

PV = Preventive BS = Basic MJ = Major OR = Orthodontic	Division 1181 - New York Welfare Fund - 00540933	Pink highlight = Current Schedule Fees No Implant coverage Purple highlight - Coverage & fees determined by group
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CDT Code	Description	Category	Schedule Amount
D0120	Periodic oral evaluation - established patient	PV	\$ 30.00
D0140	Limited Oral Evaluation	PV	\$ 30.00
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	PV	\$ 30.00
D0150	Comprehensive oral evaluation - new or established patient	PV	\$ 30.00
D0160	Detailed & extensive oral evaluation - by report	PV	\$ 30.00
D0170	Re-evaluation limited, problem focused	PV	\$ 30.00
D0171	Re-evaluation post operative office visit	N/C	\$ -
D0180	Comprehensive periodontal evaluation - new or established patient	PV	\$ 30.00
D0190	Screening of a patient	N/C	\$ -
D0191	Assessment of a patient	N/C	\$ -
D0210	Intraoral complete series (including bitewings)	PV	\$ 50.00
D0220	Intraoral periapical - first film	PV	\$ 5.00
D0230	Intraoral periapical - each additional film	PV	\$ 2.00
D0240	Intraoral occlusal film	PV	\$ 15.00
D0250	Extraoral - first film	N/C	\$ -
D0251	Extra-oral posterior dental radiographic image	N/C	\$ -
D0270	Bitewings - single film	PV	\$ 5.00
D0272	Bitewings - two films	PV	\$ 10.00
D0273	Bitewings - three films	N/C	\$ -
D0274	Bitewings - four films	PV	\$ 15.00
D0277	Bitewings, vertical - seven to eight films	N/C	\$ -
D0310	Sialography	N/C	\$ -
D0320	Temporomandibular Joint Arthrogram, including injection	N/C	\$ -
D0321	Other TMJ films (By report)	N/C	\$ -
D0322	Tomographic survey	N/C	\$ -
D0330	Panoramic x-ray (Panorex, Panelipse, Pan)	PV	\$ 50.00
D0340	Cephalometric film (orthodontic)	N/C	\$ -
D0350	Oral/facial images, photographic images	N/C	\$ -
D0351	3D photographic image	N/C	\$ -
D0364	Cone beam CT capture and interpretation with limited field of view - less than one whole jaw	N/C	\$ -
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch - mandible	N/C	\$ -
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	N/C	\$ -
D0367	Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	N/C	\$ -
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	N/C	\$ -
D0369	Maxillofacial MRI capture and interpretation	N/C	\$ -
D0370	Maxillofacial ultrasound capture and interpretation	N/C	\$ -
D0371	Sialoendoscopy capture and interpretation	N/C	\$ -

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D0380	Cone beam CT image capture with limited field of view - less than one whole jaw	N/C	\$ -
D0381	Cone beam CT image capture with field of view of one full dental arch - mandible	N/C	\$ -
D0382	Cone beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium	N/C	\$ -
D0383	Cone beam CT image capture with field of view of both jaws, with or without cranium	N/C	\$ -
D0384	Cone beam CT image capture for TMJ series including two or more exposures	N/C	\$ -
D0385	Maxillofacial MRI image capture	N/C	\$ -
D0386	Maxillofacial ultrasound image capture	N/C	\$ -
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	N/C	\$ -
D0393	Treatment simulation using #D Image Volume	N/C	\$ -
D0394	Digital subtraction of two or more images or Image volumes of the same modality	N/C	\$ -
D0395	Fusion of two or more 3D Image volumes of one or more modalities	N/C	\$ -
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	N/C	\$ -
D0415	Collection of microorganisms for culture and sensitivity	N/C	\$ -
D0416	Viral Culture	N/C	\$ -
D0417	Collection and preparation of saliva sample for laboratory	N/C	\$ -
D0418	Analysis of saliva sample	N/C	\$ -
D0422	Collection and preparation of genetic sample material for laboratory analysis	N/C	\$ -
D0423	Genetic test for susceptibility to oral diseases - specimen analysis	N/C	\$ -
D0425	Caries susceptibility tests	N/C	\$ -
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy	N/C	\$ -
D0460	Pulp vitality tests	N/C	\$ -
D0470	Diagnostic casts	N/C	\$ -
D0472	Accession of tissue, gross examination, preparation and transmission of written report	N/C	\$ -
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	N/C	\$ -
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	N/C	\$ -
D0475	Decalcification procedure	N/C	\$ -
D0476	Special stains for microorganisms	N/C	\$ -
D0477	Special stains for not microorganisms	N/C	\$ -
D0478	Immunohistochemical stains	N/C	\$ -

