

**Ryan White Part A Oral Health Care Formulary
FY 2008-09**

NOTES: Oral health care codes and procedures identified with an asterisk (*) under the "State of Florida Medicaid Dental Fee Schedule Rates" column of this FY 2008-09 Ryan White Part A Oral Health Care Formulary do not have an associated Florida Medicaid Services Fee Schedule rate. Therefore, they are subject to the approval by Miami-Dade County of a flat fee supplemental rate. All other oral health care procedures are subject to a multiplier rate, unless otherwise noted. There have been no updates published by the American Dental Association (ADA) for the Current Dental Terminology (CDT) 2007-08 book. ¹ American Dental Association/Current Dental Terminology.

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| (Special Ryan White Add-ons) | Miscellaneous Services | 00002 | Duplication of X-Rays | * | |
| (Special Ryan White Add-ons) | Miscellaneous Services | 00003 | Preventative Periodontal Prophylaxis (Periodontal Prophylaxis) | * | |
| (Special Ryan White Add-ons) | Miscellaneous Services | 00001 | Unspecified Procedures, By Report | * | |
| Adjunctive General Services | Anesthesia | D9210 | Local Anesthesia not in Conjunction with Operative or Surgical Procedures | * | |
| Adjunctive General Services | Anesthesia | D9215 | Local Anesthesia | * | |
| Adjunctive General Services | Anesthesia | D9220 | Deep Sedation/General Anesthesia - First 30 Minutes | \$57.00 | |
| Adjunctive General Services | Anesthesia | D9221 | Deep Sedation/General Anesthesia - Each Additional 15 Minutes | \$23.00 | |
| Adjunctive General Services | Anesthesia | D9230 | Analgesia, Anxiolysis, Inhalation of Nitrous Oxide | \$28.00 | |
| Adjunctive General Services | Anesthesia | D9241 | Intravenous Conscious Sedation/Analgesia – First 30 Minutes | \$50.00 | |
| Adjunctive General Services | Anesthesia | D9242 | Intravenous Conscious Sedation/Analgesia – Each Additional 15 Minutes | \$20.00 | |
| Adjunctive General Services | Miscellaneous Services | D9910 | Application of Desensitizing Medicament | * | |
| Adjunctive General Services | Miscellaneous Services | D9930 | Treatment of Complications (Post-Surgical)- Unusual Circumstances, By Report | * | |
| Adjunctive General Services | Miscellaneous Services | D9940 | Occlusal Guard, By Report | * | |

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| Adjunctive General Services | Miscellaneous Services | D9951 | Occlusal Adjustment-Limited | * | |
| Adjunctive General Services | Professional Consultation | D9310 | Consultation - (Diagnostic Service Provided by Dentist or Physician Other than Requesting Dentist or Physician | \$18.00 | |
| Diagnostic | Clinical Oral Evaluations | D0120 | Periodic Oral Evaluation - Established Patient | \$15.00 | |
| Diagnostic | Clinical Oral Evaluations | D0140 | Limited Oral Evaluation - Problem Focused | \$8.00 | |
| Diagnostic | Clinical Oral Evaluations | D0150 | Comprehensive Oral Evaluation – New or Established Patient | \$16.00 | |
| Diagnostic | Clinical Oral Evaluations | D0180 | Comprehensive Periodontal Evaluation – New or Established Patient | \$50.00 | Effective August 14, 2006. Flat fee reimbursement. No multiplier. |
| Diagnostic | Radiographs/Diagnostic Imaging (Including Interpretation) | D0210 | Intraoral - Complete Series (Including Bitewings) | \$32.00 | |
| Diagnostic | Radiographs/Diagnostic Imaging (Including Interpretation) | D0220 | Intraoral – Periapical, First Film | \$4.00 | |
| Diagnostic | Radiographs/Diagnostic Imaging (Including Interpretation) | D0230 | Intraoral – Periapical, Each Additional Film | \$3.00 | |
| Diagnostic | Radiographs/Diagnostic Imaging (Including Interpretation) | D0240 | Intraoral - Occlusal Film | \$8.00 | |
| Diagnostic | Radiographs/Diagnostic Imaging (Including Interpretation) | D0250 | Extraoral - First Film | \$24.00 | |
| Diagnostic | Radiographs/Diagnostic Imaging (Including Interpretation) | D0260 | Extraoral - Each Additional Film | \$13.00 | |

