

Appendix H: DIDD and Medicaid Dental Rates w/ Benchmark Ratios

1. All codes in this document are under review by the 2025 Medicaid Provider Rate Review Advisory Committee (MPRRAC).
2. Tab "DIDD_Medicaid_Comparison" includes the details of all DIDD codes compared to Colorado Medicaid Dental State Plan for SFY2023-24.
the same rank; blank if not used in SFY2023-24.
adults; "Excluded from Comparison" if the DIDD code is manually priced or has a rate of \$0; blank if compared to the State Plan.
* "Benchmark Ratio (Rate-only)" (column H): It is DIDD rate divided by the CO Medicaid State Dental rate, without considering utilization.
amount, taking utilization and TPL into consideration.
3. Tab "DIDD Fee Schedule": This is the most recent published Colorado DIDD Dental Fee Schedule when the analysis was
4. Tab "CO Medicaid Dental Rate_Adult": This is the adult portion of the most recent published CO Medicaid State Dental fee

DIDD CPT Procedure Code	Procedure Code Description	Utilization	Utilization Ranking	DIDD Rate Effective 07/01/2024	CO Medicaid Dental Rate Effective 07/01/2024	In the State Plan?	Benchmark Ratio (Rate-only)	Benchmark Ratio (Repriced)
D0120	Periodic Oral Evaluation	4345	1	\$48.57	\$38.35		126.65%	130.43%
D0140	Limited Oral Evaluation Problem Focused	626	13	\$70.42	\$53.14		132.52%	135.50%
D0150	Comprehensive Oral Evaluation	800	11	\$77.73	\$61.03		127.36%	136.07%
D0160	Detailed & Extensive Oral Evaluation, Problem Focus	*	55	\$78.05	\$75.03		104.03%	104.71%
D0170	Re-Evaluation Limit/Problem Focus, Est Patient	*	114	\$114.29	\$33.02		346.12%	346.12%
D0171	Re-Evaluation-Post-Operative Office Visit	*	92	\$114.29		Not Covered in the State plan		
D0180	Comprehensive Periodontal Evaluation	93	38	\$84.02	\$45.04		186.55%	222.56%
D0190	Screening of a Patient	*	102	\$51.37		Not Covered in the State plan		
D0191	Assessment of a Patient			\$53.82		Not Covered in the State plan		
D0210	Intraoral Complete Film Series	531	15	\$128.52	\$88.31		145.53%	156.08%
D0220	Intraoral Periapical First	1576	6	\$26.56	\$13.21		201.06%	231.79%
D0230	Intraoral Periapical-Each Additional	1714	4	\$22.20	\$13.21		168.05%	185.95%
D0240	Intraoral-Occlusal Radiographic Image	36	51	\$62.24		Not Covered in the State plan		
D0250	Extra-Oral- 2D Projection Radiographic Image Created Using a Stationary Radiation Source, and Detector			\$45.92		Not Covered in the State plan		
D0251	Extraoral Posterior Dental Radiographic Image			\$45.92		Not Covered in the State plan		
D0270	Dental Bitewing, Single Image	68	40	\$33.26	\$13.79		241.19%	274.30%
D0272	Dental Bitewings, Two Images	135	31	\$42.89	\$22.20		193.20%	224.80%
D0273	Bitewings, Three Images	*	83	\$51.40	\$26.17		196.41%	253.97%
D0274	Bitewings, Four Images	1708	5	\$60.44	\$31.20		193.72%	213.13%
D0277	Vertical Bitewings, 7-8 Images	*	69	\$91.10	\$46.25		196.97%	206.46%
D0310	Sialography			\$179.09		Not Covered in the State plan		
D0320	Temporomandibular Joint Arthrogram, Including Injection			\$162.05		Not Covered in the State plan		
D0321	Other Temporomandibular Joint Radiographic Images, By Report			\$106.04		Not Covered in the State plan		
D0322	Tomographic Survey			\$282.89		Not Covered in the State plan		
D0330	Panoramic Image	421	20	\$104.47	\$55.21		189.22%	201.20%
D0340	2D Cephalometric Radiographic Image- acquisition, measurement and analysis	*	102	\$106.95		Not Covered in the State plan		
D0350	2D Oral/Facial Photographic Image Obtained Intra-Orally or Extra-Orally	467	18	\$45.47		Not Covered in the State plan		
D0351	3D Photographic Image			\$255.94		Not Covered in the State plan		
D0365	Cone beam ct interpret man			\$474.23		Not Covered in the State plan		
D0366	Cone beam ct interpret max			\$474.23		Not Covered in the State plan		
D0367	Cone beam ct interp both jaw	*	92	\$330.23		Not Covered in the State plan		
D0372	Intraoral Tomosynthesis - Comprehensive Series of Radiographic Images			\$130.01	\$86.68		149.99%	
D0373	Intraoral Tomosynthesis - Bitewing Radiographic Image			\$31.20	\$20.80		150.00%	
D0374	Intraoral Tomosynthesis - Periapical Radiographic Image			\$26.00	\$17.34		149.94%	
D0380	CBCT image capture with limited field of view-less than on whole jaw.			\$214.92	\$143.28		150.00%	
D0383	CBCT image capture with field of view of both jaws, with or without cranium.	*	59	\$214.92	\$143.28		150.00%	158.01%
D0384	CBCT image capture of TMJ series including two or more exposures.	*	114	\$356.35	\$237.57		150.00%	150.00%
D0385	Maxillofacial MRI image capture.			\$513.99	\$342.66		150.00%	
D0386	Maxillofacial ultrasound image capture			\$128.31	\$85.54		150.00%	
D0387	Intraoral Tomosynthesis - Comprehensive Series of Radiographic Images - Image Capture Only			\$65.01	\$43.34		150.00%	
D0388	Intraoral Tomosynthesis - Bitewing Radiographic Image - Image Capture Only			\$19.51	\$13.01		149.96%	
D0389	Intraoral Tomosynthesis - Periapical Radiographic Image - Image Capture Only			\$23.45	\$15.64		149.94%	
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of image, including report			\$167.66	\$88.45		189.55%	
D0411	HbA1c in-office point of service testing			\$88.78	\$46.19		192.21%	
D0412	Blood Glucose Level Test			\$0.00	\$19.72	Excluded from comparison		
D0414	Lab Process Microbial Spec			\$80.97	\$53.98		150.00%	
D0425	Caries Susceptibility Tests	*	71	\$90.16		Not Covered in the State plan		
D0460	Pulp Vitality Tests	108	33	\$45.04	\$28.20		159.72%	168.66%
D1110	Prophylaxis Adult	3655	2	\$90.76	\$97.50		93.09%	92.43%
D1206	Topical Fluoride Varnish	2244	3	\$37.71	\$41.96		89.87%	88.59%
D1208	Topical Application of Fluoride- excluding varnish	153	29	\$33.81	\$12.25		276.00%	320.67%
D1351	Sealant- Per Tooth	*	63	\$57.00		Not Covered in the State plan		
D1352	Prev resin rest, perm tooth			\$93.57		Not Covered in the State plan		
D1353	Sealant Repair- Per Tooth	*	102	\$93.57		Not Covered in the State plan		
D1354	Interim Caries Arresting Medicament Application	173	27	\$58.46		Not Covered in the State plan		
D1510	Space Maintainer Fixed Unilateral			\$309.63		Not Covered in the State plan		
D1520	Space maintainer Removable Unilateral			\$259.06		Not Covered in the State plan		
D1556	Removal of Fixed Unilateral Space Maintainer- Per Quadrant (Replacing D1555)			\$58.55		Not Covered in the State plan		
D1557	Removal of Fixed Bilateral Space Maintainer- Maxillary (Replacing D1555)			\$58.55		Not Covered in the State plan		
D1558	Removal of Fixed Bilateral Space Maintainer- Mandibular (Replacing D1555)			\$58.55		Not Covered in the State plan		
D1575	Distal shoe space maintainer - fixed - unilateral			\$309.63		Not Covered in the State plan		
D1781	Vaccine administration - Human PapillomaVirus - Dose 1 Gardasil 9 0.5mL intramuscular vaccine injection.			\$399.65		Not Covered in the State plan		
D1782	Vaccine administration - Human PapillomaVirus - Dose 2			\$399.65		Not Covered in the State plan		
D1783	Vaccine administration - Human PapillomaVirus - Dose 3			\$399.65		Not Covered in the State plan		
D1999	Unspecified Preventative Procedure, By Report			Code is manually priced	Code is Manually Priced	Excluded from comparison		
D2140	Amalgam One Surface Permanent	95	36	\$163.63	\$110.02		148.73%	172.46%
D2150	Amalgam Two Surfaces Permanent	102	34	\$209.09	\$140.59		148.72%	154.57%
D2160	Amalgam Three Surfaces Permanent	45	45	\$256.39	\$172.40		148.72%	160.36%
D2161	Amalgam 4 or > Surfaces Permanent	*	69	\$310.69	\$208.93		148.71%	148.71%
D2330	Resin One Surface Anterior	260	26	\$155.01	\$106.82		145.11%	157.91%
D2331	Resin Two Surfaces Anterior	268	25	\$191.86	\$132.18		145.15%	161.54%
D2332	Resin Three Surfaces Anterior	375	22	\$235.15	\$162.09		145.07%	158.40%
D2335	Resin Four or > Surface/Incisor Anterior	287	24	\$283.74	\$195.55		145.10%	161.42%
D2390	Resin Based Composite Crown Anterior			\$380.88	\$256.91		148.25%	
D2391	Resin Based Composite One Surface Posterior	648	12	\$163.63	\$110.02		148.73%	171.90%
D2392	Resin Based Composite Two Surfaces Posterior	836	10	\$209.09	\$140.59		148.72%	166.71%
D2393	Resin Base Composite Three Surface Posterior	479	17	\$256.39	\$172.40		148.72%	171.03%
D2394	Resin Base Composite 4 or > Surfaces Posterior	158	28	\$310.69	\$208.93		148.71%	167.88%
D2710	Crown, Resin-Based Composite (Indirect)			\$728.19	\$257.66		282.62%	
D2712	Crown Resin Base Composite (Indirect)			\$728.19	\$257.66		282.62%	
D2721	Crown, Resin with Predominantly Base Metal			\$728.19	\$257.66		282.62%	
D2722	Crown, Resin Noble Metal			\$728.19	\$257.66		282.62%	
D2740	Crown, Porcelain/Ceramic Substrate	622	14	\$1,105.05	\$849.16		130.13%	135.33%

