



# HEALTHCARE MANAGEMENT STRATEGIES, LLC

FQHC Accounting & Strategic Planning

April 2, 2025

## **RE: FQHC Patient Fee Schedule Analysis**

Healthcare Management Strategies LLP is pleased to provide Monterey County Health Department, Clinic Services Bureau (MCHD-CSB) with an analysis related to your Patient Fee Schedule. Below is the summary of the analysis performed along with our recommendations.

The purpose of the review was to evaluate MCHD-CSB's Patient Fee Schedule for compliance with HRSA's program requirements as specified in Chapter 16: Billing and Collections:

"The health center must prepare a schedule of fees for the provision of its services consistent with locally prevailing rates or charges and designed to cover its reasonable costs of operation."

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## Scope and Process

The scope of this analysis was narrowly limited to a review of MCHD-CSB's average charge per visit versus the average charge per visit of local clinics.

We did not perform a detailed analysis of the individual charge codes included in the patient fee schedule as to compliance with third party billing guidance or the appropriateness of the price level for specific services.

Our process to complete the analysis included the following steps:

- Obtain data from MCHD-CSB including current fee schedule and 2024 UDS report
- Obtain comparable clinic data from the California Office of Statewide Health Planning and Development (OSHPD)
- Calculate average charges and average cost per visit for MCHD-CSB and comparable local clinics
- Determine the consistency of MCHD-CSB charges with local clinics and the extent to which charges cover the cost of operation

## Findings and Recommendations

As explained in the summary below, we recommend a rate increase for patient service charges of a minimum of 25% is justified at this time. We also recommend increasing the Medicare G Code charges to reflect the total charges for the basket of services provided for each type of G Code visit. These suggestions are based on the following factors:

1. **Finding:** In the 2024 UDS data summarized in Table 1 on Page 5, MCHD-CSB's average charge per visit was \$288.58 (Table 1, Line 9) which is significantly lower than the average charge per visit of \$375.72 (Table 1, Line 9) for FQHCs in the counties of San Benito, Santa Cruz and Monterey and lower than the MCHD-CSB adjusted UDS average cost per visit of \$358.00 (Table 1, Line 8).

**Recommendation:** As a result of the above finding, patient service charges should be increased by 25% to close the gap between average cost and charges per visit so that charges more adequately cover the reasonable costs of operation and are more consistent with local clinic prevailing rates.

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2. **Finding:** We performed an analysis of MCHD-CSB's Medicare G Code charges in comparison to Medicare PPS reimbursement. Similar to the fee schedule analysis performed, and referenced in Finding 1, which resulted in the recommended minimum price increase of 25% for patient charges, the supplied data suggests that an increase to G Code charges is warranted.

**Recommendation:** Assuming the fee schedule is increased per the aforementioned 25%, Medicare G Code charges should also be increased to at least \$245.00 for established patient visits and \$374.00 for new patient/preventive visits.

3. **Finding:** In our examination of the UDS reporting, we discovered that costs reported on table 8A were overstated by the amount of the annual PPS reconciliation liability paid to DHCS. As a result, the calculated UDS cost per visit is inflated. While the overstated amount determined by MCHD-CSB accounting team is \$4,508,546 (Table 1, Line 4), the appropriate UDS reporting of this liability resides in table 9D. Furthermore, Table 1 reflects the reduced, adjusted UDS cost of \$64,110,090 in Line 5.

**Recommendation:** For prospective UDS reporting, HMS recommends that the MCHD-CSB accounting team report payments made to DHCS for PPS liabilities be reported on UDS table 9D, column C4, line 2a.

## Revenue Impact:

### Medi-Cal

MCHD-CSB's current cost-based Medi-Cal PPS rates range from \$201.63 to \$517.79 per visit. These payment rates are prospective and change only by an annual Medicare Economic Index adjustment or when MCHD-CSB requests a rate adjustment due to a change in the scope of services; therefore, an increase in charges will have **no impact on this program's reimbursement**.

### Medicare

Under Medicare FQHC PPS, providers are paid **the lesser of** G Code charges **or** their geographically adjusted PPS rate. MCHD-CSB's current G Code charges do not exceed the PPS rate for established or new/preventive services. As such, MCHD-CSB in general is being paid less than the Medicare PPS Rate. Increasing the G Code charges as noted in Recommendation #2 would result in optimization of third-party reimbursement for Medicare beneficiaries.

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The net positive impact will depend on several factors, including the number of Medicare only visits and the effect of Medi-Medi billings on the DHCS Annual PPS reconciliations.

Under Medicare PPS, patient responsibility is calculated at 20% of the underlying patient service charges. An increase in the charges **may increase the co-insurance amounts for some Medicare visits**; however, the increase would be mitigated by the following factors:

- Medi-Medi patients are not subject to co-insurance and will see no increase.
- Medicare preventive services are not subject to co-insurance.
- The Sliding Fee Discount Program may be applied to Medicare co-insurance amounts for qualifying patients.

## Commercial

MCHD-CSB 's Private payor mix is 14%, per UDS data, and net revenues for those patients are primarily based on contracted rates. As such, charges have **no material impact**.

## Self-Pay

MCHD-CSB 's Self-Pay payor mix is 1% and net revenues for those patients are primarily based on the Sliding Fee Scale, which includes flat rates per visit. As such, charges have **no material impact**. A review of the Sliding Fee Scale is outside the scope of this analysis.

## Summary of Local Market Analysis

In Table 1, Gross Charges (line 1), Total Costs (line 2), and Total Visits (line 6) were obtained from the filed 2024 UDS report. This data was used to calculate the Average Charge per Visit (line 7, line 9), Average Cost per Visit (line 8), and Payor Mix (line 11).

The Average Charge per Visit for MCHD-CSB was then compared to the same statistics from community clinics in the same region as reported in the 2023 OSHPD database. MCHD-CSB Average Charge per Visit was below all other licensed community clinics in the market sample.

Based on 2024 utilization data by CPT-code, the proposed new fees would have increased gross charges by \$14,622,304 based on the following breakdown:

- Total Charges with Current Fees (2024 UDS): \$ 51,677,353 (Table 1, Line 1)
- Total Charges with Recommended Fees: \$ 66,299,657 (Table 1, Line 12)

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**Table 1**

|                                                                     | 2024                 |
|---------------------------------------------------------------------|----------------------|
| 1 Gross Charges per UDS Table 9D                                    | \$51,677,353         |
| 2 Total Costs per UDS Table 8A                                      | \$68,618,636         |
| 3 Calculated Shortfall (Gross Charges less Total Costs)             | (\$16,941,283)       |
| 4 Identified UDS Overstated Costs                                   | \$4,508,546          |
| 5 Adjusted UDS Cost                                                 | \$64,110,090         |
| 6 Total Visits                                                      | 179,076              |
| 7 UDS Average Charge per Visit                                      | \$288.58             |
| 8 Adjusted UDS Average Cost per Visit                               | \$358.00             |
| <b>Market Rate Analysis - Average Charge per Billable Visit</b>     |                      |
| 9 Monterey County Health Department                                 | \$288.58             |
| Licensed FQHC Average in Monterey, San Benito & Santa Cruz Counties | \$375.72             |
| <b>Current PPS Rates</b>                                            |                      |
| 10 Current Medi-Cal PPS Rates                                       | \$201.63 to \$517.79 |
| Current Medicare PPS Rate                                           | \$222.10             |
| <b>Payer Mix % Based on 2024 UDS</b>                                |                      |
| Medi-Cal                                                            | 77.42%               |
| Medicare                                                            | 6.62%                |
| 11 Commercial                                                       | 14.02%               |
| Self-Pay                                                            | 1.05%                |
| Other                                                               | 0.89%                |
|                                                                     | 100.00%              |
| 12 Projected UDS Charges*                                           | \$66,299,657         |
| Projected UDS Charges Per Visit                                     | \$370.23             |

\*Projected charges are calculated under the following assumptions:

- 1) Fee schedule increased by 25%
- 2) Visits remain constant to the 2024 UDS visit counts
- 3) Proper reporting of the payments made to DHCS for PPS reconciliation liabilities
- 4) Proper reporting of 340B pharmaceuticals costs and UCR gross charges

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Thank you for choosing HMS for this project. Please contact us for any questions or points of clarification.

Sincerely,

A handwritten signature in black ink, appearing to read 'K. Zuniga', with a stylized flourish extending to the right.

Kristopher D. Zuniga  
Chief Executive Officer  
Healthcare Management Strategies LLC

| 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    | \$ 84.00  |
| 0002A    |          | 0002A          | IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON 2ND DOSE                     | 4           | \$ 67.00    | \$ 84.00  |
| 0003A    |          | 0003A          | IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON 3RD DOSE                     | 2           | \$ 67.00    | \$ 84.00  |
| 0004A    |          | 0004A          | IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON BST DOSE                     | 24          | \$ 67.00    | \$ 84.00  |
| 0011A    |          | 0011A          | IMM ADMN SARSCOV2 100 MCG/0.5 ML 1ST DOSE                            | 5           | \$ 67.00    | \$ 84.00  |
| 0012A    |          | 0012A          | IMM ADMN SARSCOV2 100 MCG/0.5 ML 2ND DOSE                            | 5           | \$ 67.00    | \$ 84.00  |
| 0013A    |          | 0013A          | IMM ADMN SARSCOV2 100 MCG/0.5 ML 3RD DOSE                            | 16          | \$ 67.00    | \$ 84.00  |
| 0051A    |          | 0051A          | IMM ADMN SARSCOV2 30MCG/0.3ML TRIS-SUCROSE 1ST                       | 75          | \$ 67.00    | \$ 84.00  |
| 0052A    |          | 0052A          | IMM ADMN SARSCOV2 30MCG/0.3ML TRIS-SUCROSE 2ND                       | 72          | \$ 67.00    | \$ 84.00  |
| 0053A    |          | 0053A          | IMM ADMN SARSCOV2 30MCG/0.3ML TRIS-SUCROSE 3RD                       | 9           | \$ 67.00    | \$ 84.00  |
| 0054A    |          | 0054A          | IMM ADMN SARSCOV2 30MCG/0.3ML TRIS-SUCROSE BST                       | 38          | \$ 67.00    | \$ 84.00  |
| 0064A    |          | 0064A          | IMM ADMN SARSCOV2 50 MCG/0.25 ML BOOSTER DOSE                        | 26          | \$ 67.00    | \$ 84.00  |
| 0071A    |          | 0071A          | IMM ADMN SARSCOV2 10MCG/0.2ML TRIS-SUCROSE 1ST                       | 98          | \$ 67.00    | \$ 84.00  |
| 0072A    |          | 0072A          | IMM ADMN SARSCOV2 10MCG/0.2ML TRIS-SUCROSE 2ND                       | 107         | \$ 67.00    | \$ 84.00  |
| 0073A    |          | 0073A          | IMM ADMN SARSCOV2 10MCG/0.2ML TRIS-SUCROSE 3RD                       | 17          | \$ 67.00    | \$ 84.00  |
| 0074A    |          | 0074A          | IMM ADMN SARSCOV2 10MCG/0.2ML TRIS-SUCROSE BST                       | 5           | \$ 67.00    | \$ 84.00  |
| 0081A    |          | 0081A          | IMM ADMN SARSCOV2 3MCG/0.2ML TRIS-SUCROSE 1ST                        | 154         | \$ 67.00    | \$ 84.00  |
| 0082A    |          | 0082A          | IMM ADMN SARSCOV2 3MCG/0.2ML TRIS-SUCROSE 2ND                        | 142         | \$ 67.00    | \$ 84.00  |
| 0083A    |          | 0083A          | IMM ADMN SARSCOV2 3MCG/0.2ML TRIS-SUCROSE 3RD                        | 26          | \$ 67.00    | \$ 84.00  |
| 0121A    |          | 0121A          | IMM ADMIN PFIZER BIVALENT 30 MCG/.3ML AGE 12+ (1ST/SINGLE DOSE)      | 156         | \$ -        | \$ 84.00  |
| 0124A    |          | 0124A          | IMM ADMIN PFIZER BIVALENT 30 MCG/.3ML AGE 12+ (ADDITIONAL DOSE)      | 1517        | \$ 67.00    | \$ 84.00  |
| 0134A    |          | 0134A          | IMM ADMIN MODERNA BIVALENT 50MCG/.5ML AGE 12+                        | 81          | \$ 67.00    | \$ 84.00  |
| 0144A    |          | 0144A          | IMM ADMIN MODERNA BIVALENT 25MCG/.25 ML AGE 6M-11Y (ADDITIONAL DOSE) | 32          | \$ -        | \$ 84.00  |
| 0151A    |          | 0151A          | IMM ADMIN PFIZER BIVALENT 10MCG/.2ML AGES 5-11 (1ST/SINGLE DOSE)     | 11          | \$ -        | \$ 84.00  |
| 0154A    |          | 0154A          | IMM ADMIN PFIZER BIVALENT 10MCG/.2ML AGES 5-11 (ADDITIONAL DOSE)     | 351         | \$ 67.00    | \$ 84.00  |
| 0171A    |          | 0171A          | IMM ADMIN PFIZER BIVALENT 3MCG/.2ML 6MO-4Y (1ST DOSE)                | 7           | \$ -        | \$ 84.00  |
| 0172A    |          | 0172A          | IMM ADMIN PFIZER BIVALENT 3MCG/.2ML 6MO-4Y (2ND DOSE)                | 1           | \$ -        | \$ 84.00  |
| 0173A    |          | 0173A          | IMM ADMIN PFIZER BIVALENT 3MCG/.2ML 6MO-4Y (3RD DOSE)                | 230         | \$ -        | \$ 84.00  |
| 10060    |          | 10060          | INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE                            | 50          | \$ 280.00   | \$ 350.00 |
| 10061    |          | 10061          | INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE                     | 7           | \$ -        | \$ 535.00 |
| 10140    |          | 10140          | I&D HEMATOMA SEROMA/FLUID COLLECTION                                 | 4           | \$ 380.00   | \$ 475.00 |
| 10160    |          | 10160          | PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST                      | 1           | \$ 273.00   | \$ 341.00 |
| 11102    |          | 11102          | TANGENTIAL BIOPSY SKIN SINGLE LESION                                 | 2           | \$ -        | \$ 260.00 |
| 11104    |          | 11104          | PUNCH BIOPSY SKIN SINGLE LESION                                      | 25          | \$ 259.00   | \$ 324.00 |
| 11106    |          | 11106          | INCISIONAL BIOPSY SKIN SINGLE LESION                                 | 8           | \$ 322.00   | \$ 403.00 |
| 11200    |          | 11200          | RMVL SKIN TAGS MLT FIBRQ TAGS ANY UP TO&INC 15                       | 93          | \$ 190.00   | \$ 238.00 |
| 11201    |          | 11201          | RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10                         | 22          | \$ 62.00    | \$ 78.00  |
| 11300    |          | 11300          | SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<                     | 2           | \$ -        | \$ 261.00 |
| 11301    |          | 11301          | SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM                     | 2           | \$ 277.00   | \$ 346.00 |
| 11302    |          | 11302          | SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM                      | 2           | \$ 282.00   | \$ 353.00 |
| 11305    |          | 11305          | SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.5 CM/<                        | 2           | \$ -        | \$ 271.00 |

