

UFCW Local One Fee Schedule

THE LOOMIS COMPANY

Procedure Code	Description	Amount
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	\$26.00
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	\$30.00
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF	\$30.00
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED	\$30.00
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM F	\$40.00
D0170	RE-EVALUATION-LIMITED, PROBLEM FOCUSED (ESTABLISHE	\$31.00
D0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTA	\$40.00
D0210	INTRAORAL-COMPLETE SERIES (INCLUDING BITEWINGS)	\$90.00
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	\$10.00
D0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	\$7.00
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	\$17.00
D0250	EXTRAORAL - FIRST RADIOGRAPHIC IMAGE	\$40.00
D0251	EXTRAORAL - POSTERIOR DENTAL RADIOGRAPHIC IMAGE	\$40.00
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	\$11.00
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	\$18.00
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	\$24.00
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	\$35.00
D0277	VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES	\$40.00
D0321	OTHER TEMPOROMANDIBULAR JOINT RADIOGRAPHIC IMAGES, BY REPORT	\$40.00
D0322	TOMOGRAPHIC SURVEY	\$240.00
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$55.00
D0340	CEPHALOMETRIC RADIOGRAPHIC IMAGE	\$50.00
D0350	2D ORAL/FACIAL PHOTOGRAPHIC IMAGES OBTAINED INTRAORALLY OR EXTRAORALLY	\$200.00
D0431	ADJUNCTIVE PRE-DIAGNOSTIC TEST THAT AIDS IN DETECT	\$40.00
D0460	PULP VITALITY TESTS	\$20.00
D0470	DIAGNOSTIC CASTS	\$45.00
D0472	ACCESSION OF TISSUE, GROSS EXAMINATION, PREPARATIO	\$50.00
D0473	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINA	\$65.00
D0474	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINA	\$75.00
D1110	PROPHYLAXIS-ADULT	\$55.00
D1120	PROPHYLAXIS-CHILD	\$42.00
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	\$40.00
D1208	TOPICAL APPLICATION OF FLUORIDE EXCLUDING VARNISH	\$20.00
D1351	SEALANT-PER TOOTH	\$30.00
D1352	PREVENTIVE RESIN RESTORATION IN A MODERATE TO HIGH CARIES RISK PATIENT - PERMANENT TOOTH	\$30.00
D1510	SPACE MAINTAINER-FIXED UNILATERAL	\$140.00
D1515	SPACE MAINTAINER-FIXED BILATERAL	\$220.00
D1520	SPACE MAINTAINER-REMOVABLE UNILATERAL	\$162.00
D1525	SPACE MAINTAINER-REMOVABLE BILATERAL	\$260.00
D1550	RE-CEMENT OR RE-BOND SPACE MAINTAINER	\$35.00
D1555	REMOVAL OF FIXED SPACE MAINTAINER	\$60.00
D2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	\$55.00
D2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	\$70.00
D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	\$85.00
D2161	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANEN	\$100.00
D2330	RESIN-ONE SURFACE, ANTERIOR	\$65.00
D2331	RESIN-TWO SURFACES, ANTERIOR	\$80.00
D2332	RESIN-THREE SURFACES, ANTERIOR	\$90.00
D2335	RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL A	\$110.00
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	\$140.00
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	\$70.00
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	\$80.00
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	\$105.00

D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POS	\$110.00
D2410	GOLD FOIL-ONE SURFACE	\$90.00
D2420	GOLD FOIL-TWO SURFACES	\$110.00
D2430	GOLD FOIL-THREE SURFACES	\$130.00
D2510	INLAY-METALLIC-ONE SURFACE	\$135.00
D2520	INLAY-METALLIC-TWO SURFACES	\$390.00
D2530	INLAY-METALLIC-THREE OR MORE SURFACES	\$290.00
D2542	ONLAY-METALLIC-TWO SURFACES	\$225.00
D2543	ONLAY - METALLIC - THREE SURFACES	\$360.00
D2544	ONLAY - METALLIC - FOUR OR MORE SURFACES	\$500.00
D2610	INLAY-PORCELAIN/CERAMIC-ONE SURFACE	\$135.00
D2620	INLAY-PORCELAIN/CERAMIC-TWO SURFACES	\$225.00
D2630	INLAY-PORCELAIN/CERAMIC-THREE OR MORE SURFACES	\$430.00
D2642	ONLAY - PORCELAIN/CERAMIC - TWO SURFACES	\$225.00
D2643	ONLAY - PORCELAIN/CERAMIC - THREE SURFACES	\$470.00
D2644	ONLAY - PORCELAIN/CERAMIC - FOUR OR MORE SURFACES	\$500.00
D2650	INLAY - RESIN-BASED COMPOSITE - ONE SURFACE	\$135.00
D2651	INLAY - RESIN-BASED COMPOSITE - TWO SURFACES	\$225.00
D2652	INLAY - RESIN-BASED COMPOSITE - THREE OR MORE SURF	\$290.00