D2750	Crown Porcelain High Noble Metal	42	47	\$1,118.92	\$841.06		133.04%	140.21%
D2751	Crown Porcelain Base Metal	*	61	\$1,105.05	\$767.03		144.07%	152.64%
D2752	Crown Porcelain Noble Metal	*	66	\$1,105.05	\$798.29		138.43%	138.43%
D2753	Crown Porcelain Fused to Titanium and Titanium Alloys			\$1,105.05	\$492.27		224.48%	
D2781	Crown 3/4 Base Metal			\$1,105.05	\$492.27		224.48%	
D2782	Crown 3/4 Cast Noble Metal			\$1,105.05	\$492.27		224.48%	
D2783	Crown 3/4 Porcelain/Ceramic			\$1,105.05	\$492.27		224.48%	
D2790	Crown Full Cast High Noble Metal	*	92	\$1,105.05	\$868.62		127.22%	127.22%
D2791	Crown Full Cast Base Metal			\$1,105.05	\$492.27		224.48%	
D2792	Crown Full Cast Noble Metal	*	114	\$1,105.05	\$492.27		224.48%	224.48%
D2794	Crown Titanium			\$1,105.05	\$836.88		132.04%	
D2799	Provisional Crown			\$330.14	\$128.82		256.28%	
D2910	Recement or re-bond inlay, onlay, veneer or partial coverage restoration			\$87.73	\$52.21		168.03%	
D2915	Recement or re-bond Indirectly Fabricated or Prefabricated, Post and Core			\$98.43		Not Covered in the State plan		
D2920	Recement or re-bond crown	35	53	\$98.43	\$53.44		184.19%	202.39%
D2928	Prefabricated Porcelain/Ceramic Crown - Permanent Tooth			\$258.42	\$155.48		166.21%	
D2929	Prefabricated Porcelain/Ceramic Crown- Primary Tooth			\$201.69		Not Covered in the State plan		
D2930	Prefabricated Stainless Steel Crown Primary			\$265.56		Not Covered in the State plan		
D2931	Prefabricated Stainless Steel Crown Permanent	59	41	\$311.18	\$155.48		200.14%	486.30%
D2932	Prefabricated Resin Crown			\$258.42		Not Covered in the State plan		
D2933	Prefabricated Stainless Steel Crown with Resin Window			\$270.01	\$173.48		155.64%	
D2934	Prefabricated Esthetic Coated Stainless Steel Crown Primary			\$304.42		Not Covered in the State plan		
D2940	Protective Restoration	32	54	\$111.30	\$55.21		201.59%	299.40%
D2950	Core Buildup Including Pins	423	19	\$250.12	\$135.08		185.16%	204.02%
D2951	Pin Retention Per Tooth			\$55.10		Not Covered in the State plan		
D2952	Post and core cast + crown	*	102	\$382.07	\$207.12		184.47%	184.47%
D2953	Each addtnl cast post			\$370.17		Not Covered in the State plan		
D2954	Prefabricated Post and Core + Crown	*	58	\$306.03	\$164.50		186.04%	237.18%
D2955	Post Removal			\$181.00		Not Covered in the State plan		
D2957	Each Additional Prefabricated Post			\$191.75		Not Covered in the State plan		
D2980	Crown Repair			\$175.43		Not Covered in the State plan		
D2991	Application of hydroxyapatite regeneration medicament-per tooth	*	56	\$84.46	\$56.30		150.02%	150.02%
D2999	Unspecified Restorative Procedure			Code is manually priced	Code is manually priced	Excluded from comparison		
D3110	Pulp Cap Direct			\$77.76		Not Covered in the State plan		
D3120	Pulp Cap Indirect	*	67	\$75.55		Not Covered in the State plan		
D3221	Pulpal Debridement	*	92	\$187.07		Not Covered in the State plan		
D3222	Partial Pulpotomy for Apexogenesis			\$218.03		Not Covered in the State plan		
D3230	Pulpal Therapy Anterior Primary Tooth			\$228.79		Not Covered in the State plan		
D3240	Pulpal Therapy Posterior Primary			\$252.20		Not Covered in the State plan		
D3310	End Therapy, Anterior Tooth	96	35	\$689.32	\$799.76		86.19%	83.02%
D3320	End Therapy, Bicuspid Tooth	82	39	\$805.52	\$917.71		87.78%	86.06%
D3330	End Therapy, Molar	37	50	\$979.01	\$1,109.31		88.25%	87.54%
D3331	Root Canal Obstruction Non-Surgical			\$427.18		Not Covered in the State plan		
D3332	Incomplete Endodontic Therapy			\$324.21		Not Covered in the State plan		
D3333	Internal Root Repair o			\$188.80		Not Covered in the State plan		
D3346	Retreatment Root Canal Anterior	*	102	\$800.42	\$911.61		87.80%	87.80%
D3347	Retreatment Root Canal Bicuspid			\$901.64	\$1,044.12		86.35%	
D3348	Retreatment Root Canal Molar	*	83	\$1,068.84	\$1,246.06		85.78%	85.78%
D3351	Apexification/Recalcification - Initial Visit (Apical Closure/Calcific Repair of Perforations, Root Resorption, etc.)			\$303.98		Not Covered in the State plan		
D3352	Apexification/Recalcification Interim			\$209.07		Not Covered in the State plan		
D3353	Apexification/Recalcification- Final			\$440.87		Not Covered in the State plan		
D3355	Pulpal Regeneration Initial Visit (replaces D3354)			\$449.18		Not Covered in the State plan		
D3356	Pulpal Regeneration Interim Medication Replacement (replaces D3354)			\$197.54		Not Covered in the State plan		
D3357	Pulpal Regeneration Completion of Treatment (replaces D3354)			\$197.54		Not Covered in the State plan		
D3410	Apicoectomy/Periradicular Surgery Anter			\$654.32		Not Covered in the State plan		
D3421	Apicoectomy/Periradicular Surgery Bicus			\$712.78		Not Covered in the State plan		
D3425	Apicoectomy/Periradicular Surgery Molar			\$786.88		Not Covered in the State plan		
D3426	Apicoectomy/Periradicular Surgery Ea Add			\$279.16		Not Covered in the State plan		
D3430	Retrograde Filling Per Root			\$212.19		Not Covered in the State plan		
D3450	Root Amputation Per Root			\$341.65		Not Covered in the State plan		
D3460	Endodontic Endosseous Implant			\$677.50		Not Covered in the State plan		
D3470	Intentional Reimplantation			\$1,341.15		Not Covered in the State plan		
D3910	Isolation Tooth with Rubber Dam			\$144.68		Not Covered in the State plan		
D3920	Hemisection Incl Rt Remov Excl Rt Canal			\$399.71		Not Covered in the State plan		
D3921	Decoronation or submergence of an erupted tooth			\$436.71	\$222.73		196.07%	
D3950	Canal Preparation and Fitting of Preformed Dowel/Post			\$169.26		Not Covered in the State plan		
D3999	Unspecified Endodontic Procedure			Code is manually priced	Code is manually priced	Excluded from comparison		
D4210	Gingivectomy/Plasty 4 or More	*	86	\$504.38	\$300.17		168.03%	244.66%
D4211	Gingivectomy/Plasty 1 to 3			\$248.45	\$130.63		190.19%	
D4212	Gingivectomy/plasty rest			\$217.62	\$77.23		281.78%	
D4240	Gingival Flap Proc w Planin			\$647.64		Not Covered in the State plan		
D4245	Apically Positioned Flap			\$458.13		Not Covered in the State plan		
D4249	Crown Lengthening Hard Tissue			\$680.25		Not Covered in the State plan		
D4260	Osseous Surgery (Including Elevation of a Full Thickness Flap Entry and Closure) - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant			\$999.30		Not Covered in the State plan		
D4261	Osseous Surgery (Including Elevation of a Full Thickness Flap Entry and Closure) - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant			\$712.84		Not Covered in the State plan		
D4263	Bone Replacement Graft First Site			\$531.09		Not Covered in the State plan		
D4264	Bone Replacement Graft Each Additional Site			\$389.59		Not Covered in the State plan		
D4265	Biologic Materials to Aid in Soft and Osseous Tissue Regeneration			\$417.90		Not Covered in the State plan		
D4266	Guided Tissue Regen Resorbable			\$566.19	\$419.04		135.12%	
D4267	Guided Tissue Regen Nonresorbable			\$696.18		Not Covered in the State plan		
D4268	Surgical Revision Procedure Per Tooth			\$420.65		Not Covered in the State plan		
D4270	Pedicle Soft Tissue Graft Procedure			\$694.52		Not Covered in the State plan		
D4273	Autogenous Connective Tissue Graft Procedure (including donor and recipient surgical sites)- each additional contiguous tooth, implant or edentulous tooth position in same graft site			\$993.85		Not Covered in the State plan		
D4274	Distal/Proximal Wedge			\$417.52		Not Covered in the State plan		
D4275	Non-Autogenous Connective Tissue Graft Procedure			\$911.06		Not Covered in the State plan		

D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	*	114	\$796.92		Not Covered in the State plan		
D4278	Free Soft Tissue Graft Pocedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site			\$513.19		Not Covered in the State plan		
D4283	Autogenous Connective Tissue Graft Procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site			\$993.85		Not Covered in the State plan		
D4285	Non-Autogenous Connective Tissue Graft Procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site			\$993.85		Not Covered in the State plan		
D4286	Removal of Non-Resorbable Barrier			\$143.62	\$95.74		150.01%	
D4322	Splint- Intra-Coronal; Natural teeth or prosthetic crowns			\$323.43		Not Covered in the State plan		
D4323	Splint- Extra-Coronal; Natural Teeth or prosthetic crowns			\$377.15		Not Covered in the State plan		
D4341	Periodontal Scaling & Root Planing	391	21	\$245.40	\$266.51		92.08%	90.12%
D4342	Periodontal Scaling 1 to 3 Teeth	1139	8	\$172.78	\$189.68		91.09%	90.45%
D4346	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	291	23	\$121.13	\$47.89		252.93%	368.60%
D4355	Full Mouth Debridement	*	74	\$167.72	\$90.04		186.27%	256.83%
D4381	Localized delivery antimicro	41	48	\$86.20		Not Covered in the State plan		
D4910	Periodontal Maintenance	1205	7	\$131.97	\$149.01		88.56%	87.84%
D4999	Unspecified Periodontal Procedure			Code is manually priced	Code is manually priced	Excluded from comparison		
D5110	Complete Denture Maxillary	*	62	\$1,565.89	\$851.41		183.92%	183.92%
D5120	Complete Denture Mandibular	*	60	\$1,570.31	\$852.94		184.11%	184.11%
D5130	Immediate Denture Maxillary	*	92	\$1,662.38	\$851.41		195.25%	195.25%
D5140	Immediate Denture Mandibular	*	102	\$1,663.84	\$852.94		195.07%	195.07%
D5211	Maxillary Partial Denture Resin	*	78	\$1,188.83	\$586.83		202.59%	202.59%
D5212	Mandibular Partial Denture Resin	*	92	\$1,190.93	\$586.83		202.94%	202.94%
D5213	Maxillary Partial Denture Cast Metal	*	72	\$1,591.23	\$840.48		189.32%	229.30%
D5214	Mandibular Partial Denture Cast Metal	*	74	\$1,595.40	\$840.48		189.82%	189.82%
D5221	Immediate Maxillary Partial Denture - resin base (including any conventional clasps, rests and teeth)			\$1,188.83		Not Covered in the State plan		
D5222	Immediate Mandibular Partial Denture - resin base (including any conventional clasps, rests and teeth)			\$1,190.93		Not Covered in the State plan		
D5223	Immediate Maxillary Partial Denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)			\$1,591.23		Not Covered in the State plan		
D5224	Immediate Mandibular Partial Denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)			\$1,595.40		Not Covered in the State plan		
D5227	Immediate maxillary partial denture- flexible base (including any clasps, rests, and teeth)			\$1,416.10		Not Covered in the State plan		
D5228	Immediate mandibular partial denture- flexible base (including any clasps, rests, and teeth)			\$1,420.26		Not Covered in the State plan		
D5282	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Clasps and Teeth), Maxillary			\$819.93		Not Covered in the State plan		
D5283	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Clasps and Teeth), Mandibular			\$819.93		Not Covered in the State plan		
D5284	Removable Unilateral Partial Denture- One Piece Flexible Base (Including Clasps and Teeth), Per Quadrant			\$819.93		Not Covered in the State plan		
D5286	Removable Unilateral Partial Denture- One Piece Resin (Including Clasps and Teeth), Per Quadrant			\$819.93		Not Covered in the State plan		
D5410	Adjust Complete Denture Maxillary	*	83	\$83.24	\$44.41		187.44%	187.44%
D5411	Adjust Complete Denture Mandibular	*	86	\$83.24	\$44.41		187.44%	187.44%
D5421	Adjust Partial Denture Maxillary	*	92	\$83.24	\$44.41		187.44%	187.44%
D5422	Adjust Partial Denture Mandibular	*	86	\$83.24	\$44.41		187.44%	187.44%
D5511	Repair broken complete denture base, mandibular			\$234.19	\$121.84		192.21%	
D5512	Repair broken complete denture base, maxillary	*	102	\$234.19	\$121.84		192.21%	192.21%
D5520	Replace Complete Denture, Each Tooth	*	114	\$172.91	\$88.85		194.61%	194.61%
D5611	Repair resin partial denture base, mandibular			\$172.15	\$89.55		192.24%	
D5612	Repair resin partial denture base, maxillary	*	114	\$172.15	\$89.55		192.24%	192.24%
D5621	Repair cast partial framework, mandibular			\$229.22	\$119.27		192.19%	
D5622	Repair cast partial framework, maxillary	*	114	\$229.22	\$119.27		192.19%	192.19%
D5630	Repair or Replace Broken Clasp- per tooth			\$256.62	\$129.66		197.92%	
D5640	Replace Broken Teeth, Per Tooth	*	86	\$169.21	\$90.04		187.93%	187.93%
D5650	Add Tooth to Existing Partial Denture	*	72	\$195.00	\$79.86		244.18%	244.18%
D5660	Add Clasp to Existing Partial Denture- per tooth			\$234.50	\$135.08		173.60%	
D5670	Replace Teeth & Acrylic Cast Metal Max			\$651.25	\$333.54		195.25%	
D5671	Replace Teeth & Acrylic Cast Metal Mandi			\$651.25	\$333.54		195.25%	
D5710	Rebase Complete Maxillary Denture			\$519.50	\$282.15		184.12%	
D5711	Rebase Complete Mandibular Denture			\$533.04	\$283.35		188.12%	
D5720	Rebase Maxillary Partial Denture			\$495.75	\$270.74		183.11%	
D5721	Rebase Mandibular Partial Denture			\$495.75	\$270.74		183.11%	
D5725	Rebase hybrid prosthesis			\$530.87	\$270.74		196.08%	
D5730	Reline Complete Maxillary Denture Chair	*	92	\$313.26	\$180.08		173.96%	173.96%
D5731	Reline Comp Mandibular Denture Chair	*	114	\$313.71	\$180.08		174.21%	174.21%
D5740	Reline Maxillary Partial Denture Chair	*	102	\$260.79	\$177.69		146.77%	191.74%
D5741	Reline Mandibular Partial Denture Chair	*	114	\$263.43	\$179.49		146.77%	146.77%
D5750	Reline Complete Maxillary Denture Lab	*	63	\$421.95	\$228.13		184.96%	209.40%
D5751	Reline Complete Mandibular Denture Lab	*	68	\$422.74	\$229.31		184.35%	219.22%
D5760	Reline Maxillary Partial Denture Lab			\$426.44	\$226.33		188.42%	
D5761	Reline Mandibular Partial Denture Lab	*	114	\$426.44	\$226.33		188.42%	188.42%
D5765	Soft liner for complete or partial removable denture- indirect	*	114	\$443.79	\$226.33		196.08%	196.08%
D5810	Interim Complete Denture Maxillary			\$720.96		Not Covered in the State plan		
D5811	Interim Complete Denture Mandibular			\$704.66		Not Covered in the State plan		
D5820	Interim Partial Denture Maxillary			\$553.36		Not Covered in the State plan		
D5821	Interim Partial Denture Mandibular			\$546.88		Not Covered in the State plan		
D5850	Tissue Conditioning Maxillary			\$175.06	\$98.46		177.80%	
D5851	Tissue Conditioning Mandibular			\$175.06	\$98.46		177.80%	
D5862	Precision Attachment, By Report			\$352.92	\$330.18		106.89%	
D5863	Overdenture-Complete Maxillary			\$1,311.83		Not Covered in the State plan		
D5864	Overdenture-Partial Maxillary			\$1,194.15		Not Covered in the State plan		
D5865	Overdenture-Complete Mandibular			\$1,311.83		Not Covered in the State plan		
D5866	Overdenture-Partial Mandibular			\$1,194.15		Not Covered in the State plan		
D5867	Replacement of Precision Attachment			\$217.55	\$159.08		136.76%	
D5875	Modification of Removable Prosthesis following implant surgery			\$331.55		Not Covered in the State plan		
D5899	Unspecified Removable Prosthodontic			\$471.46		Not Covered in the State plan		
D5999	Unspecified Maxillofacial Prosthesis			Code is manually priced	Code is manually priced	Excluded from comparison		