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D0479	Tissue in-situ hybridization, including interpretation	N/C	\$ -
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	N/C	\$ -
D0481	Electron Microscopy	N/C	\$ -
D0482	Direct immunofluorescence	N/C	\$ -
D0483	Indirect immunofluorescence	N/C	\$ -
D0484	Consultation on slides prepared elsewhere	N/C	\$ -
D0485	Consultation, including preparation of slides from biopsy - material supplied by referring source	N/C	\$ -
D0486	Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	N/C	\$ -
D0502	Other oral pathology procedures, by report	N/C	\$ -
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, cementum	N/C	\$ -
D0601	Caries risk assessment and documentation, with a finding of low risk	N/C	\$ -
D0602	Caries risk assessment and documentation, with a finding of moderate risk	N/C	\$ -
D0603	Caries risk assessment and documentation, with a finding of high risk	N/C	\$ -
D0999	Unspecified diagnostic procedure	N/C	\$ -
D1110	Prophylaxis - Adult	PV	\$ 25.00
D1120	Prophylaxis - Child	PV	\$ 15.00
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	N/C	\$ -
D1208	Topical application of fluoride	PV	\$ 20.00
D1310	Nutritional counseling for control of dental disease	N/C	\$ -
D1320	Tobacco counseling for the control and prevention of oral disease	N/C	\$ -
D1330	Oral hygiene instructions	N/C	\$ -
D1351	Topical Application of sealants - per tooth	PV	\$ 15.00
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	N/C	\$ -
D1353	Sealant repair	N/C	\$ -
D1354	Interim caries arresting medicament application	N/C	\$ -
D1510	Fixed - unilateral band type - excludes distal shoe space maintainer	PV	\$ 50.00
D1515	Fixed - fixed bilateral, stainless steel crown type	PV	\$ 40.00
D1520	Removable, unilateral type	PV	\$ 60.00
D1525	Removable - bilateral type - flipper for child	PV	\$ 70.00
D1550	Recementation of space maintainers	N/C	\$ -
D1555	Removal of fixed space maintainer	N/C	\$ -
D1575	Distal shoe space maintainer - fixed - unilateral	N/C	\$ -
D1999	Unspecified preventive procedure, by report	N/C	\$ -
D2140	Amalgam - one surface, primary or permanent	BS	\$ 25.00
D2150	Amalgam - two surfaces, primary or permanent	BS	\$ 35.00
D2160	Amalgam - three surfaces, primary or permanent	BS	\$ 50.00
D2161	Amalgam - four or more surfaces, primary or permanent	BS	\$ 50.00
D2330	Composite resin - one surface, anterior	BS	\$ 35.00
D2331	Composite resin - two surfaces, anterior	BS	\$ 45.00
D2332	Composite resin - three surfaces, anterior	BS	\$ 55.00
D2335	Composite resin - four or more surfaces or involving incisal angle	BS	\$ 75.00
D2390	Resin based composite crown, anterior	N/C	\$ -
D2391	Resin based composite - one surface - posterior	BS	\$ 25.00
D2392	Resin based composite - two surfaces - posterior	BS	\$ 35.00
D2393	Resin based composite - three surfaces - posterior	BS	\$ 50.00
D2394	Resin based composite - four or more surfaces - posterior	BS	\$ 50.00

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D2410	Gold foil - one surface	BS	\$ 50.00
D2420	Gold foil - two surfaces	BS	\$ 60.00
D2430	Gold foil - three surfaces	BS	\$ 75.00
D2510	Inlay - gold, one surface	MJ	\$ 50.00
D2520	Inlay - gold, two surfaces	MJ	\$ 60.00
D2530	Inlay - gold, three surfaces	MJ	\$ 75.00
D2542	Onlay - metallic two surfaces	N/C	\$ -
D2543	Onlay - metallic three surfaces	N/C	\$ -
D2544	Onlay - metallic four or more surfaces	N/C	\$ -
D2610	Inlay - porcelain, one surface	MJ	\$ 50.00
D2620	Inlay - porcelain, two surfaces	MJ	\$ 60.00
D2630	Inlay - porcelain, three surfaces	MJ	\$ 75.00
D2642	Onlay - porcelain/ceramic - two surfaces	N/C	\$ -
D2643	Onlay - porcelain/ceramic - three surfaces	N/C	\$ -
D2644	Onlay - porcelain/ceramic - four or more surfaces	N/C	\$ -
D2650	Inlay - composite/resin, one surface	MJ	\$ 50.00
D2651	Inlay - composite/resin, two surface	MJ	\$ 60.00
D2652	Inlay - composite/resin, three surface	MJ	\$ 75.00
D2662	Onlay - composite/resin - two surfaces	N/C	\$ -
D2663	Onlay - composite/resin - three surfaces	N/C	\$ -
D2664	Onlay - composite/resin - four or more surfaces	N/C	\$ -
D2710	Crown - resin based composite (indirect)	MJ	\$ 50.00
D2712	Crown - 3/4 resin based composite (indirect)	N/C	\$ -
D2720	Resin w/high noble metal crown	MJ	\$ 250.00
D2721	Resin w/predominately base metal crown	MJ	\$ 250.00
D2722	Resin w/noble metal crown	MJ	\$ 250.00
D2740	Porcelain crown	MJ	\$ 250.00
D2750	Porcelain fused to gold crown (ceramco, PFM)	MJ	\$ 350.00
D2751	Porcelain fused to non-precious metal crown (ceramco, PFM)	MJ	\$ 350.00
D2752	Porcelain fused to semi-precious metal crown (ceramco, PFM)	MJ	\$ 350.00
D2780	Gold crown (3/4 cast)	MJ	\$ 75.00
D2781	Non-precious metal crown (3/4 cast)	Mj	\$ 75.00
D2782	Semi-precious metal crown (3/4 cast)	MJ	\$ 75.00
D2783	Porcelain crown (3/4 porcelain/ceramic)	MJ	\$ 75.00
D2790	Gold crown (full cast)	MJ	\$ 250.00
D2791	Non-precious metal crown (full cast)	MJ	\$ 250.00
D2792	Semi-precious metal crown (full cast)	MJ	\$ 250.00
D2794	Crown - Titanium	N/C	\$ -
D2799	Provisional crown - further treatment or completion of diagnosis necessary prior to final impression	N/C	\$ -
D2910	Recement inlay	BS	\$ 15.00
D2915	Recement cast or prefabricated post and core	N/C	\$ -
D2920	Recement crown	BS	\$ 20.00
D2921	Reattachment of tooth fragment, incisal edge or cusp	N/C	\$ -

