Proceeds Proceeds Proceeds Proceeds Proceeds Proceeds Process							Sc	onerCare l	Dental Fee Schedule 1/01/2025
Marie Mari							30	Circi Care I	Seniar Fee Seneaule 2/01/2025
Marie Mari		Procedure	Effective	Child (Age	Adult (Age	STBS	Prior	Tooth#	
MARINING Column	Procedure Type		Date	0-20) Rate	21+) Rate	Covered	Authorize	Required	Additional Criteria
CAMADE C						Yes			
Comment Comm					\$ 33.57	Yes			
MODICIPATION 1970 1,777									
MODIOGRAPH/TITE						Yes	N		
MODICIDATION 1970					1		Y		Refer to Provider Guidelines for additional criteria
Monography March	· · · · · · · · · · · · · · · · · · ·								
SACCORDAN_FITE					\$ 8.39	Yes		Х	
Monography March							1		
MonoGraphy (TTST)									
MODIGRAPH/TIST Color									
MODOGRAPHITST 0312 1/1/2 5 9-819 1 7 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					\$ 33.57	Yes			
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Section Sect					\$ 53.71				Refer to Provider Guidelines for additional criteria
MODICIDATIFICATION 1986					ψ 33.71				THE CONTROL OF THE CO
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MODICIPATION 1972 1973 1975		_					Υ	01,02	
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MODIONALYSTEANTS 10110				\$ 9.15			N		
ROPPHILANS/SEALAMTS 01120 117/25 5 45.78 5 5.05 Ves N Refer to Provider Guidenies for additional criteria Refer to Provider Guidenies for ad									
RODINITARYS, SEALAMTS 10,100									
PROPHILANS/SEALANTS 0.1086					\$ 50.36	Yes			
MODIFICATION 1/1/12 1/1/		-							
PROPHILANIS/SEALANTS 1312						Yes			Refer to Provider Guidelines for additional criteria
PROPHEMAS/SEALANTS 1354									
RECOMMINISTANCE - PASSIVE D1516 1/1/25 5 12.93					\$ 36.93				
SPACE MAINTENANCE - PASSIVE								Х	
SPACE MAINTENANCE: PASSIVE 01516 11/1/25 5 182.93 1 N Refer to Provider Guidelines for additional criteria									
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SPACE MAINTENANCE - PASSIVE D1575 1/1/25 \$ 3.3.54	SPACE MAINTENANCE - PASSIVE	D1556	1/1/25	\$ 33.54			N		Refer to Provider Guidelines for additional criteria
SPACE MAINTENANCE - PASSIVE 1575 1/1/25 5 121.95	SPACE MAINTENANCE - PASSIVE	D1557	1/1/25	\$ 33.54			N		Refer to Provider Guidelines for additional criteria
VACCINATIONS 11701 1/1/25 5 40.00 5 40.00 Ves			1/1/25				N		
VACCINATIONS							N		Refer to Provider Guidelines for additional criteria
VACCINATIONS D1703 1/1/25 \$ 40.00 Ves Image: Control of the con									
VACCINATIONS D1704 1/1/25 \$ 40.00 Yes L I VACCINATIONS D1707 1/1/25 \$ 40.00 Yes L I VACCINATIONS D2140 1/1/25 \$ 40.00 Yes L N X AMALGAM RESTORATIONS D2140 1/1/25 \$ 11/125 \$							ļ		
VACCINATIONS D1707 1/1/25 \$ 40.00 Yes Image: Control of the con							<u> </u>		
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					\$ 191.35				
SINGLE CROWNS D2721 1/1/25 \$ 457.33 Y X Refer to Provider Guidelines for additional criteria							Υ		
	SINGLE CROWNS	D2721	1/1/25	\$ 457.33			Y	X	Refer to Provider Guidelines for additional criteria

SINGLE CROWNS	D2740	1/1/25 \$ 609.77	Υ	Х	Refer to Provider Guidelines for additional criteria
SINGLE CROWNS	D2750	1/1/25 \$ 670.75	Υ	Х	Refer to Provider Guidelines for additional criteria
SINGLE CROWNS	D2751	1/1/25 \$ 487.82	Y	Х	Refer to Provider Guidelines for additional criteria
SINGLE CROWNS	D2752	1/1/25 \$ 548.80	Υ	Х	Refer to Provider Guidelines for additional criteria
SINGLE CROWNS	D2790	1/1/25 \$ 579.29	Υ	Х	Refer to Provider Guidelines for additional criteria
SINGLE CROWNS	D2791	1/1/25 \$ 426.84	Υ	Х	Refer to Provider Guidelines for additional criteria
SINGLE CROWNS	D2792	1/1/25 \$ 487.82	Y	Х	Refer to Provider Guidelines for additional criteria
OTHER RESTORATIVE	D2920	1/1/25 \$ 45.73	N	Х	
OTHER RESTORATIVE	D2929	8/15/24 \$ 121.95	N	Y	
OTHER RESTORATIVE	D2929 D2930	1/1/25 \$ 121.95		, ,	
			N	X	
OTHER RESTORATIVE	D2931	1/1/25 \$ 182.93	N	X	
OTHER RESTORATIVE	D2932	1/1/25 \$ 146.35	N	Х	
OTHER RESTORATIVE	D2933	1/1/25 \$ 137.20	N	Х	Refer to Provider Guidelines for additional criteria
OTHER RESTORATIVE	D2934	1/1/25 \$ 164.64	N	Х	Refer to Provider Guidelines for additional criteria
OTHER RESTORATIVE	D2940	1/1/25 \$ 45.73	N	Х	
OTHER RESTORATIVE	D2950	1/1/25 \$ 121.95	Y	Х	
OTHER RESTORATIVE	D2951	1/1/25 \$ 30.49	N	Х	
OTHER RESTORATIVE	D2952	1/1/25 \$ 243.91	Y	Х	Refer to Provider Guidelines for additional criteria
OTHER RESTORATIVE	D2954	1/1/25 \$ 152.44	Υ	Х	
OTHER RESTORATIVE	D2960	1/1/25 \$ 182.93	Y	Х	
OTHER RESTORATIVE	D2961	1/1/25 \$ 304.89	Υ	Х	
OTHER RESTORATIVE	D2962	1/1/25 \$ 439.04	Υ	Х	
OTHER RESTORATIVE	D2976	1/1/25 \$ 67.08	N	Х	
OTHER RESTORATIVE	D2980	1/1/25 \$ 125.00	Υ	Х	
ENDODONTICS	D3110	1/1/25 \$ 38.11	N	Х	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3120	1/1/25 \$ 30.49	N	Х	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3220	1/1/25 \$ 91.47	N	Х	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3221	1/1/25 \$ 121.95	N	Х	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3230	1/1/25 \$ 100.61	N	Х	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3240	1/1/25 \$ 112.81	N	Х	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3310	1/1/25 \$ 310.98	N	X	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3320	1/1/25 \$ 350.62	Y	Х	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3330	1/1/25 \$ 426.84	Y	Х	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3346	1/1/25 \$ 335.38	Y	X	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3347	1/1/25 \$ 408.55	Y	X	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3351	1/1/25 \$ 406.33	Y	X	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3351	1/1/25 \$ 115.86	Y	X	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3352	1/1/25 \$ 243.91	Y	X	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3410	1/1/25 \$ 277.45	Y	X	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3410	1/1/25 \$ 277.43	Y	X	Refer to Provider Guidelines for additional criteria
			Y		Refer to Provider duidelines for additional criteria
PERIODONTAL SERVICES	D4210	1/1/25 \$ 289.64		Quad.	
