

## PROVIDER BULLETIN

Volume 40 Number 11

<http://dss.mo.gov/mhd/>

July 24, 2017

---

## RATE UPDATE FOR DENTAL SERVICES

---

### CONTENTS

- RATE UPDATE FOR DENTAL SERVICES
- 

### MAXIMUM ALLOWABLE RATE DECREASE

Effective for dates of services on or after July 1, 2017, the MO HealthNet Division (MHD) Fee-For-Service maximum allowable rates are reduced by approximately three percent (3%) for dental services. These changes are due to reductions included in the Fiscal Year 2018 budget.

The MHD will reimburse the lower of the provider's billed charge or the maximum allowable amount for the date of service billed. Providers may not bill the MHD at a higher rate than they charge their private pay patients. Providers must bill the MHD their usual and customary rate.

The affected procedure codes are listed on Attachment A.

The MHD will reprocess claims paid for dates of service on or after July 1, 2017. Please check your future remittance advice statements for rate adjustments.

**Provider Bulletins** are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

**MO HealthNet News:** Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

**MO HealthNet Managed Care:** The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

**Provider Communications Hotline  
573-751-2896**

| <b>PROCEDURE CODE</b> | <b>DESCRIPTION</b>                                                  | <b>MAX ALLOWABLE UNTIL JUNE 30, 2017</b> | <b>MAX ALLOWABLE EFFECTIVE JULY 1, 2017</b> |
|-----------------------|---------------------------------------------------------------------|------------------------------------------|---------------------------------------------|
| 99050                 | SERVICES REQUESTED AFTER OFFICE HOURS IN ADDITION TO BASIC SERVICES | \$5.15                                   | 5.00                                        |
| 99058                 | OFFICE SERVICES PROVIDED ON AN EMERGENCY BASIS                      | \$11.33                                  | 11.00                                       |
| 99201                 | OFFICE/OUTPATIENT VISIT NEW                                         | \$23.69                                  | 23.00                                       |
| 99201                 | OFFICE/OUTPATIENT VISIT NEW                                         | \$22.57                                  | 21.91                                       |
| 99202                 | OFFICE/OUTPATIENT VISIT NEW                                         | \$39.14                                  | 38.00                                       |
| 99202                 | OFFICE/OUTPATIENT VISIT NEW                                         | \$38.84                                  | 37.71                                       |
| 99203                 | OFFICE/OUTPATIENT VISIT NEW                                         | \$57.04                                  | 55.38                                       |
| 99203                 | OFFICE/OUTPATIENT VISIT NEW                                         | \$57.04                                  | 55.38                                       |
| 99204                 | OFFICE/OUTPATIENT VISIT NEW                                         | \$87.17                                  | 84.63                                       |
| 99204                 | OFFICE/OUTPATIENT VISIT NEW                                         | \$87.17                                  | 84.63                                       |
| 99205                 | OFFICE/OUTPATIENT VISIT NEW                                         | \$109.57                                 | 106.38                                      |
| 99205                 | OFFICE/OUTPATIENT VISIT NEW                                         | \$109.57                                 | 106.38                                      |
| 99211                 | OFFICE/OUTPATIENT VISIT EST                                         | \$15.45                                  | 15.00                                       |
| 99211                 | OFFICE/OUTPATIENT VISIT EST                                         | \$12.51                                  | 12.15                                       |
| 99212                 | OFFICE/OUTPATIENT VISIT EST                                         | \$25.75                                  | 25.00                                       |
| 99212                 | OFFICE/OUTPATIENT VISIT EST                                         | \$23.26                                  | 22.58                                       |
| 99213                 | OFFICE/OUTPATIENT VISIT EST                                         | \$37.47                                  | 36.38                                       |
| 99213                 | OFFICE/OUTPATIENT VISIT EST                                         | \$37.47                                  | 36.38                                       |
| 99214                 | OFFICE/OUTPATIENT VISIT EST                                         | \$56.38                                  | 54.74                                       |
| 99214                 | OFFICE/OUTPATIENT VISIT EST                                         | \$56.38                                  | 54.74                                       |
| 99215                 | OFFICE/OUTPATIENT VISIT EST                                         | \$76.33                                  | 74.11                                       |
| 99215                 | OFFICE/OUTPATIENT VISIT EST                                         | \$76.33                                  | 74.11                                       |
| 99221                 | INITIAL HOSPITAL CARE                                               | \$53.98                                  | 52.41                                       |
| 99222                 | INITIAL HOSPITAL CARE                                               | \$74.27                                  | 72.11                                       |
| 99223                 | INITIAL HOSPITAL CARE                                               | \$109.12                                 | 105.94                                      |
| 99231                 | SUBSEQUENT HOSPITAL CARE                                            | \$37.08                                  | 36.00                                       |
| 99232                 | SUBSEQUENT HOSPITAL CARE                                            | \$40.15                                  | 38.98                                       |
| 99233                 | SUBSEQUENT HOSPITAL CARE                                            | \$37.08                                  | 36.00                                       |
| 99241                 | OFFICE CONSULTATION                                                 | \$37.08                                  | 36.00                                       |
| 99242                 | OFFICE CONSULTATION                                                 | \$55.90                                  | 54.27                                       |
| 99244                 | OFFICE CONSULTATION                                                 | \$28.84                                  | 28.00                                       |

