



COUNTY OF MONTEREY HEALTH DEPARTMENT

FEE SCHEDULE ANALYSIS

Monterey County Health Department

March 28, 2024

PURPOSE

Per HRSA's requirement, Monterey County Health Department (MCHD) is responsible for creating a Fee Schedule reflective of local prevailing rates and the health center's cost of services. The Fee Schedule is a list of charges per procedure code (CPT code) that are charged to all patients universally, regardless of the patient's third-party payor or if they are a self-pay patient. Once the charge for service to a patient is calculated, third party contractual agreements or the sliding fee schedule most often reduce the rate to the agreed upon fees. Patients without third party payors and who earn over 200 percent of the Federal Poverty Guideline pay the entire full charge created for that visit.

METHODOLOGIES

Local Prevailing Rates

To determine local prevailing rates, we acquired three RVU components; physician work, practice expense, and malpractice, and weighed them accordingly to Geographic Practice Cost Indices (GPCIs) in the local area from data collected by the Center for Medicare & Medicaid Services (CMS).

Cost-Based Rates

To determine charges based on costs, we use Relative Value Units (RVU), which adjust each procedure code based on the time it takes to complete, the facility costs it absorbs, and the malpractice costs needed to cover the procedure. The RVUs are also obtained from CMS.

RECOMMENDATION

Once we've concluded the calculations for both methods, we compare the results for each method to the Current Fee Schedule and recommend changes to the Current Fee Schedule where appropriate. The New Fee is determined by the comparison of the Cost-Based Rate and the Local Prevailing Rate, where the Cost-Based Rate will become the New Fee if the rate falls between 40% to 80% above the Local Prevailing Rate. If the Cost-Based Rate is higher than 80% above the Local Rate, then it is capped at 80% above the Local Prevailing Rate to mitigate drastic fee schedule increases. If lower than 40%, then a minimum of 40% above the Local Prevailing Rate is the New Fee. In the event the Current Fee is still higher than the New Fee, then it is an indication that the Current Fee should be decreased and is capped to 80% above the Local Prevailing Rate. Recommended fees are shown under "New Fee."



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As MCHD anticipates providing chiropractic and dental services in the year ahead, fees have been added based on locally prevailing rates for these services, incorporating the medical cost per RVU into calculations of chiropractic fees. Once actual cost data is available for these service lines, MCHD should update its fee schedule to incorporate these costs in order to be compliant with HRSA requirements.

SUMMARY OF IMPACT

If Monterey County Health Department (MCHD) adopts the proposed fee schedule updates, MCHD will modestly increase annual charges by \$318,507 based on 2023 service utilization by CPT code. The increase in charges is slightly smaller than the increase resulting from MCHD's fee schedule update in 2023, as the Medicare geographic factor for determining locally prevailing rates has decreased from 2023.

Changes to MCHD's fee schedule will mostly not impact patients enrolled in public or private insurance programs; when patients have third-party coverage, MCHD's full fee charged is typically adjusted to contractually allowed amounts based on third party payer agreements and the patient's responsibility is clearly defined within the contractual arrangement.

MCHD's fee schedule is applied to self-pay patients, however MCHD offers Sliding Fee Discount Program (SFDP) discounts to all patients at or below 200% of the Federal Poverty Level and patient fee waivers to all patients regardless of income to address financial barriers to care. Both SFDP discounts and patient fee waivers are available to patients regardless of insurance status. Thus, despite changes to the overall fee schedule, patients will still be able to access services regardless of their ability to pay.

Based on 2023 utilization data by CPT-code, the proposed new fees would have increased gross charges in by \$318,507, based on the following breakdown:

- Total Charges with Current Fees: \$ 69,447,348
- Total Charges with Recommended Fees: \$ 69,765,855

By updating MCHD's fee schedule as proposed, MCHD will increase gross charges and likely overall net patient service revenue from both third-party payers and patients (when they are charged and able to pay the full fee). This update will keep MCHD in compliance with HRSA's requirement for the methodology required for FQHCs for setting fees.



COUNTY OF MONTEREY HEALTH DEPARTMENT

CALCULATION OF FEE SCHEDULE METHODOLOGIES

1. HEALTH CENTER COST-BASED METHODOLOGY

- I. Calculate **Cost per RVU** for a weighted average across used CPT codes:
 - a. Find RVU value by CPT/DPT code (according to CMS)
 - b. Multiply the number of times the CPT/DPT code was used by the RVU value:

$$\text{Total RVUs} = \text{RVU} \times \text{CPT/DPT Count}$$

- c. Take **total service line costs** and divide by **total service line RVUs**

$$\text{Cost per service line RVU} = \frac{\text{Service Line Costs}}{\text{Total Service Line RVUs}}$$

- d. Each CPT code is valued according to the **Cost per service line RVU** multiplied by its RVUs.

2. LOCAL PREVAILING RATE COMPARISON METHODOLOGY

- I. Multiply each RVU component by its comparative GPCI ("Geographic Practice Cost Indices") according to local area and add them together

$$\text{Total RVU} = (\text{PW RVU} \times \text{PW GPCI}) + (\text{PE RVU} \times \text{PE GPCI}) + (\text{MP RVU} \times \text{MP GPCI})$$

- II. Multiply by the Medicare Factor of 33.2875 for 2023

$$\text{Local Rate} = \text{Total RVU} \times \text{Medicare Factor}$$

Additional Notes:

1. Any fee used by the health center which has no value based on CMS RVUs will be kept at the same fee, and any rate changes will apply only at the discretion of the CFO.



**COUNTY OF MONTEREY
HEALTH DEPARTMENT**

**Monterey County Health Department
2024 Fee Schedule Analysis & Update**

CPT Code	Modifier	CPT & Modifier	CPT Description	Utilization	Current Fee	New Fee
0001A		0001A	IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON 1ST DOSE	5	\$ 67.00	\$ 67.00
0002A		0002A	IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON 2ND DOSE	4	\$ 67.00	\$ 67.00
0003A		0003A	IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON 3RD DOSE	2	\$ 67.00	\$ 67.00
0004A		0004A	IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON BST DOSE	24	\$ 67.00	\$ 67.00
0011A		0011A	IMM ADMN SARSCOV2 100 MCG/0.5 ML 1ST DOSE	5	\$ 67.00	\$ 67.00
0012A		0012A	IMM ADMN SARSCOV2 100 MCG/0.5 ML 2ND DOSE	5	\$ 67.00	\$ 67.00
0013A		0013A	IMM ADMN SARSCOV2 100 MCG/0.5 ML 3RD DOSE	16	\$ 67.00	\$ 67.00
0051A		0051A	IMM ADMN SARSCOV2 30MCG/0.3ML TRIS-SUCROSE 1ST	75	\$ 67.00	\$ 67.00
0052A		0052A	IMM ADMN SARSCOV2 30MCG/0.3ML TRIS-SUCROSE 2ND	72	\$ 67.00	\$ 67.00
0053A		0053A	IMM ADMN SARSCOV2 30MCG/0.3ML TRIS-SUCROSE 3RD	9	\$ 67.00	\$ 67.00
0054A		0054A	IMM ADMN SARSCOV2 30MCG/0.3ML TRIS-SUCROSE BST	38	\$ 67.00	\$ 67.00
0064A		0064A	IMM ADMN SARSCOV2 50 MCG/0.25 ML BOOSTER DOSE	26	\$ 67.00	\$ 67.00
0071A		0071A	IMM ADMN SARSCOV2 10MCG/0.2ML TRIS-SUCROSE 1ST	98	\$ 67.00	\$ 67.00
0072A		0072A	IMM ADMN SARSCOV2 10MCG/0.2ML TRIS-SUCROSE 2ND	107	\$ 67.00	\$ 67.00
0073A		0073A	IMM ADMN SARSCOV2 10MCG/0.2ML TRIS-SUCROSE 3RD	17	\$ 67.00	\$ 67.00
0074A		0074A	IMM ADMN SARSCOV2 10MCG/0.2ML TRIS-SUCROSE BST	5	\$ 67.00	\$ 67.00
0081A		0081A	IMM ADMN SARSCOV2 3MCG/0.2ML TRIS-SUCROSE 1ST	154	\$ 67.00	\$ 67.00
0082A		0082A	IMM ADMN SARSCOV2 3MCG/0.2ML TRIS-SUCROSE 2ND	142	\$ 67.00	\$ 67.00
0083A		0083A	IMM ADMN SARSCOV2 3MCG/0.2ML TRIS-SUCROSE 3RD	26	\$ 67.00	\$ 67.00
0121A		0121A	IMM ADMIN PFIZER BIVALENT 30 MCG/.3ML AGE 12+ (1ST/SINGLE DOSE)	156	\$ -	\$ 67.00
0124A		0124A	IMM ADMIN PFIZER BIVALENT 30 MCG/.3ML AGE 12+ (ADDITIONAL DOSE)	1517	\$ 67.00	\$ 67.00
0134A		0134A	IMM ADMIN MODERNA BIVALENT 50MCG/.5ML AGE 12+	81	\$ 67.00	\$ 67.00
0144A		0144A	IMM ADMIN MODERNA BIVALENT 25MCG/.25 ML AGE 6M-11Y (ADDITIONAL DOSE)	32	\$ -	\$ 67.00
0151A		0151A	IMM ADMIN PFIZER BIVALENT 10MCG/.2ML AGES 5-11 (1ST/SINGLE DOSE)	11	\$ -	\$ 67.00
0154A		0154A	IMM ADMIN PFIZER BIVALENT 10MCG/.2ML AGES 5-11 (ADDITIONAL DOSE)	351	\$ 67.00	\$ 67.00
0171A		0171A	IMM ADMIN PFIZER BIVALENT 3MCG/.2ML 6MO-4Y (1ST DOSE)	7	\$ -	\$ 67.00
0172A		0172A	IMM ADMIN PFIZER BIVALENT 3MCG/.2ML 6MO-4Y (2ND DOSE)	1	\$ -	\$ 67.00
0173A		0173A	IMM ADMIN PFIZER BIVALENT 3MCG/.2ML 6MO-4Y (3RD DOSE)	230	\$ -	\$ 67.00
10060		10060	INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	50	\$ 280.00	\$ 280.00
10061		10061	INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	7	\$ -	\$ 428.00
10140		10140	I&D HEMATOMA SEROMA/FLUID COLLECTION	4	\$ 380.00	\$ 380.00
10160		10160	PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	1	\$ 273.00	\$ 273.00
11102		11102	TANGENTIAL BIOPSY SKIN SINGLE LESION	2	\$ -	\$ 208.00
11104		11104	PUNCH BIOPSY SKIN SINGLE LESION	25	\$ 259.00	\$ 259.00
11106		11106	INCISIONAL BIOPSY SKIN SINGLE LESION	8	\$ 322.00	\$ 322.00
11200		11200	RMVL SKIN TAGS MLT FIBRQ TAGS ANY UP TO&INC 15	93	\$ 190.00	\$ 190.00
11201		11201	RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10	22	\$ 62.00	\$ 62.00
11300		11300	SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	2	\$ -	\$ 209.00
11301		11301	SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	2	\$ 277.00	\$ 277.00
11302		11302	SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	2	\$ 282.00	\$ 282.00
11305		11305	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.5 CM/<	2	\$ -	\$ 217.00
11306		11306	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.6-1.0 CM	3	\$ 256.00	\$ 256.00
11307		11307	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 1.1-2.0 CM	2	\$ 283.00	\$ 283.00
11310		11310	SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM 0.5 CM/<	2	\$ 252.00	\$ 252.00
11311		11311	SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 0.6-1.0 CM	6	\$ 280.00	\$ 280.00
11400		11400	EXC B9 LESION MRGN XCP SK TG T/A/L 0.5 CM/<	5	\$ -	\$ 265.00
11600		11600	EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM/<	3	\$ -	\$ 404.00
11730		11730	AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	66	\$ 236.00	\$ 236.00
11750		11750	EXCISION NAIL MATRIX PERMANENT REMOVAL	6	\$ -	\$ 327.00
11765		11765	WEDGE EXCISION SKIN NAIL FOLD	7	\$ 372.00	\$ 372.00
11976		11976	REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	650	\$ 370.00	\$ 370.00
11981		11981	INSERTION DRUG DELIVERY IMPLANT	404	\$ 388.00	\$ 388.00
11983		11983	RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT	8	\$ 639.00	\$ 639.00
12001		12001	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.5CM/<	1	\$ -	\$ 190.00
12011		12011	SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<	2	\$ 354.00	\$ 354.00
15853		15853	REMOVAL SUTURES/STAPLES NOT REQUIRING ANESTHESIA	6	\$ -	\$ 25.00
16020		16020	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	4	\$ -	\$ 175.00
17000		17000	DESTRUCTION PREMALIGNANT LESION 1ST	27	\$ 143.00	\$ 143.00
17003		17003	DESTRUCTION PREMALIGNANT LESION 2-14 EA	4	\$ 18.00	\$ 18.00
17004		17004	DESTRUCTION PREMALIGNANT LESION 15/>	2	\$ -	\$ 344.00
17110		17110	DESTRUCTION BENIGN LESIONS UP TO 14	348	\$ 247.00	\$ 247.00
17111		17111	DESTRUCTION BENIGN LESIONS 15/>	15	\$ 298.00	\$ 298.00

