00	\$80.00	\$100.00	\$100.00
D3310	Root Canal 1 Canal Anterior tooth	\$600.00		\$240.00	\$360.00	\$480.00	\$600.00	\$600.00
D3320	Root Canal 2 Canal Premolar	\$800.00		\$320.00	\$480.00	\$640.00	\$800.00	\$800.00
D3330	Root Canal 3 Canal Molar	\$1,050.00		\$420.00	\$630.00	\$840.00	\$1,050.00	\$1,050.00
D3332	Incomplete endo - inoperable or fractured tooth	\$300.00	\$200 Endodontic	\$220.00	\$260.00	\$270.00	\$300.00	\$300.00
D3410	Apicoectomy/periradicular-ant	\$300.00		\$220.00	\$260.00	\$270.00	\$300.00	\$300.00
D3421	Apicoectomy/periradic-bicuspid	\$500.00		\$260.00	\$300.00	\$400.00	\$500.00	\$500.00
D3425	Apicoectomy/periradic-molar	\$700.00		\$280.00	\$420.00	\$560.00	\$700.00	\$700.00
D3430	Retrograde filling-per root	\$150.00		\$60.00	\$90.00	\$120.00	\$150.00	\$150.00
D3450	Roof Amputation	\$150.00		\$60.00	\$90.00	\$120.00	\$150.00	\$150.00
D3920	Hemisection	\$300.00		\$120.00	\$180.00	\$240.00	\$300.00	\$300.00
D4210	Gingivectomy Quadrant	\$450.00	\$200 Adv Surgical	\$250.00	\$270.00	\$360.00	\$450.00	\$450.00
D4211	Gingivectomy per teeth	\$275.00		\$210.00	\$220.00	\$250.00	\$275.00	\$275.00
D4240	Gingival Flap Procedure per Quad	\$700.00		\$280.00	\$420.00	\$560.00	\$700.00	\$700.00
D4249	Clinical Crown Lengthening	\$500.00		\$260.00	\$310.00	\$400.00	\$500.00	\$500.00
D4270	Pedicle Soft Tissue graft proc	\$350.00		\$140.00	\$210.00	\$280.00	\$350.00	\$350.00
D4277	Free Soft Tissue Graft Procedure	\$350.00		\$210.00	\$250.00	\$280.00	\$350.00	\$350.00
D4278	Free Soft Tissue Graft Procedure	\$350.00		\$210.00	\$250.00	\$280.00	\$350.00	\$350.00
D4341	Periodontal Scaling - 4 or more per quad	\$200.00	\$40 Routine Fee	\$95.00	\$110.00	\$160.00	\$200.00	\$200.00
D4342	Periodontal Scaling - 1-3 teeth per quad	\$150.00		\$90.00	\$100.00	\$110.00	\$150.00	\$150.00
D4346	Scaling in Presence of Generalized	\$100.00		\$55.00	\$65.00	\$80.00	\$100.00	\$100.00
D4355	Full Mouth Debridement	\$80.00		\$50.00	\$60.00	\$70.00	\$80.00	\$80.00
D4381	Localized delivery of antimicrobial agents - per tooth	\$90.00	\$10.00	\$15.00	\$20.00	\$22.00	\$25.00	\$25.00
D4910	Periodontal maintenance	\$90.00	\$40 Routine Fee	\$60.00	\$70.00	\$80.00	\$90.00	\$90.00
D4921	Gingival irrigation - per quad	\$25.00	\$5.00	\$10.00	\$15.00	\$20.00	\$25.00	\$25.00
D5110	Complete denture - maxillary	\$1,200.00		\$550.00	\$650.00	\$850.00	\$950.00	\$950.00
D5120	Complete denture - mandibular	\$1,200.00		\$550.00	\$650.00	\$850.00	\$950.00	\$950.00
D5130	Immediate denture - maxillary	\$1,300.00		\$700.00	\$800.00	\$900.00	\$1,000.00	\$1,000.00
D5140	Immediate denture - mandibular	\$1,300.00		\$700.00	\$800.00	\$900.00	\$1,000.00	\$1,000.00
D5211	Max Partial Denture - Resin base	\$1,300.00		\$700.00	\$800.00	\$900.00	\$1,000.00	\$1,000.00
D5212	Mand Partial Denture - Resin base	\$1,300.00	\$85 Adv Rehab	\$700.00	\$800.00	\$900.00	\$1,000.00	\$1,000.00
D5213	Partial Max Denture Cast Base	\$1,500.00	(Plus additional lab fee)	\$800.00	\$900.00	\$1,000.00	\$1,200.00	\$1,200.00
D5214	Partial Mand Denture Cast Base	\$1,500.00		\$800.00	\$900.00	\$1,000.00	\$1,200.00	\$1,200.00
D5225	Maxillary Partial Denture - Flex Base	\$1,500.00		\$800.00	\$900.00	\$1,000.00	\$1,200.00	\$1,200.00
D5226	Mandibular Partial Denture - Flex Base	\$1,500.00		\$800.00	\$900.00	\$1,000.00	\$1,200.00	\$1,200.00