|       |  |       |                                                  |     |           |           |
|-------|--|-------|--------------------------------------------------|-----|-----------|-----------|
| 11306 |  | 11306 | SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.6-1.0 CM  | 3   | \$ 256.00 | \$ 320.00 |
| 11307 |  | 11307 | SHAVING SKIN LESION 1 S/N/H/F/G DIAM 1.1-2.0 CM  | 2   | \$ 283.00 | \$ 354.00 |
| 11310 |  | 11310 | SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM 0.5 CM/<  | 2   | \$ 252.00 | \$ 315.00 |
| 11311 |  | 11311 | SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 0.6-1.0 CM   | 6   | \$ 280.00 | \$ 350.00 |
| 11400 |  | 11400 | EXC B9 LESION MRGN XCP SK TG T/A/L 0.5 CM/<      | 5   | \$ -      | \$ 331.00 |
| 11600 |  | 11600 | EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM/<       | 3   | \$ -      | \$ 505.00 |
| 11730 |  | 11730 | AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1    | 66  | \$ 236.00 | \$ 295.00 |
| 11750 |  | 11750 | EXCISION NAIL MATRIX PERMANENT REMOVAL           | 6   | \$ -      | \$ 409.00 |
| 11765 |  | 11765 | WEDGE EXCISION SKIN NAIL FOLD                    | 7   | \$ 372.00 | \$ 465.00 |
| 11976 |  | 11976 | REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES       | 650 | \$ 370.00 | \$ 463.00 |
| 11981 |  | 11981 | INSERTION DRUG DELIVERY IMPLANT                  | 404 | \$ 388.00 | \$ 485.00 |
| 11983 |  | 11983 | RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT   | 8   | \$ 639.00 | \$ 799.00 |
| 12001 |  | 12001 | SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.5CM/<  | 1   | \$ -      | \$ 238.00 |
| 12011 |  | 12011 | SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<                | 2   | \$ 354.00 | \$ 443.00 |
| 15853 |  | 15853 | REMOVAL SUTURES/STAPLES NOT REQUIRING ANESTHESIA | 6   | \$ -      | \$ 31.00  |
| 16020 |  | 16020 | DRS&DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL       | 4   | \$ -      | \$ 219.00 |
| 17000 |  | 17000 | DESTRUCTION PREMALIGNANT LESION 1ST              | 27  | \$ 143.00 | \$ 179.00 |
| 17003 |  | 17003 | DESTRUCTION PREMALIGNANT LESION 2-14 EA          | 4   | \$ 18.00  | \$ 23.00  |
| 17004 |  | 17004 | DESTRUCTION PREMALIGNANT LESION 15/>             | 2   | \$ -      | \$ 430.00 |
| 17110 |  | 17110 | DESTRUCTION BENIGN LESIONS UP TO 14              | 348 | \$ 247.00 | \$ 309.00 |
| 17111 |  | 17111 | DESTRUCTION BENIGN LESIONS 15/>                  | 15  | \$ 298.00 | \$ 373.00 |
| 19001 |  | 19001 | PUNCTURE ASPIRATION CYST BREAST EACH ADDL CYST   | 1   | \$ -      | \$ 63.00  |
| 2022F |  | 2022F | DILATED RETINAL EXAM W/EVIDENCE OF RETINOPATHY   | 1   | \$ -      | \$ 38.00  |
| 20526 |  | 20526 | INJECTION THERAPEUTIC CARPAL TUNNEL              | 8   | \$ 228.00 | \$ 285.00 |
| 20550 |  | 20550 | INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS   | 1   | \$ 158.00 | \$ 198.00 |
| 20551 |  | 20551 | INJECTION SINGLE TENDON ORIGIN/INSERTION         | 2   | \$ 155.00 | \$ 194.00 |
| 20552 |  | 20552 | INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES   | 19  | \$ 144.00 | \$ 180.00 |
| 20600 |  | 20600 | ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US  | 7   | \$ 152.00 | \$ 190.00 |
| 20605 |  | 20605 | ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US  | 24  | \$ 138.00 | \$ 173.00 |
| 20610 |  | 20610 | ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US  | 87  | \$ 170.00 | \$ 213.00 |
| 20611 |  | 20611 | ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US    | 2   | \$ -      | \$ 248.00 |
| 20612 |  | 20612 | ASPIRATION&/INJECTION GANGLION CYST ANY LOCATJ   | 1   | \$ 158.00 | \$ 198.00 |
| 29125 |  | 29125 | APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC | 2   | \$ -      | \$ 174.00 |
| 46600 |  | 46600 | ANOSCOPY DX W/COLLJ SPEC BR/WA SPX WHEN PRFRMD   | 4   | \$ -      | \$ 309.00 |
| 51701 |  | 51701 | INSJ NON-NDWELLG BLADDER CATHETER                | 18  | \$ 142.00 | \$ 178.00 |
| 51702 |  | 51702 | INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE        | 1   | \$ -      | \$ 159.00 |
| 54150 |  | 54150 | CIRCUMCISION W/CLAMP/OTH DEV W/BLOCK             | 2   | \$ -      | \$ 365.00 |
| 56420 |  | 56420 | I&D OF BARTHOLINS GLAND ABSCESS                  | 4   | \$ 382.00 | \$ 478.00 |
| 56501 |  | 56501 | DESTRUCTION LESIONS VULVA SIMPLE                 | 8   | \$ 394.00 | \$ 493.00 |
| 56605 |  | 56605 | BIOPSY VULVA/PERINEUM 1 LESION SPX               | 16  | \$ 251.00 | \$ 314.00 |
| 57061 |  | 57061 | DESTRUCTION VAGINAL LESIONS SIMPLE               | 2   | \$ -      | \$ 430.00 |
| 57160 |  | 57160 | FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI   | 3   | \$ 153.00 | \$ 191.00 |
| 57452 |  | 57452 | COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA          | 17  | \$ 251.00 | \$ 314.00 |
| 57454 |  | 57454 | COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURETAGE   | 203 | \$ 501.00 | \$ 626.00 |
| 57455 |  | 57455 | COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX | 9   | \$ 367.00 | \$ 459.00 |
| 57456 |  | 57456 | COLPOSCOPY CERVIX ENDOCERVICAL CURETTAGE         | 48  | \$ 410.00 | \$ 513.00 |
| 57460 |  | 57460 | COLPOSCOPY CERVIX VAG LOOP ELTRD BX CERVIX       | 52  | \$ 674.00 | \$ 843.00 |
| 57500 |  | 57500 | BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX | 8   | \$ 396.00 | \$ 495.00 |
| 57505 |  | 57505 | ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C   | 3   | \$ 318.00 | \$ 398.00 |
| 58100 |  | 58100 | ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX  | 154 | \$ 303.00 | \$ 379.00 |
| 58300 |  | 58300 | INSERTION INTRAUTERINE DEVICE IUD                | 529 | \$ 237.00 | \$ 296.00 |

|       |  |       |                                                                |       |           |           |
|-------|--|-------|----------------------------------------------------------------|-------|-----------|-----------|
| 58301 |  | 58301 | REMOVAL INTRAUTERINE DEVICE IUD                                | 386   | \$ 323.00 | \$ 404.00 |
| 62270 |  | 62270 | DIAGNOSTIC LUMBAR SPINAL PUNCTURE                              | 2     | \$ -      | \$ 366.00 |
| 64435 |  | 64435 | INJECTION AA&/STRD PARACERVICAL NERVE                          | 1     | \$ -      | \$ 203.00 |
| 69200 |  | 69200 | RMVL FB XTRNL AUDITORY CANAL W/O ANES                          | 2     | \$ 228.00 | \$ 285.00 |
| 69209 |  | 69209 | REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT                 | 256   | \$ 54.00  | \$ 68.00  |
| 69210 |  | 69210 | REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT                | 527   | \$ 96.00  | \$ 120.00 |
| 80061 |  | 80061 | LIPID PANEL                                                    | 1     | \$ 47.00  | \$ 59.00  |
| 81002 |  | 81002 | URNLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP               | 5     | \$ 15.00  | \$ 19.00  |
| 81025 |  | 81025 | URINE PREGNANCY TEST VISUAL COLOR CMPRSN METHS                 | 1     | \$ -      | \$ 19.00  |
| 82306 |  | 82306 | 25 HYDROXY INCLUDES FRACTIONS IF PERFORMED                     | 1     | \$ -      | \$ 348.00 |
| 83036 |  | 83036 | HEMOGLOBIN GLYCOSYLATED A1C                                    | 1     | \$ 40.00  | \$ 50.00  |
| 83655 |  | 83655 | ASSAY OF LEAD                                                  | 417   | \$ 20.00  | \$ 25.00  |
| 84443 |  | 84443 | ASSAY OF THYROID STIMULATING HORMONE TSH                       | 1     | \$ -      | \$ 25.00  |
| 85018 |  | 85018 | BLOOD COUNT HEMOGLOBIN                                         | 17    | \$ 15.00  | \$ 19.00  |
| 85025 |  | 85025 | BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC                     | 1     | \$ -      | \$ 33.00  |
| 86580 |  | 86580 | SKIN TEST TUBERCULOSIS INTRADERMAL                             | 42    | \$ 30.00  | \$ 38.00  |
| 87428 |  | 87428 | IAAD IA SARSCOV & INFLUENZA VIRUS TYPES A&B                    | 7     | \$ -      | \$ 45.00  |
| 87811 |  | 87811 | IAADIADOO SEVERE AQT RESPIR SYND CORONAVIRUS                   | 1     | \$ -      | \$ 45.00  |
| 88720 |  | 88720 | BILIRUBIN TOTAL TRANSCUTANEOUS                                 | 1     | \$ -      | \$ 40.00  |
| 90471 |  | 90471 | IM ADM PRQ ID SUBQ/IM NJXS 1 VACCINE                           | 12958 | \$ 48.00  | \$ 60.00  |
| 90472 |  | 90472 | IM ADM PRQ ID SUBQ/IM NJXS EA VACCINE                          | 5430  | \$ 32.00  | \$ 40.00  |
| 90480 |  | 90480 | IMM ADMN SARSCOV2 VACCINE SINGLE DOSE                          | 102   | \$ -      | \$ 40.00  |
| 90611 |  | 90611 | SMALLPOX&MONKEYPOX VACC 0.5ML DOS FOR SUBQ USE                 | 63    | \$ -      | \$ 40.00  |
| 90619 |  | 90619 | MENACWY-TT CONJ VACC SEROGROUPS ACWY FOR IM USE                | 245   | \$ 125.00 | \$ 156.00 |
| 90620 |  | 90620 | MENB-4C RECOMBNT PROT & OUTER MEMB VESIC VACC IM               | 102   | \$ 293.00 | \$ 366.00 |
| 90632 |  | 90632 | HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE                  | 182   | \$ 127.00 | \$ 159.00 |
| 90633 |  | 90633 | HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE                | 49    | \$ 67.00  | \$ 84.00  |
| 90648 |  | 90648 | HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE                       | 41    | \$ 69.00  | \$ 86.00  |
| 90649 |  | 90649 | 4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE                       | 9     | \$ 232.00 | \$ 290.00 |
| 90651 |  | 90651 | 9VHPV VACC 2/3 DOSE SCHED IM USE                               | 536   | \$ 327.00 | \$ 409.00 |
| 90662 |  | 90662 | IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM               | 1311  | \$ 68.00  | \$ 85.00  |
| 90670 |  | 90670 | PCV13 VACCINE FOR INTRAMUSCULAR USE                            | 178   | \$ 291.00 | \$ 364.00 |
| 90671 |  | 90671 | PCV15 VACCINE FOR INTRAMUSCULAR USE                            | 61    | \$ 225.00 | \$ 281.00 |
| 90677 |  | 90677 | PCV20 VACCINE FOR INTRAMUSCULAR USE                            | 1346  | \$ 325.00 | \$ 406.00 |
| 90680 |  | 90680 | RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE                  | 45    | \$ 217.00 | \$ 271.00 |
| 90681 |  | 90681 | RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE                  | 18    | \$ -      | \$ 271.00 |
| 90682 |  | 90682 | RIV4 VACC RECOMBINANT DNA PRSRV ANTIBIO FREE IM                | 103   | \$ 68.00  | \$ 85.00  |
| 90685 |  | 90685 | IIV4 VACC PRSRV FREE 0.25 ML DOS FOR IM USE                    | 1     | \$ -      | \$ 50.00  |
| 90686 |  | 90686 | IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE                    | 5570  | \$ 40.00  | \$ 50.00  |
| 90688 |  | 90688 | IIV4 VACC SPLIT VIRUS 0.5 ML DOS FOR IM USE                    | 651   | \$ 35.00  | \$ 44.00  |
| 90696 |  | 90696 | DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE                      | 39    | \$ 140.00 | \$ 175.00 |
| 90697 |  | 90697 | DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR                        | 55    | \$ 148.00 | \$ 185.00 |
| 90700 |  | 90700 | DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM                | 69    | \$ 64.00  | \$ 80.00  |
| 90707 |  | 90707 | MEASLES MUMPS RUBELLA VIRUS (MMR II/PRIORIX) VACCINE LIVE SUBQ | 254   | \$ 103.00 | \$ 129.00 |
| 90710 |  | 90710 | MEASLES MUMPS RUBELLA VARICELLA (PROQUAD) VACC LIVE SUBQ       | 28    | \$ 245.00 | \$ 306.00 |
| 90713 |  | 90713 | POLIOVIRUS VACCINE INACTIVATED SUBQ/IM                         | 23    | \$ 61.00  | \$ 76.00  |
| 90714 |  | 90714 | TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE                | 49    | \$ 53.00  | \$ 66.00  |
| 90715 |  | 90715 | TDAP VACCINE 7 YRS/> IM                                        | 2090  | \$ 78.00  | \$ 98.00  |
| 90716 |  | 90716 | VAR VACCINE LIVE FOR SUBCUTANEOUS USE                          | 192   | \$ 166.00 | \$ 208.00 |
| 90723 |  | 90723 | DTAP-HEPB-IPV VACCINE INTRAMUSCULAR                            | 14    | \$ 126.00 | \$ 158.00 |
| 90732 |  | 90732 | PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE                  | 301   | \$ 140.00 | \$ 175.00 |
| 90733 |  | 90733 | MPSV4 VACCINE GROUPS ACYW-135 SUBQ USE                         | 23    | \$ 179.00 | \$ 224.00 |
| 90734 |  | 90734 | MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE                | 64    | \$ 235.00 | \$ 294.00 |
| 90739 |  | 90739 | HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE                | 2037  | \$ 122.00 | \$ 153.00 |

|       |  |       |                                                                   |        |           |           |
|-------|--|-------|-------------------------------------------------------------------|--------|-----------|-----------|
| 90744 |  | 90744 | HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM                       | 7      | \$ 68.00  | \$ 85.00  |
| 90746 |  | 90746 | HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE                     | 514    | \$ 123.00 | \$ 154.00 |
| 90748 |  | 90748 | HIB-HEPB VACCINE FOR INTRAMUSCULAR USE                            | 1      | \$ -      | \$ 153.00 |
| 90750 |  | 90750 | HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM USE                     | 1642   | \$ 224.00 | \$ 280.00 |
| 90791 |  | 90791 | PSYCHIATRIC DIAGNOSTIC EVALUATION                                 | 29     | \$ 326.00 | \$ 408.00 |
| 90792 |  | 90792 | PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES                    | 109    | \$ 367.00 | \$ 459.00 |
| 90832 |  | 90832 | PSYCHOTHERAPY W/PATIENT 30 MINUTES                                | 961    | \$ 168.00 | \$ 210.00 |
| 90834 |  | 90834 | PSYCHOTHERAPY W/PATIENT 45 MINUTES                                | 123    | \$ 195.00 | \$ 244.00 |
| 90837 |  | 90837 | PSYCHOTHERAPY W/PATIENT 60 MINUTES                                | 45     | \$ 288.00 | \$ 360.00 |
| 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  | \$ 45.00  |
| 93000 |  | 93000 | ECG ROUTINE ECG W/LEAST 12 LDS W/I&R                              | 200    | \$ 64.00  | \$ 80.00  |
| 94010 |  | 94010 | SPMTRY W/V C EXPIRATORY FLO W/WO MXML VOL VNTJ                    | 3      | \$ 68.00  | \$ 85.00  |
| 94375 |  | 94375 | RESPIRATORY FLOW VOLUME LOOP                                      | 77     | \$ 80.00  | \$ 100.00 |
| 94640 |  | 94640 | PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT                   | 138    | \$ 64.00  | \$ 80.00  |
| 94760 |  | 94760 | NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETER                       | 654    | \$ 20.00  | \$ 25.00  |
| 96110 |  | 96110 | DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM                   | 578    | \$ 25.00  | \$ 31.00  |
| 96160 |  | 96160 | PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM                  | 440    | \$ 59.00  | \$ 74.00  |
| 96372 |  | 96372 | THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM                     | 286    | \$ 48.00  | \$ 60.00  |
| 98925 |  | 98925 | OSTEOPATHIC MANIPULATIVE TX 1-2 BODY REGIONS                      | 57     | \$ 84.00  | \$ 105.00 |
| 98926 |  | 98926 | OSTEOPATHIC MANIPULATIVE TX 3-4 BODY REGIONS                      | 24     | \$ 117.00 | \$ 146.00 |
| 98927 |  | 98927 | OSTEOPATHIC MANIPULATIVE TX 5-6 BODY REGIONS                      | 6      | \$ 146.00 | \$ 183.00 |
| 98960 |  | 98960 | EDUCATION&TRAINING SELF-MGMT NONPHYS 1 PT                         | 2477   | \$ 78.00  | \$ 98.00  |
| 99000 |  | 99000 | HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB                    | 692    | \$ 25.00  | \$ 31.00  |
| 99070 |  | 99070 | SUPPLIES&MATERIALS ABOVE/BEYOND PROV BY PHYS/QHP                  | 1      | \$ -      | \$ 46.00  |
| 99080 |  | 99080 | SPEC REPORTS > USUAL MED COMUNICAJ/STAND RPRTG                    | 1      | \$ 48.00  | \$ 60.00  |
| 99173 |  | 99173 | SCREENING TEST VISUAL ACUITY QUANTITATIVE BILAT                   | 16112  | \$ 32.00  | \$ 40.00  |
| 99188 |  | 99188 | APPLICATION TOPICAL FLUORIDE VARNISH BY PHS/QHP                   | 1919   | \$ 23.00  | \$ 29.00  |
| 99202 |  | 99202 | OFFICE/OUTPATIENT NEW SF MDM 15 MINUTES                           | 1512   | \$ 208.00 | \$ 260.00 |
| 99203 |  | 99203 | OFFICE/OUTPATIENT NEW LOW MDM 30 MINUTES                          | 1647   | \$ 286.00 | \$ 358.00 |
| 99204 |  | 99204 | OFFICE/OUTPATIENT NEW MODERATE MDM 45 MINUTES                     | 214    | \$ 329.00 | \$ 411.00 |
| 99205 |  | 99205 | OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES                         | 313    | \$ 426.00 | \$ 533.00 |
| 99211 |  | 99211 | OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP                     | 18     | \$ 69.00  | \$ 86.00  |
| 99212 |  | 99212 | OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN                       | 25283  | \$ 128.00 | \$ 160.00 |
| 99213 |  | 99213 | OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN                      | 152210 | \$ 196.00 | \$ 245.00 |
| 99214 |  | 99214 | OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN                      | 18894  | \$ 281.00 | \$ 351.00 |