19001		19001	PUNCTURE ASPIRATION CYST BREAST EACH ADDL CYST	1	\$ -	\$ 50.00
2022F		2022F	DILATED RETINAL EXAM W/EVIDENCE OF RETINOPATHY	1	\$ -	\$ 30.00
20526		20526	INJECTION THERAPEUTIC CARPAL TUNNEL	8	\$ 228.00	\$ 228.00
20550		20550	INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	1	\$ 158.00	\$ 158.00
20551		20551	INJECTION SINGLE TENDON ORIGIN/INSERTION	2	\$ 155.00	\$ 155.00
20552		20552	INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	19	\$ 144.00	\$ 144.00
20600		20600	ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	7	\$ 152.00	\$ 152.00
20605		20605	ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURSA W/O US	24	\$ 138.00	\$ 138.00
20610		20610	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	87	\$ 170.00	\$ 170.00
20611		20611	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	2	\$ -	\$ 198.00
20612		20612	ASPIRATION&/INJECTION GANGLION CYST ANY LOCATJ	1	\$ 158.00	\$ 158.00
29125		29125	APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	2	\$ -	\$ 139.00
46600		46600	ANOSCOPY DX W/COLLJ SPEC BR/WA SPX WHEN PRFRMD	4	\$ -	\$ 247.00
51701		51701	INSJ NON-NDWELLG BLADDER CATHETER	18	\$ 142.00	\$ 142.00
51702		51702	INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	1	\$ -	\$ 127.00
54150		54150	CIRCUMCISION W/CLAMP/OTH DEV W/BLOCK	2	\$ -	\$ 292.00
56420		56420	I&D OF BARTHOLINS GLAND ABSCESS	4	\$ 382.00	\$ 382.00
56501		56501	DESTRUCTION LESIONS VULVA SIMPLE	8	\$ 394.00	\$ 394.00
56605		56605	BIOPSY VULVA/PERINEUM 1 LESION SPX	16	\$ 251.00	\$ 251.00
57061		57061	DESTRUCTION VAGINAL LESIONS SIMPLE	2	\$ -	\$ 344.00
57160		57160	FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	3	\$ 153.00	\$ 153.00
57452		57452	COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	17	\$ 251.00	\$ 251.00
57454		57454	COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	203	\$ 501.00	\$ 501.00
57455		57455	COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	9	\$ 367.00	\$ 367.00
57456		57456	COLPOSCOPY CERVIX ENDOCERVICAL CURETTAGE	48	\$ 410.00	\$ 410.00
57460		57460	COLPOSCOPY CERVIX VAG LOOP ELTRD BX CERVIX	52	\$ 674.00	\$ 674.00
57500		57500	BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	8	\$ 396.00	\$ 396.00
57505		57505	ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C	3	\$ 318.00	\$ 318.00
58100		58100	ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	154	\$ 303.00	\$ 303.00
58300		58300	INSERTION INTRAUTERINE DEVICE IUD	529	\$ 237.00	\$ 237.00
58301		58301	REMOVAL INTRAUTERINE DEVICE IUD	386	\$ 323.00	\$ 323.00
62270		62270	DIAGNOSTIC LUMBAR SPINAL PUNCTURE	2	\$ -	\$ 293.00
64435		64435	INJECTION AA&/STRD PARACERVICAL NERVE	1	\$ -	\$ 162.00
69200		69200	RMVL FB XTRNL AUDITORY CANAL W/O ANES	2	\$ 228.00	\$ 228.00
69209		69209	REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	256	\$ 54.00	\$ 54.00
69210		69210	REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	527	\$ 96.00	\$ 96.00
80061		80061	LIPID PANEL	1	\$ 47.00	\$ 47.00
81002		81002	URNLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	5	\$ 15.00	\$ 15.00
81025		81025	URINE PREGNANCY TEST VISUAL COLOR CMPRSN METHS	1	\$ -	\$ 15.00
82306		82306	25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	1	\$ -	\$ 278.00
83036		83036	HEMOGLOBIN GLYCOSYLATED A1C	1	\$ 40.00	\$ 40.00
83655		83655	ASSAY OF LEAD	417	\$ 20.00	\$ 20.00
84443		84443	ASSAY OF THYROID STIMULATING HORMONE TSH	1	\$ -	\$ 20.00
85018		85018	BLOOD COUNT HEMOGLOBIN	17	\$ 15.00	\$ 15.00
85025		85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	1	\$ -	\$ 26.00
86580		86580	SKIN TEST TUBERCULOSIS INTRADERMAL	42	\$ 30.00	\$ 30.00
87428		87428	IAAD IA SARSCOV & INFLUENZA VIRUS TYPES A&B	7	\$ -	\$ 36.00
87811		87811	IAADIADOO SEVERE AQT RESPIR SYND CORONAVIRUS	1	\$ -	\$ 36.00
88720		88720	BILIRUBIN TOTAL TRANSCUTANEOUS	1	\$ -	\$ 32.00
90471		90471	IM ADM PRQ ID SUBQ/IM NJXS 1 VACCINE	12958	\$ 48.00	\$ 48.00
90472		90472	IM ADM PRQ ID SUBQ/IM NJXS EA VACCINE	5430	\$ 32.00	\$ 32.00
90480		90480	IMM ADMN SARSCOV2 VACCINE SINGLE DOSE	102	\$ -	\$ 32.00
90611		90611	SMALLPOX&MONKEYPOX VACC 0.5ML DOS FOR SUBQ USE	63	\$ -	\$ 32.00
90619		90619	MENACWY-TT CONJ VACC SEROGROUPS ACWY FOR IM USE	245	\$ 125.00	\$ 125.00
90620		90620	MENB-4C RECOMBNT PROT & OUTER MEMB VESIC VACC IM	102	\$ 293.00	\$ 293.00
90632		90632	HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	182	\$ 127.00	\$ 127.00
90633		90633	HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	49	\$ 67.00	\$ 67.00
90648		90648	HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	41	\$ 69.00	\$ 69.00
90649		90649	4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	9	\$ 232.00	\$ 232.00
90651		90651	9VHPV VACC 2/3 DOSE SCHED IM USE	536	\$ 327.00	\$ 327.00
90662		90662	IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	1311	\$ 68.00	\$ 68.00
90670		90670	PCV13 VACCINE FOR INTRAMUSCULAR USE	178	\$ 291.00	\$ 291.00
90671		90671	PCV15 VACCINE FOR INTRAMUSCULAR USE	61	\$ 225.00	\$ 225.00
90677		90677	PCV20 VACCINE FOR INTRAMUSCULAR USE	1346	\$ 325.00	\$ 325.00
90680		90680	RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	45	\$ 217.00	\$ 217.00
90681		90681	RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE	18	\$ -	\$ 217.00
90682		90682	RIV4 VACC RECOMBINANT DNA PRSRV ANTIBIO FREE IM	103	\$ 68.00	\$ 68.00
90685		90685	IIV4 VACC PRSRV FREE 0.25 ML DOS FOR IM USE	1	\$ -	\$ 40.00
90686		90686	IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	5570	\$ 40.00	\$ 40.00
90688		90688	IIV4 VACC SPLIT VIRUS 0.5 ML DOS FOR IM USE	651	\$ 35.00	\$ 35.00
90696		90696	DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	39	\$ 140.00	\$ 140.00

90697		90697	DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR	55	\$ 148.00	\$ 148.00
90700		90700	DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM	69	\$ 64.00	\$ 64.00
90707		90707	MEASLES MUMPS RUBELLA VIRUS (MMR II/PRIORIX) VACCINE LIVE SUBQ	254	\$ 103.00	\$ 103.00
90710		90710	MEASLES MUMPS RUBELLA VARICELLA (PROQUAD) VACC LIVE SUBQ	28	\$ 245.00	\$ 245.00
90713		90713	POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	23	\$ 61.00	\$ 61.00
90714		90714	TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	49	\$ 53.00	\$ 53.00
90715		90715	TDAP VACCINE 7 YRS/> IM	2090	\$ 78.00	\$ 78.00
90716		90716	VAR VACCINE LIVE FOR SUBCUTANEOUS USE	192	\$ 166.00	\$ 166.00
90723		90723	DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	14	\$ 126.00	\$ 126.00
90732		90732	PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	301	\$ 140.00	\$ 140.00
90733		90733	MPSV4 VACCINE GROUPS ACYW-135 SUBQ USE	23	\$ 179.00	\$ 179.00
90734		90734	MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	64	\$ 235.00	\$ 235.00
90739		90739	HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE	2037	\$ 122.00	\$ 122.00
90744		90744	HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM	7	\$ 68.00	\$ 68.00
90746		90746	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	514	\$ 123.00	\$ 123.00
90748		90748	HIB-HEPB VACCINE FOR INTRAMUSCULAR USE	1	\$ -	\$ 122.00
90750		90750	HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM USE	1642	\$ 224.00	\$ 224.00
90791		90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	29	\$ 326.00	\$ 326.00
90792		90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	109	\$ 367.00	\$ 367.00
90832		90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES	961	\$ 168.00	\$ 168.00
90834		90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES	123	\$ 195.00	\$ 195.00
90837		90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	45	\$ 288.00	\$ 288.00
90899		90899	UNLISTED PSYCHIATRIC SERVICE/PROCEDURE	1	\$ -	\$ -
91300		91300	PFIZER-BIONTECH COVID-19 VACCINE	18	\$ -	\$ -
91301		91301	MODERNA COVID-19 100MCG/0.5ML IM VACCINE	39	\$ -	\$ -
91305		91305	SARSCOV2 VACCINE 30MCG/0.3ML TRIS-SUCROSE IM USE	200	\$ -	\$ -
91306		91306	SARSCOV2 VACCINE 50 MCG/0.25 ML IM USE	14	\$ -	\$ -
91307		91307	SARSCOV2 VACCINE 10MCG/0.2ML TRIS-SUCROSE IM USE	236	\$ -	\$ -
91308		91308	SARSCOV2 VACCINE 3MCG/0.2ML TRIS-SUCROSE IM USE	336	\$ -	\$ -
91312		91312	PFIZER (COVID-19) SARSCOV2 VACCINE BIVALENT 30 MCG/0.3 ML IM USE	1742	\$ -	\$ -
91313		91313	MODERNA (COVID-19) SARSCOV2 VACCINE BIVALENT 50 MCG/0.5 ML IM USE	81	\$ -	\$ -
91315		91315	PFIZER (COVID-19) SARSCOV2 VACCINE BIVALENT 10 MCG/0.2 ML IM USE	728	\$ -	\$ -
91317		91317	PFIZER (COVID-19) SARSCOV2 VACCINE BIVALENT 3 MCG/0.2 ML IM USE	267	\$ -	\$ -
91318		91318	SARSCOV2 VACC 3MCG/0.3ML TRIS-SUCROSE IM USE	1	\$ -	\$ -
91320		91320	SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE	117	\$ -	\$ -
92551		92551	SCREENING TEST PURE TONE AIR ONLY	15956	\$ 36.00	\$ 36.00
93000		93000	ECG ROUTINE ECG W/LEAST 12 LDS W/I&R	200	\$ 64.00	\$ 64.00
94010		94010	SPMTRY W/VC EXPIRATORY FLO W/WO MXML VOL VNTJ	3	\$ 68.00	\$ 68.00
94375		94375	RESPIRATORY FLOW VOLUME LOOP	77	\$ 80.00	\$ 80.00
94640		94640	PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	138	\$ 64.00	\$ 64.00
94760		94760	NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETER	654	\$ 20.00	\$ 20.00
96110		96110	DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	578	\$ 25.00	\$ 25.00
96160		96160	PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	440	\$ 59.00	\$ 59.00
96372		96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	286	\$ 48.00	\$ 48.00
98925		98925	OSTEOPATHIC MANIPULATIVE TX 1-2 BODY REGIONS	57	\$ 84.00	\$ 84.00
98926		98926	OSTEOPATHIC MANIPULATIVE TX 3-4 BODY REGIONS	24	\$ 117.00	\$ 117.00
98927		98927	OSTEOPATHIC MANIPULATIVE TX 5-6 BODY REGIONS	6	\$ 146.00	\$ 146.00
98960		98960	EDUCATION&TRAINING SELF-MGMT NONPHYS 1 PT	2477	\$ 78.00	\$ 78.00
99000		99000	HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	692	\$ 25.00	\$ 25.00
99070		99070	SUPPLIES&MATERIALS ABOVE/BEYOND PROV BY PHYS/QHP	1	\$ -	\$ 37.00
99080		99080	SPEC REPORTS > USUAL MED COMUNICAJ/STAND RPRGTG	1	\$ 48.00	\$ 48.00
99173		99173	SCREENING TEST VISUAL ACUITY QUANTITATIVE BILAT	16112	\$ 32.00	\$ 32.00
99188		99188	APPLICATION TOPICAL FLUORIDE VARNISH BY PHS/QHP	1919	\$ 23.00	\$ 23.00
99202		99202	OFFICE/OUTPATIENT NEW SF MDM 15 MINUTES	1512	\$ 208.00	\$ 208.00
99203		99203	OFFICE/OUTPATIENT NEW LOW MDM 30 MINUTES	1647	\$ 286.00	\$ 286.00
99204		99204	OFFICE/OUTPATIENT NEW MODERATE MDM 45 MINUTES	214	\$ 329.00	\$ 329.00
99205		99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	313	\$ 426.00	\$ 426.00
99211		99211	OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	18	\$ 69.00	\$ 69.00
99212		99212	OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN	25283	\$ 128.00	\$ 128.00
99213		99213	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN	152210	\$ 196.00	\$ 196.00
99214		99214	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	18894	\$ 281.00	\$ 281.00
99215		99215	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN	1561	\$ 352.00	\$ 352.00
99342		99342	HOME/RES VISIT NEW PATIENT LOW MDM 30 MINUTES	2	\$ -	\$ 147.00
99381		99381	INITIAL PREVENTIVE MEDICINE NEW PATIENT <1YEAR	1495	\$ 290.00	\$ 290.00
99382		99382	INITIAL PREVENTIVE MEDICINE NEW PT AGE 1-4 YRS	97	\$ 302.00	\$ 302.00
99383		99383	INITIAL PREVENTIVE MEDICINE NEW PT AGE 5-11 YRS	274	\$ 310.00	\$ 310.00
99384		99384	INITIAL PREVENTIVE MEDICINE NEW PT AGE 12-17 YR	290	\$ 345.00	\$ 345.00
99385		99385	INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	109	\$ 334.00	\$ 334.00
99386		99386	INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	7	\$ 379.00	\$ 379.00
99391		99391	PERIODIC PREVENTIVE MED ESTABLISHED PATIENT <1Y	8410	\$ 260.00	\$ 260.00
99392		99392	PERIODIC PREVENTIVE MED EST PATIENT 1-4YRS	12429	\$ 273.00	\$ 273.00

