

**Heavy and General Laborers' Funds
of New Jersey
Local 472 • Local 172**



**Dental Fee Schedule
2021**

**700 Raymond Boulevard Newark, New Jersey 07105
Phone: 973-589-5050**

HEAVY AND GENERAL LABORERS' FUNDS OF NEW JERSEY

Joseph P. Madden Building · 700 Raymond Boulevard
Newark, New Jersey 07105

Tel: 973-589-5050

Fax: 973-589-1180

DENTAL BENEFITS

- Eligibility must be verified with Meritain Health, 1-800-925-2272, prior to services being rendered.
- This Fund follows the birthday rule when coordinating benefits.
- No benefits will be paid if injury occurs at work or in an automobile accident.
- Dental coverage is reimbursed at 100% of the Funds' fee schedule. The annual family maximum is \$3,250.00.
- No Deductible or co-payments apply to dental coverage.
- No Pre-authorization is required.
- Dental Billing Address:
 - Meritain Health
 - P.O. Box 853921
 - Richardson, TX 75085-3921
- Crowns and dentures/bridges are eligible for replacement after 5 years.
- Orthodontia – Braces are covered at 50% up to \$2,000.00 lifetime maximum per covered individual. Reimbursement is made in 8 quarterly payments. No age limit on orthodontia.
- Endodontists – Payable according to the dental fee schedule.
- Oral Surgery/Surgical Extractions – Bony or impacted wisdom teeth #01, 17, 16 and 32 will be paid under medical.
 - In Network (Meritain) – Payable at 100% of the contracted rate after annual \$250.00 individual deductible has been met.
 - Out of Network (Meritain) - After \$500.00 individual deductible is met charges are payable at 80% of charges up to \$280.00 for each tooth.

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- Perio surgery (Osseous surgery) - payable at 50% up to a maximum of \$750.00 per quadrant. Perio is included in the annual dental maximum.
 - Cleanings – Allowed every 6 months.
 - X-rays – Full mouth is covered once every 3 years. Panorex is covered once every 3 years.
 - Sealants – Covered up to age 15.
 - Fluoride – Covered up to age 19.
 - Dental Implants
Participating dentists do not have to accept the implant allowance as payment in full. **This benefit is paid as part of the annual \$3,250.00 dental family maximum.**

ADA Code	Description	Funds' Fee
00120	PERIODIC ORAL EXAMINATION	\$ 24.00
00140	LIMITED ORAL EVALUATION	\$ 24.00
00145	ORAL EVAL FOR PATIENT UNDER 3 YRS	\$ 24.00
00150	COMPREHENSIVE ORAL EXAMINATION	\$ 30.00
00160	DETAILED ORAL EVALUATION	\$ 44.00
00170	RE-EVALUATION-LIMITED	\$ 25.00
00180	COMPREHENSIVE PERIODONTAL EVAL	\$ 44.00
00210	X-RAYS-FULL MOUTH	\$ 60.00
00220	PERIAPICAL X-RAY FIRST FILM	\$ 11.00
00230	X-RAY PERIAPICAL -ADDITIONAL	\$ 9.00
00240	OCCLUSAL FILM	\$ 15.00
00250	XRAY-EXTRAORAL	\$ 35.00
00270	X-RAY 1 BITEWING	\$ 10.00
00272	X-RAYS 2 BITEWINGS	\$ 16.00
00273	X-RAYS 3 BITEWINGS	\$ 22.00
00274	X-RAYS 4 BITEWINGS	\$ 28.00
00277	VERTICAL BITEWINGS 7-8 FILMS	\$ 46.00
00310	SIALOGRAPHY	\$ 63.00
00320	TMJ ARTHROGRAM & INJECTION	\$ 200.00
00321	TMJ FILM	\$ 80.00
00322	TOMOGRAPHIC SURVEY	\$ 175.00
00330	PANORAMIC FILM	\$ 50.00
00340	CEPHALOMETRIC FILM	\$ 50.00
00350	ORAL/FACIAL IMAGES	\$ 25.00
00360	CONE BEAM CT - CRANIOFACIAL DATA CAPTURE	\$ 150.00
00363	CONE BEAM - 3D MULTI IMAGE	\$ 200.00
00364	CONE BEAM CT CAPTURE-LESS THAN WHOLE JAW	\$ 200.00
00365	CONE BEAM CT-MANDIBLE	\$ 200.00
00366	CONE BEAM CT	\$ 200.00
00367	CONE BEAM CT - WITH OR WITHOUT CRANIUM	\$ 200.00
00368	CONE BEAM CT CAPTURE AND INTER	\$ 200.00
00380	CONE BEAM CT	\$ 200.00
00381	CONE BEAM CT IMAGE	\$ 200.00
00382	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF O	\$ 200.00