| <b>PROCEDURE CODE</b> | <b>DESCRIPTION</b>                                                              | <b>MAX ALLOWABLE UNTIL JUNE 30, 2017</b> | <b>MAX ALLOWABLE EFFECTIVE JULY 1, 2017</b> |
|-----------------------|---------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------|
| 99245                 | OFFICE CONSULTATION                                                             | \$51.50                                  | 50.00                                       |
| 99251                 | INPATIENT CONSULTATION                                                          | \$29.05                                  | 28.20                                       |
| 99252                 | INPATIENT CONSULTATION                                                          | \$46.13                                  | 44.79                                       |
| 99281                 | EMERGENCY DEPT VISIT                                                            | \$37.08                                  | 36.00                                       |
| 99282                 | EMERGENCY DEPT VISIT                                                            | \$37.08                                  | 36.00                                       |
| 99283                 | EMERGENCY DEPT VISIT                                                            | \$37.62                                  | 36.52                                       |
| 99284                 | EMERGENCY DEPT VISIT                                                            | \$69.46                                  | 67.44                                       |
| 99342                 | HOME VISIT NEW PATIENT                                                          | \$25.75                                  | 25.00                                       |
| 99343                 | HOME VISIT NEW PATIENT                                                          | \$30.90                                  | 30.00                                       |
| 99429                 | UNLISTED PREVENTIVE (DENTAL)                                                    | \$20.60                                  | 20.00                                       |
| D0120                 | PERIODIC ORAL EXAMINATION                                                       | \$24.72                                  | 24.00                                       |
| D0140                 | LIMITED ORAL EVALUATION - PROBLEM BASED                                         | \$23.95                                  | 23.25                                       |
| D0145                 | ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH      | \$29.61                                  | 28.75                                       |
| D0150                 | COMPREHENSIVE ORAL EXAMINATION                                                  | \$39.66                                  | 38.50                                       |
| D0160                 | DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM BASED, BY REPORT               | \$49.89                                  | 48.44                                       |
| D0170                 | RE-EVALUATION, PROBLEM FOCUSED, (ESTABLISHED PATIENT; NOT POST OPERATIVE VISIT) | \$24.72                                  | 24.00                                       |
| D0171                 | RE-EVAL POST-OP VISIT                                                           | \$23.95                                  | 23.25                                       |
| D0210                 | INTRAOR COMPLETE FILM SERIES                                                    | \$40.72                                  | 39.53                                       |
| D0220                 | INTRAORAL PERIAPICAL FIRST                                                      | \$9.58                                   | 9.30                                        |
| D0230                 | INTRAORAL PERIAPICAL EA ADD                                                     | \$7.98                                   | 7.75                                        |
| D0240                 | INTRAORAL OCCLUSAL FILM                                                         | \$13.97                                  | 13.56                                       |
| D0250                 | EXTRAORAL FIRST FILM                                                            | \$19.96                                  | 19.38                                       |
| D0251                 | EXTRAORAL POSTERIOR DENTAL RADIOGRAPH IMAGE - NEW CODE                          | \$17.17                                  | 16.67                                       |
| D0270                 | DENTAL BITEWING SINGLE IMAGE                                                    | \$9.18                                   | 8.91                                        |
| D0272                 | DENTAL BITEWINGS TWO IMAGES                                                     | \$14.77                                  | 14.34                                       |
| D0273                 | BITEWINGS - THREE IMAGES                                                        | \$18.36                                  | 17.83                                       |
| D0274                 | BITEWINGS FOUR IMAGES                                                           | \$21.63                                  | 21.00                                       |
| D0277                 | VERT BITEWINGS 7 TO 8 IMAGES                                                    | \$33.99                                  | 33.00                                       |

| <b>PROCEDURE CODE</b> | <b>DESCRIPTION</b>                                         | <b>MAX ALLOWABLE UNTIL JUNE 30, 2017</b> | <b>MAX ALLOWABLE EFFECTIVE JULY 1, 2017</b> |
|-----------------------|------------------------------------------------------------|------------------------------------------|---------------------------------------------|
| D0290                 | SKULL/FACIAL BONE IMAGE                                    | \$40.31                                  | 39.14                                       |
| D0310                 | SALIOGRAPHY - SURVEY FILMS, (INCLUDES INJECTABLE MATERIAL) | \$99.38                                  | 96.49                                       |
| D0330                 | PANORAMIC IMAGE                                            | \$36.72                                  | 35.65                                       |
| D0340                 | CEPHALOMETRIC IMAGE                                        | \$41.51                                  | 40.30                                       |
| D0350                 | ORAL/FACIAL PHOTO IMAGES                                   | \$22.35                                  | 21.70                                       |
| D0351                 | 3D PHOTOGRAPHIC IMAGE                                      | \$26.56                                  | 25.79                                       |
| D0415                 | COLLECTION OF MICROORGANISMS FOR CULTURE AND SENSITIVITY   | \$53.88                                  | 52.31                                       |
| D0460                 | PULP VITALITY TESTS (EPSDT/HCY)                            | \$18.76                                  | 18.21                                       |
| D0470                 | DIAGNOSTIC CASTS (EPSDT/HCY)                               | \$36.05                                  | 35.00                                       |
| D1110                 | PROPHYLAXIS - ADULT (AGES 13-125)                          | \$29.14                                  | 28.29                                       |
| D1120                 | PROPHYLAXIS - CHILD (AGES 1-12)                            | \$21.95                                  | 21.31                                       |
| D1206                 | TOPICAL FLUORIDE VARNISH                                   | \$13.97                                  | 13.56                                       |
| D1208                 | TOPICAL APP FLUORID EX VRNSH                               | \$11.98                                  | 11.63                                       |
| D1351                 | SEALANT; PER TOOTH                                         | \$19.57                                  | 19.00                                       |
| D1353                 | SEALANT REPAIR PER TOOTH                                   | \$9.27                                   | 9.00                                        |
| D1510                 | SPACE MAINTAINER - FIXED-UNILATERAL                        | \$103.37                                 | 100.36                                      |
| D1515                 | SPACE MAINTAINER - FIXED-BILATERAL                         | \$143.28                                 | 139.11                                      |
| D1550                 | RECEMENT SPACE MAINTAINER                                  | \$25.95                                  | 25.19                                       |
| D1555                 | REMOVAL OF FIXED SPACE MAINTAINER                          | \$25.95                                  | 25.19                                       |
| D2140                 | AMALGAM- ONE SURFACE, PRIMARY OR PERMANENT                 | \$43.11                                  | 41.85                                       |
| D2150                 | AMALGAM- TWO SURFACES, PRIMARY OR PERMANENT                | \$55.08                                  | 53.48                                       |
| D2160                 | AMALGAM- THREE SURFACES, PRIMARY OR PERMANENT              | \$65.05                                  | 63.16                                       |
| D2161                 | AMALGAM- FOUR OR MORE SURFACES, PRIMARY OR PERMANENT       | \$77.44                                  | 75.18                                       |
| D2330                 | RESIN-ONE SURFACE, ANTERIOR                                | \$51.49                                  | 49.99                                       |
| D2331                 | RESIN - TWO SURFACES, ANTERIOR                             | \$63.86                                  | 62.00                                       |
| D2332                 | RESIN-THREE SURFACES, ANTERIOR                             | \$75.84                                  | 73.63                                       |