D5282	Removal Unilateral Partial - Cast Metal	\$1,500.00		\$800.00	\$900.00	\$1,000.00	\$1,200.00	\$1,200.00
D5283	Removal Unilateral Partial - Cast Metal	\$1,500.00		\$800.00	\$900.00	\$1,000.00	\$1,200.00	\$1,200.00
D5410	Adj complete denture maxillary	\$80.00		\$45.00	\$50.00	\$65.00	\$80.00	\$80.00
D5411	Adj complete denture mandibula	\$80.00	\$40 Routine	\$45.00	\$50.00	\$65.00	\$80.00	\$80.00
D5421	Denture Adj Part max	\$80.00		\$45.00	\$50.00	\$65.00	\$80.00	\$80.00
D5422	Adj partial denture mand	\$80.00		\$45.00	\$50.00	\$65.00	\$80.00	\$80.00
D5511	Repair Broken Complete Denture Base - Mand	\$200.00		\$85.00	\$95.00	\$105.00	\$200.00	\$200.00
D5512	Repair Broken Complete Denture Base - Max	\$200.00		\$85.00	\$95.00	\$105.00	\$200.00	\$200.00
D5520	Replace miss/brkn teeth denture	\$200.00		\$85.00	\$95.00	\$105.00	\$200.00	\$200.00
D5611	Repair Resin Partial Denture Base - Mand	\$200.00		\$85.00	\$95.00	\$105.00	\$200.00	\$200.00
D5612	Repair Resin Partial Denture Base - Max	\$200.00		\$85.00	\$95.00	\$105.00	\$200.00	\$200.00
D5621	Repair Cast Partial Framework Mandibular	\$200.00	\$85 Adv Rehab	\$85.00	\$95.00	\$105.00	\$200.00	\$200.00
D5622	Repair Cast Partial Framework Max	\$200.00	(Plus additional lab fee)	\$85.00	\$95.00	\$105.00	\$200.00	\$200.00
D5630	Repair or replace broken clasp per tooth	\$200.00		\$85.00	\$95.00	\$105.00	\$200.00	\$200.00
D5640	Repair Broken Teeth - per tooth	\$200.00		\$85.00	\$95.00	\$105.00	\$200.00	\$200.00
D5650	Add tooth to partial denture	\$200.00		\$85.00	\$95.00	\$105.00	\$200.00	\$200.00
D5660	Add Clasp to Existing Partial Denture-per tooth	\$200.00		\$85.00	\$95.00	\$105.00	\$200.00	\$200.00
D5670	Replace all teeth and acryl on cast metal max	\$200.00		\$85.00	\$95.00	\$105.00	\$200.00	\$200.00
D5671	Replace all teeth and acryl on cast metal mand	\$200.00		\$85.00	\$95.00	\$105.00	\$200.00	\$200.00
D5730	Reline complete maxilla-Office	\$150.00		\$60.00	\$90.00	\$120.00	\$150.00	\$150.00
D5731	Reline complete mandibu-Office	\$150.00	\$40 Routine	\$60.00	\$90.00	\$120.00	\$150.00	\$150.00
D5740	Reline part maxillary-Office	\$100.00		\$60.00	\$70.00	\$80.00	\$100.00	\$100.00
D5741	Reline part mandibular-Office	\$100.00		\$60.00	\$70.00	\$80.00	\$100.00	\$100.00
D5750	Reline complete maxillary-Lab	\$210.00		\$125.00	\$175.00	\$225.00	\$210.00	\$210.00
D5751	Reline complete mandibular-Lab	\$210.00		\$125.00	\$175.00	\$225.00	\$210.00	\$210.00
D5760	Reline part maxillary-Lab	\$210.00	\$85 Adv Rehab	\$125.00	\$175.00	\$225.00	\$210.00	\$210.00
D5761	Reline part mandibular-Lab	\$210.00	(Plus additional lab fee)	\$125.00	\$175.00	\$225.00	\$210.00	\$210.00
D5820	Interim partial maxillary	\$400.00		\$125.00	\$175.00	\$225.00	\$400.00	\$400.00
D5821	Interim partial mandibular	\$400.00		\$125.00	\$175.00	\$225.00	\$400.00	\$400.00
D5876	Add Metal substructure to Acrylic-Full Dent - per arch	\$400.00		\$125.00	\$175.00	\$225.00	\$400.00	\$400.00
D6210	Pontic - cast high noble metal	\$1,200.00		\$675.00	\$775.00	\$825.00	\$975.00	\$975.00
D6211	Pontic - Cast metal base	\$1,000.00		\$320.00	\$375.00	\$400.00	\$950.00	\$950.00
D6212	Pontic - cast noble metal	\$1,000.00		\$650.00	\$750.00	\$800.00	\$850.00	\$850.00
D6240	Pontic - porc fused to high noble metal	\$1,200.00		\$675.00	\$775.00	\$825.00	\$975.00	\$975.00
D6242	Pontic - porc fused base metal	\$1,000.00	\$85 Adv Rehab	\$320.00	\$375.00	\$400.00	\$950.00	\$950.00