D6010	Surgical Placement of Implant Body: Endosteal Implant			\$1,906.15		Not Covered in the State plan		
D6011	Second Stage Implant Surgery 21 and Older			\$640.19		Not Covered in the State plan		
D6012	Surgical Placement of Interim Implant Body: Endosteal Implant			\$1,563.05		Not Covered in the State plan		
D6055	Implant connecting bar			\$2,147.88		Not Covered in the State plan		
D6056	Prefabricated abutment			\$671.48		Not Covered in the State plan		
D6057	Custom Abutment			\$827.82		Not Covered in the State plan		
D6058	Abutment Supported Porcelain/Ceramic Crown	*	114	\$1,047.44		Not Covered in the State plan		
D6059	Abutment Supported Porcelain Fused to Metal Crown (High Noble Metal)			\$1,377.26		Not Covered in the State plan		
D6060	Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)			\$1,439.23		Not Covered in the State plan		
D6061	Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)			\$1,439.23		Not Covered in the State plan		
D6062	Abutment Supported Cast Metal Crown			\$1,439.23		Not Covered in the State plan		
D6063	Abutment Support Base Metal			\$1,439.23		Not Covered in the State plan		
D6064	Abutment Supported Cast Metal Crown (Noble Metal)			\$1,439.23		Not Covered in the State plan		
D6070	Abut Supp Retain Por-Base Metal			\$1,524.58		Not Covered in the State plan		
D6073	Abut Supp Retain Base Metal			\$1,478.92		Not Covered in the State plan		
D6080	Implant Maintenance			\$182.24		Not Covered in the State plan		
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	*	114	\$172.78		Not Covered in the State plan		
D6082	Implant Supported Crown- Porcelain Fused to Predominantly Base Alloy			\$1,439.23		Not Covered in the State plan		
D6084	Implant Supported Crown- Porcelain Fused to Titanium and Titanium Alloy			\$1,439.23		Not Covered in the State plan		
D6086	Implant Supported Crown- Predominantly Base Alloys			\$1,439.23		Not Covered in the State plan		
D6088	Implant Supported Crown- Titanium and Titanium Alloys			\$1,439.23		Not Covered in the State plan		
D6089	Accessing and retorquing loose dental implant screw			\$165.03		Not Covered in the State plan		
D6090	Repair Implant Supported Prosthesis			\$277.17		Not Covered in the State plan		
D6092	Re-Cement or Re-Bond Implant/Abutment Supported Crown	*	114	\$101.28		Not Covered in the State plan		
D6093	Re-Cement or Re-Bond Implant/Abutment Supported Fixed Partial Denture			\$106.60		Not Covered in the State plan		
D6096	Remove broken implant retaining screw			\$319.82		Not Covered in the State plan		
D6097	Abutment Supported Crown- Porcelain Fused to Titanium and Titanium Alloys			\$1,439.23		Not Covered in the State plan		
D6098	Implant Supported Retainer- Porcelain Fused to Predominantly Base Alloys			\$1,439.23		Not Covered in the State plan		
D6100	Implant Removal, By Report			\$135.93		Not Covered in the State plan		
D6101	Debridement of a Peri-Implant Defect or Defects Surrounding a Single Implant, and Surface Cleaning of the Exposed Implant Surfaces, Including Flap Entry and Closure			\$405.42		Not Covered in the State plan		
D6102	Debridement and Osseous Contouring of a Peri-Implant Defect or Defects Surrounding a Single Implant and Includes Surface Cleaning of the Exposed Implant Surfaces, Including Flap Entry and Closure			\$481.59		Not Covered in the State plan		
D6103	Bone Graft for Repair of Peri-Implant Defect-Does Not Include Flap Entry and Closure, Placement of a Barrier Membrane or Biologic Materials to Aid in Osseous Regeneration are Reported Separately			\$1,012.79		Not Covered in the State plan		
D6105	Removal of implant body not requiring bone removal or flap elevation			\$185.17	\$123.45		150.00%	
D6106	Guided tissue regeneration - resorbable barrier, per implant			\$628.55	\$419.04		150.00%	
D6107	Guided tissue regeneration - non-resorbable barrier, per implant			\$734.83	\$489.89		150.00%	
D6110	Implant/Abutment Supported Removable Denture for Edentulous Arch-Maxillary			\$1,584.49		Not Covered in the State plan		
D6111	Implant/Abutment Supported Removable Denture for Edentulous Arch-Mandibular			\$1,584.49		Not Covered in the State plan		
D6112	Implant/Abutment Supported Removable Denture for Partially Edentulous Arch- Maxillary			\$1,584.49		Not Covered in the State plan		
D6113	Implant/Abutment Supported Removable Denture for Partially Edentulous Arch-Mandibular			\$1,584.49		Not Covered in the State plan		
D6114	Implant/Abutment Supported Fixed Denture for Edentulous Arch-Maxillary			\$1,584.49		Not Covered in the State plan		
D6115	Implant/Abutment Supported Fixed Denture for Edentulous Arch-Mandibular			\$1,584.49		Not Covered in the State plan		
D6116	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch-Maxillary			\$1,584.49		Not Covered in the State plan		
D6117	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch-Mandibular			\$1,584.49		Not Covered in the State plan		
D6118	Implant/abutment supported interim fixed denture for edentulous arch - mandibular			\$3,111.93		Not Covered in the State plan		
D6119	Implant/abutment supported interim fixed denture for edentulous arch - maxillary			\$3,111.93		Not Covered in the State plan		
D6121	Implant Supported Retainer for Metal FPD- Predominantly Base Alloys			\$1,439.23		Not Covered in the State plan		
D6180	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments			\$182.24		Not Covered in the State plan		
D6193	Replacement of an implant screw			\$165.03		Not Covered in the State plan		
D6194	Abutment Supported Retainer Crown for FPD (Titanium)			\$1,439.23		Not Covered in the State plan		
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported			\$132.50	\$88.33		150.01%	
D6198	Remove interim implant component			\$522.64		Not Covered in the State plan		
D6199	Unspecified Implant Procedure, By Report			Code is manually priced	Code is manually priced	Excluded from comparison		
D6210	Pontic-Cast High Noble Metal			\$1,101.21		Not Covered in the State plan		
D6211	Pontic-Cast Predominantly Base Metal			\$1,101.21		Not Covered in the State plan		
D6240	Pontic- Titanium	*	114	\$1,101.21		Not Covered in the State plan		
D6241	Pontic Porcelain-Base Metal			\$1,101.21		Not Covered in the State plan		
D6245	Pontic Porcelain-Ceramic	*	114	\$634.24		Not Covered in the State plan		
D6545	Retainer Cast Metal			\$668.06		Not Covered in the State plan		
D6548	Retainer-Porcelain/Ceramic for Resin Bonded Fixed Prosthesis			\$637.26		Not Covered in the State plan		
D6549	Resin Retainer-For Resin Bonded Fixed Prosthesis			\$668.06		Not Covered in the State plan		
D6740	Crown-Porcelain/Ceramic	*	74	\$637.26		Not Covered in the State plan		
D6750	Pontic-Resin with High Noble Metal			\$668.06		Not Covered in the State plan		