99393		99393	PERIODIC PREVENTIVE MED EST PATIENT 5-11YRS	14047	\$ 273.00	\$ 273.00
99394		99394	PERIODIC PREVENTIVE MED EST PATIENT 12-17YRS	10911	\$ 294.00	\$ 294.00
99395		99395	PERIODIC PREVENTIVE MED EST PATIENT 18-39 YRS	1967	\$ 300.00	\$ 300.00
99396		99396	PERIODIC PREVENTIVE MED EST PATIENT 40-64YRS	353	\$ 317.00	\$ 317.00
99397		99397	PERIODIC PREVENTIVE MED EST PATIENT 65YRS& OLDER	10	\$ 299.00	\$ 299.00
99401		99401	PREV MED CNSL&/RSK FCTR RDCTJ INDV APPROX 15 MIN	172	\$ 79.00	\$ 79.00
99402		99402	PREV MED CNSL&/RSK FCTR RDCTJ INDV APPROX 30 MIN	41	\$ 122.00	\$ 122.00
99403		99403	PREV MED CNSL&/RSK FCTR RDCTJ INDV APPROX 45 MIN	51	\$ 197.00	\$ 197.00
99404		99404	PREV MED CNSL&/RSK FCTR RDCTJ INDV APPROX 60 MIN	9	\$ 211.00	\$ 211.00
99406		99406	TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	1	\$ -	\$ 28.00
99441		99441	PHYS/QHP TELEPHONE EVALUATION 5-10 MIN	211	\$ 112.00	\$ 112.00
99442		99442	PHYS/QHP TELEPHONE EVALUATION 11-20 MIN	1160	\$ 179.00	\$ 179.00
99443		99443	PHYS/QHP TELEPHONE EVALUATION 21-30 MIN	65	\$ 251.00	\$ 251.00
99499		99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	10	\$ -	\$ -
A4663		A4663	BLOOD PRESSURE CUFF	115	\$ -	\$ -
A9150		A9150	MISC/EXPER NON-PRESCRIPT DRU	21	\$ 18.00	\$ 18.00
E0445		E0445	OXIMETER NON-INVASIVE	13	\$ -	\$ -
E1639		E1639	SCALE, EACH	29	\$ -	\$ -
G0008		G0008	ADMIN INFLUENZA VIRUS VAC	1478	\$ 50.00	\$ 50.00
G0009		G0009	ADMIN PNEUMOCOCCAL VACCINE	482	\$ 57.00	\$ 57.00
G0010		G0010	ADMIN HEPATITIS B VACCINE	237	\$ 59.00	\$ 59.00
G0101		G0101	CA SCREEN;PELVIC/BREAST EXAM	2	\$ 125.00	\$ 125.00
G0121		G0121	COLON CA SCRIN NOT HI RSK IND	4	\$ -	\$ 685.00
G0181		G0181	HOME HEALTH CARE SUPERVISION	1	\$ -	\$ 203.00
G0245		G0245	INITIAL FOOT EXAM PT LOPS	4	\$ 129.00	\$ 129.00
G0246		G0246	FOLLOWUP EVAL OF FOOT PT LOP	1	\$ 79.00	\$ 79.00
G0247		G0247	ROUTINE FOOTCARE PT W LOPS	257	\$ 177.00	\$ 177.00
G0442		G0442	ANNUAL ALCOHOL SCREEN 15 MIN	2291	\$ 43.00	\$ 43.00
G2023		G2023	SPECIMEN COLLECT COVID-19	54	\$ 25.00	\$ 25.00
G8510		G8510	SCR DEP NEG, NO PLAN REQD	82565	\$ -	\$ -
G9919		G9919	SCRN ND POS ND PROV OF REC	189	\$ 60.00	\$ 60.00
G9920		G9920	SCRNING PERF AND NEGATIVE	13280	\$ 60.00	\$ 60.00
J0561		J0561	PENICILLIN G BENZATHINE INJ	92	\$ 17.00	\$ 17.00
J0696		J0696	CEFTRIAZONE SODIUM INJECTION	126	\$ 17.00	\$ 17.00
J0739		J0739	HIV PREP, INJ, CABOTEGRAVIR	2	\$ -	\$ -
J0741		J0741	INJ, CABOTE RILPIVIR 2MG 3MG	8	\$ -	\$ -
J1050		J1050	PR MEDROXYPROGESTERONE ACETATE	39	\$ 1.00	\$ 1.00
J1071		J1071	INJ TESTOSTERONE CYPIONATE	17	\$ 1.00	\$ 1.00
J1100		J1100	DEXAMETHASONE SODIUM PHOS	189	\$ 36.00	\$ 36.00
J1200		J1200	DIPHENHYDRAMINE HCL INJECTIO	6	\$ 25.00	\$ 25.00
J1610		J1610	GLUCAGON HYDROCHLORIDE/1 MG	1	\$ -	\$ -
J1631		J1631	HALOPERIDOL DECANOATE INJ	3	\$ -	\$ -
J1726		J1726	MAKENA, 10 MG	32	\$ -	\$ -
J1815		J1815	INSULIN INJECTION	6	\$ 47.00	\$ 47.00
J1885		J1885	KETOROLAC TROMETHAMINE INJ	367	\$ 43.00	\$ 43.00
J2001		J2001	LIDOCAINE INJECTION	348	\$ -	\$ 7.00
J2315		J2315	NALTREXONE, DEPOT FORM	50	\$ -	\$ -
J2426		J2426	INJ, INVEGA SUSTENNA, 1 MG	13	\$ 121.00	\$ 121.00
J2550		J2550	PROMETHAZINE HCL INJECTION	72	\$ 58.00	\$ 58.00
J2790		J2790	RHO D IMMUNE GLOBULIN INJ	24	\$ 338.00	\$ 338.00
J2930		J2930	METHYLPREDNISOLONE INJECTION	4	\$ 54.00	\$ 54.00
J3301		J3301	TRIAMCINOLONE ACET INJ NOS	114	\$ 58.00	\$ 58.00
J3420		J3420	VITAMIN B12 INJECTION	75	\$ 58.00	\$ 58.00
J3490		J3490	DRUGS UNCLASSIFIED INJECTION	1439	\$ 137.00	\$ 137.00
J7297		J7297	LILETTA, 52 MG	52	\$ 482.00	\$ 482.00
J7298		J7298	MIRENA, 52 MG	75	\$ 761.00	\$ 761.00
J7300		J7300	INTRAUT COPPER CONTRACEPTIVE	129	\$ 688.00	\$ 688.00
J7307		J7307	ETONOGESTREL IMPLANT SYSTEM	398	\$ 831.00	\$ 831.00
J7510		J7510	PREDNISOLONE ORAL PER 5 MG	8	\$ 20.00	\$ 20.00
J7512		J7512	PREDNISON IR OR DR ORAL 1MG	5	\$ -	\$ 4.00
J7611		J7611	PR ALBUTEROL NON-COMP CON	1	\$ 13.00	\$ 13.00
J7613		J7613	PR ALBUTEROL NON-COMP UNIT	180	\$ 17.00	\$ 17.00
J7620		J7620	ALBUTEROL IPRATROP NON-COMP	6	\$ 20.00	\$ 20.00
J7644		J7644	IPRATROPIUM BROMIDE NON-COMP	5	\$ 20.00	\$ 20.00
J8499		J8499	ORAL PRESCRIP DRUG NON CHEMO	4	\$ 61.00	\$ 61.00
J8540		J8540	ORAL DEXAMETHASONE	4	\$ -	\$ 37.00
LAS156		LAS156	SOFIA2 SARS ANTIGEN FIA (COVID) POCT	24	\$ 54.00	\$ 54.00
LBS206		LBS206	BINAXNOW COVID-19 AG CARD POCT	502	\$ 30.00	\$ 30.00
LBS233		LBS233	COVID-19 AG (POCT)	87	\$ 30.00	\$ 30.00
LES051		LES051	COVID-19 POCT	16	\$ 30.00	\$ 30.00
LES088		LES088	SOFIA 2 FLU + SARS AG FIA POCT	29	\$ -	\$ 30.00

LES225		LES225	QUICKVUE® SARS RAPID ANTIGEN POCT	32	\$ -	\$ 30.00
LES227		LES227	BD VERITOR COVID-19 PLUS FLU A+B POCT	6543	\$ -	\$ 30.00
LHS022		LHS022	ALERE ICUP DX PRO 2 POCT	25	\$ -	\$ 30.00
LHS023		LHS023	CARESTART COVID-19 AG CARD POCT	106	\$ 30.00	\$ 30.00
LV3910		LV3910	LEAD, WHOLE BLOOD (PEDIATRIC) LABCORP	1610	\$ 25.00	\$ 25.00
LV465		LV465	URINE HCG (PREG) (MTY IN-HOUSE)	94	\$ 9.00	\$ 9.00
LV466		LV466	RAPID STREP (MTY IN-HOUSE)	3422	\$ 29.00	\$ 29.00
LV467		LV467	HEMOGLOBIN FINGERSTICK (MTYHD IN-HOUSE)	2	\$ -	\$ 59.00
LV4901		LV4901	URINALYSIS DIPSTICK (MCKESSON)	49	\$ 13.00	\$ 13.00
LV4922		LV4922	RSV BINAXNOW (POCT)	115	\$ 15.00	\$ 15.00
LV4933		LV4933	HCG URINE MCKESSON (POCT)	5037	\$ 9.00	\$ 9.00
LV497		LV497	BILIRUBIN TEST (MTYHD IN-HOUSE)	7	\$ 13.00	\$ 13.00
LV5114		LV5114	INFLUENZA A & B BD VERITOR (POCT)	399	\$ 16.00	\$ 16.00
LV5262		LV5262	GLUCOSE HEMOCUE (POCT)	1708	\$ 18.00	\$ 18.00
LV5383		LV5383	HEMOGLOBIN, HEMOCUE (POCT)	21939	\$ 13.00	\$ 13.00
LV5550		LV5550	FECAL OCCULT BLOOD SCREENING, CONSULT DIAGNOSTICS (POCT)	1	\$ 8.00	\$ 8.00
LV5581		LV5581	A1C, SIEMENS (POCT)	3189	\$ 37.00	\$ 37.00
LV5629		LV5629	BILIRUBIN, TRANSCUTANEOUS OPTICAL (BILICHEK)	1739	\$ 12.00	\$ 12.00
LV5670		LV5670	WET MOUNT AND PH, VAGINAL (POCT)	103	\$ 14.00	\$ 14.00
LV5812		LV5812	URINE DIP CLINITEK (POCT)	4151	\$ 15.00	\$ 15.00
Q0091		Q0091	OBTAINING SCREEN PAP SMEAR	2623	\$ 118.00	\$ 118.00
Q0162		Q0162	ONDANSETRON ORAL	8	\$ 2.00	\$ 2.00
S0020		S0020	INJECTION, BUPIVICAINE HYDRO	3	\$ 14.00	\$ 14.00
S0119		S0119	ONDANSETRON 4 MG	37	\$ 2.00	\$ 2.00
S0191		S0191	MISOPROSTOL, ORAL, 200 MCG	19	\$ 53.00	\$ 53.00
S0197		S0197	PRENATAL VITAMINS 30 DAY	7	\$ 4.00	\$ 4.00
S0630		S0630	REMOVAL OF SUTURES	50	\$ 57.00	\$ 57.00
S9981		S9981	MED RECORD COPY ADMIN	5	\$ -	\$ -
T1015		T1015	CLINIC SERVICE	138125	\$ 0.01	\$ -
T1017		T1017	TARGETED CASE MANAGEMENT	5	\$ 56.00	\$ 56.00
TA008		TA008	INSUFFICIENT FUNDS CHARGE	4	\$ 38.00	\$ 38.00
TA073		TA073	INTERIM BILLING	3	\$ 0.01	\$ -
TA089		TA089	ERRONEOUS - COMPLETED BY SOMEONE OTHER THAN PROVIDER	1	\$ -	\$ -
TM012		TM012	CHDP PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT	2779	\$ 20.00	\$ 20.00
TM1001		TM1001	CHDP HPV 9-VALENT	2978	\$ 20.00	\$ 20.00
TM1008		TM1008	PCV15 VACCINE FOR INTRAMUSCULAR USE	456	\$ -	\$ 20.00
TM1009		TM1009	RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE	214	\$ -	\$ 20.00
TM1010		TM1010	RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE	102	\$ -	\$ 20.00
TM1012		TM1012	MODERNA (COVID-19) SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE	4	\$ -	\$ 20.00
TM1014		TM1014	PFIZER (COVID-19) SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE	499	\$ -	\$ 20.00
TM1015		TM1015	PFIZER (COVID-19) SARSCOV2 VACC 10MCG/0.3ML TRIS-SUCROSE IM USE	395	\$ -	\$ 20.00
TM1016		TM1016	PFIZER (COVID-19) SARSCOV2 VACC 3MCG/0.3ML TRIS-SUCROSE IM USE	214	\$ -	\$ 20.00
TM104		TM104	MENINGOCOCCAL VAC, CONJUGATE	18	\$ 20.00	\$ 20.00
TM135		TM135	CHDP DTAP/IPV	1243	\$ 20.00	\$ 20.00
TM141		TM141	CHDP DTAP	1076	\$ 20.00	\$ 20.00
TM143		TM143	CHDP TDAP	1645	\$ 20.00	\$ 20.00
TM147		TM147	CHDP TD	64	\$ 14.00	\$ 14.00
TM149		TM149	CHDP TD BOOSTER, ADULT	5	\$ 20.00	\$ 20.00
TM151		TM151	CHDP IPV	402	\$ 20.00	\$ 20.00
TM155		TM155	CHDP PNEUMOCOCCAL POLYSACCHARIDE (23PS)	49	\$ 20.00	\$ 20.00
TM157		TM157	CHDP MENINGOCOCCAL VACCINE, CONJUGATE	926	\$ 20.00	\$ 20.00
TM159		TM159	CHDP MMRV	1059	\$ 20.00	\$ 20.00
TM161		TM161	CHDP MMR	1502	\$ 20.00	\$ 20.00
TM163		TM163	CHDP HIB (PRP-T)	1072	\$ 20.00	\$ 20.00
TM165		TM165	CHDP HEPB	315	\$ 20.00	\$ 20.00
TM167		TM167	CHDP HEPB ADULT	9	\$ 20.00	\$ 20.00
TM169		TM169	CHDP VAR (VARICELLA)	1757	\$ 20.00	\$ 20.00
TM171		TM171	CHDP HEPA	2553	\$ 20.00	\$ 20.00
TM177		TM177	CHDP DTAP/HEPB/IPV (PEDIARIX)	187	\$ 20.00	\$ 20.00
TM181		TM181	CHDP INFLUENZA, SPLIT, IM	1	\$ -	\$ 20.00
TM183		TM183	CHDP HPV GARDASIL	2	\$ -	\$ 20.00
TM185		TM185	CHDP ROTAVIRUS	1488	\$ 20.00	\$ 20.00
TM186		TM186	HPV 9 VACCINE	31	\$ 20.00	\$ 20.00
TM191		TM191	CHDP ROTAVIRUS, HUMAN, ATTENUATED, 2 DOSE	1090	\$ -	\$ 20.00
TM242		TM242	TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED, PRESERVATIVE FREE	11	\$ -	\$ 20.00
TM246		TM246	HEP A ADULT	44	\$ 20.00	\$ 20.00
TM247		TM247	HEP B ADULT	340	\$ 20.00	\$ 20.00
TM251		TM251	VFC FLU VAC NO PRS 4 VAL	10515	\$ 20.00	\$ 20.00
TM254		TM254	FLU VAC 4 VAL 3 YRS+	201	\$ 20.00	\$ 20.00
TM267		TM267	CHDP MENINGOCOCCAL RECOMB PROTEIN & OUT MEMBRANE VER	1602	\$ 20.00	\$ 20.00
TM27002		TM27002	DTAP VACCINE, IMM (INFANRIX)	10	\$ -	\$ 20.00

