

TABLE I. — OUTPATIENT DENTAL PROFESSIONAL NATIONWIDE CHARGES BY HCPCS CODE

v3.23 (January - December 2018)

PAGE 1 of 13

HCPCS Code	HCPCS Code Description	Charge	GAAF Category
D0120	PERIODIC ORAL EVALUATION	\$63.06	I
D0140	LIMIT ORAL EVAL PROBLM FOCUS	\$94.07	I
D0145	ORAL EVALUATION, PT < 3YRS	\$91.35	I
D0150	COMPREHENSVE ORAL EVALUATION	\$105.74	I
D0160	EXTENSV ORAL EVAL PROB FOCUS	\$204.05	I
D0170	RE-EVAL,EST PT,PROBLEM FOCUS	\$82.19	I
D0171	RE-EVAL POST-OP VISIT	\$76.04	I
D0180	COMP PERIODONTAL EVALUATION	\$119.60	I
D0190	SCREENING OF A PATIENT	\$79.34	I
D0191	ASSESSMENT OF A PATIENT	\$70.84	I
D0210	INTRAOR COMPLETE FILM SERIES	\$163.97	I
D0220	INTRAORAL PERIAPICAL FIRST	\$35.87	I
D0230	INTRAORAL PERIAPICAL EA ADD	\$30.56	I
D0240	INTRAORAL OCCLUSAL FILM	\$52.33	I
D0250	EXTRAORAL 2D PROJECT IMAGE	\$73.10	I
D0251	EXTRAORAL POSTERIOR IMAGE	\$68.00	I
D0270	DENTAL BITEWING SINGLE IMAGE	\$35.18	I
D0272	DENTAL BITEWINGS TWO IMAGES	\$56.12	I
D0273	BITEWINGS - THREE IMAGES	\$66.97	I
D0274	BITEWINGS FOUR IMAGES	\$79.12	I
D0277	VERT BITEWINGS 7 TO 8 IMAGES	\$118.91	I
D0310	DENTAL SALIOGRAPHY	\$446.66	I
D0320	DENTAL TMJ ARTHROGRAM INCL I	\$756.13	I
D0321	OTHER TMJ IMAGES BY REPORT	\$254.16	I
D0322	DENTAL TOMOGRAPHIC SURVEY	\$617.32	I
D0330	PANORAMIC IMAGE	\$137.68	I
D0340	2D CEPHALOMETRIC IMAGE	\$151.21	I
D0350	ORAL/FACIAL PHOTO IMAGES	\$81.45	I
D0351	3D PHOTOGRAPHIC IMAGE	\$74.50	I
D0364	CONE BEAM CT CAPT & INTERP	\$415.68	I
D0365	CONE BEAM CT INTERPRETE MAN	\$447.42	I
D0366	CONE BEAM CT INTERPRETE MAX	\$440.72	I
D0367	CONE BEAM CT INTERP BOTH JAW	\$460.51	I
D0368	CONE BEAM CT INTERPRETE TMJ	\$536.23	I
D0369	MAX MRI CAPTURE & INTERPRETE	\$1,062.70	I
D0370	MAX ULTRASOUND CAPT & INTERP	\$451.31	I
D0371	SIALOENDOSCOPY CAPT & INTERP	\$638.48	I
D0380	CONE BEAM CT CAPTURE LIMITED	\$396.70	I
D0381	CONE BEAM CT CAPT MANDIBLE	\$444.67	I
D0382	CONE BEAM CT CAPT MAXILLA	\$446.28	I
D0383	CONE BEAM CT BOTH JAWS	\$466.80	I
D0384	CONE BEAM CT CAPTURE TMJ	\$510.20	I
D0385	MAX MRI IMAGE CAPTURE	\$1,452.02	I
D0386	MAX ULTRASOUND IMAGE CAPTURE	\$571.62	I
D0391	IMTERPRETE DIAGNOSTIC IMAGE	\$372.02	I
D0393	TRTMNT SIMULATION 3D IMAGE	\$451.99	I
D0394	DIGITAL SUB 2 OR MORE IMAGES	\$398.40	I
D0395	FUSION 2 OR MORE 3D IMAGES	\$418.14	I
D0414	LAB PROCESS MICROBIAL SPEC	\$63.69	I
D0415	COLLECTION OF MICROORGANISMS	\$130.70	I
D0416	VIRAL CULTURE	\$134.67	I
D0417	COLLECT & PREP SALIVA SAMPLE	\$153.52	I
D0418	ANALYSIS OF SALIVA SAMPLE	\$126.13	I
D0422	COLLECT & PREP GENETIC SAMP	\$105.75	I

NOTES: CDT Codes copyright American Dental Association. All rights reserved.

TABLE I. — OUTPATIENT DENTAL PROFESSIONAL NATIONWIDE CHARGES BY HCPCS CODE

v3.23 (January - December 2018)

PAGE 2 of 13

HCPCS Code	HCPCS Code Description	Charge	GAAF Category
D0423	GENETIC TEST SPEC ANALYSIS	\$151.73	I
D0425	CARIES SUSCEPTIBILITY TEST	\$73.20	I
D0431	DIAG TST DETECT MUCOS ABNORM	\$74.89	I
D0460	PULP VITALITY TEST	\$67.72	I
D0470	DIAGNOSTIC CASTS	\$144.37	I
D0472	GROSS EXAM, PREP & REPORT	\$123.22	I
D0473	MICRO EXAM, PREP & REPORT	\$193.31	I
D0474	MICRO W EXAM OF SURG MARGINS	\$230.59	I
D0475	DECALCIFICATION PROCEDURE	\$180.76	I
D0476	SPEC STAINS FOR MICROORGANIS	\$229.39	I
D0477	SPEC STAINS NOT FOR MICROORG	\$250.32	I
D0478	IMMUNOHISTOCHEMICAL STAINS	\$168.11	I
D0479	TISSUE IN-SITU HYBRIDIZATION	\$238.78	I
D0480	CYTOPATH SMEAR PREP & REPORT	\$170.28	I
D0481	ELECTRON MICROSCOPY	\$371.57	I
D0482	DIRECT IMMUNOFUORESCENCE	\$144.18	I
D0483	INDIRECT IMMUNOFUORESCENCE	\$154.43	I
D0484	CONSULT SLIDES PREP ELSEWHER	\$221.40	I
D0485	CONSULT INC PREP OF SLIDES	\$294.97	I
D0486	ACCESS OF TRANSEP CYTOL SAMP	\$177.89	I
D0502	OTHER ORAL PATHOLOGY PROCEDU	\$196.77	I
D0601	CARIES RISK ASSESS LOW RISK	\$96.45	I
D0602	CARIES RISK ASSESS MOD RISK	\$92.86	I
D0603	CARIES RISK ASSESS HIGH RISK	\$92.86	I
D0999	UNSPECIFIED DIAGNOSTIC PROCE	\$79.12	I
D1110	DENTAL PROPHYLAXIS ADULT	\$110.79	I
D1120	DENTAL PROPHYLAXIS CHILD	\$85.39	I
D1206	TOPICAL FLUORIDE VARNISH	\$56.55	I
D1208	TOPICAL APP FLUORID EX VRNSH	\$49.53	I
D1310	NUTRI COUNSEL-CONTROL CARIES	\$70.81	I
D1320	TOBACCO COUNSELING	\$79.47	I
D1330	ORAL HYGIENE INSTRUCTION	\$74.53	I
D1351	DENTAL SEALANT PER TOOTH	\$70.59	I
D1352	PREV RESIN REST, PERM TOOTH	\$111.04	I
D1353	SEALANT REPAIR PER TOOTH	\$89.52	I
D1354	INT CARIES MED APP PER TOOTH	\$81.27	I
D1510	SPACE MAINTAINER FXD UNILAT	\$397.76	II
D1515	FIXED BILAT SPACE MAINTAINER	\$541.49	II
D1520	REMOVE UNILAT SPACE MAINTAIN	\$459.57	II
D1525	REMOVE BILAT SPACE MAINTAIN	\$644.43	II
D1550	RECEMENT SPACE MAINTAINER	\$97.15	II
D1555	REMOVE FIX SPACE MAINTAINER	\$94.50	II
D1575	DIST SPACE MAINT, FIXED UNIL	\$446.69	II
D1999	UNSPECIFIED PREVENTIVE PROC	\$74.53	II
D2140	AMALGAM ONE SURFACE PERMANEN	\$175.81	II
D2150	AMALGAM TWO SURFACES PERMANE	\$224.69	II
D2160	AMALGAM THREE SURFACES PERMA	\$272.64	II
D2161	AMALGAM 4 OR > SURFACES PERM	\$326.43	II
D2330	RESIN ONE SURFACE-ANTERIOR	\$200.80	II
D2331	RESIN TWO SURFACES-ANTERIOR	\$243.81	II
D2332	RESIN THREE SURFACES-ANTERIO	\$295.56	II
D2335	RESIN 4/> SURF OR W INCIS AN	\$360.12	II
D2390	ANT RESIN-BASED CMPST CROWN	\$472.48	II
D2391	POST 1 SRFC RESINBASED CMPST	\$217.73	II