D6751	Crown Porcelain Fused Base Metal			\$1,021.05		Not Covered in the State plan		
D6752	Crown-Porcelain Fused to High Noble Metal			\$1,226.64		Not Covered in the State plan		
D6781	Crown- 3/4 Cast Predominantly Base Metal			\$969.87		Not Covered in the State plan		
D6782	Crown- 3/4 Cast Noble Metal			\$969.87		Not Covered in the State plan		
D6783	Crown-3/4 Porcelain/Ceramic			\$969.87		Not Covered in the State plan		
D6790	Crown-Full Cast High Noble Metal			\$1,115.17		Not Covered in the State plan		
D6791	Crown Full Cast Predominantly Base Metal			\$1,021.05		Not Covered in the State plan		
D6792	Crown-Full Cast Noble Metal			\$1,115.17		Not Covered in the State plan		
D6793	Provisional Retainer Crown			\$457.24		Not Covered in the State plan		
D6794	Crown-Titanium			\$920.82		Not Covered in the State plan		
D6920	Connector Bar			\$493.78		Not Covered in the State plan		
D6930	Re-Cement or Re-Bond Fixed Partial Denture	*	102	\$151.44		Not Covered in the State plan		
D6940	Stress Breaker			\$368.82		Not Covered in the State plan		
D6950	Precision Attachment			\$645.35		Not Covered in the State plan		
D6980	Fixed partial repair			\$234.43		Not Covered in the State plan		
D6999	Unspecified Fixed Prosthodontic			Code is manually priced	Code is manually priced	Excluded from comparison		
D7111	Extraction, Coronal Remnants	*	114	\$119.46		Not Covered in the State plan		
D7140	Extraction Erupted Tooth/Exposed Root	846	9	\$158.26	\$109.07		145.10%	159.51%
D7210	Rem imp tooth w mucoper flp	528	16	\$253.26	\$174.54		145.10%	154.02%
D7220	Removal Impacted Tooth Soft Tissue	36	51	\$291.14	\$200.66		145.09%	154.52%
D7230	Removal Impacted Tooth Partially Bony	52	44	\$366.21	\$252.40		145.09%	157.86%
D7240	Removal Impacted Tooth Complete Bony	54	43	\$429.72	\$296.18		145.09%	159.17%
D7241	Remov Impact Tooth Comp Bony Surg Comp	*	114	\$470.82	\$395.64		119.00%	119.00%
D7250	Surgical Removal of Residual Tooth Roots	57	42	\$267.89	\$184.64		145.09%	171.40%
D7251	Coronectomy	*	78	\$350.51	\$379.83		92.28%	92.28%
D7252	Partial extraction for immediate implant placement			\$253.26		Not Covered in the State plan		
D7259	Nerve dissection			\$41.10		Not Covered in the State plan		
D7260	Oral Antral Fistula Closure			\$650.42	\$378.84		171.69%	
D7261	Primary Closure Sinus Perforation	*	92	\$636.27	\$475.35		133.85%	133.85%
D7270	Tooth Reimplantation	*	114	\$413.74		Not Covered in the State plan		
D7272	Tooth Transplantation			\$554.43		Not Covered in the State plan		
D7280	Surgical Access of an Unerupted Tooth			\$390.53	\$230.51		169.42%	
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption			\$407.87		Not Covered in the State plan		
D7283	Place device impacted tooth			\$227.16		Not Covered in the State plan		
D7284	Excisional biopsy of minor salivary glands, by report			Code is manually priced	Code is manually priced	Excluded from comparison		
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	*	92	\$338.48	\$186.67		181.33%	242.32%
D7286	Incisional biopsy of oral tissue - soft	*	102	\$285.87	\$148.88		192.01%	293.27%
D7287	Cytology Sample Collection			Code is manually priced	Code is manually priced	Excluded from comparison		
D7288	Brush Biopsy-Transsepithelial Sample Collection			\$171.76		Not Covered in the State plan		
D7290	Surgical Reposition of Teeth			\$405.05		Not Covered in the State plan		
D7291	Transseptal Fiberotomy			\$180.19		Not Covered in the State plan		
D7292	Surgical Placement of Temporary Anchorage Device (Screw Retained Plate) Requiring Flap; Includes Device Removal			\$1,551.71		Not Covered in the State plan		
D7293	Surgical Placement of Temporary Anchorage Device Requiring Flap; Includes Device Removal			\$1,136.45		Not Covered in the State plan		
D7294	Surgical Placement of Temporary Anchorage Device without Flap; Includes Device Removal			\$843.58		Not Covered in the State plan		
D7295	Bone harvest,auto graft proc			\$594.18		Not Covered in the State plan		
D7310	Alveoplasty with Extraction	*	78	\$274.93	\$138.69		198.23%	267.52%
D7311	Alveoloplasty with Extractions 1-3	*	114	\$274.93	\$138.69		198.23%	198.23%
D7320	Alveoplasty without Extraction			\$389.53	\$204.11		190.84%	
D7321	Alveoloplasty not with Extractions	*	114	\$389.53	\$204.11		190.84%	4611.44%
D7340	Vestibuloplasty Ridge Extension			\$787.00	\$476.67		165.10%	
D7350	Vestibuloplasty Ridge Extension Grafts			\$1,602.63		Not Covered in the State plan		
D7410	Excision of Benign Lesion up to 1.25 cm			\$305.91	\$190.90		160.25%	
D7411	Excision Benign Lesion > 1.25 cm			\$363.53	\$282.76		128.56%	
D7412	Excision Benign Lesion, Complicated			\$1,129.55	\$708.56		159.41%	
D7413	Excision Malignant Lesion, up to 1.25 cm			\$507.22	\$318.19		159.41%	
D7414	Excision Malignant Lesion > 1.25 cm			\$760.84	\$477.28		159.41%	
D7415	Excision Malignant Lesion, Complicated			\$933.14	\$585.35		159.42%	
D7440	Excision Malignant Tumor Lesion 1.25 cm			\$620.16	\$264.16		234.77%	
D7441	Excision Malignant Tumor Lesion > 1.25 c			\$486.92	\$510.10		95.46%	
D7450	Removal Benign Odontogenic Cyst, up to 1.25 cm	*	102	\$491.39	\$233.55		210.40%	210.40%
D7451	Removal Benign Odontogenic Cyst, > 1.25 cm			\$416.70	\$306.14		136.11%	
D7460	Removal Benign Nonodontogenic Cyst, up to 1.25 cm			\$424.18	\$243.47		174.22%	
D7461	Removal Benign Nonodontogenic Cyst, > 1.25 cm			\$601.16	\$344.60		174.45%	
D7465	Destruction of Lesion(s) by Physical or Chemical Method, By Report			\$244.51		Not Covered in the State plan		
D7471	Removal Lateral Exostosis	*	114	\$523.65	\$300.17		174.45%	174.45%
D7472	Removal of Torus Palatinus	*	114	\$618.93	\$354.79		174.45%	174.45%
D7473	Removal of Torus Mandibularis	*	102	\$603.25	\$345.79		174.46%	174.46%
D7485	Surgical Reduction of Osseous Tuberosity			\$557.18	\$319.38		174.46%	
D7490	Radical Resection of Mandible			\$7,017.00	\$4,022.29		174.45%	
D7509	Marsupialization of odontogenic cyst			\$911.19	\$607.46		150.00%	
D7510	Incision & Drainage Abscess Intraoral			\$190.60	\$109.26		174.45%	
D7511	Incision/Drain Abscess Intraoral			\$551.85	\$316.33		174.45%	
D7520	Incision/Drain Abscess Extraoral Soft			\$325.70	\$186.67		174.48%	
D7521	Incision/Drain Abscess Extraoral			\$461.90	\$264.77		174.45%	
D7530	Removal Foreign Body/Skin/Tissue			\$294.30	\$168.69		174.46%	
D7540	Removal Reaction Producing Foreign Body			\$607.39	\$348.17		174.45%	
D7550	Part Ostectomy/Sequestrectomy			\$432.55	\$247.96		174.44%	
D7560	Maxillary Sinusotomy			\$948.86	\$543.89		174.46%	
D7840	Condylectomy			\$4,398.73		Not Covered in the State plan		
D7850	Surgical Discectomy with/without Implant			\$4,310.45		Not Covered in the State plan		
D7852	Disc Repair			\$4,641.68		Not Covered in the State plan		
D7854	Synovectomy			\$4,310.45		Not Covered in the State plan		
D7856	Myotomy			\$2,898.96		Not Covered in the State plan		
D7858	Joint Reconstruction			Code is manually priced		Excluded from comparison		
D7860	Arthrotomy			Code is manually priced		Excluded from comparison		
D7865	Artoplasty			Code is manually priced		Excluded from comparison		
D7870	Arthrocentesis			\$337.24		Not Covered in the State plan		
D7871	Non-Arthroscopic Lysis and Lavage			Code is manually priced		Excluded from comparison		
D7872	Arthroscopy Diagnosis with/wo Biopsy			Code is manually priced		Excluded from comparison		
D7873	Arthroscopy Surgical Lavage & Lysis Adh			Code is manually priced		Excluded from comparison		
D7874	Arthroscopy Surgical Disc Reposit & Stab			Code is manually priced		Excluded from comparison		
D7875	Arthroscopy Surgical Synovectomy			Code is manually priced		Excluded from comparison		
D7876	Arthroscopy Surgica Discectomy			Code is manually priced		Excluded from comparison		
D7877	Arthroscopy Surgical Debridement			Code is manually priced		Excluded from comparison		
D7899	Unspecified TMD Therapy			Code is manually priced		Excluded from comparison		
D7910	Suture Recent Small Wounds, up to 5 cm			\$243.40	\$141.67		171.81%	
D7911	Complicated Suture up to 5 cm			\$235.53	\$265.91		88.58%	
D7912	Complicated Suture > 5 cm			\$730.07	\$426.39		171.22%	
D7920	Skin Graft Identify Defect Covered			\$1,959.21	\$1,144.26		171.22%	
D7921	Collection and Application of Autologous Blood Concentrate Product	*	86	\$152.97		Not Covered in the State plan		
D7953	Bone Replacement Graft for Ridge Preservations- Per Site	*	74	\$450.52		Not Covered in the State plan		

D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site			\$590.97	\$393.98		150.00%	
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier per site			\$709.16	\$472.77		150.00%	
D7961	Buccal/labial frenectomy (frenulectomy)- Separate procedure not incidental to another procedure (Replacing D7960)			\$319.68		Not Covered in the State plan		
D7962	Lingual frenectomy (frenulectomy)-Separate procedure not incidental to another procedure (Replacing D7960)			\$319.68		Not Covered in the State plan		
D7979	Non - surgical sialolithotomy			\$403.84	\$210.10		192.21%	
D7981	Excision of Salivary Gland, By Report			Code is manually priced	Code is manually priced	Excluded from comparison		
D7990	Emergency Tracheotomy			\$1,040.28	\$607.55		171.23%	
D7991	Coronoidectomy			Code is manually priced	Code is manually priced	Excluded from comparison		
D7997	Appliance Removal	*	114	\$95.94	\$136.29		70.39%	70.39%
D7999	Unspecified Oral Surgery			Code is manually priced	Code is manually priced	Excluded from comparison		
D8703	Replacement of Lost or Broken Retainer- Maxillary (Replacing D8692)			\$237.74		Not Covered in the State plan		
D8704	Replacement of Lost or Broken Retainer- Mandibular (Replacing D8692)			\$237.74		Not Covered in the State plan		
D9110	Palliative Emergency Minor	*	56	\$122.92	\$57.04		215.50%	225.82%
D9230	Analgesia	41	49	\$56.25		Not Covered in the State plan		
D9248	Non-Intravenous Moderate (Conscious) Sedation	45	46	\$188.55		Not Covered in the State plan		
D9310	Dental Consultation	129	32	\$85.97	\$43.82		196.19%	207.19%
D9311	Consultation with a medical health care professional	*	86	\$85.97	\$45.37		189.49%	189.49%
D9410	House/Extended Care Facility Call	95	37	\$184.29	\$105.05		175.43%	178.26%
D9420	Hospital/ASC Call	138	30	\$223.35	\$120.07		186.02%	191.62%
D9613	Infiltration of Sustained Release Therapeutic Drug- Single or Multiple Sites			\$50.64	\$33.76		150.00%	
D9932	Cleaning and Inspection of Removable Complete Denture, Maxillary	*	78	\$18.16		Not Covered in the State plan		
D9933	Cleaning and inspection of Removable Complete Denture, Mandibular	*	82	\$18.16		Not Covered in the State plan		
D9934	Cleaning and Inspection of Removable Partial Denture, Maxillary	*	114	\$18.16		Not Covered in the State plan		
D9935	Cleaning and Inspection of Removable Partial Denture, Mandibular			\$18.16		Not Covered in the State plan		
D9939	Placement of a custom removable clear plastic temporary aesthetic appliance			\$495.28		Not Covered in the State plan		
D9942	Occlusal Guard Repair			\$155.21		Not Covered in the State plan		
D9943	Occlusal Guard Adjustment			\$81.39		Not Covered in the State plan		
D9944	Occlusal Guard- Hard Appliance, Full Arch	*	63	\$392.54		Not Covered in the State plan		
D9945	Occlusal Guard- Soft Appliance, Full Arch	*	114	\$392.52		Not Covered in the State plan		
D9946	Occlusal Guard- Hard Appliance, Partial Arch			\$310.40		Not Covered in the State plan		
D9950	Occlusal Adjustment-Limited			\$316.08		Not Covered in the State plan		
D9952	Occlusal Adjustment-Complete			\$517.81		Not Covered in the State plan		
D9986	Missed Appointments			\$0.00		Excluded from comparison		
D9987	Missed Appointments			\$0.00		Excluded from comparison		
D9999	Unspecified Adjunctive Procedure, By Report			Code is manually priced	Code is manually priced	Excluded from comparison		

CDT Procedure Code	Procedure Code Description	Colorado DIDD Rate (July 2024)
D0120	Periodic Oral Evaluation	\$48.57
D0140	Limited Oral Evaluation Problem Focused	\$70.42
D0150	Comprehensive Oral Evaluation	\$77.73
D0160	Detailed & Extensive Oral Evaluation, Problem Focus	\$78.05
D0170	Re-Evaluation Limit/Problem Focus, Est Patient	\$114.29
D0171	Re-Evaluation-Post-Operative Office Visit	\$114.29
D0180	Comprehensive Periodontal Evaluation	\$84.02
D0190	Screening of a Patient	\$51.37
D0191	Assessment of a Patient	\$53.82
D0210	Intraoral Complete Film Series	\$128.52
D0220	Intraoral Periapical First	\$26.56
D0230	Intraoral Periapical-Each Additional	\$22.20
D0240	Intraoral-Occlusal Radiographic Image	\$62.24
D0250	Extra-Oral- 2D Projection Radiographic Image Created Using a Stationary Radiation Source, and Detector	\$45.92
D0251	Extraoral Posterior Dental Radiographic Image	\$45.92
D0270	Dental Bitewing, Single Image	\$33.26
D0272	Dental Bitewings, Two Images	\$42.89
D0273	Bitewings, Three Images	\$51.40
D0274	Bitewings, Four Images	\$60.44
D0277	Vertical Bitewings, 7-8 Images	\$91.10
D0310	Sialography	\$179.09
D0320	Temporomandibular Joint Arthrogram, Including Injection	\$162.05
D0321	Other Temporomandibular Joint Radiographic Images, By Report	\$106.04
D0322	Tomographic Survey	\$282.89
D0330	Panoramic Image	\$104.47
D0340	2D Cephalometric Radiographic Image- acquisition, measurement and analysis	\$106.95

D0350	2D Oral/Facial Photographic Image Obtained Intra-Orally or Extra-Orally	\$45.47
D0351	3D Photographic Image	\$255.94
D0365	Cone beam ct interpret man	\$474.23
D0366	Cone beam ct interpret max	\$474.23
D0367	Cone beam ct interp both jaw	\$330.23
D0372	Intraoral Tomosynthesis - Comprehensive Series of Radiographic Images	\$130.01
D0373	Intraoral Tomosynthesis - Bitewing Radiographic Image	\$31.20
D0374	Intraoral Tomosynthesis - Periapical Radiographic Image	\$26.00
D0380	CBCT image capture with limited field of view-less than on whole jaw.	\$214.92
D0383	CBCT image capture with field of view of both jaws, with or without cranium.	\$214.92
D0384	CBCT image capture of TMJ series including two or more exposures.	\$356.35
D0385	Maxillofacial MRI image capture.	\$513.99
D0386	Maxillofacial ultrasound image capture	\$128.31
D0387	Intraoral Tomosynthesis - Comprehensive Series of Radiographic Images - Image Capture Only	\$65.01
D0388	Intraoral Tomosynthesis - Bitewing Radiographic Image - Image Capture Only	\$19.51
D0389	Intraoral Tomosynthesis - Periapical Radiographic Image - Image Capture Only	\$23.45
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of image, including report	\$167.66
D0411	HbA1c in-office point of service testing	\$88.78
D0412	Blood Glucose Level Test	\$0.00
D0414	Lab Process Microbial Spec	\$80.97
D0425	Caries Susceptibility Tests	\$90.16
D0460	Pulp Vitality Tests	\$45.04