TM281		TM281	HEPATITIS B VACCINE ADULT 2 DOSE IM	115	\$ 20.00	\$ 20.00
TM402		TM402	DTAP-IPV-HIB-HEPB VACCINE	2847	\$ 20.00	\$ 20.00
TM405		TM405	MENACWY-TT CONJ VACC SEROGROUPS ACWY FOR IM USE	1813	\$ 20.00	\$ 20.00
TM406		TM406	PREVNAR 20	638	\$ 20.00	\$ 20.00
TM407		TM407	ZOSTER VACCINE, RECOMBINANT (SHINGRIX)	21	\$ 20.00	\$ 20.00
TM408		TM408	PREVNAR 15	66	\$ -	\$ 20.00
TM774		TM774	TDAP	209	\$ 20.00	\$ 20.00
TP002		TP002	CHARGE FOR LIDOCAINE HCL, 1% 10MG/ML	1	\$ -	\$ -
TP049		TP049	CHARGE FOR ACETAMINOPHEN 325MG UD	23	\$ -	\$ -
TP052		TP052	CHARGE FOR ASPIRIN 325 MG, PO	4	\$ -	\$ -
TP068		TP068	CHARGE FOR CLONIDINE 0.1 MG	4	\$ 17.00	\$ 17.00
TP070		TP070	CHARGE FOR CLONIDINE 0.2 MG	1	\$ -	\$ -
TP094		TP094	INJECTION, INSULIN HUMALOG	2	\$ 12.00	\$ 12.00
TP1076		TP1076	CHARGE FOR DULAGLUTIDE 0.75 MG/0.5 ML INJECTION	7	\$ -	\$ -
TP109		TP109	CHARGE FOR BACITRACIN OINT 500UNITS 15G	10	\$ 12.00	\$ 12.00
TP1116		TP1116	CHARGE FOR AZITHROMYCIN 250MG TAB, PER TAB	5	\$ 11.00	\$ 11.00
TP1148		TP1148	CHARGE FOR ASPIRIN 81 MG CHEWABLE TAB, PER TAB	2	\$ -	\$ -
TP1150		TP1150	CHARGE FOR DIPHENHYDRAMINE 12.5 MG/5 ML ORAL LIQUID, PEL	5	\$ -	\$ -
TP1152		TP1152	CHARGE FOR IBUPROFEN 100 MG/5 ML ORAL SUSP, PER 5 ML	127	\$ -	\$ -
TP1154		TP1154	CHARGE FOR IBUPROFEN 600 MG TAB, PER TAB	52	\$ -	\$ -
TP1185		TP1185	CHARGE FOR METOPROLOL TARTRATE 25 MG, PER TAB	1	\$ -	\$ -
TP1210		TP1210	CHARGE FOR ACETAMINOPHEN 160 MG/5 ML, PER 160MG (5ML)	146	\$ -	\$ -
TP1214		TP1214	CHARGE FOR TETRACAINE 0.5% (PER DROP)	1	\$ -	\$ -
TP1215		TP1215	CHARGE FOR NEXPLANON 68MG SUBDERMAL IMPLANT	4	\$ 1,243.00	\$ 1,243.00
TP124		TP124	INJECTION, XYLOCAINE 1% INTRADERMAL	264	\$ -	\$ -
TP1275		TP1275	CHARGE FOR IBUPROFEN 800MG (55111-0684-01)	66	\$ -	\$ -
TP1300		TP1300	CHARGE FOR PLAN B ONE-STEP 1.5 MG TABLET, PER TAB	13	\$ 50.00	\$ 50.00
TP1301		TP1301	CHARGE FOR LEVONORGESTREL 1.5 MG TABLET, PER TAB	3	\$ -	\$ -
TP1319		TP1319	CHARGE FOR AZITHROMYCIN 500 MG TAB, PER TAB	56	\$ 31.00	\$ 31.00
TP1395		TP1395	CHARGE FOR SILVER NITRATE APPLICATORS 75 %-25 % TOPICAL STICK	48	\$ 15.00	\$ 15.00
TP221		TP221	CHARGE FOR DIPHENHYDRAMINE 25MG UD	2	\$ -	\$ -
TP2331		TP2331	CHARGE FOR DEXTROSE ORAL GEL, PER TUBE	2	\$ -	\$ -
TP2345		TP2345	CHARGE FOR XYLOCAINE 2% 100MG/5ML VIAL	1	\$ -	\$ -
TP2351		TP2351	CHARGE FOR LABETALOL HYDROCHLORIDE 100 MG TABLET	8	\$ -	\$ -
TP315		TP315	CHARGE FOR IBUPROFEN 200MG UD	15	\$ -	\$ -
TP379		TP379	CHARGE FOR METRONIDAZOLE 500MG TAB	2	\$ -	\$ -
TP4019		TP4019	CHARGE FOR FLUORESCEIN 1 MG EYE STRIPS	6	\$ -	\$ -
TP633		TP633	CHARGE FOR TRICHLOROACETIC ACID 15 G/100 ML	8	\$ -	\$ -
TP759		TP759	CHARGE FOR ACETAMINOPHEN 120 MG RECTAL SUPPOSITORY UD	9	\$ -	\$ -
TP966		TP966	CHARGE FOR GLUCOSE TABS	1	\$ -	\$ -
TR023		TR023	CHDP DENTAL ASSESS/REF	1	\$ -	\$ -
TS005		TS005	LIQUID NITROGEN	2	\$ -	\$ -
TS040		TS040	DRESSING CHANGE	1	\$ -	\$ -
TS045		TS045	AEROCHAMBER WITH MASK CHILD	1	\$ -	\$ -
TS051		TS051	NIPPLE SHIELD	3	\$ -	\$ -
TS055		TS055	CONDOMS LATEX	311	\$ 1.00	\$ 1.00
TS094		TS094	SPLINT-WRIST	2	\$ 32.00	\$ 32.00
TS095		TS095	PILL CUTTER	1	\$ -	\$ -
TS098		TS098	CRUTCHES, COMPLETE	1	\$ -	\$ -
TS1000		TS1000	TAKE HOME STOOL CARD	1	\$ -	\$ -
TS104		TS104	AIR STIRRUP ANKLE BRACE	1	\$ -	\$ -
TS221		TS221	TRAY - COLPO W/ BIOPSY & ECC	1	\$ -	\$ -
TX001		TX001	NURSE ONLY VISIT	1482	\$ 69.00	\$ 69.00
TX003		TX003	SOCIAL WORKER VISIT ONLY	1	\$ -	\$ -
TX0044		TX0044	MISCELLANEOUS - NON BILLABLE	295	\$ -	\$ -
TX0096		TX0096	SITZ BATH	3	\$ -	\$ -
TX015		TX015	ORTHOSTATIC BP	4	\$ -	\$ -
TX016		TX016	NP NON-BILLABLE VISIT	1074	\$ -	\$ -
TX018		TX018	PRENATAL ONLY VISIT	29137	\$ -	\$ -
TX023		TX023	LAB ONLY	22	\$ -	\$ -
TX036		TX036	LEFT WITHOUT SEEN	219	\$ -	\$ -
TX117		TX117	IMMUNIZATION ONLY VISIT	5110	\$ -	\$ -
TX119		TX119	PROCEDURE ONLY VISIT	2	\$ -	\$ -
TX181		TX181	SOCIAL WORKER CASE MANAGEMENT	4	\$ -	\$ -
TX235		TX235	DIABETIC FOOT EXAM	21	\$ -	\$ -
Z1032		Z1032	INITIAL ANTEPARTUM	1637	\$ 510.00	\$ 510.00
Z1034		Z1034	ANTEPARTUM VISITS	18494	\$ 152.00	\$ 152.00
Z1038		Z1038	POSTPARTUM	1099	\$ 152.00	\$ 152.00
Z6200		Z6200	INITIAL NUTRITION ASSESSMENT AND DEVELOPMENT OF CARE PLAN; FIRST 30 MIN	910	\$ 64.00	\$ 64.00
Z6202		Z6202	EACH SUBSEQUENT 15 MINUTES (MAXIMUM OF 1½ HOURS)	6	\$ 16.00	\$ 16.00
Z6204		Z6204	NUTRITION FOLLOW UP (INDIVIDUAL)	1261	\$ 32.00	\$ 32.00