|       |  |       |                                                  |       |           |           |
|-------|--|-------|--------------------------------------------------|-------|-----------|-----------|
| 99215 |  | 99215 | OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN    | 1561  | \$ 352.00 | \$ 440.00 |
| 99342 |  | 99342 | HOME/RES VISIT NEW PATIENT LOW MDM 30 MINUTES    | 2     | \$ -      | \$ 184.00 |
| 99381 |  | 99381 | INITIAL PREVENTIVE MEDICINE NEW PATIENT <1YEAR   | 1495  | \$ 290.00 | \$ 363.00 |
| 99382 |  | 99382 | INITIAL PREVENTIVE MEDICINE NEW PT AGE 1-4 YRS   | 97    | \$ 302.00 | \$ 378.00 |
| 99383 |  | 99383 | INITIAL PREVENTIVE MEDICINE NEW PT AGE 5-11 YRS  | 274   | \$ 310.00 | \$ 388.00 |
| 99384 |  | 99384 | INITIAL PREVENTIVE MEDICINE NEW PT AGE 12-17 YR  | 290   | \$ 345.00 | \$ 431.00 |
| 99385 |  | 99385 | INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS  | 109   | \$ 334.00 | \$ 418.00 |
| 99386 |  | 99386 | INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS | 7     | \$ 379.00 | \$ 474.00 |
| 99391 |  | 99391 | PERIODIC PREVENTIVE MED ESTABLISHED PATIENT <1Y  | 8410  | \$ 260.00 | \$ 325.00 |
| 99392 |  | 99392 | PERIODIC PREVENTIVE MED EST PATIENT 1-4YRS       | 12429 | \$ 273.00 | \$ 341.00 |
| 99393 |  | 99393 | PERIODIC PREVENTIVE MED EST PATIENT 5-11YRS      | 14047 | \$ 273.00 | \$ 341.00 |
| 99394 |  | 99394 | PERIODIC PREVENTIVE MED EST PATIENT 12-17YRS     | 10911 | \$ 294.00 | \$ 368.00 |
| 99395 |  | 99395 | PERIODIC PREVENTIVE MED EST PATIENT 18-39 YRS    | 1967  | \$ 300.00 | \$ 375.00 |
| 99396 |  | 99396 | PERIODIC PREVENTIVE MED EST PATIENT 40-64YRS     | 353   | \$ 317.00 | \$ 396.00 |
| 99397 |  | 99397 | PERIODIC PREVENTIVE MED EST PATIENT 65YRS& OLDER | 10    | \$ 299.00 | \$ 374.00 |
| 99401 |  | 99401 | PREV MED CNSL&/RSK FCTR RDCTJ INDV APPROX 15 MIN | 172   | \$ 79.00  | \$ 99.00  |
| 99402 |  | 99402 | PREV MED CNSL&/RSK FCTR RDCTJ INDV APPROX 30 MIN | 41    | \$ 122.00 | \$ 153.00 |
| 99403 |  | 99403 | PREV MED CNSL&/RSK FCTR RDCTJ INDV APPROX 45 MIN | 51    | \$ 197.00 | \$ 246.00 |
| 99404 |  | 99404 | PREV MED CNSL&/RSK FCTR RDCTJ INDV APPROX 60 MIN | 9     | \$ 211.00 | \$ 264.00 |
| 99406 |  | 99406 | TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES  | 1     | \$ -      | \$ 35.00  |
| 99441 |  | 99441 | PHYS/QHP TELEPHONE EVALUATION 5-10 MIN           | 211   | \$ 112.00 | \$ 140.00 |
| 99442 |  | 99442 | PHYS/QHP TELEPHONE EVALUATION 11-20 MIN          | 1160  | \$ 179.00 | \$ 224.00 |
| 99443 |  | 99443 | PHYS/QHP TELEPHONE EVALUATION 21-30 MIN          | 65    | \$ 251.00 | \$ 314.00 |
| 99499 |  | 99499 | UNLISTED EVALUATION AND MANAGEMENT SERVICE       | 10    | \$ -      | \$ -      |
| A4663 |  | A4663 | BLOOD PRESSURE CUFF                              | 115   | \$ -      | \$ -      |
| A9150 |  | A9150 | MISC/EXPER NON-PRESCRIPT DRU                     | 21    | \$ 18.00  | \$ 23.00  |
| E0445 |  | E0445 | OXIMETER NON-INVASIVE                            | 13    | \$ -      | \$ -      |
| E1639 |  | E1639 | SCALE, EACH                                      | 29    | \$ -      | \$ -      |
| G0008 |  | G0008 | ADMIN INFLUENZA VIRUS VAC                        | 1478  | \$ 50.00  | \$ 63.00  |
| G0009 |  | G0009 | ADMIN PNEUMOCOCCAL VACCINE                       | 482   | \$ 57.00  | \$ 71.00  |
| G0010 |  | G0010 | ADMIN HEPATITIS B VACCINE                        | 237   | \$ 59.00  | \$ 74.00  |
| G0101 |  | G0101 | CA SCREEN;PELVIC/BREAST EXAM                     | 2     | \$ 125.00 | \$ 156.00 |
| G0121 |  | G0121 | COLON CA SCRIN NOT HI RSK IND                    | 4     | \$ -      | \$ 856.00 |
| G0181 |  | G0181 | HOME HEALTH CARE SUPERVISION                     | 1     | \$ -      | \$ 254.00 |
| G0245 |  | G0245 | INITIAL FOOT EXAM PT LOPS                        | 4     | \$ 129.00 | \$ 161.00 |
| G0246 |  | G0246 | FOLLOWUP EVAL OF FOOT PT LOP                     | 1     | \$ 79.00  | \$ 99.00  |
| G0247 |  | G0247 | ROUTINE FOOTCARE PT W LOPS                       | 257   | \$ 177.00 | \$ 221.00 |
| G0442 |  | G0442 | ANNUAL ALCOHOL SCREEN 15 MIN                     | 2291  | \$ 43.00  | \$ 54.00  |
| G2023 |  | G2023 | SPECIMEN COLLECT COVID-19                        | 54    | \$ 25.00  | \$ 31.00  |
| G8510 |  | G8510 | SCR DEP NEG, NO PLAN REQD                        | 82565 | \$ -      | \$ -      |
| G9919 |  | G9919 | SCRN ND POS ND PROV OF REC                       | 189   | \$ 60.00  | \$ 75.00  |
| G9920 |  | G9920 | SCRNING PERF AND NEGATIVE                        | 13280 | \$ 60.00  | \$ 75.00  |
| J0561 |  | J0561 | PENICILLIN G BENZATHINE INJ                      | 92    | \$ 17.00  | \$ 21.00  |
| J0696 |  | J0696 | CEFTRIAXONE SODIUM INJECTION                     | 126   | \$ 17.00  | \$ 21.00  |
| 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  | \$ 45.00  |
| J1200 |  | J1200 | DIPHENHYDRAMINE HCL INJECTIO                     | 6     | \$ 25.00  | \$ 31.00  |
| 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  | \$ 59.00  |
| J1885 |  | J1885 | KETOROLAC TROMETHAMINE INJ                       | 367   | \$ 43.00  | \$ 54.00  |
| J2001 |  | J2001 | LIDOCAINE INJECTION                              | 348   | \$ -      | \$ 9.00   |
| J2315 |  | J2315 | NALTREXONE, DEPOT FORM                           | 50    | \$ -      | \$ -      |
| J2426 |  | J2426 | INJ, INVEGA SUSTENNA, 1 MG                       | 13    | \$ 121.00 | \$ 151.00 |
| J2550 |  | J2550 | PROMETHAZINE HCL INJECTION                       | 72    | \$ 58.00  | \$ 73.00  |
| J2790 |  | J2790 | RHO D IMMUNE GLOBULIN INJ                        | 24    | \$ 338.00 | \$ 423.00 |
| J2930 |  | J2930 | METHYLPREDNISOLONE INJECTION                     | 4     | \$ 54.00  | \$ 68.00  |

|        |  |        |                                                                    |        |           |            |
|--------|--|--------|--------------------------------------------------------------------|--------|-----------|------------|
| J3301  |  | J3301  | TRIAMCINOLONE ACET INJ NOS                                         | 114    | \$ 58.00  | \$ 73.00   |
| J3420  |  | J3420  | VITAMIN B12 INJECTION                                              | 75     | \$ 58.00  | \$ 73.00   |
| J3490  |  | J3490  | DRUGS UNCLASSIFIED INJECTION                                       | 1439   | \$ 137.00 | \$ 171.00  |
| J7297  |  | J7297  | LILETTA, 52 MG                                                     | 52     | \$ 482.00 | \$ 603.00  |
| J7298  |  | J7298  | MIRENA, 52 MG                                                      | 75     | \$ 761.00 | \$ 951.00  |
| J7300  |  | J7300  | INTRAUT COPPER CONTRACEPTIVE                                       | 129    | \$ 688.00 | \$ 860.00  |
| J7307  |  | J7307  | ETONOGESTREL IMPLANT SYSTEM                                        | 398    | \$ 831.00 | \$ 1039.00 |
| J7510  |  | J7510  | PREDNISOLONE ORAL PER 5 MG                                         | 8      | \$ 20.00  | \$ 25.00   |
| J7512  |  | J7512  | PREDNISONE IR OR DR ORAL 1MG                                       | 5      | \$ -      | \$ 5.00    |
| J7611  |  | J7611  | PR ALBUTEROL NON-COMP CON                                          | 1      | \$ 13.00  | \$ 16.00   |
| J7613  |  | J7613  | PR ALBUTEROL NON-COMP UNIT                                         | 180    | \$ 17.00  | \$ 21.00   |
| J7620  |  | J7620  | ALBUTEROL IPBRATROP NON-COMP                                       | 6      | \$ 20.00  | \$ 25.00   |
| J7644  |  | J7644  | IPRATROPIUM BROMIDE NON-COMP                                       | 5      | \$ 20.00  | \$ 25.00   |
| J8499  |  | J8499  | ORAL PRESCRIP DRUG NON CHEMO                                       | 4      | \$ 61.00  | \$ 76.00   |
| J8540  |  | J8540  | ORAL DEXAMETHASONE                                                 | 4      | \$ -      | \$ 46.00   |
| LAS156 |  | LAS156 | SOFIA2 SARS ANTIGEN FIA (COVID) POCT                               | 24     | \$ 54.00  | \$ 68.00   |
| LBS206 |  | LBS206 | BINAXNOW COVID-19 AG CARD POCT                                     | 502    | \$ 30.00  | \$ 38.00   |
| LBS233 |  | LBS233 | COVID-19 AG (POCT)                                                 | 87     | \$ 30.00  | \$ 38.00   |
| LES051 |  | LES051 | COVID-19 POCT                                                      | 16     | \$ 30.00  | \$ 38.00   |
| LES088 |  | LES088 | SOFIA 2 FLU + SARS AG FIA POCT                                     | 29     | \$ -      | \$ 38.00   |
| LES225 |  | LES225 | QUICKVUE® SARS RAPID ANTIGEN POCT                                  | 32     | \$ -      | \$ 38.00   |
| LES227 |  | LES227 | BD VERITOR COVID-19 PLUS FLU A+B POCT                              | 6543   | \$ -      | \$ 38.00   |
| LHS022 |  | LHS022 | ALERE ICUP DX PRO 2 POCT                                           | 25     | \$ -      | \$ 38.00   |
| LHS023 |  | LHS023 | CARESTART COVID-19 AG CARD POCT                                    | 106    | \$ 30.00  | \$ 38.00   |
| LV3910 |  | LV3910 | LEAD, WHOLE BLOOD (PEDIATRIC) LABCORP                              | 1610   | \$ 25.00  | \$ 31.00   |
| LV465  |  | LV465  | URINE HCG (PREG) (MTY IN-HOUSE)                                    | 94     | \$ 9.00   | \$ 11.00   |
| LV466  |  | LV466  | RAPID STREP (MTY IN-HOUSE)                                         | 3422   | \$ 29.00  | \$ 36.00   |
| LV467  |  | LV467  | HEMOGLOBIN FINGERSTICK (MTYHD IN-HOUSE)                            | 2      | \$ -      | \$ 74.00   |
| LV4901 |  | LV4901 | URINALYSIS DIPSTICK (MCKESSON)                                     | 49     | \$ 13.00  | \$ 16.00   |
| LV4922 |  | LV4922 | RSV BINAXNOW (POCT)                                                | 115    | \$ 15.00  | \$ 19.00   |
| LV4933 |  | LV4933 | HCG URINE MCKESSON (POCT)                                          | 5037   | \$ 9.00   | \$ 11.00   |
| LV497  |  | LV497  | BILIRUBIN TEST (MTYHD IN-HOUSE)                                    | 7      | \$ 13.00  | \$ 16.00   |
| LV5114 |  | LV5114 | INFLUENZA A & B BD VERITOR (POCT)                                  | 399    | \$ 16.00  | \$ 20.00   |
| LV5262 |  | LV5262 | GLUCOSE HEMOCUE (POCT)                                             | 1708   | \$ 18.00  | \$ 23.00   |
| LV5383 |  | LV5383 | HEMOGLOBIN, HEMOCUE (POCT)                                         | 21939  | \$ 13.00  | \$ 16.00   |
| LV5550 |  | LV5550 | FECAL OCCULT BLOOD SCREENING, CONSULT<br>DIAGNOSTICS (POCT)        | 1      | \$ 8.00   | \$ 10.00   |
| LV5581 |  | LV5581 | A1C, SIEMENS (POCT)                                                | 3189   | \$ 37.00  | \$ 46.00   |
| LV5629 |  | LV5629 | BILIRUBIN, TRANSCUTANEOUS OPTICAL (BILICHEK)                       | 1739   | \$ 12.00  | \$ 15.00   |
| LV5670 |  | LV5670 | WET MOUNT AND PH, VAGINAL (POCT)                                   | 103    | \$ 14.00  | \$ 18.00   |
| LV5812 |  | LV5812 | URINE DIP CLINITEK (POCT)                                          | 4151   | \$ 15.00  | \$ 19.00   |
| Q0091  |  | Q0091  | OBTAINING SCREEN PAP SMEAR                                         | 2623   | \$ 118.00 | \$ 148.00  |
| Q0162  |  | Q0162  | ONDANSETRON ORAL                                                   | 8      | \$ 2.00   | \$ 3.00    |
| S0020  |  | S0020  | INJECTION, BUPIVACAINE HYDRO                                       | 3      | \$ 14.00  | \$ 18.00   |
| S0119  |  | S0119  | ONDANSETRON 4 MG                                                   | 37     | \$ 2.00   | \$ 3.00    |
| S0191  |  | S0191  | MISOPROSTOL, ORAL, 200 MCG                                         | 19     | \$ 63.00  | \$ 66.00   |
| S0197  |  | S0197  | PRENATAL VITAMINS 30 DAY                                           | 7      | \$ 4.00   | \$ 5.00    |
| S0630  |  | S0630  | REMOVAL OF SUTURES                                                 | 50     | \$ 57.00  | \$ 71.00   |
| S9981  |  | S9981  | MED RECORD COPY ADMIN                                              | 5      | \$ -      | \$ -       |
| T1015  |  | T1015  | CLINIC SERVICE                                                     | 138125 | \$ 0.01   | \$ -       |
| T1017  |  | T1017  | TARGETED CASE MANAGEMENT                                           | 5      | \$ 56.00  | \$ 70.00   |
| TA008  |  | TA008  | INSUFFICIENT FUNDS CHARGE                                          | 4      | \$ 38.00  | \$ 48.00   |
| TA073  |  | TA073  | INTERIM BILLING                                                    | 3      | \$ 0.01   | \$ -       |
| TA089  |  | TA089  | ERRONEOUS - COMPLETED BY SOMEONE OTHER<br>THAN PROVIDER            | 1      | \$ -      | \$ -       |
| TM012  |  | TM012  | CHDP PNEUMOCOCCAL CONJUGATE VACCINE, 13<br>VALENT                  | 2779   | \$ 20.00  | \$ 25.00   |
| TM1001 |  | TM1001 | CHDP HPV 9-VALENT                                                  | 2978   | \$ 20.00  | \$ 25.00   |
| TM1008 |  | TM1008 | PCV15 VACCINE FOR INTRAMUSCULAR USE                                | 456    | \$ -      | \$ 25.00   |
| TM1009 |  | TM1009 | RSV MONOCLONAL ANTIB SEASONAL DOSE 1 ML IM<br>USE                  | 214    | \$ -      | \$ 25.00   |
| TM1010 |  | TM1010 | RSV MONOCLONAL ANTIB SEASONAL DOSE 0.5ML IM<br>USE                 | 102    | \$ -      | \$ 25.00   |
| TM1012 |  | TM1012 | MODERNA (COVID-19) SARSCOV2 VACCINE 25<br>MCG/0.25 ML FOR IM USE   | 4      | \$ -      | \$ 25.00   |
| TM1014 |  | TM1014 | PFIZER (COVID-19) SARSCOV2 VACC 30MCG/0.3ML<br>TRIS-SUCROSE IM USE | 499    | \$ -      | \$ 25.00   |
| TM1015 |  | TM1015 | PFIZER (COVID-19) SARSCOV2 VACC 10MCG/0.3ML<br>TRIS-SUCROSE IM USE | 395    | \$ -      | \$ 25.00   |
| TM1016 |  | TM1016 | PFIZER (COVID-19) SARSCOV2 VACC 3MCG/0.3ML TRIS-<br>SUCROSE IM USE | 214    | \$ -      | \$ 25.00   |
| TM104  |  | TM104  | MENINGOCOCCAL VAC, CONJUGATE                                       | 18     | \$ 20.00  | \$ 25.00   |
| TM135  |  | TM135  | CHDP DTAP/IPV                                                      | 1243   | \$ 20.00  | \$ 25.00   |
| TM141  |  | TM141  | CHDP DTAP                                                          | 1076   | \$ 20.00  | \$ 25.00   |
| TM143  |  | TM143  | CHDP TDAP                                                          | 1645   | \$ 20.00  | \$ 25.00   |
| TM147  |  | TM147  | CHDP TD                                                            | 64     | \$ 14.00  | \$ 18.00   |
| TM149  |  | TM149  | CHDP TD BOOSTER, ADULT                                             | 5      | \$ 20.00  | \$ 25.00   |
| TM151  |  | TM151  | CHDP IPV                                                           | 402    | \$ 20.00  | \$ 25.00   |
| TM155  |  | TM155  | CHDP PNEUMOCOCCAL POLYSACCHARIDE (23PS)                            | 49     | \$ 20.00  | \$ 25.00   |