D1110	Prophylaxis Adult	\$90.76
D1206	Topical Fluoride Varnish	\$37.71
D1208	Topical Application of Fluoride- excluding varnish	\$33.81
D1351	Sealant- Per Tooth	\$57.00
D1352	Prev resin rest, perm tooth	\$93.57
D1353	Sealant Repair- Per Tooth	\$93.57
D1354	Interim Caries Arresting Medicament Application	\$58.46
D1510	Space Maintainer Fixed Unilateral	\$309.63
D1520	Space maintainer Removable Unilateral	\$259.06
D1556	Removal of Fixed Unilateral Space Maintainer- Per Quadrant (Replacing D1555)	\$58.55
D1557	Removal of Fixed Bilateral Space Maintainer- Maxillary (Replacing D1555)	\$58.55
D1558	Removal of Fixed Bilateral Space Maintainer- Mandibular (Replacing D1555)	\$58.55
D1575	Distal shoe space maintainer – fixed – unilateral	\$309.63
D1781	Vaccine administration - Human PapillomaVirus - Dose 1 Gardasil 9 0.5mL intramuscular vaccine injection.	\$399.65
D1782	Vaccine administration - Human PapillomaVirus - Dose 2	\$399.65
D1783	Vaccine administration - Human PapillomaVirus - Dose 3	\$399.65
D1999	Unspecified Preventative Procedure, By Report	Code is manually priced
D2140	Amalgam One Surface Permanent	\$163.63
D2150	Amalgam Two Surfaces Permanent	\$209.09
D2160	Amalgam Three Surfaces Permanent	\$256.39
D2161	Amalgam 4 or > Surfaces Permanent	\$310.69
D2330	Resin One Surface Anterior	\$155.01
D2331	Resin Two Surfaces Anterior	\$191.86
D2332	Resin Three Surfaces Anterior	\$235.15

D2335	Resin Four or > Surface/Incisor Anterior	\$283.74
D2390	Resin Based Composite Crown Anterior	\$380.88
D2391	Resin Based Composite One Surface Posterior	\$163.63
D2392	Resin Based Composite Two Surfaces Posterior	\$209.09
D2393	Resin Base Composite Three Surface Posterior	\$256.39
D2394	Resin Base Composite 4 or > Surfaces Posterior	\$310.69
D2710	Crown, Resin-Based Composite (Indirect)	\$728.19
D2712	Crown Resin Base Composite (Indirect)	\$728.19
D2721	Crown, Resin with Predominantly Base Metal	\$728.19
D2722	Crown, Resin Noble Metal	\$728.19
D2740	Crown, Porcelain/Ceramic Substrate	\$1,105.05
D2750	Crown Porcelain High Noble Metal	\$1,118.92
D2751	Crown Porcelain Base Metal	\$1,105.05
D2752	Crown Porcelain Noble Metal	\$1,105.05
D2753	Crown Porcelain Fused to Titanium and Titanium Alloys	\$1,105.05
D2781	Crown 3/4 Base Metal	\$1,105.05
D2782	Crown 3/4 Cast Noble Metal	\$1,105.05
D2783	Crown 3/4 Porcelain/Ceramic	\$1,105.05
D2790	Crown Full Cast High Noble Metal	\$1,105.05
D2791	Crown Full Cast Base Metal	\$1,105.05
D2792	Crown Full Cast Noble Metal	\$1,105.05
D2794	Crown Titanium	\$1,105.05
D2799	Provisional Crown	\$330.14
D2910	Recement or re-bond inlay, onlay, veneer or partial coverage restoration	\$87.73
D2915	Recement or re-bond Indirectly Fabricated or Prefabricated, Post and Core	\$98.43
D2920	Recement or re-bond crown	\$98.43
D2928	Prefabricated Porcelain/Ceramic Crown – Permanent Tooth	\$258.42
D2929	Prefabricated Porcelain/Ceramic Crown- Primary Tooth	\$201.69
D2930	Prefabricated Stainless Steel Crown Primary	\$265.56

D2931	Prefabricated Stainless Steel Crown Permanent	\$311.18
D2932	Prefabricated Resin Crown	\$258.42
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$270.01
D2934	Prefabricated Esthetic Coated Stainless Steel Crown Primary	\$304.42
D2940	Protective Restoration	\$111.30
D2950	Core Buildup Including Pins	\$250.12
D2951	Pin Retention Per Tooth	\$55.10
D2952	Post and core cast + crown	\$382.07
D2953	Each addtnl cast post	\$370.17
D2954	Prefabricated Post and Core + Crown	\$306.03
D2955	Post Removal	\$181.00
D2957	Each Additional Prefabricated Post	\$191.75
D2980	Crown Repair	\$175.43
D2991	Application of hydroxyapatite regeneration medicament-per tooth	\$84.46
D2999	Unspecified Restorative Procedure	Code is manually priced
D3110	Pulp Cap Direct	\$77.76
D3120	Pulp Cap Indirect	\$75.55
D3221	Pulpal Debridement	\$187.07
D3222	Partial Pulpotomy for Apexogenesis	\$218.03
D3230	Pulpal Therapy Anterior Primary Tooth	\$228.79
D3240	Pulpal Therapy Posterior Primary	\$252.20
D3310	End Therapy, Anterior Tooth	\$689.32
D3320	End Therapy, Bicuspid Tooth	\$805.52
D3330	End Therapy, Molar	\$979.01
D3331	Root Canal Obstruction Non-Surgical	\$427.18
D3332	Incomplete Endodontic Therapy	\$324.21
D3333	Internal Root Repair o	\$188.80
D3346	Retreatment Root Canal Anterior	\$800.42
D3347	Retreatment Root Canal Bicuspid	\$901.64
D3348	Retreatment Root Canal Molar	\$1,068.84

D3351	Apexification/Recalcification - Initial Visit (Apical Closure/Calcific Repair of Perforations, Root Resorption, etc.)	\$303.98
D3352	Apexification/Recalcification Interim	\$209.07
D3353	Apexification/Recalcification- Final	\$440.87
D3355	Pulpal Regeneration Initial Visit (replaces D3354)	\$449.18
D3356	Pulpal Regeneration Interim Medication Replacement (replaces D3354)	\$197.54
D3357	Pulpal Regeneration Completion of Treatment (replaces D3354)	\$197.54
D3410	Apicoectomy/Periradicular Surgery Anter	\$654.32
D3421	Apicoectomy/Periradicular Surgery Bicus	\$712.78
D3425	Apicoectomy/Periradicular Surgery Molar	\$786.88
D3426	Apicoectomy/Periradicular Surgery Ea Add	\$279.16
D3430	Retrograde Filling Per Root	\$212.19
D3450	Root Amputation Per Root	\$341.65
D3460	Endodontic Endosseous Implant	\$677.50
D3470	Intentional Reimplantation	\$1,341.15
D3910	Isolation Tooth with Rubber Dam	\$144.68
D3920	Hemisection Incl Rt Remov Excl Rt Canal	\$399.71
D3921	Decoronation or submergence of an erupted tooth	\$436.71
D3950	Canal Preparation and Fitting of Preformed Dowel/Post	\$169.26
D3999	Unspecified Endodontic Procedure	Code is manually priced
D4210	Gingivectomy/Plasty 4 or More	\$504.38
D4211	Gingivectomy/Plasty 1 to 3	\$248.45
D4212	Gingivectomy/plasty rest	\$217.62
D4240	Gingival Flap Proc w Planin	\$647.64
D4245	Apically Positioned Flap	\$458.13
D4249	Crown Lengthening Hard Tissue	\$680.25
D4260	Osseous Surgery (Including Elevation of a Full Thickness Flap Entry and Closure) - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$999.30

D4261	Osseous Surgery (Including Elevation of a Full Thickness Flap Entry and Closure) - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$712.84
D4263	Bone Replacement Graft First Site	\$531.09
D4264	Bone Replacement Graft Each Additional Site	\$389.59
D4265	Biologic Materials to Aid in Soft and Osseous Tissue Regeneration	\$417.90
D4266	Guided Tissue Regen Resorbable	\$566.19
D4267	Guided Tissue Regen Nonresorbable	\$696.18
D4268	Surgical Revision Procedure Per Tooth	\$420.65
D4270	Pedicle Soft Tissue Graft Procedure	\$694.52
D4273	Autogenous Connective Tissue Graft Procedure (including donor and recipient surgical sites)- each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$993.85
D4274	Distal/Proximal Wedge	\$417.52
D4275	Non-Autogenous Connective Tissue Graft Procedure	\$911.06
D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	\$796.92
D4278	Free Soft Tissue Graft Pcedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	\$513.19
D4283	Autogenous Connective Tissue Graft Procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$993.85
D4285	Non-Autogenous Connective Tissue Graft Procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$993.85
D4286	Removal of Non-Resorbable Barrier	\$143.62

D4322	Splint- Intra-Coronal; Natural teeth or prosthetic crowns	\$323.43
D4323	Splint- Extra-Coronal; Natural Teeth or prosthetic crowns	\$377.15
D4341	Periodontal Scaling & Root Planing	\$245.40
D4342	Periodontal Scaling 1 to 3 Teeth	\$172.78
D4346	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	\$121.13
D4355	Full Mouth Debridement	\$167.72
D4381	Localized delivery antimicro	\$86.20
D4910	Periodontal Maintenance	\$131.97
D4999	Unspecified Periodontal Procedure	Code is manually priced
D5110	Complete Denture Maxillary	\$1,565.89
D5120	Complete Denture Mandibular	\$1,570.31
D5130	Immediate Denture Maxillary	\$1,662.38
D5140	Immediate Denture Mandibular	\$1,663.84
D5211	Maxillary Partial Denture Resin	\$1,188.83
D5212	Mandibular Partial Denture Resin	\$1,190.93
D5213	Maxillary Partial Denture Cast Metal	\$1,591.23
D5214	Mandibular Partial Denture Cast Metal	\$1,595.40
D5221	Immediate Maxillary Partial Denture – resin base (including any conventional clasps, rests and teeth)	\$1,188.83
D5222	Immediate Mandibular Partial Denture – resin base (including any conventional clasps, rests and teeth)	\$1,190.93
D5223	Immediate Maxillary Partial Denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$1,591.23
D5224	Immediate Mandibular Partial Denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$1,595.40
D5227	Immediate maxillary partial denture- flexible base (including any clasps, rests, and teeth)	\$1,416.10

D5228	Immediate mandibular partial denture- flexible base (including any clasps, rests, and teeth)	\$1,420.26
D5282	Removable Unilateral Partial Denture – One Piece Cast Metal (Including Clasps and Teeth), Maxillary	\$819.93
D5283	Removable Unilateral Partial Denture – One Piece Cast Metal (Including Clasps and Teeth), Mandibular	\$819.93
D5284	Removable Unilateral Partial Denture- One Piece Flexible Base (Including Clasps and Teeth), Per Quadrant	\$819.93
D5286	Removable Unilateral Partial Denture- One Piece Resin (Including Clasps and Teeth), Per Quadrant	\$819.93
D5410	Adjust Complete Denture Maxillary	\$83.24
D5411	Adjust Complete Denture Mandibular	\$83.24
D5421	Adjust Partial Denture Maxillary	\$83.24
D5422	Adjust Partial Denture Mandibular	\$83.24
D5511	Repair broken complete denture base, mandibular	\$234.19
D5512	Repair broken complete denture base, maxillary	\$234.19
D5520	Replace Complete Denture, Each Tooth	\$172.91
D5611	Repair resin partial denture base, mandibular	\$172.15
D5612	Repair resin partial denture base, maxillary	\$172.15
D5621	Repair cast partial framework, mandibular	\$229.22
D5622	Repair cast partial framework, maxillary	\$229.22
D5630	Repair or Replace Broken Clasp- per tooth	\$256.62
D5640	Replace Broken Teeth, Per Tooth	\$169.21
D5650	Add Tooth to Existing Partial Denture	\$195.00
D5660	Add Clasp to Existing Partial Denture- per tooth	\$234.50
D5670	Replace Teeth & Acrylic Cast Metal Max	\$651.25
D5671	Replace Teeth & Acrylic Cast Metal Mandi	\$651.25
D5710	Rebase Complete Maxillary Denture	\$519.50
D5711	Rebase Complete Mandibular Denture	\$533.04
D5720	Rebase Maxillary Partial Denture	\$495.75
D5721	Rebase Mandibular Partial Denture	\$495.75
D5725	Rebase hybrid prosthesis	\$530.87
D5730	Reline Complete Maxillary Denture Chair	\$313.26

D5731	Reline Comp Mandibular Denture Chair	\$313.71
D5740	Reline Maxillary Partial Denture Chair	\$260.79
D5741	Reline Mandibular Partial Denture Chair	\$263.43
D5750	Reline Complete Maxillary Denture Lab	\$421.95
D5751	Reline Complete Mandibular Denture Lab	\$422.74
D5760	Reline Maxillary Partial Denture Lab	\$426.44
D5761	Reline Mandibular Partial Denture Lab	\$426.44
D5765	Soft liner for complete or partial removable denture-indirect	\$443.79
D5810	Interim Complete Denture Maxillary	\$720.96
D5811	Interim Complete Denture Mandibular	\$704.66
D5820	Interim Partial Denture Maxillary	\$553.36
D5821	Interim Partial Denture Mandibular	\$546.88
D5850	Tissue Conditioning Maxillary	\$175.06
D5851	Tissue Conditioning Mandibular	\$175.06
D5862	Precision Attachment, By Report	\$352.92
D5863	Overdenture-Complete Maxillary	\$1,311.83
D5864	Overdenture-Partial Maxillary	\$1,194.15
D5865	Overdenture-Complete Mandibular	\$1,311.83
D5866	Overdenture-Partial Mandibular	\$1,194.15
D5867	Replacement of Precision Attachment	\$217.55
D5875	Modification of Removable Prosthesis following implant surgery	\$331.55
D5899	Unspecified Removable Prosthodontic	\$471.46
D5999	Unspecified Maxillofacial Prosthesis	Code is manually priced
D6010	Surgical Placement of Implant Body: Endosteal Implant	\$1,906.15
D6011	Second Stage Implant Surgery 21 and Older	\$640.19
D6012	Surgical Placement of Interim Implant Body: Endosteal Implant	\$1,563.05
D6055	Implant connecting bar	\$2,147.88
D6056	Prefabricated abutment	\$671.48
D6057	Custom Abutment	\$827.82
D6058	Abutment Supported Porcelain/Ceramic Crown	\$1,047.44