Z6208		Z6208	POSTPARTUM NUTRITIONAL ASSESSMENT	1928	\$ 64.00	\$ 64.00
Z6300		Z6300	PSYCHOSOCIAL ASSESSMENT	1289	\$ 64.00	\$ 64.00
Z6304		Z6304	PSYCHOSOCIAL FOLLOW UP (INDIVIDUAL)	1261	\$ 48.00	\$ 48.00
Z6306		Z6306	PSYCHOSOCIAL FOLLOW UP (GROUP)	2	\$ -	\$ 24.00
Z6308		Z6308	POSTPARTUM PSYCHOSOCIAL ASSESSMENT	2469	\$ 31.00	\$ 31.00
Z6400		Z6400	CLIENT ORIENTATION	3433	\$ 48.00	\$ 48.00
Z6402		Z6402	HEALTH ASSESSMENT	1267	\$ 80.00	\$ 80.00
Z6404		Z6404	HEALTH EDUCATION INITIAL ASSESSMENTS	10	\$ 64.00	\$ 64.00
Z6406		Z6406	HEALTH EDUCATION FOLLOW UP (INDIVIDUAL)	1349	\$ 32.00	\$ 32.00
Z6410		Z6410	PERINATAL EDUCATION (INDIVIDUAL)	11705	\$ 48.00	\$ 48.00
Z6414		Z6414	POSTPARTUM HEALTH EDUCATION ASSESSMENT	5540	\$ 64.00	\$ 64.00
Z6500		Z6500	INITIAL COMPREHENSIVE ASSESSMENTS	161	\$ 290.00	\$ 290.00
98940		98940	Chiropractic manipulative treatment (CMT); Spinal, 1-2 regions	0	\$ -	\$ 53.00
98941		98941	Chiropractic manipulative treatment (CMT); Spinal, 3-4 regions	0	\$ -	\$ 77.00
98942		98942	Chiropractic manipulative treatment (CMT); Spinal, 5 regions	0	\$ -	\$ 98.00
98943		98943	Chiropractic manipulative treatment (CMT); Extraspinal, 1 or more regions	0	\$ -	\$ 48.00
D0120		D0120	Periodic Oral Evaluation	0	\$ -	\$ 108.92
D0140		D0140	Limit Oral Eval Problm Focus	0	\$ -	\$ 172.08
D0145		D0145	Oral Evaluation, Pt < 3Yrs	0	\$ -	\$ 68.62
D0150		D0150	Comprehensve Oral Evaluation	0	\$ -	\$ 202.10
D0160		D0160	Extensv Oral Eval Prob Focus	0	\$ -	\$ 354.18
D0170		D0170	Re-Eval,Est Pt,Problem Focus	0	\$ -	\$ 172.08
D0171		D0171	Re-Eval Post-Op Visit	0	\$ -	\$ 148.07
D0190		D0190	Screening Of A Patient	0	\$ -	\$ 180.09
D0191		D0191	Assessment Of A Patient	0	\$ -	\$ 182.10
D0210		D0210	Intraor Complete Film Series	0	\$ -	\$ 308.14
D0220		D0220	Intraoral Periapical First	0	\$ -	\$ 68.03
D0230		D0230	Intraoral Periapical Ea Add	0	\$ -	\$ 58.03
D0240		D0240	Intraoral Occlusal Film	0	\$ -	\$ 96.06
D0250		D0250	Extraoral 2D Project Image	0	\$ -	\$ 152.08
D0270		D0270	Dental Bitewing Single Image	0	\$ -	\$ 68.03
D0272		D0272	Dental Bitewings Two Images	0	\$ -	\$ 108.05
D0273		D0273	Bitewings - Three Images	0	\$ -	\$ 128.07
D0274		D0274	Bitewings Four Images	0	\$ -	\$ 154.09
D0277		D0277	Vert Bitewings 7 To 8 Images	0	\$ -	\$ 230.11
D0320		D0320	Dental Tmj Arthrogram Incl I	0	\$ -	\$ 1,350.64
D0321		D0321	Other Tmj Images By Report	0	\$ -	\$ 470.24
D0322		D0322	Dental Tomographic Survey	0	\$ -	\$ 1,110.53
D0330		D0330	Panoramic Image	0	\$ -	\$ 262.12
D0340		D0340	2D Cephalometric Image	0	\$ -	\$ 274.13
D0350		D0350	Oral/Facial Photo Images	0	\$ -	\$ 166.08
D0364		D0364	Cone Beam Ct Capt & Interp	0	\$ -	\$ 808.39
D0365		D0365	Cone Beam Ct Interpret Man	0	\$ -	\$ 850.41
D0366		D0366	Cone Beam Ct Interpret Max	0	\$ -	\$ 826.38
D0367		D0367	Cone Beam Ct Interp Both Jaw	0	\$ -	\$ 846.40
D0368		D0368	Cone Beam Ct Interpret Tmj	0	\$ -	\$ 896.42
D0369		D0369	Max MRI Capture & Interpret	0	\$ -	\$ 1,612.76
D0370		D0370	Max Ultrasound Capt & Interp	0	\$ -	\$ 1,188.56
D0380		D0380	Cone Beam Ct Capture Limited	0	\$ -	\$ 754.37
D0381		D0381	Cone Beam Ct Capt Mandible	0	\$ -	\$ 834.39
D0382		D0382	Cone Beam Ct Capt Maxilla	0	\$ -	\$ 842.40
D0383		D0383	Cone Beam Ct Both Jaws	0	\$ -	\$ 926.44
D0384		D0384	Cone Beam Ct Capture Tmj	0	\$ -	\$ 790.38
D0385		D0385	Max MRI Image Capture	0	\$ -	\$ 1,184.56
D0386		D0386	Max Ultrasound Image Capture	0	\$ -	\$ 1,068.50
D0391		D0391	Interprete Diagnostic Image	0	\$ -	\$ 688.33
D0394		D0394	Digital Sub 2 Or More Images	0	\$ -	\$ 640.30
D0395		D0395	Fusion 2 Or More 3D Images	0	\$ -	\$ 772.35
D0460		D0460	Pulp Vitality Test	0	\$ -	\$ 132.05
D0470		D0470	Diagnostic Casts	0	\$ -	\$ 276.12
D0502		D0502	Other Oral Pathology Procedu	0	\$ -	\$ 353.69
D0601		D0601	Caries Risk Assess Low Risk	0	\$ -	\$ 174.91
D0602		D0602	Caries Risk Assess Mod Risk	0	\$ -	\$ 194.15
D0603		D0603	Caries Risk Assess High Risk	0	\$ -	\$ 163.24
D1110		D1110	Dental Prophylaxis Adult	0	\$ -	\$ 209.89
D1120		D1120	Dental Prophylaxis Child	0	\$ -	\$ 147.98
D1206		D1206	Topical Fluoride Varnish	0	\$ -	\$ 65.53
D1310		D1310	Nutri Counsel-Control Caries	0	\$ -	\$ 126.46
D1320		D1320	Tobacco Counseling	0	\$ -	\$ 139.31
D1330		D1330	Oral Hygiene Instruction	0	\$ -	\$ 120.04
D1351		D1351	Dental Sealant Per Tooth	0	\$ -	\$ 101.94

D1352		D1352	Prev Resin Rest, Perm Tooth	0	\$ -	\$ 256.12
D1355		D1355	Caries Preventive Medicament Application - Per Tooth	0	\$ -	\$ 122.99
D1510		D1510	Space Maintainer Fxd Unilat	0	\$ -	\$ 720.34
D1516		D1516	Fixed Bilat Space Maint, Max	0	\$ -	\$ 637.92
D1517		D1517	Fixed Bilat Space Maint, Man	0	\$ -	\$ 637.92
D1520		D1520	Remove Unilat Space Maintain	0	\$ -	\$ 872.42
D1526		D1526	Space Maintainer - Removable-Bilateral	0	\$ -	\$ 765.01
D1550		D1550	Recement Space Maintainer	0	\$ -	\$ 190.45
D1551		D1551	Re-Cement Or Re-Bond Bilateral Space Mai	0	\$ -	\$ 93.48
D1552		D1552	Re-Cement Or Re-Bond Bilateral Space Mai	0	\$ -	\$ 93.48
D1553		D1553	Re-Cement Or Re-Bond Unilateral Space Ma	0	\$ -	\$ 93.48
D1556		D1556	Removal Of Fixed Unilateral Space Mainta	0	\$ -	\$ 88.56
D1557		D1557	Removal Of Fixed Bilateral Space Maintai	0	\$ -	\$ 88.56
D1558		D1558	Removal Of Fixed Bilateral Space Maintai	0	\$ -	\$ 88.56
D2140		D2140	Amalgam One Surface Permanen	0	\$ -	\$ 344.15
D2150		D2150	Amalgam Two Surfaces Permane	0	\$ -	\$ 436.21
D2160		D2160	Amalgam Three Surfaces Perma	0	\$ -	\$ 530.26
D2161		D2161	Amalgam 4 Or > Surfaces Perm	0	\$ -	\$ 626.29
D2330		D2330	Resin One Surface-Anterior	0	\$ -	\$ 394.17
D2331		D2331	Resin Two Surfaces-Anterior	0	\$ -	\$ 476.23
D2332		D2332	Resin Three Surfaces-Anterio	0	\$ -	\$ 586.30
D2335		D2335	Resin 4/> Surf Or W Incis An	0	\$ -	\$ 732.35
D2390		D2390	Ant Resin-Based Cmpst Crown	0	\$ -	\$ 1,082.53
D2391		D2391	Post 1 Srfc Resinbased Cmpst	0	\$ -	\$ 422.18
D2392		D2392	Post 2 Srfc Resinbased Cmpst	0	\$ -	\$ 538.24
D2393		D2393	Post 3 Srfc Resinbased Cmpst	0	\$ -	\$ 662.31
D2394		D2394	Post >=4Srfc Resinbase Cmpst	0	\$ -	\$ 792.40
D2710		D2710	Crown Resin-Based Indirect	0	\$ -	\$ 2,247.06
D2712		D2712	Crown 3/4 Resin-Based Compos	0	\$ -	\$ 2,411.15
D2720		D2720	Crown Resin W/ High Noble Me	0	\$ -	\$ 2,467.19
D2721		D2721	Crown Resin W/ Base Metal	0	\$ -	\$ 2,361.11
D2722		D2722	Crown Resin W/ Noble Metal	0	\$ -	\$ 2,433.16
D2740		D2740	Crown Porcelain/Ceramic Subs	0	\$ -	\$ 2,655.26
D2750		D2750	Crown Porcelain W/ H Noble M	0	\$ -	\$ 2,625.24
D2751		D2751	Crown Porcelain Fused Base M	0	\$ -	\$ 2,459.18
D2752		D2752	Crown Porcelain W/ Noble Met	0	\$ -	\$ 2,525.22
D2753		D2753	Crown - Porcelain Fused To Titanium And	0	\$ -	\$ 1,593.86
D2780		D2780	Crown 3/4 Cast Hi Noble Met	0	\$ -	\$ 2,557.21
D2781		D2781	Crown 3/4 Cast Base Metal	0	\$ -	\$ 2,469.18
D2782		D2782	Crown 3/4 Cast Noble Metal	0	\$ -	\$ 2,471.17
D2783		D2783	Crown 3/4 Porcelain/Ceramic	0	\$ -	\$ 2,557.21
D2790		D2790	Crown Full Cast High Noble M	0	\$ -	\$ 2,705.28
D2791		D2791	Crown Full Cast Base Metal	0	\$ -	\$ 2,369.14
D2792		D2792	Crown Full Cast Noble Metal	0	\$ -	\$ 2,489.18
D2794		D2794	Crown-Titanium	0	\$ -	\$ 2,573.23
D2799		D2799	Provisional Crown	0	\$ -	\$ 1,034.49
D2910		D2910	Recement Inlay Onlay Or Part	0	\$ -	\$ 272.14
D2915		D2915	Recement Cast Or Prefab Post	0	\$ -	\$ 276.12
D2920		D2920	Re-Cement Or Re-Bond Crown	0	\$ -	\$ 266.12
D2921		D2921	Reattach Tooth Fragment	0	\$ -	\$ 622.29
D2928		D2928	Prefabricated Porcelain/Ceramic Crown - Permanent Tooth	0	\$ -	\$ 464.93
D2929		D2929	Prefab Porc/Ceram Crown Pri	0	\$ -	\$ 838.39
D2930		D2930	Prefab Stnlss Steel Crwn Pri	0	\$ -	\$ 620.30
D2931		D2931	Prefab Stnlss Steel Crown Pe	0	\$ -	\$ 716.34
D2932		D2932	Prefabricated Resin Crown	0	\$ -	\$ 818.39
D2933		D2933	Prefab Stainless Steel Crown	0	\$ -	\$ 846.40
D2934		D2934	Prefab Steel Crown Primary	0	\$ -	\$ 836.40
D2940		D2940	Protective Restoration	0	\$ -	\$ 294.15
D2949		D2949	Restorative Foundation	0	\$ -	\$ 512.25
D2950		D2950	Core Build-Up Incl Any Pins	0	\$ -	\$ 616.29
D2951		D2951	Tooth Pin Retention	0	\$ -	\$ 180.09
D2952		D2952	Post And Core Cast + Crown	0	\$ -	\$ 948.46
D2953		D2953	Each Addtnl Cast Post	0	\$ -	\$ 738.35
D2954		D2954	Prefab Post/Core + Crown	0	\$ -	\$ 770.36
D2955		D2955	Post Removal	0	\$ -	\$ 678.33
D2957		D2957	Each Addtnl Prefab Post	0	\$ -	\$ 492.23
D2960		D2960	Laminate Labial Veneer	0	\$ -	\$ 1,574.73
D2961		D2961	Lab Labial Veneer Resin	0	\$ -	\$ 2,339.12
D2962		D2962	Lab Labial Veneer Porcelain	0	\$ -	\$ 2,683.27
D2971		D2971	Add Proc Construct New Crown	0	\$ -	\$ 570.25
D2975		D2975	Coping	0	\$ -	\$ 1,422.67

