



ADA CODE	* ADA DESCRIPTION	7750
CLINICAL ORAL EVALUATIONS		
D0120	Periodic oral examination - established patient	\$0
D0140	Limited oral evaluation - problem focused	\$0
D0145	Oral evaluation for patient under three years of age and counseling with primary caregiver	\$0
D0150	Comprehensive oral evaluation - new or established patient	\$0
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$0
D0170	Re-evaluation - limited, problem focused (established patient: not post-operative visit)	\$0
D0171	Re-evaluation - post operative office visit	\$0
D0180	Comprehensive periodontal evaluation - new or established patient	\$0
D0190	Screening of a patient	\$0
D0191	Assessment of a patient	\$0
RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation)		
D0210	Intraoral - complete series (including bitewings)	\$0
D0220	Intraoral - periapical first film	\$0
D0230	Intraoral - periapical each additional film	\$0
D0240	Intraoral - occlusal film	\$0
D0250	Extra-oral single film	\$0
D0270	Bitewing - single film	\$0
D0272	Bitewings - two films	\$0
D0273	Bitewings - three films	\$0
D0274	Bitewings - four films	\$0
D0277	Vertical bitewings - 7 to 8 films	\$0
D0330	Panoramic film	\$0
D0340	Cephalometric Film	\$0
D0350	Oral/Facial Images	\$0
TESTS AND EXAMINATIONS		
D0460	Pulp vitality tests	\$0
D0470	Diagnostic casts	\$0
D0601	Caries risk assessment and documentation, with a finding of low risk	\$0
D0602	Caries risk assessment and documentation, with a finding of moderate risk	\$0
D0603	Caries risk assessment and documentation, with a finding of high risk	\$0
Oral Pathology Laboratory		
D0472	Accession of tissue, gross examination, preparation and transmission of written report	\$0
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	\$0
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	\$0
D0999	Unspecified diagnostic procedure, by report - includes office visit, per visit (in addition to other)	\$0
DENTAL PROPHYLAXIS		
D1110	Prophylaxis - adult	\$0
	<i>D1110 and D1120 additional prophy exceeding two in a 12 month period</i>	\$45
D1120	Prophylaxis - child	\$0
	<i>D1110 and D1120 additional prophy exceeding two in a 12 month period</i>	\$45
TOPICAL FLUORIDE TREATMENT (office procedure)		

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D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$0
D1208	Topical application of fluoride- excluding varnish - child to age 19 <i>limited to 2 per 12 month period</i>	\$0
OTHER PREVENTIVE SERVICES		
D1310	Nutritional Counseling for control of dental disease	\$0
D1320	Tobacco counseling for the control and prevention of oral disease	\$0
D1330	Oral hygiene instructions	\$0
D1351	Sealant - per tooth	\$0
D1352	Preventative resin restoration in a moderate to high caries risk patient - permanent tooth.	\$0
D1353	Sealant repair - per tooth - limited to permanent molars through age 15	\$0
D1354	Interim caries arresting medicament application - per tooth	\$0
SPACE MAINTENANCE (passive appliances)		
D1510	Space maintainer - fixed - unilateral (excludes a distal shoe space maintainer)	\$55
D1516	Space maintainer - fixed - bilateral - maxillary	\$70
D1517	Space maintainer - fixed - bilateral - mandibular	\$70
D1520	Space maintainer - removable - unilateral	\$75
D1526	Space maintainer - removable - maxillary	\$90
D1527	Space maintainer - removable - mandibular	\$90
D1550	Re-cementation of space maintainer	\$0
D1555	Removal of fixed space maintainer	\$25
D1575	Distal shoe space maintainer - fixed unilateral	\$75
AMALGAM RESTORATIONS (including polishing)		
D2140	Amalgam - one surface, primary or permanent	\$10
D2150	Amalgam - two surfaces, primary or permanent	\$15
D2160	Amalgam - three surfaces, primary or permanent	\$15
D2161	Amalgam - four or more surfaces, primary or permanent	\$25
RESIN-BASED COMPOSITE RESTORATIONS - DIRECT		
D2330	Resin-based composite - one surface, anterior	\$10
D2331	Resin-based composite - two surfaces, anterior	\$15
D2332	Resin-based composite - three surfaces, anterior	\$15
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$25
D2390	Resin-based composite crown, anterior	\$40
D2391	Resin-based composite - one surface, posterior	\$55
D2392	Resin-based composite - two surfaces, posterior	\$65
D2393	Resin-based composite - three surfaces, posterior	\$75
D2394	Resin-based composite - four or more surfaces, posterior	\$85
INLAY/ONLAY RESTORATIONS		
D2510	◆ Inlay - metallic - one surface	\$130
D2520	◆ Inlay - metallic - two surfaces	\$145
D2530	◆ Inlay - metallic - three or more surfaces	\$145
D2542	◆ Onlay - metallic - two surfaces	\$165
D2543	◆ Onlays - metallic - three surfaces	\$165
D2544	◆ Onlays - metallic - four or more surfaces	\$175
D2610	Inlay - porcelain/ceramic - 1 surface	\$510
D2620	Inlay - porcelain/ceramic - 2 surfaces	\$535
D2630	Inlay - porcelain/ceramic - 3 or more surfaces	\$570
D2642	Onlay, porcelain/ceramic - 2 surfaces	\$555
D2643	Onlay, porcelain/ceramic - 3 surfaces	\$600
D2651	Inlay - resin-based composite - 2 surfaces	\$400
D2652	Inlay - resin-based composite - 3 or more surfaces	\$420
D2662	Onlay - resin-based composite - 2 surfaces	\$365

