



SageCare+ Discount Dental Plan — Fee Schedule

Fees listed on the Fee schedule apply to procedures performed by a licensed general dentist or as specified on the Fee scheduled. Services of a dental specialist (Endodontist, Oral Surgeons, Periodontists, Pediatric Dentist) are available at a 35% discount off the specialist usual and customary rate. Exclusions and Limitations apply.

Sage Dental’s SageCare+ Loyalty Program is an internal program offered by Sage Dental Group of Florida, PLLC, and Sage Dental Group of Georgia, LLC (collectively “Sage Dental”). THIS PROGRAM IS NOT INSURANCE, or a registered or regulated insurance or discount plan and reduced Fees under the Program are not insurance benefits. It is not intended to replace health insurance. The Program is a loyalty program offered to Sage Dental patients who join to save on their dental care. The Program member benefits are available exclusively at Sage Dental practices in Florida and Georgia. Refer to Sage Dental’s website for practice locations www.mysagedental.com

<u>Procedure Code</u>	<u>Description</u>	<u>SageCare+ 2024</u>
Diagnostic Procedures		
D0120	Periodic oral evaluation-established	\$0.00
D0140	Limited oral evaluation - Problem focused	\$0.00
D0145	Oral Eval of Pt < 3 yrs old	\$69.30
D0150	Comp oral eval-new/estab pat	\$0.00
D0160	Detail/extensive oral eval, B/R	\$150.15
D0170	Limited re-evaluation estab pat	\$69.30
D0171	Re-evaluation-post op Office Visit	\$0.00
D0180	Comprehensive perio evaluation	\$105.00
D0190	Screening of patient	\$80.85
D0191	Assessment of patient	\$69.30
D0210	Intraoral-complete series	\$0.00
D0220	Intraoral-periapical-1st image	\$0.00
D0230	Intraoral-periapical-each add'l	\$0.00
D0240	Intraoral-occlusal image	\$0.00
D0250	Extraoral 2D images	\$0.00
D0251	Extra-Oral Posterior Radiographic Image	\$0.00
D0260	Inactive code 0260 DO NOT USE	\$0.00
D0270	Bitewing-single image	\$0.00
D0272	Bitewings-two films	\$0.00
D0273	Bitewings-three images	\$0.00
D0274	Bitewings-four films	\$0.00
D0277	Vertical bitewings-7 to 8 images	\$0.00
D0290	Inactive code 0290 DO NOT USE	\$0.00
D0310	Sialography	\$332.85
D0320	TMJ arthrogram, incl injection	\$517.65
D0321	Other TMJ images, by report	\$186.90



<u>Procedure Code</u>	<u>Description</u>	<u>SageCare+ 2024</u>
D0322	Tomographic survey	\$449.40
D0330	Panoramic image	\$0.00
D0340	2D cephalometric image	\$110.25
D0350	2D Oral/facial photo images-intra/extra	\$0.00
D0351	3D photograhic image	\$144.90
D0363	Inactive code 0363 DO NOT USE	\$0.00
D0364	CBCT capture/interpretation<one whole jaw	\$381.15
D0365	CBCT capture/interpretation mandible arch	\$367.50
D0366	CBCT capture/interpretation maxilla arch	\$315.00
D0367	CBCT capture/interpretation both jaws	\$367.50
D0368	CBCT for TMJ including 2+ exposers	\$256.20
D0369	maxillofacial MRI & interpretation	\$630.00
D0370	maxillofacial ultrasound & Interpret	\$365.40
D0371	Sialoendoscopy Capture & Interpret	\$464.10
D0372	Intraoral Tomosynthese - Comprehensive	\$0.00
D0373	Intraoral Tomosynthese - Bitewing	\$0.00
D0374	Intraoral Tomosynthese - PA	\$0.00
D0380	CBCT capture < one whole jaw	\$284.55
D0381	CBCT capture full mandible arch	\$210.00
D0382	CBCT capture full maxilla arch	\$262.50
D0383	CBCT capture both jaws	\$262.50
D0384	CBCT capture TMJ 2+ exposures	\$472.50
D0385	maxillofacial MRI image	\$449.40
D0386	Maxillofacial Ultrasound Image Capture	\$394.80
D0387	Intraoral Tomosynthese - Comp Capture Only	\$94.50
D0388	Intraoral Tomosynthese - 1BW Capture Only	\$42.00
D0389	Intraoral Tomosynthese - 1PA Capture Only	\$42.00
D0391	interpret image Dr not associated	\$200.55
D0393	TX simulation using 3D volume	\$234.15
D0394	Digital Subtract 2+ Img Same Modality	\$246.75
D0395	fusion of two+ 3D image of 1+ mod	\$281.40
D0411	HbA1c In-Office POS Testing	\$97.65
D0412	Blood Glucose Level Test - In-Office	\$56.70
D0414	Lab Microbial Specimen	\$187.95
D0415	Bacteriologic studies	\$159.60
D0416	Viral Culture	\$148.05
D0417	Collection of saliva sample	\$179.55
D0418	Analysis of saliva sample	\$140.70
D0419	Assessment of salivary flow measurement	\$48.30



