



Percentiles

Code	Description	40th	50th	60th	70th	80th	90th
D0120	Periodic Oral Evaluation	31.12	33.36	34.09	35.12	40.78	43.35
D0140	Limited Oral Evaluation - Problem Focused	53.28	56.65	59.57	63.61	66.14	76.96
D0145	Oral Evaluation For A Patient Under Three Years Of Age And Counseling With Primary Caregiver	48.16	49.96	55.43	60.48	63.10	70.00
D0150	Comprehensive Oral Evaluation - New Or Established Patient	56.57	61.29	66.58	68.67	74.96	84.57
D0160	Detailed And Extensive Oral Evaluation - Problem Focused, By Report	139.89	145.87	158.55	172.78	192.52	231.02
D0170	Re-Evaluation-Limited, Problem Focused (Established Patient; Not Post-Operative Visit	42.03	45.38	46.65	49.34	53.88	58.31
D0180	Comprehensive Periodontal Evaluation - New Or Established Patient	58.27	61.30	62.94	68.25	77.70	92.72
D0210	Intraoral-Complete Series (Including Bitewings)	92.15	96.71	98.22	103.34	104.95	117.03
D0220	Intraoral-Periapical-First Film	19.02	21.15	21.70	21.86	22.81	25.41
D0230	Intraoral-Periapical-Each Additional Film	16.74	17.67	17.77	18.66	21.72	21.91
D0240	Intraoral-OCclusal Film	26.71	30.27	31.13	31.45	33.95	40.52
D0250	Extraoral-First Film	36.59	42.23	44.31	48.15	53.82	63.94
D0260	Extraoral-Each Additional Film	36.93	37.08	38.83	42.52	50.41	55.38
D0270	Bitewing-Single Film	19.82	19.87	21.27	23.29	23.57	24.36
D0272	Bitewings-Two Films	30.36	33.31	35.72	35.76	36.05	38.85
D0273	Bitewings-Three Films	36.87	43.10	45.25	45.27	46.72	46.79
D0274	Bitewings-Four Films	42.15	44.14	45.38	47.36	49.11	53.18
D0277	Vertical Bitewings - 7 To 8 Films	66.63	68.66	72.84	79.20	81.83	91.80
D0290	Posterior-Anterior Or Lateral Skull And Facial Bone Survey Film	124.14	137.00	141.37	152.79	169.87	197.50
D0310	Sialography	290.78	354.15	403.89	502.97	586.37	698.70
D0320	Temporomandibular Joint Arthrogram, Including Injection	524.39	577.15	608.47	663.14	710.08	822.77
D0321	Other Temporomandibular Joint Films, By Report	148.34	163.15	169.06	180.11	191.69	204.71
D0322	Tomographic Survey	452.52	501.15	555.25	610.90	687.53	800.29
D0330	Panoramic Film	83.83	86.12	89.67	93.49	97.93	106.40
D0340	Cephalometric Film	106.56	114.30	117.03	119.61	125.48	141.59
D0350	Oral/Facial Photographic Images	45.24	49.79	53.07	55.42	60.36	73.22
D0360	Cone Beam CT - Craniofacial Data Capture	310.16	312.09	395.81	474.57	544.68	601.99
D0362	Cone Beam - Two-Dimensional Image Reconstruction Using Existing Data, Includes Multiple Images	146.08	149.13	210.37	246.33	269.83	316.84
D0363	Cone Beam - Three-Dimensional Image Reconstruction Using Existing Data, Includes Multiple Images	165.09	169.87	262.21	285.55	318.98	404.73
D0415	Collection Of Microorganisms For Culture And Sensitivity	61.70	67.09	69.11	78.13	90.05	104.96
D0416	Viral Culture	87.29	94.96	99.63	115.53	135.30	163.38
D0421	Genetic Test For Susceptibility To Oral Diseases	73.55	76.95	81.50	88.12	98.80	111.82
D0425	Caries Susceptibility Tests	37.26	38.76	39.30	41.88	45.24	51.82
D0431	Adjunctive Pre-Diagnostic Test That Aids In Detection Of Mucosal Abnormalities	39.12	44.50	52.77	60.72	71.68	84.83
D0460	Pulp Vitality Tests	40.12	41.04	41.74	44.13	47.16	53.00
D0470	Diagnostic Casts	78.42	85.42	86.97	96.82	101.93	113.52
D0472	Accession Of Tissue, Gross Examination, Preparation And Transmission Of Written Report	64.64	70.57	77.28	77.72	88.98	99.88
D0473	Accession Of Tissue, Gross And Microscopic Examination, Preparation And Transmission Of Written Report	114.17	124.69	125.91	141.83	164.55	200.00
D0474	Accession Of Tissue, Gross And Microscopic Examination, Including Assessment Of Surgical Margins For Presenc	130.24	145.72	152.64	153.52	169.87	195.70
D0475	Decalcification Procedure	126.32	142.88	144.22	152.97	162.97	175.79
D0476	Special Stains For Microorganisms	207.54	226.56	232.03	233.37	247.66	281.80
D0477	Special Stains, Not For Microorganisms	215.13	231.56	234.86	236.22	252.72	286.72



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D0478	Immunohistochemical Stains	104.86	112.74	113.27	125.27	135.08	148.18
D0479	Tissue In-Situ Hybridization, Including Interpretation	149.23	160.44	171.04	172.03	184.39	205.37
D0480	Processing And Interpretation Of Exfoliative Cytologic Smears, Including The Preparation And Transmission Of	92.81	98.04	101.08	101.66	107.79	129.47
D0481	Electron Microscopy - Diagnostic	118.66	122.73	123.68	132.42	143.53	164.40
D0482	Direct Immunofluorescence	64.06	69.66	69.91	76.26	86.12	91.21
D0483	Indirect Immunofluorescence	74.65	81.82	88.62	89.14	100.21	107.65
D0484	Consultation On Slides Prepared Elsewhere	105.85	112.23	112.48	121.08	128.39	143.19
D0485	Consultation, Including Preparation Of Slides From Biopsy Material Supplied By Referring Source	111.97	119.41	120.12	128.81	137.26	150.61
D0486	Accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	108.29	115.62	119.33	120.02	127.77	151.18
D0502	Other Oral Pathology Procedures, By Report	128.89	133.33	135.10	135.88	146.85	165.85
D0999	Unspecified Diagnostic Procedure, By Report **	25.75	36.90	37.16	37.20	38.38	43.92
D1110	Prophylaxis-Adult	68.21	68.64	70.94	74.44	79.06	86.34
D1120	Prophylaxis-Child	45.48	47.35	49.11	53.17	57.33	61.34
D1203	Topical Application Of Fluoride (Prophylaxis Not Included)-Child	27.84	30.26	31.83	31.96	34.51	36.35
D1204	Topical Application Of Fluoride (Prophylaxis Not Included)-Adult	29.64	30.10	32.14	33.76	34.66	38.74
D1206	Topical Fluoride Varnish; Therapeutic Application For Moderate To High Caries Risk Patients	25.69	31.25	32.86	38.70	41.32	41.40
D1310	Nutritional Counseling For The Control Of Dental Disease	39.39	41.93	43.33	46.20	50.02	56.24
D1320	Tobacco Counseling For The Control And Prevention Of Oral Disease	41.11	43.91	46.71	51.81	57.08	66.09
D1330	Oral Hygiene Instruction	42.81	45.84	48.07	52.06	55.00	62.13
D1351	Sealant-Per Tooth	38.82	39.24	40.56	40.62	44.40	47.58
D1510	Space Maintainer-Fixed Unilateral	218.92	233.36	235.45	256.91	268.11	305.70
D1515	Space Maintainer-Fixed Bilateral	242.79	258.98	268.81	269.78	315.49	360.68
D1520	Space Maintainer-Removable Unilateral	272.82	291.80	294.03	313.21	324.33	371.06
D1525	Space Maintainer-Removable Bilateral	292.87	313.02	324.29	325.46	382.26	432.49
D1550	Recementation Of Space Maintainer	49.86	58.07	58.63	64.10	68.47	73.55
D1555	Removal of Fixed Space Maintainer	44.70	47.37	51.26	53.67	57.34	64.23
D2140	Amalgam-One Surface, Primary Or Permanent	80.84	86.37	88.90	95.62	97.44	111.49
D2150	Amalgam-Two Surfaces, Primary Or Permanent	107.58	112.12	117.67	121.14	132.82	149.05
D2160	Amalgam-Three Surfaces, Primary Or Permanent	125.78	133.61	144.22	151.73	160.69	178.26
D2161	Amalgam-Four Or More Surfaces, Primary Or Permanent	152.28	162.34	172.38	181.81	197.62	206.13
D2330	Resin-One Surface, Anterior	102.63	107.78	113.28	121.20	121.27	136.34
D2331	Resin-Two Surfaces, Anterior	131.46	137.94	138.27	144.52	152.32	169.63
D2332	Resin-Three Surfaces, Anterior	162.55	170.05	173.44	182.05	189.69	214.78
D2335	Resin-Four Or More Surfaces Or Involving Incisal Angle (Anterior)	191.37	206.40	210.45	218.14	231.32	259.01
D2390	Resin-Based Composite Crown, Anterior	248.93	253.04	264.01	266.55	294.94	298.80
D2391	Resin-Based Composite - One Surface, Posterior	120.78	122.56	129.74	134.50	138.81	151.81
D2392	Resin-Based Composite - Two Surfaces, Posterior	154.45	163.22	164.28	171.99	181.79	199.05
D2393	Resin-Based Composite - Three Surfaces, Posterior	186.91	201.05	204.10	214.57	226.17	246.53
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	220.75	245.69	251.50	262.43	285.24	312.85
D2410	Gold Foil-One Surface	273.42	295.17	315.86	327.98	356.06	384.82
D2420	Gold Foil-Two Surfaces	388.21	401.49	417.20	436.22	472.68	502.93
D2430	Gold Foil-Three Surfaces	587.99	599.29	622.14	633.61	676.39	727.94