ADA Code	Description	Funds' Fee
00383	CONE BEAM CT	\$ 200.00
00391	INTERPRETATION OF DIAGNOSTIC IMAGE	\$ 200.00
00393	TX SIMULATION USING 3D IMAGE	\$ 200.00
00431	ADJUNCTIVE PRE-DIAGNOSTIC TEST	\$ 35.00
00460	PULP VITALITY TEST	\$ 20.00
00470	DIAGNOSTIC CASTS	\$ 40.00
00481	ELECTRON MICROSCOPY	\$ 50.00
00502	OTHER ORAL PATHOLOGY PROCEDURES - BY REPORT	\$ 40.00
01110	PROPHYLAXIS	\$ 45.00
01120	PROPHYLAXIS-CHILD	\$ 39.00
01206	TOPICAL FLUORIDE VARNISH	\$ 20.00
01208	TOPICAL APPLICATION FLUORIDE	\$ 20.00
01351	SEALANT	\$ 25.00
01510	SPACE MAINTAINER-FIXED	\$ 190.00
01516	SPACE MAINTAINER – FIXED – BILATERAL, MAXILLARY	\$ 190.00
01517	SPACE MAINTAINER – FIXED – BILATERAL, MANDIBULAR	\$ 190.00
01520	SPACE MAINTAINER-REMOVABLE	\$ 185.00
01526	SPACE MAINTAINER – REMOVABLE – BILATERAL, MAXILLARY	\$ 185.00
01527	SPACE MAINTAINER – REMOVABLE – BILATERAL, MANDIBULAR	\$ 185.00
01550	RECEMENT SPACE MAINTAINER	\$ 40.00
01555	REMOVAL FIXED SPACE MAINTAINER	\$ 40.00
02140	AMALGAM ONE SURFACE -PERMANENT OR PRIMARY	\$ 55.00
02150	AMALGAM TWO SURFACES-PERMANENT OR PRIMARY	\$ 70.00
02160	AMALGAM THREE SURFACES-PERM OR PRIME	\$ 80.00
02161	AMALGAM-FOUR OR MORE SURFACES PERM OR PRIM	\$ 95.00
02330	RESIN - ONE SURFACE	\$ 60.00
02331	RESIN - TWO SURFACES	\$ 75.00
02332	RESIN THREE OR MORE SURFACES	\$ 90.00
02335	RESIN-4+ SRF OR INCISAL EDGE	\$ 100.00
02390	RESIN BASED COMPOSITE CROWN	\$ 200.00
02391	RESIN 1 SURFACE POSTERIOR	\$ 75.00
02392	RESIN-2 SURFACES,POSTERIOR	\$ 100.00
02393	RESIN-3 SURFACES,POST.	\$ 115.00
02394	RESIN-4 OR MORE SRF-POST	\$ 125.00