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D0421	Inactive code 0421 DO NOT USE	\$0.00
D0422	Col & Prep Genetic Material-Lab & Report	\$65.10
D0423	Genetic Test-Susceptibility to Disease	\$75.60
D0425	Caries susceptibility tests	\$79.80
D0431	Advanced Oral Cancer Screening	\$0.00
D0460	Pulp vitality tests	\$54.60
D0470	Diagnostic casts	\$107.10
D0472	Accession of tiss, gr exam/rpt	\$113.40
D0473	Acc of tissue, gr mic exam/rpt	\$149.10
D0474	Acc of tiss-gr mic ex surg mar	\$170.10
D0475	Decalcification Procedures	\$182.70
D0476	Special stains for microorganis	\$262.50
D0477	Special stains not microorganis	\$262.50
D0478	Immunohistochemical stains	\$149.10
D0479	Tissue in-situ hybrid w/interpr	\$200.55
D0480	Proc & intrp of cytologic smear	\$147.00
D0481	Electron Microscopy	\$186.90
D0482	Direct Immunofluorescence	\$96.60
D0483	Indirect Immunofluorescence	\$111.30
D0484	Consultation Slides (elsewhere)	\$152.25
D0485	Consultation Biopsy Material	\$175.35
D0486	Accession Of Transepithelial Cytologic	\$149.10
D0502	Other oral path procedure, B/R	\$148.05
D0600	NON Ionizing Diagnostic PROC	\$210.00
D0601	caries assessment & Doc, low risk	\$69.30
D0602	Caries risk assessment & Doc, moderate	\$66.15
D0603	Caries risk assessment & Doc, high risk	\$68.25
D0604	Antigen testing includes Coronavirus	\$17.85
D0605	Antibody testing included Coroavirus	\$17.85
D0606	Molecular testing	\$97.65
D0701	Image Only Pano Xray	\$75.60
D0702	Image Only 2-D Ceph	\$87.15
D0703	Image Only Oral/Facial Image	\$57.75
D0704	Image Only 3-D Image	\$81.90
D0705	Image Only Extra Oral Posterior	\$68.25
D0706	Image Only Occlusal xray	\$44.10
D0707	Image Only Periapical Xray	\$42.00
D0708	Image Only Bitewing Xray	\$42.00
D0709	Image Only Full Mouth Xray	\$94.50



<u>Procedure Code</u>	<u>Description</u>	<u>SageCare+ 2024</u>
D0801	3D Dental Scan - Direct	\$262.50
D0802	3D Dental Scan - Indirect	\$262.50
D0803	3D Facial Scan - Direct	\$262.50
D0804	3D Facial Scan - Indirect	\$262.50
D0999	Unspecified Diagnostic Procedure by Report	\$0.00
Preventative Procedures		
D1110	Prophy Adult	\$63.00
D1120	Prophylaxis-child	\$63.00
D1201	Inactive code 1201 DO NOT USE	\$0.00
D1203	Inactive code 1203 DO NOT USE	\$0.00
D1204	Inactive code 1204 DO NOT USE	\$0.00
D1205	Inactive code 1205 DO NOT USE	\$0.00
D1206	Topical Application Of Varnish	\$42.00
D1208	Topical Application Of Fluoride	\$26.25
D1310	Nutritional counseling	\$59.85
D1320	Tobacco counseling	\$69.30
D1321	Conseling for High Risk Substance Use	\$69.30
D1330	Oral hygiene instruction	\$45.15
D1351	Sealant-per tooth	\$40.95
D1352	Preventive Restoration, Perm Th	\$101.85
D1353	Sealant Repair - per tooth	\$55.65
D1354	Interim Caries Arresting Medicament Appl	\$71.40
D1355	Caries Preventive Medicament per Tth	\$71.40
D1510	Space maint-fixed-unilateral	\$286.65
D1515	Inactive code 1515 DO NOT USE	\$0.00
D1516	Space Maintainer-fixed bilateral, Maxillary	\$384.30
D1517	Space Maintainer-fixed bilateral, Mandibular	\$384.30
D1520	Space maint-remov-unilateral	\$349.65
D1525	Inactive code 1525 DO NOT USE	\$0.00
D1526	Space Maintainer-Removable bilateral, Max	\$447.30
D1527	Space Maintainer-Removable bilateral, Man	\$447.30
D1550	Inactive code 1550 DO NOT USE	\$0.00
D1551	Re-cement/Re-bond bilateral Space Maxlry	\$75.60
D1552	Re-cement/Re-bond bilateral Space Mand	\$75.60
D1553	Re-cement/Re-bond unilateral by Quad	\$75.60
D1555	Inactive code 1555 DO NOT USE	\$0.00
D1556	Remove fix unilateral sp maint by Quad	\$75.60
D1557	Remove fix bilateral sp maint maxillary	\$75.60