D2980		D2980	Crown Repair	0	\$ -	\$ 674.32
D2983		D2983	Veneer Repair	0	\$ -	\$ 680.32
D2990		D2990	Resin Infiltration Of Lesion	0	\$ -	\$ 422.18
D3110		D3110	Pulp Cap Direct	0	\$ -	\$ 194.09
D3120		D3120	Pulp Cap Indirect	0	\$ -	\$ 194.09
D3220		D3220	Therapeutic Pulpotomy	0	\$ -	\$ 482.23
D3221		D3221	Gross Pulpal Debridement	0	\$ -	\$ 540.26
D3230		D3230	Pulpal Therapy Anterior Prim	0	\$ -	\$ 1,234.72
D3240		D3240	Pulpal Therapy Posterior Pri	0	\$ -	\$ 1,394.94
D3310		D3310	End Thxpy, Anterior Tooth	0	\$ -	\$ 1,764.84
D3320		D3320	End Thxpy, Bicuspid Tooth	0	\$ -	\$ 1,990.94
D3330		D3330	End Thxpy, Molar	0	\$ -	\$ 2,429.16
D3331		D3331	Non-Surg Tx Root Canal Obs	0	\$ -	\$ 1,502.72
D3332		D3332	Incomplete Endodontic Tx	0	\$ -	\$ 1,042.50
D3333		D3333	Internal Root Repair	0	\$ -	\$ 788.39
D3346		D3346	Retreat Root Canal Anterior	0	\$ -	\$ 2,006.98
D3347		D3347	Retreat Root Canal Bicuspid	0	\$ -	\$ 2,267.08
D3348		D3348	Retreat Root Canal Molar	0	\$ -	\$ 2,753.31
D3351		D3351	Apexification/Recalc Initial	0	\$ -	\$ 834.39
D3352		D3352	Apexification/recalc Interim	0	\$ -	\$ 612.29
D3353		D3353	Apexification/recalc Final	0	\$ -	\$ 1,196.57
D3355		D3355	Pulpal Regeneration Initial	0	\$ -	\$ 980.47
D3356		D3356	Pulpal Regeneration Interim	0	\$ -	\$ 614.30
D3357		D3357	Pulpal Regeneration Complete	0	\$ -	\$ 596.64
D3410		D3410	Apicoectomy - Anterior	0	\$ -	\$ 1,670.79
D3421		D3421	Root Surgery Bicuspid	0	\$ -	\$ 1,888.90
D3425		D3425	Root Surgery Molar	0	\$ -	\$ 2,107.00
D3426		D3426	Root Surgery Ea Add Root	0	\$ -	\$ 996.49
D3427		D3427	Periradicular Surgery	0	\$ -	\$ 1,674.79
D3428		D3428	Bone Graft Peri Per Tooth	0	\$ -	\$ 1,478.71
D3429		D3429	Bone Graft Peri Each Addl	0	\$ -	\$ 1,278.61
D3430		D3430	Retrograde Filling	0	\$ -	\$ 666.32
D3431		D3431	Biological Materials	0	\$ -	\$ 1,212.57
D3432		D3432	Guided Tissue Regeneration	0	\$ -	\$ 1,368.67
D3450		D3450	Root Amputation	0	\$ -	\$ 1,174.56
D3460		D3460	Endodontic Endosseous Implan	0	\$ -	\$ 3,583.70
D3470		D3470	Intentional Replantation	0	\$ -	\$ 1,868.88
D3471		D3471	Surgical Repair Of Root Resorption - Anterior	0	\$ -	\$ 1,006.10
D3472		D3472	Surgical Repair Of Root Resorption - Premolar	0	\$ -	\$ 1,119.25
D3473		D3473	Surgical Repair Of Root Resorption - Molar	0	\$ -	\$ 1,269.29
D3920		D3920	Tooth Splitting	0	\$ -	\$ 1,082.53
D3950		D3950	Canal Prep/Fitting Of Dowel	0	\$ -	\$ 612.29
D4210		D4210	Gingivectomy/Plasty 4 Or Mor	0	\$ -	\$ 1,464.69
D4211		D4211	Gingivectomy/Plasty 1 To 3	0	\$ -	\$ 766.36
D4212		D4212	Gingivectomy/Plasty Rest	0	\$ -	\$ 688.33
D4230		D4230	Anatomical Crown Exposure Fo	0	\$ -	\$ 1,962.93
D4231		D4231	Anatomical Crown Exposure On	0	\$ -	\$ 1,386.66
D4240		D4240	Gingival Flap Proc W/ Planin	0	\$ -	\$ 1,708.82
D4241		D4241	Gngvl Flap W Rootplan 1-3 Th	0	\$ -	\$ 1,398.67
D4245		D4245	Apically Positioned Flap	0	\$ -	\$ 1,868.88
D4249		D4249	Crown Lengthen Hard Tissue	0	\$ -	\$ 1,796.87
D4260		D4260	Osseous Surgery 4 Or More	0	\$ -	\$ 2,611.26
D4261		D4261	Osseous Surg 1 To 3 Teeth	0	\$ -	\$ 2,109.01
D4263		D4263	Bone Replce Graft First Site	0	\$ -	\$ 1,562.74
D4264		D4264	Bone Replce Graft Each Add	0	\$ -	\$ 1,266.59
D4265		D4265	Bio Mtrls To Aid Soft/Os Reg	0	\$ -	\$ 1,336.64
D4266		D4266	Guided Tiss Regen Resorble	0	\$ -	\$ 1,770.85
D4267		D4267	Guided Tiss Regen Nonresorb	0	\$ -	\$ 2,038.97
D4268		D4268	Surgical Revision Procedure	0	\$ -	\$ 1,874.90
D4270		D4270	Pedicle Soft Tissue Graft Pr	0	\$ -	\$ 1,968.95
D4273		D4273	Auto Tissue Graft 1St Tooth	0	\$ -	\$ 2,593.23
D4274		D4274	Mesial/Distal Wedge Proc	0	\$ -	\$ 1,540.75
D4275		D4275	Non-Auto Graft 1St Tooth	0	\$ -	\$ 2,435.16
D4276		D4276	Con Tissue W Dble Ped Graft	0	\$ -	\$ 2,601.08
D4277		D4277	Soft Tissue Graft Firsttooth	0	\$ -	\$ 2,311.11
D4278		D4278	Soft Tissue Graft Addl Tooth	0	\$ -	\$ 1,770.85
D4320		D4320	Provision Splnt Intracoronal	0	\$ -	\$ 1,210.58
D4321		D4321	Provisional Splint Extracoro	0	\$ -	\$ 1,092.52
D4341		D4341	Periodontal Scaling & Root	0	\$ -	\$ 552.84
D4342		D4342	Periodontal Scaling 1-3Teeth	0	\$ -	\$ 231.23
D4355		D4355	Full Mouth Debridement	0	\$ -	\$ 402.07

D4910		D4910	Periodontal Maint Procedures	0	\$ -	\$ 247.66
D4920		D4920	Unscheduled Dressing Change	0	\$ -	\$ 246.10
D4921		D4921	Gingival Irrigation Per Quad	0	\$ -	\$ 192.08
D5110		D5110	Dentures Complete Maxillary	0	\$ -	\$ 4,057.94
D5120		D5120	Dentures Complete Mandible	0	\$ -	\$ 4,135.97
D5130		D5130	Dentures Immediat Maxillary	0	\$ -	\$ 4,326.05
D5140		D5140	Dentures Immediat Mandible	0	\$ -	\$ 4,348.06
D5211		D5211	Maxillary Partial Denture R	0	\$ -	\$ 3,273.57
D5212		D5212	Mandibular Partial Denture	0	\$ -	\$ 3,245.56
D5213		D5213	Dentures Maxill Part Metal	0	\$ -	\$ 4,224.02
D5214		D5214	Dentures Mandibl Part Metal	0	\$ -	\$ 4,236.01
D5225		D5225	Maxillary Part Denture Flex	0	\$ -	\$ 3,637.72
D5226		D5226	Mandibular Part Denture Flex	0	\$ -	\$ 3,625.71
D5284		D5284	Removable Unilateral Partial Denture - O	0	\$ -	\$ 626.09
D5286		D5286	Removable Unilateral Partial Denture - O	0	\$ -	\$ 626.09
D5410		D5410	Dentures Adjust Cmplt Maxil	0	\$ -	\$ 212.10
D5411		D5411	Dentures Adjust Cmplt Mand	0	\$ -	\$ 210.11
D5421		D5421	Dentures Adjust Part Maxill	0	\$ -	\$ 210.11
D5422		D5422	Dentures Adjust Part Mandbl	0	\$ -	\$ 210.11
D5520		D5520	Replace Denture Teeth Cmplt	0	\$ -	\$ 450.21
D5630		D5630	Rep Partial Denture Clasp	0	\$ -	\$ 632.29
D5640		D5640	Replace Part Denture Teeth	0	\$ -	\$ 460.21
D5650		D5650	Add Tooth To Partial Denture	0	\$ -	\$ 540.26
D5660		D5660	Add Clasp To Partial Denture	0	\$ -	\$ 634.30
D5670		D5670	Replc Tth&Acrlic On Mtl Frmwk	0	\$ -	\$ 1,734.84
D5671		D5671	Replc Tth&Acrlic Mandibular	0	\$ -	\$ 1,760.83
D5710		D5710	Dentures Rebase Cmplt Maxil	0	\$ -	\$ 1,378.65
D5711		D5711	Dentures Rebase Cmplt Mand	0	\$ -	\$ 1,376.66
D5720		D5720	Dentures Rebase Part Maxill	0	\$ -	\$ 1,326.64
D5721		D5721	Dentures Rebase Part Mandbl	0	\$ -	\$ 1,326.64
D5730		D5730	Denture Reln Cmplt Maxil Ch	0	\$ -	\$ 884.41
D5731		D5731	Denture Reln Cmplt Mand Chr	0	\$ -	\$ 864.41
D5740		D5740	Denture Reln Part Maxil Chr	0	\$ -	\$ 864.41
D5741		D5741	Denture Reln Part Mand Chr	0	\$ -	\$ 876.42
D5750		D5750	Denture Reln Cmplt Max Lab	0	\$ -	\$ 1,082.53
D5751		D5751	Denture Reln Cmplt Mand Lab	0	\$ -	\$ 1,110.53
D5760		D5760	Denture Reln Part Maxil Lab	0	\$ -	\$ 1,086.51
D5761		D5761	Denture Reln Part Mand Lab	0	\$ -	\$ 1,092.52
D5810		D5810	Denture Interm Cmplt Maxill	0	\$ -	\$ 2,048.97
D5811		D5811	Denture Interm Cmplt Mandbl	0	\$ -	\$ 2,064.99
D5820		D5820	Denture Interm Part Maxill	0	\$ -	\$ 1,670.79
D5821		D5821	Denture Interm Part Mandbl	0	\$ -	\$ 1,670.79
D5850		D5850	Denture Tiss Conditn Maxill	0	\$ -	\$ 492.23
D5851		D5851	Denture Tiss Condtin Mandbl	0	\$ -	\$ 492.23
D5862		D5862	Precision Attachment	0	\$ -	\$ 1,670.86
D5863		D5863	Overdenture Complete Max	0	\$ -	\$ 5,300.53
D5864		D5864	Overdenture Partial Max	0	\$ -	\$ 5,200.48
D5865		D5865	Overdenture Complete Manib	0	\$ -	\$ 5,408.58
D5866		D5866	Overdenture Partial Manib	0	\$ -	\$ 5,198.47
D5867		D5867	Replacement Of Precision Att	0	\$ -	\$ 934.45
D5875		D5875	Prosthesis Modification	0	\$ -	\$ 1,042.50
D5899		D5899	Removable Prosthodontic Proc	0	\$ -	\$ 2,361.11
D5911		D5911	Facial Moulage Sectional	0	\$ -	\$ 1,180.55
D5912		D5912	Facial Moulage Complete	0	\$ -	\$ 1,220.60
D5913		D5913	Nasal Prosthesis	0	\$ -	\$ 14,857.08
D5914		D5914	Auricular Prosthesis	0	\$ -	\$ 17,230.23
D5915		D5915	Orbital Prosthesis	0	\$ -	\$ 22,912.80
D5916		D5916	Ocular Prosthesis	0	\$ -	\$ 23,761.42
D5919		D5919	Facial Prosthesis	0	\$ -	\$ 23,754.55
D5922		D5922	Nasal Septal Prosthesis	0	\$ -	\$ 11,032.09
D5923		D5923	Ocular Prosthesis Interim	0	\$ -	\$ 13,577.95
D5924		D5924	Cranial Prosthesis	0	\$ -	\$ 13,577.95
D5925		D5925	Facial Augmentation Implant	0	\$ -	\$ 13,577.95
D5926		D5926	Replacement Nasal Prosthesis	0	\$ -	\$ 8,486.18
D5927		D5927	Auricular Replacement	0	\$ -	\$ 8,486.16
D5928		D5928	Orbital Replacement	0	\$ -	\$ 11,456.40
D5929		D5929	Facial Replacement	0	\$ -	\$ 11,456.40
D5931		D5931	Surgical Obturator	0	\$ -	\$ 5,167.03
D5932		D5932	Postsurgical Obturator	0	\$ -	\$ 12,729.31
D5933		D5933	Refitting Of Obturator	0	\$ -	\$ 2,545.88
D5934		D5934	Mandibular Flange Prosthesis	0	\$ -	\$ 12,729.31