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D2510	Inlay-Metallic-One Surface	565.48	586.24	622.97	647.75	689.74	745.66
D2520	Inlay-Metallic-Two Surfaces	638.18	652.67	689.98	717.32	767.02	770.56
D2530	Inlay-Metallic-Three Or More Surfaces	720.02	733.47	769.78	788.66	836.01	855.80
D2542	Onlay-Metallic-Two Surfaces	763.44	777.09	783.70	784.41	828.48	909.41
D2543	Onlay - Metallic - Three Surfaces	729.70	751.42	775.00	805.31	834.90	890.56
D2544	Onlay - Metallic - Four Or More Surfaces	736.69	745.17	793.19	815.54	885.12	888.97
D2610	Inlay-Porcelain/Ceramic-One Surface	609.66	701.57	729.05	731.98	763.86	823.22
D2620	Inlay-Porcelain/Ceramic-Two Surfaces	654.12	754.56	783.63	784.12	807.76	866.59
D2630	Inlay-Porcelain/Ceramic-Three Or More Surfaces	662.57	729.03	789.77	837.83	840.58	842.78
D2642	Onlay - Porcelain/Ceramic - Two Surfaces	677.15	749.59	764.18	767.72	790.92	846.56
D2643	Onlay - Porcelain/Ceramic - Three Surfaces	731.62	804.40	809.85	839.86	883.29	885.24
D2644	Onlay - Porcelain/Ceramic - Four Or More Surfaces	812.56	842.14	893.47	897.82	944.75	946.51
D2650	Inlay - Resin-Based Composite - One Surface	476.04	517.47	535.52	564.49	606.15	638.43
D2651	Inlay - Resin-Based Composite - Two Surfaces	546.26	590.41	603.01	630.95	673.08	700.68
D2652	Inlay - Resin-Based Composite - Three Or More Surfaces	575.02	620.96	634.15	659.08	700.57	720.70
D2662	Onlay - Resin-Based Composite - Two Surfaces	530.45	573.73	585.96	604.60	640.54	653.23
D2663	Onlay - Resin-Based Composite - Three Surfaces	594.33	634.87	651.17	669.47	707.43	721.79
D2664	Onlay - - Resin-Based Composite - Four Or More Surfaces	628.86	678.35	692.87	719.03	759.48	774.15
D2710	Crown - Resin-Based Composite (Indirect)	422.19	467.16	489.72	518.30	554.17	565.85
D2712	Crown - 3/4 Resin-Based Composite (Indirect)	621.07	672.68	693.01	722.35	748.97	749.32
D2720	Crown-Resin With High Noble Metal	797.10	849.96	862.57	893.81	938.20	969.79
D2721	Crown-Resin With Predominantly Base Metal	741.99	799.95	817.14	841.67	894.92	921.48
D2722	Crown-Resin With Noble Metal	762.22	818.60	829.74	854.13	904.12	916.32
D2740	Crown-Porcelain/Ceramic Substrate	822.49	866.69	871.51	896.74	936.77	1,033.09
D2750	Crown-Porcelain Fused To High Noble Metal	824.81	851.37	859.65	914.32	959.89	1,012.21
D2751	Crown-Procelain Fused To Predominantly Base Metal	750.76	791.92	829.85	858.37	901.81	992.49
D2752	Crown-Porcelain Fused To Noble Metal	789.82	806.32	824.17	863.85	904.01	959.83
D2780	Crown - 3/4 Cast High Noble Metal	756.49	788.62	837.93	839.53	928.69	932.13
D2781	Crown - 3/4 Cast Predominantly Base Metal	724.28	749.76	750.63	785.69	800.21	913.04
D2782	Crown - 3/4 Cast Noble Metal	835.40	841.10	843.85	844.05	867.20	937.31
D2783	Crown - 3/4 Porcelain/Ceramic	844.77	856.97	879.09	920.85	931.28	1,084.74
D2790	Crown-Full Cast High Noble Metal	804.90	807.90	833.07	871.53	891.21	967.75
D2791	Crown-Full Cast Predominantly Base Metal	737.02	783.44	801.78	812.41	863.41	940.90
D2792	Crown-Full Cast Noble Metal	762.80	793.11	807.07	841.23	885.57	937.42
D2794	Crown-Titanium	743.97	841.49	843.73	849.26	883.71	970.45
D2799	Provisional Crown	311.87	360.59	368.80	389.38	424.82	503.77
D2910	Recement Inlay, Onlay Or Partial Coverage Restoration	67.03	70.51	74.28	74.54	79.11	92.95
D2915	Recement Cast Or Prefabricated Post And Core	75.99	81.03	81.65	82.01	87.44	87.84
D2920	Recement Crown	69.45	74.68	77.79	79.42	86.28	96.85
D2930	Prefabricated Stainless Steel Crown-Primary Tooth	189.42	193.92	202.24	205.73	223.87	250.86
D2931	Prefabricated Stainless Steel Crown-Permanent Tooth	215.66	222.55	230.74	237.08	253.22	290.45
D2932	Prefabricated Resin Crown	228.16	248.24	253.97	276.21	286.92	327.47



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D2933	Prefabricated Stainless Steel Crown With Resin Window	265.31	266.10	266.85	278.43	294.13	328.96
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	281.77	285.57	287.52	299.04	312.14	348.34
D2940	Sedative Filling	75.22	78.03	78.24	85.22	87.88	101.70
D2950	Core Build-Up, Including Any Pins	184.68	191.40	196.96	207.27	222.51	236.53
D2951	Pin Retention-Per Tooth, In Addition To Restoration	39.95	40.55	44.19	45.42	50.14	58.92
D2952	Cast Post And Core In Addition To Crown	295.11	297.14	326.80	333.36	350.64	398.51
D2953	Each Additional Cast Post - Same Tooth	169.77	174.51	190.60	200.09	212.28	253.17
D2954	Prefabricated Post And Core In Addition To Crown	233.48	245.75	255.81	264.31	281.74	312.48
D2955	Post Removal (Not In Conjunction With Endodontic Therapy)	177.28	195.18	205.79	213.27	229.15	243.81
D2957	Each Additional Prefabricated Post - Same Tooth	118.57	133.16	145.05	154.92	192.08	230.77
D2960	Labial Veneer (Laminate)-Chairside	487.50	510.22	546.08	602.05	629.53	692.27
D2961	Labial Veneer (Resin Laminate)-Laboratory	607.83	634.87	673.04	720.86	742.93	779.53
D2962	Labial Veneer (Porcelain Laminate)-Laboratory	692.79	712.60	755.92	807.10	835.71	854.05
D2970	Temporary Crown (Fractured Tooth)	216.33	236.89	252.81	273.84	312.08	348.41
D2971	Additional Procedures To Construct New Crown Under Existing Partial Denture Framework **	0.00	0.00	0.00	0.00	0.00	0.00
D2975	Coping	362.50	405.48	439.83	459.51	500.29	541.53
D2980	Crown Repair, By Report	219.09	227.69	234.62	234.65	235.26	246.51
D2999	Unspecified Restorative Procedure, By Report **	39.83	44.01	57.40	67.62	95.21	173.26
D3110	Pulp Cap-Direct (Excluding Final Restoration)	51.65	53.36	58.31	58.54	60.86	69.22
D3120	Pulp Cap-Indirect (Excluding Final Restoration)	41.33	41.74	45.15	50.63	52.39	63.94
D3220	Therapeutic Pulpotomy (Excluding Final Restoration) Removal Of Pulp Coronal To The Dentinocemental Juncti	121.75	129.14	129.82	134.41	147.10	167.06
D3221	Pulpal Debridement, Primary And Permanent Teeth	139.34	155.05	157.51	162.24	177.06	193.93
D3230	Pulpal Therapy (Resorbable Filling)-Anterior, Primary Tooth (Excluding Final Restoration)	145.34	166.22	190.95	191.09	192.02	208.63
D3240	Pulpal Therapy (Resorbable Filling)-Posterior, Primary Tooth (Excluding Final Restoration)	152.11	171.56	218.02	218.55	232.12	232.68
D3310	Anterior (Excluding Final Restoration)	489.92	502.57	515.42	549.57	570.89	601.71
D3320	Bicuspid (Excluding Final Restoration)	615.99	632.39	635.53	665.60	689.64	742.25
D3330	Molar (Excluding Final Restoration)	761.77	781.88	800.55	835.57	867.14	915.37
D3331	Treatment Of Root Canal Obstruction; Non-Surgical Access	218.93	236.26	262.35	287.99	336.18	417.49
D3332	Incomplete Endodontic Therapy; Inoperable, Unrestorable Or Fractured Tooth	368.59	414.10	446.79	448.78	501.92	523.72
D3333	Internal Root Repair Of Perforation Defects	155.49	161.22	182.99	200.10	224.13	261.24
D3346	Retreatment Of Previous Root Canal Therapy-Anterior	622.65	630.04	677.96	705.19	744.44	793.41
D3347	Retreatment Of Previous Root Canal Therapy-Bicuspid	702.90	762.81	800.31	804.28	826.44	905.20
D3348	Retreatment Of Previous Root Canal Therapy-Molar	897.01	933.72	948.09	994.90	1,056.49	1,131.24
D3351	Apexification/Recalcification-Initial Visit (Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.)	276.16	281.85	284.59	300.59	314.62	358.84
D3352	Apexification/Recalcification-Interim Medication Replacement (Apical Closure/Calcific Repair Of Perforations	144.58	147.68	150.79	161.53	169.03	196.05
D3353	Apexification/Recalcification-Final Visit (Includes Completed Root Canal Therapy-Apical Closure/Calcific Rep	401.69	424.47	439.22	467.53	506.58	585.86
D3410	Apicoectomy/Periradicular Surgery-Anterior	521.59	541.28	562.34	571.96	612.75	649.95
D3421	Apicoectomy/Periradicular Surgery-Bicuspid (First Root)	614.60	635.90	659.67	660.29	666.33	728.95
D3425	Apicoectomy/Periradicular Surgery-Molar (First Root).	693.09	699.72	706.19	711.36	791.17	791.70
D3426	Apicoectomy/Periradicular Surgery (Each Additional Root)	233.86	260.70	264.24	285.07	318.77	357.48
D3430	Retrograde Filling-Per Root	172.00	175.12	191.43	203.28	219.05	238.87
D3450	Root Amputation-Per Root	340.97	346.03	367.09	386.38	413.35	437.39