| PROCEDURE CODE | DESCRIPTION                                                         | MAX ALLOWABLE UNTIL JUNE 30, 2017 | MAX ALLOWABLE EFFECTIVE JULY 1, 2017 |
|----------------|---------------------------------------------------------------------|-----------------------------------|--------------------------------------|
| D2335          | RESIN - FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR) | \$95.00                           | 92.23                                |
| D2390          | RESIN-BASED COMPOSITE CROWN, ANTERIOR                               | \$139.70                          | 135.63                               |
| D2391          | RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR                      | \$55.08                           | 53.48                                |
| D2392          | RESIN-BASED COMPOSITE - TWO SURFACE, POSTERIOR                      | \$71.84                           | 69.75                                |
| D2393          | RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR                   | \$92.60                           | 89.90                                |
| D2394          | RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR            | \$111.24                          | 108.00                               |
| D2710          | CROWN RESIN (INDIRECT)                                              | \$279.39                          | 271.25                               |
| D2720          | CROWN-RESIN WITH HIGH NOBLE METAL (EPSDT/HCY)                       | \$343.25                          | 333.25                               |
| D2721          | CROWN-RESIN WITH PREDOMINANTLY BASE METAL (EPSDT/HCY)               | \$317.70                          | 308.45                               |
| D2722          | CROWN-RESIN WITH NOBLE METAL (EPSDT/HCY)                            | \$329.28                          | 319.69                               |
| D2740          | CROWN-PORCELAIN/CERAMIC SUBSTRATE (EPSDT/HCY)                       | \$327.28                          | 317.75                               |
| D2750          | CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL (EPSDT/HCY)               | \$355.35                          | 345.00                               |
| D2751          | CROWN-PORCELAIN FUSED TO PREDOMINANTLY /BASE METAL(EPSDT/HCY)       | \$327.28                          | 317.75                               |
| D2752          | CROWN-PORCELAIN FUSED TO NOBLE METAL (EPSDT/HCY)                    | \$341.25                          | 331.31                               |
| D2780          | CROWN - 3/4 CASE HIGH NOBLE METAL                                   | \$358.44                          | 348.00                               |
| D2781          | CROWN - 3/4 CASE PREDOMINATELY BASE METAL                           | \$328.48                          | 318.91                               |
| D2782          | CROWN - 3/4 CASE NOBLE METAL                                        | \$339.26                          | 329.38                               |
| D2783          | CROWN - 3/4 PORCELAIN/CERAMIC                                       | \$359.21                          | 348.75                               |
| D2790          | CROWN - FULL CAST HIGH NOBLE METAL (EPSDT/HCY)                      | \$353.63                          | 343.33                               |
| D2791          | CROWN - FULL CAST PREDOMINANTLY BASE METAL                          | \$318.51                          | 309.23                               |

| <b>PROCEDURE CODE</b> | <b>DESCRIPTION</b>                                                  | <b>MAX ALLOWABLE UNTIL JUNE 30, 2017</b> | <b>MAX ALLOWABLE EFFECTIVE JULY 1, 2017</b> |
|-----------------------|---------------------------------------------------------------------|------------------------------------------|---------------------------------------------|
| D2792                 | CROWN - FULL CAST NOBLE METAL                                       | \$341.25                                 | 331.31                                      |
| D2799                 | PROVISIONAL CROWN                                                   | \$131.72                                 | 127.88                                      |
| D2910                 | RECEMENT INLAY ONLAY OR PART                                        | \$34.72                                  | 33.71                                       |
| D2915                 | RECEMENT CAST OR PREFAB POST                                        | \$36.32                                  | 35.26                                       |
| D2920                 | RE-CEMENT OR RE-BOND CROWN                                          | \$35.52                                  | 34.49                                       |
| D2921                 | REATTACH TOOTH FRAGMENT                                             | \$51.49                                  | 49.99                                       |
| D2929                 | PREFAB PORC/CERAM CROWN PRI                                         | \$115.35                                 | 111.99                                      |
| D2930                 | PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH                 | \$89.40                                  | 86.80                                       |
| D2931                 | PREFABRICATED STAINLESS STEEL CROWN - PERMANENT TOOTH               | \$103.37                                 | 100.36                                      |
| D2932                 | PREFABRICATED RESIN CROWN                                           | \$111.76                                 | 108.50                                      |
| D2933                 | PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW               | \$115.35                                 | 111.99                                      |
| D2934                 | PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH | \$122.53                                 | 118.96                                      |
| D2940                 | PROTECTIVE RESTORATION                                              | \$36.72                                  | 35.65                                       |
| D2941                 | INT THERAPEUTIC RESTORATION                                         | \$36.72                                  | 35.65                                       |
| D2949                 | RESTORATIVE FOUNDATION                                              | \$43.11                                  | 41.85                                       |
| D2950                 | CORE BUILD-UP INCL ANY PINS                                         | \$89.81                                  | 87.19                                       |
| D2951                 | PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION               | \$35.02                                  | 34.00                                       |
| D2952                 | POST AND CORE CAST + CROWN                                          | \$137.70                                 | 133.69                                      |
| D2953                 | each additional cast post-same tooth                                | \$94.19                                  | 91.45                                       |
| D2954                 | PREFABRICATED POST AND CORE IN ADDITION TO CROWN                    | \$109.37                                 | 106.18                                      |
| D2955                 | POST REMOVAL                                                        | \$94.19                                  | 91.45                                       |
| D2957                 | EACH ADDITIONAL PREFABRICATED POST                                  | \$61.80                                  | 60.00                                       |
| D2960                 | LABIAL VENEER (LAMINATE)-CHAIRSIDE (EPSDT/HCY)                      | \$192.77                                 | 187.16                                      |
| D2961                 | LABIAL VENEER (RESIN LAMINATE)-LABORATORY                           | \$299.35                                 | 290.63                                      |
| D2962                 | LABIAL VENEER (PORCELAIN LAMINATE)-LABORATORY                       | \$350.44                                 | 340.23                                      |