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D2929	Prefabricated porcelain/ceramic crown - primary tooth	N/C	\$ -
D2930	Pre-fab stainless steel crown (deciduous tooth)	BS	\$ 50.00
D2931	Pre-fab stainless steel crown (permanent tooth)	BS	\$ 50.00
D2932	Pre-fab resin crown	N/C	\$ -
D2933	Pre-fab stainless steel crown with resin window	BS	\$ 50.00
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	BS	\$ 50.00
D2940	Protective restoration	N/C	\$ -
D2941	Interim therapeutic restoration - primary dentition	N/C	\$ -
D2949	Restorative foundation for an indirect restoration	N/C	\$ -
D2950	Core buildup, including any pins	MJ	\$ 100.00
D2951	Pin retention per pin in addition to restoration	BS	\$ 20.00
D2952	Post and core in addition to crown, indirectly fabricated	MJ	\$ 150.00
D2953	Each additional indirectly fabricated post - same tooth	N/C	\$ -
D2954	Prefabricated post and core - in addition to crown	MJ	\$ 100.00
D2955	Post removal (not in conjunction with endodontic therapy)	N/C	\$ -
D2957	Each additional prefabricated post - same tooth	N/C	\$ -
D2960	Labial veneer, laminate	MJ	\$ 200.00
D2961	Labial veneer, resin laminate	MJ	\$ 200.00
D2962	Labial veneer, porcelain laminate	MJ	\$ 250.00
D2971	Additional procedures to construct new crown under existing partial denture	N/C	\$ -
D2975	Coping	N/C	\$ -
D2980	Crown repair	BS	\$ 50.00
D2981	Inlay repair necessitated by restorative material failure	N/C	\$ -
D2982	Onlay repair necessitated by restorative material failure	N/C	\$ -
D2983	Veneer repair necessitated by restorative material failure	N/C	\$ -
D2990	Resin infiltration of incipient smooth surface lesions	N/C	\$ -
D2999	Unspecified restorative procedure	N/C	\$ -
D3110	Pulp cap - direct (excluding final restoration)	N/C	\$ -
D3120	Pulp cap - indirect (excluding final restoration)	N/C	\$ -
D3220	Therapeutic pulpotomy (excluding final restoration)	BS	\$ 50.00
D3221	Pulpal debridement, primary and permanent teeth	N/C	\$ -
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root-	N/C	\$ -
D3230	Pulpal therapy - anterior primary tooth (excluding final restoration)	N/C	\$ -
D3240	Pulpal therapy - posterior primary tooth (excluding final restoration)	N/C	\$ -
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	BS	\$ 175.00
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	BS	\$ 225.00
D3330	Endodontic therapy, molar (excluding final restoration)	BS	\$ 300.00
D3331	Treatment of root canal obstruction; non-surgical access	N/C	\$ -
D3332	Incomplete endodontic therapy; inoperable, unresterable or fractured tooth	N/C	\$ -
D3333	Internal root repair of perforation defects	N/C	\$ -
D3346	Retreatment-anterior, by report	BS	\$ 175.00
D3347	Retreatment-bicuspid, by report	BS	\$ 225.00
D3348	Retreatment-molar, by report	BS	\$ 300.00
D3351	Apexification/recalcification initial visit	N/C	\$ -

