



Premier 100 (Utah)
 Schedule of Member Fees
 Effective 1/1/2017

Corporate (801)262-7475 Customer Service (800)662-5851
 emihealth.com

CPT	CPT Name	Member Fee
D0120	PERIODIC ORAL EVALUATION ESTABLISHED PATIENT	0
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	0
D0145	ORAL EVAL PT UND 3 YR AGE CNSL W/PRIM CAREGIVER	0
D0150	COMP ORAL EVALUATION - NEW/ESTABLISHED PATIENT	0
D0160	DTL&EXT ORAL EVALUATION - PROBLEM FOCUSED REPORT	0
D0170	RE-EVALUATION - LIMITED PROBLEM FOCUSED <i>(Established patient: not post-operative visit)</i>	0
D0180	COMP PERIODONTAL EVALUATION - NEW/EST PATIENT	0
D0210	INTRAORAL-COMPLETE SERIES <i>(Including bitewings)</i>	0
D0220	INTRAORAL-PERIAPICAL-FIRST FILM	0
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FILM	0
D0240	INTRAORAL - OCCLUSAL FILM	0
D0250	EXTRAORAL - FIRST FILM	0
D0251	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE	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	53
D0460	PULP VITALITY TESTS	29
D1110	PROPHYLAXIS - ADULT	0
D1120	PROPHYLAXIS - CHILD	0
D1206	TOP FLUORIDE VARNISH: TX APPL MOD-HI CARRIES RISK <i>(*Only allowed if patient is under age 16)</i>	0
D1208	TOPICAL APPLICATION OF FLUORIDE <i>(*Only allowed if patient is under age 16)</i>	0
D1351	SEALANT - PER TOOTH <i>(*Only allowed if patient is under age 16)</i>	22
D1352	PREV RSN REST MOD HIGH CARRIES RISK PT-PERM TOOTH <i>(*Only allowed if patient is under age 16)</i>	29
D1353	SEALANT REPAIR PER TOOTH <i>(*Only allowed if patient is under age 16)</i>	29
D1510	SPACE MAINTAINER - FIXED-UNILATERAL <i>(*Only allowed if patient is under age 16)</i>	155
D1515	SPACE MAINTAINER - FIXED-BILATERAL <i>(*Only allowed if patient is under age 16)</i>	230
D1520	SPACE MAINTAINER - REMOVABLE-UNILATERAL <i>(*Only allowed if patient is under age 16)</i>	138
D1525	SPACE MAINTAINER - REMOVABLE-BILATERAL <i>(*Only allowed if patient is under age 16)</i>	214
D1550	RECEMENTATION OF SPACE MAINTAINER <i>(*Only allowed if patient is under age 16)</i>	30
D1555	REMOVAL OF FIXED SPACE MAINTAINER <i>(*Only allowed if patient is under age 16)</i>	28
D1575	DISTAL SHOE SPACE MAINTAINER - FIXED UNILATERAL <i>(*Only allowed if patient is under age 16)</i>	155
D2140	AMALGAM-ONE SURFACE PRIMARY OR PERMANENT	55
D2150	AMALGAM-TWO SURFACES PRIMARY OR PERMANENT	75
D2160	AMALGAM-THREE SURFACES PRIMARY OR PERMANENT	90
D2161	AMALGAM-FOUR/MORE SURFACES PRIMARY/PERMANENT	100
D2330	RESIN-ONE SURFACE ANTERIOR	71
D2331	RESIN-TWO SURFACES ANTERIOR	85
D2332	RESIN-THREE SURFACES ANTERIOR	102
D2335	RESIN-FOUR OR MORE SURFACES INVOLV INCISAL ANGLE <i>(Anterior)</i>	122
D2390	RESIN-BASED COMPOSITE CROWN ANTERIOR	131
D2391	RESIN-BASED COMPOSITE - ONE SURFACE POSTERIOR	76
D2392	RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR	94
D2393	RESIN-BASED COMPOSITE - THREE SURFACES POSTERIOR	118