| PROCEDURE CODE | DESCRIPTION                                                                                          | MAX ALLOWABLE UNTIL JUNE 30, 2017 | MAX ALLOWABLE EFFECTIVE JULY 1, 2017 |
|----------------|------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------|
| D3110          | PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)                                                      | \$26.78                           | 26.00                                |
| D3120          | PULP CAP -INDIRECT                                                                                   | \$26.35                           | 25.58                                |
| D3220          | THERAPEUTIC PULPOTOMY(EXCLUDING FINAL RESTORATION)-REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL... | \$61.86                           | 60.06                                |
| D3221          | PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH                                                      | \$80.34                           | 78.00                                |
| D3230          | PULPAL THERAPY (RESORBABLE FILLING) - ANTERIOR, PRIMARY TOOTH, EXC. FINAL RESTORATION                | \$85.81                           | 83.31                                |
| D3240          | PULPAL THERAPY (RESORBABLE FILLING) - POSTERIOR, PRIMARY TOOTH, EXC. FINAL RESTORATION               | \$99.38                           | 96.49                                |
| D3310          | ANTERIOR (EXCLUDING FINAL RESTORATION)                                                               | \$231.49                          | 224.75                               |
| D3320          | BICUSPID (EXCLUDING FINAL RESTORATION)                                                               | \$274.20                          | 266.21                               |
| D3330          | MOLAR (EXCLUDING FINAL RESTORATION)                                                                  | \$330.07                          | 320.46                               |
| D3331          | TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS                                             | \$151.48                          | 147.07                               |
| D3332          | INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH                           | \$131.65                          | 127.82                               |
| D3333          | INTERNAL ROOT REPAIR OF PERFORATION DEFECTS                                                          | \$91.21                           | 88.55                                |
| D3346          | RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR                                                  | \$266.21                          | 258.46                               |
| D3347          | RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-BICUSPID                                                  | \$307.33                          | 298.38                               |
| D3348          | RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR                                                     | \$363.60                          | 353.01                               |
| D3351          | APEXIFICATION/RECALC INITIAL                                                                         | \$111.76                          | 108.50                               |
| D3352          | APEXIFICATION/RECALC INTERIM                                                                         | \$81.42                           | 79.05                                |

| PROCEDURE CODE | DESCRIPTION                                                                                          | MAX ALLOWABLE UNTIL JUNE 30, 2017 | MAX ALLOWABLE EFFECTIVE JULY 1, 2017 |
|----------------|------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------|
| D3353          | APEXIFICATION/RECALCIFICATION-FINAL VISIT(INCLUDESCOMPLETED ROOT CANAL THERAPY . . . ETC.            | \$165.63                          | 160.81                               |
| D3410          | APICOECTOMY - ANTERIOR                                                                               | \$212.74                          | 206.54                               |
| D3421          | ROOT SURGERY BICUSPID                                                                                | \$239.88                          | 232.89                               |
| D3425          | ROOT SURGERY MOLAR                                                                                   | \$279.39                          | 271.25                               |
| D3426          | ROOT SURGERY EA ADD ROOT                                                                             | \$114.95                          | 111.60                               |
| D3427          | PERIRADICULAR SURGERY                                                                                | \$212.74                          | 206.54                               |
| D3428          | BONE GRAFT PERI PER TOOTH                                                                            | \$80.86                           | 78.50                                |
| D3429          | BONE GRAFT PERI EACH ADDL                                                                            | \$61.80                           | 60.00                                |
| D3430          | RETROGRADE FILLING - PER ROOT                                                                        | \$87.81                           | 85.25                                |
| D3432          | GUIDED TISSUE REGENERATION                                                                           | \$61.80                           | 60.00                                |
| D3450          | ROOT AMPUTATION - PER ROOT                                                                           | \$153.67                          | 149.19                               |
| D3910          | SURGICAL PROCEDURE FOR ISOLATION OF TOOTH WITH RUBBER DAM                                            | \$66.65                           | 64.71                                |
| D4210          | GINGIVECTOMY/PLASTY 4 OR MOR                                                                         | \$199.56                          | 193.75                               |
| D4211          | GINGIVECTOMY/PLASTY 1 TO 3                                                                           | \$76.23                           | 74.01                                |
| D4212          | GINGIVECTOMY/PLASTY REST                                                                             | \$76.23                           | 74.01                                |
| D4230          | ANATOMICAL CROWN EXPOSURE - FOUR OR MORE CONTIGUOUS TEETH PER QUADRANT                               | \$206.21                          | 200.20                               |
| D4231          | ANATOMICAL CROWN EXPOSURE - ONE TO THREE TEETH PER QUADRANT                                          | \$181.62                          | 176.33                               |
| D4240          | GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPA | \$236.28                          | 229.40                               |
| D4241          | GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TEETH SPA | \$197.97                          | 192.20                               |
| D4245          | APICALLY POSITIONED FLAP                                                                             | \$274.02                          | 266.04                               |
| D4249          | CLINICAL CROWN LENGTHENING-HARD TISSUE                                                               | \$241.07                          | 234.05                               |
| D4260          | OSSEOUS SURGERY 4 OR MORE                                                                            | \$339.26                          | 329.38                               |
| D4261          | OSSEOUS SURG 1 TO 3 TEETH                                                                            | \$279.39                          | 271.25                               |