<u>Procedure Code</u>	<u>Description</u>	<u>SageCare+ 2024</u>
D1558	Remove fix bilateral sp maint mandblar	\$80.85
D1575	Distal Space Maintainer Fixed	\$278.25
D1701	Pfizer Covid 19 vaccine 1st dose	\$97.65
D1702	Pfizer Covid 19 vaccine 2nd dose	\$97.65
D1703	Moderna Covid 19 vaccine 1st dose	\$97.65
D1704	Moderna Covid 19 vaccine 2nd dose	\$97.65
D1705	AstraZeneca Covid 19 vaccine 1st dose	\$97.65
D1706	AstraZeneca Covid 19 vaccine 2nd dose	\$97.65
D1707	Janssen Covid 19 vaccine	\$97.65
D1781	Vaccine Administration Human Papillo Dose 1	\$97.65
D1782	Vaccine Administration Human Papillo Dose 2	\$97.65
D1783	Vaccine Administration Human Papillo Dose 3	\$97.65
D1999	Unspecified Preventive Procedure by Report	\$10.50
Restorative Procedures		
D2140	Amalgam-1 surf. prim/perm	\$134.40
D2150	Amalgam-2 surf. prim/perm	\$168.00
D2160	Amalgam-3 surf. prim/perm	\$231.00
D2161	Amalgam-4+ surf. prim/perm	\$242.55
D2330	Resin-one surface, anterior	\$120.75
D2331	Resin-two surfaces, anterior	\$178.50
D2332	Resin-three surfaces, anterior	\$220.50
D2335	Resin-4+ w/incis angle-anterior	\$304.50
D2380	Inactive code 2380 DO NOT USE	\$0.00
D2381	Inactive code 2381 DO NOT USE	\$0.00
D2382	Inactive code 2382 DO NOT USE	\$0.00
D2390	Resin composite crown, anterior	\$418.95
D2391	Resin composite-1s, posterior	\$141.75
D2392	Resin composite-2s, posterior	\$204.75
D2393	Resin composite-3s, posterior	\$246.75
D2394	Resin composite-4+s, posterior	\$331.80
D2410	Gold foil-one surface	\$611.10
D2420	Gold foil-two surfaces	\$676.20
D2430	Gold foil-three surfaces	\$762.30
D2510	Inlay-metallic-one surface	\$820.05
D2520	Inlay-metallic-two surfaces	\$858.90
D2530	Inlay-metallic-three + surfaces	\$900.90
D2542	Onlay-metallic-two surfaces	\$939.75
D2543	Onlay-metallic-three surfaces	\$959.70