D2394	RESIN COMPOS - FOUR OR MORE SURFACES POSTERIOR	138
D2542	ONLAY - METALLIC - TWO SURFACES	397
D2543	ONLAY METALLIC THREE SURFACES	416
D2544	ONLAY METALLIC FOUR OR MORE SURFACES	445
D2610	INLAY - PORCELAIN/CERAMIC - ONE SURFACE	469
D2620	INLAY - PORCELAIN/CERAMIC - TWO SURFACES	495
D2630	INLAY - PORCELAIN/CERAMIC - THREE OR MORE SURFACES	527
D2642	ONLAY - PORCELAIN/CERAMIC - TWO SURFACES	398
D2643	ONLAY - PORCELAIN/CERAMIC - THREE SURFACES	438
D2644	ONLAY - PORCELAIN/CERAMIC - 4 OR MORE SURFACES	456
D2650	INLAY - RESIN-BASED COMPOSITE - ONE SURFACE	308
D2651	INLAY - RESIN-BASED COMPOSITE - TWO SURFACES	367
D2652	INLAY - RESIN-BASED COMPOSITE - THREE OR MORE SURFACES	386
D2662	ONLAY - RESIN-BASED COMPOSITE - TWO SURFACES	335
D2663	ONLAY RESIN BASED COMPOSITE THREE SURFACES	373
D2664	ONLAY RESIN BASED COMPOSIT FOUR OR MORE SURFACES	400
D2710	CROWN RESINBASED COMPOSITE INDIRECT	231
D2712	CROWN - 3/4 RESIN-BASED COMPOSITE (INDIRECT); THIS CODE DOES NOT INCLUDE FACIAL VENEERS.	238
D2720	CROWN - RESIN WITH HIGH NOBLE METAL	567
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	567
D2722	CROWN - RESIN WITH NOBLE METAL	567
D2740	CROWN - PORCELAIN/CERAMIC SUBSTRATE	665
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	655
D2751	CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL	620
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	620
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	620
D2781	CROWN - 3/4 CAST PREDOMINATELY BASE METAL	557
D2782	CROWN - 3/4 CAST NOBLE METAL	557
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	630
D2790	CROWN - FULL CAST HIGH NOBLE METAL	630
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	546
D2792	CROWN - FULL CAST NOBLE METAL	557
D2910	RECMNT/REBND INLAY ONLAY/PART CVRGE RESTORATION	44
D2915	RECEMENT CAST OR PREFABRICATED POST AND CORE	40
D2920	RECEMENT CROWN	37
D2929	Prefabricated Porcelain/Ceramic Crown - Primary Tooth	197
D2930	PREFABR STAINLESS STEEL CROWN - PRIMARY TOOTH	111

CPT	CPT Name	Member Fee
D2931	PREFABR STAINLESS STEEL CROWN - PERMANENT TOOTH	122
D2932	PREFABRICATED RESIN CROWN	126
D2933	PREFABR STAINLESS STEEL CROWN W/RESIN WINDOW	142
D2934	PREFAB ESTHETIC COAT STNLESS STEEL CROWN PRIM	138
D2940	SEDATIVE FILLING	47
D2950	CORE BUILDUP INCLUDING ANY PINS	115
D2951	PIN RETENTION - PER TOOTH ADDITION RESTORATION	24
D2952	POST AND CORE ADDITION TO CROWN INDIRECTLY FAB	150
D2953	EACH ADDITIONAL INDIRECTLY FAB POST SAME TOOTH	84
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	126
D2955	POST REMOVAL <i>(Not in conjunction with endodontic therapy)</i>	104
D2957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	67
D2960	LABIAL VENEER - CHAIRSIDE	20% Discount
D2961	LABIAL VENEER - LABORATORY	20% Discount
D2962	LABIAL VENEER - LABORATORY	20% Discount
