

<u>CDT CODE</u>	<u>DESCRIPTION</u>	<u>2005 FEE</u>
DIAGNOSTIC		
00120	Limited oral evaluation-problem focused	\$23.14
00140	Limited oral evaluation-problem focused	\$36.95
00150	Comprehensive oral evaluation	\$28.03
00210	Intraoral-complete series (including bitewings)	\$76.86
00220	Intraoral-periapical-first film	\$13.81
00230	Intraoral-periapical-each additional film	\$12.53
00240	Intraoral-occlusal film	\$22.29
00250	Extraoral-first film	\$26.76
00260	Extraoral-each additional film	\$13.64
00270	Bitewings-single film	\$13.63
00272	Bitewings-two films	\$22.50
00274	Bitewings-four films	\$30.79
00277	Vertical bitewings - 7 to 8 films	\$74.54
00290	Posterior-anterior or lateral skull and facial bone survey film	\$58.60
00330	Panoramic film	\$62.00
00340	Cephalometric film	\$69.64
00350	Oral/facial images (includes intra and extraoral images)	\$72.06
00460	Pulp vitality tests	\$23.78
00470	Diagnostic casts	\$69.22
PREVENTIVE		
01110	Prophylaxis-adult	\$48.38
01120	Prophylaxis-child	\$38.51
01201	Topical application of fluoride (including prophylaxis)-child	\$52.38
01203	Topical application of fluoride (prophylaxis not included)-child	\$21.10
01204	Topical application of fluoride (prophylaxis not included)-adult	\$18.90
01205	Topical application of fluoride (including prophylaxis)-adult	\$57.53
01330	Oral hygiene instructions	\$19.11
01351	Sealant-per tooth	\$32.69
01510	Space maintainer-fixed-unilateral	\$200.21
01515	Space maintainer-fixed-bilateral	\$345.64
01520	Space maintainer-removable-unilateral	\$123.86
01525	Space maintainer-removable-bilateral	\$186.41
01550	Recementation of space maintainer	\$44.59
RESTORATIVE		
02110	Amalgam-one surface, primary	\$65.99
02120	Amalgam-two surfaces, primary	\$84.43
02130	Amalgam-three surfaces, primary	\$98.31
02131	Amalgam-four or more surfaces, primary	\$121.65
02140	Amalgam-one surface, permanent	\$68.63
02150	Amalgam-two surfaces, permanent	\$84.23
02160	Amalgam-three surfaces, permanent	\$102.42
02161	Amalgam-four or more surfaces, permanent	\$123.87

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02330	Resin-one surface, anterior	\$80.82
02331	Resin-two surfaces, anterior	\$100.41
02332	Resin-three surfaces, anterior	\$118.02
02335	Resin-four or more surfaces or involving angle (anterior)	\$134.23
02337	Resin-based composite crown, anterior-permanent	\$482.63
02380	Resin-one surface, posterior-primary	\$72.19
02381	Resin-two surfaces, posterior-primary	\$95.33
02382	Resin-three or more surfaces, posterior-primary	\$101.91
02385	Resin-one surface, posterior-permanent	\$100.96
02386	Resin-two surfaces, posterior-permanent	\$112.27
02387	Resin-three or more surfaces, posterior-permanent	\$139.29
02388	Resin-based composite - four or more surfaces, posterior permanent	\$157.24
02410	Gold foil-one surface	\$109.23
02420	Gold foil-two surfaces	\$252.21
02430	Gold foil-three surfaces	\$414.91
02510	Inlay-metallic-one surface	\$287.44
02520	Inlay-metallic-two surfaces	\$347.95
02530	Inlay-metallic-three surfaces	\$416.74
02542	Onlay - metallic - two surfaces	\$82.03
02543	Onlay-metallic-three surfaces	\$510.83
02544	Onlay-metallic-four or more surfaces	\$603.66
02610	Inlay-porcelain/ceramic-one surface	\$287.44
02620	Inlay-porcelain/ceramic-two surfaces	\$347.95
02630	Inlay-porcelain/ceramic-three or more surfaces	\$416.74
02650	Inlay-composite/resin-one surface (laboratory processed)	\$256.13
02651	Inlay-composite/resin-two surfaces (laboratory processed)	\$310.83
02652	Inlay-composite/resin-three or more surfaces (laboratory processed)	\$377.93
02710	Crown-resin (laboratory)	\$318.47
02720	Crown-resin with high noble metal	\$475.87
02721	Crown-resin with predominantly base metal	\$453.87
02722	Crown-resin with noble metal	\$464.86
02740	Crown-porcelain/ceramic substrate	\$719.15
02750	Crown-porcelain fused to high noble metal	\$636.61
02751	Crown-porcelain fused to predominantly base metal	\$618.06
02752	Crown-porcelain fused to noble metal	\$627.98
02780	Crown - 3/4 cast high noble metal	\$492.81
02781	Crown - 3/4 cast predominately base metal	\$448.94
02782	Crown - 3/4 cast noble metal	\$482.57
02783	Crown - 3/4 porcelain/ceramic	\$560.08
02790	Crown-full cast high noble metal	\$631.88
02791	Crown-full cast predominantly base metal	\$574.89
02792	Crown-full cast noble metal	\$619.94
02799	Provisional crown	\$87.38
02910	Recement inlay	\$67.94
02920	Recement crown	\$54.57
02930	Prefabricated stainless steel crown-primary tooth	\$137.62