| <b>PROCEDURE CODE</b> | <b>DESCRIPTION</b>                                                                                                                                                                       | <b>MAX ALLOWABLE UNTIL JUNE 30, 2017</b> | <b>MAX ALLOWABLE EFFECTIVE JULY 1, 2017</b> |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------|
| D4263                 | BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT (EPSDT/HCY)                                                                                                                              | \$210.74                                 | 204.60                                      |
| D4264                 | BONE REPLACEMENT GRAFT - EA ADDL SITE IN QUADRANT (USE IF SAME D/O/S AS D4263)                                                                                                           | \$159.65                                 | 155.00                                      |
| D4265                 | BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION                                                                                                                        | \$235.87                                 | 229.00                                      |
| D4266                 | GUIDED TISSUE REGENERATION-RESORBABLE BARRIER, PER SITE/PER TOOTH (INC. MEMBRANE REMOVAL)                                                                                                | \$283.25                                 | 275.00                                      |
| D4267                 | GUIDED TISSUE REGENERATION-NONRESORBABLE BARRIER, PER SITE/PER TOOTH(W/MEMBRANE REMOVAL)                                                                                                 | \$386.25                                 | 375.00                                      |
| D4268                 | SURGICAL REVISION PROCEDURE, PER TOOTH                                                                                                                                                   | \$264.10                                 | 256.41                                      |
| D4270                 | PEDICLE SOFT TISSUE GRAFT PROCEDURE                                                                                                                                                      | \$266.62                                 | 258.85                                      |
| D4273                 | SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURES, PER TOOTH                                                                                                                              | \$391.40                                 | 380.00                                      |
| D4274                 | DISTAL OR PROXIMAL WEDGE PROC(WHEN NOT PERF. IN CONJ. W/SURG. PROC. IN SAME ANATOMICAL AREA)                                                                                             | \$221.51                                 | 215.06                                      |
| D4275                 | SOFT TISSUE ALLOGRAFT                                                                                                                                                                    | \$317.64                                 | 308.39                                      |
| D4276                 | COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT, PER TOOTH                                                                                                                           | \$356.90                                 | 346.50                                      |
| D4277                 | SOFT TISSUE GRAFT FIRST TOOTH                                                                                                                                                            | \$284.18                                 | 275.90                                      |
| D4278                 | SOFT TISSUE GRAFT ADDL TOOTH                                                                                                                                                             | \$142.09                                 | 137.95                                      |
| D4283                 | AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) - EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE | \$391.40                                 | 380.00                                      |

| PROCEDURE CODE | DESCRIPTION                                                                                                                                                                                          | MAX ALLOWABLE UNTIL JUNE 30, 2017 | MAX ALLOWABLE EFFECTIVE JULY 1, 2017 |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------|
| D4285          | NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT SURGICAL SITE AND DONOR MATERIAL) - EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE | \$317.64                          | 308.39                               |
| D4320          | PROVISIONAL SPLINTING - INTRACORONAL                                                                                                                                                                 | \$162.84                          | 158.10                               |
| D4321          | PROVISIONAL SPLINTING - EXTRACORONAL                                                                                                                                                                 | \$147.68                          | 143.38                               |
| D4381          | LOCALIZED DELIVERY ANTIMICRO                                                                                                                                                                         | \$68.50                           | 66.50                                |
| D4910          | PERIODONTAL MAINTENANCE                                                                                                                                                                              | \$43.91                           | 42.63                                |
| D4920          | UNSCHEDULED DRESSING CHANGE                                                                                                                                                                          | \$32.73                           | 31.78                                |
| D4921          | GINGIVAL IRRIGATION PER QUAD                                                                                                                                                                         | \$10.30                           | 10.00                                |
| D5110          | COMPLETE UPPER                                                                                                                                                                                       | \$518.86                          | 503.75                               |
| D5120          | COMPLETE LOWER                                                                                                                                                                                       | \$519.67                          | 504.53                               |
| D5130          | IMMEDIATE UPPER                                                                                                                                                                                      | \$566.36                          | 549.86                               |
| D5140          | IMMEDIATE LOWER                                                                                                                                                                                      | \$566.76                          | 550.25                               |
| D5211          | UPPER PARTIAL - ACRYLIC BASE (INCLUDING ANY CONVENTIONAL CLASPS AND RESTS)                                                                                                                           | \$389.14                          | 377.81                               |
| D5212          | LOWER PARTIAL - ACRYLIC BASE (INCLUDING ANY CONVENTIONAL CLASPS AND RESTS)                                                                                                                           | \$391.14                          | 379.75                               |
| D5213          | MAXILLARY PARTIAL DENTURE-CAST METAL FRAMEWORK W/RESIN DENTURE BASES(INCLUDES ANY CONVENTIONAL....)                                                                                                  | \$558.78                          | 542.50                               |
| D5214          | MANDIBULAR PARTIAL DENTURE-CAST METAL FRAMEWORK W/RESIN DENTURE BASES(INCLUDES ANY CONVENTIONAL....)                                                                                                 | \$558.78                          | 542.50                               |
| D5225          | MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND                                                                                                                           | \$480.14                          | 466.16                               |
| D5226          | MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND                                                                                                                          | \$481.35                          | 467.33                               |
| D5410          | ADJUST COMPLETE DENTURE-UPPER                                                                                                                                                                        | \$29.54                           | 28.68                                |
| D5411          | ADJUST COMPLETE DENTURE - LOWER                                                                                                                                                                      | \$29.54                           | 28.68                                |
| D5421          | ADJUST PARTIAL DENTURE - UPPER                                                                                                                                                                       | \$29.54                           | 28.68                                |
| D5422          | ADJUST PARTIAL DENTURE - LOWER                                                                                                                                                                       | \$29.54                           | 28.68                                |