PERIODONTAL SERVICES	D4211	1/1/25 \$ 106.71	Y	Quad.	
PERIODONTAL SERVICES	D4212	1/1/25 \$ 106.71	Y	0	
PERIODONTAL SERVICES	D4231 D4240	1/1/25 \$ 246.96	Y	Quad.	
PERIODONTAL SERVICES		1/1/25 \$ 332.33		Quad.	
PERIODONTAL SERVICES	D4241	1/1/25 \$ 268.30	Y	Quad.	
PERIODONTAL SERVICES	D4260	1/1/25 \$ 487.82	Y	Quad.	
PERIODONTAL SERVICES	D4261	1/1/25 \$ 378.06	Y	Quad.	
PERIODONTAL SERVICES	D4265	1/1/25 \$ 201.23		Quad.	
PERIODONTAL SERVICES	D4270	1/1/25 \$ 371.96	Y	X	
PERIODONTAL SERVICES	D4275	1/1/25 \$ 432.94	Υ	Quad.	
PERIODONTAL SERVICES	D4276	1/1/25 \$ 487.82	Y	Х	
PERIODONTAL SERVICES	D4277	1/1/25 \$ 914.66	Y		
PERIODONTAL SERVICES	D4278	1/1/25 \$ 304.89	Y	-	
PERIODONTAL SERVICES	D4341	1/1/25 \$ 152.44 \$ 167.85 Yes	Y	Quad.	
PERIODONTAL SERVICES	D4342	1/1/25 \$ 82.32 \$ 90.64 Yes	Y	Quad.	
PERIODONTAL SERVICES	D4346	1/1/25 \$ 274.40 \$ 302.13 Yes	Y		
PERIODONTAL SERVICES	D4910	1/1/25 \$ 60.98 \$ 67.14 Yes	Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5110	1/1/25 \$ 762.22 \$ 839.25	Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5120	1/1/25 \$ 762.22 \$ 839.25	Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5130	1/1/25 \$ 838.44 \$ 923.18	Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5140	1/1/25 \$ 838.44 \$ 923.18	Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5211	1/1/25 \$ 518.31 \$ 570.69	Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5212	1/1/25 \$ 539.65 \$ 594.19	Y		Refer to Provider Guidelines for additional criteria Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5213	1/1/25 \$ 914.66 \$ 1,007.10			

REMOVABLE PROSTHODONTICS	D5214	1/1/25		\$ 1,007.10	Υ		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5225	1/1/25	\$ 649.41	\$ 715.04	Υ		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5226	1/1/25	\$ 649.41	\$ 715.04	Υ		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5282	1/1/25	\$ 408.55	\$ 449.84	Υ		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5283	1/1/25	\$ 408.55	\$ 449.84	Υ		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5284	1/1/25	\$ 408.55	\$ 449.84	Υ		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5286	1/1/25	\$ 408.55	\$ 449.84	Υ		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5410	1/1/25	\$ 36.59	\$ 40.28	N		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5411	1/1/25	\$ 36.59	\$ 40.28	N		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5421	1/1/25	\$ 36.59	\$ 40.28	N		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5422	1/1/25	\$ 36.59	\$ 40.28	N		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5511	1/1/25	\$ 91.47	\$ 100.71	N		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5512	1/1/25	\$ 91.47	\$ 100.71	N		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5520	1/1/25	\$ 60.98	\$ 67.14	N	Х	Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5611	1/1/25	\$ 91.47	\$ 100.71	N		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5612	1/1/25	\$ 91.47	\$ 100.71	N		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5621	1/1/25	\$ 125.00	\$ 137.64	N		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5622	1/1/25	\$ 125.00	\$ 137.64	N		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5630	1/1/25	\$ 112.81	\$ 124.21	N	X	Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5640	1/1/25	\$ 91.47	\$ 100.71	N	Х	Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5650	1/1/25	\$ 91.47	\$ 100.71	N	Х	Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5660	1/1/25	\$ 152.44	\$ 167.85	N	Х	Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5670	1/1/25	\$ 454.28	\$ 500.19	Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5671	1/1/25	\$ 454.28	\$ 500.19	Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5710	1/1/25	\$ 304.89	\$ 335.70	Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5711	1/1/25	\$ 304.89	\$ 335.70	Υ		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5720	1/1/25	\$ 243.91	\$ 268.56	Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5721	1/1/25	\$ 243.91	\$ 268.56	Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5750	1/1/25	\$ 243.91	\$ 268.56	Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5751	1/1/25	\$ 243.91	\$ 268.56	Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5760	1/1/25	\$ 243.91	\$ 268.56	Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5761	1/1/25	\$ 243.91	\$ 268.56	Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5820	1/1/25	\$ 304.89	\$ 335.70	Υ	Х	Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5821	1/1/25	\$ 304.89	\$ 335.70	Υ	Х	Refer to Provider Guidelines for additional criteria