|         |  |         |                                                                 |       |             |             |
|---------|--|---------|-----------------------------------------------------------------|-------|-------------|-------------|
| TM157   |  | TM157   | CHDP MENINGOCOCCAL VACCINE, CONJUGATE                           | 926   | \$ 20.00    | \$ 25.00    |
| TM159   |  | TM159   | CHDP MMRV                                                       | 1059  | \$ 20.00    | \$ 25.00    |
| TM161   |  | TM161   | CHDP MMR                                                        | 1502  | \$ 20.00    | \$ 25.00    |
| TM163   |  | TM163   | CHDP HIB (PRP-T)                                                | 1072  | \$ 20.00    | \$ 25.00    |
| TM165   |  | TM165   | CHDP HEPB                                                       | 315   | \$ 20.00    | \$ 25.00    |
| TM167   |  | TM167   | CHDP HEPB ADULT                                                 | 9     | \$ 20.00    | \$ 25.00    |
| TM169   |  | TM169   | CHDP VAR (VARICELLA)                                            | 1757  | \$ 20.00    | \$ 25.00    |
| TM171   |  | TM171   | CHDP HEPA                                                       | 2553  | \$ 20.00    | \$ 25.00    |
| TM177   |  | TM177   | CHDP DTAP/HEPB/IPV (PEDIARIX)                                   | 187   | \$ 20.00    | \$ 25.00    |
| TM181   |  | TM181   | CHDP INFLUENZA, SPLIT, IM                                       | 1     | \$ -        | \$ 25.00    |
| TM183   |  | TM183   | CHDP HPV GARDASIL                                               | 2     | \$ -        | \$ 25.00    |
| TM185   |  | TM185   | CHDP ROTAVIRUS                                                  | 1488  | \$ 20.00    | \$ 25.00    |
| TM186   |  | TM186   | HPV 9 VACCINE                                                   | 31    | \$ 20.00    | \$ 25.00    |
| TM191   |  | TM191   | CHDP ROTAVIRUS, HUMAN, ATTENUATED, 2 DOSE                       | 1090  | \$ -        | \$ 25.00    |
| TM242   |  | TM242   | TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED, PRESERVATIVE FREE | 11    | \$ -        | \$ 25.00    |
| TM246   |  | TM246   | HEP A ADULT                                                     | 44    | \$ 20.00    | \$ 25.00    |
| TM247   |  | TM247   | HEP B ADULT                                                     | 340   | \$ 20.00    | \$ 25.00    |
| TM251   |  | TM251   | VFC FLU VAC NO PRS 4 VAL                                        | 10515 | \$ 20.00    | \$ 25.00    |
| TM254   |  | TM254   | FLU VAC 4 VAL 3 YRS+                                            | 201   | \$ 20.00    | \$ 25.00    |
| TM267   |  | TM267   | CHDP MENINGOCOCCAL RECOMB PROTEIN & OUT MEMBRANE VER            | 1602  | \$ 20.00    | \$ 25.00    |
| TM27002 |  | TM27002 | DTAP VACCINE, IMM (INFANRIX)                                    | 10    | \$ -        | \$ 25.00    |
| TM281   |  | TM281   | HEPATITIS B VACCINE ADULT 2 DOSE IM                             | 115   | \$ 20.00    | \$ 25.00    |
| TM402   |  | TM402   | DTAP-IPV-HIB-HEPB VACCINE                                       | 2847  | \$ 20.00    | \$ 25.00    |
| TM405   |  | TM405   | MENACWY-TT CONJ VACC SEROGROUPS ACWY FOR IM USE                 | 1813  | \$ 20.00    | \$ 25.00    |
| TM406   |  | TM406   | PREVNAR 20                                                      | 638   | \$ 20.00    | \$ 25.00    |
| TM407   |  | TM407   | ZOSTER VACCINE, RECOMBINANT (SHINGRIX)                          | 21    | \$ 20.00    | \$ 25.00    |
| TM408   |  | TM408   | PREVNAR 15                                                      | 66    | \$ -        | \$ 25.00    |
| TM774   |  | TM774   | TDAP                                                            | 209   | \$ 20.00    | \$ 25.00    |
| 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    | \$ 21.00    |
| TP070   |  | TP070   | CHARGE FOR CLONIDINE 0.2 MG                                     | 1     | \$ -        | \$ -        |
| TP094   |  | TP094   | INJECTION, INSULIN HUMALOG                                      | 2     | \$ 12.00    | \$ 15.00    |
| TP1076  |  | TP1076  | CHARGE FOR DULAGLUTIDE 0.75 MG/0.5 ML INJECTION                 | 7     | \$ -        | \$ -        |
| TP109   |  | TP109   | CHARGE FOR BACITRACIN OINT 500UNITS 15G                         | 10    | \$ 12.00    | \$ 15.00    |
| TP1116  |  | TP1116  | CHARGE FOR AZITHROMYCIN 250MG TAB, PER TAB                      | 5     | \$ 11.00    | \$ 14.00    |
| 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 | \$ 1,554.00 |
| 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    | \$ 63.00    |
| 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    | \$ 39.00    |
| TP1395  |  | TP1395  | CHARGE FOR SILVER NITRATE APPLICATORS 75 %-25 % TOPICAL STICK   | 48    | \$ 15.00    | \$ 19.00    |
| 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   | \$ 40.00    |
| 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   | \$ 86.00    |
| 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  | \$ 638.00   |
| Z1034  |  | Z1034  | ANTEPARTUM VISITS                                                         | 18494 | \$ 152.00  | \$ 190.00   |
| Z1038  |  | Z1038  | POSTPARTUM                                                                | 1099  | \$ 152.00  | \$ 190.00   |
| Z6200  |  | Z6200  | INITIAL NUTRITION ASSESSMENT AND DEVELOPMENT OF CARE PLAN; FIRST 30 MIN   | 910   | \$ 64.00   | \$ 80.00    |
| Z6202  |  | Z6202  | EACH SUBSEQUENT 15 MINUTES (MAXIMUM OF 1½ HOURS)                          | 6     | \$ 16.00   | \$ 20.00    |
| Z6204  |  | Z6204  | NUTRITION FOLLOW UP (INDIVIDUAL)                                          | 1261  | \$ 32.00   | \$ 40.00    |
| Z6208  |  | Z6208  | POSTPARTUM NUTRITIONAL ASSESSMENT                                         | 1928  | \$ 64.00   | \$ 80.00    |
| Z6300  |  | Z6300  | PSYCHOSOCIAL ASSESSMENT                                                   | 1289  | \$ 64.00   | \$ 80.00    |
| Z6304  |  | Z6304  | PSYCHOSOCIAL FOLLOW UP (INDIVIDUAL)                                       | 1261  | \$ 48.00   | \$ 60.00    |
| Z6306  |  | Z6306  | PSYCHOSOCIAL FOLLOW UP (GROUP)                                            | 2     | \$ -       | \$ 30.00    |
| Z6308  |  | Z6308  | POSTPARTUM PSYCHOSOCIAL ASSESSMENT                                        | 2469  | \$ 31.00   | \$ 39.00    |
| Z6400  |  | Z6400  | CLIENT ORIENTATION                                                        | 3433  | \$ 48.00   | \$ 60.00    |
| Z6402  |  | Z6402  | HEALTH ASSESSMENT                                                         | 1267  | \$ 80.00   | \$ 100.00   |
| Z6404  |  | Z6404  | HEALTH EDUCATION INITIAL ASSESSMENTS                                      | 10    | \$ 64.00   | \$ 80.00    |
| Z6406  |  | Z6406  | HEALTH EDUCATION FOLLOW UP (INDIVIDUAL)                                   | 1349  | \$ 32.00   | \$ 40.00    |
| Z6410  |  | Z6410  | PERINATAL EDUCATION (INDIVIDUAL)                                          | 11705 | \$ 48.00   | \$ 60.00    |
| Z6414  |  | Z6414  | POSTPARTUM HEALTH EDUCATION ASSESSMENT                                    | 5540  | \$ 64.00   | \$ 80.00    |
| Z6500  |  | Z6500  | INITIAL COMPREHENSIVE ASSESSMENTS                                         | 161   | \$ 290.00  | \$ 363.00   |
| 98940  |  | 98940  | Chiropractic manipulative treatment (CMT); Spinal, 1-2 regions            | 0     | \$ 53.00   | \$ 66.00    |
| 98941  |  | 98941  | Chiropractic manipulative treatment (CMT); Spinal, 3-4 regions            | 0     | \$ 77.00   | \$ 96.00    |
| 98942  |  | 98942  | Chiropractic manipulative treatment (CMT); Spinal, 5 regions              | 0     | \$ 98.00   | \$ 123.00   |
| 98943  |  | 98943  | Chiropractic manipulative treatment (CMT); Extraspinal, 1 or more regions | 0     | \$ 48.00   | \$ 60.00    |
| D0120  |  | D0120  | Periodic Oral Evaluation                                                  | 0     | \$ 108.92  | \$ 136.00   |
| D0140  |  | D0140  | Limit Oral Eval Problm Focus                                              | 0     | \$ 172.08  | \$ 215.00   |
| D0145  |  | D0145  | Oral Evaluation, Pt < 3Yrs                                                | 0     | \$ 68.62   | \$ 86.00    |
| D0150  |  | D0150  | Comprehensve Oral Evaluation                                              | 0     | \$ 202.10  | \$ 253.00   |
| D0160  |  | D0160  | Extensv Oral Eval Prob Focus                                              | 0     | \$ 354.18  | \$ 443.00   |
| D0170  |  | D0170  | Re-Eval,Est Pt,Problem Focus                                              | 0     | \$ 172.08  | \$ 215.00   |
| D0171  |  | D0171  | Re-Eval Post-Op Visit                                                     | 0     | \$ 148.07  | \$ 185.00   |
| D0190  |  | D0190  | Screening Of A Patient                                                    | 0     | \$ 180.09  | \$ 225.00   |
| D0191  |  | D0191  | Assessment Of A Patient                                                   | 0     | \$ 182.10  | \$ 228.00   |
| D0210  |  | D0210  | Intraor Complete Film Series                                              | 0     | \$ 308.14  | \$ 385.00   |
| D0220  |  | D0220  | Intraoral Periapical First                                                | 0     | \$ 68.03   | \$ 85.00    |
| D0230  |  | D0230  | Intraoral Periapical Ea Add                                               | 0     | \$ 58.03   | \$ 73.00    |
| D0240  |  | D0240  | Intraoral Occlusal Film                                                   | 0     | \$ 96.06   | \$ 120.00   |
| D0250  |  | D0250  | Extraoral 2D Project Image                                                | 0     | \$ 152.08  | \$ 190.00   |
| D0270  |  | D0270  | Dental Bitewing Single Image                                              | 0     | \$ 68.03   | \$ 85.00    |
| D0272  |  | D0272  | Dental Bitewings Two Images                                               | 0     | \$ 108.05  | \$ 135.00   |
| D0273  |  | D0273  | Bitewings - Three Images                                                  | 0     | \$ 128.07  | \$ 160.00   |
| D0274  |  | D0274  | Bitewings Four Images                                                     | 0     | \$ 154.09  | \$ 193.00   |
| D0277  |  | D0277  | Vert Bitewings 7 To 8 Images                                              | 0     | \$ 230.11  | \$ 288.00   |
| D0320  |  | D0320  | Dental Tmj Arthrogram Incl I                                              | 0     | \$ 1350.64 | \$ 1,688.00 |
| D0321  |  | D0321  | Other Tmj Images By Report                                                | 0     | \$ 470.24  | \$ 588.00   |
| D0322  |  | D0322  | Dental Tomographic Survey                                                 | 0     | \$ 1110.53 | \$ 1,388.00 |
| D0330  |  | D0330  | Panoramic Image                                                           | 0     | \$ 262.12  | \$ 328.00   |
| D0340  |  | D0340  | 2D Cephalometric Image                                                    | 0     | \$ 274.13  | \$ 343.00   |
| D0350  |  | D0350  | Oral/Facial Photo Images                                                  | 0     | \$ 166.08  | \$ 208.00   |