| PROCEDURE CODE | DESCRIPTION                                                                    | MAX ALLOWABLE UNTIL JUNE 30, 2017 | MAX ALLOWABLE EFFECTIVE JULY 1, 2017 |
|----------------|--------------------------------------------------------------------------------|-----------------------------------|--------------------------------------|
| D5510          | REPAIR BROKEN COMPLETE DENTURE BASE                                            | \$65.86                           | 63.94                                |
| D5520          | REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE (EACH TOOTH)                | \$59.07                           | 57.35                                |
| D5610          | REPAIR RESIN DENTURE BASE                                                      | \$67.45                           | 65.49                                |
| D5620          | REPAIR CAST FRAMEWORK                                                          | \$94.38                           | 91.63                                |
| D5630          | REPAIR OR REPLACE BROKEN CLASP                                                 | \$86.21                           | 83.70                                |
| D5640          | REPLACE BROKEN TEETH - PER TOOTH                                               | \$59.87                           | 58.13                                |
| D5650          | ADD TOOTH TO EXISTING PARTIAL DENTURE (EACH TOOTH)                             | \$72.65                           | 70.53                                |
| D5660          | ADD CLASP TO EXISTING PARTIAL DENTURE TOOTH, INVOLVING CLASP OR ABUTMENT TOOTH | \$89.81                           | 87.19                                |
| D5710          | REBASE COMPLETE UPPER DENTURE                                                  | \$187.59                          | 182.13                               |
| D5711          | REBASE COMPLETE LOWER DENTURE                                                  | \$188.39                          | 182.90                               |
| D5720          | REBASE UPPER PARTIAL DENTURE                                                   | \$188.49                          | 183.00                               |
| D5721          | REBASE LOWER PARTIAL DENTURE                                                   | \$180.00                          | 174.76                               |
| D5730          | RELINE UPPER COMPLETE DENTURE (CHAIRSIDE)                                      | \$119.74                          | 116.25                               |
| D5731          | RELINE LOWER COMPLETE DENTURE (CHAIRSIDE)                                      | \$119.74                          | 116.25                               |
| D5740          | RELINE UPPER PARTIAL DENTURE (CHAIRSIDE)                                       | \$118.14                          | 114.70                               |
| D5741          | RELINE LOWER PARTIAL DENTURE (CHAIRSIDE)                                       | \$119.34                          | 115.86                               |
| D5750          | RELINE UPPER COMPLETE DENTURE (LABORATORY)                                     | \$151.67                          | 147.25                               |
| D5751          | RELINE LOWER COMPLETE DENTURE (LABORATORY)                                     | \$152.47                          | 148.03                               |
| D5760          | RELINE UPPER PARTIAL DENTURE (LABORATORY)                                      | \$150.47                          | 146.09                               |
| D5761          | RELINE LOWER PARTIAL DENTURE (LABORATORY)                                      | \$150.47                          | 146.09                               |
| D5820          | INTERIM PARTIAL DENTURE (UPPER)                                                | \$294.58                          | 286.00                               |
| D5821          | INTERIM PARTIAL DENTURE (LOWER)                                                | \$294.58                          | 286.00                               |
| D5850          | TISSUE CONDITIONING, MAXILLARY                                                 | \$65.46                           | 63.55                                |
| D5851          | TISSUE CONDITIONING, MANDIBULAR                                                | \$65.46                           | 63.55                                |
| D5862          | PRECISION ATTACHMENT, BY REPORT                                                | \$218.10                          | 211.75                               |
| D5863          | OVERDENTURE COMPLETE MAX                                                       | \$640.60                          | 621.94                               |
| D5864          | OVERDENTURE PARTIAL MAX                                                        | \$466.90                          | 453.30                               |

| <b>PROCEDURE CODE</b> | <b>DESCRIPTION</b>                                                                                   | <b>MAX ALLOWABLE UNTIL JUNE 30, 2017</b> | <b>MAX ALLOWABLE EFFECTIVE JULY 1, 2017</b> |
|-----------------------|------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------|
| D5865                 | OVERDENTURE COMPLETE MANDIB                                                                          | \$640.60                                 | 621.94                                      |
| D5866                 | OVERDENTURE PARTIAL MANDIB                                                                           | \$466.90                                 | 453.30                                      |
| D5867                 | REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMENT (NALE OR FEMALE COMPONENT) | \$105.09                                 | 102.03                                      |
| D6052                 | SEMI PRECISION ATTACH ABUT                                                                           | \$276.40                                 | 268.35                                      |
| D6056                 | SEMI PRECISION ATTACH ABUT                                                                           | \$276.40                                 | 268.35                                      |
| D6057                 | SEMI PRECISION ATTACH ABUT                                                                           | \$276.40                                 | 268.35                                      |
| D6210                 | PONTIC - CAST HIGH NOBLE METAL                                                                       | \$349.23                                 | 339.06                                      |
| D6211                 | PONTIC - CAST PREDOMINANTLY BASE METAL                                                               | \$320.10                                 | 310.78                                      |
| D6212                 | PONTIC - CAST NOBLE METAL                                                                            | \$337.26                                 | 327.44                                      |
| D6240                 | PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL                                                         | \$354.82                                 | 344.49                                      |
| D6241                 | PONTIC - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL (EPSDT/HCY)                                     | \$329.28                                 | 319.69                                      |
| D6242                 | PONTIC - PORCELAIN FUSED TO NOBLE METAL                                                              | \$339.26                                 | 329.38                                      |
| D6245                 | PONTIC-PORCELAIN/CERAMIC                                                                             | \$359.21                                 | 348.75                                      |
| D6250                 | PONTIC-RESIN WITH HIGH NOBLE METAL                                                                   | \$347.63                                 | 337.50                                      |
| D6251                 | PONTIC - RESIN WITH PREDOMINANTLY BASE METAL                                                         | \$327.68                                 | 318.14                                      |
| D6252                 | PONTIC - RESIN WITH NOBLE METAL (EPSDT/HCY)                                                          | \$334.75                                 | 325.00                                      |
| D6545                 | RETAINER-CAST METAL FOR RESIN BONDED FIXED PROSTHESIS                                                | \$247.46                                 | 240.25                                      |
| D6548                 | RETAINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHESIS                                       | \$313.32                                 | 304.19                                      |
| D6549                 | RESIN RETAINER                                                                                       | \$211.30                                 | 205.15                                      |
| D6600                 | INLAY-PORCELAIN/CERAMIC, TWO SURFACES                                                                | \$319.23                                 | 309.93                                      |
| D6601                 | INLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES                                                    | \$377.48                                 | 366.49                                      |
| D6602                 | INLAY - CAST HIGH NOBLE METAL, TWO SURFACES                                                          | \$329.54                                 | 319.94                                      |
| D6603                 | INLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES                                                | \$350.16                                 | 339.96                                      |