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D3460	Endodontic Endosseous Implant	1,405.39	1,493.76	1,685.56	1,852.98	2,074.07	2,310.26
D3470	Intentional Replantation (Including Necessary Splinting)	637.41	641.55	673.96	705.47	752.31	772.18
D3910	Surgical Procedure For Isolation Of Tooth With Rubber Dam	106.94	108.30	116.55	130.72	148.65	176.18
D3920	Hemisection (Including Any Root Removal), Not Including Root Canal Therapy	287.17	288.45	304.55	326.44	352.31	383.15
D3950	Canal Preparation And Fitting Of Prefomed Dowel Or Post	140.19	140.90	146.10	158.26	169.92	188.98
D3999	Unspecified Endodontic Procedure, By Report **	124.11	148.94	158.88	159.66	177.26	234.62
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth Or Bounded Teeth Spaces Per Quadrant	393.84	449.68	586.49	596.55	603.59	612.81
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth Or Bounded Teeth Spaces Per Quadrant	201.62	207.37	224.99	239.21	273.54	344.55
D4230	Anatomical Crown Exposure - Four or More Contiguous Teeth Per Quadrant	435.67	450.99	482.18	508.77	557.48	625.16
D4231	Anatomical Crown Exposure - One to Three Teeth Per Quadrant	406.79	425.36	469.47	485.15	532.50	603.30
D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth Or Bounded Teeth Spaces P	541.38	541.45	580.30	600.71	645.93	836.32
D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth	377.51	387.10	415.65	427.75	434.11	504.29
D4245	Apically Positioned Flap	517.46	522.74	558.24	571.50	574.28	632.59
D4249	Clinical Crown Lengthening-Hard Tissue	618.59	649.44	652.50	652.79	685.22	750.73
D4260	Osseous Surgery (Including Flap Entry And Closure) - Four Or More Contiguous	834.27	851.04	940.00	989.31	1,024.88	1,063.49
D4261	Osseous Surgery (Including Flap Entry And Closure) - One To Three Contiguous Teeth Or Bounded Teeth Spaces	539.01	546.99	591.10	618.87	619.96	733.60
D4263	Bone Replacement Graft - First Site In Quadrant	325.69	343.11	354.57	408.91	460.53	555.10
D4264	Bone Replacement Graft - Each Additional Site In Quadrant	200.13	213.78	238.64	246.35	269.38	331.46
D4265	Biologic Materials To Aid In Soft And Osseous Tissue Regeneration	320.79	333.64	368.04	408.11	441.20	527.01
D4266	Guided Tissue Regeneration - Resorbable Barrier, Per Site	404.64	429.33	467.43	518.44	546.20	607.03
D4267	Guided Tissue Regeneration - Nonresorbable Barrier, Per Site, (Includes Membrane Removal)	494.04	522.67	568.24	630.48	665.26	773.31
D4268	Surgical Revision Procedure, Per Tooth	563.26	600.06	665.70	731.75	763.51	858.27
D4270	Pedicle Soft Tissue Graft Procedure	612.95	645.71	707.56	778.38	819.12	908.81
D4271	Free Soft Tissue Graft Procedure (Including Donor Site Surgery)	603.77	650.70	690.50	757.81	829.36	902.21
D4273	Subepithelial Connective Tissue Graft Procedures, Per Tooth	713.31	765.57	784.34	854.52	857.26	957.07
D4274	Distal Or Proximal Wedge Procedure (When Not Performed In Conjunction With Surgical Procedures In The Sam	305.25	320.64	338.84	363.71	372.46	425.11
D4275	Soft Tissue Allograft	525.75	543.10	566.21	589.00	597.42	688.74
D4276	Combined Connective Tissue And Double Pedicle Graft, Per Tooth	819.90	842.67	873.56	906.11	910.11	1,057.78
D4320	Provisional Splinting-Intracoronal	340.04	351.90	378.33	405.20	423.68	475.71
D4321	Provisional Splinting-Extracoronal	310.28	320.77	349.68	371.91	392.61	445.29
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	182.64	185.99	195.24	205.85	211.00	232.36
D4342	Periodontal Scaling And Root Planing - One To Three Teeth, Per Quadrant	114.12	114.49	125.37	137.41	150.27	178.90
D4355	Full Mouth Debridement To Enable Comprehensive Evaluation And Diagnosis	107.57	126.44	131.20	139.31	146.85	160.01
D4381	Localized Delivery Of Antimicrobial Agents Via A Controlled Release Vehicle Into Diseased Crevicular Tissue, P	117.36	138.21	138.33	161.82	169.67	197.14
D4910	Periodontal Maintenance	105.26	110.36	111.99	122.42	126.05	136.99
D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist)	85.83	89.42	90.80	100.38	103.52	110.93
D4999	Unspecified Periodontal Procedure, By Report **	26.86	33.20	42.02	54.88	69.88	122.74
D5110	Complete Denture - Maxillary	958.72	981.69	1,082.10	1,151.80	1,233.31	1,400.41
D5120	Complete Denture - Mandibular	959.42	970.63	998.30	1,152.12	1,266.70	1,464.82
D5130	Immediate Denture - Maxillary	1,119.00	1,219.71	1,284.86	1,402.85	1,442.94	1,559.37
D5140	Immediate Denture - Mandibular	1,103.95	1,113.18	1,210.16	1,438.10	1,517.44	1,686.94
D5211	Upper Partial-Resin Base (Including Any Conventional Clasps, Rests And Teeth)	795.98	865.15	973.04	1,128.74	1,236.57	1,280.65



Percentiles

Code	Description	40th	50th	60th	70th	80th	90th
D5212	Lower Partial-Resin Base (Including Any Conventional Clasps, Rests And Teeth)	770.23	935.37	1,056.95	1,245.67	1,255.98	1,440.63
D5213	Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases	1,100.47	1,223.75	1,317.75	1,448.49	1,595.08	1,635.93
D5214	Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases	1,192.83	1,235.88	1,359.44	1,372.68	1,500.23	1,630.30
D5225	Maxillary Partial Denture - Flexible Base (Including Any Clasps, Rests And Teeth)	995.03	1,162.36	1,227.33	1,232.94	1,305.30	1,337.89
D5226	Mandibular Partial Denture - Flexible Base (Including Any Clasps, Rests And Teeth)	1,118.18	1,152.34	1,157.49	1,161.87	1,298.43	1,356.02
D5281	Removable Unilateral Partial Denture-One Piece Cast Metal (Including Clasps And Teeth)	679.85	720.22	811.70	813.18	866.38	930.84
D5410	Adjust Complete Denture - Maxillary	59.17	61.01	63.42	64.88	69.41	76.26
D5411	Adjust Complete Denture - Mandibular	58.89	61.48	65.14	66.40	72.01	79.08
D5421	Adjust Partial Denture - Maxillary	63.21	63.83	66.86	67.38	71.89	81.06
D5422	Adjust Partial Denture - Mandibular	55.70	60.92	66.36	66.48	67.48	78.79
D5510	Repair Broken Complete Denture Base	108.46	120.98	125.03	138.07	152.25	159.34
D5520	Replace Missing Or Broken Teeth-Complete Denture (Each Tooth)	100.82	114.06	118.79	122.67	130.76	131.46
D5610	Repair Resin Denture Base	112.77	126.15	134.64	135.97	152.89	165.52
D5620	Repair Cast Framework	136.16	148.30	168.51	168.59	175.32	185.87
D5630	Repair Or Replace Broken Clasp	148.10	161.35	175.68	175.99	191.24	195.33
D5640	Replace Broken Teeth-Per Tooth	106.57	106.85	119.30	130.56	138.56	147.25
D5650	Add Tooth To Existing Partial Denture	148.00	149.32	161.53	162.01	164.38	183.64
D5660	Add Clasp To Existing Partial Denture	175.46	192.37	208.18	208.38	211.01	230.40
D5670	Replace All Teeth And Acrylic On Cast Metal Framework (Maxillary)	430.10	438.01	494.63	502.00	516.91	641.37
D5671	Replace All Teeth And Acrylic On Cast Metal Framework (Mandibular)	423.48	438.44	497.30	504.71	519.56	640.89
D5710	Rebase Complete Maxillary Denture	402.82	409.24	446.68	453.34	464.72	549.34
D5711	Rebase Complete Mandibular Denture	391.46	397.22	434.03	440.50	450.61	523.83
D5720	Rebase Maxillary Partial Denture	385.85	386.36	422.07	428.36	439.07	521.88
D5721	Rebase Mandibular Partial Denture	384.89	386.36	422.54	428.84	440.47	513.88
D5730	Reline Complete Maxillary Denture (Chairside)	239.88	251.46	286.28	286.55	292.36	325.75
D5731	Reline Lower Complete Mandibular Denture (Chairside)	239.29	251.29	286.52	286.79	292.10	325.41
D5740	Reline Maxillary Partial Denture (Chairside)	226.87	235.80	268.31	270.82	281.84	323.06
D5741	Reline Mandibular Partial Denture (Chairside)	227.29	234.40	251.69	270.98	279.15	321.24
D5750	Reline Complete Maxillary Denture (Laboratory)	377.22	378.41	378.47	379.22	391.13	414.25
D5751	Reline Complete Mandibular Denture (Laboratory)	359.97	374.62	376.53	377.88	379.88	409.96
D5760	Reline Maxillary Partial Denture (Laboratory)	354.89	368.57	370.12	371.40	373.58	403.05
D5761	Reline Mandibular Partial Denture (Laboratory)	372.12	377.47	385.05	385.53	387.01	404.79
D5810	Interim Complete Denture (Maxillary)	559.69	568.78	574.17	594.51	642.06	724.27
D5811	Interim Complete Denture (Mandibular)	595.82	609.48	640.70	641.86	671.57	757.19
D5820	Interim Partial Denture (Maxillary)	444.94	450.82	451.58	465.39	493.51	547.84
D5821	Interim Partial Denture (Mandibular)	462.58	468.62	473.13	484.51	512.78	571.70
D5850	Tissue Conditioning, Maxillary	116.96	118.27	118.54	126.25	136.91	150.28
D5851	Tissue Conditioning, Mandibular	117.39	118.69	119.71	126.25	138.08	151.06
D5860	Overdenture-Complete, By Report	1,516.40	1,579.20	1,588.17	1,664.69	1,767.91	1,949.15
D5861	Overdenture-Partial, By Report	1,482.87	1,565.79	1,619.80	1,620.28	1,759.18	1,946.54
D5862	Precision Attachment, By Report	502.45	533.20	536.57	562.55	622.85	714.65
D5867	Replacement Of Replaceable Part Of Semi-Precision Or Precision Attachment	200.13	226.37	248.68	276.17	313.22	387.02