D2662	ONLAY - RESIN-BASED COMPOSITE - TWO SURFACES	\$225.00
D2663	ONLAY - RESIN-BASED COMPOSITE - THREE SURFACES	\$290.00
D2664	ONLAY - - RESIN-BASED COMPOSITE - FOUR OR MORE SUR	\$430.00
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	\$225.00
D2712	CROWN - 3/4 RESIN-BASED COMPOSITE (INDIRECT)	\$225.00
D2720	CROWN-RESIN WITH HIGH NOBLE METAL	\$400.00
D2721	CROWN-RESIN WITH PREDOMINANTLY BASE METAL	\$360.00
D2722	CROWN-RESIN WITH NOBLE METAL	\$400.00
D2740	CROWN-PORCELAIN/CERAMIC SUBSTRATE	\$540.00
D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	\$565.00
D2751	CROWN-PROCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$535.00
D2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	\$550.00
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	\$340.00
D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	\$340.00
D2782	CROWN - 3/4 CAST NOBLE METAL	\$340.00
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	\$540.00
D2790	CROWN-FULL CAST HIGH NOBLE METAL	\$540.00
D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	\$440.00
D2792	CROWN-FULL CAST NOBLE METAL	\$485.00
D2794	CROWN-TITANIUM	\$440.00
D2799	PROVISIONAL CROWN	\$170.00
D2910	RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL COVERAGE RESTORATION	\$50.00
D2915	RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE	\$75.00
D2920	RE-CEMENT OR RE-BOND CROWN	\$50.00
D2929	PREFABRICATED PORCELAIN/CERAMIC CROWN - PRIMARY TOOTH	\$117.00
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	\$117.00
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOT	\$130.00
D2932	PREFABRICATED RESIN CROWN	\$150.00
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WIN	\$130.00
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROW	\$150.00
D2940	PROTECTIVE RESTORATION	\$45.00
D2950	CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED	\$140.00
D2951	PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATIO	\$20.00
D2952	POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FAB	\$200.00
D2953	EACH ADDITIONAL INDIRECTLY FABRICATED POST - SAME	\$50.00
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$160.00
D2955	POST REMOVAL	\$80.00
D2957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	\$45.00
D2960	LABIAL VENEER (RESIN LAMINATE) - CHAIRSIDE	\$350.00
D2975	COPING	\$440.00
D2980	CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	\$100.00

D2981	INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	\$100.00
D2982	ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	\$100.00
D2983	VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	\$100.00
D2990	RESIN INFILTRATION OF INCIPIENT SMOOTH SURFACE LESIONS	\$65.00
D3110	PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)	\$30.00
D3120	PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)	\$30.00
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION)	\$70.00
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	\$70.00
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOO	\$30.00
D3230	PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIM	\$90.00
D3240	PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRI	\$70.00
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINA	\$420.00
D3320	ENDODONTIC THERAPY, BICUSPID TOOTH (EXCLUDING FINA	\$475.00
D3330	ENDODONTIC THERAPY, MOLAR (EXCLUDING FINAL RESTORA	\$630.00
D3332	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTO	\$150.00
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	\$75.00
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIO	\$400.00
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-BICUSPI	\$450.00
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR	\$580.00
D3351	APEXIFICATION/RECALCIFICATION INITIAL VISIT (APICAL CLOSURE / CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	\$120.00
D3353	APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDE	\$70.00
D3410	APICOECTOMY - ANTERIOR	\$390.00
D3421	APICOECTOMY - BICUSPID (FIRST ROOT)	\$380.00
D3425	APICOECTOMY - MOLAR (FIRST ROOT)	\$390.00
D3426	APICOECTOMY (EACH ADDITIONAL ROOT)	\$180.00
D3430	RETROGRADE FILLING-PER ROOT	\$110.00
D3450	ROOT AMPUTATION-PER ROOT	\$220.00
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	\$220.00