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D3352	Apexification/recalcification initial medicated repair	N/C	\$ -
D3353	Apexification/recalcification final visit	N/C	\$ -
D3355	Pulpal regeneration - initial visit	N/C	\$ -
D3356	Pulpal regeneration - interim medication replacement	N/C	\$ -
D3357	Pulpal regeneration - completion of treatment	N/C	\$ -
D3410	Apicoectomy/periradicular surgery - anterior	BS	\$ 175.00
D3421	Apicoectomy/periradicular surgery - bicuspid	BS	\$ 175.00
D3425	Apicoectomy/periradicular surgery - molar	BS	\$ 175.00
D3426	Apicoectomy - per tooth each additional tooth	BS	\$ 100.00
D3427	Periradicular surgery without apicoectomy	N/C	\$ -
D3428	Bone Graft in conjunction with periradicular surgery - per tooth, single site	N/C	\$ -
D3429	Bone Graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site	N/C	\$ -
D3430	Retrograde filling, per root	BS	\$ 25.00
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	N/C	\$ -
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	N/C	\$ -
D3450	Root resection, per root (amputation)	BS	\$ 100.00
D3460	Endodontic endosseous implant	N/C	\$ -
D3470	Intentional re-implantation	N/C	\$ -
D3910	Surgical procedure for isolation of tooth with rubber dam	N/C	\$ -
D3920	Hemisection, not including root canal treatment	BS	\$ 100.00
D3950	Canal preparation and fitting of preformed dowel or post	N/C	\$ -
D3999	Unspecified endodontic procedure	N/C	\$ -
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	BS	\$ 100.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	BS	\$ 30.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	N/C	\$ -
D4230	Anatomical crown exposure - four or more contiguous teeth, per quadrant	N/C	\$ -
D4231	Anatomical crown exposure - one to three teeth, per quadrant	N/C	\$ -
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces, per quadrant	N/C	\$ -
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	N/C	\$ -
D4245	Apically positioned flap	N/C	\$ -
D4249	Crown lengthening - hard/soft tissue (By report)	N/C	\$ -
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	BS	\$ 150.00

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CDT Code	Description	Category	Schedule Amount
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	BS	\$ 50.00
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	N/C	\$ -
D4264	<u>Bone replacement graft - retained natural tooth - each additional site in quadrant</u>	N/C	\$ -
D4265	Biologic materials to aid in soft and osseous tissue regeneration	N/C	\$ -
D4266	Guided tissue regeneration - resorbable barrier, per site	N/C	\$ -
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	N/C	\$ -
D4268	Surgical revision procedure, per tooth	N/C	\$ -
D4270	Pedicle soft tissue grafts	N/C	\$ -
D4273	Autogenous connective tissue graft procedures, per tooth	N/C	\$ -
D4274	<u>Mesial/Distal wedge procedure, single tooth</u>	N/C	\$ -
D4275	Non-autogenous connective tissue graft	N/C	\$ -
D4276	<u>Combined connective tissue and double pedicle graft, per tooth</u>	N/C	\$ -
D4277	Free soft tissue graft procedure, first tooth	N/C	\$ -
D4278	Free soft tissue graft procedure, each additional contiguous tooth	N/C	\$ -
D4283	Autogenous connective tissue graft procedures, each additional contiguous tooth	N/C	\$ -
D4285	Non-autogenous connective tissue graft, each additional contiguous tooth	N/C	\$ -
D4320	Provisional splinting - intracoronal	N/C	\$ -
D4321	Provisional splinting - extracoronal	N/C	\$ -
D4341	Periodontal scaling and root planing - four or more teeth, per quadrant	BS	\$ 20.00
D4342	Periodontal scaling and root planing - one to three teeth, per quadrant	N/C	\$ -
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth	N/C	\$ -
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	N/C	\$ -
D4381	<u>Localized delivery of antimicrobial agents via a controlled release vehicle</u>	N/C	\$ -
D4910	Periodontal maintenance	BS	\$ 50.00
D4920	Unscheduled dressing change	N/C	\$ -
D4921	Gingival irrigation - per quadrant	N/C	\$ -
D4999	Unspecified periodontal procedure	N/C	\$ -
D5110	Complete denture - upper	MJ	\$ 350.00
D5120	Complete denture - lower	MJ	\$ 350.00
D5130	Immediate denture - upper	MJ	\$ 350.00
D5140	Immediate denture - lower	MJ	\$ 350.00
D5211	<u>Upper - w/resin base, including clasps, rests and teeth</u>	MJ	\$ 375.00
D5212	<u>Lower - w/resin base, including clasps, rests and teeth</u>	MJ	\$ 375.00
D5213	<u>Upper - w/metal base, resin saddles including clasps, rests & teeth</u>	MJ	\$ 375.00
D5214	<u>Lower - w/metal base, resin saddles including clasps, rests & teeth</u>	MJ	\$ 375.00
D5221	Immediate maxillary partial denture, resin base	N/C	\$ 375.00
D5222	Immediate mandibular partial denture, resin base	N/C	\$ 375.00
D5223	Immediate maxillary partial denture, cast metal framework	MJ	\$ 375.00
D5224	Immediate mandibular partial denture, cast metal framework	MJ	\$ 375.00
D5225	Maxillary partial denture - flexible base (including clasps, rests and teeth)	MJ	\$ 375.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	MJ	\$ 375.00