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| Diagnostic | Radiographs/Diagnostic Imaging (Including Interpretation) | D0270 | Bitewing - Single Film | \$6.00 | |
| Diagnostic | Radiographs/Diagnostic Imaging (Including Interpretation) | D0272 | Bitewings - Two Films | \$9.00 | |
| Diagnostic | Radiographs/Diagnostic Imaging (Including Interpretation) | D0274 | Bitewings - Four Films | \$11.00 | |
| Diagnostic | Radiographs/Diagnostic Imaging (Including Interpretation) | D0330 | Panoramic Film | \$30.00 | |
| Endodontics | Apicoectomy / Periradicular Services | D3421 | Apicoectomy/Periradicular Surgery-Bicuspid (First Root) | * | |
| Endodontics | Endodontic Retreatment | D3346 | Retreatment of Previous Root Canal Therapy-Anterior | * | |
| Endodontics | Endodontic Retreatment | D3347 | Retreatment of Previous Root Canal Therapy-Bicuspid | * | |
| Endodontics | Endodontic Retreatment | D3348 | Retreatment of Previous Root Canal Therapy-Molar | * | |
| Endodontics | Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-up | D3310 | Anterior (Excluding Final Restoration) | \$148.00 | |
| Endodontics | Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-up | D3320 | Bicuspid (Excluding Final Restoration) | \$190.00 | |
| Endodontics | Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-up Care) | D3330 | Molar (Excluding Final Restoration) | \$235.00 | |

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| Endodontics | Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-up Care) | D3332 | Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured Tooth | * | |
| Endodontics | Pulpotomy | D3220 | Therapeutic Pulpotomy (Excluding Final Restoration)-Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament | \$50.00 | |
| Maxillofacial Prosthetics | | D5986 | Flouride Gel Carrier | * | |
| Oral and Maxillofacial Surgery | Alveoloplasty - Surgical Preparation of Ridge for Dentures | D7310 | Alveoloplasty in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant | \$45.00 | |
| Oral and Maxillofacial Surgery | Alveoloplasty - Surgical Preparation of Ridge for Dentures | D7320 | Alveoloplasty not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant | \$56.00 | |
| Oral and Maxillofacial Surgery | Complicated Suturing (Reconstruction Requiring Delicate Handling of Tissues and Wide Undermining for Meticulous Closure) | D7911 | Complicated Suture--Up to 5 cm | * | |
| Oral and Maxillofacial Surgery | Complicated Suturing (Reconstruction Requiring Delicate Handling of Tissues and Wide Undermining for Meticulous Closure) | D7912 | Complicated Suture Greater than 5 cm | * | |
| Oral and Maxillofacial Surgery | Dental Surgery | 11100 | Biopsy of Skin, Subcutaneous Tissue and/or Mucous Membrane (Including Simple Closure), unless otherwise listed (Separate Procedure); Simple Lesion | \$55.54 | |