D3470	INTENTIONAL REPLANTATION (INCLUDING NECESSARY SPLI	\$220.00
D3910	SURGICAL PROCEDURE FOR ISOLATION OF TOOTH WITH RUB	\$60.00
D3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCL	\$130.00
D3950	CANAL PREPARATION AND FITTING OF PREFORMED DOWEL O	\$50.00
D3999	UNSPECIFIED ENDODONTIC PROCEDURE, BY REPORT	\$290.00
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTI	\$260.00
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTI	\$75.00
D4230	ANATOMICAL CROWN EXPOSURE - FOUR OR MORE CONTIGUOU	\$480.00
D4231	ANATOMICAL CROWN EXPOSURE - ONE TO THREE TEETH PER	\$317.00
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING -	\$270.00
D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING -	\$270.00
D4245	APICALLY POSITIONED FLAP	\$270.00
D4249	CLINICAL CROWN LENGTHENING-HARD TISSUE	\$317.00
D4260	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$480.00
D4261	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$300.00
D4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	\$270.00
D4264	BONE REPLACEMENT GRAFT - EACH ADDITIONAL SITE IN QUADRANT	\$90.00
D4265	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISS	\$100.00
D4266	GUIDED TISSUE REGENERATION - RESORBABLE BARRIER, P	\$275.00
D4267	GUIDED TISSUE REGENERATION - NONRESORBABLE BARRIER	\$310.00
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$280.00
D4271	FREE SOFT TISSUE GRAFT PROCEDURE INCLUDING DONOR SITE SURGERY (OBSOLETE)	\$350.00
D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURES,	\$400.00
D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE (WHEN NOT PERFO	\$225.00
D4277	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY), FIRST TOOTH OR EDENTULOUS TOOTH POSITION IN GRAFT	\$350.00

D4278	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY), EACH ADDITIONAL CONTIGUOUS TOOTH OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE	\$350.00
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	Check w/ UFCW for allowable
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	Check w/ UFCW for allowable
D4320	PROVISIONAL SPLINTING-INTRACORONAL	\$190.00
D4321	PROVISIONAL SPLINTING-EXTRACORONAL	\$170.00
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MOR	\$140.00
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THRE	\$60.00
D4346	SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION - FULL MOUTH AFTER ORAL EVALUATION	\$95.00
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVA	\$60.00
D4381	LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH	\$45.00
D4910	PERIODONTAL MAINTENANCE	\$65.00
D4920	UNSCHEDULED DRESSING CHANGE (BY SOMEONE OTHER THAN TREATING DENTIST OR THEIR STAFF)	\$45.00
D4921	Gingival irrigation, per quadrant	\$16.00
D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	\$30.00
D5110	COMPLETE DENTURE - MAXILLARY	\$760.00
D5120	COMPLETE DENTURE - MANDIBULAR	\$760.00
D5130	IMMEDIATE DENTURE - MAXILLARY	\$770.00
D5140	IMMEDIATE DENTURE - MANDIBULAR	\$770.00
D5211	UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTION	\$500.00
D5212	LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTION	\$500.00
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK W	\$800.00
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK	\$800.00
D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE – RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS RESTS AND TEETH)	\$500.00
D5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE – RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS RESTS AND TEETH)	\$500.00
D5223	Immediate Maxillary Partial Denture – Cast Metal Framework With Resin Denture Bases (Including Any Conventional Clasps Rests And Teeth)	\$800.00
D5224	IMMEDIATE MANDIBULAR PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS RESTS AND TEETH)	\$800.00
D5225	MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDI	\$500.00
D5226	MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUD	\$500.00
D5281	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE CAS	\$410.00
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$36.00
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	\$36.00
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$36.00