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CDT Code	Description	Category	Schedule Amount
D5281	Removable unilateral partial denture, one piece metal base casting/clasp attachments, per unit (including pontics)	MJ	\$ 200.00
D5410	Adjust complete dentures (upper)	N/C	\$ -
D5411	Adjust complete denture (lower)	N/C	\$ -
D5421	Partial denture (upper)	N/C	\$ -
D5422	Partial denture (lower)	N/C	\$ -
D5510	Repair broken denture base	BS	\$ 45.00
D5520	Replace missing/broken tooth, each tooth	BS	\$ 40.00
D5610	Repair resin saddle or base	BS	\$ 45.00
D5620	Repair cast framework	BS	\$ 50.00
D5630	Repair or replace broken clasp	BS	\$ 50.00
D5640	Replace broken teeth, per tooth	BS	\$ 40.00
D5650	Adding tooth to existing partial denture (not involving clasp or abutment tooth)	BS	\$ 40.00
D5660	Adding clasp to existing partial denture (involving clasp or abutment tooth)	BS	\$ 50.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	N/C	\$ -
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	N/C	\$ -
D5710	Rebase complete upper denture (Jump case)	BS	\$ 125.00
D5711	Rebase complete lower denture (Jump case)	BS	\$ 125.00
D5720	Rebase upper partial denture (Jump case)	BS	\$ 100.00
D5721	Rebase lower partial denture (Jump case)	BS	\$ 100.00
D5730	Reline complete upper denture (chairside)	BS	\$ 125.00
D5731	Reline complete lower denture (chairside)	BS	\$ 125.00
D5740	Reline upper partial denture (chairside)	BS	\$ 100.00
D5741	Reline lower partial denture (chairside)	BS	\$ 100.00
D5750	Reline complete upper denture (lab)	BS	\$ 125.00
D5751	Reline complete lower denture (lab)	BS	\$ 125.00
D5760	Reline upper partial denture (lab)	BS	\$ 100.00
D5761	Reline lower partial denture (lab)	BS	\$ 100.00
D5810	Interim complete denture (maxillary)	N/C	\$ -
D5811	Interim complete denture (mandibular)	N/C	\$ -
D5820	Denture - temporary (partial / stayplate) upper	N/C	\$ -
D5821	Denture - temporary (partial / stayplate) lower	N/C	\$ -
D5850	Tissue conditioning, upper denture	N/C	\$ -
D5851	Tissue conditioning, lower denture	N/C	\$ -
D5862	Precision attachment	N/C	\$ -
D5863	Overdenture - complete maxillary	N/C	\$ -
D5864	Overdenture - partial maxillary	N/C	\$ -
D5865	Overdenture - complete mandibular	N/C	\$ -
D5866	Overdenture - partial mandibular	N/C	\$ -
D5867	Replacement of replaceable part of semi-precision or precision attachment	N/C	\$ -
D5875	Modification of removable prosthesis following implant surgery	N/C	\$ -
D5899	Unspecified removable prosthodontic procedure	N/C	\$ -

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D5911	Facial moulage (sectional)	N/C	\$ -
D5912	Facial moulage (complete)	N/C	\$ -
D5913	Nasal prosthesis	N/C	\$ -
D5914	Auricular prosthesis	N/C	\$ -
D5915	Orbital prosthesis	N/C	\$ -
D5916	Ocular prosthesis	N/C	\$ -
D5919	Facial prosthesis	N/C	\$ -
D5922	Nasal septal prosthesis	N/C	\$ -
D5923	Ocular prosthesis, interim	N/C	\$ -
D5924	Cranial prosthesis	N/C	\$ -
D5925	Facial augmentation implant prosthesis	N/C	\$ -
D5926	Nasal prosthesis, replacement	N/C	\$ -
D5927	Auricular prosthesis, replacement	N/C	\$ -
D5928	Orbital prosthesis, replacement	N/C	\$ -
D5929	Facial prosthesis, replacement	N/C	\$ -
D5931	Obturator prosthesis, surgical	N/C	\$ -
D5932	Obturator prosthesis, definitive	N/C	\$ -
D5933	Obturator prosthesis, modification	N/C	\$ -
D5934	Mandibular resection prosthesis with guide flange	N/C	\$ -
D5935	Mandibular resection prosthesis without guide flange	N/C	\$ -
D5936	Obturator prosthesis, interim	N/C	\$ -
D5937	Trismus appliance (not for TMD treatment)	N/C	\$ -
D5951	Feeding aid	N/C	\$ -
D5952	Speech aid prosthesis, pediatric	N/C	\$ -
D5953	Speech aid prosthesis, adult	N/C	\$ -
D5954	Palatal augmentation prosthesis	N/C	\$ -
D5955	Palatal lift prosthesis, definitive	N/C	\$ -
D5958	Palatal lift prosthesis, interim	N/C	\$ -
D5959	Palatal lift prosthesis, modification	N/C	\$ -
D5960	Speech aid prosthesis, modification	N/C	\$ -
D5982	Surgical stent	N/C	\$ -
D5983	Radiation carrier	N/C	\$ -
D5984	Radiation shield	N/C	\$ -
D5985	Radiation cone locator	N/C	\$ -
D5986	Fluoride gel carrier	N/C	\$ -
D5987	Commissure splint	N/C	\$ -
D5988	Surgical splint	N/C	\$ -
D5991	Vesiculobuillous disease medicament carrier	N/C	\$ -
D5992	Adjust maxillofacial prosthetic appliance	N/C	\$ -
D5993	Maintenance and cleaning of maxillofacial prosthesis, other than required adjustments	N/C	\$ -
D5994	Periodontal medicament carrier with peripheral seal - laboratory processed	N/C	\$ -
D5999	Unspecified maxillofacial prosthesis	N/C	\$ -
D6052	Semi-precision attachment	N/C	\$ -