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| Oral and Maxillofacial Surgery | Dental Surgery | 20680 | Removal of Implant; Deep (e.g., buried wire, pin, screw, metal band, nail, rod or plate) | \$298.11 | |
| Oral and Maxillofacial Surgery | Dental Surgery | 21031 | Excision of Torus Mandibularis | \$197.25 | |
| Oral and Maxillofacial Surgery | Dental Surgery | 21032 | Excision of Maxillary Torus Palatinus | \$199.90 | |
| Oral and Maxillofacial Surgery | Dental Surgery | 21040 | Excision of Benign Cyst or Tumor of Mandible; By Enucleation and/or Curettage | \$256.05 | |
| Oral and Maxillofacial Surgery | Dental Surgery | 21041 | Excision of Benign Cyst or Tumor of Mandible; Complex | * | |
| Oral and Maxillofacial Surgery | Dental Surgery | 21320 | Closed Treatment of Nasal Bone Fracture; With Stabilization | \$129.45 | |
| Oral and Maxillofacial Surgery | Dental Surgery | 21356 | Open Treatment of Depressed Zygomatic Arch Fracture (e.g., Gilles Approach) | \$247.88 | |
| Oral and Maxillofacial Surgery | Dental Surgery | 21360 | Open Treatment of Depressed Malar Fracture, Including Zygomatic Arch and Malar Tripod | \$268.91 | |
| Oral and Maxillofacial Surgery | Dental Surgery | 21453 | Closed Treatment of Mandibular Fracture; With Interdental Fixation | \$448.19 | |
| Oral and Maxillofacial Surgery | Dental Surgery | 21454 | Open Treatment of Mandibular Fracture; With External Fixation | \$279.94 | |

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| Oral and Maxillofacial Surgery | Dental Surgery | 21462 | Open Treatment of Mandibular Fracture; With Interdental Fixation | \$1,124.24 | |
| Oral and Maxillofacial Surgery | Dental Surgery | 21465 | Open Treatment of Mandibular Condylar Fracture | \$459.42 | |
| Oral and Maxillofacial Surgery | Dental Surgery | 40800 | Drainage of Abscess, Cyst, Hematoma, Vestibule of Mouth; Simple | \$105.36 | |
| Oral and Maxillofacial Surgery | Excision of Bone Tissue | D7471 | Removal of Lateral Exostosis (Maxilla or Mandible) | * | |
| Oral and Maxillofacial Surgery | Extractions (Includes Local Anesthesia, Suturing, if needed, and Routine Postoperative Care) | D7111 | Extraction, Coronal Remnants-Deciduous Tooth | \$27.00 | |
| Oral and Maxillofacial Surgery | Extractions (Includes Local Anesthesia, Suturing, if needed, and Routine Postoperative Care) | D7140 | Extraction, Erupted Tooth or Exposed Root-(Elevation and/or Forceps Removal) | \$27.00 | |
| Oral and Maxillofacial Surgery | Other Repair Procedures | D7970 | Excision of Hyperplastic Tissue - Per Arch | \$84.00 | |
| Oral and Maxillofacial Surgery | Other Surgical Procedures | D7270 | Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth | \$27.00 | |
| Oral and Maxillofacial Surgery | Other Surgical Procedures | D7285 | Biopsy of Oral Tissue-Hard (Bone, Tooth) | * | |
| Oral and Maxillofacial Surgery | Other Surgical Procedures | D7286 | Biopsy of Oral Tissue-Soft | * | |
| Oral and Maxillofacial Surgery | Repair of Traumatic Wounds | D7910 | Suture of Recent Small Wounds Up to 5 cm | * | |
| Oral and Maxillofacial Surgery | Surgical Excision of Intra- Osseous Lesions | D7440 | Excision of Malignant Tumor-Lesion Diameter Up to 1.25 cm | * | |
| Oral and Maxillofacial Surgery | Surgical Excision of Intra- Osseous Lesions | D7441 | Excision of Malignant Tumor-Lesion Diameter Greater than 1.25 cm | * | |
| Oral and Maxillofacial Surgery | Surgical Excision of Intra- Osseous Lesions | D7450 | Removal of Benign Odontogenic Cyst or Tumor-Lesion Diameter Up to 1.25 cm | * | |