D2980	CROWN REPAIR BY REPORT	84
D2981	Inlay Repair Necessitated By Restorative Material Failure	89
D2982	Onlay Repair Necessitated By Restorative Material Failure	89
D2983	Veneer Repair Necessitated By Restorative Material Failure	20% Discount
D3110	PULP CAP - DIRECT <i>(Excluding final restoration)</i>	34
D3120	PULP CAP - INDIRECT <i>(Excluding final restoration)</i>	30
D3220	TX PULP-REMV PULP CORONAL DENTINOCEMENTL JUNC	78
D3221	PULPAL DEBRIDEMENT PRIMARY AND PERMANENT TEETH	86
D3230	PULPAL THERAPY - ANTERIOR PRIMARY TOOTH <i>(Excluding final restoration)</i>	75
D3240	PULPAL THERAPY - POSTERIOR PRIMARY TOOTH <i>(Excluding final restoration)</i>	93
D3310	ENDODONTIC THERAPY ANTERIOR TOOTH <i>(Excluding final restoration)</i>	350
D3320	ENDODONTIC THERAPY BICUSPID TOOTH <i>(Excluding final restoration)</i>	400
D3330	ENDODONTIC THERAPY MOLAR <i>(Excluding final restoration)</i>	525
D3331	TREATMENT RC OBSTRUCTION: NON-SURGICAL ACCESS	129
D3332	INCOMPLETE ENDO TX: INOP UNRESTORABLE/FX TOOTH	245
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	125
D3346	RETREATMENT PREVIOUS RC THERAPY - ANTERIOR	438
D3347	RETREATMENT PREVIOUS RC THERAPY - BICUSPID	515
D3348	RETREATMENT PREVIOUS ROOT CANAL THERAPY - MOLAR	637
D3351	APEXIFICATION/RECALCIFICAT/PULP REGEN INIT VST	200
D3352	APEXIFICAT/RECALCIFICAT - INTERIM MEDREPL	72
D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT	285
D3410	APICOECTOMY/PERIRADICULAR SURGERY - ANTERIOR	386
D3421	APICOECTOMY/PERIRADICULAR SURGERY - BICUSPID <i>(First Root)</i>	396
D3425	APICOECTOMY/PERIRADICULAR SURGERY - MOLAR <i>(First Root)</i>	449
D3426	APICOECTOMY/PERIRADICULAR SURGERY <i>(Each additional root)</i>	152
D3430	RETROGRADE FILLING - PER ROOT	111
D3450	ROOT AMPUTATION - PER ROOT	232
D3920	HEMISECTION NOT INCLUDING ROOT CANAL THERAPY	159
D3950	CANAL PREPARATION&FITTING PREFORMED DOWEL/POST	88
D4210	GINGIVECT/PLSTY 4/>CNTIG/TOOTH BOUND SPACES-QUAD	260
D4211	GINGIVECT/PLSTY 1-3 CNTIG/TOOTH BOUND SPACE-QUAD	128
D4212	GINGIVECTOMY OR GINGIVOPLASTY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE, PER TOOTH	123
D4240	INGL FLP PROC 4/> CONTIG/TOOTH BOUND SPACE-QUAD	329
D4241	INGL FLP PROC 1-3 CONTIG/TOOTH BOUND SPACE-QUAD	190
D4245	APICALLY POSITIONED FLAP	254
D4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	292
D4260	OSSEOUS SURG 4/> CONTIG/TOOTH BOUND SPACES-QUAD	548
D4261	OSSEOUS SURG 1-3 CONTIG/TOOTH BOUND SPACES-QUAD	300
D4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	225
D4264	BONE REPLACEMENT GRAFT - EA ADD SITE QUADRANT	167
D4265	BIOLOGIC MATERIALS AID SOFT&OSSEOUS TISSUE REGEN	275
D4266	GUID TISSUE REGEN - RESORBABLE BARRIER PER SITE	225
D4267	GUID TISSUE REGEN - NONRESORB BARRIER PER SITE	288
D4268	SURGICAL REVISION PROCEDURE PER TOOTH	243
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	389