NOTES: CDT Codes copyright American Dental Association. All rights reserved.

TABLE I. — OUTPATIENT DENTAL PROFESSIONAL NATIONWIDE CHARGES BY HCPCS CODE

v3.23 (January - December 2018)

PAGE 3 of 13

HCPCS Code	HCPCS Code Description	Charge	GAAF Category
D2392	POST 2 SRFC RESINBASED CMPST	\$276.83	II
D2393	POST 3 SRFC RESINBASED CMPST	\$340.18	II
D2394	POST >=4SRFC RESINBASE CMPST	\$419.18	II
D2410	DENTAL GOLD FOIL ONE SURFACE	\$602.31	III
D2420	DENTAL GOLD FOIL TWO SURFACE	\$761.99	III
D2430	DENTAL GOLD FOIL THREE SURFA	\$1,038.85	III
D2510	DENTAL INLAY METALIC 1 SURF	\$1,033.49	III
D2520	DENTAL INLAY METALLIC 2 SURF	\$1,125.42	III
D2530	DENTAL INLAY METL 3/MORE SUR	\$1,232.16	III
D2542	DENTAL ONLAY METALLIC 2 SURF	\$1,227.16	III
D2543	DENTAL ONLAY METALLIC 3 SURF	\$1,277.43	III
D2544	DENTAL ONLAY METL 4/MORE SUR	\$1,325.37	III
D2610	INLAY PORCELAIN/CERAMIC 1 SU	\$1,148.96	III
D2620	INLAY PORCELAIN/CERAMIC 2 SU	\$1,191.58	III
D2630	DENTAL ONLAY PORC 3/MORE SUR	\$1,266.83	III
D2642	DENTAL ONLAY PORCELIN 2 SURF	\$1,243.57	III
D2643	DENTAL ONLAY PORCELIN 3 SURF	\$1,306.11	III
D2644	DENTAL ONLAY PORC 4/MORE SUR	\$1,371.63	III
D2650	INLAY COMPOSITE/RESIN ONE SU	\$932.11	III
D2651	INLAY COMPOSITE/RESIN TWO SU	\$1,008.73	III
D2652	DENTAL INLAY RESIN 3/MRE SUR	\$1,052.03	III
D2662	DENTAL ONLAY RESIN 2 SURFACE	\$998.57	III
D2663	DENTAL ONLAY RESIN 3 SURFACE	\$1,086.98	III
D2664	DENTAL ONLAY RESIN 4/MRE SUR	\$1,140.14	III
D2710	CROWN RESIN-BASED INDIRECT	\$870.80	III
D2712	CROWN 3/4 RESIN-BASED COMPOS	\$914.86	III
D2720	CROWN RESIN W/ HIGH NOBLE ME	\$1,315.05	III
D2721	CROWN RESIN W/ BASE METAL	\$1,245.60	III
D2722	CROWN RESIN W/ NOBLE METAL	\$1,278.41	III
D2740	CROWN PORCELAIN/CERAMIC	\$1,392.79	III
D2750	CROWN PORCELAIN W/ H NOBLE M	\$1,366.25	III
D2751	CROWN PORCELAIN FUSED BASE M	\$1,275.95	III
D2752	CROWN PORCELAIN W/ NOBLE MET	\$1,308.71	III
D2780	CROWN 3/4 CAST HI NOBLE MET	\$1,321.13	III
D2781	CROWN 3/4 CAST BASE METAL	\$1,259.99	III
D2782	CROWN 3/4 CAST NOBLE METAL	\$1,279.77	III
D2783	CROWN 3/4 PORCELAIN/CERAMIC	\$1,338.91	III
D2790	CROWN FULL CAST HIGH NOBLE M	\$1,364.80	III
D2791	CROWN FULL CAST BASE METAL	\$1,240.75	III
D2792	CROWN FULL CAST NOBLE METAL	\$1,284.67	III
D2794	CROWN-TITANIUM	\$1,343.75	III
D2799	PROVISIONAL CROWN	\$542.84	III
D2910	RECEMENT INLAY ONLAY OR PART	\$132.99	III
D2915	RECEMENT CAST OR PREFAB POST	\$134.01	III
D2920	RE-CEMENT OR RE-BOND CROWN	\$132.28	III
D2921	REATTACH TOOTH FRAGMENT	\$255.15	III
D2929	PREFAB PORC/CERAM CROWN PRI	\$466.17	III
D2930	PREFAB STNLSS STEEL CRWN PRI	\$332.60	III
D2931	PREFAB STNLSS STEEL CROWN PE	\$380.30	III
D2932	PREFABRICATED RESIN CROWN	\$420.41	III
D2933	PREFAB STAINLESS STEEL CROWN	\$456.61	III
D2934	PREFAB STEEL CROWN PRIMARY	\$454.04	III
D2940	PROTECTIVE RESTORATION	\$142.97	III
D2941	INT THERAPEUTIC RESTORATION	\$182.94	III

NOTES: CDT Codes copyright American Dental Association. All rights reserved.