<u>Procedure Code</u>	<u>Description</u>	<u>SageCare+ 2024</u>
D2544	Onlay-metallic-four + surfaces	\$1,000.65
D2610	Inlay-porcel/ceramic-1 surface	\$874.65
D2620	Inlay-porcel/ceramic-2 surface	\$885.15
D2630	Inlay-porcel/ceramic-3+ surface	\$941.85
D2642	Onlay-porcel/ceram-2 surface	\$937.65
D2643	Onlay-porcel/ceram-3 surface	\$981.75
D2644	Onlay-porcel/ceram-4 + surface	\$1,005.90
D2650	Inlay-resin based composite-1s	\$808.50
D2651	Inlay-resin based composite-2s	\$826.35
D2652	Inlay-resin based composite-3+s	\$863.10
D2662	Onlay-resin based composite-2s	\$874.65
D2663	Onlay-resin based composite-3s	\$892.50
D2664	Onlay-resin based composite-4+s	\$946.05
D2710	Crown-resin (indirect) Lab	\$869.40
D2712	Crwn 3/4 Resin Based (indirect)	\$922.95
D2720	Crown-resin w/high noble metal	\$973.35
D2721	Crown-resin w/ most base metal	\$926.10
D2722	Crown-resin with noble metal	\$946.05
D2740	Crown-porcelain/ceramic substr	\$945.00
D2750	Crown-porc fuse high noble mtl	\$1,011.15
D2751	Crown-porc fused to base metal	\$957.60
D2752	Crown-porc fused noble metal	\$1,022.70
D2753	Crown-Porcelain fused to titanium/alloy	\$1,237.95
D2780	Crown-3/4 cast high noble metal	\$1,013.25
D2781	Crown-3/4 cast most base metal	\$954.45
D2782	Crown-3/4 cast noble metal	\$979.65
D2783	Crown-3/4 porcelain/ceramic	\$1,043.70
D2790	Crown-full cast high noble mtl	\$1,101.45
D2791	Crown-full cast base metal	\$941.85
D2792	Crown-full cast noble metal	\$993.30
D2794	Crown - Titanium	\$997.50
D2799	Provisional Crown - Further Tx Prior To Final	\$445.20
D2910	Re-cement or re-bond inlay/onlay/veneer	\$117.60
D2915	Recement or Rebond indir or prefab Post Core	\$108.15
D2920	Re-cement or Re-bond crown	\$117.60
D2921	Reattach Tooth Frag Incisal Edge Or Cusp	\$233.10
D2928	Prefab Porcelain/ceramic Crown Permanent	\$217.35
D2929	Prefab Porcelain/ceramic Crown - Primary	\$331.80
D2930	Prefab stain steel crn-primary	\$269.85



<u>Procedure Code</u>	<u>Description</u>	<u>SageCare+ 2024</u>
D2931	Prefab stain steel crown-perm	\$289.80
D2932	Prefabricated resin crown	\$354.90
D2933	Prefab stl crown w/resin window	\$330.75
D2934	Prefab Esthetic Stainless Crown	\$332.85
D2940	Protective Restoration not for base or liner	\$130.20
D2941	Interim Therapeutic Restore - Primary	\$184.80
D2949	Restorative Foundation Indirect Restore	\$199.50
D2950	Crown buildup, including pins	\$194.25
D2951	Pin retention-/tooth, (+ rest)	\$69.30
D2952	Cast post & core in add to crown	\$416.85
D2953	Each add'l cast post-same tooth	\$286.65
D2954	Prefab post&core in add to crn	\$343.35
D2955	Post removal (not with endo)	\$268.80
D2957	Each + prefab post-same tooth	\$189.00
D2960	Labial veneer(laminate)-chairsd	\$689.85
D2961	Labial veneer (resin lamin)-lab	\$1,005.90
D2962	Labial veneer (porceln lam)-lab	\$1,166.55
D2970	Inactive code 2970 DO NOT USE	\$0.00
D2971	Additional Pro Construct Crown	\$229.95
D2975	Coping	\$549.15
D2980	Crown repair necessitated by material failure	\$300.30
D2981	Inlay Repair Material Failure	\$260.40
D2982	Onlay Repair Material Failure	\$262.50
D2983	Veneer Repair Material Failure	\$274.05
D2990	Resin Infiltration Smooth Surface	\$180.60
D2999	Unspecified Restorative by Report	\$0.00
Endodontics Procedures		
D3000	Tooth May Require Endo	\$0.00
D3110	Pulp cap-direct (excl rest)	\$87.15
D3120	Pulp cap-indirect, (excl rest)	\$87.15
D3199	INACTIVE CODE USE CODE D0171	\$0.00
D3220	Therapeutic pulpotomy(exc rest)	\$191.10
D3221	Pulpal debridemnt-prim/perm th	\$238.35
D3222	Partial pulpototomy apexogen	\$273.00
D3230	Pulpal therapy-anterior,primary	\$252.00
D3240	Pulpal therapy-posterior, prim	\$304.50
D3310	Root canal therapy - anterior	\$577.50
D3320	Root canal therapy - bicuspid	\$792.75