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CDT Code	Description	Category	Schedule Amount
D6058	Abutment supported porcelain/ceramic crown	MJ	\$ 250.00
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	MJ	\$ 250.00
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	MJ	\$ 350.00
D6061	Abutment supported porcelain fused to metal crown (noble metal)	MJ	\$ 350.00
D6062	Abutment supported cast metal crown (high noble metal)	MJ	\$ 250.00
D6063	Abutment supported cast metal crown (predominantly base metal)	MJ	\$ 250.00
D6064	Abutment supported cast metal crown (noble metal)	MJ	\$ 250.00
D6065	Implant supported porcelain/ceramic crown	MJ	\$ 250.00
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	MJ	\$ 350.00
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	MJ	\$ 250.00
D6068	Abutment supported retainer for porcelain/ceramic FPD	MJ	\$ 250.00
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	MJ	\$ 350.00
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	MJ	\$ 350.00
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	MJ	\$ 350.00
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	MJ	\$ 250.00
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	MJ	\$ 250.00
D6074	Abutment supported retainer for cast metal FPD (noble metal)	MJ	\$ 250.00
D6075	Implant supported retainer for ceramic FPD	MJ	\$ 250.00
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, high noble metal)	MJ	\$ 350.00
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, high noble metal)	MJ	\$ 250.00
D6092	Re-cement or re-bond implant/abutment supported crown	BS	\$ 20.00
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	BS	\$ 20.00
D6094	Abutment supported crown (titanium)	MJ	\$ 250.00
D6110	Implant/abutment supported removable denture complete - maxillary	MJ	\$ 350.00
D6111	Implant/abutment supported removable denture complete - mandibular	MJ	\$ 350.00
D6112	Implant/abutment supported removable denture partial - maxillary	MJ	\$ 375.00
D6113	Implant/abutment supported removable denture partial - mandibular	MJ	\$ 375.00
D6114	Implant/abutment supported fixed denture complete - maxillary	MJ	\$ 350.00
D6115	Implant/abutment supported fixed denture complete - mandibular	MJ	\$ 350.00
D6116	Implant/abutment supported fixed denture partial - maxillary	MJ	\$ 375.00
D6117	Implant/abutment supported fixed denture partial - mandibular	MJ	\$ 375.00
D6194	Abutment supported retainer crown for FPD (titanium)	MJ	\$ 250.00
D6205	Pontic - Indirect resin based composite	MJ	\$ 200.00
D6210	Pontic - cast high noble metal	MJ	\$ 200.00
D6211	Pontic - cast predominantly base metal	MJ	\$ 200.00
D6212	Pontic - cast noble metal	MJ	\$ 200.00
D6214	Pontic - titanium	MJ	\$ 200.00
D6240	Porcelain fused to gold crown (PFM)	MJ	\$ 250.00
D6241	Porcelain fused to non-precious metal crown (PFM)	MJ	\$ 250.00
D6242	Porcelain fused to semi-precious metal crown (PFM)	MJ	\$ 250.00
D6245	Pontic - porcelain/ceramic	MJ	\$ 200.00
D6250	Resin w/high noble metal pontic	MJ	\$ 200.00
D6251	Resin w/predominately base metal pontic	MJ	\$ 200.00
D6252	Resin w/noble metal pontic	MJ	\$ 200.00