D4273	SUBEPITHEL CONNECTIVE TISSUE GRAFT PROC PER TOOTH	476
D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE	270
D4275	SOFT TISSUE ALLOGRAFT	358
D4276	COMB CNCTIVE TISSUE&DBL PEDICLE GRAFT PER TOOTH	534
D4277	Free Soft Tissue Graft Procedure (Including Donor Site Surgery), First Tooth Or Edentulous Tooth Position In Graft	404
D4278	Free Soft Tissue Graft Procedure (Including Donor Site Surgery), Each Additional Contiguous Tooth Or Edentulous Tooth Position In Same Graft Site	200
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	451
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	339
D4320	PROVISIONAL SPLINTING - INTRACORONAL	181
D4321	PROVISIONAL SPLINTING - EXTRACORONAL	165
D4341	PRDONTAL SCALING&ROOT PLANING 4/MORE TEETH-QUAD	110
D4342	PRDONTAL SCALING&ROOT PLANING 1-3 TEETH-QUAD	71
D4346	SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION	110
D4355	FULL MOUTH DEBRID ENABLE COMP EVALUATION&DX	79
D4381	LOC DEL ANTIMICROBL AGTS CREVICULR TISS TOOTH BR	20% Discount
D4910	PERIODONTAL MAINTENANCE	75
D5110	COMPLETE DENTURE - MAXILLARY	800
D5120	COMPLETE DENTURE - MANDIBULAR	800
D5130	IMMEDIATE DENTURE - MAXILLARY	750
D5140	IMMEDIATE DENTURE - MANDIBULAR	750
D5211	UPPER PARTIAL DENTURE - RESIN BASE <i>(Including any conventional clasps, rests and teeth)</i>	600
D5212	LOWER PARTIAL DENTURE - RESIN BASE <i>(Including any conventional clasps, rests and teeth)</i>	657
D5213	MAX PART DENTUR-CAST METL FRMEWRK W/RSN BASE	822
D5214	MAND PART DENTUR-CAST METL FRMEWRK W/RSN BASE	822

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D5225	MAXILLARY PARTIAL DENTURE FLEXIBLE BASE <i>(Including any clasps, rests and teeth)</i>	628
D5226	MANDIBULAR PARTIAL DENTURE FLEXIBLE BASE <i>(Including any clasps, rests and teeth)</i>	657
D5281	REMY UNILAT PART DENTUR - 1 PIECE CAST METAL <i>(Including any clasps, rests and teeth)</i>	450
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	40
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	40
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	37
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	37
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	85
D5520	REPLACE MISSING/BROKEN TEETH - COMPLETE DENTURE <i>(Each tooth)</i>	75
D5610	REPAIR RESIN DENTURE BASE	79
D5620	REPAIR CAST FRAMEWORK	86
D5630	REPAIR OR REPLACE BROKEN CLASP	104
D5640	REPLACE BROKEN TEETH - PER TOOTH	67
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	92
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	110
D5710	REBASE COMPLETE MAXILLARY DENTURE	300
D5711	REBASE COMPLETE MANDIBULAR DENTURE	300
D5720	REBASE MAXILLARY PARTIAL DENTURE	257
D5721	REBASE MANDIBULAR PARTIAL DENTURE	280
D5730	RELINE COMPLETE MAXILLARY DENTURE CHAIRSIDE	153
D5731	RELINE LOWER COMPLETE MANDIBULAR DENTURE	153