<u>Procedure Code</u>	<u>Description</u>	<u>SageCare+ 2024</u>
D3330	Root canal therapy - molar	\$954.45
D3331	Treatment Rct Obstruct/non-surg	\$591.15
D3332	Incomplt endo therapy-inopbl th	\$411.60
D3333	Int root repair of perf defects	\$318.15
D3346	Retreat, prev RCT - anterior	\$799.05
D3347	Retreat, prev RCT - bicuspid	\$908.25
D3348	Retreat, prev RCT - molar	\$1,188.60
D3351	Apexification/recalcif,initial or repair	\$336.00
D3352	Apexification/recalcif, interim	\$242.55
D3353	Apexification/recalcif, final	\$480.90
D3354	Inactive code 3354 DO NOT USE	\$0.00
D3355	Pupal Regeneration - Initial Visit	\$394.80
D3356	Pupal Regeneration Medication Replace	\$248.85
D3357	pupal regeneration completed TX	\$447.30
D3410	Apicoectomy/Periradic surg-ant	\$637.35
D3421	Apicoect/Perirad-bicus/1st root	\$715.05
D3425	Apicoect/Perirad-molar/1st root	\$799.05
D3426	Apicoect/Perirad (each + root)	\$373.80
D3427	INACTIVE Periradicular Surgery W/out Apico	\$0.00
D3428	Bone Graft W/periradicular 1site	\$533.40
D3429	Bone Graft W/perirad + Same Site	\$465.15
D3430	Retrograde filling-per root	\$257.25
D3431	Biologic W/periradicular Surg	\$474.60
D3432	Guided Tissue Regeneration Per Site	\$572.25
D3450	Root amputation-per root	\$498.75
D3460	Endodontic endosseous implant	\$1,357.65
D3470	Intentional replant, inc splint	\$728.70
D3471	Surgical Repair Root Resportion Anterior	\$526.05
D3472	Surgical Repair Root Resportion PreMolar	\$526.05
D3473	Surgical Repair Root Resportion Molar	\$526.05
D3501	Surgical Exposure w/o Repair Anterior	\$526.05
D3502	Surgical Exposure w/o Repair PreMolar	\$526.05
D3503	Surgical Exposure w/o Repair Molar	\$526.05
D3910	Surg isolation of th w/rub dam	\$212.10
D3911	Introrifice barrier	\$273.00
D3920	Hemisection, no root canal ther	\$423.15
D3921	Decoration or submergence erupted tooth	\$526.05
D3950	Canal prep/fit of dowel/post	\$231.00
D3999	Unspecified Endodontic Procedure by Report	\$0.00



<u>Procedure Code</u>	<u>Description</u>	<u>SageCare+ 2024</u>
Periodontics Procedures		
D4000	May Require Crown Lengthening	\$0.00
D4110	Perio Charting	\$0.00
D4210	Gingivectomy-4+ per quadrant	\$493.50
D4211	Gingivectomy-1-3 th, per quad	\$357.00
D4212	Gingivectomy/plasty Access Per Tooth	\$292.95
D4220	Inactive code 4220 DO NOT USE	\$0.00
D4230	Crown Exposure 4+ Teeth /Space Per Quad	\$715.05
D4231	Crown Exposure 1-3 Teeth/Space Per Quad	\$537.60
D4240	Ging flap,root pln, 4+ per quad	\$436.80
D4241	Ging flap,root pln, 1-3 th,quad	\$564.90
D4245	Apically positioned flap	\$651.00
D4249	Clinic crown lengthen-hard tiss	\$774.90
D4260	Osseous surgery incl flap & closure-4+ per Q	\$704.55
D4261	Osseous surgery incl flap & closure 1-3 th, Q	\$592.20
D4263	Bone replace graft-1st site/qu	\$465.15
D4264	Bone replace graft-each add/qu	\$533.40
D4265	Bio mat, sft&osseous tiss regen	\$371.70
D4266	Guided tiss regen-resorb-per	\$465.15
D4267	Guided tiss regen-nonresorb-per	\$714.00
D4268	Surg revision proc, per tooth	\$699.30
D4270	Pedicle soft tissue graft proc	\$777.00
D4271	Inactive code 4271 DO NOT USE	\$0.00
D4273	Autogenous Graft 1st Site	\$774.90
D4274	Distal/proximal wedge procedure	\$423.15
D4275	Non-autogenous Con Tis Graft Prc	\$367.50
D4276	Comb cnct tiss&dbl pedicle grft	\$1,001.70
D4277	Free Soft Tissue Graft 1st tooth	\$704.55
D4278	Free Soft Tissue Graft additional tooth	\$535.50
D4283	Autogenous Graft Additional Sites	\$770.70
D4285	Non-Auto Connective Tissue Graft/Add TH	\$761.25
D4286	Removal of Non-Resorabable Barrier	\$198.45
D4320	Inactive Code Do not use D4320	\$0.00
D4321	Inactive Code Do not use D4321	\$0.00
D4322	Splint Intra-Coronal; Teeth or Crown	\$479.85
D4323	Splint Extra-Coronal; Teeth or Crown	\$410.55
D4341	Perio scale&root pln-4+per quad	\$183.75
D4342	Perio scale&root pln-1-3th	\$144.90