TABLE I. — OUTPATIENT DENTAL PROFESSIONAL NATIONWIDE CHARGES BY HCPCS CODE

v3.23 (January - December 2018)

PAGE 4 of 13

HCPCS Code	HCPCS Code Description	Charge	GAAF Category
D2949	RESTORATIVE FOUNDATION	\$201.38	III
D2950	CORE BUILD-UP INCL ANY PINS	\$324.36	III
D2951	TOOTH PIN RETENTION	\$84.34	III
D2952	POST AND CORE CAST + CROWN	\$505.01	III
D2953	EACH ADDTNL CAST POST	\$323.73	III
D2954	PREFAB POST/CORE + CROWN	\$407.60	III
D2955	POST REMOVAL	\$336.87	III
D2957	EACH ADDTNL PREFAB POST	\$232.24	III
D2960	LAMINATE LABIAL VENEER	\$906.84	III
D2961	LAB LABIAL VENEER RESIN	\$1,178.03	III
D2962	LAB LABIAL VENEER PORCELAIN	\$1,318.05	III
D2971	ADD PROC CONSTRUCT NEW CROWN	\$249.61	III
D2975	COPING	\$674.58	III
D2980	CROWN REPAIR	\$298.53	III
D2981	INLAY REPAIR	\$289.82	III
D2982	ONLAY REPAIR	\$293.92	III
D2983	VENEER REPAIR	\$300.07	III
D2990	RESIN INFILTRATION OF LESION	\$155.74	III
D2999	DENTAL UNSPEC RESTORATIVE PR	\$276.83	III
D3110	PULP CAP DIRECT	\$109.36	II
D3120	PULP CAP INDIRECT	\$98.04	II
D3220	THERAPEUTIC PULPOTOMY	\$246.15	II
D3221	GROSS PULPAL DEBRIDEMENT	\$273.35	II
D3222	PART PULP FOR APEXOGENESIS	\$302.86	II
D3230	PULPAL THERAPY ANTERIOR PRIM	\$284.62	II
D3240	PULPAL THERAPY POSTERIOR PRI	\$326.85	II
D3310	END THXPY, ANTERIOR TOOTH	\$916.21	II
D3320	END THXPY, PREMOLAR TOOTH	\$1,076.21	II
D3330	END THXPY, MOLAR TOOTH	\$1,323.73	II
D3331	NON-SURG TX ROOT CANAL OBS	\$578.56	II
D3332	INCOMPLETE ENDODONTIC TX	\$609.03	II
D3333	INTERNAL ROOT REPAIR	\$363.85	II
D3346	RETREAT ROOT CANAL ANTERIOR	\$1,127.66	II
D3347	RETREAT ROOT CANAL PREMOLAR	\$1,301.70	II
D3348	RETREAT ROOT CANAL MOLAR	\$1,597.00	II
D3351	APEXIFICATION/RECALC INITIAL	\$483.70	II
D3352	APEXIFICATION/RECALC INTERIM	\$281.27	II
D3353	APEXIFICATION/RECALC FINAL	\$679.53	II
D3355	PULPAL REGENERATION INITIAL	\$523.16	II
D3356	PULPAL REGENERATION INTERIM	\$281.79	II
D3357	PULPAL REGENERATION COMPLETE	\$598.51	II
D3410	APICOECTOMY - ANTERIOR	\$963.98	II
D3421	ROOT SURGERY PREMOLAR	\$1,080.28	II
D3425	ROOT SURGERY MOLAR	\$1,214.90	II
D3426	ROOT SURGERY EA ADD ROOT	\$487.70	II
D3427	PERIRADICULAR SURGERY	\$916.03	II
D3428	BONE GRAFT PERI PER TOOTH	\$1,074.67	II
D3429	BONE GRAFT PERI EACH ADDL	\$989.19	II
D3430	RETROGRADE FILLING	\$340.66	II
D3431	BIOLOGICAL MATERIALS	\$1,120.47	II
D3432	GUIDED TISSUE REGENERATION	\$1,051.18	II
D3450	ROOT AMPUTATION	\$651.12	II
D3460	ENDODONTIC ENDOSSEOUS IMPLAN	\$2,215.15	II
D3470	INTENTIONAL REPLANTATION	\$1,141.94	II

NOTES: CDT Codes copyright American Dental Association. All rights reserved.

TABLE I. — OUTPATIENT DENTAL PROFESSIONAL NATIONWIDE CHARGES BY HCPCS CODE

v3.23 (January - December 2018)

PAGE 5 of 13

HCPCS Code	HCPCS Code Description	Charge	GAAF Category
D3910	ISOLATION- TOOTH W RUBB DAM	\$234.06	II
D3920	TOOTH SPLITTING	\$546.38	II
D3950	CANAL PREP/FITTING OF DOWEL	\$281.27	II
D3999	ENDODONTIC PROCEDURE	\$1,076.21	II
D4210	GINGIVECTOMY/PLASTY 4 OR MOR	\$819.62	II
D4211	GINGIVECTOMY/PLASTY 1 TO 3	\$395.76	II
D4212	GINGIVECTOMY/PLASTY REST	\$336.59	II
D4230	ANA CROWN EXP 4 OR> PER QUAD	\$1,123.28	II
D4231	ANA CROWN EXP 1-3 PER QUAD	\$656.92	II
D4240	GINGIVAL FLAP PROC W/ PLANIN	\$998.65	II
D4241	GNGLV FLAP W ROOTPLAN 1-3 TH	\$688.74	II
D4245	APICALLY POSITIONED FLAP	\$900.53	II
D4249	CROWN LENGTHEN HARD TISSUE	\$1,073.99	II
D4260	OSSEOUS SURGERY 4 OR MORE	\$1,600.20	II
D4261	OSSEOUS SURG 1 TO 3 TEETH	\$1,049.80	II
D4263	BONE REPLCE GRAFT FIRST SITE	\$742.74	II
D4264	BONE REPLCE GRAFT EACH ADD	\$615.23	II
D4265	BIO MTRLS TO AID SOFT/OS REG	\$723.54	II
D4266	GUIDED TISS REGEN RESORBLE	\$808.00	II
D4267	GUIDED TISS REGEN NONRESORB	\$974.88	II
D4268	SURGICAL REVISION PROCEDURE	\$1,013.57	II
D4270	PEDICLE SOFT TISSUE GRAFT PR	\$1,167.68	II
D4273	AUTO TISSUE GRAFT 1ST TOOTH	\$1,477.43	II
D4274	MESIAL/DISTAL WEDGE PROC	\$856.54	II
D4275	NON-AUTO GRAFT 1ST TOOTH	\$1,241.46	II
D4276	CON TISSUE W DBLE PED GRAFT	\$1,570.52	II
D4277	SOFT TISSUE GRAFT FIRSTTOOTH	\$1,283.44	II
D4278	SOFT TISSUE GRAFT ADDL TOOTH	\$695.07	II
D4283	AUTO TISSUE GRAFT ADDL TOOTH	\$1,283.70	II
D4285	NON-AUTO GRAFT ADDL TOOTH	\$1,037.96	II
D4320	PROVISION SPLNT INTRACORONAL	\$578.31	II
D4321	PROVISIONAL SPLINT EXTRACORO	\$523.69	II
D4341	PERIODONTAL SCALING & ROOT	\$306.91	II
D4342	PERIODONTAL SCALING 1-3TEETH	\$203.19	II
D4346	SCALING GINGIV INFLAMMATION	\$167.59	II
D4355	FULL MOUTH DEBRIDEMENT	\$212.27	II
D4381	LOCALIZED DELIVERY ANTIMICRO	\$149.63	II
D4910	PERIODONTAL MAINT PROCEDURES	\$168.51	II
D4920	UNSCHEDULED DRESSING CHANGE	\$131.36	II
D4921	GINGIVAL IRRIGATION PER QUAD	\$104.53	II
D4999	UNSPECIFIED PERIODONTAL PROC	\$203.19	II
D5110	DENTURES COMPLETE MAXILLARY	\$2,019.83	III
D5120	DENTURES COMPLETE MANDIBLE	\$2,041.35	III
D5130	DENTURES IMMEDIAT MAXILLARY	\$2,176.50	III
D5140	DENTURES IMMEDIAT MANDIBLE	\$2,182.14	III
D5211	DENTURES MAXILL PART RESIN	\$1,663.64	III
D5212	DENTURES MAND PART RESIN	\$1,782.82	III
D5213	DENTURES MAXILL PART METAL	\$2,162.31	III
D5214	DENTURES MANDIBL PART METAL	\$2,165.38	III
D5221	IMMED MAX PART DENTURE RESIN	\$1,793.84	III
D5222	IMMED MAN PART DENTURE RESIN	\$1,907.07	III
D5223	IMMED MAX PART DENT METAL	\$2,244.90	III
D5224	IMMED MAND PART DENT METAL	\$2,273.60	III
D5225	MAXILLARY PART DENTURE FLEX	\$1,762.54	III