Percentiles

Code	Description	40th	50th	60th	70th	80th	90th
D5875	Modification Of Removable Prosthesis Following Implant Surgery	277.84	287.52	288.53	295.06	317.33	364.62
D5899	Unspecified Removable Prosthodontic Procedure, By Report **	92.78	102.24	157.65	192.40	295.51	421.13
D5911	Facial Moulage (Sectional) **	251.07	261.79	267.49	286.15	301.44	332.63
D5912	Facial Moulage (Complete) **	251.07	261.79	267.49	286.15	301.44	332.63
D5913	Nasal Prosthesis **	5,292.98	5,518.96	5,639.16	6,032.52	6,354.87	7,012.54
D5914	Auricular Prosthesis **	5,292.98	5,518.96	5,639.16	6,032.52	6,354.87	7,012.54
D5915	Orbital Prosthesis **	7,164.41	7,470.28	7,632.98	8,165.42	8,601.75	9,491.94
D5916	Ocular Prosthesis **	1,910.51	1,992.08	2,035.46	2,177.44	2,293.80	2,531.18
D5919	Facial Prosthesis **	0.00	0.00	0.00	0.00	0.00	0.00
D5922	Nasal Septal Prosthesis **	0.00	0.00	0.00	0.00	0.00	0.00
D5923	Ocular Prosthesis, Interim **	0.00	0.00	0.00	0.00	0.00	0.00
D5924	Cranial Prosthesis **	0.00	0.00	0.00	0.00	0.00	0.00
D5925	Facial Augmentation Implant Prosthesis **	0.00	0.00	0.00	0.00	0.00	0.00
D5926	Nasal Prosthesis, Replacement **	0.00	0.00	0.00	0.00	0.00	0.00
D5927	Auricular Prosthesis, Replacement **	0.00	0.00	0.00	0.00	0.00	0.00
D5928	Orbital Prosthesis, Replacement **	0.00	0.00	0.00	0.00	0.00	0.00
D5929	Facial Prosthesis, Replacement **	0.00	0.00	0.00	0.00	0.00	0.00
D5931	Obturator Prosthesis, Surgical **	2,849.86	2,971.54	3,036.25	3,248.05	3,421.61	3,775.71
D5932	Obturator Prosthesis, Definitive **	5,330.74	5,558.33	5,679.39	6,075.55	6,400.20	7,062.56
D5933	Obturator Prosthesis, Modification **	0.00	0.00	0.00	0.00	0.00	0.00
D5934	Mandibular Resection Prosthesis With Guide Flange **	4,859.08	5,066.53	5,176.88	5,537.99	5,833.91	6,437.67
D5935	Mandibular Resection Prosthesis Without Guide Flange **	4,227.76	4,408.26	4,504.27	4,818.46	5,075.94	5,601.25
D5936	Obturator/Prosthesis, Interim **	4,747.79	4,950.49	5,058.31	5,411.14	5,700.29	6,290.22
D5937	Trismus Appliance (Not For Tm Treatment)	578.44	637.50	653.69	710.70	760.76	822.65
D5951	Feeding Aid **	775.73	808.85	826.46	884.11	931.36	1,027.74
D5952	Speech Aid Prosthesis, Pediatric **	2,519.30	2,626.86	2,684.07	2,871.30	3,024.73	3,337.76
D5953	Speech Aid Prosthesis, Adult **	4,784.88	4,989.17	5,097.83	5,453.43	5,744.83	6,339.37
D5954	Palatal Augmentation Prosthesis **	4,433.12	4,622.39	4,723.06	5,052.52	5,322.50	5,873.33
D5955	Palatal Lift Prosthesis, Definitive **	4,101.23	4,276.33	4,369.47	4,674.26	4,924.03	5,433.62
D5958	Palatal Lift Prosthesis, Interim **	0.00	0.00	0.00	0.00	0.00	0.00
D5959	Palatal Lift Prosthesis, Modification **	0.00	0.00	0.00	0.00	0.00	0.00
D5960	Speech Aid Prosthesis, Modification **	0.00	0.00	0.00	0.00	0.00	0.00
D5982	Surgical Stent	437.20	462.63	480.71	510.46	560.54	643.95
D5983	Radiation Carrier **	1,193.74	1,244.70	1,271.81	1,360.53	1,433.23	1,581.55
D5984	Radiation Shield **	1,193.74	1,244.70	1,271.81	1,360.53	1,433.23	1,581.55
D5985	Radiation Cone Locator **	1,193.74	1,244.70	1,271.81	1,360.53	1,433.23	1,581.55
D5986	Fluoride Gel Carrier	114.30	123.18	127.33	144.02	161.56	187.72
D5987	Commissure Splint **	1,791.93	1,868.43	1,909.13	2,042.30	2,151.43	2,374.08
D5988	Surgical Splint	587.09	612.40	617.55	655.97	697.84	778.44
D5999	Unspecified Maxillofacial Prosthesis, By Report **	164.27	202.70	259.96	261.10	306.57	489.92
D6010	Surgical Placement Of Implant Body: Endosteal Implant	1,586.34	1,700.30	1,708.57	1,751.46	1,871.92	2,048.66
D6012	Surgical Placement of Interim Implant Body for Transitional Prosthesis: Endosteal Implant	1,180.93	1,236.32	1,284.34	1,363.82	1,416.57	1,593.78