D5935		D5935	Mandibular Denture Prosth	0	\$ -	\$ 12,729.31
D5936		D5936	Temp Obturator Prosthesis	0	\$ -	\$ 4,667.46
D5937		D5937	Trismus Appliance	0	\$ -	\$ 1,748.82
D5951		D5951	Feeding Aid	0	\$ -	\$ 2,267.08
D5953		D5953	Adult Speech Aid	0	\$ -	\$ 5,091.72
D5954		D5954	Superimposed Prosthesis	0	\$ -	\$ 10,776.70
D5955		D5955	Palatal Lift Prosthesis	0	\$ -	\$ 11,032.09
D5958		D5958	Intraoral Con Def Inter Plt	0	\$ -	\$ 6,449.50
D5959		D5959	Intraoral Con Def Mod Palat	0	\$ -	\$ 2,036.93
D5960		D5960	Modify Speech Aid Prosthesis	0	\$ -	\$ 1,357.78
D5982		D5982	Surgical Stent	0	\$ -	\$ 1,052.50
D5986		D5986	Fluoride Applicator	0	\$ -	\$ 618.33
D5987		D5987	Commissure Splint	0	\$ -	\$ 2,447.17
D5988		D5988	Surgical Splint	0	\$ -	\$ 1,766.85
D5994		D5994	Peridontal Medicament	0	\$ -	\$ 1,440.68
D6010		D6010	Odontics Endosteal Implant	0	\$ -	\$ 4,524.14
D6011		D6011	Second Stage Implant Surgery	0	\$ -	\$ 1,670.79
D6012		D6012	Endosteal Implant	0	\$ -	\$ 3,893.85
D6013		D6013	Surgical Place Mini Implant	0	\$ -	\$ 2,589.22
D6040		D6040	Odontics Eposteal implantl	0	\$ -	\$ 17,076.13
D6050		D6050	Odontics Transosteal Implnt	0	\$ -	\$ 12,543.98
D6051		D6051	Interim Abutment	0	\$ -	\$ 1,220.60
D6052		D6052	Semi-precision Attachment Abutment	0	\$ -	\$ 1,974.94
D6055		D6055	Implant Connecting Bar	0	\$ -	\$ 6,987.33
D6056		D6056	Prefabricated Abutment	0	\$ -	\$ 1,750.83
D6057		D6057	Custom Abutment	0	\$ -	\$ 2,064.99
D6058		D6058	Abutment Supported Crown	0	\$ -	\$ 3,245.56
D6059		D6059	Abutment Supported Mtl Crown	0	\$ -	\$ 3,293.57
D6060		D6060	Abutment Supported Mtl Crown	0	\$ -	\$ 3,189.52
D6061		D6061	Abutment Supported Mtl Crown	0	\$ -	\$ 3,147.49
D6062		D6062	Abutment Supported Mtl Crown	0	\$ -	\$ 3,245.56
D6063		D6063	Abutment Supported Mtl Crown	0	\$ -	\$ 3,147.49
D6064		D6064	Abutment Supported Mtl Crown	0	\$ -	\$ 3,141.49
D6065		D6065	Implant Supported Crown	0	\$ -	\$ 3,521.69
D6066		D6066	Implant Supported Mtl Crown	0	\$ -	\$ 3,441.64
D6067		D6067	Implant Supported Mtl Crown	0	\$ -	\$ 3,637.72
D6068		D6068	Abutment supported retainer	0	\$ -	\$ 3,313.57
D6069		D6069	Abutment Supported Retainer	0	\$ -	\$ 3,303.59
D6070		D6070	Abutment Supported Retainer	0	\$ -	\$ 3,147.49
D6071		D6071	Abutment Supported Retainer	0	\$ -	\$ 3,147.49
D6072		D6072	Abutment Supported Retainer	0	\$ -	\$ 3,391.62
D6073		D6073	Abutment Supported Retainer	0	\$ -	\$ 3,185.52
D6074		D6074	Abutment Supported Retainer	0	\$ -	\$ 3,147.49
D6075		D6075	Implant Supported Retainer	0	\$ -	\$ 3,539.67
D6076		D6076	Implant Supported Retainer	0	\$ -	\$ 3,539.67
D6077		D6077	Implant Supported Retainer	0	\$ -	\$ 3,615.73
D6080		D6080	Implant Maintenance	0	\$ -	\$ 716.34
D6082		D6082	Implant Supported Crown - Porcelain Fuse	0	\$ -	\$ 1,793.42
D6083		D6083	Implant Supported Crown - Porcelain Fuse	0	\$ -	\$ 1,793.42
D6084		D6084	Implant Supported Crown - Porcelain Fuse	0	\$ -	\$ 1,793.42
D6086		D6086	Implant Supported Crown - Predominantly	0	\$ -	\$ 1,741.02
D6087		D6087	Implant Supported Crown - Noble Alloys	0	\$ -	\$ 1,741.02
D6088		D6088	Implant Supported Crown - Titanium And T	0	\$ -	\$ 1,561.43
D6090		D6090	Repair Implant	0	\$ -	\$ 1,712.82
D6091		D6091	Repl Semi/Precision Attach	0	\$ -	\$ 1,336.64
D6092		D6092	Recement Supp Crown	0	\$ -	\$ 350.17
D6093		D6093	Recement Supp Part Denture	0	\$ -	\$ 426.19
D6094		D6094	Abut Support Crown Titanium	0	\$ -	\$ 3,245.56
D6095		D6095	Odontics Repr Abutment	0	\$ -	\$ 1,670.79
D6097		D6097	Abutment Supported Crown - Porcelain Fus	0	\$ -	\$ 1,793.42
D6098		D6098	Implant Supported Retainer - Porcelain F	0	\$ -	\$ 1,743.53
D6099		D6099	Implant Supported Retainer For Fpd - Por	0	\$ -	\$ 1,845.79
D6100		D6100	Removal Of Implant	0	\$ -	\$ 1,734.84
D6101		D6101	Debridement Of A Periimplant	0	\$ -	\$ 1,696.81
D6102		D6102	Debridement & Contouring	0	\$ -	\$ 2,163.04
D6103		D6103	Bone Graft Repair Periimplant	0	\$ -	\$ 1,746.85
D6104		D6104	Bone Graft Time of Implant	0	\$ -	\$ 1,666.78
D6110		D6110	Implnt/Abut Remov Dent Max	0	\$ -	\$ 6,687.20
D6111		D6111	Implnt/Abut Remov Dent Mand	0	\$ -	\$ 6,589.13
D6112		D6112	Imp/Abut Rem Dent Part Max	0	\$ -	\$ 6,363.03
D6113		D6113	Imp/Abut Rem Dent Part Mand	0	\$ -	\$ 6,509.11

D6114		D6114	Implnt/Abut Fixed Dent Max	0	\$ -	\$ 19,667.37
D6115		D6115	Implnt/Abut Fixed Dent Mand	0	\$ -	\$ 19,667.37
D6116		D6116	Imp/Abut Fixed Dent Part Max	0	\$ -	\$ 11,485.46
D6117		D6117	Imp/Abut Fixed Dent Part Man	0	\$ -	\$ 13,138.26
D6120		D6120	Implant Supported Retainer - Porcelain F	0	\$ -	\$ 1,793.42
D6121		D6121	Implant Supported Retainer For Metal Fpd	0	\$ -	\$ 1,192.27
D6122		D6122	Implant Supported Retainer For Metal Fpd	0	\$ -	\$ 1,845.79
D6123		D6123	Implant Supported Retainer For Metal Fpd	0	\$ -	\$ 1,793.42
D6190		D6190	Radio/Surgical Implant Index	0	\$ -	\$ 984.47
D6191		D6191	Semi-Precision Abutment - Placement	0	\$ -	\$ 1,232.41
D6192		D6192	Semi-Precision Attachment - Placement	0	\$ -	\$ 1,232.41
D6194		D6194	Abut Support Retainer Titani	0	\$ -	\$ 3,147.49
D6195		D6195	Abutment Supported Retainer - Porcelain Fused To Titanium	0	\$ -	\$ 1,793.42
D6199		D6199	Implant Procedure	0	\$ -	\$ 1,972.95
D6205		D6205	Pontic-Indirect Resin Based	0	\$ -	\$ 2,309.10
D6210		D6210	Prosthodont High Noble Metal	0	\$ -	\$ 2,575.22
D6211		D6211	Bridge Base Metal Cast	0	\$ -	\$ 2,459.18
D6212		D6212	Bridge Noble Metal Cast	0	\$ -	\$ 2,459.18
D6214		D6214	Pontic Titanium	0	\$ -	\$ 2,561.22
D6240		D6240	Bridge Porcelain High Noble	0	\$ -	\$ 2,609.25
D6241		D6241	Bridge Porcelain Base Metal	0	\$ -	\$ 2,459.18
D6242		D6242	Bridge Porcelain Nobel Metal	0	\$ -	\$ 2,483.19
D6243		D6243	Pontic - Porcelain Fused To Titanium And	0	\$ -	\$ 1,356.91
D6245		D6245	Bridge Porcelain/Ceramic	0	\$ -	\$ 2,605.24
D6250		D6250	Bridge Resin W/High Noble	0	\$ -	\$ 2,487.19
D6251		D6251	Bridge Resin Base Metal	0	\$ -	\$ 2,459.18
D6252		D6252	Bridge Resin W/Noble Metal	0	\$ -	\$ 2,459.18
D6253		D6253	Provisional Pontic	0	\$ -	\$ 1,774.86
D6545		D6545	Dental Retainr Cast Metl	0	\$ -	\$ 2,605.24
D6548		D6548	Retainer - Procelain/Ceramic For Resin B	0	\$ -	\$ 2,098.14
D6710		D6710	Crown-Indirect Resin Based	0	\$ -	\$ 2,373.14
D6720		D6720	Retain Crown Resin W Hi Nble	0	\$ -	\$ 2,485.18
D6721		D6721	Crown Resin W/Base Metal	0	\$ -	\$ 2,457.17
D6722		D6722	Crown Resin W/Noble Metal	0	\$ -	\$ 2,469.18
D6740		D6740	Crown Porcelain/Ceramic	0	\$ -	\$ 2,627.25
D6750		D6750	Crown Porcelain High Noble	0	\$ -	\$ 2,651.26
D6751		D6751	Crown Porcelain Base Metal	0	\$ -	\$ 2,461.17
D6752		D6752	Crown Porcelain Noble Metal	0	\$ -	\$ 2,513.21
D6753		D6753		0	\$ -	\$ 1,519.05
D6780		D6780	Crown 3/4 High Noble Metal	0	\$ -	\$ 2,545.22
D6781		D6781	Crown 3/4 Cast Based Metal	0	\$ -	\$ 2,473.16
D6782		D6782	Crown 3/4 Cast Noble Metal	0	\$ -	\$ 2,507.19
D6783		D6783	Crown 3/4 Porcelain/Ceramic	0	\$ -	\$ 2,583.25
D6784		D6784		0	\$ -	\$ 1,511.55
D6790		D6790	Crown Full High Noble Metal	0	\$ -	\$ 2,649.24
D6791		D6791	Crown Full Base Metal Cast	0	\$ -	\$ 2,471.17
D6792		D6792	Crown Full Noble Metal Cast	0	\$ -	\$ 2,487.19
D6793		D6793	Provisional Retainer Crown	0	\$ -	\$ 1,334.64
D6794		D6794	Crown Titanium	0	\$ -	\$ 2,459.18
D6920		D6920	Dental Connector Bar	0	\$ -	\$ 2,463.19
D6930		D6930	Recement/Bond Part Denture	0	\$ -	\$ 406.16
D6940		D6940	Stress Breaker	0	\$ -	\$ 982.46
D6950		D6950	Precision Attachment	0	\$ -	\$ 1,520.73
D6980		D6980	Fixed Partial Repair	0	\$ -	\$ 932.46
D7111		D7111	Extraction Coronal Remnants	0	\$ -	\$ 318.16
D7140		D7140	Extraction Erupted Tooth/Exr	0	\$ -	\$ 432.20
D7210		D7210	Rem Imp Tooth W Mucoper Flp	0	\$ -	\$ 654.30
D7220		D7220	Impact Tooth Remov Soft Tiss	0	\$ -	\$ 736.36
D7230		D7230	Impact Tooth Remov Part Bony	0	\$ -	\$ 924.43
D7240		D7240	Impact Tooth Remov Comp Bony	0	\$ -	\$ 1,138.54
D7241		D7241	Impact Tooth Rem Bony W/Comp	0	\$ -	\$ 1,336.64
D7250		D7250	Tooth Root Removal	0	\$ -	\$ 718.35
D7251		D7251	Coronectomy	0	\$ -	\$ 1,094.52
D7260		D7260	Oral Antral Fistula Closure	0	\$ -	\$ 2,809.35
D7261		D7261	Primary Closure Sinus Perf	0	\$ -	\$ 1,830.87
D7270		D7270	Tooth Reimplantation	0	\$ -	\$ 1,324.62
D7272		D7272	Tooth Transplantation	0	\$ -	\$ 1,788.84
D7280		D7280	Exposure Of Unerupted Tooth	0	\$ -	\$ 1,046.33
D7285		D7285	Biopsy Of Oral Tissue Hard	0	\$ -	\$ 1,152.55
D7286		D7286	Biopsy Of Oral Tissue Soft	0	\$ -	\$ 796.38
D7287		D7287	Exfoliative Cytolog Collect	0	\$ -	\$ 484.22