| PROCEDURE CODE | DESCRIPTION                                                   | MAX ALLOWABLE UNTIL JUNE 30, 2017 | MAX ALLOWABLE EFFECTIVE JULY 1, 2017 |
|----------------|---------------------------------------------------------------|-----------------------------------|--------------------------------------|
| D6604          | INLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES           | \$313.68                          | 304.54                               |
| D6605          | INLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES | \$339.45                          | 329.56                               |
| D6606          | INLAY - CAST NOBLE METAL, TWO SURFACES                        | \$318.43                          | 309.16                               |
| D6607          | INLAY - CAST NOBLE METAL, THREE OR MORE SURFACES              | \$343.81                          | 333.80                               |
| D6608          | ONLAY - PORCELAIN/CERAMIC, TWO SURFACES                       | \$346.97                          | 336.86                               |
| D6609          | ONLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES             | \$371.96                          | 361.13                               |
| D6610          | ONLAY - CAST HIGH NOBLE METAL, TWO SURFACES                   | \$356.90                          | 346.50                               |
| D6611          | ONLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES         | \$376.72                          | 365.75                               |
| D6612          | ONLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES           | \$339.06                          | 329.18                               |
| D6613          | ONLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES | \$369.58                          | 358.82                               |
| D6614          | ONLAY - CAST NOBLE METAL, TWO SURFACES                        | \$354.92                          | 344.58                               |
| D6615          | ONLAY - CAST NOBLE METAL, THREE OR MORE SURFACES              | \$397.64                          | 386.06                               |
| D6720          | CROWN - RESIN WITH HIGH NOBLE METAL                           | \$347.24                          | 337.13                               |
| D6721          | CROWN - RESIN WITH PREDOMINANTLY BASE METAL                   | \$329.28                          | 319.69                               |
| D6722          | CROWN - RESIN WITH NOBLE METAL                                | \$339.26                          | 329.38                               |
| D6740          | CROWN - PORCELAIN/CERAMIC                                     | \$364.00                          | 353.40                               |
| D6750          | CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL                   | \$357.21                          | 346.81                               |
| D6751          | CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL             | \$327.28                          | 317.75                               |
| D6752          | CROWN - PORCELAIN FUSED TO NOBLE METAL                        | \$340.05                          | 330.15                               |
| D6780          | CROWN - 3/4 CAST HIGH NOBLE METAL (EPSDT/HCY)                 | \$349.63                          | 339.45                               |

| PROCEDURE CODE | DESCRIPTION                                                                      | MAX ALLOWABLE UNTIL JUNE 30, 2017 | MAX ALLOWABLE EFFECTIVE JULY 1, 2017 |
|----------------|----------------------------------------------------------------------------------|-----------------------------------|--------------------------------------|
| D6781          | CROWN - 3/4 CAST PREDOMINATELY BASED METAL                                       | \$346.08                          | 336.00                               |
| D6782          | CROWN - 3/4 CAST NOBLE METAL                                                     | \$349.17                          | 339.00                               |
| D6783          | CROWN - 3/4 PORCELAIN/CERAMIC                                                    | \$359.21                          | 348.75                               |
| D6790          | CROWN - FULL CAST HIGH NOBLE METAL                                               | \$355.35                          | 345.00                               |
| D6791          | CROWN - FULL CAST PREDOMINANTLY BASE METAL                                       | \$334.75                          | 325.00                               |
| D6792          | CROWN - FULL CAST NOBLE METAL                                                    | \$339.26                          | 329.38                               |
| D6920          | CONNECTOR BAR                                                                    | \$318.03                          | 308.77                               |
| D6930          | RECEMENT/BOND PART DENTURE                                                       | \$53.49                           | 51.93                                |
| D6940          | STRESS BREAKER                                                                   | \$135.70                          | 131.75                               |
| D6950          | PRECISION ATTACHMENT                                                             | \$209.14                          | 203.05                               |
| D6971          | CAST POST BRIDGE RETAINER                                                        | \$35.02                           | 34.00                                |
| D6980          | FIXED PARTIAL REPAIR                                                             | \$122.93                          | 119.35                               |
| D7111          | EXTRACTION, CORONAL REMNANTS - DECIDUOUS TOOTH                                   | \$43.11                           | 41.85                                |
| D7140          | EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)     | \$52.28                           | 50.76                                |
| D7210          | REM IMP TOOTH W MUCOPER FLP                                                      | \$89.81                           | 87.19                                |
| D7220          | REMOVAL OF IMPACTED TOOTH - SOFT TISSUE                                          | \$101.77                          | 98.81                                |
| D7230          | REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY                                       | \$130.12                          | 126.33                               |
| D7240          | REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY                                      | \$159.65                          | 155.00                               |
| D7241          | REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS | \$189.58                          | 184.06                               |
| D7250          | SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)                     | \$97.55                           | 94.71                                |
| D7280          | EXPOSURE IMPACT TOOTH ORTHOD                                                     | \$153.26                          | 148.80                               |
| D7283          | PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH                     | \$135.96                          | 132.00                               |
| D7290          | SURGICAL REPOSITIONING OF TEETH                                                  | \$152.68                          | 148.23                               |
| D7291          | TRANSSEPTAL FIBEROTOMY/SUPRA CRESTAL FIBEROTOMY, BY REPORT                       | \$96.76                           | 93.94                                |