D5740	RELINE MAXILLARY PARTIAL DENTURE CHAIRSIDE	141
D5741	RELINE MANDIBULAR PARTIAL DENTURE CHAIRSIDE	141
D5750	RELINE COMPLETE MAXILLARY DENTURE LABORATORY	205
D5751	RELINE COMPLETE MANDIBULAR DENTURE LABORATORY	205
D5760	RELINE MAXILLARY PARTIAL DENTURE LABORATORY	202
D5761	RELINE MANDIBULAR PARTIAL DENTURE LABORATORY	202
D5810	INTERIM COMPLETE DENTURE MAXILLARY	324
D5811	INTERIM COMPLETE DENTURE MANDIBULAR	348
D5820	INTERIM PARTIAL DENTURE MAXILLARY	278
D5821	INTERIM PARTIAL DENTURE MANDIBULAR	295
D5850	TISSUE CONDITIONING MAXILLARY	64
D5851	TISSUE CONDITIONING MANDIBULAR	64
D5863	OVERDENTURE - COMPLETE MAXILLARY	20% Discount
D5864	OVERDENTURE - PARTIAL MAXILLARY	20% Discount
D5899	UNS REMOVABLE PROSTHODONTIC PROCEDURE REPORT	150
D6010	SURG PLACEMENT IMPLANT BODY: ENDOSTEAL IMPLANT	1244
D6012	SURG PLACMT INTERIM IMPL TRNSITIONL PROS: ENDOS	1083
D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT	3851
D6050	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	2873
D6055	DENTAL IMPLANT SUPPORTED CONNECTING BAR	336
D6056	PREFABRICATED ABUTMENT INCLUDES PLACEMENT	258
D6057	CUSTOM ABUTMENT INCLUDES PLACEMENT	350
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	644
D6059	ABUT SUPP PORCELAIN TO METL CROWN HI NOBLE METL	634
D6060	ABUT SUPP PORCELAIN TO MTL CROWN PREDOM BASE MTL	553
D6061	ABUT SUPP PORCELAIN TO METAL CROWN NOBLE METAL	565
D6062	ABUTMENT SUPP CAST METAL CROWN HIGH NOBLE METAL	516
D6063	ABUTMENT SUPP CAST METAL CROWN PREDOM BASE METAL	524
D6064	ABUTMENT SUPP CAST METAL CROWN NOBLE METAL	512
D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	584
D6066	IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN	617
D6067	IMPLANT SUPPORTED METAL CROWN	552
D6068	ABUT SUPPORTED RETAINER PORCELAIN/CERAMIC FPD	660
D6069	ABUT RETAINR PORCELN TO METL FPD HI NOBL METL	651
D6070	ABUT RETN PORCELN TO METL FPD PREDOM BASE METL	615
D6071	ABUT SUPPORTED RETAINER PORCELN FUSED METAL FPD	628
D6072	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD	641
D6073	ABUT RETAINR CAST METL FPD PREDOM BASE METL	580
D6074	ABUTMENT RETAINR CAST METAL FPD NOBLE METAL	625
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	649
D6076	IMPLANT SUPPORTED RETAIN PORCELN FUSED METAL FPD <i>(Titanium, titanium alloy, or high noble metal)</i>	617
D6077	IMPLANT SUPPORTED RETAINER FOR CAST METAL FPD <i>(Titanium, titanium alloy, or high noble metal)</i>	613
D6080	IMPL MAINT PROC REMV CLEANS PROSTH&ABUTS REINS	53
D6091	REPL ATTACHMNT IMPL/ABUT SUPP PROS PER ATTACHMNT	260
D6092	RECEMENT IMPLANT/ABUTMENT SUPPORTED CROWN	41
D6093	RECEMENT IMPL/ABUTMNT SUPPORTED FIX PART DENTURE	79
D6094	ABUTMENT SUPPORTED CROWN TITANIUM	542
D6101	Debridement Of A Perimplant Defect And Surface Cleaning Of Exposed Implant Surfaces, Including Flap Entry And Closure	197