REMOVARIE PROSTHODONITICS	D5850	1/1/25	\$ 79.27	\$ 27.72	V		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS	D5850	1/1/25	\$ 79.27 \$ 79.27	\$ 87.28 \$ 87.28	Y		Refer to Provider Guidelines for additional criteria Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5851	1/1/25	\$ 79.27	\$ 87.28	Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS	D5851 D5899	1/1/25 1/1/25	\$ 79.27 MANUAL				Refer to Provider Guidelines for additional criteria Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS MAXILLOFACIAL PROSTHETICS	D5851 D5899 D5911	1/1/25 1/1/25 1/1/25	\$ 79.27 MANUAL \$ 121.95	\$ 87.28	Y		Refer to Provider Guidelines for additional criteria Refer to Provider Guidelines for additional criteria Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS MAXILLOFACIAL PROSTHETICS MAXILLOFACIAL PROSTHETICS	D5851 D5899 D5911 D5912	1/1/25 1/1/25 1/1/25 1/1/25	\$ 79.27 MANUAL \$ 121.95 \$ 182.93	\$ 87.28	Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS MAXILLOFACIAL PROSTHETICS MAXILLOFACIAL PROSTHETICS MAXILLOFACIAL PROSTHETICS	D5851 D5899 D5911 D5912 D5913	1/1/25 1/1/25 1/1/25 1/1/25 1/1/25	\$ 79.27 MANUAL \$ 121.95 \$ 182.93 \$ 3,048.87	\$ 87.28	Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS MAXILLOFACIAL PROSTHETICS MAXILLOFACIAL PROSTHETICS MAXILLOFACIAL PROSTHETICS MAXILLOFACIAL PROSTHETICS MAXILLOFACIAL PROSTHETICS	D5851 D5899 D5911 D5912 D5913 D5914	1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25	\$ 79.27 MANUAL \$ 121.95 \$ 182.93 \$ 3,048.87 \$ 3,048.87	\$ 87.28	Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS MAXILLOFACIAL PROSTHETICS MAXILLOFACIAL PROSTHETICS MAXILLOFACIAL PROSTHETICS MAXILLOFACIAL PROSTHETICS MAXILLOFACIAL PROSTHETICS MAXILLOFACIAL PROSTHETICS	D5851 D5899 D5911 D5912 D5913 D5914 D5915	1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25	\$ 79.27 MANUAL \$ 121.95 \$ 182.93 \$ 3,048.87 \$ 3,048.87 \$ 4,115.97	\$ 87.28	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS MAXILLOFACIAL PROSTHETICS	D5851 D5899 D5911 D5912 D5913 D5914 D5915 D5916	1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25	\$ 79.27 MANUAL \$ 121.95 \$ 182.93 \$ 3,048.87 \$ 3,048.87 \$ 4,115.97 \$ 4,268.42	\$ 87.28	Y Y Y Y Y Y Y Y Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS MAXILLOFACIAL PROSTHETICS	D5851 D5899 D5911 D5912 D5913 D5914 D5915 D5916 D5919	1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25	\$ 79.27 MANUAL \$ 121.95 \$ 182.93 \$ 3,048.87 \$ 3,048.87 \$ 4,115.97 \$ 4,268.42 \$ 2,439.10	\$ 87.28	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS MAXILLOFACIAL PROSTHETICS	D5851 D5899 D5911 D5912 D5913 D5914 D5915 D5916 D5919 D5922	1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25	\$ 79.27 MANUAL \$ 121.95 \$ 182.93 \$ 3,048.87 \$ 3,048.87 \$ 4,115.97 \$ 4,268.42 \$ 2,439.10 \$ 1,981.77	\$ 87.28	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS MAXILLOFACIAL PROSTHETICS	D5851 D5899 D5911 D5912 D5913 D5914 D5915 D5916 D5919 D5922 D5923	1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25	\$ 79.27 MANUAL \$ 121.95 \$ 182.93 \$ 3,048.87 \$ 4,115.97 \$ 4,268.42 \$ 2,439.10 \$ 1,981.77 \$ 2,439.10	\$ 87.28	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS MAXILLOFACIAL PROSTHETICS	D5851 D5899 D5911 D5912 D5913 D5914 D5915 D5916 D5916 D5919 D5922 D5923 D5931	1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25	\$ 79.27 MANUAL \$ 121.95 \$ 182.93 \$ 3,048.87 \$ 4,115.97 \$ 4,268.42 \$ 2,439.10 \$ 1,981.77 \$ 2,439.10 \$ 975.64	\$ 87.28	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS MAXILLOFACIAL PROSTHETICS	D5851 D5899 D5911 D5912 D5913 D5914 D5915 D5916 D5919 D5922 D5922 D5931 D5932	1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25	\$ 79.27 MANUAL \$ 121.95 \$ 182.93 \$ 3,048.87 \$ 4,115.97 \$ 4,268.42 \$ 2,439.10 \$ 1,981.77 \$ 2,439.10 \$ 2,439.10 \$ 2,286.65	\$ 87.28	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS MAXILLOFACIAL PROSTHETICS	D5851 D5899 D5911 D5912 D5913 D5914 D5916 D5919 D5922 D5923 D5931 D5932 D5933	1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25	\$ 79.27 MANUAL \$ 121.95 \$ 182.93 \$ 3,048.87 \$ 4,115.97 \$ 4,268.42 \$ 2,439.10 \$ 1,981.77 \$ 2,439.10 \$ 975.64 \$ 2,286.65 \$ 457.33	\$ 87.28	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS MAXILLOFACIAL PROSTHETICS	D5851 D5889 D5911 D5912 D5913 D5914 D5915 D5916 D5916 D5919 D5922 D5922 D5923 D5931 D5932 D5934	1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25	\$ 79.27 MANUAL \$ 121.95 \$ 182.93 \$ 3,048.87 \$ 4,115.97 \$ 4,268.42 \$ 2,439.10 \$ 1,981.77 \$ 2,439.10 \$ 975.64 \$ 2,239.10 \$ 1,920.00 \$ 2,230.00 \$ 2,230	\$ 87.28	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS MAXILLOFACIAL PROSTHETICS	D5851 D5889 D5911 D5912 D5913 D5914 D5915 D5916 D5919 D5922 D5933 D5931 D5932 D5933 D5934 D5935	1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25	\$ 79.27 MANUAL \$ 121.95 \$ 182.93 \$ 3,048.87 \$ 4,15.97 \$ 4,268.42 \$ 2,439.10 \$ 1,981.77 \$ 2,439.10 \$ 1975.64 \$ 2,286.65 \$ 457.33 \$ 2,286.65 \$ 2,286.65 \$ 2,286.65	\$ 87.28	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS MAXILLOFACIAL PROSTHETICS	D5851 D5889 D5911 D5912 D5913 D5914 D5915 D5916 D5916 D5919 D5922 D5923 D5931 D5932 D5933 D5934 D5936	1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25 1/1/25	\$ 79.27 MANUAL \$ 121.95 \$ 182.93 \$ 3,048.87 \$ 4,115.97 \$ 4,268.42 \$ 2,439.10 \$ 1,981.77 \$ 2,439.10 \$ 975.64 \$ 2,286.65 \$ 457.33 \$ 2,286.65 \$ 2,286.65 \$ 2,286.65 \$ 838.44	\$ 87.28	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS MAXILLOFACIAL