| <b>PROCEDURE CODE</b> | <b>DESCRIPTION</b>                                                                                  | <b>MAX ALLOWABLE UNTIL JUNE 30, 2017</b> | <b>MAX ALLOWABLE EFFECTIVE JULY 1, 2017</b> |
|-----------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------|
| D7310                 | ALVEOPLASTY W/ EXTRACTION                                                                           | \$92.20                                  | 89.51                                       |
| D7320                 | ALVEOPLASTY W/O EXTRACTION                                                                          | \$135.70                                 | 131.75                                      |
| D8120                 | FIXED APPLIANCE THERAPY                                                                             | \$51.50                                  | 50.00                                       |
| D8660                 | PREORTHODONTIC TX VISIT                                                                             | \$99.79                                  | 96.88                                       |
| D8680                 | ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES/PLACEMENT OF RETAINERS) NOT PART OF CONTRACT TREATMENT | \$247.20                                 | 240.00                                      |
| D8692                 | REPLACEMENT OF LOST OR BROKEN RETAINER                                                              | \$123.60                                 | 120.00                                      |
| D8693                 | REBOND/RECEMENT RETAINERS                                                                           | \$75.74                                  | 73.53                                       |
| D8694                 | REPAIR FIXED RETAINERS                                                                              | \$75.74                                  | 73.53                                       |
| D9110                 | PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MINOR PROCEDURE                                     | \$37.91                                  | 36.81                                       |
| D9120                 | FIXED PARTIAL DENTURE SECTIONING                                                                    | \$77.72                                  | 75.46                                       |
| D9223                 | DEEP SEDATION / GENERAL ANESTHESIA - EACH 15 MINUTE INCREMENT                                       | \$87.55                                  | 85.00                                       |
| D9243                 | INTRAVENOUS MODERATE (CONSCIOUS) SEDATION / ANALGESIA - EACH 15 MINUTE INCREMENT                    | \$87.55                                  | 85.00                                       |
| D9410                 | HOUSE/EXTENDED CARE FACILITY CALL                                                                   | \$69.84                                  | 67.81                                       |
| D9430                 | OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED HOURS) - NO OTHER SERVICES PERFORMED       | \$31.93                                  | 31.00                                       |
| D9440                 | OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS                                                      | \$53.88                                  | 52.31                                       |
| D9610                 | DENT THERAPEUTIC DRUG INJECT                                                                        | \$31.72                                  | 30.80                                       |
| D9612                 | THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, DIFFERENT MEDICATIONS                    | \$56.31                                  | 54.67                                       |
| D9910                 | APPLICATION OF DESENSITIZING MEDICAMENT                                                             | \$19.56                                  | 18.99                                       |
| D9911                 | APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT SURFACE, PER TOOTH                      | \$24.75                                  | 24.03                                       |
| D9930                 | TREATMENT OF COMPLICATIONS (POSTSURGICAL) - UNUSUAL CIRCUMSTANCES, BY REPORT                        | \$43.11                                  | 41.85                                       |
| D9940                 | OCCLUSAL GUARD, BY REPORT                                                                           | \$189.98                                 | 184.45                                      |
| D9942                 | REPAIR AND/OR RELINE OF OCCLUSAL GUARD                                                              | \$77.33                                  | 75.08                                       |

| <b>PROCEDURE<br/>CODE</b> | <b>DESCRIPTION</b>                                   | <b>MAX ALLOWABLE<br/>UNTIL JUNE 30, 2017</b> | <b>MAX ALLOWABLE<br/>EFFECTIVE JULY 1, 2017</b> |
|---------------------------|------------------------------------------------------|----------------------------------------------|-------------------------------------------------|
| J0120                     | TETRACYCLIN INJECTION                                | \$4.26                                       | 4.14                                            |
| J0290                     | AMPICILLIN 500 MG INJ                                | \$4.64                                       | 4.50                                            |
| J0692                     | CEFEPIME HCL FOR INJECTION                           | \$7.83                                       | 7.60                                            |
| J0702                     | BETAMETHASONE ACET&SOD PHOSP                         | \$2.73                                       | 2.65                                            |
| J1100                     | INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE,<br>1MG/ML | \$3.24                                       | 3.15                                            |
| J1720                     | HYDROCORTISONE SODIUM SUCC I                         | \$4.79                                       | 4.65                                            |
| J2175                     | MEPERIDINE HYDROCHL /100 MG                          | \$1.18                                       | 1.15                                            |
| J2250                     | INJ MIDAZOLAM HYDROCHLORIDE                          | \$2.78                                       | 2.70                                            |
| J2270                     | MORPHINE SULFATE INJECTION                           | \$1.18                                       | 1.15                                            |
| J2510                     | PENICILLIN G PROCAINE INJ                            | \$2.99                                       | 2.90                                            |
| J2550                     | PROMETHAZINE HCL INJECTION                           | \$1.44                                       | 1.40                                            |
| J3000                     | STREPTOMYCIN INJECTION                               | \$1.96                                       | 1.90                                            |
| J3070                     | PENTAZOCINE INJECTION                                | \$1.18                                       | 1.15                                            |
| J3360                     | DIAZEPAM INJECTION                                   | \$1.96                                       | 1.90                                            |
| J3410                     | HYDROXYZINE HCL INJECTION                            | \$1.18                                       | 1.15                                            |