NOTES: CDT Codes copyright American Dental Association. All rights reserved.

TABLE I. — OUTPATIENT DENTAL PROFESSIONAL NATIONWIDE CHARGES BY HCPCS CODE

v3.23 (January - December 2018)

PAGE 6 of 13

HCPCS Code	HCPCS Code Description	Charge	GAAF Category
D5226	MANDIBULAR PART DENTURE FLEX	\$1,885.31	III
D5281	REMOVABLE PARTIAL DENTURE	\$1,241.40	III
D5410	DENTURES ADJUST CMPLT MAXIL	\$107.93	III
D5411	DENTURES ADJUST CMPLT MAND	\$107.42	III
D5421	DENTURES ADJUST PART MAXILL	\$107.42	III
D5422	DENTURES ADJUST PART MANDBL	\$107.42	III
D5511	REP BROKE COMP DENT BASE MAN	\$240.46	III
D5512	REP BROKE COMP DENT BASE MAX	\$240.46	III
D5520	REPLACE DENTURE TEETH COMPLT	\$206.19	III
D5611	REP RESIN PART DENT BASE MAN	\$241.20	III
D5612	REP RESIN PART DENT BASE MAX	\$241.20	III
D5621	REP CAST PART FRAME MAN	\$302.41	III
D5622	REP CAST PART FRAME MAX	\$302.41	III
D5630	REP PARTIAL DENTURE CLASP	\$313.84	III
D5640	REPLACE PART DENTURE TEETH	\$217.18	III
D5650	ADD TOOTH TO PARTIAL DENTURE	\$272.40	III
D5660	ADD CLASP TO PARTIAL DENTURE	\$323.29	III
D5670	REPLC TTH&ACRLC ON MTL FRMWK	\$839.51	III
D5671	REPLC TTH&ACRLC MANDIBULAR	\$846.69	III
D5710	DENTURES REBASE CMPLT MAXIL	\$747.39	III
D5711	DENTURES REBASE CMPLT MAND	\$730.03	III
D5720	DENTURES REBASE PART MAXILL	\$712.49	III
D5721	DENTURES REBASE PART MANDBL	\$712.49	III
D5730	DENTURE RELN CMPLT MAXIL CH	\$450.74	III
D5731	DENTURE RELN CMPLT MAND CHR	\$450.74	III
D5740	DENTURE RELN PART MAXIL CHR	\$427.92	III
D5741	DENTURE RELN PART MAND CHR	\$431.00	III
D5750	DENTURE RELN CMPLT MAX LAB	\$574.79	III
D5751	DENTURE RELN CMPLT MAND LAB	\$582.48	III
D5760	DENTURE RELN PART MAXIL LAB	\$571.60	III
D5761	DENTURE RELN PART MAND LAB	\$573.14	III
D5810	DENTURE INTERM CMPLT MAXILL	\$1,000.39	III
D5811	DENTURE INTERM CMPLT MANDBL	\$1,038.18	III
D5820	DENTURE INTERM PART MAXILL	\$797.33	III
D5821	DENTURE INTERM PART MANDBL	\$818.39	III
D5850	DENTURE TISS CONDITN MAXILL	\$221.17	III
D5851	DENTURE TISS CONDITN MANDBL	\$221.17	III
D5862	PRECISION ATTACHMENT	\$902.89	III
D5863	OVERDENTURE COMPLETE MAX	\$2,409.89	III
D5864	OVERDENTURE PARTIAL MAX	\$2,694.41	III
D5865	OVERDENTURE COMPLETE MANDIB	\$2,439.10	III
D5866	OVERDENTURE PARTIAL MANDIB	\$2,744.44	III
D5867	REPLACEMENT OF PRECISION ATT	\$505.25	III
D5875	PROSTHESIS MODIFICATION	\$563.67	III
D5899	REMOVABLE PROSTHODONTIC PROC	\$505.25	III
D5911	FACIAL MOULAGE SECTIONAL	\$553.42	III
D5912	FACIAL MOULAGE COMPLETE	\$564.18	III
D5913	NASAL PROSTHESIS	\$8,947.13	III
D5914	AURICULAR PROSTHESIS	\$9,588.69	III
D5915	ORBITAL PROSTHESIS	\$13,346.60	III
D5916	OCULAR PROSTHESIS	\$3,559.88	III
D5919	FACIAL PROSTHESIS	\$1,560.98	III
D5922	NASAL SEPTAL PROSTHESIS	\$1,560.98	III
D5923	OCULAR PROSTHESIS INTERIM	\$1,560.98	III

NOTES: CDT Codes copyright American Dental Association. All rights reserved.

TABLE I. — OUTPATIENT DENTAL PROFESSIONAL NATIONWIDE CHARGES BY HCPCS CODE

v3.23 (January - December 2018)