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D2663	Onlay - resin-based composite - 3 surfaces	\$425
CROWNS - SINGLE RESTORATIONS ONLY		
D2710	Crown - resin-based composite (indirect)	\$115
D2712	Crown - 3/4 resin-based composite (indirect)	\$115
D2720	◆ Crown - resin with high noble metal	\$220
D2721	Crown - resin with predominantly base metal	\$220
D2722	◆ Crown - resin with noble metal	\$220
D2740	Crown - porcelain/ceramic	\$255
D2750	◆ Crown - porcelain fused to high noble metal	\$220
D2751	Crown - porcelain fused to predominantly base metal	\$220
D2752	◆ Crown - porcelain fused to noble metal	\$220
D2780	◆ Crown - 3/4 cast high noble metal	\$220
D2781	Crown - 3/4 cast predominantly base metal	\$220
D2782	◆ Crown - 3/4 cast noble metal	\$220
D2783	Crown - 3/4 porcelain/ceramic	\$250
D2790	◆ Crown - full cast high noble metal	\$220
D2791	Crown - full cast predominantly base metal	\$220
D2792	◆ Crown - full cast noble metal	\$220
D2794	◆ Crown - titanium	\$220
D2799	Provisional crown - To be used at least 6 months during healing	\$70
OTHER RESTORATIVE SERVICES		
D2910	Recement inlay, onlay, or partial coverage restoration	\$15
D2915	Recement cast or prefabricated post and core	\$15
D2920	Recement crown	\$15
D2930	Prefabricated stainless steel crown - primary tooth	\$55
D2931	Prefabricated stainless steel crown - permanent tooth	\$60
D2932	Prefabricated resin crown	\$70
D2933	Prefabricated stainless steel crown with resin window	\$70
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	\$70
D2940	Sedative filling	\$0
D2950	Core buildup, involving and including any pins	\$40
D2951	Pin retention - per tooth, in addition to restoration	\$0
D2952	Post and core in addition to crown, indirectly fabricated	\$55
D2953	Each additional indirectly fabricated post - same tooth	\$10
D2954	Prefabricated post and core in addition to crown	\$55
D2955	Post removal (not in conjunction with endodontic therapy)	\$0
D2957	Each additional prefabricated post - same tooth	\$10
D2962	Labial veneer - porcelain laminate (laboratory)	\$600
	Rebond Veneer	\$80
D2971	Additional procedures to construct new crown under existing partial denture framework	\$60
D2980	Crown repair, by report	\$0
	@ Lumineer	\$600
PULP CAPPING		
D3110	Pulp cap - direct (excluding final restoration)	\$0
D3120	Pulp cap - indirect (excluding final restoration)	\$0
PULPOTOMY		
D3220	Therapeutic pulpotomy (excluding final restoration)	\$25
D3221	Pulpal debridement, primary and permanent teeth	\$25
ENDODONTIC THERAPY ON PRIMARY TEETH		
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$30
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$40
ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow-up care)		
D3310	Anterior (excluding final restoration)	\$100