Percentiles

Code	Description	40th	50th	60th	70th	80th	90th
D6040	Surgical Placement: Eosteal Implant	7,194.22	7,578.66	7,583.92	7,858.75	8,507.47	9,320.50
D6050	Surgical Placement: Transosteal Implant	4,589.45	4,907.62	4,950.83	5,091.53	5,373.15	5,954.20
D6053	Implant/Abutment Supported Removable Denture For Completely Edentulous Arch	1,467.18	1,580.64	1,593.90	1,702.32	1,836.54	2,102.14
D6054	Implant/Abutment Supported Removable Denture For Partially Edentulous Arch	1,461.58	1,575.36	1,579.80	1,653.04	1,791.84	2,002.54
D6055	Dental Implant Supported Connecting Bar	1,069.73	1,072.69	1,085.18	1,151.06	1,243.34	1,397.01
D6056	Prefabricated Abutment - Includes Placement	591.76	601.59	605.87	668.29	736.69	906.80
D6057	Custom Abutment - Includes Placement	809.39	816.61	844.84	845.09	907.26	1,038.05
D6058	Abutment Supported Porcelain/Ceramic Crown	1,143.40	1,165.96	1,175.21	1,189.68	1,273.54	1,456.80
D6059	Abutment Supported Porcelain Fused To Metal Crown (High Noble Metal)	1,141.94	1,146.53	1,149.52	1,198.71	1,280.33	1,455.86
D6060	Abutment Supported Porcelain Fused To Metal Crown (Predominantly Base Metal)	1,083.45	1,088.60	1,088.70	1,114.21	1,196.28	1,425.99
D6061	Abutment Supported Porcelain Fused To Metal Crown (Noble Metal)	1,094.90	1,103.18	1,113.79	1,119.12	1,201.79	1,398.02
D6062	Abutment Supported Cast Metal Crown (High Noble Metal)	1,086.80	1,090.36	1,091.47	1,107.53	1,192.84	1,390.48
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)	978.03	985.19	992.73	1,015.58	1,075.33	1,282.97
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	1,027.73	1,041.92	1,046.42	1,066.46	1,133.09	1,294.54
D6065	Implant Supported Porcelain/Ceramic Crown	1,060.26	1,084.58	1,090.93	1,134.25	1,253.98	1,443.48
D6066	Implant Supported Porcelain Fused To Metal Crown (Titanium, Titanium Alloy, High Noble Metal)	1,022.56	1,066.98	1,070.31	1,117.53	1,221.92	1,421.63
D6067	Implant Supported Metal Crown (Titanium, Titanium Alloy, High Noble Metal)	1,016.15	1,032.26	1,041.24	1,074.29	1,183.62	1,380.85
D6068	Abutment Supported Retainer For Porcelain/Ceramic Fpd	1,041.03	1,068.79	1,078.46	1,105.81	1,242.59	1,469.08
D6069	Abutment Supported Retainer For Porcelain Fused To Metal Fpd (High Noble Metal)	1,043.73	1,064.07	1,064.46	1,091.81	1,219.96	1,441.25
D6070	Abutment Supported Retainer For Porcelain Fused To Metal Fpd (Predominantly Base Metal)	982.60	1,006.01	1,012.58	1,012.88	1,127.86	1,325.94
D6071	Abutment Supported Retainer For Porcelain Fused To Metal Fpd (Noble Metal)	1,001.49	1,016.28	1,033.57	1,033.88	1,121.14	1,369.97
D6072	Abutment Supported Retainer For Cast Metal Fpd (High Noble Metal)	1,011.17	1,039.12	1,043.50	1,064.72	1,191.76	1,399.03
D6073	Abutment Supported Retainer For Cast Metal Fpd (Predominantly Base Metal)	953.86	973.41	977.20	977.49	1,084.02	1,289.08
D6074	Abutment Supported Retainer For Cast Metal Fpd (Noble Metal)	978.18	1,010.05	1,019.28	1,019.61	1,116.46	1,353.99
D6075	Implant Supported Retainer For Ceramic Fpd	1,050.37	1,070.69	1,081.26	1,124.72	1,248.32	1,468.83
D6076	Implant Supported Retainer For Porcelain Fused To Metal Fpd (Titanium, Titanium Alloy, Or High Noble Metal)	1,066.14	1,079.59	1,080.60	1,127.47	1,226.02	1,450.14
D6077	Implant Supported Retainer For Cast Metal Fpd (Titanium, Titanium Alloy, Or High Noble Metal)	1,034.11	1,054.61	1,056.96	1,082.09	1,186.40	1,390.63
D6078	Implant/Abutment Supported Fixed Denture For Completely Edentulous Arch	3,148.34	3,384.02	3,404.31	3,783.45	4,362.96	5,376.98
D6079	Implant/Abutment Supported Fixed Denture For Partially Edentulous Arch	2,255.61	2,442.76	2,559.72	2,775.85	3,062.86	3,560.00
D6080	Implant Maintenance Procedures, Including: Removal Of Prosthesis, Cleansing Of Prosthesis And Abutmen Rei	132.95	136.56	136.94	147.13	163.41	195.69
D6090	Repair Implant-supported Prosthesis By Report	575.24	587.08	591.07	591.24	636.34	737.88
D6091	Replacement of Semi-Precision or Precision Attachment (Male or Female component) of Implant/Abutment Su	413.19	452.79	457.25	470.95	525.40	610.35
D6092	Recent Implant/Abutment Supported Crown	110.82	115.23	122.56	131.19	145.65	159.45
D6093	Recent Implant/Abutment Supported Fixed Partial Denture	111.89	115.08	124.69	132.95	147.99	165.33
D6094	Abutment Supported Crown - (Titanium)	792.89	827.28	842.69	909.31	977.20	1,191.10
D6095	Repair Implant Abutment, By Report	585.37	586.54	588.45	588.63	633.12	717.46
D6100	Implant Removal, By Report	610.64	618.74	619.55	619.75	665.29	759.01
D6190	Radiographic/Surgical Implant Index, By Report **	0.00	0.00	0.00	0.00	0.00	0.00
D6194	Abutment Supported Retainer Crown For Fpd - (Titanium)	987.31	999.21	1,003.19	1,031.94	1,155.36	1,367.49
D6199	Unspecified Implant Procedure, By Report **	290.55	332.46	392.50	438.89	568.25	1,017.77
D6205	Pontic - Indirect Resin Based Composite	726.18	740.40	747.48	747.71	780.62	899.81
D6210	Pontic-Cast High Noble Metal	792.63	814.43	835.69	837.53	864.10	927.50



Percentiles

Code	Description	40th	50th	60th	70th	80th	90th
D6211	Pontic-Cast Predominantly Base Metal	779.03	779.24	781.11	798.72	856.39	898.35
D6212	Pontic-Cast Noble Metal	760.75	786.01	806.30	809.34	846.08	919.72
D6214	Pontic - Titanium	761.07	794.91	847.90	850.23	875.70	1,007.94
D6240	Pontic-Porcelain Fused To High Noble Metal	779.88	809.28	825.42	833.52	878.15	989.65
D6241	Pontic-Porcelain Fused To Predominantly Base Metal	747.01	753.53	760.76	764.81	808.79	834.50
D6242	Pontic-Porcelain Fused To Noble Metal	757.27	791.60	798.66	806.16	826.87	922.24
D6245	Pontic - Porcelain/Ceramic	784.63	790.49	798.20	848.93	872.29	957.63
D6250	Pontic-Resin With High Noble Metal	800.88	822.00	822.58	830.22	830.61	929.84
D6251	Pontic-Resin With Predominantly Base Metal	745.02	762.57	769.05	776.20	787.39	901.49
D6252	Pontic-Resin With Noble Metal	762.62	780.30	786.04	793.34	803.18	906.59
D6253	Provisional Pontic	360.83	424.91	438.10	454.62	463.54	533.40
D6545	Retainer-Cast Metal For Resin Bonded Fixed Prosthesis	395.71	428.07	443.26	469.77	499.36	597.37
D6548	Retainer - Porcelain/Ceramic For Resin Bonded Fixed Prosthesis	481.12	510.42	519.86	525.31	540.22	640.31
D6600	Inlay-Porcelain/Ceramic, Two Surfaces	684.71	724.69	735.75	743.46	754.16	859.08
D6601	Inlay - Porcelain/Ceramic, Three Or More Surfaces	732.79	766.35	780.33	788.50	817.77	902.04
D6602	Inlay - Cast High Noble Metal, Two Surfaces	709.81	759.43	773.33	781.43	812.49	902.38
D6603	Inlay - Cast High Noble Metal, Three Or More Surfaces	792.03	835.01	857.65	866.63	885.61	992.08
D6604	Inlay - Cast Predominantly Base Metal, Two Surfaces	678.25	721.55	735.39	743.10	761.80	891.69
D6605	Inlay - Cast Predominantly Base Metal, Three Or More Surfaces	719.67	764.85	782.67	790.87	816.55	943.17
D6606	Inlay - Cast Noble Metal, Two Surfaces	696.03	737.73	744.55	752.35	773.44	869.00
D6607	Inlay - Cast Noble Metal, Three Or More Surfaces	763.21	801.69	813.22	821.73	844.85	940.00
D6608	Onlay - Porcelain/Ceramic, Two Surfaces	739.76	778.68	785.71	793.94	811.08	913.27
D6609	Onlay - Porcelain/Ceramic, Three Or More Surfaces	772.58	810.64	817.47	851.11	919.35	1,063.15
D6610	Onlay - Cast High Noble Metal, Two Surfaces	770.34	814.62	831.85	840.56	874.55	969.37
D6611	Onlay - Cast High Noble Metal, Three Or More Surfaces	815.59	881.33	892.77	917.89	957.76	1,078.57
D6612	Onlay - Cast Predominantly Base Metal, Two Surfaces	746.38	787.64	801.11	809.50	816.59	927.79
D6613	Onlay - Cast Predominantly Base Metal, Three Or More Surfaces	771.44	832.33	856.55	865.52	899.74	1,040.42
D6614	Onlay - Cast Noble Metal, Two Surfaces	763.48	799.91	814.01	822.53	862.24	929.25
D6615	Onlay - Cast Noble Metal, Three Or More Surfaces	778.32	832.82	841.01	867.75	918.99	1,029.91
D6624	Inlay - Titanium	748.10	786.56	800.36	825.19	861.44	982.32
D6634	Onlay - Titanium	786.38	840.62	875.93	885.10	936.75	1,043.20
D6710	Crown - Indirect Resin Based Composite	859.51	886.09	901.28	910.72	916.36	1,025.95
D6720	Crown-Resin With High Noble Metal	845.08	876.65	891.72	901.06	919.26	1,056.28
D6721	Crown-Resin With Predominantly Base Metal	798.61	837.70	851.55	860.47	869.88	983.54
D6722	Crown-Resin With Noble Metal	817.65	849.89	858.15	867.14	886.50	986.72
D6740	Crown - Porcelain/Ceramic	886.46	925.35	938.46	948.29	965.31	1,086.46
D6750	Crown-Porcelain Fused To High Noble Metal	834.05	835.82	878.80	915.81	932.41	1,044.64
D6751	Crown-Porcelain Fused To Predominantly Base Metal	849.16	850.63	855.37	876.64	952.91	968.16
D6752	Crown-Porcelain Fused To Noble Metal	800.64	828.67	830.08	854.03	893.22	960.57
D6780	Crown-3/4 Cast High Noble Metal	794.96	832.25	837.23	869.69	900.11	977.11
D6781	Crown - 3/4 Cast Predominantly Based Metal	777.77	820.92	822.10	858.03	876.03	972.59
D6782	Crown - 3/4 Cast Noble Metal	753.82	781.86	787.78	822.50	836.87	913.98