PROSTHETICS	D5851 D5889 D5911 D5912 D5913 D5914 D5915 D5916 D5916 D5922 D5922 D5923 D5931 D5932 D5933 D5934 D5935 D5936 D5937	1/1/25 1/1/25	\$ 79.27 MANUAL \$ 121.95 \$ 182.93 \$ 3,048.87 \$ 3,048.87 \$ 4,15.97 \$ 4,268.42 \$ 2,439.10 \$ 1981.77 \$ 2,286.65 \$ 2,286.65 \$ 2,286.65 \$ 2,286.65 \$ 2,286.65 \$ 2,286.65 \$ 2,286.65 \$ 2,286.65 \$ 2,286.65 \$ 2,286.65	\$ 87.28	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS MAXILLOFACIAL PROSTHETICS	D5851 D5889 D5911 D5912 D5913 D5914 D5915 D5916 D5919 D5929 D5923 D5931 D5931 D5932 D5933 D5934 D5935 D5936 D5936 D5936 D5937	1/1/25 1/1/25	\$ 79.27 MANUAL \$ 121.95 \$ 182.93 \$ 3,048.87 \$ 4,115.97 \$ 4,268.42 \$ 2,439.10 \$ 1,981.77 \$ 2,439.10 \$ 2,286.65 \$ 2,286.65 \$ 2,286.65 \$ 2,286.65 \$ 2,286.65 \$ 2,286.65 \$ 2,286.65 \$ 2,77.45 \$ 914.66	\$ 87.28	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS MAXILLOFACIAL PROSTHETICS	D5851 D5889 D5911 D5912 D5913 D5914 D5915 D5916 D5916 D5919 D5922 D5931 D5931 D5932 D5933 D5934 D5935 D5936 D5936 D5937 D5937 D5952	1/1/25 1/1/25	\$ 79.27 MANUAL \$ 121.95 \$ 182.93 \$ 3,048.87 \$ 4,115.97 \$ 4,268.42 \$ 2,439.10 \$ 975.64 \$ 2,286.65 \$ 457.33 \$ 2,286.65 \$ 2,286.65 \$ 2,286.65 \$ 2,86.65 \$ 2,86.65 \$ 914.66 \$ 914.66	\$ 87.28	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS MAXILLOFACIAL PROSTHETICS	D5851 D5889 D5911 D5912 D5913 D5914 D5915 D5916 D5916 D5922 D5923 D5931 D5932 D5933 D5934 D5935 D5936 D5937 D5951 D5952 D5937 D5952	1/1/25 1/1/25	\$ 79.27 MANUAL \$ 121.95 \$ 182.93 \$ 3,048.87 \$ 4,115.97 \$ 4,268.42 \$ 2,439.10 \$ 975.64 \$ 2,286.65 \$ 3,286.65 \$ 3,286	\$ 87.28	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS MAXILLOFACIAL PROSTHETICS	D5851 D5889 D5911 D5912 D5913 D5914 D5915 D5916 D5916 D5919 D5922 D5931 D5931 D5932 D5933 D5934 D5935 D5936 D5936 D5937 D5937 D5952	1/1/25 1/1/25	\$ 79.27 MANUAL 121.95 \$ 182.93 \$ 3,048.87 \$ 3,048.87 \$ 4,115.97 \$ 4,268.42 \$ 2,439.10 \$ 1,981.77 \$ 2,439.10 \$ 975.64 \$ 2,286.65 \$ 2,286.65 \$ 2,286.65 \$ 2,286.65 \$ 2,286.65 \$ 914.66 \$ 914.66 \$ 914.66 \$ 1,981.77	\$ 87.28	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS MAXILLOFACIAL PROSTHETICS	D5851 D5889 D5911 D5912 D5913 D5914 D5915 D5916 D5916 D5919 D5922 D5923 D5933 D5931 D5934 D5934 D5935 D5936 D5936 D5937 D5936 D5937 D5952 D5955 D5955	1/1/25 1/1/25	\$ 79.27 MANUAL \$ 121.95 \$ 182.93 \$ 3,048.87 \$ 4,115.97 \$ 4,268.42 \$ 2,2439.10 \$ 975.64 \$ 2,286.65 \$ 457.33 \$ 2,286.65 \$ 2,286.65 \$ 2,286.65 \$ 2,286.65 \$ 2,286.65 \$ 914.66 \$ 914.66 \$ 914.66 \$ 914.66 \$ 914.66 \$ 914.66 \$ 1,981.77 \$ 1,158.57	\$ 87.28	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS MAXILLOFACIAL PROSTHETICS	D5851 D5889 D5911 D5912 D5913 D5914 D5915 D5916 D5916 D5919 D5922 D5931 D5932 D5931 D5934 D5936 D5937 D5935 D5936 D5937 D5935 D5936 D5937 D5951 D5959	1/1/25 1/1/25	\$ 79.27 MANUAL \$ 121.95 \$ 182.93 \$ 3,048.87 \$ 3,048.87 \$ 4,115.97 \$ 4,268.42 \$ 2,439.10 \$ 975.64 \$ 2,286.65 \$ 4,286.65 \$ 2,286.65 \$ 2,286.65 \$ 4,286.65 \$ 4,286.65 \$ 1,458.65 \$ 1,458.65 \$ 1,458.65 \$ 1,458.65 \$ 1,458.77 \$ 1,458.75 \$ 1,158.75 \$ 1,58.75 \$ 365.86	\$ 87.28	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS MAXILLOFACIAL PROSTHETICS	D5851 D5889 D5911 D5912 D5913 D5914 D5915 D5916 D5916 D5919 D5922 D5922 D5923 D5931 D5931 D5932 D5933 D5934 D5935 D5936 D5937 D5955 D5952 D5952 D5952 D5952 D5952 D5952 D5955	1/1/25 1/1/25	\$ 79.27 MANUAL \$ 121.95 \$ 182.93 \$ 3,048.87 \$ 3,048.87 \$ 4,115.97 \$ 4,268.42 \$ 2,439.10 \$ 975.64 \$ 2,286.65 \$ 2,286.65 \$ 2,286.65 \$ 2,286.65 \$ 1,946.66 \$ 1,946.66 \$ 1,981.77 \$ 1,158.57 \$ 1,58.57 \$ 1,58.58 \$ 166.64	\$ 87.28	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS MAXILLOFACIAL PROSTHETICS	D5851 D5889 D5911 D5912 D5913 D5914 D5915 D5916 D5916 D5919 D5922 D5923 D5931 D5932 D5933 D5934 D5935 D5936 D5936 D5936 D5937 D5952 D5958 D5955 D5958 D5958	1/1/25 1/1/25	\$ 79.27 MANUAL \$ 121.95 \$ 182.93 \$ 3,048.87 \$ 4,115.97 \$ 4,268.42 \$ 4,268.42 \$ 2,2439.10 \$ 975.64 \$ 2,286.65 \$ 457.33 \$ 2,286.65 \$ 2,286.65 \$ 2,286.65 \$ 2,286.65 \$ 1,981.77 \$ 2,439.10 \$ 914.66 \$ 914.66 \$ 914.66 \$ 914.66 \$ 914.66 \$ 914.66 \$ 1,981.77 \$ 1,158.57 \$ 1,158.57 \$ 1,158.57 \$ 1,158.57 \$ 1,158.57	\$ 87.28	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS MAXILLOFACIAL PROSTHETICS	D5851 D5889 D5911 D5912 D5913 D5914 D5915 D5916 D5916 D5919 D5922 D5933 D5933 D5934 D5935 D5936 D5937 D5935 D5936 D5937 D5951 D5952 D5958 D5958 D5959 D5982	1/1/25 1/1/25	\$ 79.27 MANUAL \$ 121.95 \$ 182.93 \$ 3,048.87 \$ 4,115.97 \$ 4,268.42 \$ 2,439.10 \$ 975.64 \$ 2,286.65 \$ 457.33 \$ 2,286.65 \$ 2,286.65 \$ 2,286.65 \$ 914.66 \$ 914.66 \$ 914.66 \$ 1,981.77 \$ 1,981.77 \$ 365.86 \$ 1,158.57 \$ 365.86 \$ 164.64 \$ 378.06	\$ 87.28	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS MAXILLOFACIAL PROSTHETICS	D5851 D5889 D5911 D5912 D5913 D5914 D5915 D5916 D5916 D5922 D5923 D5931 D5932 D5932 D5932 D5933 D5934 D5935 D5935 D5936 D5937 D5955 D5959 D5958 D5958 D5959 D5982 D5982 D5983	1/1/25 1/1/25	\$ 79.27 MANUAL \$ 121.95 \$ 