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D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$150
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$190
ENDODONTIC RETREATMENT		
D3346	Retreatment of previous root canal therapy - anterior	\$115
D3347	Retreatment of previous root canal therapy - premolar	\$150
D3348	Retreatment of previous root canal therapy - molar	\$240
APICOECTOMY/PERIRADICULAR SERVICES		
D3410	Apicoectomy- anterior	\$115
D3421	Apicoectomy premolar (first root)	\$115
D3425	Apicoectomy/periradicular surgery - molar (first root)	\$115
D3426	Apicoectom (each additional root)	\$55
D3430	Retrograde filling - per root	\$0
D3450	Root amputation - per root	\$0
OTHER ENDODONTIC PROCEDURES		
D3910	Surgical procedure for isolation of tooth with rubber dam	\$0
D3920	Hemisection (including any root removal), not including root canal therapy	\$60
D3950	Canal preparation and fitting of preformed dowel or post	\$0
SURGICAL SERVICES (including usual postoperative care)		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$55
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	\$30
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	\$75
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant	\$55
D4245	Apically positioned flap	\$100
D4249	Clinical crown lengthening - hard tissue	\$115
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	\$285
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant	\$55
D4263	Bone replacement graft - first site in quadrant	\$240
D4264	Bone replacement graft - each additional site in quadrant	\$175
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$75
NON-SURGICAL PERIODONTAL SERVICES		
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$40
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$15
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	\$0
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis on a subsequent visit	\$40
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, per report	\$90
OTHER PERIODONTAL SERVICES		
D4910	Periodontal maintenance	\$75
D4921	Gingival Irrigation - Per Quadrant	\$55
COMPLETE DENTURES (including routine post-delivery care)		
D5110	Complete denture - maxillary	\$300
D5120	Complete denture - mandibular	\$300
D5130	Immediate denture - maxillary	\$330
D5140	Immediate denture - mandibular	\$330
PARTIAL DENTURES (including routine post-delivery care)		
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$180
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$180

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D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$285
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$285
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$180
D5222	Immediate mandibular partial denture- resin base (including any conventional clasps, rests and teeth)	\$180
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps)	\$285
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps)	\$285
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$285
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$285
D5282	Removable unilateral partial denture - one piece cast metal (including clasps and teeth) -maxillary	\$210
D5283	Removable unilateral partial denture - one piece cast metal (including clasps and teeth) -mandibular	\$210
ADJUSTMENTS TO DENTURES		
D5410	Adjust complete denture - maxillary	\$25
D5411	Adjust complete denture - mandibular	\$25
D5421	Adjust partial denture - maxillary	\$25
D5422	Adjust partial denture - mandibular	\$25
REPAIRS TO COMPLETE DENTURES		
D5511	Repair broken complete denture base, mandibular	\$40
D5512	Repair broken complete denture base, maxillary	\$40
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$40
REPAIRS TO PARTIAL DENTURES		
D5611	Repair resin partial denture base, mandibular	\$40
D5612	Repair resin partial denture base, maxillary	\$40
D5621	Repair cast partial framework, mandibular	\$40
D5622	Repair cast partial framework, maxillary	\$40
D5630	Repair or replace broken clasp- per tooth	\$40
D5640	Replace broken teeth - per tooth	\$40
D5650	Add tooth to existing partial denture	\$40
D5660	Add clasp to existing partial denture - per tooth	\$40
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$190
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$190
DENTURE REBASE PROCEDURES		
D5710	Rebase complete maxillary denture	\$70
D5711	Rebase complete mandibular denture	\$70
D5720	Rebase maxillary partial denture	\$70
D5721	Rebase mandibular partial denture	\$70
DENTURE RELINE PROCEDURES		
D5730	Reline complete maxillary denture (chairside)	\$40
D5731	Reline complete mandibular denture (chairside)	\$40
D5740	Reline maxillary partial denture (chairside)	\$40
D5741	Reline mandibular partial denture (chairside)	\$40
D5750	Reline complete maxillary denture (laboratory)	\$70
D5751	Reline complete mandibular denture (laboratory)	\$70
D5760	Reline maxillary partial denture (laboratory)	\$70
D5761	Reline mandibular partial denture (laboratory)	\$70
OTHER REMOVABLE PROSTHETIC SERVICES		
D5810	Interim complete denture (maxillary)	\$370
D5811	Interim complete denture (mandibular)	\$370
D5820	Interim partial denture (maxillary)	\$145