Percentiles

Code	Description	40th	50th	60th	70th	80th	90th
D6783	Crown - 3/4 Porcelain/Ceramic	815.51	848.78	860.37	893.68	913.66	1,012.56
D6790	Crown-Full Cast High Noble Metal	838.14	860.94	869.86	899.52	934.43	1,012.03
D6791	Crown-Full Cast Predominantly Base Metal	815.77	824.62	906.74	908.11	914.98	917.62
D6792	Crown-Full Cast Noble Metal	814.29	836.13	840.93	843.36	886.29	949.16
D6793	Provisional Retainer Crown	360.57	360.89	371.73	423.76	434.72	540.01
D6794	Crown - Titanium	791.81	798.63	819.81	862.45	898.67	902.44
D6920	Connector Bar	350.08	352.69	366.94	398.85	413.56	427.50
D6930	Recement Bridge	106.69	108.53	114.62	122.62	131.76	144.59
D6940	Stress Breaker	264.13	264.37	279.87	307.55	329.14	340.68
D6950	Precision Attachment	463.07	464.28	489.73	536.25	564.17	569.45
D6970	Cast Post And Core In Addition To Bridge Retainer	293.77	298.05	312.60	336.69	345.74	356.47
D6972	Prefabricated Post And Core In Addition To Bridge Retainer	240.12	240.90	251.31	268.14	281.67	286.33
D6973	Core Build Up For Retainer, Including Any Pins	191.65	197.22	203.75	217.54	236.28	240.60
D6975	Coping-Metal	507.35	527.62	548.38	584.12	637.37	652.99
D6976	Each Additional Cast Post - Same Tooth	148.56	153.60	158.26	169.30	186.93	193.14
D6977	Each Additional Prefabricated Post - Same Tooth	119.75	123.87	130.67	144.27	168.36	196.62
D6980	Bridge Repair, By Report	314.63	333.96	339.80	378.34	415.99	448.87
D6985	Pediatric Partial Denture, Fixed	490.21	493.58	510.82	555.20	593.44	638.66
D6999	Unspecified Fixed Prosthodontic Procedure, By Report **	104.88	146.73	183.62	248.96	391.86	844.15
D7111	Extraction, Coronal Remnants - Deciduous Tooth	83.53	84.57	88.03	92.75	99.60	110.19
D7140	Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)	109.58	115.23	118.36	125.06	141.94	146.25
D7210	Surgical Removal Of Erupted Tooth Requiring Elevation Of Mucoperiosteal Flap And Removal Of Bone And/Or	184.65	194.53	202.07	211.70	223.67	241.72
D7220	Removal Of Impacted Tooth-Soft Tissue	225.14	232.19	233.30	242.88	253.77	271.14
D7230	Removal Of Impacted Tooth-Partially Bony	296.82	299.27	313.18	330.11	340.42	376.99
D7240	Removal Of Impacted Tooth-Completely Bony	346.78	360.59	364.22	389.20	410.11	439.61
D7241	Removal Of Impacted Tooth-Completely Bony, With Unusual Surgical Complications	422.14	444.10	448.36	479.77	493.61	553.65
D7250	Surgical Removal Of Residual Tooth Roots (Cutting Procedure)	218.89	219.43	223.13	236.48	249.78	273.92
D7260	Oral Antral Fistula Closure	1,505.01	1,585.59	1,666.55	1,936.82	2,312.82	2,966.50
D7261	Primary Closure Of A Sinus Perforation	542.27	564.28	569.68	634.00	664.39	762.56
D7270	Tooth Reimplantation And/Or Stabilization Of Accidentally Evulsed Or Displaced	411.51	427.56	431.57	470.86	505.89	551.68
D7272	Tooth Transplantation (Includes Reimplantation From One Site To Another And Splinting And/Or Stabilization)	556.14	578.81	580.90	641.59	708.56	796.86
D7280	Surgical Access Of An Unerupted Tooth	364.79	406.94	425.18	449.74	451.92	511.34
D7282	Mobilization Of Erupted Or Malpositioned Tooth To Aid Eruption	198.82	219.93	238.36	252.76	252.94	274.21
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	211.61	235.58	249.12	263.63	274.06	308.78
D7285	Biopsy Of Oral Tissue - Hard (Bone, Tooth)	565.00	683.41	688.63	716.46	788.03	946.23
D7286	Biopsy Of Oral Tissue - Soft	276.09	321.59	322.86	344.60	367.92	421.67
D7287	Exfoliative Cytological Sample Collection	93.48	103.72	109.60	124.07	140.43	176.97
D7288	Brush Biopsy - Transepithelial Sample Collection	102.89	112.06	118.45	134.90	145.90	179.71
D7290	Surgical Repositioning Of Teeth	341.01	365.73	384.90	410.74	428.49	522.73
D7291	Transseptal Fiberotomy/Supra Crestal Fiberotomy, By Report	207.32	221.38	234.05	258.26	270.29	309.64
D7292	Surgical Placement: Temporary Anchorage Device [Screw Retained Plate] Requiring Surgical Flap	956.64	1,532.82	1,913.47	2,512.56	2,645.63	2,909.91
D7293	Surgical Placement: Temporary Anchorage Device Requiring Surgical Flap	911.82	1,125.07	1,200.69	1,364.90	1,823.13	2,771.29



Percentiles

Code	Description	40th	50th	60th	70th	80th	90th
D7294	Surgical Placement: Temporary Anchorage Device Without Surgical Flap	720.83	843.33	872.04	936.76	1,068.29	1,538.05
D7310	Alveoloplasty In Conjunction With Extractions - Per Quadrant	213.15	220.34	228.66	241.34	245.25	263.61
D7311	Alveoloplasty In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant	244.17	252.48	253.57	270.75	279.64	295.25
D7320	Alveoloplasty Not In Conjunction With Extractions - Per Quadrant	754.04	786.22	787.93	849.48	877.54	995.40
D7321	Alveoloplasty Not In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant	793.55	828.32	834.47	911.07	919.76	1,003.67
D7340	Vestibuloplasty-Ridge Extension (Second Epithelialization)	1,427.20	1,545.50	1,569.78	1,730.27	1,909.42	2,296.19
D7350	Vestibuloplasty-Ridge Extension (Including Soft Tissue Grafts, Muscle Re-Attachments, Revision Of Soft Tissue Att	4,085.53	4,606.58	5,058.82	5,592.33	6,163.23	7,482.61
D7410	Excision Of Benign Lesion Up To 1.25 Cm	537.20	563.26	571.13	620.30	646.60	738.11
D7411	Excision Of Benign Lesion Greater Than 1.25 Cm	882.40	919.07	928.90	1,018.59	1,052.11	1,215.44
D7412	Excision Of Benign Lesion, Complicated	1,024.57	1,081.47	1,150.87	1,179.64	1,189.21	1,380.61
D7413	Excision Of Malignant Lesion Up To 1.25 Cm	714.83	749.83	755.52	811.26	825.84	913.35
D7414	Excision Of Malignant Lesion Greater Than 1.25 Cm	1,123.35	1,156.37	1,179.34	1,313.66	1,368.17	1,561.28
D7415	Excision Of Malignant Lesion, Complicated	1,169.13	1,230.10	1,244.34	1,385.48	1,397.30	1,494.04
D7440	Excision Of Malignant Tumor-Lesion Diameter Up To 1.25 Cm	880.17	918.85	923.51	1,093.48	1,096.81	1,435.02
D7441	Excision Of Malignant Tumor-Lesion Diameter Greater Than 1.25 Cm	1,338.65	1,413.59	1,430.91	1,704.98	1,797.48	2,427.47
D7450	Removal Of Benign Odontogenic Cyst Or Tumor-Lesion Diameter Up To 1.25 Cm	579.30	594.78	598.01	648.55	738.58	920.20
D7451	Removal Of Benign Odontogenic Cyst Or Tumor-Lesion Diameter Greater Than 1.25 Cm	824.38	857.30	865.01	937.26	1,062.63	1,348.08
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor-Lesion Diameter Up To 1.25 Cm	583.07	600.50	606.03	661.36	760.07	867.76
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor-Lesion Diameter Greater Than 1.25 Cm	881.56	933.21	958.14	1,055.79	1,222.77	1,531.01
D7465	Destruction Of Lesion(S) By Physical Or Chemical Methods, By Report	353.99	376.91	394.06	448.33	541.20	614.65
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	622.24	644.18	646.01	681.82	767.47	873.49
D7472	Removal Of Torus Palatinus	737.06	748.46	750.35	798.11	921.29	1,085.60
D7473	Removal Of Torus Mandibularis	705.35	728.16	733.91	763.53	864.75	966.53
D7485	Surgical Reduction Of Osseous Tuberosity	637.92	657.38	662.48	683.58	778.32	916.06
D7490	Radical Resection Of Maxilla Or Mandible	5,764.54	5,823.86	5,873.18	6,178.86	6,615.21	6,832.09
D7510	Incision And Drainage Of Abscess-Intraoral Soft Tissue	202.68	205.64	210.43	210.59	237.03	268.66
D7511	Incision And Drainage Of Abscess - Intraoral Soft Tissue - Complicated (Includes Drainage Of Multiple Fascial S	254.50	267.69	282.38	282.46	324.36	400.61
D7520	Incision And Drainage Of Abscess-Extraoral Soft Tissue	798.96	841.44	919.78	920.05	1,078.89	1,407.82
D7521	Incision And Drainage Of Abscess - Extraoral Soft Tissue - Complicated (Includes Drainage Of Multiple Fascial S	963.83	1,006.93	1,008.99	1,076.74	1,300.50	1,579.72
D7530	Removal Of Foreign Body From Mucosa, Skin, Or Subcutaneous Alveolar Tissue	318.93	345.10	345.71	373.96	405.17	470.08
D7540	Removal Of Reaction-Producing Foreign Bodies-Musculoskeletal System	418.81	469.79	489.29	538.41	602.19	720.56
D7550	Partial Osteotomy/Sequestrectomy For Removal Of Non-Vital Bone	276.92	301.36	304.95	344.31	392.61	507.03
D7560	Maxillary Sinusotomy For Removal Of Tooth Fragment Or Foreign Body	1,491.07	1,649.31	1,687.52	1,882.86	2,147.92	2,777.98
D7610	Maxilla-Open Reduction (Teeth Immobilized If Present)	3,036.49	3,161.98	3,373.41	3,374.42	3,637.80	4,151.31
D7620	Maxilla-Closed Reduction (Teeth Immobilized If Present)	2,335.27	2,482.31	2,503.35	2,710.40	2,903.90	3,290.14
D7630	Mandible-Open Reduction (Teeth Immobilized If Present)	3,708.11	3,802.11	3,836.30	3,989.72	4,376.74	5,144.51
D7640	Mandible-Closed Reduction (Teeth Immobilized If Present)	2,458.82	2,598.76	2,609.02	2,775.55	3,023.38	3,445.48
D7650	Malar And/Or Zygomatic Arch-Open Reduction	2,241.24	2,314.06	2,316.35	2,385.82	2,558.84	2,861.69
D7660	Malar And/Or Zygomatic Arch-Closed Reduction	1,513.56	1,599.26	1,616.22	1,725.01	1,833.84	2,090.98
D7670	Alveolus - Closed Reduction, May Include Stabilization Of Teeth	877.28	952.80	1,037.52	1,211.24	1,447.45	1,856.96
D7671	Alveolus - Open Reduction, May Include Stabilization Of Teeth	1,500.58	1,770.62	1,961.06	2,434.19	2,960.56	3,956.33
D7680	Facial Bones-Complicated Reduction With Fixation And Multiple Surgical Approaches	5,231.39	5,653.29	5,669.69	5,997.24	6,329.58	7,529.15