|       |  |       |                                                      |   |            |             |
|-------|--|-------|------------------------------------------------------|---|------------|-------------|
| D0364 |  | D0364 | Cone Beam Ct Capt & Interp                           | 0 | \$ 808.39  | \$ 1010.00  |
| D0365 |  | D0365 | Cone Beam Ct Interpret Man                           | 0 | \$ 850.41  | \$ 1063.00  |
| D0366 |  | D0366 | Cone Beam Ct Interpret Max                           | 0 | \$ 826.38  | \$ 1033.00  |
| D0367 |  | D0367 | Cone Beam Ct Interp Both Jaw                         | 0 | \$ 846.40  | \$ 1058.00  |
| D0368 |  | D0368 | Cone Beam Ct Interpret Tmj                           | 0 | \$ 896.42  | \$ 1121.00  |
| D0369 |  | D0369 | Max MRI Capture & Interpret                          | 0 | \$ 1612.76 | \$ 2,016.00 |
| D0370 |  | D0370 | Max Ultrasound Capt & Interp                         | 0 | \$ 1188.56 | \$ 1,486.00 |
| D0380 |  | D0380 | Cone Beam Ct Capture Limited                         | 0 | \$ 754.37  | \$ 943.00   |
| D0381 |  | D0381 | Cone Beam Ct Capt Mandible                           | 0 | \$ 834.39  | \$ 1043.00  |
| D0382 |  | D0382 | Cone Beam Ct Capt Maxilla                            | 0 | \$ 842.40  | \$ 1053.00  |
| D0383 |  | D0383 | Cone Beam Ct Both Jaws                               | 0 | \$ 926.44  | \$ 1158.00  |
| D0384 |  | D0384 | Cone Beam Ct Capture Tmj                             | 0 | \$ 790.38  | \$ 988.00   |
| D0385 |  | D0385 | Max MRI Image Capture                                | 0 | \$ 1184.56 | \$ 1,481.00 |
| D0386 |  | D0386 | Max Ultrasound Image Capture                         | 0 | \$ 1068.50 | \$ 1,336.00 |
| D0391 |  | D0391 | Interpret Diagnostic Image                           | 0 | \$ 688.33  | \$ 860.00   |
| D0394 |  | D0394 | Digital Sub 2 Or More Images                         | 0 | \$ 640.30  | \$ 800.00   |
| D0395 |  | D0395 | Fusion 2 Or More 3D Images                           | 0 | \$ 772.35  | \$ 965.00   |
| D0460 |  | D0460 | Pulp Vitality Test                                   | 0 | \$ 132.05  | \$ 165.00   |
| D0470 |  | D0470 | Diagnostic Casts                                     | 0 | \$ 276.12  | \$ 345.00   |
| D0502 |  | D0502 | Other Oral Pathology Procedu                         | 0 | \$ 353.69  | \$ 442.00   |
| D0601 |  | D0601 | Caries Risk Assess Low Risk                          | 0 | \$ 174.91  | \$ 219.00   |
| D0602 |  | D0602 | Caries Risk Assess Mod Risk                          | 0 | \$ 194.15  | \$ 243.00   |
| D0603 |  | D0603 | Caries Risk Assess High Risk                         | 0 | \$ 163.24  | \$ 204.00   |
| D1110 |  | D1110 | Dental Prophylaxis Adult                             | 0 | \$ 209.89  | \$ 262.00   |
| D1120 |  | D1120 | Dental Prophylaxis Child                             | 0 | \$ 147.98  | \$ 185.00   |
| D1206 |  | D1206 | Topical Fluoride Varnish                             | 0 | \$ 65.53   | \$ 82.00    |
| D1310 |  | D1310 | Nutri Counsel-Control Caries                         | 0 | \$ 126.46  | \$ 158.00   |
| D1320 |  | D1320 | Tobacco Counseling                                   | 0 | \$ 139.31  | \$ 174.00   |
| D1330 |  | D1330 | Oral Hygiene Instruction                             | 0 | \$ 120.04  | \$ 150.00   |
| D1351 |  | D1351 | Dental Sealant Per Tooth                             | 0 | \$ 101.94  | \$ 127.00   |
| D1352 |  | D1352 | Prev Resin Rest, Perm Tooth                          | 0 | \$ 256.12  | \$ 320.00   |
| D1355 |  | D1355 | Caries Preventive Medicament Application - Per Tooth | 0 | \$ 122.99  | \$ 154.00   |
| D1510 |  | D1510 | Space Maintainer Fxd Unilat                          | 0 | \$ 720.34  | \$ 900.00   |
| D1516 |  | D1516 | Fixed Bilat Space Maint, Max                         | 0 | \$ 637.92  | \$ 797.00   |
| D1517 |  | D1517 | Fixed Bilat Space Maint, Man                         | 0 | \$ 637.92  | \$ 797.00   |
| D1520 |  | D1520 | Remove Unilat Space Maintain                         | 0 | \$ 872.42  | \$ 1091.00  |
| D1526 |  | D1526 | Space Maintainer - Removable-Bilateral               | 0 | \$ 765.01  | \$ 956.00   |
| D1550 |  | D1550 | Recement Space Maintainer                            | 0 | \$ 190.45  | \$ 238.00   |
| D1551 |  | D1551 | Re-Cement Or Re-Bond Bilateral Space Mai             | 0 | \$ 93.48   | \$ 117.00   |
| D1552 |  | D1552 | Re-Cement Or Re-Bond Bilateral Space Mai             | 0 | \$ 93.48   | \$ 117.00   |
| D1553 |  | D1553 | Re-Cement Or Re-Bond Unilateral Space Ma             | 0 | \$ 93.48   | \$ 117.00   |
| D1556 |  | D1556 | Removal Of Fixed Unilateral Space Mainta             | 0 | \$ 88.56   | \$ 111.00   |
| D1557 |  | D1557 | Removal Of Fixed Bilateral Space Maintai             | 0 | \$ 88.56   | \$ 111.00   |
| D1558 |  | D1558 | Removal Of Fixed Bilateral Space Maintai             | 0 | \$ 88.56   | \$ 111.00   |
| D2140 |  | D2140 | Amalgam One Surface Permanen                         | 0 | \$ 344.15  | \$ 430.00   |
| D2150 |  | D2150 | Amalgam Two Surfaces Permane                         | 0 | \$ 436.21  | \$ 545.00   |
| D2160 |  | D2160 | Amalgam Three Surfaces Perma                         | 0 | \$ 530.26  | \$ 663.00   |
| D2161 |  | D2161 | Amalgam 4 Or > Surfaces Perm                         | 0 | \$ 626.29  | \$ 783.00   |
| D2330 |  | D2330 | Resin One Surface-Anterior                           | 0 | \$ 394.17  | \$ 493.00   |
| D2331 |  | D2331 | Resin Two Surfaces-Anterior                          | 0 | \$ 476.23  | \$ 595.00   |
| D2332 |  | D2332 | Resin Three Surfaces-Anterio                         | 0 | \$ 586.30  | \$ 733.00   |
| D2335 |  | D2335 | Resin 4/> Surf Or W Incis An                         | 0 | \$ 732.35  | \$ 915.00   |
| D2390 |  | D2390 | Ant Resin-Based Cmpst Crown                          | 0 | \$ 1082.53 | \$ 1,353.00 |
| D2391 |  | D2391 | Post 1 Srfc Resinbased Cmpst                         | 0 | \$ 422.18  | \$ 528.00   |
| D2392 |  | D2392 | Post 2 Srfc Resinbased Cmpst                         | 0 | \$ 538.24  | \$ 673.00   |
| D2393 |  | D2393 | Post 3 Srfc Resinbased Cmpst                         | 0 | \$ 662.31  | \$ 828.00   |
| D2394 |  | D2394 | Post >=4Srfc Resinbase Cmpst                         | 0 | \$ 792.40  | \$ 991.00   |
| D2710 |  | D2710 | Crown Resin-Based Indirect                           | 0 | \$ 2247.06 | \$ 2,809.00 |
| D2712 |  | D2712 | Crown 3/4 Resin-Based Compos                         | 0 | \$ 2411.15 | \$ 3,014.00 |
| D2720 |  | D2720 | Crown Resin W/ High Noble Me                         | 0 | \$ 2467.19 | \$ 3,084.00 |
| D2721 |  | D2721 | Crown Resin W/ Base Metal                            | 0 | \$ 2361.11 | \$ 2,951.00 |
| D2722 |  | D2722 | Crown Resin W/ Noble Metal                           | 0 | \$ 2433.16 | \$ 3,041.00 |
| D2740 |  | D2740 | Crown Porcelain/Ceramic Subs                         | 0 | \$ 2655.26 | \$ 3,319.00 |
| D2750 |  | D2750 | Crown Porcelain W/ H Noble M                         | 0 | \$ 2625.24 | \$ 3,282.00 |
| D2751 |  | D2751 | Crown Porcelain Fused Base M                         | 0 | \$ 2459.18 | \$ 3,074.00 |
| D2752 |  | D2752 | Crown Porcelain W/ Noble Met                         | 0 | \$ 2525.22 | \$ 3,157.00 |
| D2753 |  | D2753 | Crown - Porcelain Fused To Titanium And              | 0 | \$ 1593.86 | \$ 1,992.00 |
| D2780 |  | D2780 | Crown 3/4 Cast Hi Noble Met                          | 0 | \$ 2557.21 | \$ 3,197.00 |
| D2781 |  | D2781 | Crown 3/4 Cast Base Metal                            | 0 | \$ 2469.18 | \$ 3,086.00 |
| D2782 |  | D2782 | Crown 3/4 Cast Noble Metal                           | 0 | \$ 2471.17 | \$ 3,089.00 |
| D2783 |  | D2783 | Crown 3/4 Porcelain/Ceramic                          | 0 | \$ 2557.21 | \$ 3,197.00 |
| D2790 |  | D2790 | Crown Full Cast High Noble M                         | 0 | \$ 2705.28 | \$ 3,382.00 |
| D2791 |  | D2791 | Crown Full Cast Base Metal                           | 0 | \$ 2369.14 | \$ 2,961.00 |
| D2792 |  | D2792 | Crown Full Cast Noble Metal                          | 0 | \$ 2489.18 | \$ 3,111.00 |
| D2794 |  | D2794 | Crown-Titanium                                       | 0 | \$ 2573.23 | \$ 3,217.00 |
| D2799 |  | D2799 | Provisional Crown                                    | 0 | \$ 1034.49 | \$ 1,293.00 |
| D2910 |  | D2910 | Recement Inlay Onlay Or Part                         | 0 | \$ 272.14  | \$ 340.00   |
| D2915 |  | D2915 | Recement Cast Or Prefab Post                         | 0 | \$ 276.12  | \$ 345.00   |
| D2920 |  | D2920 | Re-Cement Or Re-Bond Crown                           | 0 | \$ 266.12  | \$ 333.00   |

|       |  |       |                                                         |   |            |             |
|-------|--|-------|---------------------------------------------------------|---|------------|-------------|
| D2921 |  | D2921 | Reattach Tooth Fragment                                 | 0 | \$ 622.29  | \$ 778.00   |
| D2928 |  | D2928 | Prefabricated Porcelain/Ceramic Crown – Permanent Tooth | 0 | \$ 464.93  | \$ 581.00   |
| D2929 |  | D2929 | Prefab Porc/Ceram Crown Pri                             | 0 | \$ 838.39  | \$ 1048.00  |
| D2930 |  | D2930 | Prefab Stnlss Steel Crwn Pri                            | 0 | \$ 620.30  | \$ 775.00   |
| D2931 |  | D2931 | Prefab Stnlss Steel Crown Pe                            | 0 | \$ 716.34  | \$ 895.00   |
| D2932 |  | D2932 | Prefabricated Resin Crown                               | 0 | \$ 818.39  | \$ 1023.00  |
| D2933 |  | D2933 | Prefab Stainless Steel Crown                            | 0 | \$ 846.40  | \$ 1058.00  |
| D2934 |  | D2934 | Prefab Steel Crown Primary                              | 0 | \$ 836.40  | \$ 1046.00  |
| D2940 |  | D2940 | Protective Restoration                                  | 0 | \$ 294.15  | \$ 368.00   |
| D2949 |  | D2949 | Restorative Foundation                                  | 0 | \$ 512.25  | \$ 640.00   |
| D2950 |  | D2950 | Core Build-Up Incl Any Pins                             | 0 | \$ 616.29  | \$ 770.00   |
| D2951 |  | D2951 | Tooth Pin Retention                                     | 0 | \$ 180.09  | \$ 225.00   |
| D2952 |  | D2952 | Post And Core Cast + Crown                              | 0 | \$ 948.46  | \$ 1186.00  |
| D2953 |  | D2953 | Each Addtnl Cast Post                                   | 0 | \$ 738.35  | \$ 923.00   |
| D2954 |  | D2954 | Prefab Post/Core + Crown                                | 0 | \$ 770.36  | \$ 963.00   |
| D2955 |  | D2955 | Post Removal                                            | 0 | \$ 678.33  | \$ 848.00   |
| D2957 |  | D2957 | Each Addtnl Prefab Post                                 | 0 | \$ 492.23  | \$ 615.00   |
| D2960 |  | D2960 | Laminate Labial Veneer                                  | 0 | \$ 1574.73 | \$ 1,968.00 |
| D2961 |  | D2961 | Lab Labial Veneer Resin                                 | 0 | \$ 2339.12 | \$ 2,924.00 |
| D2962 |  | D2962 | Lab Labial Veneer Porcelain                             | 0 | \$ 2683.27 | \$ 3,354.00 |
| D2971 |  | D2971 | Add Proc Construct New Crown                            | 0 | \$ 570.25  | \$ 713.00   |
| D2975 |  | D2975 | Coping                                                  | 0 | \$ 1422.67 | \$ 1,778.00 |
| D2980 |  | D2980 | Crown Repair                                            | 0 | \$ 674.32  | \$ 843.00   |
| D2983 |  | D2983 | Veneer Repair                                           | 0 | \$ 680.32  | \$ 850.00   |
| D2990 |  | D2990 | Resin Infiltration Of Lesion                            | 0 | \$ 422.18  | \$ 528.00   |
| D3110 |  | D3110 | Pulp Cap Direct                                         | 0 | \$ 194.09  | \$ 243.00   |
| D3120 |  | D3120 | Pulp Cap Indirect                                       | 0 | \$ 194.09  | \$ 243.00   |
| D3220 |  | D3220 | Therapeutic Pulpotomy                                   | 0 | \$ 482.23  | \$ 603.00   |
| D3221 |  | D3221 | Gross Pulpal Debridement                                | 0 | \$ 540.26  | \$ 675.00   |
| D3230 |  | D3230 | Pulpal Therapy Anterior Prim                            | 0 | \$ 1234.72 | \$ 1,543.00 |
| D3240 |  | D3240 | Pulpal Therapy Posterior Pri                            | 0 | \$ 1394.94 | \$ 1,744.00 |
| D3310 |  | D3310 | End Thxpy, Anterior Tooth                               | 0 | \$ 1764.84 | \$ 2,206.00 |
| D3320 |  | D3320 | End Thxpy, Bicuspid Tooth                               | 0 | \$ 1990.94 | \$ 2,489.00 |
| D3330 |  | D3330 | End Thxpy, Molar                                        | 0 | \$ 2429.16 | \$ 3,036.00 |
| D3331 |  | D3331 | Non-Surg Tx Root Canal Obs                              | 0 | \$ 1502.72 | \$ 1,878.00 |
| D3332 |  | D3332 | Incomplete Endodontic Tx                                | 0 | \$ 1042.50 | \$ 1,303.00 |
| D3333 |  | D3333 | Internal Root Repair                                    | 0 | \$ 788.39  | \$ 985.00   |
| D3346 |  | D3346 | Retreat Root Canal Anterior                             | 0 | \$ 2006.98 | \$ 2,509.00 |
| D3347 |  | D3347 | Retreat Root Canal Bicuspid                             | 0 | \$ 2267.08 | \$ 2,834.00 |
| D3348 |  | D3348 | Retreat Root Canal Molar                                | 0 | \$ 2753.31 | \$ 3,442.00 |
| D3351 |  | D3351 | Apexification/Recalc Initial                            | 0 | \$ 834.39  | \$ 1043.00  |
| D3352 |  | D3352 | Apexification/recalc Interim                            | 0 | \$ 612.29  | \$ 765.00   |
| D3353 |  | D3353 | Apexification/recalc Final                              | 0 | \$ 1196.57 | \$ 1,496.00 |
| D3355 |  | D3355 | Pulpal Regeneration Initial                             | 0 | \$ 980.47  | \$ 1226.00  |
| D3356 |  | D3356 | Pulpal Regeneration Interim                             | 0 | \$ 614.30  | \$ 768.00   |
| D3357 |  | D3357 | Pulpal Regeneration Complete                            | 0 | \$ 596.64  | \$ 746.00   |
| D3410 |  | D3410 | Apicoectomy - Anterior                                  | 0 | \$ 1670.79 | \$ 2,088.00 |
| D3421 |  | D3421 | Root Surgery Bicuspid                                   | 0 | \$ 1888.90 | \$ 2,361.00 |
| D3425 |  | D3425 | Root Surgery Molar                                      | 0 | \$ 2107.00 | \$ 2,634.00 |
| D3426 |  | D3426 | Root Surgery Ea Add Root                                | 0 | \$ 996.49  | \$ 1246.00  |
| D3427 |  | D3427 | Periradicular Surgery                                   | 0 | \$ 1674.79 | \$ 2,093.00 |
| D3428 |  | D3428 | Bone Graft Peri Per Tooth                               | 0 | \$ 1478.71 | \$ 1,848.00 |
| D3429 |  | D3429 | Bone Graft Peri Each Addl                               | 0 | \$ 1278.61 | \$ 1,598.00 |
| D3430 |  | D3430 | Retrograde Filling                                      | 0 | \$ 666.32  | \$ 833.00   |
| D3431 |  | D3431 | Biological Materials                                    | 0 | \$ 1212.57 | \$ 1,516.00 |
| D3432 |  | D3432 | Guided Tissue Regeneration                              | 0 | \$ 1368.67 | \$ 1,711.00 |
| D3450 |  | D3450 | Root Amputation                                         | 0 | \$ 1174.56 | \$ 1,468.00 |
| D3460 |  | D3460 | Endodontic Endosseous Implan                            | 0 | \$ 3583.70 | \$ 4,480.00 |
| D3470 |  | D3470 | Intentional Replantation                                | 0 | \$ 1868.88 | \$ 2,336.00 |
| D3471 |  | D3471 | Surgical Repair Of Root Resorption - Anterior           | 0 | \$ 1006.10 | \$ 1,258.00 |
| D3472 |  | D3472 | Surgical Repair Of Root Resorption – Premolar           | 0 | \$ 1119.25 | \$ 1,399.00 |
| D3473 |  | D3473 | Surgical Repair Of Root Resorption – Molar              | 0 | \$ 1269.29 | \$ 1,587.00 |
| D3920 |  | D3920 | Tooth Splitting                                         | 0 | \$ 1082.53 | \$ 1,353.00 |
| D3950 |  | D3950 | Canal Prep/Fitting Of Dowel                             | 0 | \$ 612.29  | \$ 765.00   |
| D4210 |  | D4210 | Gingivectomy/Plasty 4 Or Mor                            | 0 | \$ 1464.69 | \$ 1,831.00 |
| D4211 |  | D4211 | Gingivectomy/Plasty 1 To 3                              | 0 | \$ 766.36  | \$ 958.00   |
| D4212 |  | D4212 | Gingivectomy/Plasty Rest                                | 0 | \$ 688.33  | \$ 860.00   |
| D4230 |  | D4230 | Anatomical Crown Exposure Fo                            | 0 | \$ 1962.93 | \$ 2,454.00 |
| D4231 |  | D4231 | Anatomical Crown Exposure On                            | 0 | \$ 1386.66 | \$ 1,733.00 |
| D4240 |  | D4240 | Gingival Flap Proc W/ Planin                            | 0 | \$ 1708.82 | \$ 2,136.00 |
| D4241 |  | D4241 | Gngvl Flap W Rootplan 1-3 Th                            | 0 | \$ 1398.67 | \$ 1,748.00 |
| D4245 |  | D4245 | Apically Positioned Flap                                | 0 | \$ 1868.88 | \$ 2,336.00 |
| D4249 |  | D4249 | Crown Lengthen Hard Tissue                              | 0 | \$ 1796.87 | \$ 2,246.00 |
| D4260 |  | D4260 | Osseous Surgery 4 Or More                               | 0 | \$ 2611.26 | \$ 3,264.00 |
| D4261 |  | D4261 | Osseous Surg 1 To 3 Teeth                               | 0 | \$ 2109.01 | \$ 2,636.00 |
| D4263 |  | D4263 | Bone Replce Graft First Site                            | 0 | \$ 1562.74 | \$ 1,953.00 |
| D4264 |  | D4264 | Bone Replce Graft Each Add                              | 0 | \$ 1266.59 | \$ 1,583.00 |
| D4265 |  | D4265 | Bio Mtrls To Aid Soft/Os Reg                            | 0 | \$ 1336.64 | \$ 1,671.00 |
| D4266 |  | D4266 | Guided Tiss Regen Resorbile                             | 0 | \$ 1770.85 | \$ 2,214.00 |