D6102	Debridement And Osseous Contouring Of A Perimplant Defect: Includes Surface Cleaning Of Exposed Implant Surfaces And Flap Entry And Closure	324
D6103	Bone Graft For Repair Of Perimplant Defect - Not Including Flap Entry And Closure Or, When Indicated, Placement Of A Barrier Membrane Or Biologic Materials To Aid In Osseous Regeneration	208
D6104	Bone Graft At Time Of Implant Placement	231
D6110	IMPL/ABUTMENT SUPPORTED RD - MAXILLARY	870
D6112	IMPL/ABUTMENT SUPPORTED RPD - MAXILLARY	870
D6113	IMPLANT / ABUTMENT SUPPORTED RPD - MANDIBULAR	870
D6114	IMPLANT / ABUTMENT SUPPORTED FD - MAXILLARY	1524
D6115	IMPLANT/ABUTMENT SUPPORTED FD - MANDIBULAR	1524
D6116	IMPL/ABUTMENT SUPPORTED FD - MAXILLARY - PARTIAL	1169
D6117	IMPL/ABUT SUPPORTED FD - MANDIBULAR - PARTIAL	1169
D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX BY REPORT	116
D6194	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD	559
D6205	PONTIC INDIRECT RESIN BASED COMPOSITE	329
D6210	PONTIC - CAST HIGH NOBLE METAL	503
D6211	PONTIC - CAST PREDOMINANTLY BASE METAL	471
D6212	PONTIC - CAST NOBLE METAL	490
D6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	496
D6241	PONTIC - PORCELN FUSED PREDOMINANTLY BASE METAL	458

CPT	CPT Name	Member Fee
D6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL	484
D6245	PONTIC - PORCELAIN/CERAMIC	512
D6250	PONTIC - RESIN WITH HIGH NOBLE METAL	490
D6251	PONTIC - RESIN WITH PREDOMINANTLY BASE METAL	452
D6252	PONTIC - RESIN WITH NOBLE METAL	467
D6601	INLAY - PORCELAIN/CERAMIC THREE OR MORE SURFACES	375
D6602	INLAY - CAST HIGH NOBLE METAL TWO SURFACES	382
D6604	INLAY - CAST PREDOMINANTLY BASE METAL 2 SURFACES	375
D6605	INLAY - CAST PREDOM BASE METAL 3/MORE SURFACES	397
D6606	INLAY - CAST NOBLE METAL TWO SURFACES	369
D6607	INLAY - CAST NOBLE METAL THREE OR MORE SURFACES	409
D6608	ONLAY - PORCELAIN/CERAMIC 2 SURFACES	435
D6609	ONLAY - PORCELAIN/CERAMIC THREE OR MORE SURFACES	450
D6610	ONLAY - CAST HIGH NOBLE METAL TWO SURFACES	386
D6611	ONLAY - CAST HIGH NOBLE METAL 3/MORE SURFACES	422
D6612	ONLAY - CAST PREDOMINANTLY BASE METAL 2 SURFACES	384
D6613	ONLAY - CAST PREDOM BASE METAL 3/MORE SURFACES	401
D6614	ONLAY - CAST NOBLE METAL TWO SURFACES	376
D6615	ONLAY - CAST NOBLE METAL THREE OR MORE SURFACES	391
D6624	INLAY - TITANIUM	382
D6634	ONLAY - TITANIUM	401
D6720	CROWN - RESIN WITH HIGH NOBLE METAL	567
D6721	CROWN RESIN W/PREDOMINANTLY BASE METAL-DENTURE	567
D6722	CROWN - RESIN WITH NOBLE METAL	567
D6740	CROWN - PORCELAIN/CERAMIC	665
D6750	CROWN PORCELAIN FUSED TO HI NOBLE METAL-DENTURE	655
D6751	CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL	620
D6752	CROWN - PORCELAIN FUSED TO NOBLE METAL	630
D6780	CROWN - 3/4 CAST HIGH NOBLE METAL	620
D6781	CROWN - 3/4 CAST PREDOMINATELY BASED METAL	557
D6782	CROWN 3/4 CAST NOBLE METAL-DENTURE	557
D6783	CROWN 3/4 PORCELAIN/CERAMIC-DENTURE	630