Percentiles

Code	Description	40th	50th	60th	70th	80th	90th
D7710	Maxilla-Open Reduction	3,432.71	3,572.93	3,679.46	3,680.56	3,953.04	4,508.39
D7720	Maxilla-Closed Reduction	2,400.01	2,591.23	2,622.78	2,826.61	3,128.98	3,623.19
D7730	Mandible-Open Reduction	4,368.57	4,652.59	4,681.31	4,930.30	5,476.44	6,274.54
D7740	Mandible-Closed Reduction	2,493.55	2,664.01	2,665.00	2,858.00	3,169.48	3,556.53
D7750	Malar And/Or Zygomatic Arch-Open Reduction	3,111.51	3,281.96	3,283.64	3,522.64	3,929.57	4,289.38
D7760	Malar And/Or Zygomatic Arch-Closed Reduction	1,861.11	2,048.58	2,274.80	2,490.17	2,836.91	3,811.98
D7770	Alveolus - Open Reduction Stabilization Of Teeth	1,785.55	1,992.98	2,110.70	2,209.82	2,432.39	2,911.32
D7771	Alveolus, Closed Reduction Stabilization Of Teeth	1,296.83	1,555.57	1,660.64	1,917.20	2,278.26	2,756.94
D7780	Facial Bones-Complicated Reduction With Fixation And Multiple Surgical Approaches	6,000.67	7,041.42	7,085.85	7,956.79	8,965.83	10,260.44
D7810	Open Reduction Of Dislocation	3,187.52	3,492.72	3,502.35	3,729.88	4,046.81	4,573.23
D7820	Closed Reduction Of Dislocation	473.57	508.15	537.43	602.08	670.76	809.72
D7830	Manipulation Under Anesthesia	365.94	401.77	434.52	549.65	690.10	833.02
D7840	Condylectomy	4,325.68	4,467.23	4,622.60	4,623.97	4,850.43	5,401.01
D7850	Surgical Discectomy; With/Without Implant	3,990.78	4,109.41	4,291.86	4,293.14	4,472.51	4,924.58
D7852	Disc Repair	4,427.36	4,502.95	4,540.37	4,645.80	4,882.02	5,496.39
D7854	Synovectomy	4,463.76	4,580.46	4,618.61	4,738.27	4,929.85	5,122.63
D7856	Myotomy	3,067.97	3,107.24	3,136.23	3,235.46	3,443.10	3,913.87
D7858	Joint Reconstruction	9,223.20	9,525.33	9,533.44	10,396.95	11,203.70	12,482.14
D7860	Arthrotomy	3,931.18	4,059.96	4,063.41	4,431.46	4,775.32	5,320.23
D7865	Arthroplasty	6,334.16	6,541.65	6,547.22	7,140.25	7,694.29	8,572.28
D7870	Arthrocentesis	224.45	274.97	295.28	340.14	450.20	583.77
D7871	Non-Arthroscopic Lysis And Lavage	418.72	432.44	432.81	472.01	508.63	566.67
D7872	Arthroscopy-Diagnosis, With Or Without Biopsy	2,234.96	2,308.17	2,310.13	2,519.38	2,714.87	3,024.66
D7873	Arthroscopy-Surgical: Lavage And Lysis Of Adhesions	2,690.35	2,778.48	2,780.84	3,032.73	3,268.05	3,640.96
D7874	Arthroscopy-Surgical: Disc Repositioning And Stabilization	3,858.50	3,984.90	3,988.29	4,349.54	4,687.04	5,221.87
D7875	Arthroscopy-Surgical: Synovectomy	4,227.89	4,366.38	4,370.10	4,765.93	5,135.74	5,721.77
D7876	Arthroscopy-Surgical: Discectomy	4,557.93	4,707.24	4,711.24	5,137.97	5,536.65	6,168.43
D7877	Arthroscopy-Surgical: Debridement	4,023.19	4,154.98	4,158.52	4,535.18	4,887.09	5,444.75
D7880	Occlusal Orthotic Appliance	553.38	594.54	607.10	692.00	776.11	945.21
D7899	Unspecified Tmd Therapy, By Report **	80.93	98.19	111.96	149.64	243.66	773.16
D7910	Suture Of Recent Small Wounds Up To 5 Cm	274.94	288.89	289.74	317.22	353.11	407.72
D7911	Complicated Suture-Up To 5 Cm	618.48	662.78	671.03	733.39	821.42	943.33
D7912	Complicated Suture-Greater Than 5 Cm	1,088.55	1,194.63	1,238.01	1,408.44	1,619.43	1,934.16
D7920	Skin Graft (Identify Defect Covered, Location, And Type Of Graft)	2,082.87	2,170.54	2,177.91	2,358.62	2,556.93	3,036.71
D7940	Osteoplasty-For Orthognathic Deformities	2,371.56	2,650.43	2,667.78	2,855.49	3,293.49	3,798.43
D7941	Osteotomy - Mandibular Rami	6,866.48	7,096.97	7,116.02	7,781.63	8,140.88	8,536.54
D7943	Osteotomy - Mandibular Rami With Bone Graft; Includes Obtaining The Graft	6,736.75	7,179.60	7,202.11	7,737.72	8,461.57	9,012.22
D7944	Osteotomy-Segmented Or Subapical-Per Sextant Or Quadrant	5,858.83	6,012.73	6,238.26	6,240.12	6,777.64	7,195.84
D7945	Osteotomy-Body Of Mandible	6,470.97	6,707.71	6,842.43	6,844.47	7,216.99	7,715.91
D7946	Lefort I (Maxilla-Total)	7,802.28	7,956.80	8,086.40	8,088.81	8,643.02	9,302.61
D7947	Lefort I (Maxilla-Segmented)	6,862.17	7,104.96	7,308.20	7,310.38	7,848.35	8,293.00
D7948	Lefort Ii Or Lefort Iii (Osteoplasty Of Facial Bones For Midface Hypoplasia Or Retrusion)-Without Bone Graft	9,862.69	10,142.31	10,210.24	10,741.47	11,340.89	11,841.62