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| Oral and Maxillofacial Surgery | Surgical Excision of Intra-Osseous Lesions | D7451 | Removal of Benign Odontogenic Cyst or Tumor-Lesion Diameter Greater than 1.25 cm | * | |
| Oral and Maxillofacial Surgery | Surgical Excision of Intra-Osseous Lesions | D7460 | Removal of Benign Nonodontogenic Cyst or Tumor-Lesion Diameter Up to 1.25 cm | * | |
| Oral and Maxillofacial Surgery | Surgical Excision of Intra-Osseous Lesions | D7461 | Removal of Benign Nonodontogenic Cyst or Tumor-Lesion Diameter Greater than 1.25 cm | * | |
| Oral and Maxillofacial Surgery | Surgical Excision of Soft Tissue Lesions | D7410 | Excision of Benign Lesion Up to 1.25 cm | * | |
| Oral and Maxillofacial Surgery | 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 | \$40.00 | |
| Oral and Maxillofacial Surgery | Surgical Extractions (Includes Local Anesthesia, Suturing, if needed, and Routine Postoperative Care) | D7220 | Removal of Impacted Tooth - Soft Tissue | \$62.00 | |
| Oral and Maxillofacial Surgery | Surgical Extractions (Includes Local Anesthesia, Suturing, if needed, and Routine Postoperative Care) | D7230 | Removal of Impacted Tooth - Partially Bony | \$77.00 | |
| Oral and Maxillofacial Surgery | Surgical Extractions (Includes Local Anesthesia, Suturing, if needed, and Routine Postoperative Care) | D7240 | Removal of Impacted Tooth - Completely Bony | \$79.00 | |

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| Oral and Maxillofacial Surgery | Surgical Extractions (Includes Local Anesthesia, Suturing, if needed, and Routine Postoperative Care) | D7241 | Removal of Impacted Tooth - Completely Bony, with Unusual Surgical Complications | \$82.00 | |
| Oral and Maxillofacial Surgery | Surgical Extractions (Includes Local Anesthesia, Suturing, if needed, and Routine Postoperative Care) | D7250 | Surgical Removal of Residual Tooth Roots (Cutting Procedure) | \$54.00 | |
| Oral and Maxillofacial Surgery | Surgical Incision | D7510 | Incision and Drainage of Abscess - Intraoral Soft Tissue | \$47.00 | |
| Oral and Maxillofacial Surgery | Surgical Incision | D7520 | Incision and Drainage of Abscess - Extraoral Soft Tissue | \$67.00 | |
| Oral and Maxillofacial Surgery | Surgical Incision | D7530 | Removal of Foreign Body from Mucosa, Skin, or Subcutaneous Alveolar Tissue | * | |
| Oral and Maxillofacial Surgery | Surgical Incision | D7550 | Partial Osteotomy/Sequestrectomy for Removal of Non-Vital Bone | * | |
| Periodontics | Non-Surgical Periodontal Service | D4320 | Provisional Splinting-Intracoronal | * | |
| Periodontics | Non-Surgical Periodontal Service | D4321 | Provisional Splinting-Extracoronal | * | |
| Periodontics | Non-Surgical Periodontal Service | D4341 | Periodontal Scaling and Root Planing, Four or More Teeth, Per Quadrant | \$20.00 | |
| Periodontics | Non-Surgical Periodontal Service | D4355 | Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis | \$52.00 | |
| Periodontics | Other Periodontal Services | D4910 | Periodontal Maintenance | \$75.00 | Flat rate with no multiplier. |
| Periodontics | Surgical Services (Including Usual Postoperative Care) | D4210 | Gingivectomy or Gingivoplasty – Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant | \$105.00 | |
| Periodontics | Surgical Services (Including Usual Postoperative Care) | D4211 | Gingivectomy or Gingivoplasty – One to Three Contiguous Teeth or Bounded Teeth Spaces, Per Quadrant | \$45.00 | |