182.93 \$ 3,048.87 \$ 3,048.87 \$ 4,115.97 \$ 4,268.42 \$ 2,439.10 \$ 975.64 \$ 2,286.65 \$ 2,286.65 \$ 2,286.65 \$ 2,286.65 \$ 2,286.65 \$ 1,981.77 \$ 1,158.57 \$ 1,158.57 \$ 1,158.57 \$ 378.06 \$ 378.06 \$ 378.06 \$ 378.06	\$ 87.28	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS MAXILLOFACIAL PROSTHETICS	D5851 D5889 D5911 D5912 D5913 D5914 D5915 D5916 D5916 D5919 D5922 D5932 D5931 D5932 D5933 D5934 D5935 D5936 D5936 D5936 D5937 D5952 D5958 D5959 D5959 D5959 D5958 D5958 D5958 D5988	1/1/25 1/1/25	\$ 79.27 MANUAL \$ 121.95 \$ 182.93 \$ 3,048.87 \$ 4,115.97 \$ 4,268.42 \$ 2,439.10 \$ 975.64 \$ 2,286.65 \$ 457.33 \$ 2,286.65 \$ 2,286.65 \$ 457.33 \$ 2,286.65 \$ 1,981.77 \$ 2,439.10 \$ 914.66 \$ 914.66 \$ 914.66 \$ 914.66 \$ 914.66 \$ 914.66 \$ 914.66 \$ 914.66 \$ 914.66 \$ 914.66 \$ 914.66 \$ 914.66 \$ 914.66 \$ 914.66 \$ 93.68 \$ 1,981.77 \$ 1,158.57 \$ 365.86 \$ 164.64 \$ 378.06 \$ 378.06 \$ 378.06 \$ 378.06 \$ 378.06	\$ 87.28	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Refer to Provider Guidelines for additional criteria Refer to Provider Guidelines for
REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS MAXILLOFACIAL PROSTHETICS	D5851 D5889 D5911 D5912 D5913 D5914 D5915 D5916 D5916 D5919 D5922 D5933 D5931 D5932 D5933 D5934 D5935 D5936 D5936 D5936 D5937 D5952 D5958 D5959 D5982 D5982 D5982 D5983 D5984 D5983 D5984 D5989	1/1/25 1/1/25	\$ 79.27 MANUAL \$ 121.95 \$ 182.93 \$ 3,048.87 \$ 4,115.97 \$ 4,268.42 \$ 2,439.10 \$ 975.64 \$ 2,286.65 \$ 457.33 \$ 2,286.65 \$ 2,286.65 \$ 2,286.65 \$ 4914.66 \$ 914.66 \$ 914.66 \$ 914.66 \$ 914.66 \$ 1,981.77 \$ 1,981.77 \$ 1,981.77 \$ 1,788.76 \$ 1,788.76 \$ 1,788.76 \$ 1,788.76 \$ 1,788.76 \$ 378.06 \$ 378.06 \$ 378.06 \$ 378.06 \$ 91.47 MANUAL	\$ 87.28 MANUAL	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	X	Refer to Provider Guidelines for additional criteria Refer to Provider Guidelines for
REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS MAXILLOFACIAL PROSTHETICS	D5851 D5889 D5911 D5912 D5913 D5914 D5915 D5916 D5916 D5916 D5919 D5922 D5931 D5932 D5933 D5934 D5935 D5935 D5935 D5935 D5936 D5937 D5951 D5955 D5982 D5982 D5982 D5983 D5988 D5988 D5988 D5988 D5988 D5988 D5988 D5988 D5986 D5986 D5999 D6105	1/1/25 1/1/25	\$ 79.27 MANUAL \$ 121.95 \$ 182.93 \$ 3,048.87 \$ 4,115.97 \$ 4,268.42 \$ 2,439.10 \$ 975.64 \$ 2,286.65 \$ 457.33 \$ 2,286.65 \$ 2,286.65 \$ 914.66 \$ 914.66 \$ 914.66 \$ 1,981.77 \$ 1,981.77 \$ 1,981.77 \$ 365.86 \$ 1158.57 \$ 365.86 \$ 378.06 \$ 378.06 \$ 378.06 \$ 91.47 MANUAL \$ 106.71	\$ 87.28	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Refer to Provider Guidelines for additional criteria Refer to Provider Guidelines for
REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS MAXILLOFACIAL PROSTHETICS	D5851 D5889 D5911 D5912 D5913 D5914 D5915 D5916 D5916 D5916 D592 D5923 D5931 D5931 D5932 D5932 D5933 D5934 D5935 D5936 D5937 D5955 D5958 D5958 D5958 D5958 D5958 D5982 D5983 D5984 D5995 D5982 D5983 D5984 D5995 D5986 D5986 D5986 D5986 D5986 D5999 D6105	1/1/25 1/1/25	\$ 79.27 MANUAL \$ 121.95 \$ 182.93 \$ 3,048.87 \$ 3,048.87 \$ 4,115.97 \$ 4,268.42 \$ 2,439.10 \$ 975.64 \$ 2,286.65 \$ 4,57.33 \$ 2,286.65 \$ 2,286.65 \$ 2,286.65 \$ 1,91.66 \$ 914.66 \$ 914.66 \$ 914.66 \$ 914.66 \$ 1,981.77 \$ 1,158.57 \$ 1,158.57 \$ 1,158.57 \$ 365.86 \$ 164.64 \$ 378.06 \$ 378.06 \$ 378.06 \$ 835.68 \$ 91.47 MANUAL \$ 106.71 \$ 426.84	\$ 87.28 MANUAL	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Х	Refer to Provider Guidelines for additional criteria Refer to Provider Guidelines for
REMOVABLE PROSTHODONTICS REMOVABLE PROSTHODONTICS MAXILLOFACIAL PROSTHETICS	D5851 D5889 D5911 D5912 D5913 D5914 D5915 D5916 D5916 D5916 D5919 D5922 D5931 D5932 D5933 D5934 D5935 D5935 D5935 D5935 D5936 D5937 D5951 D5955 D5982 D5982 D5982 D5983 D5988 D5988 D5988 D5988 D5988 D5988 D5988 D5988 D5986 D5986 D5999 D6105	1/1/25 1/1/25	\$ 79.27 MANUAL \$ 121.95 \$ 182.93 \$ 3,048.87 \$ 4,115.97 \$ 4,268.42 \$ 2,439.10 \$ 975.64 \$ 2,286.65 \$ 457.33 \$ 2,286.65 \$ 2,286.65 \$ 914.66 \$ 914.66 \$ 914.66 \$ 1,981.77 \$ 1,981.77 \$ 1,981.77 \$ 365.86 \$ 1158.57 \$ 365.86 \$ 378.06 \$ 378.06 \$ 378.06 \$ 91.47 MANUAL \$ 106.71	\$ 87.28 MANUAL	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Refer to Provider Guidelines for additional criteria Refer to Provider Guidelines for

FIXED PROSTHODONTICS	D6545	1/1/25	\$ 289.64			Υ	Х	Refer to Provider Guidelines for additional criteria
FIXED PROSTHODONTICS	D6721	1/1/25	\$ 457.33			Υ	Х	Refer to Provider Guidelines for additional criteria
FIXED PROSTHODONTICS	D6751	1/1/25	\$ 487.82			Υ	Х	Refer to Provider Guidelines for additional criteria
FIXED PROSTHODONTICS	D6791	1/1/25	\$ 426.84			Υ	Х	Refer to Provider Guidelines for additional criteria
FIXED PROSTHODONTICS	D6930	1/1/25	\$ 60.98			Υ	Х	Refer to Provider Guidelines for additional criteria