D6059	Abutment Supported Procelain Fused to Metal Crown (High Noble Metal)	\$1,377.26
D6060	Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)	\$1,439.23
D6061	Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)	\$1,439.23
D6062	Abutment Supported Cast Metal Crown	\$1,439.23
D6063	Abutment Support Base Metal	\$1,439.23
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	\$1,439.23
D6070	Abut Supp Retain Por-Base Metal	\$1,524.58
D6073	Abut Supp Retain Base Metal	\$1,478.92
D6080	Implant Maintenance	\$182.24
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	\$172.78
D6082	Implant Supported Crown- Porcelain Fused to Predominantly Base Alloy	\$1,439.23
D6084	Implant Supported Crown- Porcelain Fused to Titanium and Titanium Alloy	\$1,439.23
D6086	Implant Supported Crown- Predominantly Base Alloys	\$1,439.23
D6088	Implant Supported Crown- Titanium and Titanium Alloys	\$1,439.23
D6089	Accessing and retorquing loose dental implant screw	\$165.03
D6090	Repair Implant Supported Prosthesis	\$277.17
D6092	Re-Cement or Re-Bond Implant/Abutment Supported Crown	\$101.28
D6093	Re-Cement or Re-Bond Implant/Abutment Supported Fixed Partial Denture	\$106.60
D6096	Remove broken implant retaining screw	\$319.82
D6097	Abutment Supported Crown- Porcelain Fused to Titanium and Titanium Alloys	\$1,439.23

D6098	Implant Supported Retainer- Porcelain Fused to Predominantly Base Alloys	\$1,439.23
D6100	Implant Removal, By Report	\$135.93
D6101	Debridement of a Peri-Implant Defect or Defects Surrounding a Single Implant, and Surface Cleaning of the Exposed Implant Surfaces, Including Flap Entry and Closure	\$405.42
D6102	Debridement and Osseous Contouring of a Peri-Implant Defect or Defects Surrounding a Single Implant and Includes Surface Cleaning of the Exposed Implant Surfaces, Including Flap Entry and Closure	\$481.59
D6103	Bone Graft for Repair of Peri-Implant Defect-Does Not Include Flap Entry and Closure, Placement of a Barrier Membrane or Biologic Materials to Aid in Osseous Regeneration are Reported Separately	\$1,012.79
D6105	Removal of implant body not requiring bone removal or flap elevation	\$185.17
D6106	Guided tissue regeneration - resorbable barrier, per implant	\$628.55
D6107	Guided tissue regeneration - non-resorbable barrier, per implant	\$734.83
D6110	Implant/Abutment Supported Removable Denture for Edentulous Arch-Maxillary	\$1,584.49
D6111	Implant/Abutment Supported Removable Denture for Edentulous Arch-Mandibular	\$1,584.49
D6112	Implant/Abutment Supported Removable Denture for Partially Edentulous Arch- Maxillary	\$1,584.49
D6113	Implant/Abutment Supported Removable Denture for Partially Edentulous Arch-Mandibular	\$1,584.49
D6114	Implant/Abutment Supported Fixed Denture for Edentulous Arch-Maxillary	\$1,584.49
D6115	Implant/Abutment Supported Fixed Denture for Edentulous Arch-Mandibular	\$1,584.49

D6116	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch-Maxillary	\$1,584.49
D6117	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch-Mandibular	\$1,584.49
D6118	Implant/abutment supported interim fixed denture for edentulous arch – mandibular	\$3,111.93
D6119	Implant/abutment supported interim fixed denture for edentulous arch – maxillary	\$3,111.93
D6121	Implant Supported Retainer for Metal FPD- Predominantly Base Alloys	\$1,439.23
D6180	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments	\$182.24
D6193	Replacement of an implant screw	\$165.03
D6194	Abutment Supported Retainer Crown for FPD (Titanium)	\$1,439.23
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported	\$132.50
D6198	Remove interim implant component	\$522.64
D6199	Unspecified Implant Procedure, By Report	Code is manually priced
D6210	Pontic-Cast High Noble Metal	\$1,101.21
D6211	Pontic-Cast Predominantly Base Metal	\$1,101.21
D6240	Pontic- Titanium	\$1,101.21
D6241	Pontic Porcelain-Base Metal	\$1,101.21
D6245	Pontic Porcelain-Ceramic	\$634.24
D6545	Retainer Cast Metal	\$668.06
D6548	Retainer-Porcelain/Ceramic for Resin Bonded Fixed Prosthesis	\$637.26
D6549	Resin Retainer-For Resin Bonded Fixed Prosthesis	\$668.06
D6740	Crown-Porcelain/Ceramic	\$637.26
D6750	Pontic-Resin with High Noble Metal	\$668.06
D6751	Crown Porcelain Fused Base Metal	\$1,021.05
D6752	Crown-Porcelain Fused to High Noble Metal	\$1,226.64

D6781	Crown- 3/4 Cast Predominantly Base Metal	\$969.87
D6782	Crown- 3/4 Cast Noble Metal	\$969.87
D6783	Crown-3/4 Porcelain/Ceramic	\$969.87
D6790	Crown-Full Cast High Noble Metal	\$1,115.17
D6791	Crown Full Cast Predominantly Base Metal	\$1,021.05
D6792	Crown-Full Cast Noble Metal	\$1,115.17
D6793	Provisional Retainer Crown	\$457.24
D6794	Crown-Titanium	\$920.82
D6920	Connector Bar	\$493.78
D6930	Re-Cement or Re-Bond Fixed Partial Denture	\$151.44
D6940	Stress Breaker	\$368.82
D6950	Precision Attachment	\$645.35
D6980	Fixed partial repair	\$234.43
D6999	Unspecified Fixed Prosthodontic	Code is manually priced
D7111	Extraction, Coronal Remnants	\$119.46
D7140	Extraction Erupted Tooth/Exposed Root	\$158.26
D7210	Rem imp tooth w mucoper flp	\$253.26
D7220	Removal Impacted Tooth Soft Tissue	\$291.14
D7230	Removal Impacted Tooth Partially Bony	\$366.21
D7240	Removal Impacted Tooth Complete Bony	\$429.72
D7241	Remov Impact Tooth Comp Bony Surg Comp	\$470.82
D7250	Surgical Removal of Residual Tooth Roots	\$267.89
D7251	Coronectomy	\$350.51
D7252	Partial extraction for immediate implant placement	\$253.26
D7259	Nerve dissection	\$41.10
D7260	Oral Antral Fistula Closure	\$650.42
D7261	Primary Closure Sinus Perforation	\$636.27
D7270	Tooth Reimplantation	\$413.74
D7272	Tooth Transplantation	\$554.43
D7280	Surgical Access of an Unerupted Tooth	\$390.53
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	\$407.87
D7283	Place device impacted tooth	\$227.16
D7284	Excisional biopsy of minor salivary glands, by report	Code is manually priced

D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	\$338.48
D7286	Incisional biopsy of oral tissue - soft	\$285.87
D7287	Cytology Sample Collection	Code is manually priced
D7288	Brush Biopsy-Transepithelial Sample Collection	\$171.76
D7290	Surgical Reposition of Teeth	\$405.05
D7291	Transseptal Fiberotomy	\$180.19
D7292	Surgical Placement of Temporary Anchorage Device (Screw Retained Plate) Requiring Flap; Includes Device Removal	\$1,551.71
D7293	Surgical Placement of Temporary Anchorage Device Requiring Flap; Includes Device Removal	\$1,136.45
D7294	Surgical Placement of Temporary Anchorage Device without Flap; Includes Device Removal	\$843.58
D7295	Bone harvest,auto graft proc	\$594.18
D7310	Alveoplasty with Extraction	\$274.93
D7311	Alveoloplasty with Extractions 1-3	\$274.93
D7320	Alveoplasty without Extraction	\$389.53
D7321	Alveoloplasty not with Extractions	\$389.53
D7340	Vestibuloplasty Ridge Extension	\$787.00
D7350	Vestibuloplasty Ridge Extension Grafts	\$1,602.63
D7410	Excision of Benign Lesion up to 1.25 cm	\$305.91
D7411	Excision Benign Lesion > 1.25 cm	\$363.53
D7412	Excision Benign Lesion, Complicated	\$1,129.55
D7413	Excision Malignant Lesion, up to 1.25 cm	\$507.22
D7414	Excision Malignant Lesion > 1.25 cm	\$760.84
D7415	Excision Malignant Lesion, Complicated	\$933.14
D7440	Excision Malignant Tumor Lesion 1.25 cm	\$620.16
D7441	Excision Malignant Tumor Lesion > 1.25 c	\$486.92
D7450	Removal Benign Odontogenic Cyst, up to 1.25 cm	\$491.39
D7451	Removal Benign Odontogenic Cyst, > 1.25 cm	\$416.70
D7460	Removal Benign Nonodontogenic Cyst, up to 1.25 cm	\$424.18
D7461	Removal Benign Nonodontogenic Cyst, > 1.25 cm	\$601.16
D7465	Destruction of Lesion(s) by Physical or Chemical Method, By Report	\$244.51

D7471	Removal Lateral Exostosis	\$523.65
D7472	Removal of Torus Palatinus	\$618.93
D7473	Removal of Torus Mandibularis	\$603.25
D7485	Surgical Reduction of Osseous Tuberosity	\$557.18
D7490	Radical Resection of Mandible	\$7,017.00
D7509	Marsupialization of odontogenic cyst	\$911.19
D7510	Incision & Drainage Abscess Intraoral	\$190.60
D7511	Incision/Drain Abscess Intraoral	\$551.85
D7520	Incision/Drain Abscess Extraoral Soft	\$325.70
D7521	Incision/Drain Abscess Extraoral	\$461.90
D7530	Removal Foreign Body/Skin/Tissue	\$294.30
D7540	Removal Reaction Producing Foreign Body	\$607.39
D7550	Part Osteotomy/Sequestrectomy	\$432.55
D7560	Maxillary Sinusotomy	\$948.86
D7840	Condylectomy	\$4,398.73
D7850	Surgical Discectomy with/without Implant	\$4,310.45
D7852	Disc Repair	\$4,641.68
D7854	Synovectomy	\$4,310.45
D7856	Myotomy	\$2,898.96
D7858	Joint Reconstruction	Code is manually priced
D7860	Arthrotomy	Code is manually priced
D7865	Arthroplasty	Code is manually priced
D7870	Arthrocentesis	\$337.24
D7871	Non-Arthroscopic Lysis and Lavage	Code is manually priced
D7872	Arthroscopy Diagnosis with/wo Biopsy	Code is manually priced
D7873	Arthroscopy Surgical Lavage & Lysis Adh	Code is manually priced
D7874	Arthroscopy Surgical Disc Reposit & Stab	Code is manually priced
D7875	Arthroscopy Surgical Synovectomy	Code is manually priced
D7876	Arthroscopy Surgical Discectomy	Code is manually priced
D7877	Arthroscopy Surgical Debridement	Code is manually priced
D7899	Unspecified TMD Therapy	Code is manually priced
D7910	Suture Recent Small Wounds, up to 5 cm	\$243.40
D7911	Complicated Suture up to 5 cm	\$235.53
D7912	Complicated Suture > 5 cm	\$730.07

D7920	Skin Graft Identify Defect Covered	\$1,959.21
D7921	Collection and Application of Autologous Blood Concentrate Product	\$152.97
D7953	Bone Replacement Graft for Ridge Preservations- Per Site	\$450.52
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site	\$590.97
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier per site	\$709.16
D7961	Buccal/labial frenectomy (frenulectomy)- Separate procedure not incidental to another procedure (Replacing D7960)	\$319.68
D7962	Lingual frenectomy (frenulectomy)-Separate procedure not incidental to another procedure (Replacing D7960)	\$319.68
D7979	Non – surgical sialolithotomy	\$403.84
D7981	Excision of Salivary Gland, By Report	Code is manually priced
D7990	Emergency Tracheotomy	\$1,040.28
D7991	Coronoidectomy	Code is manually priced
D7997	Appliance Removal	\$95.94
D7999	Unspecified Oral Surgery	Code is manually priced
D8703	Replacement of Lost or Broken Retainer- Maxillary (Replacing D8692)	\$237.74
D8704	Replacement of Lost or Broken Retainer- Mandibular (Replacing D8692)	\$237.74
D9110	Palliative Emergency Minor	\$122.92
D9230	Analgesia	\$56.25
D9248	Non-Intravenous Moderate (Conscious) Sedation	\$188.55
D9310	Dental Consultation	\$85.97
D9311	Consultation with a medical health care professional	\$85.97
D9410	House/Extended Care Facility Call	\$184.29
D9420	Hospital/ASC Call	\$223.35
D9613	Infiltration of Sustained Release Therapeutic Drug- Single or Multiple Sites	\$50.64