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CDT Code	Description	Category	Schedule Amount
D6253	Provisional pontic - further treatment or completion of diagnosis necessary	N/C	\$ -
D6545	Resin bonded retainer cast metal for acid etch bridge (Maryland bridge)	MJ	\$ 100.00
D6548	Resin bonded retainer porcelain/ceramic for acid etch bridge (Maryland)	MJ	\$ 100.00
D6549	Resin Retainer - Resin Bonded Fixed Prosthesis	N/C	\$ -
D6600	Inlay - porcelain/ceramic, two surfaces	N/C	\$ -
D6601	Inlay - porcelain/ceramic, three or more surfaces	N/C	\$ -
D6602	Inlay - cast high noble metal, two surfaces	N/C	\$ -
D6603	Inlay - cast high noble metal, three or more surfaces	N/C	\$ -
D6604	Inlay - cast predominantly base metal, two surfaces	N/C	\$ -
D6605	Inlay - cast predominantly base metal, three or more surfaces	N/C	\$ -
D6606	Inlay - cast noble metal, two surfaces	N/C	\$ -
D6607	Inlay - cast noble metal, three or more surfaces	N/C	\$ -
D6608	Onlay - porcelain/ceramic, two surfaces	N/C	\$ -
D6609	Onlay - porcelain/ceramic, three or more surfaces	N/C	\$ -
D6610	Onlay - cast high noble metal, two surfaces	N/C	\$ -
D6611	Onlay - cast high noble metal, three or more surfaces	N/C	\$ -
D6612	Onlay - cast predominantly base metal, two surfaces	N/C	\$ -
D6613	Onlay - cast predominantly base metal, three or more surfaces	N/C	\$ -
D6614	Onlay - cast noble metal, two surfaces	N/C	\$ -
D6615	Onlay - cast noble metal, three or more surfaces	N/C	\$ -
D6624	Inlay - titanium	N/C	\$ -
D6634	Onlay - titanium	N/C	\$ -
D6710	Crown - indirect resin based composite	N/C	\$ -
D6720	Resin w/high noble metal abutment	MJ	\$ 250.00
D6721	Resin w/predominately base metal abutment	MJ	\$ 250.00
D6722	Resin w/noble metal abutment	MJ	\$ 250.00
D6740	Porcelain/ceramic abutment	MJ	\$ 250.00
D6750	Porcelain fused to gold crown	MJ	\$ 350.00
D6751	Porcelain fused to non-precious metal crown	MJ	\$ 350.00
D6752	Porcelain fused to semi-precious metal crown	MJ	\$ 350.00
D6780	Gold crown (3/4 cast)	MJ	\$ 75.00
D6781	Non-precious metal crown (3/4 cast)	MJ	\$ 75.00
D6782	Semi-precious metal crown (3/4 cast)	MJ	\$ 75.00
D6783	Porcelain/ceramic crown (3/4)	MJ	\$ 75.00
D6790	Gold crown (full cast)	MJ	\$ 250.00
D6791	Non-precious metal crown (full cast)	MJ	\$ 250.00
D6792	Semi-precious metal crown (full cast)	MJ	\$ 250.00
D6793	Provisional retainer crown - further treatment or completion of diagnosis necessary	N/C	\$ -
D6794	Crown - titanium	N/C	\$ -
D6920	Connector bar	N/C	\$ -
D6930	Recement bridge	BS	\$ 40.00
D6940	Stress breaker	N/C	\$ -
D6950	Precision attachment	N/C	\$ -
D6980	Bridge repair, by report	N/C	\$ -
D6985	Pediatric partial denture, fixed	N/C	\$ -
D6999	Unspecified fixed prosthodontic procedure	N/C	\$ -

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CDT Code	Description	Category	Schedule Amount
D7111	Extraction, coronal remnants - deciduous tooth	BS	\$ 50.00
D7140	Extraction, erupted tooth or exposed root	BS	\$ 50.00
D7210	Extraction of tooth - erupted	BS	\$ 75.00
D7220	Removal of soft tissue impacted tooth (STI)	BS	\$ 75.00
D7230	Removal of partial bony impacted tooth (PBI)	BS	\$ 100.00
D7240	Removal of full bony impacted tooth (FBI)	BS	\$ 150.00
D7241	Removal of full bony impacted tooth, difficult (FBID)	BS	\$ 150.00
D7250	Removal of residual root	BS	\$ 75.00
D7251	Coronectomy - intentional partial tooth removal	N/C	\$ -
D7260	Oral antral fistula closure (and/or antral root recovery)	N/C	\$ -
D7261	Primary closure of a sinus perforation	N/C	\$ -
D7280	Exposure of an unerupted tooth	N/C	\$ -
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	N/C	\$ -
D7283	Placement of device to facilitate eruption of impacted tooth	N/C	\$ -
D7285	Biopsy of oral tissue - hard	N/C	\$ -
D7286	Biopsy of oral tissue - soft	N/C	\$ -
D7287	Cytology sample collection	N/C	\$ -
D7288	Brush Biopsy - transepithelial sample collection	N/C	\$ -
D7290	Surgical repositioning of teeth	N/C	\$ -
D7295	harvest of bone for use in autogenous grafting procedures	N/C	\$ -
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces per quadrant	BS	\$ 60.00
D7311	Alveoloplasty in conjunction with extractions, one to three teeth or tooth spaces per quadrant	BS	\$ 20.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces per quadrant	BS	\$ 60.00
D7321	Alveoloplasty not in conjunction with extractions, one to three teeth or tooth spaces, per quadrant	BS	\$ 10.00
D7340	Vestibuloplasty per arch - uncomplicated	N/C	\$ -
D7350	Vestibuloplasty, per arch - complicated - including ridge extension, soft tissue grafts, and management of hypertrophied and hyperplastic tissue	N/C	\$ -

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CDT Code	Description	Category	Schedule Amount
D7410	Excision of benign lesion up to 1.25 cm	BS	\$ 150.00
D7411	Excision of benign lesion greater than 1.25 cm	BS	\$ 150.00
D7412	Excision of benign lesion, complicated	BS	\$ 150.00
D7413	Excision of malignant lesion up to 1.25 cm	BS	\$ 100.00
D7414	Excision of malignant lesion greater than 1.25 cm	BS	\$ 100.00
D7415	Excision of malignant lesion, complicated	BS	\$ 100.00
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	BS	\$ 100.00
D7441	Excision of malignant tumor - lesion diameter over 1.25 cm	BS	\$ 100.00
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	BS	\$ 150.00
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	BS	\$ 150.00
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	BS	\$ 150.00
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	BS	\$ 150.00
D7465	Destruction of lesions by physical methods (By report)	N/C	\$ -
D7471	Removal of lateral exostosis (maxilla or mandible)	N/C	\$ -
D7472	Removal of torus palatinus	N/C	\$ -
D7473	Removal of torus mandibularis	N/C	\$ -
D7485	Reduction of osseous tuberosity	N/C	\$ -