D7288		D7288	Brush Biopsy	0	\$ -	\$ 492.23
D7290		D7290	Repositioning Of Teeth	0	\$ -	\$ 1,140.56
D7291		D7291	Transseptal Fiberotomy	0	\$ -	\$ 716.34
D7292		D7292	Screw Retained Plate	0	\$ -	\$ 6,679.20
D7293		D7293	Temp Anchorage Dev W Flap	0	\$ -	\$ 5,562.64
D7294		D7294	Temp Anchorage Dev W/O Flap	0	\$ -	\$ 3,523.68
D7295		D7295	Bone Harvest,Auto Graft Proc	0	\$ -	\$ 2,227.06
D7310		D7310	Alveoplasty W/ Extraction	0	\$ -	\$ 710.32
D7311		D7311	Alveoloplasty W/Extract 1-3	0	\$ -	\$ 728.35
D7320		D7320	Alveoplasty W/O Extraction	0	\$ -	\$ 1,072.50
D7321		D7321	Alveoloplasty Not W/Extracts	0	\$ -	\$ 1,000.47
D7340		D7340	Vestibuloplasty Ridge Extens	0	\$ -	\$ 3,141.49
D7350		D7350	Vestibuloplasty Exten Graft	0	\$ -	\$ 5,778.75
D7410		D7410	Rad Exc Lesion Up To 1.25 Cm	0	\$ -	\$ 1,032.48
D7411		D7411	Excision Benign Lesion>1.25C	0	\$ -	\$ 1,476.70
D7412		D7412	Excision Benign Lesion Compl	0	\$ -	\$ 2,221.04
D7450		D7450	Rem Odontogen Cyst To 1.25Cm	0	\$ -	\$ 1,488.69
D7451		D7451	Rem Odontogen Cyst > 1.25 Cm	0	\$ -	\$ 1,376.66
D7460		D7460	Rem Nonodonto Cyst To 1.25Cm	0	\$ -	\$ 2,163.04
D7461		D7461	Rem Nonodonto Cyst > 1.25 Cm	0	\$ -	\$ 2,199.05
D7465		D7465	Lesion Destruction	0	\$ -	\$ 1,028.48
D7471		D7471	Rem Exostosis Any Site	0	\$ -	\$ 1,734.84
D7472		D7472	Removal Of Torus Palatinus	0	\$ -	\$ 2,064.99
D7473		D7473	Remove Torus Mandibularis	0	\$ -	\$ 1,912.91
D7485		D7485	Surg Reduct Osseoustuberosit	0	\$ -	\$ 1,836.87
D7510		D7510	I&D Absc Intraoral Soft Tiss	0	\$ -	\$ 570.25
D7511		D7511	Incision/Drain Abscess Intra	0	\$ -	\$ 842.40
D7520		D7520	I&D Abscess Extraoral	0	\$ -	\$ 1,070.51
D7521		D7521	Incision/Drain Abscess Extra	0	\$ -	\$ 1,494.71
D7530		D7530	Removal Fb Skin/Areolar Tiss	0	\$ -	\$ 836.40
D7540		D7540	Removal Of Fb Reaction	0	\$ -	\$ 1,522.72
D7550		D7550	Removal Of Sloughed Off Bone	0	\$ -	\$ 1,366.66
D7560		D7560	Maxillary Sinusotomy	0	\$ -	\$ 3,737.79
D7610		D7610	Maxilla Open Reduct Simple	0	\$ -	\$ 10,148.85
D7620		D7620	Clsd Reduct Simpl Maxilla Fx	0	\$ -	\$ 7,867.76
D7630		D7630	Open Red Simpl Mandible Fx	0	\$ -	\$ 10,262.89
D7640		D7640	Clsd Red Simpl Mandible Fx	0	\$ -	\$ 7,743.69
D7650		D7650	Open Red Simp Malar/Zygom Fx	0	\$ -	\$ 8,556.09
D7660		D7660	Clsd Red Simp Malar/Zygom Fx	0	\$ -	\$ 7,231.44
D7670		D7670	Closd Rductn Splint Alveolus	0	\$ -	\$ 4,292.02
D7671		D7671	Alveolus Open Reduction	0	\$ -	\$ 3,519.67
D7680		D7680	Reduct Simple Facial Bone Fx	0	\$ -	\$ 15,261.28
D7710		D7710	Maxilla Open Reduct Compound	0	\$ -	\$ 10,198.87
D7720		D7720	Clsd Reduct Compd Maxilla Fx	0	\$ -	\$ 7,867.76
D7730		D7730	Open Reduct Compd Mandible Fx	0	\$ -	\$ 10,753.13
D7740		D7740	Clsd Reduct Compd Mandible Fx	0	\$ -	\$ 8,201.91
D7750		D7750	Open Red Comp Malar/Zygma Fx	0	\$ -	\$ 9,688.63
D7760		D7760	Clsd Red Comp Malar/Zygma Fx	0	\$ -	\$ 14,136.74
D7770		D7770	Open Reduc Compd Alveolus Fx	0	\$ -	\$ 6,262.99
D7771		D7771	Alveolus Clsd Reduc Stblz Te	0	\$ -	\$ 4,352.07
D7780		D7780	Reduct Compnd Facial Bone Fx	0	\$ -	\$ 19,351.20
D7810		D7810	Tmj Open Reduct-Dislocation	0	\$ -	\$ 10,404.97
D7820		D7820	Closed Tmp Manipulation	0	\$ -	\$ 1,614.77
D7830		D7830	Tmj Manipulation Under Anest	0	\$ -	\$ 2,537.21
D7840		D7840	Removal Of Tmj Condyle	0	\$ -	\$ 12,229.83
D7850		D7850	Tmj Meniscectomy	0	\$ -	\$ 11,869.66
D7852		D7852	Tmj Repair Of Joint Disc	0	\$ -	\$ 12,966.16
D7854		D7854	Tmj Excisn Of Joint Membrane	0	\$ -	\$ 12,185.80
D7856		D7856	Tmj Cutting Of A Muscle	0	\$ -	\$ 8,424.01
D7858		D7858	Tmj Reconstruction	0	\$ -	\$ 19,009.13
D7860		D7860	Tmj Cutting Into Joint	0	\$ -	\$ 5,091.72
D7865		D7865	Tmj Reshaping Components	0	\$ -	\$ 14,256.85
D7870		D7870	Tmj Aspiration Joint Fluid	0	\$ -	\$ 1,454.71
D7871		D7871	Lysis + Lavage W Catheters	0	\$ -	\$ 1,966.93
D7872		D7872	Tmj Diagnostic Arthroscopy	0	\$ -	\$ 4,412.82
D7873		D7873	Tmj Arthroscopy Lysis Adhesn	0	\$ -	\$ 4,837.18
D7874		D7874	Tmj Arthroscopy Disc Reposit	0	\$ -	\$ 6,110.09
D7875		D7875	Tmj Arthroscopy Synovectomy	0	\$ -	\$ 6,534.42
D7876		D7876	Tmj Arthroscopy Discetomy	0	\$ -	\$ 6,788.94
D7877		D7877	Tmj Arthroscopy Debridement	0	\$ -	\$ 6,279.83
D7880		D7880	Occlusal Orthotic Appliance	0	\$ -	\$ 3,224.05

D7899		D7899	Tmj Unspecified Therapy	0	\$ -	\$ 1,224.60
D7910		D7910	Dent Sutr Recent Wnd To 5Cm	0	\$ -	\$ 716.34
D7911		D7911	Dental Suture Wound To 5 Cm	0	\$ -	\$ 1,298.63
D7912		D7912	Suture Complicate Wnd > 5 Cm	0	\$ -	\$ 1,976.96
D7920		D7920	Dental Skin Graft	0	\$ -	\$ 6,375.02
D7921		D7921	Collect & Appl Blood Product	0	\$ -	\$ 1,002.46
D7922		D7922	Placement Of Intra-Socket Biological Dr	0	\$ -	\$ 157.16
D7940		D7940	Reshaping Bone Orthognathic	0	\$ -	\$ 9,262.40
D7941		D7941	Bone Cutting Ramus Closed	0	\$ -	\$ 20,385.70
D7943		D7943	Cutting Ramus Open W/Graft	0	\$ -	\$ 19,663.37
D7944		D7944	Bone Cutting Segmented	0	\$ -	\$ 15,815.54
D7945		D7945	Bone Cutting Body Mandible	0	\$ -	\$ 16,081.66
D7946		D7946	Reconstruction Maxilla Total	0	\$ -	\$ 19,635.34
D7947		D7947	Reconstruct Maxilla Segment	0	\$ -	\$ 19,357.22
D7948		D7948	Reconstruct Midface No Graft	0	\$ -	\$ 21,840.41
D7949		D7949	Reconstruct Midface W/Graft	0	\$ -	\$ 27,527.10
D7950		D7950	Mandible Graft	0	\$ -	\$ 6,685.19
D7951		D7951	Sinus Aug W Bone Or Bone Sub	0	\$ -	\$ 7,069.37
D7952		D7952	Sinus Augmentation Vertical	0	\$ -	\$ 4,724.28
D7953		D7953	Bone Replacement Graft	0	\$ -	\$ 1,670.79
D7955		D7955	Repair Maxillofacial Defects	0	\$ -	\$ 8,001.80
D7960		D7960	Frenulectomy/Frenectomy	0	\$ -	\$ 1,032.48
D7961		D7961	Buccal / Labial Frenectomy (Frenulectomy)	0	\$ -	\$ 479.69
D7962		D7962	Lingual Frenectomy (Frenulectomy)	0	\$ -	\$ 479.69
D7963		D7963	Frenuloplasty	0	\$ -	\$ 1,176.55
D7970		D7970	Excision Hyperplastic Tissue	0	\$ -	\$ 1,182.57
D7971		D7971	Excision Pericoronar Gingiva	0	\$ -	\$ 632.29
D7972		D7972	Surg Redct Fibrous Tuberosit	0	\$ -	\$ 1,650.79
D7982		D7982	Sialodochoplasty	0	\$ -	\$ 3,911.88
D7983		D7983	Closure Of Salivary Fistula	0	\$ -	\$ 3,481.64
D7990		D7990	Emergency Tracheotomy	0	\$ -	\$ 3,593.72
D7991		D7991	Dental Coronoidectomy	0	\$ -	\$ 9,302.42
D7995		D7995	Synthetic Graft Facial Bones	0	\$ -	\$ 10,147.61
D7996		D7996	Implant Mandible For Augment	0	\$ -	\$ 10,147.61
D7997		D7997	Appliance Removal	0	\$ -	\$ 828.39
D7998		D7998	Intraoral Place Of Fix Dev	0	\$ -	\$ 5,694.72
D8030		D8030	Limited Dental Tx Adolescent	0	\$ -	\$ 7,277.46
D8040		D8040	Limited Dental Tx Adult	0	\$ -	\$ 7,857.74
D8050		D8050	Intercep Dental Tx Primary	0	\$ -	\$ 5,687.93
D8060		D8060	Intercep Dental Tx Transiti	0	\$ -	\$ 6,174.27
D8070		D8070	Compre Dental Tx Transition	0	\$ -	\$ 11,870.39
D8080		D8080	Compre Dental Tx Adolescent	0	\$ -	\$ 11,769.61
D8090		D8090	Compre Dental Tx Adult	0	\$ -	\$ 11,801.60
D8210		D8210	Orthodontic Rem Appliance Tx	0	\$ -	\$ 1,966.93
D8220		D8220	Fixed Appliance Therapy Habt	0	\$ -	\$ 2,309.10
D8660		D8660	Preorthodontic Tx Visit	0	\$ -	\$ 1,020.49
D8670		D8670	Periodic Orthodontic Tx Visit	0	\$ -	\$ 692.33
D8680		D8680	Orthodontic Retention	0	\$ -	\$ 1,182.57
D8690		D8690	Orthodontic Treatment	0	\$ -	\$ 884.41
D8696		D8696	Repair Of Orthodontic Appliance - Maxill	0	\$ -	\$ 197.06
D8697		D8697	Repair Of Orthodontic Appliance - Mandib	0	\$ -	\$ 197.06
D8698		D8698	Re-Cement Or Re-Bond Fixed Retainer - Ma	0	\$ -	\$ 139.67
D8699		D8699	Re-Cement Or Re-Bond Fixed Retainer - Ma	0	\$ -	\$ 139.67
D8701		D8701	Repair Of Fixed Retainer, Includes Reat	0	\$ -	\$ 167.61
D8702		D8702	Repair Of Fixed Retainer, Includes Reat	0	\$ -	\$ 167.61
D8703		D8703	Replacement Of Lost Or Broken Retainer -	0	\$ -	\$ 715.88
D8704		D8704	Replacement Of Lost Or Broken Retainer -	0	\$ -	\$ 715.88
D9110		D9110	Tx Dental Pain Minor Proc	0	\$ -	\$ 306.14
D9120		D9120	Fix Partial Denture Section	0	\$ -	\$ 540.26
D9210		D9210	Dent Anesthesia W/O Surgery	0	\$ -	\$ 174.09
D9230		D9230	Analgesia	0	\$ -	\$ 192.08
D9248		D9248	Sedation (Non-iv)	0	\$ -	\$ 721.71
D9310		D9310	Dental Consultation	0	\$ -	\$ 320.15
D9410		D9410	Dental House Call	0	\$ -	\$ 568.26
D9420		D9420	Hospital/Asc Call	0	\$ -	\$ 748.35
D9430		D9430	Office Visit During Hours	0	\$ -	\$ 190.08
D9440		D9440	Office Visit After Hours	0	\$ -	\$ 434.22
D9450		D9450	Case Presentation Tx Plan	0	\$ -	\$ 378.18
D9610		D9610	Dent Therapeutic Drug Inject	0	\$ -	\$ 254.11
D9612		D9612	Thera Par Drugs 2 Or > Admin	0	\$ -	\$ 434.22
D9630		D9630	Drugs/Meds Disp For Home Use	0	\$ -	\$ 102.03

D9910		D9910	Dent Appl Desensitizing Med	0	\$ -	\$ 148.07
D9911		D9911	Appl Desensitizing Resin	0	\$ -	\$ 186.10
D9920		D9920	Behavior Management	0	\$ -	\$ 352.16
D9930		D9930	Treatment Of Complications	0	\$ -	\$ 294.15
D9941		D9941	Fabrication Athletic Guard	0	\$ -	\$ 630.30
D9942		D9942	Repair/Reline Occlusal Guard	0	\$ -	\$ 592.27
D9950		D9950	Occlusion Analysis	0	\$ -	\$ 836.40
D9951		D9951	Limited Occlusal Adjustment	0	\$ -	\$ 444.22
D9952		D9952	Complete Occlusal Adjustment	0	\$ -	\$ 1,556.74
D9971		D9971	Odontoplasty 1-2 Teeth	0	\$ -	\$ 394.17
D9973		D9973	Extrnl Bleaching Per Tooth	0	\$ -	\$ 562.27
D9974		D9974	Intrnl Bleaching Per Tooth	0	\$ -	\$ 660.32
D9995		D9995	Teledentistry - Synchronous; Real Time Enc	0	\$ -	\$ 103.65