ADA Code	Description	Funds' Fee
02530	INLAY-METALLIC-THREE OR MORE S	\$ 375.00
02620	INLAY-PORCELAIN-2 SURF	\$ 425.00
02630	INLAY-PORCELAIN-3 OR MORE SURF	\$ 500.00
02643	ONLAY-PORCELAIN/CERAMIC 3 SURFACE	\$ 500.00
02644	ONLAY - PORCELAIN/CERAMIC - FOUR OR MORE SURFACES	\$ 475.00
02663	ONLAY-COMPOSITE 3 SURFACE	\$ 385.00
02710	CROWN-RESIN (LABORATORY)	\$ 200.00
02740	CROWN - PORCELAIN/CERAMIC SUBSTRATE	\$ 550.00
02750	CROWN-PORC.FUSED TO METAL	\$ 625.00
02751	CROWN-PORC.FUSED TO BASE METAL	\$ 575.00
02752	CROWN-PORC.FUSED TO NOBLE META	\$ 625.00
02783	CROWN-3/4 PORCELAIN/CERAMIC	\$ 475.00
02790	CROWN-FULL CAST METAL	\$ 500.00
02791	CROWN-FULL CAST BASE METAL	\$ 500.00
02792	CROWN-FULL CAST NOBLE METAL	\$ 475.00
02799	PROVISIONAL CROWN	\$ 75.00
02910	RECEMENT INLAY	\$ 40.00
02915	RECEMENT POST & CORE	\$ 40.00
02920	RECEMENT CROWN	\$ 40.00
02929	PREFABRICATED PORCELAIN/CERAMIC CROWN - PRIMARY TO	\$ 138.00
02930	PREFABRICATED SS CROWN-PRIMARY	\$ 138.00
02931	STAINLESS STEEL CROWN-PERM	\$ 138.00
02932	PREFAB. RESIN CROWN	\$ 120.00
02933	PRE-FAB STAINLESS STEEL CROWN-RESIN WINDOW	\$ 150.00
02940	PROTECTIVE RESTORATION	\$ 40.00
02950	CROWN BUILD-UP	\$ 110.00
02951	PIN SUPPORT PER TOOTH	\$ 30.00
02952	CAST POST & CORE	\$ 160.00
02954	PREFAB POST & CORE	\$ 120.00
02955	POST REMOVAL	\$ 110.00
02957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	\$ 83.00
02960	LABIAL LAMINATE	\$ 400.00
02962	PORCELAIN LAMINATE	\$ 400.00
02971	ADD PROC TO COBSTRUCT NEW CROWN UNDER DENTURE	\$ 42.00

ADA Code	Description	Funds' Fee
02980	REPAIR BROKEN CROWN FACING	\$ 110.00
03110	PULP CAP-DIRECT	\$ 30.00
03120	PULP CAP-INDIRECT	\$ 20.00
03220	VITAL PULPOTOMY	\$ 105.00
03221	PULPAL DEBRIDEMENT	\$ 105.00
03222	PARTIAL PULPOTOMY FOR APEXOGENESIS	\$ 75.00
03230	PULPAL THERAPY-PRIMARY-ANTERIOR	\$ 150.00
03240	PULPAL THERAPY-PRIMARY-POSTERI	\$ 200.00
03310	ROOT CANAL THERAPY-ANTERIOR TOOTH	\$ 350.00
03320	ROOT CANAL THERAPY-BICUSPID TOOTH	\$ 425.00
03330	ROOT CANAL THERAPY-MOLAR TOOTH	\$ 600.00
03331	TX OF ROOT CANAL OBSTRUCTION	\$ 275.00
03332	INCOMPLETE ENDODONTIC THERAPY	\$ 220.00
03333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	\$ 94.00
03346	RETREATMENT-RCT -ANTERIOR	\$ 450.00
03347	RETREATMENT OF RCT - BICUSPID	\$ 525.00
03348	RETREATMENT RCT-MOLAR	\$ 700.00
03410	APICOECTOMY-FIRST ROOT	\$ 250.00
03421	APICO.-PREMOLAR-FIRST ROOT	\$ 250.00
03425	APICO.-MOLAR-FIRST ROOT	\$ 407.00
03426	APICOECTOMY-EACH ADDITIONAL RT	\$ 150.00
03430	RETROGRADE FILLING	\$ 110.00
03450	ROOT RESECTION	\$ 220.00
03920	HEMISECTION	\$ 200.00
03950	CANAL PREP. AND FITTING OF DOW	\$ 75.00
04210	GINGIVECTOMY OR GINGIVOPLASTY	\$ 275.00
04211	GINGIVECTOMY ONE TO THREE TEETH-PER QUAD	\$ 150.00
04240	GINGIVAL FLAP PROCEDURE	\$ 300.00
04241	GINGL FLP PROC 1-3 CONTIG/BOUND TEETH SP	\$ 175.00
04245	APICALLY POSITIONED FLAP	\$ 125.00
04249	CROWN LENGTHENING	\$ 450.00
04263	OSSEOUS GRAFT- PER SITE	\$ 275.00
04264	OSSEOUS GRAFT-ADDTIONAL	\$ 220.00
04265	BIO MATERIALS TO AID REGEN	\$ 275.00