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$36.00
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	\$80.00
D5520	REPLACE MISSING OR BROKEN TEETH-COMPLETE DENTURE (\$60.00
D5610	REPAIR RESIN DENTURE BASE	\$80.00
D5620	REPAIR CAST FRAMEWORK	\$90.00
D5630	REPAIR OR REPLACE BROKEN CLASP	\$90.00
D5640	REPLACE BROKEN TEETH-PER TOOTH	\$60.00
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$80.00
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	\$100.00
D5670	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEW	\$260.00
D5671	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEW	\$260.00
D5710	REBASE COMPLETE MAXILLARY DENTURE	\$260.00
D5711	REBASE COMPLETE MANDIBULAR DENTURE	\$260.00
D5720	REBASE MAXILLARY PARTIAL DENTURE	\$260.00

D5721	REBASE MANDIBULAR PARTIAL DENTURE	\$260.00
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	\$160.00
D5731	RELINE LOWER COMPLETE MANDIBULAR DENTURE (CHAIRSID	\$160.00
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	\$160.00
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	\$160.00
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	\$200.00
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	\$200.00
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	\$200.00
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	\$200.00
D5850	TISSUE CONDITIONING, MAXILLARY	\$75.00
D5851	TISSUE CONDITIONING, MANDIBULAR	\$80.00
D5860	OVERDENTURE - COMPLETE, BY REPORT	\$850.00
D5861	OVERDENTURE - PARTIAL, BY REPORT	\$870.00
D5862	PRECISION ATTACHMENT, BY REPORT	\$50.00
D5867	REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION	\$50.00
D5875	MODIFICATION OF REMOVABLE PROSTHESIS FOLLOWING IMP	\$200.00
D5982	SURGICAL STENT	\$200.00
D6010	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT	\$900.00
D6011	SECOND STAGE IMPLANT SURGERY	\$200.00
D6013	SURGICAL PLACEMENT OF MINI IMPLANT	\$1,000.00
D6055	CONNECTING BAR - IMPLANT SUPPORTED OR ABUTMENT SUPPORTED	\$600.00
D6056	PREFABRICATED ABUTMENT - INCLUDES MODIFICATION AND PLACEMENT	\$300.00
D6057	CUSTOM FABRICATED ABUTMENT - INCLUDES PLACEMENT	\$600.00
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	\$450.00
D6059	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN	\$600.00
D6060	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN	\$600.00
D6061	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN	\$600.00
D6062	ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE ME	\$600.00
D6063	ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINANTLY	\$500.00
D6064	ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)	\$500.00
D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	\$550.00
D6066	IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN (\$550.00
D6067	IMPLANT SUPPORTED METAL CROWN (TITANIUM, TITANIUM	\$400.00
D6068	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC	\$400.00
D6069	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO	\$400.00
D6070	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO	\$600.00
D6071	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO	\$600.00
D6072	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (H	\$600.00
D6073	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (P	\$600.00
D6074	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (N	\$600.00
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	\$600.00
D6076	IMPLANT SUPPORTED RETAINER FOR PORCELAIN FUSED TO	\$600.00
D6077	IMPLANT SUPPORTED RETAINER FOR CAST METAL FPD (TIT	\$600.00
D6078	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR COMPLETELY EDENTULOUS ARCH (OBSOLETE)	\$850.00
D6079	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH (OBSOLETE)	\$600.00
D6080	IMPLANT MAINTENANCE PROCEDURES WHEN PROSTHESES ARE REMOVED AND REINSERTED, INCLUDING CLEANSING OF PROSTHESES AND ABUTMENTS	\$40.00
D6090	REPAIR IMPLANTSUPPORTED PROSTHESIS BY REPORT	\$40.00
D6092	RE-CEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED CROWN	\$60.00
D6103	BONE GRAFT FOR REPAIR OF PERI-IMPLANT DEFECT - DOES NOT INCLUDE FLAP ENTRY AND CLOSURE	\$300.00
D6104	BONE GRAFT AT TIME OF IMPLANT PLACEMENT	\$275.00
D6111	IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH – MANDIBULAR	\$1,100.00