PAGE 7 of 13

HCPCS Code	HCPCS Code Description	Charge	GAAF Category
D5924	CRANIAL PROSTHESIS	\$1,189.08	III
D5925	FACIAL AUGMENTATION IMPLANT	\$382.51	III
D5926	REPLACEMENT NASAL PROSTHESIS	\$1,560.98	III
D5927	AURICULAR REPLACEMENT	\$1,560.98	III
D5928	ORBITAL REPLACEMENT	\$1,560.98	III
D5929	FACIAL REPLACEMENT	\$1,560.98	III
D5931	SURGICAL OBTURATOR	\$5,310.34	III
D5932	POSTSURGICAL OBTURATOR	\$9,931.61	III
D5933	REFITTING OF OBTURATOR	\$311.53	III
D5934	MANDIBULAR FLANGE PROSTHESIS	\$9,052.17	III
D5935	MANDIBULAR DENTURE PROSTH	\$7,876.21	III
D5936	TEMP OBTURATOR PROSTHESIS	\$8,846.63	III
D5937	TRISMUS APPLIANCE	\$1,028.42	III
D5951	FEEDING AID	\$1,335.62	III
D5952	PEDIATRIC SPEECH AID	\$4,693.72	III
D5953	ADULT SPEECH AID	\$8,914.02	III
D5954	SUPERIMPOSED PROSTHESIS	\$8,260.34	III
D5955	PALATAL LIFT PROSTHESIS	\$7,640.35	III
D5958	INTRAORAL CON DEF INTER PLT	\$1,560.98	III
D5959	INTRAORAL CON DEF MOD PALAT	\$1,560.98	III
D5960	MODIFY SPEECH AID PROSTHESIS	\$563.03	III
D5982	SURGICAL STENT	\$659.25	III
D5983	RADIATION APPLICATOR	\$1,684.75	III
D5984	RADIATION SHIELD	\$1,684.75	III
D5985	RADIATION CONE LOCATOR	\$1,684.75	III
D5986	FLUORIDE APPLICATOR	\$216.96	III
D5987	COMMISSURE SPLINT	\$1,925.10	III
D5988	SURGICAL SPLINT	\$730.29	III
D5991	VESICULOBULLOUS DISEASE CARR	\$240.35	III
D5992	ADJUST MAX PROST APPLIANCE	\$600.68	III
D5993	MAIN/CLEAN MAX PROSTHESIS	\$600.68	III
D5994	PERIDONTAL MEDICAMENT	\$207.72	III
D5999	MAXILLOFACIAL PROSTHESIS	\$8,914.02	III
D6010	ODONTICS ENDOSTEAL IMPLANT	\$2,765.03	III
D6011	SECOND STAGE IMPLANT SURGERY	\$1,187.38	III
D6012	ENDOSTEAL IMPLANT	\$2,509.83	III
D6013	SURGICAL PLACE MINI IMPLANT	\$2,241.85	III
D6040	ODONTICS EPOSTEAL IMPLANT	\$9,922.88	III
D6050	ODONTICS TRANSOSTEAL IMPLNT	\$7,349.87	III
D6051	INTERIM ABUTMENT	\$660.00	III
D6052	SEMI PRECISION ATTACH ABUT	\$1,187.63	III
D6055	IMPLANT CONNECTING BAR	\$2,352.10	III
D6056	PREFABRICATED ABUTMENT	\$793.07	III
D6057	CUSTOM ABUTMENT	\$953.95	III
D6058	ABUTMENT SUPPORTED CROWN	\$1,765.13	III
D6059	ABUTMENT SUPPORTED MTL CROWN	\$1,766.66	III
D6060	ABUTMENT SUPPORTED MTL CROWN	\$1,690.46	III
D6061	ABUTMENT SUPPORTED MTL CROWN	\$1,695.53	III
D6062	ABUTMENT SUPPORTED MTL CROWN	\$1,718.80	III
D6063	ABUTMENT SUPPORTED MTL CROWN	\$1,583.49	III
D6064	ABUTMENT SUPPORTED MTL CROWN	\$1,615.65	III
D6065	IMPLANT SUPPORTED CROWN	\$1,825.63	III
D6066	IMPLANT SUPPORTED MTL CROWN	\$1,781.36	III
D6067	IMPLANT SUPPORTED MTL CROWN	\$1,808.87	III

NOTES: CDT Codes copyright American Dental Association. All rights reserved.

TABLE I. — OUTPATIENT DENTAL PROFESSIONAL NATIONWIDE CHARGES BY HCPCS CODE

v3.23 (January - December 2018)

PAGE 8 of 13

HCPCS Code	HCPCS Code Description	Charge	GAAF Category
D6068	ABUTMENT SUPPORTED RETAINER	\$1,776.00	III
D6069	ABUTMENT SUPPORTED RETAINER	\$1,769.23	III
D6070	ABUTMENT SUPPORTED RETAINER	\$1,678.68	III
D6071	ABUTMENT SUPPORTED RETAINER	\$1,695.53	III
D6072	ABUTMENT SUPPORTED RETAINER	\$1,771.74	III
D6073	ABUTMENT SUPPORTED RETAINER	\$1,642.27	III
D6074	ABUTMENT SUPPORTED RETAINER	\$1,680.36	III
D6075	IMPLANT SUPPORTED RETAINER	\$1,830.75	III
D6076	IMPLANT SUPPORTED RETAINER	\$1,808.01	III
D6077	IMPLANT SUPPORTED RETAINER	\$1,802.72	III
D6080	IMPLANT MAINTENANCE	\$266.14	III
D6081	SCALE & DEBRIDE, SINGLE IMP	\$74.13	III
D6085	PROVISIONAL IMPLANT CROWN	\$508.80	III
D6090	REPAIR IMPLANT	\$926.46	III
D6091	REPL SEMI/PRECISION ATTACH	\$711.36	III
D6092	RECEMENT SUPP CROWN	\$165.08	III
D6093	RECEMENT SUPP PART DENTURE	\$222.28	III
D6094	ABUT SUPPORT CROWN TITANIUM	\$1,572.23	III
D6095	ODONTICS REPR ABUTMENT	\$903.92	III
D6100	REMOVAL OF IMPLANT	\$937.74	III
D6101	DEBRIDEMENT OF A PERIIMPLANT	\$708.80	III
D6102	DEBRIDEMENT & CONTOURING	\$928.36	III
D6103	BONE GRAFT REPAIR PERIMPLANT	\$758.35	III
D6104	BONE GRAFT TIME OF IMPLANT	\$736.83	III
D6110	IMPLNT/ABUT REMOV DENT MAX	\$2,959.36	III
D6111	IMPLNT/ABUT REMOV DENT MAND	\$2,932.71	III
D6112	IMP/ABUT REM DENT PART MAX	\$2,871.22	III
D6113	IMP/ABUT REM DENT PART MAND	\$2,910.68	III
D6114	IMPLNT/ABUT FIXED DENT MAX	\$7,333.04	III
D6115	IMPLNT/ABUT FIXED DENT MAND	\$7,333.04	III
D6116	IMP/ABUT FIXED DENT PART MAX	\$4,651.38	III
D6117	IMP/ABUT FIXED DENT PART MAN	\$5,098.21	III
D6190	RADIO/SURGICAL IMPLANT INDEX	\$422.30	III
D6194	ABUT SUPPORT RETAINER TITANI	\$1,566.64	III
D6199	IMPLANT PROCEDURE	\$1,187.38	III
D6205	PONTIC-INDIRECT RESIN BASED	\$1,046.93	III
D6210	PROSTHODONT HIGH NOBLE METAL	\$1,342.26	III
D6211	BRIDGE BASE METAL CAST	\$1,270.35	III
D6212	BRIDGE NOBLE METAL CAST	\$1,294.74	III
D6214	PONTIC TITANIUM	\$1,342.74	III
D6240	BRIDGE PORCELAIN HIGH NOBLE	\$1,343.87	III
D6241	BRIDGE PORCELAIN BASE METAL	\$1,254.09	III
D6242	BRIDGE PORCELAIN NOBEL METAL	\$1,293.27	III
D6245	BRIDGE PORCELAIN/CERAMIC	\$1,363.17	III
D6250	BRIDGE RESIN W/HIGH NOBLE	\$1,302.43	III
D6251	BRIDGE RESIN BASE METAL	\$1,245.96	III
D6252	BRIDGE RESIN W/NOBLE METAL	\$1,264.66	III
D6253	PROVISIONAL PONTIC	\$751.19	III
D6545	DENTAL RETAINR CAST METL	\$796.08	III
D6548	PORCELAIN/CERAMIC RETAINER	\$883.99	III
D6549	RESIN RETAINER	\$742.89	III
D6600	PORCELAIN/CERAMIC INLAY 2SRF	\$1,111.47	III
D6601	PORC/CERAM INLAY >= 3 SURFAC	\$1,139.73	III
D6602	CST HGH NBLE MTL INLAY 2 SRF	\$1,125.04	III

NOTES: CDT Codes copyright American Dental Association. All rights reserved.