|       |  |       |                                          |   |             |              |
|-------|--|-------|------------------------------------------|---|-------------|--------------|
| D4267 |  | D4267 | Guided Tiss Regen Nonresorb              | 0 | \$ 2038.97  | \$ 2,549.00  |
| D4268 |  | D4268 | Surgical Revision Procedure              | 0 | \$ 1874.90  | \$ 2,344.00  |
| D4270 |  | D4270 | Pedicle Soft Tissue Graft Pr             | 0 | \$ 1968.95  | \$ 2,461.00  |
| D4273 |  | D4273 | Auto Tissue Graft 1St Tooth              | 0 | \$ 2593.23  | \$ 3,242.00  |
| D4274 |  | D4274 | Mesial/Distal Wedge Proc                 | 0 | \$ 1540.75  | \$ 1,926.00  |
| D4275 |  | D4275 | Non-Auto Graft 1St Tooth                 | 0 | \$ 2435.16  | \$ 3,044.00  |
| D4276 |  | D4276 | Con Tissue W Dble Ped Graft              | 0 | \$ 2601.08  | \$ 3,251.00  |
| D4277 |  | D4277 | Soft Tissue Graft Firsttooth             | 0 | \$ 2311.11  | \$ 2,889.00  |
| D4278 |  | D4278 | Soft Tissue Graft Addl Tooth             | 0 | \$ 1770.85  | \$ 2,214.00  |
| D4320 |  | D4320 | Provision Splnt Intracoronal             | 0 | \$ 1210.58  | \$ 1,513.00  |
| D4321 |  | D4321 | Provisional Splint Extracoro             | 0 | \$ 1092.52  | \$ 1,366.00  |
| D4341 |  | D4341 | Periodontal Scaling & Root               | 0 | \$ 552.84   | \$ 691.00    |
| D4342 |  | D4342 | Periodontal Scaling 1-3Teeth             | 0 | \$ 231.23   | \$ 289.00    |
| D4355 |  | D4355 | Full Mouth Debridement                   | 0 | \$ 402.07   | \$ 503.00    |
| D4910 |  | D4910 | Periodontal Maint Procedures             | 0 | \$ 247.66   | \$ 310.00    |
| D4920 |  | D4920 | Unscheduled Dressing Change              | 0 | \$ 246.10   | \$ 308.00    |
| D4921 |  | D4921 | Gingival Irrigation Per Quad             | 0 | \$ 192.08   | \$ 240.00    |
| D5110 |  | D5110 | Dentures Complete Maxillary              | 0 | \$ 4057.94  | \$ 5,072.00  |
| D5120 |  | D5120 | Dentures Complete Mandible               | 0 | \$ 4135.97  | \$ 5,170.00  |
| D5130 |  | D5130 | Dentures Immediat Maxillary              | 0 | \$ 4326.05  | \$ 5,408.00  |
| D5140 |  | D5140 | Dentures Immediat Mandible               | 0 | \$ 4348.06  | \$ 5,435.00  |
| D5211 |  | D5211 | Maxillary Partial Denture R              | 0 | \$ 3273.57  | \$ 4,092.00  |
| D5212 |  | D5212 | Mandibular Partial Denture               | 0 | \$ 3245.56  | \$ 4,057.00  |
| D5213 |  | D5213 | Dentures Maxill Part Metal               | 0 | \$ 4224.02  | \$ 5,280.00  |
| D5214 |  | D5214 | Dentures Mandibl Part Metal              | 0 | \$ 4236.01  | \$ 5,295.00  |
| D5225 |  | D5225 | Maxillary Part Denture Flex              | 0 | \$ 3637.72  | \$ 4,547.00  |
| D5226 |  | D5226 | Mandibular Part Denture Flex             | 0 | \$ 3625.71  | \$ 4,532.00  |
| D5284 |  | D5284 | Removable Unilateral Partial Denture - O | 0 | \$ 626.09   | \$ 783.00    |
| D5286 |  | D5286 | Removable Unilateral Partial Denture - O | 0 | \$ 626.09   | \$ 783.00    |
| D5410 |  | D5410 | Dentures Adjust Cmplt Maxil              | 0 | \$ 212.10   | \$ 265.00    |
| D5411 |  | D5411 | Dentures Adjust Cmplt Mand               | 0 | \$ 210.11   | \$ 263.00    |
| D5421 |  | D5421 | Dentures Adjust Part Maxill              | 0 | \$ 210.11   | \$ 263.00    |
| D5422 |  | D5422 | Dentures Adjust Part Mandbl              | 0 | \$ 210.11   | \$ 263.00    |
| D5520 |  | D5520 | Replace Denture Teeth Cmplt              | 0 | \$ 450.21   | \$ 563.00    |
| D5630 |  | D5630 | Rep Partial Denture Clasp                | 0 | \$ 632.29   | \$ 790.00    |
| D5640 |  | D5640 | Replace Part Denture Teeth               | 0 | \$ 460.21   | \$ 575.00    |
| D5650 |  | D5650 | Add Tooth To Partial Denture             | 0 | \$ 540.26   | \$ 675.00    |
| D5660 |  | D5660 | Add Clasp To Partial Denture             | 0 | \$ 634.30   | \$ 793.00    |
| D5670 |  | D5670 | Replc Tth&Acrlc On Mtl Frmwk             | 0 | \$ 1734.84  | \$ 2,169.00  |
| D5671 |  | D5671 | Replc Tth&Acrlc Mandibular               | 0 | \$ 1760.83  | \$ 2,201.00  |
| D5710 |  | D5710 | Dentures Rebase Cmplt Maxil              | 0 | \$ 1378.65  | \$ 1,723.00  |
| D5711 |  | D5711 | Dentures Rebase Cmplt Mand               | 0 | \$ 1376.66  | \$ 1,721.00  |
| D5720 |  | D5720 | Dentures Rebase Part Maxill              | 0 | \$ 1326.64  | \$ 1,658.00  |
| D5721 |  | D5721 | Dentures Rebase Part Mandbl              | 0 | \$ 1326.64  | \$ 1,658.00  |
| D5730 |  | D5730 | Denture Reln Cmplt Maxil Ch              | 0 | \$ 884.41   | \$ 1,106.00  |
| D5731 |  | D5731 | Denture Reln Cmplt Mand Chr              | 0 | \$ 864.41   | \$ 1,081.00  |
| D5740 |  | D5740 | Denture Reln Part Maxil Chr              | 0 | \$ 864.41   | \$ 1,081.00  |
| D5741 |  | D5741 | Denture Reln Part Mand Chr               | 0 | \$ 876.42   | \$ 1,096.00  |
| D5750 |  | D5750 | Denture Reln Cmplt Max Lab               | 0 | \$ 1082.53  | \$ 1,353.00  |
| D5751 |  | D5751 | Denture Reln Cmplt Mand Lab              | 0 | \$ 1110.53  | \$ 1,388.00  |
| D5760 |  | D5760 | Denture Reln Part Maxil Lab              | 0 | \$ 1086.51  | \$ 1,358.00  |
| D5761 |  | D5761 | Denture Reln Part Mand Lab               | 0 | \$ 1092.52  | \$ 1,366.00  |
| D5810 |  | D5810 | Denture Intern Cmplt Maxill              | 0 | \$ 2048.97  | \$ 2,561.00  |
| D5811 |  | D5811 | Denture Intern Cmplt Mandbl              | 0 | \$ 2064.99  | \$ 2,581.00  |
| D5820 |  | D5820 | Denture Intern Part Maxill               | 0 | \$ 1670.79  | \$ 2,088.00  |
| D5821 |  | D5821 | Denture Intern Part Mandbl               | 0 | \$ 1670.79  | \$ 2,088.00  |
| D5850 |  | D5850 | Denture Tiss Conditn Maxill              | 0 | \$ 492.23   | \$ 615.00    |
| D5851 |  | D5851 | Denture Tiss Conditn Mandbl              | 0 | \$ 492.23   | \$ 615.00    |
| D5862 |  | D5862 | Precision Attachment                     | 0 | \$ 1670.86  | \$ 2,089.00  |
| D5863 |  | D5863 | Overdenture Complete Max                 | 0 | \$ 5300.53  | \$ 6,626.00  |
| D5864 |  | D5864 | Overdenture Partial Max                  | 0 | \$ 5200.48  | \$ 6,501.00  |
| D5865 |  | D5865 | Overdenture Complete Manib               | 0 | \$ 5408.58  | \$ 6,761.00  |
| D5866 |  | D5866 | Overdenture Partial Manib                | 0 | \$ 5198.47  | \$ 6,498.00  |
| D5867 |  | D5867 | Replacement Of Precision Att             | 0 | \$ 934.45   | \$ 1,168.00  |
| D5875 |  | D5875 | Prosthesis Modification                  | 0 | \$ 1042.50  | \$ 1,303.00  |
| D5899 |  | D5899 | Removable Prosthodontic Proc             | 0 | \$ 2361.11  | \$ 2,951.00  |
| D5911 |  | D5911 | Facial Moulage Sectional                 | 0 | \$ 1180.55  | \$ 1,476.00  |
| D5912 |  | D5912 | Facial Moulage Complete                  | 0 | \$ 1220.60  | \$ 1,526.00  |
| D5913 |  | D5913 | Nasal Prosthesis                         | 0 | \$ 14857.08 | \$ 18,571.00 |
| D5914 |  | D5914 | Auricular Prosthesis                     | 0 | \$ 17230.23 | \$ 21,538.00 |
| D5915 |  | D5915 | Orbital Prosthesis                       | 0 | \$ 22912.80 | \$ 28,641.00 |
| D5916 |  | D5916 | Ocular Prosthesis                        | 0 | \$ 23761.42 | \$ 29,702.00 |
| D5919 |  | D5919 | Facial Prosthesis                        | 0 | \$ 23754.55 | \$ 29,693.00 |
| D5922 |  | D5922 | Nasal Septal Prosthesis                  | 0 | \$ 11032.09 | \$ 13,790.00 |
| D5923 |  | D5923 | Ocular Prosthesis Interim                | 0 | \$ 13577.95 | \$ 16,972.00 |
| D5924 |  | D5924 | Cranial Prosthesis                       | 0 | \$ 13577.95 | \$ 16,972.00 |
| D5925 |  | D5925 | Facial Augmentation Implant              | 0 | \$ 13577.95 | \$ 16,972.00 |
| D5926 |  | D5926 | Replacement Nasal Prosthesis             | 0 | \$ 8486.18  | \$ 10,608.00 |
| D5927 |  | D5927 | Auricular Replacement                    | 0 | \$ 8486.16  | \$ 10,608.00 |
| D5928 |  | D5928 | Orbital Replacement                      | 0 | \$ 11456.40 | \$ 14,321.00 |

|       |  |       |                                          |   |             |              |
|-------|--|-------|------------------------------------------|---|-------------|--------------|
| D5929 |  | D5929 | Facial Replacement                       | 0 | \$ 11456.40 | \$ 14,321.00 |
| D5931 |  | D5931 | Surgical Obturator                       | 0 | \$ 5167.03  | \$ 6,459.00  |
| D5932 |  | D5932 | Postsurgical Obturator                   | 0 | \$ 12729.31 | \$ 15,912.00 |
| D5933 |  | D5933 | Refitting Of Obturator                   | 0 | \$ 2545.88  | \$ 3,182.00  |
| D5934 |  | D5934 | Mandibular Flange Prosthesis             | 0 | \$ 12729.31 | \$ 15,912.00 |
| D5935 |  | D5935 | Mandibular Denture Prosth                | 0 | \$ 12729.31 | \$ 15,912.00 |
| D5936 |  | D5936 | Temp Obturator Prosthesis                | 0 | \$ 4667.46  | \$ 5,834.00  |
| D5937 |  | D5937 | Trismus Appliance                        | 0 | \$ 1748.82  | \$ 2,186.00  |
| D5951 |  | D5951 | Feeding Aid                              | 0 | \$ 2267.08  | \$ 2,834.00  |
| D5953 |  | D5953 | Adult Speech Aid                         | 0 | \$ 5091.72  | \$ 6,365.00  |
| D5954 |  | D5954 | Superimposed Prosthesis                  | 0 | \$ 10776.70 | \$ 13,471.00 |
| D5955 |  | D5955 | Palatal Lift Prosthesis                  | 0 | \$ 11032.09 | \$ 13,790.00 |
| D5958 |  | D5958 | Intraoral Con Def Inter Plt              | 0 | \$ 6449.50  | \$ 8,062.00  |
| D5959 |  | D5959 | Intraoral Con Def Mod Palat              | 0 | \$ 2036.93  | \$ 2,546.00  |
| D5960 |  | D5960 | Modify Speech Aid Prosthesis             | 0 | \$ 1357.78  | \$ 1,697.00  |
| D5982 |  | D5982 | Surgical Stent                           | 0 | \$ 1052.50  | \$ 1,316.00  |
| D5986 |  | D5986 | Fluoride Applicator                      | 0 | \$ 618.33   | \$ 773.00    |
| D5987 |  | D5987 | Commisure Splint                         | 0 | \$ 2447.17  | \$ 3,059.00  |
| D5988 |  | D5988 | Surgical Splint                          | 0 | \$ 1766.85  | \$ 2,209.00  |
| D5994 |  | D5994 | Peridental Medicament                    | 0 | \$ 1440.68  | \$ 1,801.00  |
| D6010 |  | D6010 | Odontics Endosteal Implant               | 0 | \$ 4524.14  | \$ 5,655.00  |
| D6011 |  | D6011 | Second Stage Implant Surgery             | 0 | \$ 1670.79  | \$ 2,088.00  |
| D6012 |  | D6012 | Endosteal Implant                        | 0 | \$ 3893.85  | \$ 4,867.00  |
| D6013 |  | D6013 | Surgical Place Mini Implant              | 0 | \$ 2589.22  | \$ 3,237.00  |
| D6040 |  | D6040 | Odontics Eposteal implnt                 | 0 | \$ 17076.13 | \$ 21,345.00 |
| D6050 |  | D6050 | Odontics Transosteal Implnt              | 0 | \$ 12543.98 | \$ 15,680.00 |
| D6051 |  | D6051 | Interim Abutment                         | 0 | \$ 1220.60  | \$ 1,526.00  |
| D6052 |  | D6052 | Semi-precision Attachment Abutment       | 0 | \$ 1974.94  | \$ 2,469.00  |
| D6055 |  | D6055 | Implant Connecting Bar                   | 0 | \$ 6987.33  | \$ 8,734.00  |
| D6056 |  | D6056 | Prefabricated Abutment                   | 0 | \$ 1750.83  | \$ 2,189.00  |
| D6057 |  | D6057 | Custom Abutment                          | 0 | \$ 2064.99  | \$ 2,581.00  |
| D6058 |  | D6058 | Abutment Supported Crown                 | 0 | \$ 3245.56  | \$ 4,057.00  |
| D6059 |  | D6059 | Abutment Supported Mtl Crown             | 0 | \$ 3293.57  | \$ 4,117.00  |
| D6060 |  | D6060 | Abutment Supported Mtl Crown             | 0 | \$ 3189.52  | \$ 3,987.00  |
| D6061 |  | D6061 | Abutment Supported Mtl Crown             | 0 | \$ 3147.49  | \$ 3,934.00  |
| D6062 |  | D6062 | Abutment Supported Mtl Crown             | 0 | \$ 3245.56  | \$ 4,057.00  |
| D6063 |  | D6063 | Abutment Supported Mtl Crown             | 0 | \$ 3147.49  | \$ 3,934.00  |
| D6064 |  | D6064 | Abutment Supported Mtl Crown             | 0 | \$ 3141.49  | \$ 3,927.00  |
| D6065 |  | D6065 | Implant Supported Crown                  | 0 | \$ 3521.69  | \$ 4,402.00  |
| D6066 |  | D6066 | Implant Supported Mtl Crown              | 0 | \$ 3441.64  | \$ 4,302.00  |
| D6067 |  | D6067 | Implant Supported Mtl Crown              | 0 | \$ 3637.72  | \$ 4,547.00  |
| D6068 |  | D6068 | Abutment supported retainer              | 0 | \$ 3313.57  | \$ 4,142.00  |
| D6069 |  | D6069 | Abutment Supported Retainer              | 0 | \$ 3303.59  | \$ 4,129.00  |
| D6070 |  | D6070 | Abutment Supported Retainer              | 0 | \$ 3147.49  | \$ 3,934.00  |
| D6071 |  | D6071 | Abutment Supported Retainer              | 0 | \$ 3147.49  | \$ 3,934.00  |
| D6072 |  | D6072 | Abutment Supported Retainer              | 0 | \$ 3391.62  | \$ 4,240.00  |
| D6073 |  | D6073 | Abutment Supported Retainer              | 0 | \$ 3185.52  | \$ 3,982.00  |
| D6074 |  | D6074 | Abutment Supported Retainer              | 0 | \$ 3147.49  | \$ 3,934.00  |
| D6075 |  | D6075 | Implant Supported Retainer               | 0 | \$ 3539.67  | \$ 4,425.00  |
| D6076 |  | D6076 | Implant Supported Retainer               | 0 | \$ 3539.67  | \$ 4,425.00  |
| D6077 |  | D6077 | Implant Supported Retainer               | 0 | \$ 3615.73  | \$ 4,520.00  |
| D6080 |  | D6080 | Implant Maintenance                      | 0 | \$ 716.34   | \$ 895.00    |
| D6082 |  | D6082 | Implant Supported Crown - Porcelain Fuse | 0 | \$ 1793.42  | \$ 2,242.00  |
| D6083 |  | D6083 | Implant Supported Crown - Porcelain Fuse | 0 | \$ 1793.42  | \$ 2,242.00  |
| D6084 |  | D6084 | Implant Supported Crown - Porcelain Fuse | 0 | \$ 1793.42  | \$ 2,242.00  |
| D6086 |  | D6086 | Implant Supported Crown - Predominantly  | 0 | \$ 1741.02  | \$ 2,176.00  |
| D6087 |  | D6087 | Implant Supported Crown - Noble Alloys   | 0 | \$ 1741.02  | \$ 2,176.00  |
| D6088 |  | D6088 | Implant Supported Crown - Titanium And T | 0 | \$ 1561.43  | \$ 1,952.00  |
| D6090 |  | D6090 | Repair Implant                           | 0 | \$ 1712.82  | \$ 2,141.00  |
| D6091 |  | D6091 | Repl Semi/Precision Attach               | 0 | \$ 1336.64  | \$ 1,671.00  |
| D6092 |  | D6092 | Recement Supp Crown                      | 0 | \$ 350.17   | \$ 438.00    |
| D6093 |  | D6093 | Recement Supp Part Denture               | 0 | \$ 426.19   | \$ 533.00    |
| D6094 |  | D6094 | Abut Support Crown Titanium              | 0 | \$ 3245.56  | \$ 4,057.00  |
| D6095 |  | D6095 | Odontics Repr Abutment                   | 0 | \$ 1670.79  | \$ 2,088.00  |
| D6097 |  | D6097 | Abutment Supported Crown - Porcelain Fus | 0 | \$ 1793.42  | \$ 2,242.00  |
| D6098 |  | D6098 | Implant Supported Retainer - Porcelain F | 0 | \$ 1743.53  | \$ 2,179.00  |
| D6099 |  | D6099 | Implant Supported Retainer For Fpd - Por | 0 | \$ 1845.79  | \$ 2,307.00  |
| D6100 |  | D6100 | Removal Of Implant                       | 0 | \$ 1734.84  | \$ 2,169.00  |
| D6101 |  | D6101 | Debridement Of A Periimplant             | 0 | \$ 1696.81  | \$ 2,121.00  |
| D6102 |  | D6102 | Debridement & Contouring                 | 0 | \$ 2163.04  | \$ 2,704.00  |
| D6103 |  | D6103 | Bone Graft Repair Perimplant             | 0 | \$ 1746.85  | \$ 2,184.00  |
| D6104 |  | D6104 | Bone Graft Time of Implant               | 0 | \$ 1666.78  | \$ 2,083.00  |
| D6110 |  | D6110 | Implnt/Abut Remov Dent Max               | 0 | \$ 6687.20  | \$ 8,359.00  |
| D6111 |  | D6111 | Implnt/Abut Remov Dent Mand              | 0 | \$ 6589.13  | \$ 8,236.00  |
| D6112 |  | D6112 | Imp/Abut Rem Dent Part Max               | 0 | \$ 6363.03  | \$ 7,954.00  |
| D6113 |  | D6113 | Imp/Abut Rem Dent Part Mand              | 0 | \$ 6509.11  | \$ 8,136.00  |
| D6114 |  | D6114 | Implnt/Abut Fixed Dent Max               | 0 | \$ 19667.37 | \$ 24,584.00 |
| D6115 |  | D6115 | Implnt/Abut Fixed Dent Mand              | 0 | \$ 19667.37 | \$ 24,584.00 |
| D6116 |  | D6116 | Imp/Abut Fixed Dent Part Max             | 0 | \$ 11485.46 | \$ 14,357.00 |
| D6117 |  | D6117 | Imp/Abut Fixed Dent Part Man             | 0 | \$ 13138.26 | \$ 16,423.00 |