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D4346	Scaling w/Mod-Sev. Inflammation -full mouth	\$131.25
D4355	Full mouth debridemnt,eval/diag	\$98.70
D4381	Local delivery of antimicrobial	\$68.25
D4910	Periodontal maintenance	\$94.50
D4920	Unscheduled dressing change	\$94.50
D4921	Gingival Irrigation -Per Quadrant	\$21.00
D4999	Unspecitfied Periodontal Procedure by Report	\$30.45
Prosthodontics (Removable) Procedures		
D5110	Complete denture - maxillary	\$1,443.75
D5120	Complete denture - mandibular	\$1,443.75
D5130	Immediate denture - maxillary	\$1,270.50
D5140	Immediate denture - mandibular	\$1,270.50
D5211	Maxillary partial - resin clasp/rest/teeth	\$953.40
D5212	Mandibular partial - resin clasp/rest/teeth	\$953.40
D5213	Maxil partial-Metal Base W/sdls	\$1,812.30
D5214	Mand partial-Metal Base W/sdls	\$1,815.45
D5221	Immediate Maxillary Partial-Resin Base	\$563.85
D5222	Immediate Mandibular Partial-Resin Base	\$563.85
D5223	Immediate Maxillary Part-Cast Metal	\$1,276.80
D5224	Immediate Mandibular Part-Cast Mtl	\$1,276.80
D5225	Maxi partial-Flex Base	\$1,580.25
D5226	Mand partial-Flex Base	\$1,573.95
D5227	Immediate Maxillary Partial-Flex Base	\$2,285.85
D5228	Immediate Mandibular Partial-Flex Base	\$2,305.80
D5281	Inactive code 5281 DO NOT USE	\$0.00
D5282	Removable Unilateral Partial Cast Metal, Maxi	\$1,005.90
D5283	Removable Unilateral Partial Cast Metal, Mand	\$914.55
D5284	Removable unilateral part dent flex per quad	\$1,005.90
D5286	Removable unilateral part dent resin per quad	\$914.55
D5410	Adjust complete denture-maxil	\$92.40
D5411	Adjust complete denture-mand	\$90.30
D5421	Adjust partial denture-maxil	\$90.30
D5422	Adjust partial denture-mand	\$90.30
D5510	Inactive code 5510 DO NOT USE	\$0.00
D5511	Repair Broken Complete Denture Base, Mandibul	\$229.95
D5512	Repair Broken Complete Denture Base, Maxillar	\$229.95
D5520	Replace teeth-comp dent (ea th)	\$193.20
D5610	Inactive code 5610 DO NOT USE	\$0.00



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D5611	Repair Resin Parial Denture Base, Mandibular	\$191.10
D5612	Repair Resin Parial Denture Base, Maxillary	\$191.10
D5620	Inactive code 5620 DO NOT USE	\$0.00
D5621	Repair Cast Partial Framework, Mandibular	\$276.15
D5622	Repair Cast Partial Framework, Maxillary	\$276.15
D5630	Repair or Replace Broken Retentive/Clasping	\$275.10
D5640	Replace broken teeth-per tooth	\$200.55
D5650	Add tooth to exist part denture	\$235.20
D5660	Add clasp, exist part denture ea tooth	\$271.95
D5670	Replace all th&acrylic-maxil	\$678.30
D5671	Replace all th&acrylic-mand	\$696.15
D5710	Rebase complete maxil denture	\$544.95
D5711	Rebase complete mand denture	\$542.85
D5720	Rebase maxil partial denture	\$523.95
D5721	Rebase mand partial denture	\$523.95
D5725	Rebase hybrid prosthesis	\$844.20
D5730	Reline complete maxil-chairside	\$384.30
D5731	Reline complete mand-chairside	\$384.30
D5740	Reline maxil partial-chairside	\$371.70
D5741	Reline mand partial-chairside	\$342.30
D5750	Reline complete maxillary (lab)	\$477.75
D5751	Reline complete mand (lab)	\$480.90
D5760	Reline maxillary partial (lab)	\$472.50
D5761	Reline mandibular partial (lab)	\$473.55
D5765	Soft liner for complete or partial indirect	\$645.75
D5810	Interim comp denture (maxil)	\$884.10
D5811	Interim comp denture (mand)	\$812.70
D5820	Interim partial denture (maxil)	\$723.45
D5821	Interim partial denture (mand)	\$719.25
D5850	Tissue condition, maxillary	\$194.25
D5851	Tissue condition, mandibular	\$211.05
D5860	Inactive code 5860 DO NOT USE	\$0.00
D5861	Inactive code 5861 DO NOT USE	\$0.00
D5862	Precision attachment, B/R	\$855.75
D5863	Overdenture - Complete Maxillary	\$2,264.85
D5864	Overdenture - Partial Maxillary	\$2,235.45
D5865	Overdenture - Complete Mandibular	\$2,281.65
D5866	Overdenture - Partial Mandibular	\$2,066.40
D5867	Replcmt prec attachmt-part/full	\$399.00