TABLE I. — OUTPATIENT DENTAL PROFESSIONAL NATIONWIDE CHARGES BY HCPCS CODE

v3.23 (January - December 2018)

PAGE 9 of 13

HCPCS Code	HCPCS Code Description	Charge	GAAF Category
D6603	CST HGH NBLE MTL INLAY >=3SR	\$1,192.05	III
D6604	CST BSE MTL INLAY 2 SURFACES	\$1,106.21	III
D6605	CST BSE MTL INLAY >= 3 SURFA	\$1,157.37	III
D6606	CAST NOBLE METAL INLAY 2 SUR	\$1,095.70	III
D6607	CST NOBLE MTL INLAY >=3 SURF	\$1,156.88	III
D6608	ONLAY PORC/CRMC 2 SURFACES	\$1,175.74	III
D6609	ONLAY PORC/CRMC >=3 SURFACES	\$1,225.31	III
D6610	ONLAY CST HGH NBL MTL 2 SRFC	\$1,210.41	III
D6611	ONLAY CST HGH NBL MTL >=3SRF	\$1,288.38	III
D6612	ONLAY CST BASE MTL 2 SURFACE	\$1,182.41	III
D6613	ONLAY CST BASE MTL >=3 SURFA	\$1,232.10	III
D6614	ONLAY CST NBL MTL 2 SURFACES	\$1,169.31	III
D6615	ONLAY CST NBL MTL >=3 SURFAC	\$1,222.55	III
D6624	INLAY TITANIUM	\$1,170.65	III
D6634	ONLAY TITANIUM	\$1,222.60	III
D6710	CROWN-INDIRECT RESIN BASED	\$1,183.74	III
D6720	RETAIN CROWN RESIN W HI NBLE	\$1,304.33	III
D6721	CROWN RESIN W/BASE METAL	\$1,264.12	III
D6722	CROWN RESIN W/NOBLE METAL	\$1,278.03	III
D6740	CROWN PORCELAIN/CERAMIC	\$1,375.30	III
D6750	CROWN PORCELAIN HIGH NOBLE	\$1,364.61	III
D6751	CROWN PORCELAIN BASE METAL	\$1,269.48	III
D6752	CROWN PORCELAIN NOBLE METAL	\$1,298.28	III
D6780	CROWN 3/4 HIGH NOBLE METAL	\$1,299.04	III
D6781	CROWN 3/4 CAST BASED METAL	\$1,279.06	III
D6782	CROWN 3/4 CAST NOBLE METAL	\$1,245.42	III
D6783	CROWN 3/4 PORCELAIN/CERAMIC	\$1,326.85	III
D6790	CROWN FULL HIGH NOBLE METAL	\$1,341.69	III
D6791	CROWN FULL BASE METAL CAST	\$1,260.47	III
D6792	CROWN FULL NOBLE METAL CAST	\$1,286.77	III
D6793	PROVISIONAL RETAINER CROWN	\$617.38	III
D6794	CROWN TITANIUM	\$1,279.09	III
D6920	DENTAL CONNECTOR BAR	\$824.12	III
D6930	RECEMENT/BOND PART DENTURE	\$202.62	III
D6940	STRESS BREAKER	\$475.50	III
D6950	PRECISION ATTACHMENT	\$815.97	III
D6980	FIXED PARTIAL REPAIR	\$504.22	III
D6985	PEDIATRIC PARTIAL DENTURE FX	\$888.69	III
D6999	FIXED PROSTHODONTIC PROC	\$1,343.87	III
D7111	EXTRACTION CORONAL REMNANTS	\$162.99	II
D7140	EXTRACTION ERUPTED TOOTH/EXR	\$219.05	II
D7210	REM IMP TOOTH W MUCOPER FLP	\$343.34	II
D7220	IMPACT TOOTH REMOV SOFT TISS	\$397.55	II
D7230	IMPACT TOOTH REMOV PART BONY	\$514.49	II
D7240	IMPACT TOOTH REMOV COMP BONY	\$618.38	II
D7241	IMPACT TOOTH REM BONY W/COMP	\$751.84	II
D7250	TOOTH ROOT REMOVAL	\$361.73	II
D7251	CORONECTOMY	\$624.15	II
D7260	ORAL ANTRAL FISTULA CLOSURE	\$1,859.12	II
D7261	PRIMARY CLOSURE SINUS PERF	\$953.21	II
D7270	TOOTH REIMPLANTATION	\$701.84	II
D7272	TOOTH TRANSPLANTATION	\$941.94	II
D7280	EXPOSURE OF UNERUPTED TOOTH	\$623.08	II
D7282	MOBILIZE ERUPTED/MALPOS TOOT	\$470.90	II

NOTES: CDT Codes copyright American Dental Association. All rights reserved.

TABLE I. — OUTPATIENT DENTAL PROFESSIONAL NATIONWIDE CHARGES BY HCPCS CODE

v3.23 (January - December 2018)