|       |  |       |                                                           |   |            |             |
|-------|--|-------|-----------------------------------------------------------|---|------------|-------------|
| D6120 |  | D6120 | Implant Supported Retainer - Porcelain F                  | 0 | \$ 1793.42 | \$ 2,242.00 |
| D6121 |  | D6121 | Implant Supported Retainer For Metal Fpd                  | 0 | \$ 1192.27 | \$ 1,490.00 |
| D6122 |  | D6122 | Implant Supported Retainer For Metal Fpd                  | 0 | \$ 1845.79 | \$ 2,307.00 |
| D6123 |  | D6123 | Implant Supported Retainer For Metal Fpd                  | 0 | \$ 1793.42 | \$ 2,242.00 |
| D6190 |  | D6190 | Radio/Surgical Implant Index                              | 0 | \$ 984.47  | \$ 1231.00  |
| D6191 |  | D6191 | Semi-Precision Abutment – Placement                       | 0 | \$ 1232.41 | \$ 1,541.00 |
| D6192 |  | D6192 | Semi-Precision Attachment – Placement                     | 0 | \$ 1232.41 | \$ 1,541.00 |
| D6194 |  | D6194 | Abut Support Retainer Titani                              | 0 | \$ 3147.49 | \$ 3,934.00 |
| D6195 |  | D6195 | Abutment Supported Retainer - Porcelain Fused To Titanium | 0 | \$ 1793.42 | \$ 2,242.00 |
| D6199 |  | D6199 | Implant Procedure                                         | 0 | \$ 1972.95 | \$ 2,466.00 |
| D6205 |  | D6205 | Pontic-Indirect Resin Based                               | 0 | \$ 2309.10 | \$ 2,886.00 |
| D6210 |  | D6210 | Prosthodont High Noble Metal                              | 0 | \$ 2575.22 | \$ 3,219.00 |
| D6211 |  | D6211 | Bridge Base Metal Cast                                    | 0 | \$ 2459.18 | \$ 3,074.00 |
| D6212 |  | D6212 | Bridge Noble Metal Cast                                   | 0 | \$ 2459.18 | \$ 3,074.00 |
| D6214 |  | D6214 | Pontic Titanium                                           | 0 | \$ 2561.22 | \$ 3,202.00 |
| D6240 |  | D6240 | Bridge Porcelain High Noble                               | 0 | \$ 2609.25 | \$ 3,262.00 |
| D6241 |  | D6241 | Bridge Porcelain Base Metal                               | 0 | \$ 2459.18 | \$ 3,074.00 |
| D6242 |  | D6242 | Bridge Porcelain Nobel Metal                              | 0 | \$ 2483.19 | \$ 3,104.00 |
| D6243 |  | D6243 | Pontic - Porcelain Fused To Titanium And                  | 0 | \$ 1356.91 | \$ 1,696.00 |
| D6245 |  | D6245 | Bridge Porcelain/Ceramic                                  | 0 | \$ 2605.24 | \$ 3,257.00 |
| D6250 |  | D6250 | Bridge Resin W/High Noble                                 | 0 | \$ 2487.19 | \$ 3,109.00 |
| D6251 |  | D6251 | Bridge Resin Base Metal                                   | 0 | \$ 2459.18 | \$ 3,074.00 |
| D6252 |  | D6252 | Bridge Resin W/Noble Metal                                | 0 | \$ 2459.18 | \$ 3,074.00 |
| D6253 |  | D6253 | Provisional Pontic                                        | 0 | \$ 1774.86 | \$ 2,219.00 |
| D6545 |  | D6545 | Dental Retainr Cast Metl                                  | 0 | \$ 2605.24 | \$ 3,257.00 |
| D6548 |  | D6548 | Retainer - Procelain/Ceramic For Resin B                  | 0 | \$ 2098.14 | \$ 2,623.00 |
| D6710 |  | D6710 | Crown-Indirect Resin Based                                | 0 | \$ 2373.14 | \$ 2,966.00 |
| D6720 |  | D6720 | Retain Crown Resin W Hi Nble                              | 0 | \$ 2485.18 | \$ 3,106.00 |
| D6721 |  | D6721 | Crown Resin W/Base Metal                                  | 0 | \$ 2457.17 | \$ 3,071.00 |
| D6722 |  | D6722 | Crown Resin W/Noble Metal                                 | 0 | \$ 2469.18 | \$ 3,086.00 |
| D6740 |  | D6740 | Crown Porcelain/Ceramic                                   | 0 | \$ 2627.25 | \$ 3,284.00 |
| D6750 |  | D6750 | Crown Porcelain High Noble                                | 0 | \$ 2651.26 | \$ 3,314.00 |
| D6751 |  | D6751 | Crown Porcelain Base Metal                                | 0 | \$ 2461.17 | \$ 3,076.00 |
| D6752 |  | D6752 | Crown Porcelain Noble Metal                               | 0 | \$ 2513.21 | \$ 3,142.00 |
| D6753 |  | D6753 |                                                           | 0 | \$ 1519.05 | \$ 1,899.00 |
| D6780 |  | D6780 | Crown 3/4 High Noble Metal                                | 0 | \$ 2545.22 | \$ 3,182.00 |
| D6781 |  | D6781 | Crown 3/4 Cast Based Metal                                | 0 | \$ 2473.16 | \$ 3,091.00 |
| D6782 |  | D6782 | Crown 3/4 Cast Noble Metal                                | 0 | \$ 2507.19 | \$ 3,134.00 |
| D6783 |  | D6783 | Crown 3/4 Porcelain/Ceramic                               | 0 | \$ 2583.25 | \$ 3,229.00 |
| D6784 |  | D6784 |                                                           | 0 | \$ 1511.55 | \$ 1,889.00 |
| D6790 |  | D6790 | Crown Full High Noble Metal                               | 0 | \$ 2649.24 | \$ 3,312.00 |
| D6791 |  | D6791 | Crown Full Base Metal Cast                                | 0 | \$ 2471.17 | \$ 3,089.00 |
| D6792 |  | D6792 | Crown Full Noble Metal Cast                               | 0 | \$ 2487.19 | \$ 3,109.00 |
| D6793 |  | D6793 | Provisional Retainer Crown                                | 0 | \$ 1334.64 | \$ 1,668.00 |
| D6794 |  | D6794 | Crown Titanium                                            | 0 | \$ 2459.18 | \$ 3,074.00 |
| D6920 |  | D6920 | Dental Connector Bar                                      | 0 | \$ 2463.19 | \$ 3,079.00 |
| D6930 |  | D6930 | Recement/Bond Part Denture                                | 0 | \$ 406.16  | \$ 508.00   |
| D6940 |  | D6940 | Stress Breaker                                            | 0 | \$ 982.46  | \$ 1228.00  |
| D6950 |  | D6950 | Precision Attachment                                      | 0 | \$ 1520.73 | \$ 1,901.00 |
| D6980 |  | D6980 | Fixed Partial Repair                                      | 0 | \$ 932.46  | \$ 1166.00  |
| D7111 |  | D7111 | Extraction Coronal Remnants                               | 0 | \$ 318.16  | \$ 398.00   |
| D7140 |  | D7140 | Extraction Erupted Tooth/Exr                              | 0 | \$ 432.20  | \$ 540.00   |
| D7210 |  | D7210 | Rem Imp Tooth W Mucoper Flp                               | 0 | \$ 654.30  | \$ 818.00   |
| D7220 |  | D7220 | Impact Tooth Remov Soft Tiss                              | 0 | \$ 736.36  | \$ 920.00   |
| D7230 |  | D7230 | Impact Tooth Remov Part Bony                              | 0 | \$ 924.43  | \$ 1156.00  |
| D7240 |  | D7240 | Impact Tooth Remov Comp Bony                              | 0 | \$ 1138.54 | \$ 1,423.00 |
| D7241 |  | D7241 | Impact Tooth Rem Bony W/Comp                              | 0 | \$ 1336.64 | \$ 1,671.00 |
| D7250 |  | D7250 | Tooth Root Removal                                        | 0 | \$ 718.35  | \$ 898.00   |
| D7251 |  | D7251 | Coronectomy                                               | 0 | \$ 1094.52 | \$ 1,368.00 |
| D7260 |  | D7260 | Oral Antral Fistula Closure                               | 0 | \$ 2809.35 | \$ 3,512.00 |
| D7261 |  | D7261 | Primary Closure Sinus Perf                                | 0 | \$ 1830.87 | \$ 2,289.00 |
| D7270 |  | D7270 | Tooth Reimplantation                                      | 0 | \$ 1324.62 | \$ 1,656.00 |
| D7272 |  | D7272 | Tooth Transplantation                                     | 0 | \$ 1788.84 | \$ 2,236.00 |
| D7280 |  | D7280 | Exposure Of Unerupted Tooth                               | 0 | \$ 1046.33 | \$ 1,308.00 |
| D7285 |  | D7285 | Biopsy Of Oral Tissue Hard                                | 0 | \$ 1152.55 | \$ 1,441.00 |
| D7286 |  | D7286 | Biopsy Of Oral Tissue Soft                                | 0 | \$ 796.38  | \$ 995.00   |
| D7287 |  | D7287 | Exfoliative Cytolog Collect                               | 0 | \$ 484.22  | \$ 605.00   |
| D7288 |  | D7288 | Brush Biopsy                                              | 0 | \$ 492.23  | \$ 615.00   |
| D7290 |  | D7290 | Repositioning Of Teeth                                    | 0 | \$ 1140.56 | \$ 1,426.00 |
| D7291 |  | D7291 | Transseptal Fiberotomy                                    | 0 | \$ 716.34  | \$ 895.00   |
| D7292 |  | D7292 | Screw Retained Plate                                      | 0 | \$ 6679.20 | \$ 8,349.00 |
| D7293 |  | D7293 | Temp Anchorage Dev W Flap                                 | 0 | \$ 5562.64 | \$ 6,953.00 |
| D7294 |  | D7294 | Temp Anchorage Dev W/O Flap                               | 0 | \$ 3523.68 | \$ 4,405.00 |
| D7295 |  | D7295 | Bone Harvest,Auto Graft Proc                              | 0 | \$ 2227.06 | \$ 2,784.00 |
| D7310 |  | D7310 | Alveoplasty W/ Extraction                                 | 0 | \$ 710.32  | \$ 888.00   |
| D7311 |  | D7311 | Alveoloplasty W/Extract 1-3                               | 0 | \$ 728.35  | \$ 910.00   |
| D7320 |  | D7320 | Alveoplasty W/O Extraction                                | 0 | \$ 1072.50 | \$ 1,341.00 |
| D7321 |  | D7321 | Alveoloplasty Not W/Extracts                              | 0 | \$ 1000.47 | \$ 1,251.00 |
| D7340 |  | D7340 | Vestibuloplasty Ridge Extens                              | 0 | \$ 3141.49 | \$ 3,927.00 |