D9932	Cleaning and Inspection of Removable Complete Denture, Maxillary	\$18.16
D9933	Cleaning and inspection of Removable Complete Denture, Mandibular	\$18.16
D9934	Cleaning and Inspection of Removable Partial Denture, Maxillary	\$18.16
D9935	Cleaning and Inspection of Removable Partial Denture, Mandibular	\$18.16
D9939	Placement of a custom removable clear plastic temporary aesthetic appliance	\$495.28
D9942	Occlusal Guard Repair	\$155.21
D9943	Occlusal Guard Adjustment	\$81.39
D9944	Occlusal Guard- Hard Appliance, Full Arch	\$392.54
D9945	Occlusal Guard- Soft Appliance, Full Arch	\$392.52
D9946	Occlusal Guard- Hard Appliance, Partial Arch	\$310.40
D9950	Occlusal Adjustment-Limited	\$316.08
D9952	Occlusal Adjustment-Complete	\$517.81
D9986	Missed Appointments	\$0.00
D9987	Missed Appointments	\$0.00
D9999	Unspecified Adjunctive Procedure, By Report	Code is manually priced

CDT Procedure Code	Procedure Code Description	FFS Base Value Effective 07/01/2024	Conversion Factor	Total CO Medicaid Allowable (Base Value x Conversion Factor)	Min Age	Max Age
D0120	Periodic oral evaluation	\$38.35	1.00	\$38.35	0	999
D0140	Limited Oral Evaluation Problem Focused	\$53.14	1.00	\$53.14	0	999
D0150	Comprehensive Oral Evaluation	\$61.03	1.00	\$61.03	0	999
D0160	Detail & Ext Oral Eval, Prob Focus	\$75.03	1.00	\$75.03	0	999
D0170	Re-Eval Limit/Prob Focus, Est Patient	\$33.02	1.00	\$33.02	0	999
D0180	Comprehensive Periodontal Evaluation	\$45.04	1.00	\$45.04	0	999
D0210	Intraor complete film series	\$88.31	1.00	\$88.31	0	999
D0220	Intraoral periapical first	\$13.21	1.00	\$13.21	0	999
D0230	Intraoral periapical ea add	\$13.21	1.00	\$13.21	0	999
D0270	Dental bitewing single image	\$13.79	1.00	\$13.79	0	999
D0272	Dental bitewings two images	\$22.20	1.00	\$22.20	0	999
D0273	Bitewings - three images	\$26.17	1.00	\$26.17	0	999
D0274	Bitewings four images	\$31.20	1.00	\$31.20	0	999
D0277	Vert bitewings 7 to 8 images	\$46.25	1.00	\$46.25	0	999
D0330	Panoramic image	\$55.21	1.00	\$55.21	6	999
D0372	Intraoral Tomosynthesis - Comprehensive	\$86.68	1.00	\$86.68	0	999
D0373	Intraoral Tomosynthesis - Bitewing Radio	\$20.80	1.00	\$20.80	0	999
D0374	Intraoral Tomosynthesis - Periapical Radio	\$17.34	1.00	\$17.34	0	999
D0380	CBCT image capture with limited field of v	\$143.28	1.00	\$143.28	0	999
D0383	CBCT image capture with field of view of 1	\$143.28	1.00	\$143.28	0	999
D0384	CBCT image capture of TMJ series includi	\$237.57	1.00	\$237.57	0	999
D0385	Maxillofacial MRI image capture.	\$342.66	1.00	\$342.66	0	999
D0386	Maxillofacial ultrasound image capture	\$85.54	1.00	\$85.54	0	999
D0387	Intraoral Tomosynthesis - Comprehensive	\$43.34	1.00	\$43.34	0	999
D0388	Intraoral Tomosynthesis - Bitewing Radio	\$13.01	1.00	\$13.01	0	999
D0389	Intraoral Tomosynthesis - Periapical Radio	\$15.64	1.00	\$15.64	0	999
D0391	Interpretation of Diagnostic Image, by rep	\$88.45	1	\$88.45	0	999
D0411	HBA1C In-Office Point of Service Testing	\$46.19	1	\$46.19	0	999
D0412	Blood Glucose Level Test	\$19.72	1	\$19.72	0	999
D0414	Lab Process Microbial Spec	\$53.98	1	\$53.98	20	999
D0460	Pulp Vitality Tests	\$28.20	1.00	\$28.20	0	999

D0999	Unspecified Diagnostic Procedure, By Rep	Code is Manually Priced	1.00	Code is Manually Priced	0	999
D1110	Prophylaxis Adult	\$97.50	1.00	\$97.50	12	999
D1206	Topical fluoride varnish	\$41.96	1.00	\$41.96	0	999
D1208	Topical application of fluoride - excluding	\$12.25	1.00	\$12.25	0	999
D1701	Pfizer-BioNTech Covid-19 vaccine adminis	\$66.20	1	\$66.20	0	999
D1702	Pfizer-BioNTech Covid-19 vaccine adminis	\$44.13	1	\$44.13	0	999
D1703	Moderna Covid-19 vaccine administration	\$66.20	1	\$66.20	0	999
D1704	Moderna Covid-19 vaccine administration	\$44.13	1	\$44.13	0	999
D1707	Janssen Covid-19 vaccine administration	\$66.20	1	\$66.20	0	999
D1999	Unspecified Preventative Procedure, By R	Code is Manually Priced	1	Code is Manually Priced	0	999
D2140	Amalgam One Surface Permanent	\$110.02	1.00	\$110.02	0	999
D2150	Amalgam Two Surfaces Permanent	\$140.59	1.00	\$140.59	0	999
D2160	Amalgam Three Surfaces Permanent	\$172.40	1.00	\$172.40	0	999
D2161	Amalgam 4 or > Surfaces Permanent	\$208.93	1.00	\$208.93	0	999
D2330	Resin One Surface Anterior	\$106.82	1.00	\$106.82	0	999
D2331	Resin Two Surfaces Anterior	\$132.18	1.00	\$132.18	0	999
D2332	Resin Three Surfaces Anterior	\$162.09	1.00	\$162.09	0	999
D2335	Resin Four or > Surface/Incis Anterior	\$195.55	1.00	\$195.55	0	999
D2390	Resin Based Composite Crown Anterior	\$256.91	1	\$256.91	0	999
D2391	Resin Based Comp One Surface Posterior	\$110.02	1.00	\$110.02	0	999
D2392	Resin Based Comp Two Surfaces Posterior	\$140.59	1.00	\$140.59	0	999
D2393	Resin Base Comp Three Surface Posterior	\$172.40	1.00	\$172.40	0	999
D2394	Resin Base Comp 4 or > Surface Posterior	\$208.93	1.00	\$208.93	0	999
D2710	Crown, Resin-based composite (indirect)	\$257.66	1.00	\$257.66	0	999
D2712	Crown Resin Base Comp (Indirect)	\$257.66	1.00	\$257.66	0	999
D2721	Crown, Resin w predom. base metal	\$257.66	1.00	\$257.66	0	999
D2722	Crown Resin Noble Metal	\$257.66	1.00	\$257.66	0	999
D2740	Crown, Porcelain/Ceramic substrate	\$849.16	1.00	\$849.16	0	999
D2750	Crown Porcelain High Noble Metal	\$841.06	1.00	\$841.06	0	999
D2751	Crown Porcelain Base Metal	\$767.03	1.00	\$767.03	0	999
D2752	Crown Porcelain Noble Metal	\$798.29	1.00	\$798.29	0	999
D2753	Crown Porcelain Fused to Titanium and Ti	\$492.27	1	\$492.27	0	999
D2781	Crown 3/4 Base Metal	\$492.27	1.00	\$492.27	0	999
D2782	Crown 3/4 Cast Noble Metal	\$492.27	1.00	\$492.27	0	999

D2783	Crown 3/4 Porcelain/Ceramic	\$492.27	1.00	\$492.27	0	999
D2790	Crown Full Cast High Noble Metal	\$868.62	1.00	\$868.62	0	999
D2791	Crown Full Cast Base Metal	\$492.27	1.00	\$492.27	0	999
D2792	Crown Full Cast Noble Metal	\$492.27	1.00	\$492.27	0	999
D2794	Crown Titanium	\$836.88	1.00	\$836.88	0	999
D2799	Provisional crown	\$128.82	1.00	\$128.82	0	999
D2910	Re-cement or re-bond inlay, onlay, veneer	\$52.21	1.00	\$52.21	0	999
D2920	Re-cement or re-bond crown	\$53.44	1.00	\$53.44	0	999
D2928	Prefabricated porcelain/ceramic crown –	\$155.48	1	\$155.48	0	999
D2931	Prefab Stainless Steel Crown Permanent	\$155.48	1.00	\$155.48	0	999
D2933	Prefab Stainless Steel Crown with Resin	\$173.48	1.00	\$173.48	0	999
D2940	Protective Restoration	\$55.21	1	\$55.21	0	999
D2950	Core Buildup Including Pins	\$135.08	1.00	\$135.08	0	999
D2952	Post and core cast + crown	\$207.12	1.00	\$207.12	0	999
D2954	Prefab Post and Core + Crown	\$164.50	1.00	\$164.50	0	999
D2991	Application of hydroxyapatite regenerative	\$56.30	1.00	\$56.30	0	999
D2999	Unspecified Restorative Procedure	Code is manually priced	1.00	Code is manually priced	0	999
D3310	End thxpy, anterior tooth	\$799.76	1.00	\$799.76	0	999
D3320	End thxpy, bicuspid tooth	\$917.71	1.00	\$917.71	0	999
D3330	End thxpy, molar	\$1,109.31	1.00	\$1,109.31	0	999
D3346	Retreatment Root Canal Anterior	\$911.61	1.00	\$911.61	0	999
D3347	Retreatment Root Canal Bicuspid	\$1,044.12	1.00	\$1,044.12	0	999
D3348	Retreatment Root Canal Molar	\$1,246.06	1.00	\$1,246.06	0	999
D3921	Decoronation or Submergence of an Erupted	\$222.73	1.00	\$222.73	12	999
D3999	Unspecified Endodontic Procedure	Code is manually priced	1.00	Code is manually priced	0	999
D4210	Gingivectomy/plasty 4 or more	\$300.17	1.00	\$300.17	0	999
D4211	Gingivectomy/plasty 1 to 3	\$130.63	1.00	\$130.63	0	999
D4212	Gingivectomy/plasty rest	\$77.23	1.00	\$77.23	0	999
D4266	Guided Tissue Regen Resorbable	\$419.04	1.00	\$419.04	0	999
D4286	Removal of Non-Resorbable Barrier	\$95.74	1	\$95.74	21	999
D4341	Periodontal Scaling & Root Planing	\$266.51	1.00	\$266.51	0	999
D4342	Periodontal Scaling 1 to 3 Teeth	\$189.68	1.00	\$189.68	0	999
D4346	Scaling in the Presence of Generalized Moderate	\$47.89	1.00	\$47.89	0	999
D4355	Full Mouth Debridement	\$90.04	1	\$90.04	13	999

D4910	Periodontal Maintenance	\$149.01	1	\$149.01	0	999
D4999	Unspecified Periodontal Procedure	Code is manually priced	1	Code is manually priced	0	999
D5110	Complete Denture Maxillary	\$851.41	1.00	\$851.41	0	999
D5120	Complete Denture Mandibular	\$852.94	1.00	\$852.94	0	999
D5130	Immediate Denture Maxillary	\$851.41	1.00	\$851.41	0	999
D5140	Immediate Denture Mandibular	\$852.94	1.00	\$852.94	0	999
D5211	Maxillary Partial Denture Resin	\$586.83	1.00	\$586.83	0	999
D5212	Mandibular Partial Denture Resin	\$586.83	1.00	\$586.83	0	999
D5213	Maxillary Partial Denture Cast Metal	\$840.48	1.00	\$840.48	0	999
D5214	Mandibular Partial Denture Cast Metal	\$840.48	1.00	\$840.48	0	999
D5225	Maxillary Partial Denture Flexible Base	\$738.83	1.00	\$738.83	0	999
D5226	Mandibular Part Denture Flexible Base	\$738.83	1.00	\$738.83	0	999
D5410	Adjust Complete Denture Maxillary	\$44.41	1.00	\$44.41	0	999
D5411	Adjust Complete Denture Mandibular	\$44.41	1.00	\$44.41	0	999
D5421	Adjust Partial Denture Maxillary	\$44.41	1.00	\$44.41	0	999
D5422	Adjust Partial Denture Mandibular	\$44.41	1.00	\$44.41	0	999
D5511	Repair Broken Complete Denture Base- M	\$121.84	1	\$121.84	0	999
D5512	Repair Broken Complete Denture Base- M	\$121.84	1	\$121.84	0	999
D5520	Replace Complete Denture, Each Tooth	\$88.85	1.00	\$88.85	0	999
D5611	Repair Resin Partial Denture Base- Mandib	\$89.55	1	\$89.55	0	999
D5612	Repair Resin Partial Denture Base- Maxilla	\$89.55	1	\$89.55	0	999
D5621	Repair Cast Partial Framework- Mandibula	\$119.27	1.00	\$119.27	0	999
D5622	Repair Cast Partial Frameowork- Maxillary	\$119.27	1.00	\$119.27	0	999
D5630	Repair/Replace Broken Clasp	\$129.66	1.00	\$129.66	0	999
D5640	Replace Broken Teeth, Per Tooth	\$90.04	1.00	\$90.04	0	999
D5650	Add Tooth to Existing Partial Denture	\$79.86	1.00	\$79.86	0	999
D5660	Add Clasp to Existing Partial Denture	\$135.08	1.00	\$135.08	0	999
D5670	Replace Teeth & Acrylic Cast Metal Max	\$333.54	1	\$333.54	0	999
D5671	Replace Teeth & Acrylic Cast Metal Mand	\$333.54	1	\$333.54	0	999
D5710	Rebase Complete Maxillary Denture	\$282.15	1.00	\$282.15	0	999
D5711	Rebase Complete Mandibular Denture	\$283.35	1.00	\$283.35	0	999
D5720	Rebase Maxillary Partial Denture	\$270.74	1.00	\$270.74	0	999
D5721	Rebase Mandibular Partial Denture	\$270.74	1.00	\$270.74	0	999
D5725	Rebase Hybrid Prosthesis	\$270.74	1.00	\$270.74	12	999