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| Periodontics | Surgical Services (Including Usual Postoperative Care) | D4240 | Gingival Flap Procedure, Including Root Planing-Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant | * | |
| Periodontics | Surgical Services (Including Usual Postoperative Care) | D4241 | Gingival Flap Procedure, Including Root Planing-One to Three Contiguous Teeth or Bounded Teeth Spaces Per Quadrant | * | |
| Periodontics | Surgical Services (Including Usual Postoperative Care) | D4260 | Osseous Surgery (Including Flap Entry and Closure) – Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant | \$114.00 | |
| Preventive | Dental Prophylaxis | D1110 | Prophylaxis-Adult | \$18.00 | |
| Preventive | Dental Prophylaxis | D1120 | Prophylaxis-Child | \$14.00 | |
| Preventive | Other Preventive Services | D1330 | Oral Hygiene Instructions | \$6.00 | Procedure D1330 may be provided a maximum of twice per year (once every six months). |
| Preventive | Other Preventive Services | D1351 | Sealant - Per Tooth | \$13.00 | |
| Preventive | Topical Fluoride Treatment (Office Procedure) | D1203 | Topical Application of Fluoride (Prophylaxis Not Included) – Child | \$11.00 | |
| Preventive | Topical Fluoride Treatment (Office Procedure) | D1204 | Topical Application of Fluoride (Prophylaxis Not Included)-Adult | * | |
| Prosthodontics, fixed | Fixed Partial Denture Pontics | D6241 | Pontic-Porcelain Fused to Predominantly Base Metal | * | |
| Prosthodontics, fixed | Fixed Partial Denture Pontics | D6251 | Pontic-Resin with Predominantly Base Metal | * | |
| Prosthodontics, fixed | Fixed Partial Denture Retainers - Inlays/Onlays | D6545 | Retainer-Cast Metal for Resin Bonded Fixed Prosthesis | * | |
| Prosthodontics, fixed | Other Fixed Partial Denture Services | D6930 | Recement Fixed Partial Denture | * | |
| Prosthodontics, removable | Adjustments to Dentures | D5410 | Adjust Complete Denture – Maxillary | \$14.00 | |
| Prosthodontics, removable | Adjustments to Dentures | D5411 | Adjust Complete Denture - Mandibular | \$14.00 | |

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| Prosthodontics, removable | Adjustments to Dentures | D5421 | Adjust Partial Denture - Maxillary | \$14.00 | |
| Prosthodontics, removable | Adjustments to Dentures | D5422 | Adjust Partial Denture - Mandibular | \$14.00 | |
| Prosthodontics, removable | Complete Dentures (Including Routine Post-Delivery Care) | D5110 | Complete Denture - Maxillary | \$310.00 | Procedure D5110 may be provided a maximum of two times during the lifetime of a patient. A written statement from a dentist, on letterhead, must be placed in the client's file if an emergency necessitates a waiver of this restriction. |
| Prosthodontics, removable | Complete Dentures (Including Routine Post-Delivery Care) | D5120 | Complete Denture - Mandibular | \$310.00 | Procedure D5120 may be provided a maximum of two times during the lifetime of a patient. A written statement from a dentist, on letterhead, must be placed in the client's file if an emergency necessitates a waiver of this restriction. |
| Prosthodontics, removable | Denture Rebase Procedures | D5710 | Rebase Complete Maxillary Denture | * | |
| Prosthodontics, removable | Denture Rebase Procedures | D5711 | Rebase Complete Mandibular Denture | * | |
| Prosthodontics, removable | Denture Rebase Procedures | D5720 | Rebase Maxillary Partial Denture | * | |
| Prosthodontics, removable | Denture Rebase Procedures | D5721 | Rebase Mandibular Partial Denture | * | |
| Prosthodontics, removable | Denture Reline Procedures | D5730 | Reline Complete Maxillary Denture (Chairside) | \$63.00 | |