D6245	Pontic - porc/cerm	\$1,400.00	(Plus additional lab fee)	\$750.00	\$850.00	\$950.00	\$1,000.00	\$1,000.00
D6545	(Maryland Br. Ret) retainer cast metal resin bonded fixed	\$300.00		\$90.00	\$110.00	\$125.00	\$150.00	\$150.00
D6740	Retainer crown porc/cerm	\$1,400.00		\$800.00	\$900.00	\$1,000.00	\$1,400.00	\$1,400.00
D6750	Retainer crown porc fused to high noble metal	\$1,200.00		\$675.00	\$775.00	\$825.00	\$1,200.00	\$1,200.00
D6752	Retainer crown porc fused to noble metal	\$1,000.00		\$650.00	\$750.00	\$800.00	\$850.00	\$850.00
D6753	Crown-Porc fuse to noble metal	\$1,000.00		\$650.00	\$750.00	\$800.00	\$850.00	\$850.00
D6792	Crown-full cast noble metal	\$1,000.00		\$650.00	\$750.00	\$800.00	\$850.00	\$850.00
D6920	Connector bar	\$300.00	\$85 Adv Rehab	\$205.00	\$220.00	\$240.00	\$300.00	\$300.00
D6930	Recement/bond Bridge	\$100.00	\$40 Routine	\$70.00	\$80.00	\$90.00	\$100.00	\$100.00
D7111	Coronal remnants - primary tooth	\$100.00		\$60.00	\$80.00	\$90.00	\$100.00	\$100.00
D7140	Extract, erupt tooth exp root	\$150.00	\$40 Routine	\$60.00	\$90.00	\$120.00	\$150.00	\$150.00
D7210	Surgical removal erupted tooth	\$325.00		\$210.00	\$220.00	\$250.00	\$325.00	\$325.00
D7220	Rmw/Impacted Tooth-S Tissue	\$350.00		\$210.00	\$220.00	\$280.00	\$350.00	\$350.00
D7230	Partial Bony Impaction	\$400.00		\$275.00	\$310.00	\$375.00	\$400.00	\$400.00
D7240	Complete Bony Impaction	\$500.00		\$290.00	\$350.00	\$420.00	\$500.00	\$500.00
D7250	Srg Rmvl Resd/ Tooth Roots	\$325.00		\$210.00	\$220.00	\$250.00	\$325.00	\$325.00
D7260	Orantral Fistula Closure	\$300.00		\$205.00	\$220.00	\$240.00	\$300.00	\$300.00
D7280	Surgical Exposure For Erup	\$300.00		\$205.00	\$220.00	\$240.00	\$300.00	\$300.00
D7286	Biopsy Oral Tissue-Soft	\$693.00		\$278.00	\$416.00	\$555.00	\$693.00	\$693.00
D7288	Biopsy -Brush-Transepithelial Collection	\$800.00		\$800.00	\$800.00	\$800.00	\$800.00	\$800.00
D7310	Alveoplasty/Per Quad W/Ext	\$300.00	\$200 Adv Surgical	\$205.00	\$220.00	\$240.00	\$300.00	\$300.00
D7320	Alveoplasty not in conjunc W Ext	\$300.00		\$205.00	\$220.00	\$240.00	\$300.00	\$300.00
D7340	Vestibuloplasty	\$300.00		\$205.00	\$220.00	\$240.00	\$300.00	\$300.00
D7350	Vestibuloplasty-Incl. Soft Tiss Graf	\$300.00		\$205.00	\$220.00	\$240.00	\$300.00	\$300.00
D7471	Removal of Lateral Exostosis	\$300.00		\$205.00	\$220.00	\$240.00	\$300.00	\$300.00
D7510	I&D Intraoral Soft Tissue	\$300.00		\$205.00	\$220.00	\$240.00	\$300.00	\$300.00
D7520	I&D Abcess-Extraoral	\$300.00		\$205.00	\$220.00	\$240.00	\$300.00	\$300.00
D7530	Removal F/B: Skin/Subcut Tissue	\$300.00		\$205.00	\$220.00	\$240.00	\$300.00	\$300.00
D7560	Maxillary Sinusotomy	\$300.00		\$205.00	\$220.00	\$240.00	\$300.00	\$300.00
D7880	Occlusal orthotic appliance	\$425.00	\$85 Adv Rehab +	\$175.00	\$210.00	\$275.00	\$425.00	\$425.00
D7961	Buccal/labial frenulectomy	\$300.00		\$205.00	\$220.00	\$240.00	\$300.00	\$300.00
D7962	Lingual frenulectomy	\$300.00		\$205.00	\$220.00	\$240.00	\$300.00	\$300.00
D7970	Excision Hyerpastic Tissue	\$300.00		\$205.00	\$220.00	\$240.00	\$300.00	\$300.00
D7971	Excision Pericoronar Gingiva	\$300.00		\$205.00	\$220.00	\$240.00	\$300.00	\$300.00
D9110	Palliative TX dental pain	\$70.00	\$40 Routine	\$50.00	\$55.00	\$60.00	\$70.00	\$70.00
D9120	Fixed partial denture sectioning (abt/pontics)	\$272.00						