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02931	Prefabricated stainless steel crown-permanent tooth	\$170.70
02932	Prefabricated resin crown	\$175.80
02933	Prefabricated stainless steel crown with resin window	\$205.65
02940	Sedative filling	\$59.77
02950	Core buildup, including any pins	\$126.32
02951	Pin retention-per tooth, in addition to restoration	\$42.04
02952	Cast post and core in addition to crown	\$191.72
02953	Each additional cast post - same tooth	\$178.77
02954	Prefabricated post and core in addition to crown	\$168.64
02957	Each additional prefabricated post - same tooth	\$162.74
02980	Crown repair, by report	\$89.17
ENDODONTICS		
03110	Pulp cap-direct (excluding final restoration)	\$34.19
03120	Pulp cap-indirect (excluding final restoration)	\$68.58
03220	Therapeutic pulpotomy (excluding final restoration)	\$88.75
03221	Gross pulpal debridement, primary and permanent teeth	\$439.80
03230	Pulpal therapy (resorbable filling)-anterior, primary tooth (excluding final restoration)	\$398.93
03240	Pulpal therapy (resorbable filling)-posterior, primary tooth (excluding final restoration)	\$450.96
03310	Anterior (excluding final restoration)	\$438.56
03320	Bicuspid (excluding final restoration)	\$515.58
03330	Molar (excluding final restoration)	\$636.16
03332	Incomplete endodontic therapy; inoperable or fractured tooth	\$436.44
03346	Retreatment of previous root canal therapy-anterior	\$492.92
03347	Retreatment of previous root canal therapy-bicuspid	\$562.60
03348	Retreatment of previous root canal therapy-molar	\$663.70
03351	Apexification/recalcification-initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$81.53
03352	Apexification/recalcification-interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	\$81.53
03410	Apicoectomy/Periradicular surgery-anterior	\$348.54
03421	Apicoectomy/Periradicular surgery-bicuspid (first root)	\$458.60
03425	Apicoectomy/Periradicular surgery-molar (first root)	\$522.29
03426	Apicoectomy/Periradicular surgery (each additional root)	\$38.22
03430	Retrograde filling-per root	\$184.72
03450	Root amputation-per root	\$245.87
PERIODONTICS		
04210	Gingivectomy or gingivoplasty-per quadrant	\$315.50
04211	Gingivectomy or gingivoplasty-per tooth	\$83.86
04220	Gingival curettage, surgical, per quadrant, by report	\$146.70
04240	Gingival flap procedure, including root planing-per quadrant	\$336.31
04249	Clinical crown lengthening-hard tissue	\$407.64
04260	Osseous surgery (including flap entry and closure)-per quadrant	\$664.12