D6790	CROWN FULL CAST HIGH NOBLE METAL-DENTURE	630
D6791	CROWN FULL CAST PREDOMINANTLY BASE METAL-DENTURE	546
D6792	CROWN FULL CAST NOBLE METAL-DENTURE	557
D6930	RECEMENT BRIDGE	61
D7111	EXTRACTION CORONAL REMNANTS DECIDUOUS TOOTH	54
D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT <i>(Elevation and/or forceps removal)</i>	71
D7210	SURG REMV ERUPTED TOOTH ROR ELEV FLP&REMV BONE	112
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	143
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	171
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	224
D7241	REMV IMP TOOTH - CMPL BONY W/UNUSUAL SURG COMPS	281
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	110
D7270	TOOTH REIMPL &OR STBL ACC EVULSED/DISPLCD TOOTH	240
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	218
D7283	PLCMT DEVICE FACILITATE ERUPTION IMPACTED TOOTH	94
D7285	BIOPSY OF ORAL TISSUE HARD	393
D7286	BIOPSY OF ORAL TISSUE SOFT	180
D7287	EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION	67
D7288	BRUSH BIOPSY TRANSEPIHELIAL SAMPLE COLLECTION	67
D7290	SURGICAL REPOSITIONING OF TEETH	169
D7310	ALVEOLOPLASTY W/EXTRACTION 4/> TEETH/SPACE QUAD	130
D7311	ALVEOLOPLSTY CONJNC XTRACT 1-3 TEETH/SPACES QUAD	120
D7320	ALVEOLOPLASTY NOT W/EXTRACTIONS 4/> TEETH/SPACE	205
D7321	ALVEOLOPLSTY NOT CNJNC XTRACT 1-3 TEETH/SPCE QUAD	174
D7410	EXCISION OF BENIGN LESION XPR TO 1.25 CM	379
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	601
D7471	REMOVAL OF LATERAL EXOSTOSIS	470
D7510	INCISION & DRAINAGE ABSCESS-INTRAORAL SOFT TISS	151
D7511	I & D ABSCESS INTRAORAL SOFT TISSUE COMPLICATED	205
D7810-D7899	Unspecified TMD therapy, by report	20% Discount
D7952	Sinus Augmentation Via A Vertical Approach	351
D7960	FRENULECTOMY SEPARATE PROCEDURE	174
D7971	EXCISION OF PERICORONAL GINGIVA	95
D8010-D8999	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	25% Discount
D9110	PALLIATIVE TREATMENT DENTAL PAIN - MINOR PROC	52
D9120	FIXED PARTIAL DENTURE SECTIONING	20% Discount
D9210	LOCAL ANES-NOT CONJUNCTION W/OP/SURGICAL PROC	17
D9215	LOCAL ANESTHESIA	14
D9223	Deep sedation/general anesthesia - each 15 minute increment	82
D9230	ANALGESIA ANXIOLYSIS INHALATION OF NITROUS OXIDE	30
D9243	Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment	70
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	110
D9310	CONSULT DX SERV DENT/PHY NOT REQUESTING DENT/PHY	0
D9430	OFFICE VISIT OBSERVATION NO OTHER SRVC PERFORMED	0
D9440	OFFICE VISIT-AFTER REGULARLY SCHEDULED HOURS	0
D9610	THERAPEUTIC PARENTERAL DRUG SINGL ADMINISTRATION	20% Discount
D9612	TX PARENTERAL DRUGS 2/> ADMINISTRATIONS DIFF MED	20% Discount
D9940	OCCLUSAL GUARD BY REPORT	183
D9951	OCCLUSAL ADJUSTMENT - LIMITED	48
D9972	EXTERNAL BLEACHING - PER ARCH	20% Discount
D9973	EXTERNAL BLEACHING - PER TOOTH	20% Discount