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D5821	Interim partial denture (mandibular)	\$145
D5850	Tissue conditioning, maxillary	\$55
D5851	Tissue conditioning, mandibular	\$55
IMPLANT SERVICES		
D6010	@ Surgical placement of implant body: endosteal implant	\$1,690
D6058	@ Abutment supported porcelain/ceramic crown	\$960
D6059	@ Abutment supported porcelain fused to metal crown (high noble metal)	\$965
D6060	@ Abutment supported porcelain fused to metal crown (predominantly base metal)	\$915
D6061	@ Abutment supported porcelain fused to metal crown (noble metal)	\$930
D6062	@ Abutment supported cast metal crown (high noble metal)	\$925
D6063	@ Abutment supported cast metal crown (predominantly base metal)	\$800
D6064	@ Abutment supported cast metal crown (noble metal)	\$840
D6065	@ Implant supported porcelain/ceramic crown	\$955
D6066	@ Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$935
D6067	@ Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$910
D6068	@ Abutment supported retainer for porcelain/ceramic FPD	\$975
D6069	@ Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$965
D6070	@ Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$915
D6071	@ Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$930
D6072	@ Abutment supported retainer for cast metal FPD (high noble metal)	\$950
D6073	@ Abutment supported retainer for cast metal FPD (predominantly base metal)	\$860
D6074	@ Abutment supported retainer for cast metal FPD (noble metal)	\$925
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	\$15
D6094	@ Abutment supported crown - (titanium)	\$600
D6194	@ Abutment supported retainer crown for FPD (titanium)	\$500
FIXED PARTIAL DENTURE PONTICS		
D6205	Pontic - indirect resin based composite not to be used as a temporary or provisional prosthesis	\$250
D6210	◆ Pontic - cast high noble metal	\$220
D6211	Pontic - cast predominantly base metal	\$220
D6212	◆ Pontic - cast noble metal	\$220
D6214	◆ Pontic - titanium	\$220
D6240	◆ Pontic - porcelain fused to high noble metal	\$220
D6241	Pontic - porcelain fused to predominantly base metal	\$220
D6242	◆ Pontic - porcelain fused to noble metal	\$220
D6245	Pontic - porcelain/ceramic	\$250
D6250	◆ Pontic - resin with high noble metal	\$220
D6251	Pontic - resin with predominantly base metal	\$220
D6252	◆ Pontic - resin with noble metal	\$220
FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS		
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$175
FIXED PARTIAL DENTURE RETAINERS - CROWNS		
D6710	Crown - indirect resin based composite	\$250
D6720	◆ Crown - resin with high noble metal	\$220
D6721	Crown - resin with predominantly base metal	\$220
D6722	◆ Crown - resin with noble metal	\$250
D6740	Crown - porcelain/ceramic	\$250
D6750	◆ Crown - porcelain fused to high noble metal	\$220
D6751	Crown - porcelain fused to predominantly base metal	\$220