ADA Code	Description	Funds' Fee
04266	GUIDED TISSUE REGEN-RESORB	\$ 330.00
04267	GUIDED TISSUE REGEN-NONRESORB	\$ 330.00
04268	SURGICAL REVISION PER TOOTH	\$ 75.00
04273	SUBEPITH.CONNECTIVE TISS. GRAF	\$ 600.00
04274	DISTAL WEDGE	\$ 296.00
04277	FREE SOFT TISSUE GRAFT	\$ 325.00
04320	SPLINTING-INTRACORONAL	\$ 150.00
04321	SPLINTING-EXTRACORONAL	\$ 100.00
04341	PERIO TREATMENT PER QUAD	\$ 75.00
04342	SCALING-ROOT PLANING 1 TO 3 TEETH	\$ 66.00
04355	FULL MOUTH DEBRIDEMENT	\$ 66.00
04381	LOCALIZED DELIV. OF CHEMO.AGEN	\$ 88.00
04910	PERIODONTAL MAINTENANCE	\$ 60.00
05110	COMPLETE UPPER DENTURE	\$ 725.00
05120	COMPLETE LOWER DENTURE	\$ 725.00
05130	IMMEDIATE FULL UPPER DENTURE	\$ 725.00
05140	IMMEDIATE FULL LOWER DENTURE	\$ 725.00
05211	UPPER PARTIAL-ACRYLIC BASE W/C	\$ 550.00
05212	LOWER PARTIAL ACRYLIC W/CLASPS	\$ 550.00
05213	UPPER PARTIAL - CAST METAL	\$ 750.00
05214	LOWER PARTIAL - CAST METAL	\$ 750.00
05225	MAXILLARY PARTIAL FLEX BASE	\$ 1,000.00
05226	MANDIBULAR PARTIAL FLEX BASE	\$ 1,000.00
05282	REMOVABLE UNILATERAL PARTIAL DENTURE MAXIILLARY	\$ 275.00
05410	ADJUST COMPLETE DENTURE-UPPER	\$ 40.00
05411	ADJUST COMPLETE DENTURE-LOWER	\$ 40.00
05421	ADJUST PARTIAL UPPER DENTURE	\$ 40.00
05422	ADJUST PARTIAL DENTURE-LOWER	\$ 40.00
05511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	\$ 100.00
05512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	\$ 100.00
05520	REPLACE BROKEN TTH IN DENTURE	\$ 90.00
05611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	\$ 90.00
05612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	\$ 90.00
05621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	\$ 115.00

ADA Code	Description	Funds' Fee
05622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	\$ 115.00
05630	REPAIR OR REPLACE BROKEN CLASP	\$ 90.00
05640	REPLACE BROKEN TOOTH	\$ 90.00
05650	ADD TOOTH TO DENTURE	\$ 90.00
05660	ADD CLASP TO EXIST PART DENT	\$ 105.00
05710	REBASE FULL UPPER	\$ 165.00
05711	REBASE FULL LOWER	\$ 165.00
05720	REBASE PARTIAL UPPER	\$ 140.00
05721	REBASE PARTIAL LOWER	\$ 140.00
05730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	\$ 120.00
05731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	\$ 120.00
05740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	\$ 105.00
05741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	\$ 105.00
05750	RELINE UPPER DENTURE-LAB	\$ 165.00
05751	RELINE COMP LOWER DENTURE-LAB	\$ 165.00
05760	RELINE PARTIAL UPPER-LAB	\$ 150.00
05761	RELINE PARTIAL LOWER-LAB.	\$ 150.00
05820	INTERIM PARTIAL UPPER DENTURE	\$ 300.00
05821	INTERIM PARTIAL LOWER DENTURE	\$ 300.00
05850	TISSUE CONDITIONING-MAXILLARY	\$ 75.00
05851	TISSUE CONDITIONING-MANDIBULAR	\$ 75.00
05862	PRECISION ATTACHMENT	\$ 250.00
05865	OVERDENTURE-COMPLETE MANDIBULAR	\$ 850.00
05866	OVERDENTURE-PARTIAL MANDIBULAR	\$ 850.00
05867	REPLACEMENT OF PRECISION ATTAC	\$ 100.00
05982	SURGICAL STENT	\$ 330.00
06010	ENDOSTEAL IMPLANT	\$ 600.00
06013	SURGICAL PLACEMENT OF MINI IMPLANT	\$ 600.00
06056	PREFABRICATED ABUTMENT	\$ 400.00
06057	CUSTOM ABUTMENT	\$ 400.00
06058	ABUTMENT SUPPORTED PORC/CER CR	\$ 500.00
06059	ABUTMENT SUPPORTED PORC/MET CR	\$ 500.00
06060	ABUT SUPPORTED CRWN-BASE METAL	\$ 500.00
06061	ABUTMENT SUPPORTED CROWN	\$ 350.00