|       |  |       |                                         |   |             |              |
|-------|--|-------|-----------------------------------------|---|-------------|--------------|
| D7350 |  | D7350 | Vestibuloplasty Exten Graft             | 0 | \$ 5778.75  | \$ 7,223.00  |
| D7410 |  | D7410 | Rad Exc Lesion Up To 1.25 Cm            | 0 | \$ 1032.48  | \$ 1,291.00  |
| D7411 |  | D7411 | Excision Benign Lesion>1.25C            | 0 | \$ 1476.70  | \$ 1,846.00  |
| D7412 |  | D7412 | Excision Benign Lesion Compl            | 0 | \$ 2221.04  | \$ 2,776.00  |
| D7450 |  | D7450 | Rem Odontogen Cyst To 1.25Cm            | 0 | \$ 1488.69  | \$ 1,861.00  |
| D7451 |  | D7451 | Rem Odontogen Cyst > 1.25 Cm            | 0 | \$ 1376.66  | \$ 1,721.00  |
| D7460 |  | D7460 | Rem Nonodonto Cyst To 1.25Cm            | 0 | \$ 2163.04  | \$ 2,704.00  |
| D7461 |  | D7461 | Rem Nonodonto Cyst > 1.25 Cm            | 0 | \$ 2199.05  | \$ 2,749.00  |
| D7465 |  | D7465 | Lesion Destruction                      | 0 | \$ 1028.48  | \$ 1,286.00  |
| D7471 |  | D7471 | Rem Exostosis Any Site                  | 0 | \$ 1734.84  | \$ 2,169.00  |
| D7472 |  | D7472 | Removal Of Torus Palatinus              | 0 | \$ 2064.99  | \$ 2,581.00  |
| D7473 |  | D7473 | Remove Torus Mandibularis               | 0 | \$ 1912.91  | \$ 2,391.00  |
| D7485 |  | D7485 | Surg Reduct Osseoustuberosit            | 0 | \$ 1836.87  | \$ 2,296.00  |
| D7510 |  | D7510 | I&D Absc Intraoral Soft Tiss            | 0 | \$ 570.25   | \$ 713.00    |
| D7511 |  | D7511 | Incision/Drain Abscess Intra            | 0 | \$ 842.40   | \$ 1,053.00  |
| D7520 |  | D7520 | I&D Abscess Extraoral                   | 0 | \$ 1070.51  | \$ 1,338.00  |
| D7521 |  | D7521 | Incision/Drain Abscess Extra            | 0 | \$ 1494.71  | \$ 1,868.00  |
| D7530 |  | D7530 | Removal Fb Skin/Areolar Tiss            | 0 | \$ 836.40   | \$ 1,046.00  |
| D7540 |  | D7540 | Removal Of Fb Reaction                  | 0 | \$ 1522.72  | \$ 1,903.00  |
| D7550 |  | D7550 | Removal Of Sloughed Off Bone            | 0 | \$ 1366.66  | \$ 1,708.00  |
| D7560 |  | D7560 | Maxillary Sinusotomy                    | 0 | \$ 3737.79  | \$ 4,672.00  |
| D7610 |  | D7610 | Maxilla Open Reduct Simple              | 0 | \$ 10148.85 | \$ 12,686.00 |
| D7620 |  | D7620 | Clsd Reduct Simpl Maxilla Fx            | 0 | \$ 7867.76  | \$ 9,835.00  |
| D7630 |  | D7630 | Open Red Simpl Mandible Fx              | 0 | \$ 10262.89 | \$ 12,829.00 |
| D7640 |  | D7640 | Clsd Red Simpl Mandible Fx              | 0 | \$ 7743.69  | \$ 9,680.00  |
| D7650 |  | D7650 | Open Red Simp Malar/Zygom Fx            | 0 | \$ 8556.09  | \$ 10,695.00 |
| D7660 |  | D7660 | Clsd Red Simp Malar/Zygom Fx            | 0 | \$ 7231.44  | \$ 9,039.00  |
| D7670 |  | D7670 | Clsd Rductn Splint Alveolus             | 0 | \$ 4292.02  | \$ 5,365.00  |
| D7671 |  | D7671 | Alveolus Open Reduction                 | 0 | \$ 3519.67  | \$ 4,400.00  |
| D7680 |  | D7680 | Reduct Simple Facial Bone Fx            | 0 | \$ 15261.28 | \$ 19,077.00 |
| D7710 |  | D7710 | Maxilla Open Reduct Compound            | 0 | \$ 10198.87 | \$ 12,749.00 |
| D7720 |  | D7720 | Clsd Reduct Compd Maxilla Fx            | 0 | \$ 7867.76  | \$ 9,835.00  |
| D7730 |  | D7730 | Open Reduct Compd Mandble Fx            | 0 | \$ 10753.13 | \$ 13,441.00 |
| D7740 |  | D7740 | Clsd Reduct Compd Mandble Fx            | 0 | \$ 8201.91  | \$ 10,252.00 |
| D7750 |  | D7750 | Open Red Comp Malar/Zygma Fx            | 0 | \$ 9688.63  | \$ 12,111.00 |
| D7760 |  | D7760 | Clsd Red Comp Malar/Zygma Fx            | 0 | \$ 14136.74 | \$ 17,671.00 |
| D7770 |  | D7770 | Open Reduc Compd Alveolus Fx            | 0 | \$ 6262.99  | \$ 7,829.00  |
| D7771 |  | D7771 | Alveolus Clsd Reduc Stblz Te            | 0 | \$ 4352.07  | \$ 5,440.00  |
| D7780 |  | D7780 | Reduct Compnd Facial Bone Fx            | 0 | \$ 19351.20 | \$ 24,189.00 |
| D7810 |  | D7810 | Tmj Open Reduct-Dislocation             | 0 | \$ 10404.97 | \$ 13,006.00 |
| D7820 |  | D7820 | Closed Tmp Manipulation                 | 0 | \$ 1614.77  | \$ 2,018.00  |
| D7830 |  | D7830 | Tmj Manipulation Under Anest            | 0 | \$ 2537.21  | \$ 3,172.00  |
| D7840 |  | D7840 | Removal Of Tmj Condyle                  | 0 | \$ 12229.83 | \$ 15,287.00 |
| D7850 |  | D7850 | Tmj Meniscectomy                        | 0 | \$ 11869.66 | \$ 14,837.00 |
| D7852 |  | D7852 | Tmj Repair Of Joint Disc                | 0 | \$ 12966.16 | \$ 16,208.00 |
| D7854 |  | D7854 | Tmj Excise Of Joint Membrane            | 0 | \$ 12185.80 | \$ 15,232.00 |
| D7856 |  | D7856 | Tmj Cutting Of A Muscle                 | 0 | \$ 8424.01  | \$ 10,530.00 |
| D7858 |  | D7858 | Tmj Reconstruction                      | 0 | \$ 19009.13 | \$ 23,761.00 |
| D7860 |  | D7860 | Tmj Cutting Into Joint                  | 0 | \$ 5091.72  | \$ 6,365.00  |
| D7865 |  | D7865 | Tmj Reshaping Components                | 0 | \$ 14256.85 | \$ 17,821.00 |
| D7870 |  | D7870 | Tmj Aspiration Joint Fluid              | 0 | \$ 1454.71  | \$ 1,818.00  |
| D7871 |  | D7871 | Lysis + Lavage W Catheters              | 0 | \$ 1966.93  | \$ 2,459.00  |
| D7872 |  | D7872 | Tmj Diagnostic Arthroscopy              | 0 | \$ 4412.82  | \$ 5,516.00  |
| D7873 |  | D7873 | Tmj Arthroscopy Lysis Adhesn            | 0 | \$ 4837.18  | \$ 6,046.00  |
| D7874 |  | D7874 | Tmj Arthroscopy Disc Reposit            | 0 | \$ 6110.09  | \$ 7,638.00  |
| D7875 |  | D7875 | Tmj Arthroscopy Synovectomy             | 0 | \$ 6534.42  | \$ 8,168.00  |
| D7876 |  | D7876 | Tmj Arthroscopy Discectomy              | 0 | \$ 6788.94  | \$ 8,486.00  |
| D7877 |  | D7877 | Tmj Arthroscopy Debridement             | 0 | \$ 6279.83  | \$ 7,850.00  |
| D7880 |  | D7880 | Occlusal Orthotic Appliance             | 0 | \$ 3224.05  | \$ 4,030.00  |
| D7899 |  | D7899 | Tmj Unspecified Therapy                 | 0 | \$ 1224.60  | \$ 1,531.00  |
| D7910 |  | D7910 | Dent Suture Recent Wnd To 5Cm           | 0 | \$ 716.34   | \$ 895.00    |
| D7911 |  | D7911 | Dental Suture Wound To 5 Cm             | 0 | \$ 1298.63  | \$ 1,623.00  |
| D7912 |  | D7912 | Suture Complicate Wnd > 5 Cm            | 0 | \$ 1976.96  | \$ 2,471.00  |
| D7920 |  | D7920 | Dental Skin Graft                       | 0 | \$ 6375.02  | \$ 7,969.00  |
| D7921 |  | D7921 | Collect & Appl Blood Product            | 0 | \$ 1002.46  | \$ 1,253.00  |
| D7922 |  | D7922 | Placement Of Intra-Socket Biological Dr | 0 | \$ 157.16   | \$ 196.00    |
| D7940 |  | D7940 | Reshaping Bone Orthognathic             | 0 | \$ 9262.40  | \$ 11,578.00 |
| D7941 |  | D7941 | Bone Cutting Ramus Closed               | 0 | \$ 20385.70 | \$ 25,482.00 |
| D7943 |  | D7943 | Cutting Ramus Open W/Graft              | 0 | \$ 19663.37 | \$ 24,579.00 |
| D7944 |  | D7944 | Bone Cutting Segmentd                   | 0 | \$ 15815.54 | \$ 19,769.00 |
| D7945 |  | D7945 | Bone Cutting Body Mandible              | 0 | \$ 16081.66 | \$ 20,102.00 |
| D7946 |  | D7946 | Reconstruction Maxilla Total            | 0 | \$ 19635.34 | \$ 24,544.00 |
| D7947 |  | D7947 | Reconstruct Maxilla Segment             | 0 | \$ 19357.22 | \$ 24,197.00 |
| D7948 |  | D7948 | Reconstruct Midface No Graft            | 0 | \$ 21840.41 | \$ 27,301.00 |
| D7949 |  | D7949 | Reconstruct Midface W/Graft             | 0 | \$ 27527.10 | \$ 34,409.00 |
| D7950 |  | D7950 | Mandible Graft                          | 0 | \$ 6685.19  | \$ 8,356.00  |
| D7951 |  | D7951 | Sinus Aug W Bone Or Bone Sub            | 0 | \$ 7069.37  | \$ 8,837.00  |
| D7952 |  | D7952 | Sinus Augmentation Vertical             | 0 | \$ 4724.28  | \$ 5,905.00  |
| D7953 |  | D7953 | Bone Replacement Graft                  | 0 | \$ 1670.79  | \$ 2,088.00  |
| D7955 |  | D7955 | Repair Maxillofacial Defects            | 0 | \$ 8001.80  | \$ 10,002.00 |

|       |  |       |                                            |   |             |              |
|-------|--|-------|--------------------------------------------|---|-------------|--------------|
| D7960 |  | D7960 | Frenulectomy/Frenectomy                    | 0 | \$ 1032.48  | \$ 1,291.00  |
| D7961 |  | D7961 | Buccal / Labial Frenectomy (Frenulectomy)  | 0 | \$ 479.69   | \$ 600.00    |
| D7962 |  | D7962 | Lingual Frenectomy (Frenulectomy)          | 0 | \$ 479.69   | \$ 600.00    |
| D7963 |  | D7963 | Frenuloplasty                              | 0 | \$ 1176.55  | \$ 1,471.00  |
| D7970 |  | D7970 | Excision Hyperplastic Tissue               | 0 | \$ 1182.57  | \$ 1,478.00  |
| D7971 |  | D7971 | Excision Pericoronal Gingiva               | 0 | \$ 632.29   | \$ 790.00    |
| D7972 |  | D7972 | Surg Redct Fibrous Tuberosit               | 0 | \$ 1650.79  | \$ 2,063.00  |
| D7982 |  | D7982 | Sialodochoplasty                           | 0 | \$ 3911.88  | \$ 4,890.00  |
| D7983 |  | D7983 | Closure Of Salivary Fistula                | 0 | \$ 3481.64  | \$ 4,352.00  |
| D7990 |  | D7990 | Emergency Tracheotomy                      | 0 | \$ 3593.72  | \$ 4,492.00  |
| D7991 |  | D7991 | Dental Coronoidectomy                      | 0 | \$ 9302.42  | \$ 11,628.00 |
| D7995 |  | D7995 | Synthetic Graft Facial Bones               | 0 | \$ 10147.61 | \$ 12,685.00 |
| D7996 |  | D7996 | Implant Mandible For Augment               | 0 | \$ 10147.61 | \$ 12,685.00 |
| D7997 |  | D7997 | Appliance Removal                          | 0 | \$ 828.39   | \$ 1035.00   |
| D7998 |  | D7998 | Intraoral Place Of Fix Dev                 | 0 | \$ 5694.72  | \$ 7,118.00  |
| D8030 |  | D8030 | Limited Dental Tx Adolescent               | 0 | \$ 7277.46  | \$ 9,097.00  |
| D8040 |  | D8040 | Limited Dental Tx Adult                    | 0 | \$ 7857.74  | \$ 9,822.00  |
| D8050 |  | D8050 | Intercep Dental Tx Primary                 | 0 | \$ 5687.93  | \$ 7,110.00  |
| D8060 |  | D8060 | Intercep Dental Tx Transiti                | 0 | \$ 6174.27  | \$ 7,718.00  |
| D8070 |  | D8070 | Compre Dental Tx Transition                | 0 | \$ 11870.39 | \$ 14,838.00 |
| D8080 |  | D8080 | Compre Dental Tx Adolescent                | 0 | \$ 11769.61 | \$ 14,712.00 |
| D8090 |  | D8090 | Compre Dental Tx Adult                     | 0 | \$ 11801.60 | \$ 14,752.00 |
| D8210 |  | D8210 | Orthodontic Rem Appliance Tx               | 0 | \$ 1966.93  | \$ 2,459.00  |
| D8220 |  | D8220 | Fixed Appliance Therapy Habt               | 0 | \$ 2309.10  | \$ 2,886.00  |
| D8660 |  | D8660 | Preorthodontic Tx Visit                    | 0 | \$ 1020.49  | \$ 1,276.00  |
| D8670 |  | D8670 | Periodic Orthodontc Tx Visit               | 0 | \$ 692.33   | \$ 865.00    |
| D8680 |  | D8680 | Orthodontic Retention                      | 0 | \$ 1182.57  | \$ 1,478.00  |
| D8690 |  | D8690 | Orthodontic Treatment                      | 0 | \$ 884.41   | \$ 1106.00   |
| D8696 |  | D8696 | Repair Of Orthodontic Appliance - Maxill   | 0 | \$ 197.06   | \$ 246.00    |
| D8697 |  | D8697 | Repair Of Orthodontic Appliance - Mandib   | 0 | \$ 197.06   | \$ 246.00    |
| D8698 |  | D8698 | Re-Cement Or Re-Bond Fixed Retainer - Ma   | 0 | \$ 139.67   | \$ 175.00    |
| D8699 |  | D8699 | Re-Cement Or Re-Bond Fixed Retainer - Ma   | 0 | \$ 139.67   | \$ 175.00    |
| D8701 |  | D8701 | Repair Of Fixed Retainer, Includes Reat    | 0 | \$ 167.61   | \$ 210.00    |
| D8702 |  | D8702 | Repair Of Fixed Retainer, Includes Reat    | 0 | \$ 167.61   | \$ 210.00    |
| D8703 |  | D8703 | Replacement Of Lost Or Broken Retainer -   | 0 | \$ 715.88   | \$ 895.00    |
| D8704 |  | D8704 | Replacement Of Lost Or Broken Retainer -   | 0 | \$ 715.88   | \$ 895.00    |
| D9110 |  | D9110 | Tx Dental Pain Minor Proc                  | 0 | \$ 306.14   | \$ 383.00    |
| D9120 |  | D9120 | Fix Partial Denture Section                | 0 | \$ 540.26   | \$ 675.00    |
| D9210 |  | D9210 | Dent Anesthesia W/O Surgery                | 0 | \$ 174.09   | \$ 218.00    |
| D9230 |  | D9230 | Analgesia                                  | 0 | \$ 192.08   | \$ 240.00    |
| D9248 |  | D9248 | Sedation (Non-Iv)                          | 0 | \$ 721.71   | \$ 902.00    |
| D9310 |  | D9310 | Dental Consultation                        | 0 | \$ 320.15   | \$ 400.00    |
| D9410 |  | D9410 | Dental House Call                          | 0 | \$ 568.26   | \$ 710.00    |
| D9420 |  | D9420 | Hospital/Asc Call                          | 0 | \$ 748.35   | \$ 935.00    |
| D9430 |  | D9430 | Office Visit During Hours                  | 0 | \$ 190.08   | \$ 238.00    |
| D9440 |  | D9440 | Office Visit After Hours                   | 0 | \$ 434.22   | \$ 543.00    |
| D9450 |  | D9450 | Case Presentation Tx Plan                  | 0 | \$ 378.18   | \$ 473.00    |
| D9610 |  | D9610 | Dent Therapeutic Drug Inject               | 0 | \$ 254.11   | \$ 318.00    |
| D9612 |  | D9612 | Thera Par Drugs 2 Or > Admin               | 0 | \$ 434.22   | \$ 543.00    |
| D9630 |  | D9630 | Drugs/Meds Disp For Home Use               | 0 | \$ 102.03   | \$ 128.00    |
| D9910 |  | D9910 | Dent Appl Desensitizing Med                | 0 | \$ 148.07   | \$ 185.00    |
| D9911 |  | D9911 | Appl Desensitizing Resin                   | 0 | \$ 186.10   | \$ 233.00    |
| D9920 |  | D9920 | Behavior Management                        | 0 | \$ 352.16   | \$ 440.00    |
| D9930 |  | D9930 | Treatment Of Complications                 | 0 | \$ 294.15   | \$ 368.00    |
| D9941 |  | D9941 | Fabrication Athletic Guard                 | 0 | \$ 630.30   | \$ 788.00    |
| D9942 |  | D9942 | Repair/Reline Occlusal Guard               | 0 | \$ 592.27   | \$ 740.00    |
| D9950 |  | D9950 | Occlusion Analysis                         | 0 | \$ 836.40   | \$ 1046.00   |
| D9951 |  | D9951 | Limited Occlusal Adjustment                | 0 | \$ 444.22   | \$ 555.00    |
| D9952 |  | D9952 | Complete Occlusal Adjustment               | 0 | \$ 1556.74  | \$ 1,946.00  |
| D9971 |  | D9971 | Odontoplasty 1-2 Teeth                     | 0 | \$ 394.17   | \$ 493.00    |
| D9973 |  | D9973 | Extrnl Bleaching Per Tooth                 | 0 | \$ 562.27   | \$ 703.00    |
| D9974 |  | D9974 | Intrnl Bleaching Per Tooth                 | 0 | \$ 660.32   | \$ 825.00    |
| D9995 |  | D9995 | Teledentistry - Synchronous; Real Time Enc | 0 | \$ 103.65   | \$ 130.00    |