FIXED PROSTHODONTICS	D6980	1/1/25	\$ 158.54			Υ	Х	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7111	1/1/25	\$ 60.98	\$ 67.14		N	Х	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7140	1/1/25	\$ 67.08	\$ 73.85	Yes	N	Х	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7210	1/1/25	\$ 121.95	\$ 134.28	Yes	N	Х	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7220	1/1/25	\$ 140.25	\$ 154.42		N	Х	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7230	1/1/25	\$ 182.93	\$ 201.42		N	Х	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7240	1/1/25	\$ 219.52			N	Х	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7241	1/1/25	\$ 304.89			Υ	Х	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7250	1/1/25	\$ 121.95			N	Х	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7261	1/1/25	\$ 320.13			N	Х	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7270	1/1/25	\$ 219.52	ψ 332.13		N	X	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7280	1/1/25	\$ 182.93			Y	X	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7282	1/1/25	\$ 222.57			N	X	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7283	1/1/25	\$ 231.71			v	X	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7283	1/1/25	\$ 198.18			N	X	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY ORAL AND MAXILLOFACIAL SURGERY	D7284 D7285	1/1/25	\$ 158.54			N N	^	Refer to Provider Guidelines for additional criteria Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7286	1/1/25	\$ 121.95			N	Quad	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7280	1/1/25	\$ 128.05			N	Quad	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY ORAL AND MAXILLOFACIAL SURGERY	D7310 D7321	1/1/25	\$ 128.05			N N	Quad	Refer to Provider Guidelines for additional criteria
							Quau	
EXCISION/REMOVAL OF LESIONS EXCISION/REMOVAL OF LESIONS	D7410 D7411	1/1/25 1/1/25	\$ 152.44 \$ 253.06		 	N Y	1	Refer to Provider Guidelines for additional criteria Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIONS EXCISION/REMOVAL OF LESIONS	D7411 D7412	1/1/25	\$ 253.06			Y		Refer to Provider Guidelines for additional criteria Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIONS EXCISION/REMOVAL OF LESIONS	D7412 D7413	1/1/25	\$ 332.33			N N		Refer to Provider Guidelines for additional criteria Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIONS	D7413	1/1/25	\$ 429.89		1	N		Refer to Provider Guidelines for additional criteria Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIONS	D7414 D7415	1/1/25	\$ 432.94			N		Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIONS	D7440	1/1/25	\$ 240.86			N		Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIONS	D7441	1/1/25	\$ 487.82			N		Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIONS	D7450	1/1/25	\$ 207.32			N		Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIONS	D7451	1/1/25	\$ 268.30			N		Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIONS	D7460	1/1/25	\$ 204.27			N		Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIONS	D7461	1/1/25	\$ 289.64			N		Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIONS	D7465	1/1/25	\$ 160.07			N		Refer to Provider Guidelines for additional criteria
EXCISION OF BONE TISSUE	D7471	1/1/25	\$ 259.15	\$ 285.35		Υ	L, R	Refer to Provider Guidelines for additional criteria
EXCISION OF BONE TISSUE	D7472	1/1/25	\$ 320.13	\$ 352.49		Υ		Refer to Provider Guidelines for additional criteria
EXCISION OF BONE TISSUE	D7473	1/1/25	\$ 219.52	\$ 241.70		Υ	L, R	Refer to Provider Guidelines for additional criteria
EXCISION OF BONE TISSUE	D7485	1/1/25	\$ 240.86			Υ		Refer to Provider Guidelines for additional criteria
EXCISION OF BONE TISSUE	D7490	1/1/25	\$ 3,780.60			Υ	01,02	Refer to Provider Guidelines for additional criteria
SURGICAL INCISION	D7510	1/1/25	\$ 82.32			N	Х	
SURGICAL INCISION	D7511	1/1/25	\$ 134.15			N	Х	
SURGICAL INCISION	D7520	1/1/25	\$ 182.93			N	Х	
SURGICAL INCISION	D7521	1/1/25	\$ 228.67			N	Х	
SURGICAL INCISION	D7530	1/1/25	\$ 128.05			N		
SURGICAL INCISION	D7540	1/1/25	\$ 259.15			N		
SURGICAL INCISION	D7550	1/1/25	\$ 213.42			N	Quad	
SURGICAL INCISION	D7560	1/1/25	\$ 396.35			N		
FRACTURE TREATMENTS	D7610	1/1/25	\$ 1,768.34			N		
FRACTURE TREATMENTS	D7620	1/1/25	\$ 1,463.46			N		
FRACTURE TREATMENTS	D7630	1/1/25	\$ 2,012.25			N		
FRACTURE TREATMENTS	D7640		\$ 1,219.55			N		
FRACTURE TREATMENTS	D7650		\$ 1,920.79			N		
FRACTURE TREATMENTS	D7660		\$ 1,158.57			N		
FRACTURE TREATMENTS	D7670	1/1/25				N		
FRACTURE TREATMENTS	D7671	-, -,	\$ 365.86			N		
FRACTURE TREATMENTS	D7710		\$ 2,103.72			N		
FRACTURE TREATMENTS	D7720		\$ 1,341.50			N		
FRACTURE TREATMENTS	D7730		\$ 2,347.63			N		
FRACTURE TREATMENTS	D7740		\$ 1,371.99			N		
	D7750	1/1/25	\$ 1,981.77			N		
FRACTURE TREATMENTS		1/1/25	ć 1 000 00					
FRACTURE TREATMENTS	D7760	1/1/25	\$ 1,829.32			N	.,	
FRACTURE TREATMENTS FRACTURE TREATMENTS	D7760 D7770	1/1/25	\$ 1,158.57			N	X	
FRACTURE TREATMENTS	D7760	1/1/25 1/1/25					X X	

SECTION 1970		1			ı	1			
SECURITY Color C								L, R	
SIGNICAT NO							N	<u> </u>	
SIGNICA 19					ļ		Y		
SECIOL TM					ļ				
SAGOLA 100				\$ 3,414.73	ļ	ļ	Υ	L, R	Refer to Provider Guidelines for additional criteria
SABOUR 1911 1972	SURGICAL TMJ			•			Υ	L, R	Refer to Provider Guidelines for additional criteria