D6114	IMPLANT / ABUTMENT SUPPORTED FD - MAXILLARY	\$850.00
D6115	IMPLANT/ABUTMENT SUPPORTED FD - MANDIBULAR	\$850.00
D6205	PONTIC - INDIRECT RESIN BASED COMPOSITE	\$200.00
D6210	PONTIC-CAST HIGH NOBLE METAL	\$515.00
D6211	PONTIC-CAST PREDOMINANTLY BASE METAL	\$340.00

D6212	PONTIC-CAST NOBLE METAL	\$350.00
D6214	PONTIC - TITANIUM	\$350.00
D6240	PONTIC-PORCELAIN FUSED TO HIGH NOBLE METAL	\$540.00
D6241	PONTIC-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$475.00
D6242	PONTIC-PORCELAIN FUSED TO NOBLE METAL	\$500.00
D6245	PONTIC - PORCELAIN/CERAMIC	\$540.00
D6250	PONTIC-RESIN WITH HIGH NOBLE METAL	\$350.00
D6251	PONTIC-RESIN WITH PREDOMINANTLY BASE METAL	\$370.00
D6252	PONTIC-RESIN WITH NOBLE METAL	\$350.00
D6545	RETAINER-CAST METAL FOR RESIN BONDED FIXED PROSTHE	\$220.00
D6548	RETAINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXE	\$240.00
D6624	RETAINER INLAY - TITANIUM	\$360.00
D6634	RETAINER ONLAY - TITANIUM	\$360.00
D6710	RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE	\$300.00
D6720	RETAINER CROWN - RESIN WITH HIGH NOBLE METAL	\$400.00
D6721	RETAINER CROWN - RESIN WITH PREDOMINANTLY BASE METAL	\$380.00
D6722	RETAINER CROWN - RESIN WITH NOBLE METAL	\$400.00
D6740	RETAINER CROWN - PORCELAIN/CERAMIC	\$540.00
D6750	RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	\$565.00
D6751	RETAINER CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$540.00
D6752	RETAINER CROWN - PORCELAIN FUSED TO NOBLE METAL	\$560.00
D6780	RETAINER CROWN - 3/4 CAST HIGH NOBLE METAL	\$500.00
D6781	RETAINER CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	\$500.00
D6782	RETAINER CROWN - 3/4 CAST NOBLE METAL	\$500.00
D6783	RETAINER CROWN - 3/4 PORCELAIN/CERAMIC	\$500.00
D6790	RETAINER CROWN - FULL CAST HIGH NOBLE METAL	\$540.00
D6791	RETAINER CROWN - FULL CAST PREDOMINANTLY BASE METAL	\$500.00
D6792	RETAINER CROWN - FULL CAST NOBLE METAL	\$485.00
D6794	RETAINER CROWN - TITANIUM	\$360.00
D6920	CONNECTOR BAR	\$120.00
D6930	RE-CEMENT OR RE-BOND FIXED PARTIAL DENTURE	\$60.00
D6940	STRESS BREAKER	\$175.00
D6970	CAST POST AND CORE IN ADDITION TO FIXED PARTIAL DENTURE RETAINER (OBSOLETE)	\$180.00
D6972	PREFABRICATED POST AND CORE IN ADDN TO FIXED PARTIAL DENURE RETAINER (OBSOLETE)	\$150.00
D6973	CORE BUILD UP FOR RETAINER, INCLUDING ANY PINS (OBSOLETE)	\$80.00
D6975	COPING (OBSOLETE)	\$300.00
D6976	EACH ADDITIONAL CAST POST - SAME TOOTH (OBSOLETE)	\$60.00
D6977	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH (OBSOLETE)	\$45.00
D6980	FIXED PARTIAL DENTURE REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	\$120.00
D7111	EXTRACTION, CORONAL REMNANTS - DECIDUOUS TOOTH	\$85.00
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATI	\$100.00
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTIAL FLAP IF INDICATED	\$140.00
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	\$282.00
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	\$340.00
D7240	REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY	\$452.00
D7241	REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY, WITH UN	\$468.00
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING	\$115.00
D7251	CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL	\$115.00
D7260	ORAL ANTRAL FISTULA CLOSURE	\$250.00
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	\$500.00
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCID	\$250.00
D7272	TOOTH TRANSPLANTATION (INCLUDES REIMPLANTATION FRO	\$300.00
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	\$240.00
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO	\$150.00
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPA	\$175.00
D7285	INCISIONAL BIOPSY OF ORAL TISSUE-HARD (BONE, TOOTH)	\$150.00
D7286	INCISIONAL BIOPSY OF ORAL TISSUE-SOFT	\$120.00

D7288	BRUSH BIOPSY - TRANSEPIHELIAL SAMPLE COLLECTION	\$60.00
D7291	TRANSSEPTAL FIBEROTOMY/SUPRA CRESTAL FIBEROTOMY, B	\$200.00
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FO	\$80.00
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ON	\$150.00
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS	\$130.00
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS	\$200.00
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	\$200.00