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| Prosthodontics, removable | Denture Reline Procedures | D5731 | Reline Complete Mandibular Denture (Chairside) | \$63.00 | |
| Prosthodontics, removable | Denture Reline Procedures | D5740 | Reline Maxillary Partial Denture (Chairside) | \$63.00 | |
| Prosthodontics, removable | Denture Reline Procedures | D5741 | Reline Mandibular Partial Denture (Chairside) | \$63.00 | |
| Prosthodontics, removable | Denture Reline Procedures | D5750 | Reline Complete Maxillary Denture (Laboratory) | \$113.00 | |
| Prosthodontics, removable | Denture Reline Procedures | D5751 | Reline Complete Mandibular Denture (Laboratory) | \$113.00 | |
| Prosthodontics, removable | Denture Reline Procedures | D5760 | Reline Maxillary Partial Denture (Laboratory) | \$113.00 | |
| Prosthodontics, removable | Denture Reline Procedures | D5761 | Reline Mandibular Partial Denture (Laboratory) | \$113.00 | |
| Prosthodontics, removable | Other Removable Prosthetic Services | D5850 | Tissue Conditioning, Maxillary | * | |
| Prosthodontics, removable | Other Removable Prosthetic Services | D5851 | Tissue Conditioning, Mandibular | * | |
| Prosthodontics, removable | Other Removable Prosthetic Services | D5862 | Precision Attachment, by Report | * | |
| Prosthodontics, removable | Other Removable Prosthetic Services | D5899 | Unspecified Removable Prosthodontic Procedure, by Report | * | |
| Prosthodontics, removable | Partial Dentures (Including Routine Post-Delivery Care) | D5211 | Maxillary Partial Denture - Resin Base (Including Any Conventional Clasps, Rests and Teeth) | \$165.00 | Procedure D5211 may be provided a maximum of two times during the lifetime of a patient. A written statement from a dentist, on letterhead, must be placed in the client's file if an emergency necessitates a waiver of this restriction. |

**Ryan White Part A Oral Health Care Formulary
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| A | B | C | D | E | F |
|---------------------------|---|---|---|--------------------|---|
| CATEGORY OF SERVICE | SUB-CATEGORY OF SERVICE | ORAL HEALTH CARE PROCEDURE CODE (ADA ¹ /CDT-2007-08) | ORAL HEALTH CARE PROCEDURE | REIMBURSEMENT RATE | COMMENT / NOTATION |
| Prosthodontics, removable | Partial Dentures (Including Routine Post-Delivery Care) | D5212 | Mandibular Partial Denture - Resin Base (Including Any Conventional Clasps, Rests and Teeth) | \$165.00 | Procedure D5212 may be provided a maximum of two times during the lifetime of a patient. A written statement from a dentist, on letterhead, must be placed in the client's file if an emergency necessitates a waiver of this restriction. |
| Prosthodontics, removable | Partial Dentures (Including Routine Post-Delivery Care) | D5213 | Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Any Conventional Clasps, Rests and Teeth) | \$315.00 | Procedure D5213 may be provided a maximum of two times during the lifetime of a patient. A written statement from a dentist, on letterhead, must be placed in the client's file if an emergency necessitates a waiver of this restriction. |
| Prosthodontics, removable | Partial Dentures (Including Routine Post-Delivery Care) | D5214 | Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Any Conventional Clasps, Rests and Teeth) | \$315.00 | Procedure D5214 may be provided a maximum of two times during the lifetime of a patient. A written statement from a dentist, on letterhead, must be placed in the client's file if an emergency necessitates a waiver of this restriction. |
| Prosthodontics, removable | Partial Dentures (Including Routine Post-Delivery Care) | D5281 | Removable Unilateral Partial Denture-One Piece Cast Metal (Including Clasps and | * | |
| Prosthodontics, removable | Repairs to Complete Dentures | D5510 | Repair Broken Complete Denture Base | \$44.00 | |