SEGIOLA TIM		D7865		\$ 2,561.05			Υ	L, R	Refer to Provider Guidelines for additional criteria
SEGOLA IN	SURGICAL TMJ	D7870	1/1/25	\$ 121.95			Υ	L, R	Refer to Provider Guidelines for additional criteria
SMOOLN M	SURGICAL TMJ	D7872	1/1/25	\$ 792.71			Υ	L, R	Refer to Provider Guidelines for additional criteria
SEGUCIA FOIL 1977 1775 1776	SURGICAL TMJ	D7873	1/1/25	\$ 868.93			Υ	L, R	Refer to Provider Guidelines for additional criteria
SMESICA MM	SURGICAL TMJ	D7874	1/1/25	\$ 1,097.59			Υ	L, R	Refer to Provider Guidelines for additional criteria
SIGNICAL FINE 17/27 5 12.58 5 12.58 5 1 1 1 1 1 1 1 1 1	SURGICAL TMJ	D7875	1/1/25	\$ 1,173.81			Υ	L, R	Refer to Provider Guidelines for additional criteria
SIGNICAL PRIMES 97910	SURGICAL TMJ	D7876	1/1/25	\$ 1,219.55			Υ	L, R	Refer to Provider Guidelines for additional criteria
SANGCAL REPAIRS 19791	SURGICAL TMJ	D7877	1/1/25	\$ 1,128.08			Υ	L, R	Refer to Provider Guidelines for additional criteria
SARCOLA REPAIRS 1971							Υ		
SIGNICAL REPAIRS 0.7912	SURGICAL REPAIRS	D7910	1/1/25	\$ 128.05			N		Refer to Provider Guidelines for additional criteria
SMOCIAL REPAIRS 9790									
SINGCLA REPAIRS	SURGICAL REPAIRS	D7912	1/1/25	\$ 243.91			N		Refer to Provider Guidelines for additional criteria
SMIGICAL REPAIRS OPHI									
SINGCLA REPAIRS 07943	SURGICAL REPAIRS	D7940					Υ		
SURFICIAL REPAIRS 07944	SURGICAL REPAIRS	D7941	1/1/25	\$ 4,268.42			Y		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS 0.7946 11/126 5 3.841.09 Y Refer to Provider Guidelines for additional oriteria 5.000 11/126 5 3.821.09 Y Refer to Provider Guidelines for additional oriteria 5.000 11/126 5 3.821.09 Y Refer to Provider Guidelines for additional oriteria 5.000 11/126 5 3.821.09 Y Refer to Provider Guidelines for additional oriteria 5.000 11/126 5 3.821.09 Y Refer to Provider Guidelines for additional oriteria 5.000 11/126 5 3.821.09 Y Refer to Provider Guidelines for additional oriteria 5.000 11/126 5 3.821.09 Y Refer to Provider Guidelines for additional oriteria 5.000 Y Refer to Provider Guidelines for additional oriteria 5.000 Y Y Refer to Provider Guidelines for additional oriteria 5.000 Y Y Refer to Provider Guidelines for additional oriteria 5.000 Y Y Refer to Provider Guidelines for additional oriteria 5.000 Y Y Refer to Provider Guidelines for additional oriteria 5.000 Y Y Refer to Provider Guidelines for additional oriteria 5.000 Y Y Refer to Provider Guidelines for additional oriteria 5.000 Y Y Refer to Provider Guidelines for additional oriteria 5.000 Y Y Refer to Provider Guidelines for additional oriteria 5.000 Y Y Refer to Provider Guidelines for additional oriteria 5.000 Y Y Refer to Provider Guidelines for additional oriteria 5.000 Y Y Refer to Provider Guidelines for additional oriteria 5.000 Y Y Y Refer to Provider Guidelines for additional oriteria 5.000 Y Y Y Refer to Provider Guidelines for additional oriteria 7.000 Y Y Y Refer to Provider Guidelines for additional oriteria 7.000 Y Y Y Refer to Provider Guidelines for additional oriteria 7.000 Y Y Y Refer to Provider Guidelines for additional oriteria 7.000 Y Y Y Refer to Provider Guidelines for additional oriteria 7.000 Y Y Y Refer to Provider Guidelines for additional oriteria 7.000 Y Y Y Refer to P	SURGICAL REPAIRS	D7943	1/1/25	\$ 4,329.40			Υ		Refer to Provider Guidelines for additional criteria
Subscick RPAINES 0.7946	SURGICAL REPAIRS	D7944	1/1/25	\$ 3,414.73			Y	Quad	Refer to Provider Guidelines for additional criteria
SURFICIAL REPAIRS 1747 1772 1	SURGICAL REPAIRS	D7945	1/1/25	\$ 3,445.22			Υ		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS 07948 11/125 5.256.6 Y Refer to Provider Guidelines for additional celetrals SURGICAL REPAIRS 07950 11/125 5.1311.0 Y Refer to Provider Guidelines for additional celetrals SURGICAL REPAIRS 07950 11/125 5.1311.0 Y Refer to Provider Guidelines for additional celetrals SURGICAL REPAIRS 07962 11/125 5.1312.0 N Refer to Provider Guidelines for additional celetrals SURGICAL REPAIRS 0.7962 11/125 5.1312.0 N Refer to Provider Guidelines for additional celetrals SURGICAL REPAIRS 0.7962 11/125 5.1312.0 N Refer to Provider Guidelines for additional celetrals SURGICAL REPAIRS 0.7962 11/125 5.1312.0 N Refer to Provider Guidelines for additional celetrals SURGICAL REPAIRS 0.7961 11/125 5.1312.0 N Refer to Provider Guidelines for additional celetrals SURGICAL REPAIRS 0.7961 11/125 5.1312.0 N Refer to Provider Guidelines for additional celetrals SURGICAL REPAIRS 0.7961 11/125 5.1312.0 N Refer to Provider Guidelines for additional celetrals SURGICAL REPAIRS 0.7961 11/125 5.1312.0 N Refer to Provider Guidelines for additional celetrals SURGICAL REPAIRS 0.7961 11/125 5.1312.0 N Refer to Provider Guidelines for additional celetrals SURGICAL REPAIRS 0.7961 11/125 5.1303.0 N Refer to Provider Guidelines for additional celetrals SURGICAL REPAIRS 0.7961 11/125 5.1303.0 N Refer to Provider Guidelines for additional celetrals SURGICAL REPAIRS 0.7961 11/125 5.1303.0 N Refer to Provider Guidelines for additional celetrals SURGICAL REPAIRS 0.7961 11/125	SURGICAL REPAIRS	D7946	1/1/25	\$ 3,811.09			Υ		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS 07949	SURGICAL REPAIRS	D7947	1/1/25	\$ 3,811.09			Υ		Refer to Provider Guidelines for additional criteria