<u>CDT CODE</u>	<u>DESCRIPTION</u>	<u>2005 FEE</u>
04263	Bone replacement graft-first site in quadrant	\$264.76
04264	Bone replacement graft-each additional site in quadrant	\$191.08
04266	Guided tissue regeneration-resorbable barrier, per site, per tooth	\$328.61
04267	Guided tissue regeneration-nonresorbable barrier, per site, per tooth (includes membrane removal)	\$318.47
04268	Surgical revision procedure, per tooth	\$308.22
04270	Pedicle soft tissue graft procedure	\$439.50
04271	Free soft tissue graft procedure (including donor site surgery)	\$525.27
04274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$101.91
04341	Periodontal scaling and root planing-per quadrant	\$153.94
04355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis	\$93.63
04910	Periodontal maintenance procedures (following active therapy)	\$76.83
PROSTHODONTICS (REMOVABLE)		
05110	Complete denture-maxillary	\$691.51
05120	Complete denture-mandibular	\$691.51
05130	Immediate denture-maxillary	\$753.29
05140	Immediate denture-mandibular	\$781.53
05211	Maxillary partial denture-resin base (including any conventional clasps, rests and teeth)	\$587.90
05212	Mandibular partial denture-resin base (including any conventional clasps, rests and teeth)	\$662.42
05213	Maxillary partial denture-cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$895.77
05214	Mandibular partial denture-cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$895.77
05410	Adjust complete denture-maxillary	\$40.76
05411	Adjust complete denture-mandibular	\$35.99
05421	Adjust partial denture-maxillary	\$40.76
05422	Adjust partial denture-mandibular	\$38.22
05510	Repair broken complete denture base	\$87.48
05520	Replace missing or broken teeth-complete denture (each tooth)	\$81.96
05610	Repair resin denture base	\$90.24
05620	Repair cast framework	\$99.79
05630	Repair or replace broken clasp	\$103.19
05640	Replace broken teeth-per tooth	\$91.83
05650	Add tooth to existing partial denture	\$99.36
05660	Add clasp to existing partial denture	\$106.58
05730	Reline complete maxillary denture (chairside)	\$115.18
05731	Reline complete mandibular denture (chairside)	\$115.18
05740	Reline maxillary partial denture (chairside)	\$100.64
05741	Reline mandibular partial denture (chairside)	\$100.64
05750	Reline complete maxillary denture (laboratory)	\$223.99

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05751	Reline complete mandibular denture (laboratory)	\$254.78
05760	Reline maxillary partial denture (laboratory)	\$203.82
05761	Reline mandibular partial denture (laboratory)	\$203.82
05850	Tissue conditioning, maxillary	\$57.33
05851	Tissue conditioning, mandibular	\$57.33
MAXILLOFACIAL PROSTHETICS		
05982	Surgical stent	\$363.06
05986	Fluoride gel carrier	\$203.82
IMPLANT SERVICES		
06058	Abutment supported porcelain/ceramic crown	\$555.35
06059	Abutment supported porcelain fused to metal crown (high noble metal)	\$559.07
06060	Abutment supported porcelain fused to metal crown (predominately base metal)	\$546.65
06061	Abutment supported porcelain fused to metal crown (noble metal)	\$552.86
06062	Abutment supported cast metal crown (high noble metal)	\$559.07
06063	Abutment supported cast metal crown (predominately base metal)	\$546.65
06064	Abutment supported cast metal crown (noble metal)	\$552.86
06065	Implant supported porcelain/ceramic crown	\$633.61
06066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$559.07
06067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$559.07
06068	Abutment supported retainer for porcelain/ceramic FPD	\$633.61
06069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$559.07
06070	Abutment supported retainer for porcelain fused to metal FPD (predominately base metal)	\$546.65
06071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$552.86
06072	Abutment supported retainer for cast metal FPD (high noble metal)	\$554.79
06073	Abutment supported retainer for cast metal FPD (predominately base metal)	\$505.48
06074	Abutment supported retainer for cast metal FPD (noble metal)	\$546.65
06075	Implant supported retainer for ceramic FPD	\$633.61
06076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	\$562.80
06077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	\$559.07
06078	Implant/abutment supported fixed denture for completely edentulous arch	\$670.88
06079	Implant/abutment supported fixed denture for partially edentulous arch	\$844.82