PAGE 10 of 13

HCPCS Code	HCPCS Code Description	Charge	GAAF Category
D7283	PLACE DEVICE IMPACTED TOOTH	\$435.18	II
D7285	BIOPSY OF ORAL TISSUE HARD	\$953.05	II
D7286	BIOPSY OF ORAL TISSUE SOFT	\$490.14	II
D7287	EXFOLIATIVE CYTOLOG COLLECT	\$240.64	II
D7288	BRUSH BIOPSY	\$242.69	II
D7290	REPOSITIONING OF TEETH	\$583.41	II
D7291	TRANSSEPTAL FIBEROTOMY	\$387.39	II
D7292	SCREW RETAINED PLATE	\$2,245.15	II
D7293	TEMP ANCHORAGE DEV W FLAP	\$1,778.38	II
D7294	TEMP ANCHORAGE DEV W/O FLAP	\$1,181.70	II
D7295	BONE HARVEST,AUTO GRAFT PROC	\$1,203.17	II
D7310	ALVEOPLASTY W/ EXTRACTION	\$383.01	II
D7311	ALVEOLOPLASTY W/EXTRACT 1-3	\$363.76	II
D7320	ALVEOPLASTY W/O EXTRACTION	\$599.65	II
D7321	ALVEOLOPLASTY NOT W/EXTRACTS	\$532.97	II
D7340	VESTIBULOPLASTY RIDGE EXTENS	\$2,161.16	II
D7350	VESTIBULOPLASTY EXTEN GRAFT	\$5,378.80	II
D7410	RAD EXC LESION UP TO 1.25 CM	\$851.81	II
D7411	EXCISION BENIGN LESION>1.25C	\$1,305.70	II
D7412	EXCISION BENIGN LESION COMPL	\$1,601.99	II
D7413	EXCISION MALIG LESION<=1.25C	\$1,153.23	II
D7414	EXCISION MALIG LESION>1.25CM	\$1,724.46	II
D7415	EXCISION MALIG LES COMPLICAT	\$1,911.38	II
D7440	MALIG TUMOR EXC TO 1.25 CM	\$1,464.55	II
D7441	MALIG TUMOR > 1.25 CM	\$2,301.84	II
D7450	REM ODONTOGEN CYST TO 1.25CM	\$974.79	II
D7451	REM ODONTOGEN CYST > 1.25 CM	\$1,367.15	II
D7460	REM NONODONTO CYST TO 1.25CM	\$944.56	II
D7461	REM NONODONTO CYST > 1.25 CM	\$1,376.88	II
D7465	LESION DESTRUCTION	\$588.37	II
D7471	REM EXOSTOSIS ANY SITE	\$1,177.86	II
D7472	REMOVAL OF TORUS PALATINUS	\$1,400.62	II
D7473	REMOVE TORUS MANDIBULARIS	\$1,312.42	II
D7485	SURG REDUCT OSSEOUS TUBEROSIT	\$1,205.53	II
D7490	MAXILLA OR MANDIBLE RESECTIO	\$10,457.12	II
D7510	I&D ABSC INTRAORAL SOFT TISS	\$359.40	II
D7511	INCISION/DRAIN ABSCESS INTRA	\$537.64	II
D7520	I&D ABSCESS EXTRAORAL	\$1,298.94	II
D7521	INCISION/DRAIN ABSCESS EXTRA	\$1,477.81	II
D7530	REMOVAL FB SKIN/AREOLAR TISS	\$578.09	II
D7540	REMOVAL OF FB REACTION	\$801.76	II
D7550	REMOVAL OF SLOUGHED OFF BONE	\$612.79	II
D7560	MAXILLARY SINUSOTOMY	\$2,942.31	II
D7610	MAXILLA OPEN REDUCT SIMPLE	\$5,868.63	II
D7620	CLSD REDUCT SIMPL MAXILLA FX	\$4,470.15	II
D7630	OPEN RED SIMPL MANDIBLE FX	\$6,837.38	II
D7640	CLSD RED SIMPL MANDIBLE FX	\$4,671.59	II
D7650	OPEN RED SIMP MALAR/ZYGOM FX	\$4,265.88	II
D7660	CLSD RED SIMP MALAR/ZYGOM FX	\$3,106.66	II
D7670	CLOSD RDUCTN SPLINT ALVEOLUS	\$2,059.01	II
D7671	ALVEOLUS OPEN REDUCTION	\$2,645.33	II
D7680	REDUCT SIMPLE FACIAL BONE FX	\$9,984.95	II
D7710	MAXILLA OPEN REDUCT COMPOUND	\$6,429.68	II
D7720	CLSD REDUCT COMPD MAXILLA FX	\$4,704.90	II

NOTES: CDT Codes copyright American Dental Association. All rights reserved.

TABLE I. — OUTPATIENT DENTAL PROFESSIONAL NATIONWIDE CHARGES BY HCPCS CODE

v3.23 (January - December 2018)

PAGE 11 of 13

HCPCS Code	HCPCS Code Description	Charge	GAAF Category
D7730	OPEN REDUCT COMPD MANDBLE FX	\$8,219.63	II
D7740	CLSD REDUCT COMPD MANDBLE FX	\$4,845.66	II
D7750	OPEN RED COMP MALAR/ZYGMA FX	\$5,962.63	II
D7760	CLSD RED COMP MALAR/ZYGMA FX	\$5,163.31	II
D7770	OPEN REDUC COMPD ALVEOLUS FX	\$3,510.35	II
D7771	ALVEOLUS CLSD REDUC STBLZ TE	\$2,579.25	II
D7780	REDUCT COMPND FACIAL BONE FX	\$13,044.08	II
D7810	TMJ OPEN REDUCT-DISLOCATION	\$6,249.84	II
D7820	CLOSED TMP MANIPULATION	\$999.58	II
D7830	TMJ MANIPULATION UNDER ANEST	\$1,008.15	II
D7840	REMOVAL OF TMJ CONDYLE	\$7,990.93	II
D7850	TMJ MENISCECTOMY	\$7,254.23	II
D7852	TMJ REPAIR OF JOINT DISC	\$8,137.27	II
D7854	TMJ EXCISN OF JOINT MEMBRANE	\$8,075.08	II
D7856	TMJ CUTTING OF A MUSCLE	\$5,669.51	II
D7858	TMJ RECONSTRUCTION	\$19,338.48	II
D7860	TMJ CUTTING INTO JOINT	\$8,242.66	II
D7865	TMJ RESHAPING COMPONENTS	\$13,282.92	II
D7870	TMJ ASPIRATION JOINT FLUID	\$613.01	II
D7871	LYSIS + LAVAGE W CATHETERS	\$970.84	II
D7872	TMJ DIAGNOSTIC ARTHROSCOPY	\$4,685.28	II
D7873	TMJ ARTHROSCOPY LYSIS ADHESN	\$5,641.42	II
D7874	TMJ ARTHROSCOPY DISC REPOSIT	\$8,091.89	II
D7875	TMJ ARTHROSCOPY SYNOVECTOMY	\$8,864.82	II
D7876	TMJ ARTHROSCOPY DISCECTOMY	\$9,557.59	II
D7877	TMJ ARTHROSCOPY DEBRIDEMENT	\$8,435.42	II
D7880	OCCLUSAL ORTHOTIC APPLIANCE	\$1,223.63	II
D7881	OCC ORTHOTIC DEVICE ADJUST	\$603.94	II
D7899	TMJ UNSPECIFIED THERAPY	\$1,223.63	II
D7910	DENT SUTUR RECENT WND TO 5CM	\$506.68	II
D7911	DENTAL SUTURE WOUND TO 5 CM	\$1,132.53	II
D7912	SUTURE COMPLICATE WND > 5 CM	\$1,941.00	II
D7920	DENTAL SKIN GRAFT	\$4,027.75	II
D7921	COLLECT & APPL BLOOD PRODUCT	\$483.87	II
D7940	RESHAPING BONE ORTHOGNATHIC	\$5,007.40	II
D7941	BONE CUTTING RAMUS CLOSED	\$11,379.14	II
D7943	CUTTING RAMUS OPEN W/GRAFT	\$10,706.79	II
D7944	BONE CUTTING SEGMENTED	\$9,079.71	II
D7945	BONE CUTTING BODY MANDIBLE	\$10,740.76	II
D7946	RECONSTRUCTION MAXILLA TOTAL	\$13,227.82	II
D7947	RECONSTRUCT MAXILLA SEGMENT	\$11,892.90	II
D7948	RECONSTRUCT MIDFACE NO GRAFT	\$14,548.98	II
D7949	RECONSTRUCT MIDFACE W/GRAFT	\$18,700.85	II
D7950	MANDIBLE GRAFT	\$3,614.64	II
D7951	SINUS AUG W BONE OR BONE SUB	\$3,821.66	II
D7952	SINUS AUGMENTATION VERTICAL	\$2,553.92	II
D7953	BONE REPLACEMENT GRAFT	\$776.40	II
D7955	REPAIR MAXILLOFACIAL DEFECTS	\$4,325.88	II
D7960	FRENULECTOMY/FRENECTOMY	\$541.68	II
D7963	FRENULOPLASTY	\$747.11	II
D7970	EXCISION HYPERPLASTIC TISSUE	\$701.45	II
D7971	EXCISION PERICORONAL GINGIVA	\$313.77	II
D7972	SURG REDCT FIBROUS TUBEROSIT	\$980.18	II
D7980	SURGICAL SIALOLITHOTOMY	\$1,133.06	II

NOTES: CDT Codes copyright American Dental Association. All rights reserved.