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CDT Code	Description	Category	Schedule Amount
D7510	Incision and drainage of abscess	BS	\$ 50.00
D7511	Incision and drainage of abscess - intraoral soft tissue	BS	\$ 50.00
D7520	Incision and drainage of abscess - extraoral	BS	\$ 50.00
D7521	Incision and drainage of abscess- extraoral soft tissue	N/C	\$ -
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	N/C	\$ -
D7910	Suture of recent small wounds up to 5 cm	N/C	\$ -
D7911	Complicated suture - up to 5 cm	N/C	\$ -
D7912	Complicated suture - greater than 5 cm	N/C	\$ -
D7960	Frenulectomy - separate procedure (frenectomy or frenotomy)	BS	\$ 50.00
D7963	Frenuloplasty	N/C	\$ -
D7970	Excision of hyperplastic tissue - per arch	N/C	\$ -
D7971	Excision of pericoronal gingiva	N/C	\$ -
D7972	Surgical reduction of fibrous tuberosity	N/C	\$ -
D7980	Sialolithotomy	N/C	\$ -
D7981	Excision of salivary gland	N/C	\$ -
D7982	Sialodochoplasty	N/C	\$ -
D7983	Closure of salivary fistula	N/C	\$ -
D7999	Unspecified oral surgery procedure	N/C	\$ -
D8210	Harmful Habit - removable appliance therapy	N/C	\$ -
D8220	Harmful Habit - fixed appliance therapy	N/C	\$ -
D9110	Palliative (emergency) treatment of dental pain, minor procedures	PV	\$ 20.00
D9120	Fixed partial denture sectioning	N/C	\$ -
D9210	Local anesthesia	N/C	\$ -
D9211	Regional block anesthesia	N/C	\$ -
D9212	Trigeminal division block anesthesia	N/C	\$ -
D9215	Local anesthesia in conjunction with operative surgical procedures	N/C	\$ -
D9219	Evaluation for deep sedation or general anesthesia	N/C	\$ -
D9223	Deep sedation/general anesthesia - each 15 minute increment	BS	\$ 50.00
D9230	Analgesia - Nitrous oxide (ONLY considered with a covered operative or surgical procedure)	N/C	\$ -
D9243	Intravenous moderate sedation/analgesia - each 15 minute increment	N/C	\$ -
D9248	Non-intravenous conscious sedation	N/C	\$ -
D9310	Consultation - diagnostic service provided by dentist or physician other than the requesting dentist or physician practitioner providing treatment	BS	\$ 50.00
D9311	Consultation with a medical health care professional	N/C	\$ -
D9410	House/extended care facility call	N/C	\$ -

two 15 increments @ \$50.00 - max of \$100

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CDT Code	Description	Category	Schedule Amount
D9420	Hospital or ambulatory surgical center call	N/C	\$ -
D9430	Office visit - during regularly scheduled office hours (no operative services performed)	N/C	\$ -
D9440	Office visit - after regularly scheduled office hours (no operative services performed)	N/C	\$ -
D9610	Therapeutic parenteral drug, single administration	N/C	\$ -
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	N/C	\$ -
D9630	Drugs or medicaments dispensed in the office for home use	N/C	\$ -
D9910	Application of desensitizing medicament	N/C	\$ -
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	N/C	\$ -
D9920	Behavior management	N/C	\$ -
D9930	Treatment of complications (post-surgical)	N/C	\$ -
D9932	Cleaning and inspection of removable complete denture, maxillary	N/C	\$ -
D9933	Cleaning and inspection of removable complete denture, mandibular	N/C	\$ -
D9934	Cleaning and inspection of removable partial denture, maxillary	N/C	\$ -
D9935	Cleaning and inspection of removable partial denture, mandibular	N/C	\$ -
D9940	Occlusal guard	N/C	\$ -
D9941	Fabrication of athletic mouth guard	N/C	\$ -
D9942	Repair and/or reline of occlusal guard	N/C	\$ -
D9943	Occlusal guard adjustment	N/C	\$ -
D9950	Occlusion analysis - mounted case	N/C	\$ -
D9951	Occlusal adjustment - limited	N/C	\$ -
D9952	Occlusal adjustment - complete	N/C	\$ -
D9970	Enamel microabrasion	N/C	\$ -
D9971	Odontoplasty 1-2 teeth	N/C	\$ -
D9972	External bleaching - per arch	N/C	\$ -
D9973	External bleaching - per tooth	N/C	\$ -
D9974	Internal bleaching - per tooth	N/C	\$ -
D9975	External bleaching - home application, per arch	N/C	\$ -
D9985	Sales tax	N/C	\$ -
D9986	Missed appointment	N/C	\$ -
D9987	Cancelled appointment	N/C	\$ -
D9991	Dental case management - addressing appointment compliance barriers	N/C	\$ -
D9992	Dental case management - care coordination	N/C	\$ -
D9993	Dental case management - motivational interviewing	N/C	\$ -
D9994	Dental case management - patient education to improve oral health literacy	N/C	\$ -
D9999	Unspecified adjunctive procedure	N/C	\$ -