SUBJECIAL REPAIRS 07950	SURGICAL REPAIRS	D7948	1/1/25	\$ 4,268.42			Υ		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS 07961	SURGICAL REPAIRS	D7949	1/1/25	\$ 6,219.69			Υ		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS 07962 11/125 2.43.91 V Refer to Provider Cudelines for additional cinteria									
SURGICAL REPAIRS 07701									
SURGICAL REPAIRS 07972 11/12/5 2 314.03 N N N Refer to Provider Guidelines for additional citeria SURGICAL REPAIRS 07980 11/12/5 2 253.06 N N REFER TO Provider Guidelines for additional citeria SURGICAL REPAIRS 07981 11/12/5 2 253.06 N N REFER TO Provider Guidelines for additional citeria SURGICAL REPAIRS 07981 11/12/5 2 545.07 N REFER TO Provider Guidelines for additional citeria SURGICAL REPAIRS 07982 11/12/5 5 545.07 N N REFER TO Provider Guidelines for additional citeria SURGICAL REPAIRS 07982 11/12/5 5 545.07 N N REFER TO Provider Guidelines for additional citeria SURGICAL REPAIRS 07980 11/12/5 5 545.07 N N REFER TO Provider Guidelines for additional citeria SURGICAL REPAIRS 07980 11/12/5 5 425.08 N N REFER TO Provider Guidelines for additional citeria SURGICAL REPAIRS 07980 11/12/5 5 425.08 N N REFER TO Provider Guidelines for additional citeria SURGICAL REPAIRS 07980 11/12/5 5 425.08 N N REFER TO Provider Guidelines for additional citeria SURGICAL REPAIRS 07980 11/12/5 5 425.08 N N REFER TO Provider Guidelines for additional citeria SURGICAL REPAIRS 07980 11/12/5 N RANNAL N N N N REFER TO Provider Guidelines for additional citeria SURGICAL REPAIRS 07980 11/12/5 N RANNAL N N N N REFER TO Provider Guidelines for additional citeria SURGICAL REPAIRS 07980 11/12/5 N RANNAL N N N N REFER TO Provider Guidelines for additional citeria SURGICAL REPAIRS 07980 11/12/5 N RANNAL N N N REFER TO Provider Guidelines for additional citeria SURGICAL REPAIRS 07980 11/12/5 N RANNAL N N N REFER TO Provider Guidelines for additional citeria SURGICAL REPAIRS 07980 11/12/5 N RANNAL N N N REFER TO Provider Guidelines for additional citeria SURGICAL REPAIRS 07980 11/12/5 N RANNAL N N N REFER TO Provider Guidelines for additional citeria SURGICAL REPAIRS 07980 11/12/5 N RANNAL N N N REFER TO Provider Guidelines for additional citeria SURGICAL REPAIRS 07980 11/12/5 N RANNAL N N N REFER TO Provider Guidelines for additional citeria SURGICAL REPAIRS 07980 11/12/5 N RANNAL N N N REFER TO Provider Guidelines for additional citeria SURG									
SURGICAL REPAIRS D798									Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS 0798 1/1/25 \$ 2.53 .56	SURGICAL REPAIRS	D7971	1/1/25	\$ 103.66			N	Х	Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS D7982 1/1/25 \$ 2,905 N Refer to Provider Guidelines for additional criteria SURGICAL REPAIRS D7982 1/1/25 \$ 2,805 N N Refer to Provider Guidelines for additional criteria SURGICAL REPAIRS D7989 1/1/25 \$ 1,803 N Quad Refer to Provider Guidelines for additional criteria SURGICAL REPAIRS D7990 1/1/25 \$ 1,803 N Quad Refer to Provider Guidelines for additional criteria SURGICAL REPAIRS D7991 1/1/25 \$ 1,803 N Quad Refer to Provider Guidelines for additional criteria SURGICAL REPAIRS D7991 1/1/25 \$ 1,803 N P L L R Refer to Provider Guidelines for additional criteria SURGICAL REPAIRS D7999 1/1/25 \$ 1,803 N P L L R Refer to Provider Guidelines for additional criteria SURGICAL REPAIRS D7999 1/1/25 \$ 1,803 N P Refer to Provider Guidelines for additional criteria SURGICAL REPAIRS D7999 1/1/25 \$ 1,803 N P Refer to Provider Guidelines for additional criteria SURGICAL REPAIRS D7999 1/1/25 \$ 1,803 N P Refer to Provider Guidelines for additional criteria SURGICAL REPAIRS D7999 1/1/25 \$ 1,803 N P P Refer to Provider Guidelines for additional criteria SURGICAL REPAIRS D7999 1/1/25 \$ 1,803 N P P Refer to Provider Guidelines for additional criteria SURGICAL REPAIRS D7999 1/1/25 \$ 1,803 N P P Refer to Provider Guidelines for additional criteria ORTHODONTICS D8200 1/1/25 \$ 1,809 N P P Refer to Provider Guidelines for additional criteria ORTHODONTICS D8200 1/1/25 \$ 1,809 N P P P Refer to Provider Guidelines for additional criteria ORTHODONTICS D8200 1/1/25 \$ 1,800 N P P P Refer to Provider Guidelines for additional criteria ORTHODONTICS D8200 1/1/25 \$ 1,800 N P P P Refer to Provider Guidelines for additional criteria ORTHODONTICS D8200 1/1/25 \$ 1,800 N P P P Refer to Provider Guidelines for additional criteria ORTHODONTICS D8200 1/1/25 \$ 1,800 N P P P P P P P P P P P P P P P P P P							N	L, R	Refer to Provider Guidelines for additional criteria
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SURGICAL REPAIRS D7991				•					
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WAIVER ONLY CODES

D0322	\$ 170.74	\$ 187.99
D1330	\$ 21.34	\$ 23.50
D1354		\$ 83.93
D3348	\$ 503.06	\$ 553.91

D5851	\$ 79.27	\$ 87.28
D7260	\$ 365.86	\$ 402.84
D7272	\$ 304.89	\$ 335.70
D9215	\$ 24.39	\$ 26.86
D9420	\$ 91.47	\$ 100.71