<u>Procedure Code</u>	<u>Description</u>	<u>SageCare+ 2024</u>
D5875	Mod of remvble prosth-post surg	\$396.90
D5876	Add Metal to Acrylic Full Denture-Per Arch	\$206.85
D5899	Unspecified Removable Prosthodontic by Report	\$1,275.75
D5911	Facial moulage (sectional)	\$423.15
D5912	Facial moulage (complete)	\$480.90
D5913	Nasal prosthesis	\$5,565.00
D5914	Auricular prosthesis	\$5,044.20
D5915	Orbital prosthesis	\$7,146.30
D5916	Ocular prosthesis	\$1,907.85
D5919	Facial prosthesis	\$1,631.70
D5922	Nasal septal prosthesis	\$1,145.55
D5923	Ocular prosthesis, interim	\$1,306.20
D5924	Cranial prosthesis	\$1,794.45
D5925	Facial augmentat implant,prosth	\$2,447.55
D5926	Nasal prosthesis, replacement	\$2,218.65
D5927	Auricular prosthesis,replacemen	\$2,218.65
D5928	Orbital prosthesis, replacement	\$2,218.65
D5929	Facial prosthesis, replacement	\$2,218.65
D5931	Obturator prosthesis, surgical	\$3,660.30
D5932	Obturator prosthesis,definitive	\$5,458.95
D5933	Obturator prosthesis, modificat	\$1,145.55
D5934	Mandibular resection w/ flange	\$4,847.85
D5935	Mandibular resection w/o flange	\$4,217.85
D5936	Obturator prosthesis, interim	\$4,737.60
D5937	Trismus appliance (not TMD)	\$643.65
D5951	Feeding aid	\$891.45
D5952	Speech aid prosthesis,pediatric	\$2,733.15
D5953	Speech aid prosthesis, adult	\$4,774.35
D5954	Palatal augmentation prosthesis	\$4,423.65
D5955	Palatal lift prosth, definitive	\$4,091.85
D5958	Palatal lift prosthesis,interim	\$1,958.25
D5959	Palatal lift prosth, modificat	\$1,240.05
D5960	Speech aid prosth, modification	\$1,208.55
D5982	Surgical stent	\$454.65
D5983	Radiation carrier	\$1,082.55
D5984	Radiation shield	\$1,207.50
D5985	Radiation cone locator	\$1,083.60
D5986	Fluoride gel carrier	\$193.20
D5987	Commissure splint	\$947.10