Percentiles

Code	Description	40th	50th	60th	70th	80th	90th
D7949	Lefort Ii Or Lefort Iii-With Bone Graft	13,218.26	13,426.05	13,715.91	13,720.00	14,674.07	16,770.24
D7950	Osseous, Osteoperiosteal, Or Cartilage Graft Of The Mandible Or Facial Bones-Autogenous Or Nonautogenous	1,832.98	2,129.63	2,299.74	2,554.13	2,853.87	3,619.88
D7951	Sinus Augmentation With Bone Or Bone Substitutes	1,674.83	1,702.52	1,797.38	2,647.93	3,028.40	3,522.62
D7953	Bone Replacement Graft For Ridge Preservation - Per Site	709.79	1,044.84	1,460.52	2,203.70	2,743.41	3,173.77
D7955	Repair Of Maxillofacial Soft And/Or Hard Tissue Defect	1,289.22	1,725.44	1,987.95	2,861.57	3,320.35	3,900.95
D7960	Frenulectomy (Frenectomy Or Frenotomy)-Separate Procedure	417.39	431.68	460.36	481.99	496.68	518.03
D7963	Frenuloplasty	379.83	383.82	405.89	424.96	443.29	460.58
D7970	Excision Of Hyperplastic Tissue-Per Arch	446.14	461.13	478.97	536.47	571.51	595.36
D7971	Excision Of Pericoronary Gingiva	163.35	164.27	170.24	186.25	202.23	227.45
D7972	Surgical Reduction Of Fibrous Tuberosity	549.08	600.57	640.62	762.63	836.00	911.52
D7980	Sialolithotomy	612.67	640.45	685.57	801.09	877.54	986.66
D7981	Excision Of Salivary Gland, By Report **	0.00	0.00	0.00	0.00	0.00	0.00
D7982	Sialodochoplasty	1,486.16	1,661.89	1,720.43	1,919.80	1,939.60	2,083.27
D7983	Closure Of Salivary Fistula	1,461.20	1,529.85	1,808.65	2,160.43	2,492.39	2,797.66
D7990	Emergency Tracheotomy	1,337.30	1,342.61	1,391.62	1,559.16	1,660.95	1,763.73
D7991	Coronoidectomy	3,575.58	3,587.02	3,716.23	3,890.85	3,993.46	4,213.52
D7995	Synthetic Graft-Mandible Or Facial Bones, By Report **	223.03	229.48	324.29	383.54	445.40	1,051.08
D7996	Implant-Mandible For Augmentation Purposes (Excluding Alveolar Ridge), By Report **	0.00	0.00	0.00	0.00	0.00	0.00
D7997	Appliance Removal (Not By Dentist Who Placed Appliance), Includes Removal Of Archbar	240.01	251.39	271.54	319.50	349.28	414.37
D7998	Intraoral Placement Of A Fixation Device Not In Conjunction With A Fracture	1,227.17	1,562.04	1,609.72	2,114.66	2,277.85	2,646.49
D7999	Unspecified Oral Surgery Procedure, By Report **	64.84	94.05	134.61	202.00	343.70	613.13
D8010	Limited Orthodontic Treatment Of The Primary Dentition	1,169.85	1,333.46	1,411.43	1,569.57	1,707.45	2,065.79
D8020	Limited Orthodontic Treatment Of The Transitional Dentition	1,313.28	1,497.08	1,535.99	1,771.59	1,940.10	2,309.26
D8030	Limited Orthodontic Treatment Of The Adolescent Dentition	1,548.28	1,732.72	1,787.30	2,045.14	2,276.94	2,679.39
D8040	Limited Orthodontic Treatment Of The Adult Dentition	1,535.66	1,723.90	1,876.05	2,174.17	2,486.01	2,931.07
D8050	Interceptive Orthodontic Treatment Of The Primary Dentition	1,501.09	1,706.26	1,803.44	2,073.82	2,303.32	2,584.25
D8060	Interceptive Orthodontic Treatment Of The Transitional Dentition	1,673.02	1,930.14	2,004.19	2,290.84	2,523.35	2,874.19
D8070	Comprehensive Orthodontic Treatment Of The Transitional Dentition	3,712.63	4,067.11	4,192.17	4,509.17	4,811.06	5,221.34
D8080	Comprehensive Orthodontic Treatment Of The Adolescent Dentition	3,894.60	4,216.85	4,401.95	4,430.01	4,657.95	4,766.03
D8090	Comprehensive Orthodontic Treatment Of The Adult Dentition	4,272.23	4,401.27	4,556.57	4,743.49	4,970.95	5,424.29
D8210	Removable Appliance Therapy	611.34	667.51	682.32	687.13	837.56	852.04
D8220	Fixed Appliance Therapy	706.40	758.39	781.26	800.19	951.27	996.43
D8660	Pre-Orthodontic Visit	113.18	132.21	143.74	155.17	169.44	204.20
D8670	Periodic Orthodontic Treatment Visit (As Part Of Contract)	174.25	177.35	178.80	183.47	205.23	278.99
D8680	Orthodontic Retention (Removal Of Appliances, Construction And Placement Of Retainer(S))	336.08	391.53	413.65	459.23	499.93	544.71
D8690	Orthodontic Treatment (Alternative Billing To A Contract Fee)	206.51	223.72	229.47	249.79	277.24	298.78
D8691	Repair Of Orthodontic Appliance	135.66	149.41	152.67	159.00	171.61	180.67
D8692	Replacement Of Lost Or Broken Retainer	233.40	270.35	274.24	288.57	319.03	375.87
D8693	Rebonding Or Recementing; And/Or Repair, As Required, Of Fixed Retainers	139.94	166.20	203.52	288.73	356.49	394.54
D8999	Unspecified Orthodontic Procedure, By Report **	258.57	449.39	698.17	1,989.41	4,368.72	5,105.61
D9110	Palliative (Emergency) Treatment Of Dental Pain-Minor Procedures	72.44	80.03	82.58	86.74	90.11	97.24
D9120	Fixed Partial Denture Sectioning	103.51	147.44	158.99	167.82	191.05	206.53



Percentiles

Code	Description	40th	50th	60th	70th	80th	90th
D9210	Local Anesthesia NOT In Conjunction With Operative Or Surgical Procedures	29.97	31.15	31.73	34.29	37.17	43.48
D9211	Regional Block Anesthesia	45.01	47.29	50.14	52.58	55.52	62.68
D9212	Trigeminal Division Block Anesthesia	104.14	109.84	116.51	121.84	130.28	151.65
D9215	Local Anesthesia	27.59	28.97	29.28	33.07	35.30	38.52
D9220	Deep Sedation/General Anesthesia-First 30 Minutes	271.79	295.55	301.98	314.57	357.36	385.64
D9221	Deep Sedation/General Anesthesia-Each Additional 15 Minutes	112.58	131.04	133.80	134.08	149.89	177.36
D9230	Analgesia, Anxiolysis, Inhalation Of Nitrous Oxide	46.07	50.16	53.94	53.96	61.73	69.02
D9241	Intravenous Conscious Sedation/Analgesia - First 30 Minutes	246.89	251.12	268.58	284.39	298.48	336.33
D9242	Intravenous Conscious Sedation/Analgesia - Each Additional 15 Minutes	89.30	102.36	111.86	130.63	135.35	154.53
D9248	Non-Intravenous Conscious Sedation	84.30	105.02	118.55	138.13	141.77	168.07
D9310	Consultation (Diagnostic Service Provided By Dentist Or Physician Other Than Practitioner Providing Treatment)	131.31	136.93	146.30	147.77	162.97	209.15
D9410	House/Extended Care Facility Call	178.45	217.02	237.92	238.65	257.30	313.89
D9420	Hospital Call	250.29	296.36	326.40	327.40	376.15	472.11
D9430	Office Visit For Observation (During Regularly Scheduled Hours) No Other Services Performed	50.74	54.03	57.05	60.52	67.64	74.48
D9440	Office Visit-After Regularly Scheduled Hours	102.46	119.75	128.07	128.46	156.35	170.89
D9450	Case Presentation, Detailed And Extensive Treatment Planning	53.99	65.15	67.43	67.64	84.45	90.43
D9610	Therapeutic Drug Injection, By Report	65.92	69.12	72.38	72.71	84.72	95.28
D9612	Therapeutic Parenteral Drugs, Two Or More Administrations, Different Medications	80.09	114.94	121.28	121.87	159.90	161.25
D9630	Other Drugs And/Or Medicaments, By Report	25.75	30.55	35.60	35.76	41.67	48.07
D9910	Application Of Desensitizing Medicament	40.56	44.09	48.19	48.22	53.37	62.93
D9911	Application Of Desensitizing Resin For Cervical And/Or Root Surface, Per Tooth	57.55	63.78	72.75	72.88	78.17	93.00
D9920	Behavior Management, By Report	83.97	90.68	99.23	100.96	124.53	150.57
D9930	Treatment Of Complications (Postsurgical) - Unusual Circumstances, By Report	94.18	102.07	107.51	109.96	115.23	131.72
D9940	Occlusal Guards, By Report	414.78	448.09	476.10	483.24	518.30	566.40
D9941	Fabrication Of Athletic Mouthguard	124.31	137.19	155.89	159.46	187.44	232.22
D9942	Repair And/Or Reline Of Occlusal Guard	120.31	132.63	152.37	153.66	177.19	232.67
D9950	Occlusion Analysis-Mounted Case	201.04	220.67	246.07	253.71	284.46	340.17
D9951	Occlusal Adjustment-Limited	113.82	138.34	163.48	163.71	164.50	222.10
D9952	Occlusal Adjustment-Complete	552.89	649.42	714.30	715.31	718.79	907.44
D9970	Enamel Microabrasion	70.01	76.80	84.40	84.74	93.30	106.54
D9971	Odontoplasty 1 - 2 Teeth; Includes Removal Of Enamel Projections	65.61	75.70	88.06	92.88	107.19	137.25
D9972	External Bleaching - Per Arch	202.48	227.95	250.87	256.51	307.47	373.92
D9973	External Bleaching - Per Tooth	70.75	77.44	84.53	85.45	94.31	111.32
D9974	Internal Bleaching - Per Tooth	187.78	202.39	220.80	223.97	250.30	302.94
D9999	Unspecified Adjunctive Procedure, By Report **	37.32	37.71	39.62	41.68	73.44	162.63

** Low Volume and or High Variance Fee Data

For CDT-4 Codes and Descriptions:

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