ADA Code	Description	Funds' Fee
06062	ABUTMENT SUP CAST HIGH NOBEL	\$ 500.00
06064	ABUTMENT SUP CAST NOBEL	\$ 465.00
06065	IMPLANT SUPPORTED PORC/CER CR	\$ 500.00
06066	IMPLANT SUP PORC/HIGH NOBEL	\$ 500.00
06067	IMPLANT SUPP HIGH NOBLE METL	\$ 500.00
06068	ABUT SUPPRT RETAINR-PORC/CERAMC FPD	\$ 500.00
06069	ABUT SUPRTD RETNR-PORC FUSD MET FPD	\$ 500.00
06075	IMPL SUPP RETAIN FOR CERAM FPD	\$ 500.00
06080	IMPLANT MAINTENANCE PROCEDURES	\$ 75.00
06090	REPAIR IMPLANT, BY REPORT	\$ 175.00
06091	REPLACEMENT OF PRECISION ATTAC	\$ 250.00
06092	RCMNT IMP/ABUT SUPPORTED CRWN	\$ 40.00
06093	RECEMENT IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL	\$ 50.00
06100	IMPLANT REMOVAL, BY REPORT	\$ 200.00
06104	BONE GRAFT AT TIME OF IMPLANT PLACEMENT	\$ 300.00
06210	PONTIC CAST GOLD	\$ 500.00
06211	PONTIC-BASE METAL	\$ 500.00
06212	PONTIC-FULL CAST NOBLE METAL	\$ 500.00
06240	PONTIC PORC FUSED TO METAL	\$ 550.00
06241	PONTIC-PORC.FUSED TO BASE META	\$ 525.00
06242	PONTIC-PORC.FUSED TO NOBLE MET	\$ 525.00
06245	PONTIC-PORCELAIN/CERAMIC	\$ 550.00
06250	PONTIC RESIN WITH METAL	\$ 500.00
06251	PONTIC-RESIN BASED METAL	\$ 475.00
06253	PROVISIONAL PONTIC	\$ 200.00
06545	MARYLAND BRIDGE RETAINER	\$ 275.00
06611	ONLAY-CAST HIGH NOBLE 3 SURF	\$ 500.00
06740	ABUTMENT-PORCELAIN JACKET	\$ 550.00
06750	ABUTMENT-PORC. FUSED TO METAL	\$ 625.00
06751	ABUTMENT-PORC.FUSED TO BASE ME	\$ 575.00
06752	ABUTMENT-PORC.FUSED TO NOBLE M	\$ 625.00
06790	ABUTMENT FULL CAST METAL	\$ 500.00
06792	ABUTMENT-FULL CAST NOBLE METAL	\$ 475.00
06930	RECEMENT BRIDGE	\$ 50.00