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D6752	◆ Crown - porcelain fused to noble metal	\$220
D6780	◆ Crown - 3/4 cast high noble metal	\$220
D6781	Crown - 3/4 cast predominantly base metal	\$220
D6782	◆ Crown - 3/4 cast noble metal	\$220
D6783	Crown - 3/4 cast porcelain/ceramic	\$250
D6790	◆ Crown - full cast high noble metal	\$220
D6791	Crown - full cast predominantly base metal	\$220
D6792	◆ Crown - full cast noble metal	\$220
D6794	◆ Crown - titanium	\$220
OTHER FIXED PARTIAL DENTURE SERVICES		
D6930	Recement fixed partial denture	\$0
D6940	Stress breaker	\$180
D6980	Fixed partial denture repair, by report	\$0
EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)		
D7111	Extraction, coronal remnants - primary tooth	\$40
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$55
SURGICAL EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)		
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$40
D7220	Removal of impacted tooth - soft tissue	\$100
D7230	Removal of impacted tooth - partially bony	\$115
D7240	Removal of impacted tooth - completely bony	\$175
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$175
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$175
OTHER SURGICAL PROCEDURES		
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$340
D7280	Surgical access of an unerupted tooth	\$40
D7283	Placement of device to facilitate eruption of impacted tooth	\$15
D7285	Biopsy of oral tissue - hard (bone, tooth)	\$100
D7286	Biopsy of oral tissue - soft (all others)	\$100
D7288	Brush biopsy - transepithelial sample collection	\$65
ALVEOLOPLASTY (surgical preparation of ridge for dentures)		
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$40
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$25
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$40
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$25
SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS		
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm	\$100
D7471	Removal of lateral exostosis (maxilla or mandible)	\$565
D7485	Surgical reduction of osseous tuberosity	\$565
SURGICAL INCISION		
D7510	Incision and drainage of abscess - intraoral soft tissue	\$40
D7520	Incision and drainage of abscess - extraoral soft tissue	\$60
OTHER REPAIR PROCEDURES		
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$55
D7963	Frenuloplasty	\$30
D7970	Excision of hyperplastic tissue - per arch	\$70
D7971	Excision of pericoronal gingiva	\$40
COMPREHENSIVE ORTHODONTIC TREATMENT		
D8010	Limited orthodontic treatment of the primary dentition	\$800
D8020	Limited orthodontic treatment of the transitional dentition	\$800

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D8030	Limited orthodontic treatment of the adolescent dentition	\$800
D8040	Limited orthodontic treatment of the adult dentition	\$800
D8050	Interceptive orthodontic treatment of the primary dentition	\$950
D8060	Interceptive orthodontic treatment of the transitional dentition	\$950
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$1,600
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$1,600
D8090	Comprehensive orthodontic treatment of the adult dentition	\$2,100
OTHER ORTHODONTIC SERVICES		
D8660	Pre-orthodontic treatment visit	\$0
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$250
D8999	Orthodontic records fee	\$275
UNCLASSIFIED TREATMENT		
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$25
ANESTHESIA		
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$0
D9211	Regional block anesthesia	\$0
D9212	Trigeminal division block anesthesia	\$0
D9215	Local anesthesia	\$0
D9222	Deep sedation/general anesthesia - first 15 minutes	\$150
D9223	Deep sedation/general anesthesia - each 15 minute increment	\$150
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$45
D9243	Intravenous conscious sedation/analgesia - 15 minute increment	\$150
PROFESSIONAL CONSULTATION		
D9310	Consultation - (diagnostic service provided by dentist or physician other than requesting dentist or physician)	\$0
PROFESSIONAL VISITS		
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$0
D9440	Office visit, after regularly scheduled hours	\$75
MISCELLANEOUS SERVICES		
D9910	Application of desensitizing medicament	\$35
D9932	Cleaning and inspection of removable complete denture, maxillary	\$0
D9933	Cleaning and inspection of removable complete denture, mandibular	\$0
D9934	Cleaning and inspection of removable partial denture maxillary	\$0
D9935	Cleaning and inspection of removable partial denture, mandibular	\$0
D9944	Occlusal guard - hard appliance, full arch	\$250
D9945	Occlusal guard - soft appliance, full arch	\$250
D9946	Occlusal guard - hard appliance, partial arch	\$250
D9951	Occlusal adjustment - limited	\$25
D9952	Occlusal adjustment - complete	\$70
D9972	External bleaching - per arch - take home trays	\$100
NON CLINICAL PROCEDURES		
D9986	Missed appointment	\$0
D9987	Cancelled appointment	\$0
D9990	Certified Translation or Sign Language Services - per visit	\$0

FOOTNOTES

◆ Metal charges apply to a maximum of \$125

@ Where available

CDT 2019