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| Prosthodontics, removable | Repairs to Complete Dentures | D5520 | Replace Missing or Broken Teeth - Complete Denture (Each Tooth) | \$39.00 | |
| Prosthodontics, removable | Repairs to Partial Dentures | D5610 | Repair Resin Denture Base | \$44.00 | |
| Prosthodontics, removable | Repairs to Partial Dentures | D5620 | Repair Cast Framework | \$47.00 | |
| Prosthodontics, removable | Repairs to Partial Dentures | D5630 | Repair or Replace Broken Clasp | \$56.00 | |
| Prosthodontics, removable | Repairs to Partial Dentures | D5640 | Replace Broken Teeth - Per Tooth | \$39.00 | |
| Prosthodontics, removable | Repairs to Partial Dentures | D5650 | Add Tooth to Existing Partial Denture | \$42.00 | |
| Prosthodontics, removable | Repairs to Partial Dentures | D5660 | Add Clasp to Existing Partial Denture | \$52.00 | |
| Restorative | Amalgam Restorations (Including Polishing) | D2140 | Amalgam Restorations - One Surface, Primary or Permanent | \$31.00 | |
| Restorative | Amalgam Restorations (Including Polishing) | D2150 | Amalgam Restorations - Two Surfaces, Primary or Permanent | \$41.00 | |
| Restorative | Amalgam Restorations (Including Polishing) | D2160 | Amalgam Restorations - Three Surfaces, Primary or Permanent | \$51.00 | |
| Restorative | Amalgam Restorations (Including Polishing) | D2161 | Amalgam Restorations - Four or More Surfaces, Primary or Permanent | \$61.00 | |
| Restorative | Crowns - Single Restorations Only | D2751 | Crown-Porcelain Fused to Predominantly Base Metal | * | |
| Restorative | Crowns - Single Restorations Only | D2799 | Provisional Crown | * | |
| Restorative | Other Restorative Services | D2910 | Recement Inlay, Onlay, or Partial Coverage Restoration | * | |
| Restorative | Other Restorative Services | D2920 | Recement Crown | \$17.00 | |
| Restorative | Other Restorative Services | D2930 | Prefabricated Stainless Steel Crown - Primary Tooth | \$68.00 | |
| Restorative | Other Restorative Services | D2932 | Prefabricated Resin Crown | \$68.00 | |

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| Restorative | Other Restorative Services | D2940 | Sedative Filling | \$18.00 | |
| Restorative | Other Restorative Services | D2950 | Core Buildup, Including Any Pins | \$65.00 | |
| Restorative | Other Restorative Services | D2951 | Pin Retention - Per Tooth, In Addition to Restoration | \$2.00 | |
| Restorative | Other Restorative Services | D2952 | Post and Core In Addition to Crown, Indirectly Fabricated | * | |
| Restorative | Other Restorative Services | D2954 | Prefabricated Post and Core In Addition to Crown | \$53.00 | |
| Restorative | Other Restorative Services | D2955 | Post Removal (Not in Conjunction with Endodontic Therapy) | * | |
| Restorative | Resin-based Composite Restorations - Direct | D2330 | Resin-Based Composite Restorations - One Surface, Anterior | \$34.00 | |
| Restorative | Resin-based Composite Restorations - Direct | D2331 | Resin-Based Composite Restorations - Two Surfaces, Anterior | \$39.00 | |
| Restorative | Resin-based Composite Restorations - Direct | D2332 | Resin-Based Composite Restorations - Three Surfaces, Anterior | \$44.00 | |
| Restorative | Resin-based Composite Restorations - Direct | D2335 | Resin-Based Composite Restorations - Four or More Surfaces or Involving Incisal Angle (Anterior) | \$72.00 | |
| Restorative | Resin-based Composite Restorations - Direct | D2391 | Resin-Based Composite Restorations – One Surface, Posterior | \$31.00 | Procedure D2391 may not be used solely for cosmetic purposes. |
| Restorative | Resin-based Composite Restorations - Direct | D2392 | Resin-Based Composite Restorations – Two Surfaces, Posterior | \$41.00 | Procedure D2392 may not be used solely for cosmetic purposes. |
| Restorative | Resin-based Composite Restorations - Direct | D2393 | Resin-Based Composite Restorations-Three Surfaces, Posterior | \$51.00 | Procedure D2393 may not be used solely for cosmetic purposes. |

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| Restorative | Resin-based Composite Restorations - Direct | D2394 | Resin-Based Composite Restorations-Four or More Surfaces, Posterior | * | Procedure D2394 may not be used solely for cosmetic purposes. |