ADA Code	Description	Funds' Fee
06950	PRECISION ATTACHMENT	\$ 175.00
06980	FIXED PARTIAL DENTURE REPAIR NECESSITATED BY RESTO	\$ 110.00
06985	PEDIATRIC PARTAL DENTURE-FIXED	\$ 165.00
07111	EXTRACTION OF CORONAL REMAINS	\$ 83.00
07140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT	\$ 110.00
07210	SURGICAL EXTRACTION	\$ 110.00
07220	REMOVAL-SOFT TISSUE IMPACTED	\$ 150.00
07230	REMOVAL-PARTIAL BONY IMPACTED	\$ 275.00
07240	REMOVAL-COMPLETE BONY IMPACTED	\$ 308.00
07241	COMPLETE BONY IMPACT-W/COMP	\$ 308.00
07250	REMOVAL OF RESIDUAL ROOTS	\$ 165.00
07260	CLOSURE OF ORAL ANTRAL FISTULA	\$ 250.00
07261	PRIMARY CLOSURE OF A SINUS PERFORATION	\$ 450.00
07270	TOOTH RE-IMPLANTATION	\$ 248.00
07280	SURG.EXP-IMP/UNERUP(FOR ORTHO)	\$ 275.00
07282	Mobilization of Tooth to Aid Eruption	\$ 200.00
07283	DEVICE TO AID ERUPTION OF IMP	\$ 165.00
07285	BIOPSY HARD TISSUE	\$ 165.00
07286	BIOPSY SOFT TISSUE	\$ 125.00
07310	ALVEOLECTOMY	\$ 140.00
07311	ALVEOLOPLASTY W/EXT PER QD-1 TO 3 TEETH	\$ 204.00
07320	ALVEOLECTOMY-PER QUAD.-NO EXT	\$ 220.00
07321	ALVEOLECTOMY NO EXT--1 TO 3 TEETH	\$ 220.00
07410	EXCISION-LESION-UP TO 1.25 CM	\$ 220.00
07411	EXCISION-LESION >1.25 CM	\$ 250.00
07414	EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM	\$ 200.00
07450	CYST/TUMOR REMOVAL < 1.25 CM	\$ 125.00
07451	CYST OR TUMOR REM- > 1.25 CM	\$ 200.00
07460	CYST REMOVAL (NONODONT) <1.25	\$ 200.00
07461	CYST REMOVAL (NONODONT) >1.25	\$ 200.00
07473	REMOVAL OF TORUS MANDIBULARIS	\$ 460.00
07485	REDUCTION OF OSSEOUS TUBEROSITY	\$ 193.00
07510	INCISION AND DRAINAGE	\$ 75.00
07511	INCISION & DRAINAGE-INTRAORAL	\$ 100.00

ADA Code	Description	Funds' Fee
07520	INCISION & DRAINAGE EXTRAORAL	\$ 110.00
07540	REMOVABLE OF FOREIGN BODY	\$ 250.00
07550	SEQUESTRECTOMY FOR OSTEOMYELIT	\$ 220.00
07880	OCCLUSAL ORTHOTIC APPLIANCE	\$ 165.00
07899	UNSPECIFIED TMJ THERAPY	\$ 55.00
07910	SUTURE UP TO 5 CM	\$ 55.00
07911	COMPLICATED SUTURE UP TO 5CM	\$ 165.00
07950	OSSEOUS GRAFT-MANDIBLE OR MAXILLA	\$ 800.00
07951	SINUS AUGMENTATION WITH BONE	\$ 1,980.00
07952	SINUS AUGMENTATION VIA A VERTICAL APPROACH	\$ 800.00
07953	BONE GRAFT-RIDGE PRESERVATION	\$ 300.00
07955	REPAIR OF DEFECT	\$ 330.00
07960	FRENULECTOMY	\$ 220.00
07971	EXCISION-PERICORONAL GINGIVA	\$ 66.00
09110	PALLIATIVE TREATMENT	\$ 40.00
09120	FIXED PARTIAL DENT SECTIONING	\$ 55.00
09212	TRIGEMINAL DIVISION BLOCK	\$ 55.00
09215	LOCAL ANESTHESIA	\$ 28.00
09222	DEEP SEDATION/GENERAL ANESTHESIA – FIRST 15 MINUTE	\$ 85.00
09223	DEEP SEDATION/GENERAL ANESTHESIA - EACH 15 MINUTE	\$ 85.00
09230	ANALGESIA	\$ 50.00
09239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESI	\$ 85.00
09243	INTRAVENOUS MODERATE (CONSCIOUS)-15 MIN	\$ 85.00
09248	NON-IV CONCIOUS SEDATION	\$ 83.00
09310	SPECIALIST CONSULTATION	\$ 65.00
09430	OFFICE VISIT FOR OBSERVATION	\$ 44.00
09610	THERAPEUTIC INJECTION	\$ 28.00
09612	THERAPEUTIC PARENTERAL DRUGS-2 OR MORE DRUGS	\$ 88.00
09630	PRESCRIPTIONS & MEDICAMENTS	\$ 83.00
09910	APPLIC. DESENSITIZING AGENT	\$ 33.00
09944	OCCLUSAL GUARD – HARD APPLIANCE, FULL ARCH	\$ 175.00
09945	OCCLUSAL GUARD – SOFT APPLIANCE, FULL ARCH	\$ 175.00
09951	OCCLUSAL ADJUSTMENT-LIMITED	\$ 55.00
09952	OCCLUSAL ADJUSTMENT-COMPLETE	\$ 135.00