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	PROSTHODONTICS, FIXED (EACH ABUTMENT AND EACH PONTIC CONSTITUTE A UNIT IN A FIXED PARTIAL DENTURE	
06210	Pontic-cast high noble metal	\$606.79
06211	Pontic-cast predominantly base metal	\$567.54
06212	Pontic-cast noble metal	\$616.90
06240	Pontic-porcelain fused to high noble metal	\$628.45
06241	Pontic-porcelain fused to predominantly base metal	\$612.80
06242	Pontic-porcelain fused to noble metal	\$622.77
06245	Pontic - porcelain/ceramic	\$697.28
06250	Pontic-resin with high noble metal	\$445.86
06252	Pontic-resin with noble metal	\$406.38
06519	Inlay/onlay - porcelain/ceramic	\$254.69
06545	Retainer-cast metal for resin bonded fixed prosthesis	\$392.14
06548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$310.59
06740	Crown - porcelain/ceramic	\$697.28
06750	Crown-porcelain fused to high noble metal	\$633.89
06751	Crown-porcelain fused to predominantly base metal	\$620.69
06752	Crown-porcelain fused to noble metal	\$630.66
06781	Crown - 3/4 cast predominately base metal	\$559.07
06782	Crown - 3/4 cast noble metal	\$546.65
06783	Crown - 3/4 porcelain/ceramic	\$633.61
06790	Crown-full cast high noble metal	\$633.70
06791	Crown-full cast predominantly base metal	\$554.29
06792	Crown-full cast noble metal	\$604.39
06930	Recement fixed partial denture	\$71.98
06976	Each additional cast post - same tooth	\$180.15
06977	Each additional prefabricated post - same tooth	\$155.30
	ORAL AND MAXILLOFACIAL SURGERY	
07110	Single tooth	\$67.94
07120	Each additional tooth	\$65.60
07130	Root removal-exposed roots	\$98.72
07210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$126.12
07220	Removal of impacted tooth-soft tissue	\$179.41
07230	Removal of impacted tooth-partially bony	\$233.71
07240	Removal of impacted tooth-completely bony	\$281.04
07241	Removal of impacted tooth-completely bony, with unusual surgical complications	\$317.14
07250	Surgical removal of residual tooth roots (cutting procedure)	\$122.29
07280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons (including orthodontic attachments)	\$285.35
07281	Surgical exposure of impacted or unerupted tooth to aid eruption	\$147.77
07286	Biopsy of oral tissue-soft	\$160.27
07291	Transseptal fiberotomy, by report	\$31.85
07310	Alveoloplasty in conjunction with extractions-per quadrant	\$160.08

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07320	Alveoloplasty not in conjunction with extractions-per quadrant	\$214.01
07471	Removal of exostosis - per site	\$201.27
07510	Incision and drainage of abscess-intraoral soft tissue	\$108.29
07960	Frenectomy (frenectomy or frenotomy)-separate procedure	\$247.98
07970	Excision of hyperplastic tissue-per arch	\$191.98
07971	Excision of pericoronal gingiva	\$98.72
ORTHODONTICS		
08010	Limited orthodontic treatment of the primary dentition	\$4,136.08
08020	Limited orthodontic treatment of the transitional dentition	\$4,136.08
08030	Limited orthodontic treatment of the adolescent dentition	\$4,136.08
08040	Limited orthodontic treatment of the adult dentition	\$4,136.08
08050	Interceptive orthodontic treatment of the primary dentition	\$4,136.08
08060	Interceptive orthodontic treatment of the transitional dentition	\$4,136.08
08070	Comprehensive orthodontic treatment of the transitional dentition	\$4,136.08
08080	Comprehensive orthodontic treatment of the adolescent dentition	\$4,136.08
08090	Comprehensive orthodontic treatment of the adult dentition	\$4,136.08
08660	Pre-orthodontic treatment visit	\$56.48
08670	periodic orthodontic treatment visit (as part of contract)	\$166.45
ADJUNCTIVE GENERAL SERVICES		
09110	Palliative (emergency) treatment of dental pain-minor procedure	\$50.53
09220	General anesthesia-first 30 minutes	\$285.56
09230	Analgesia	\$32.27
09310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	\$57.19
09440	Office visit-after regularly scheduled hours	\$63.91
09248	Non-intravenous conscious sedation	\$24.85
09971	Odontoplasty 1-2 teeth; includes removal of enamel projections	\$33.55
09951	Occlusal adjustment-limited	\$34.71
09952	Occlusal adjustment-complete	\$345.50

Effective: July 1, 2005