D5730	Reline Complete Maxillary Denture Chair	\$180.08	1.00	\$180.08	0	999
D5731	Reline Comp Mandibular Denture Chair	\$180.08	1.00	\$180.08	0	999
D5740	Reline Maxillary Partial Denture Chair	\$177.69	1.00	\$177.69	0	999
D5741	Reline Mandibular Partial Denture Chair	\$179.49	1.00	\$179.49	0	999
D5750	Reline Complete Maxillary Denture Lab	\$228.13	1.00	\$228.13	0	999
D5751	Reline Complete Mandibular Denture Lab	\$229.31	1.00	\$229.31	0	999
D5760	Reline Maxillary Partial Denture Lab	\$226.33	1.00	\$226.33	0	999
D5761	Reline Mandibular Partial Denture Lab	\$226.33	1.00	\$226.33	0	999
D5765	Soft Liner for Complete or Partial Remova	\$226.33	1.00	\$226.33	0	999
D5850	Tissue Conditioning Maxillary	\$98.46	1.00	\$98.46	0	999
D5851	Tissue Conditioning Mandibular	\$98.46	1.00	\$98.46	0	999
D5862	Precision attachment, by report	\$330.18	1.00	\$330.18	0	999
D5867	Replacement of Precision Attachment	\$159.08	1.00	\$159.08	0	999
D5999	Unspecified Maxillofacial Prosthesis	Code is manually priced	1.00	Code is manually priced	0	999
D6105	Removal of implant body not requiring bo	\$123.45	1.00	\$123.45	21	999
D6106	Guided tissue regeneration - resorbable b	\$419.04	1.00	\$419.04	21	999
D6107	Guided tissue regeneration - non-resorba	\$489.89	1.00	\$489.89	21	999
D6197	Replacement of restorative material used	\$88.33	1	\$88.33	21	999
D6199	Unspecified implant procedure, by report	Code is manually priced	1.00	Code is manually priced	0	999
D6999	Unspecified Fixed Prosthodontic	Code is manually priced	1.00	Code is manually priced	0	999
D7140	Extraction Erupted Tooth/Exposed Root	\$109.07	1.00	\$109.07	0	999
D7210	Rem imp tooth w mucoper flp	\$174.54	1.00	\$174.54	0	999
D7220	Removal Impacted Tooth Soft Tissue	\$200.66	1.00	\$200.66	0	999
D7230	Removal Impacted Tooth Partially Bony	\$252.40	1.00	\$252.40	0	999
D7240	Removal Impacted Tooth Complete Bony	\$296.18	1.00	\$296.18	0	999
D7241	Remov Impact Tooth Comp Bony Surg Co	\$395.64	1.00	\$395.64	0	999
D7250	Surg Remov Residual Tooth Roots	\$184.64	1.00	\$184.64	0	999
D7251	Coronectomy	\$379.83	1	\$379.83	0	999
D7260	Oral Antral Fistula Closure	\$378.84	1	\$378.84	0	999
D7261	Primary Closure Sinus Perforation	\$475.35	1	\$475.35	0	999
D7280	Surgical Access an Unerupted Tooth	\$230.51	1.00	\$230.51	0	999
D7284	Excisional biopsy of minor salivary glands	Code is manually priced	1.00	Code is manually priced	0	999
D7285	Incisional biopsy of oral tissue - hard (bon	\$186.67	1.00	\$186.67	0	999
D7286	Incisional biopsy of oral tissue - soft	\$148.88	1.00	\$148.88	0	999

D7287	Cytology Sample Collection	Code is manually priced	1.00	Code is manually priced	0	999
D7310	Alveoplasty w/ extraction	\$138.69	1.00	\$138.69	0	999
D7311	Alveoplasty with Extractions 1-3	\$138.69	1	\$138.69	0	999
D7320	Alveoplasty w/o extraction	\$204.11	1.00	\$204.11	0	999
D7321	Alveoplasty not w/extracts	\$204.11	1.00	\$204.11	0	999
D7340	Vestibuloplasty Ridge Extension	\$476.67	1.00	\$476.67	0	999
D7410	Excision of Benign Lesion up to 1.25 cm	\$190.90	1.00	\$190.90	0	999
D7411	Excision Benign Lesion > 1.25 cm	\$282.76	1.00	\$282.76	0	999
D7412	Excision Benign Lesion Complicated	\$708.56	1.00	\$708.56	0	999
D7413	Excision Malignant Lesion up to 1.25 cm	\$318.19	1.00	\$318.19	0	999
D7414	Excision Malignant Lesion > 1.25 cm	\$477.28	1.00	\$477.28	0	999
D7415	Excision Malignant Lesion Complicated	\$585.35	1.00	\$585.35	0	999
D7440	Excision Malignant Tumor Lesion 1.25 cm	\$264.16	1.00	\$264.16	0	999
D7441	Excision Malignant Tumor Lesion > 1.25 cm	\$510.10	1.00	\$510.10	0	999
D7450	Remov Ben Odontogenic Cyst to 1.25 cm	\$233.55	1.00	\$233.55	0	999
D7451	Remov Ben Odontogenic Cyst > 1.25 cm	\$306.14	1.00	\$306.14	0	999
D7460	Remov Ben Nonodontogenic Cyst to 1.25 cm	\$243.47	1.00	\$243.47	0	999
D7461	Remov Ben Nonodontogenic Cyst > 1.25 cm	\$344.60	1.00	\$344.60	0	999
D7471	Removal Lateral Exostosis	\$300.17	1.00	\$300.17	0	999
D7472	Removal of Torus Palatinus	\$354.79	1.00	\$354.79	0	999
D7473	Removal of Torus Mandibularis	\$345.79	1.00	\$345.79	0	999
D7485	Surgical Reduction of Osseous Tuberosity	\$319.38	1.00	\$319.38	0	999
D7490	Radical Resection of Mandible	\$4,022.29	1.00	\$4,022.29	0	999
D7509	Marsupialization of odontogenic cyst	\$607.46	1.00	\$607.46	0	999
D7510	Incision & Drainage Abscess Intraoral	\$109.26	1.00	\$109.26	0	999
D7511	Incision/drain abscess intra	\$316.33	1.00	\$316.33	0	999
D7520	Incis & Drain Abscess Extraoral Soft	\$186.67	1.00	\$186.67	0	999
D7521	Incision/drain abscess extra	\$264.77	1	\$264.77	0	999
D7530	Removal Foreign Body/Skin/Tissue	\$168.69	1.00	\$168.69	0	999
D7540	Removal Reaction Producing Foreign Body	\$348.17	1.00	\$348.17	0	999
D7550	Part Ostectomy/Sequestrectomy	\$247.96	1.00	\$247.96	0	999
D7560	Maxillary Sinusotomy	\$543.89	1.00	\$543.89	0	999
D7610	Maxilla Open Reduction Teeth Immobilize	\$2,044.75	1.00	\$2,044.75	0	999
D7620	Maxilla Close Reduction Teeth Immobilize	\$1,618.53	1.00	\$1,618.53	0	999

D7630	Mandible Open Reduction Teeth Immobil	\$2,046.56	1.00	\$2,046.56	0	999
D7640	Mandible Close Reduct Teeth Immobilize	\$1,580.10	1.00	\$1,580.10	0	999
D7650	Malar/Zygomatic Arch Open Reduction	\$1,840.05	1.00	\$1,840.05	0	999
D7660	Malar/Zygomatic Arch Closed Reduction	\$1,514.06	1.00	\$1,514.06	0	999
D7670	Alveolus Closed Reduction	\$647.76	1.00	\$647.76	0	999
D7671	Alveolus Open Reduction	\$858.93	1.00	\$858.93	0	999
D7680	Facial Bones Complicated Reduction	\$3,066.56	1.00	\$3,066.56	0	999
D7710	Maxilla Open Reduction	\$2,131.82	1.00	\$2,131.82	0	999
D7720	Maxilla Closed Reduction	\$1,593.32	1.00	\$1,593.32	0	999
D7730	Mandible Open Reduction	\$2,258.48	1.00	\$2,258.48	0	999
D7740	Mandible Closed Reduction	\$1,701.36	1.00	\$1,701.36	0	999
D7750	Malar/Zygomatic Arch Open Reduction	\$1,943.92	1.00	\$1,943.92	0	999
D7760	Malar/Zygomatic Arch Close Reduction	\$2,253.11	1.00	\$2,253.11	0	999
D7770	Alveolus Open Reduction Stabilization	\$1,270.31	1.00	\$1,270.31	0	999
D7771	Alveolus Closed Reduction Stabilization	\$1,216.86	1.00	\$1,216.86	0	999
D7780	Facial Bones Complicated Reduction	\$3,798.38	1.00	\$3,798.38	0	999
D7910	Suture Recent Small Wounds up to 5 cm	\$141.67	1.00	\$141.67	0	999
D7911	Complicated Suture up to 5 cm	\$265.91	1.00	\$265.91	0	999
D7912	Complicated Suture > 5 cm	\$426.39	1.00	\$426.39	0	999
D7920	Skin Graft Identify Defect Covered	\$1,144.26	1.00	\$1,144.26	0	999
D7947	LeFort I Maxilla Segmented	\$4,129.15	1.00	\$4,129.15	0	999
D7950	Mandible graft	\$1,509.46	1.00	\$1,509.46	0	999
D7955	Repair Maxillofacial Soft & Hard Tissue	\$2,555.43	1.00	\$2,555.43	0	999
D7956	Guided tissue regeneration, edentulous a	\$393.98	1.00	\$393.98	21	999
D7957	Guided tissue regeneration, edentulous a	\$472.77	1.00	\$472.77	21	999
D7970	Excision Hyperplastic Tissue per Arch	\$240.13	1.00	\$240.13	0	999
D7971	Excision Pericoronal Gingiva	\$112.26	1.00	\$112.26	0	999
D7972	Surgical Reduction Fibrous Tuberosity	\$349.41	1.00	\$349.41	0	999
D7979	Non-Surgical Sialithotomy	\$210.10	1	\$210.10	0	999
D7980	Sialolithotomy	\$393.13	1.00	\$393.13	0	999
D7981	Excision of salivary gland, by report	Code is manually priced	1.00	Code is manually priced	0	999
D7982	Sialodochoplasty	\$806.86	1.00	\$806.86	0	999
D7983	Closure Salivary Fistula	\$586.56	1.00	\$586.56	0	999
D7990	Emergency Tracheotomy	\$607.55	1.00	\$607.55	0	999

D7991	Coronoidectomy	Code is manually priced	1.00	Code is manually priced	0	999
D7997	Appliance Removal	\$136.29	1	\$136.29	0	999
D7999	Unspecified Oral Surgery	Code is manually priced		Code is manually priced	0	999
D9110	Palliative Emergency Minor	\$57.04	1.00	\$57.04	0	999
D9219	Evaluation for deep sedation or general a	\$43.83	1	\$43.83	0	999
D9222	Deep Sedation/General Anesthesia- First	\$114.76	1	\$114.76	0	999
D9223	Deep sedation/general anesthesia – each	\$100.09	1	\$100.09	0	999
D9239	Intravenous Moderate (Conscious) Sedati	\$114.76	1	\$114.76	0	999
D9243	Intravenous moderate (conscious) sedatio	\$100.09	1	\$100.09	0	999
D9310	Dental consultation	\$43.82	1.00	\$43.82	0	999
D9311	Consultation with Medical Health Care Pr	\$45.37	1	\$45.37	0	999
D9410	House/Extended Care Facility Call	\$105.05	1.00	\$105.05	0	999
D9420	Hospital/ASC call	\$120.07	1.00	\$120.07	0	999
D9613	Infiltration of Sustained Release Therapeu	\$33.76	1	\$33.76	0	999
D9995	Teledentistry- Synchronous; real-time end	\$18.07	1	\$18.07	0	999
D9996	Tele-Dentistry- Asynchronous	\$0.00	1	\$0.00	0	999
D9999	Unspec adjunctive procedure, by report	Code is manually priced	1	Code is manually priced	0	999