TABLE I. — OUTPATIENT DENTAL PROFESSIONAL NATIONWIDE CHARGES BY HCPCS CODE

v3.23 (January - December 2018)

PAGE 12 of 13

HCPCS Code	HCPCS Code Description	Charge	GAAF Category
D7981	EXCISION OF SALIVARY GLAND	\$728.96	II
D7982	SIALODOCHOPLASTY	\$2,479.45	II
D7983	CLOSURE OF SALIVARY FISTULA	\$2,305.36	II
D7990	EMERGENCY TRACHEOTOMY	\$2,145.26	II
D7991	DENTAL CORONOIDECTOMY	\$5,377.16	II
D7995	SYNTHETIC GRAFT FACIAL BONES	\$548.27	II
D7996	IMPLANT MANDIBLE FOR AUGMENT	\$2,305.26	II
D7997	APPLIANCE REMOVAL	\$443.40	II
D7998	INTRAORAL PLACE OF FIX DEV	\$2,493.55	II
D7999	ORAL SURGERY PROCEDURE	\$776.40	II
D8010	LIMITED DENTAL TX PRIMARY	\$3,022.28	III
D8020	LIMITED DENTAL TX TRANSITION	\$3,201.62	III
D8030	LIMITED DENTAL TX ADOLESCENT	\$3,934.39	III
D8040	LIMITED DENTAL TX ADULT	\$4,247.99	III
D8050	INTERCEP DENTAL TX PRIMARY	\$3,387.12	III
D8060	INTERCEP DENTAL TX TRANSITN	\$3,504.98	III
D8070	COMPRE DENTAL TX TRANSITION	\$6,210.58	III
D8080	COMPRE DENTAL TX ADOLESCENT	\$6,363.28	III
D8090	COMPRE DENTAL TX ADULT	\$6,379.68	III
D8210	ORTHODONTIC REM APPLIANCE TX	\$1,063.79	III
D8220	FIXED APPLIANCE THERAPY HABT	\$1,248.26	III
D8660	PREORTHODONTIC TX VISIT	\$551.37	III
D8670	PERIODIC ORTHODONTIC TX VISIT	\$374.07	III
D8680	ORTHODONTIC RETENTION	\$639.50	III
D8681	REMOVABLE RETAINER ADJUST	\$757.98	III
D8690	ORTHODONTIC TREATMENT	\$478.60	III
D8691	REPAIR ORTHO APPLIANCE	\$272.61	III
D8692	REPLACEMENT RETAINER	\$418.14	III
D8693	REBOND/RECEMENT RETAINERS	\$394.57	III
D8694	REPAIR FIXED RETAINERS	\$383.29	III
D8999	ORTHODONTIC PROCEDURE	\$374.07	III
D9110	TX DENTAL PAIN MINOR PROC	\$157.41	II
D9120	FIX PARTIAL DENTURE SECTION	\$230.10	III
D9210	DENT ANESTHESIA W/O SURGERY	\$76.90	II
D9211	REGIONAL BLOCK ANESTHESIA	\$90.23	II
D9212	TRIGEMINAL BLOCK ANESTHESIA	\$209.14	II
D9215	LOCAL ANESTHESIA	\$65.62	II
D9219	EVAL FOR DEEP SED/GEN ANESTH	\$125.11	II
D9223	GENERAL ANESTH EA ADDL 15 MI	\$261.01	II
D9230	ANALGESIA	\$101.53	II
D9243	IV SEDATION EA ADDL 15M	\$242.53	II
D9248	SEDATION (NON-IV)	\$271.17	II
D9310	DENTAL CONSULTATION	\$169.15	I
D9311	CONSULT W/MED HLTH CARE PROF	\$165.09	I
D9410	DENTAL HOUSE CALL	\$248.14	I
D9420	HOSPITAL/ASC CALL	\$354.61	I
D9430	OFFICE VISIT DURING HOURS	\$103.51	I
D9440	OFFICE VISIT AFTER HOURS	\$168.94	I
D9450	CASE PRESENTATION TX PLAN	\$127.77	I
D9610	DENT THERAPEUTIC DRUG INJECT	\$137.33	III
D9612	THERA PAR DRUGS 2 OR > ADMIN	\$234.69	III
D9630	DRUGS/MEDS DISP FOR HOME USE	\$55.34	III
D9910	DENT APPL DESENSITIZING MED	\$76.93	III
D9911	APPL DESENSITIZING RESIN	\$102.47	III

NOTES: CDT Codes copyright American Dental Association. All rights reserved.

TABLE I. — OUTPATIENT DENTAL PROFESSIONAL NATIONWIDE CHARGES BY HCPCS CODE

v3.23 (January - December 2018)

PAGE 13 of 13

HCPCS Code	HCPCS Code Description	Charge	GAAF Category
D9920	BEHAVIOR MANAGEMENT	\$190.62	III
D9930	TREATMENT OF COMPLICATIONS	\$159.88	III
D9932	CLEAN & INSPECT REM DENT MAX	\$181.63	III
D9933	CLEAN & INSPECT REM DENT MAN	\$181.63	III
D9934	CLEAN REM PART DENTURE MAX	\$181.63	III
D9935	CLEAN REM PART DENTURE MAND	\$181.63	III
D9940	DENTAL OCCLUSAL GUARD	\$675.69	III
D9941	FABRICATION ATHLETIC GUARD	\$275.72	III
D9942	REPAIR/RELINING OCCLUSAL GUARD	\$286.59	III
D9943	OCCLUSAL GUARD ADJUSTMENT	\$154.48	III
D9950	OCCLUSION ANALYSIS	\$426.62	III
D9951	LIMITED OCCLUSAL ADJUSTMENT	\$209.67	III
D9952	COMPLETE OCCLUSAL ADJUSTMENT	\$843.61	III
D9970	ENAMEL MICROABRASION	\$180.24	III
D9971	ODONTOPLASTY 1-2 TEETH	\$167.83	III
D9972	EXTRNL BLEACHING PER ARCH	\$423.85	III
D9973	EXTRNL BLEACHING PER TOOTH	\$187.04	III
D9974	INTRNL BLEACHING PER TOOTH	\$363.63	III
D9975	EXTERNAL BLEACHING HOME APP	\$407.97	III
D9991	CASE MGMT, APPT BARRIERS	\$73.92	III
D9992	CASE MGMT, CARE COORDINATION	\$73.92	III
D9993	CASE MGMT, INTERVIEWING	\$73.92	III
D9994	CASE MGMT, PT EDUCATION	\$101.37	III
D9999	ADJUNCTIVE PROCEDURE	\$223.67	III