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	\$200.00
D7440	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER UP TO	\$450.00
D7441	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER GREATE	\$450.00
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION	\$200.00
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION	\$400.00
D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LES	\$400.00
D7461	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LES	\$1,500.00
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	\$287.00
D7472	REMOVAL OF TORUS PALATINUS	\$400.00
D7473	REMOVAL OF TORUS MANDIBULARIS	\$300.00
D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TI	\$75.00
D7520	INCISION AND DRAINAGE OF ABSCESS-EXTRAORAL SOFT TI	\$250.00
D7540	REMOVAL OF REACTION-PRODUCING FOREIGN BODIES-MUSCU	\$200.00
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NO	\$350.00
D7591	Sinus Augmentation With Bone or Bone Substitutes	\$600.00
D7640	MANDIBLE-CLOSED REDUCTION (TEETH IMMOBILIZED IF PR	\$1,500.00
D7880	OCCLUSAL ORTHOTIC APPLIANCE	\$400.00
D7881	OCCLUSAL ORTHOTIC DEVICE ADJUSTMENT	Check w/ UFCW for allowable
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	\$65.00
D7950	OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF THE MANDIBLE OR MAXILLA - AUTOGENOUS OR NONAUTOGENOUS, BY REPORT	\$300.00
D7953	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SITE	\$300.00
D7960	FRENULECTOMY - ALSO KNOWN AS FRENECTOMY OR FRENOTOMY - SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE	\$175.00
D7963	FRENULOPLASTY	\$250.00
D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	\$165.00
D7971	EXCISION OF PERICORONAL GINGIVA	\$80.00
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	\$600.00
D8010	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTI	\$300.00
D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL	\$400.00
D8030	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DE	\$400.00
D8040	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITI	\$400.00
D8050	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY	\$400.00
D8060	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE TRANSITI	\$400.00
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSIT	\$300.00
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESC	\$300.00
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT D	\$300.00
D8210	REMOVABLE APPLIANCE THERAPY	\$400.00
D8660	PRE-ORTHODONTIC TREATMENT EXAMINATION TO MONITOR GROWTH AND DEVELOPMENT	\$200.00
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT	\$50.00
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONS	\$390.00
D8681	REMOVABLE ORTHODONTIC RETAINER ADJUSTMENT	Check w/ UFCW for allowable
D8691	REPAIR OF ORTHODONTIC APPLIANCE	\$75.00
D8692	REPLACEMENT OF LOST OR BROKEN RETAINER	\$100.00
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	\$30.00
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MI	\$35.00
D9120	FIXED PARTIAL DENTURE SECTIONING	\$80.00
D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIV	\$25.00
D9215	LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	\$25.00
D9223	Deep Sedation/General Anesthesia – Each 15 Minute Increment	\$125.00
D9230	INHALATION OF NITROUS OXIDE / ANXIOLYSIS, ANALGESIA	\$25.00

D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA – EACH 15 MINUTE INCREMENT	\$75.00
D9248	NON-INTRAVENOUS MODERATE (CONSCIOUS) SEDATION	\$200.00
D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENT	\$45.00
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	\$210.00
D9430	OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCH	\$25.00
D9440	OFFICE VISIT-AFTER REGULARLY SCHEDULED HOURS	\$29.00
D9610	THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION	\$25.00
D9630	OTHER DRUGS AND/OR MEDICAMENTS, BY REPORT	\$40.00
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	\$20.00
D9911	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AN	\$30.00
D9930	TX COMPLICATIONS - UNUSUAL CIRCUMSTANCES REPORT	\$85.00
D9940	OCCLUSAL GUARDS, BY REPORT	\$250.00
D9942	REPAIR AND/OR RELINE OF OCCLUSAL GUARD	\$150.00
D9951	OCCLUSAL ADJUSTMENT-LIMITED	\$40.00
D9952	OCCLUSAL ADJUSTMENT-COMPLETE	\$210.00