<u>Procedure Code</u>	<u>Description</u>	<u>SageCare+ 2024</u>
D5988	Surgical splint	\$672.00
D5991	Vesiculobullous Medic Carrier	\$203.70
D5992	Adj Max'facial Prosth, Report	\$229.95
D5993	Maint Max'facial Prosth, Report	\$213.15
D5994	INACTIVE Perio Medicine Seal Lab Both Arches	\$0.00
D5995	Perio Medicine W/periph Seal Lab Maxillary	\$381.15
D5996	Perio Medicine W/periph Seal Lab Mandibular	\$381.15
D5999	Unspecified Maxillofacial Prosthesis by Repor	\$0.00
Implant Procedures		
D6010	Surg place implant: endosteal	\$1,890.00
D6011	2nd Stage Implant Surgery	\$523.95
D6012	Plcmnt of intrm impl: endosteal	\$1,517.25
D6013	Surgical Placement Of Mini Implant	\$1,034.25
D6020	Inactive code 6020 DO NOT USE	\$0.00
D6032	Inactive code 6032 DO NOT USE	\$0.00
D6040	Surgic place: eposteal implant	\$6,642.30
D6050	Surg place: transosteal implant	\$4,783.80
D6051	Interim Abutment	\$510.30
D6052	INACTIVE Semi-precision Attach Abutment	\$0.00
D6053	Inactive code 6053 DO NOT USE	\$0.00
D6054	Inactive code 6054 DO NOT USE	\$0.00
D6055	Dent implant sup connecting bar	\$3,103.80
D6056	Prefabricated abutment	\$759.15
D6057	Custom fabricated abutment	\$820.05
D6058	Abutment supported porc/cer crn	\$1,398.60
D6059	Abtmt supp porc fused to High Noble	\$1,419.60
D6060	Abtmt supp porc fused-base metl	\$1,203.30
D6061	Abtmt supp porc fused-mtl crown	\$1,221.15
D6062	Abtmt supp cast mtl crown-hinob	\$1,271.55
D6063	Abtmt supp cast mtl crown-base	\$1,212.75
D6064	Abtmt supp cast mtl crown-noble	\$1,226.40
D6065	Implant supp porc/cer crown	\$1,486.80
D6066	Implant supp porc fused mtl crn	\$1,486.80
D6067	Implant supported metal crown	\$1,380.75
D6068	Abtmt supp ret for porc/cer FPD	\$1,431.15
D6069	Abut sup ret-porc fsd mtl FPDhn	\$1,291.50
D6070	Abut sup ret-porc fsd mtl FPDbm	\$1,268.40
D6071	Abut sup ret-porc fsd mtl FPDno	\$1,240.05



<u>Procedure Code</u>	<u>Description</u>	<u>SageCare+ 2024</u>
D6072	Abut sup ret-cast mtl FPD-hinob	\$1,452.15
D6073	Abut sup ret-cast mtl FPD-base	\$1,246.35
D6074	Abut sup ret-cast mtl FPD-noble	\$1,230.60
D6075	Implant supp ret-ceramic FPD	\$1,360.80
D6076	Implnt supp ret-prc fuse mtlFPD	\$1,362.90
D6077	Implant supp ret-cast metal FPD	\$1,400.70
D6078	Inactive code 6078 DO NOT USE	\$0.00
D6079	Inactive code 6079 DO NOT USE	\$0.00
D6080	Implant maintenance procedures	\$304.50
D6081	Scale & debride of Single implant w/o flap	\$103.95
D6082	Implant supported por crn base metal	\$1,621.20
D6083	Implant supported porc/crn noble metal	\$1,621.20
D6084	Implant supported porc/crn titanium	\$1,892.10
D6085	Provisional Implant crown	\$453.60
D6086	Implant supported crown base metal	\$1,471.05
D6087	Implant supported crown noble alloys	\$1,471.05
D6088	Implant supported crown titanium/alloys	\$1,932.00
D6090	Repair implant sup prosth, B/R	\$737.10
D6091	Rpl attchmt imp/abut sup prosth	\$537.60
D6092	Recement or Rebond impl/abut sup crown	\$157.50
D6093	Recement or Rebond impl/abut sup FPD	\$186.90
D6094	Abutmnt Supported Crwn-titanium	\$1,240.05
D6095	Repair implant abutment, B/R	\$700.35
D6096	Remove Broken Implant Retaining Screw	\$206.85
D6097	Abutment supported prc/crn titanium	\$1,806.00
D6098	Implant sup retainer por crn base metal	\$1,487.85
D6099	Implant retainer FPD porcelain/noble	\$1,487.85
D6100	Implant removal, by report	\$751.80
D6101	Debride Of Peri-implant Defect & Surf Clean	\$625.80
D6102	Debride&osseous Cont Of Defect & Surf Clean	\$787.50
D6103	Bone Graft Repair Of Periimplant Defect	\$669.90
D6104	Bone Graft At Time Of Implant Placement	\$643.65
D6105	Implant Body Remove No Bone or Flap Elevation	\$446.25
D6106	Tissue Regeneration -Resorbable barrier	\$465.15
D6107	Tissue Regen Non-Resorbable barrier	\$714.00
D6110	Imp/abut remov,comp edent arch Maxillary	\$2,929.50
D6111	Imp/abut remov,comp edent arch Mandibular	\$2,884.35
D6112	Imp/abut remov,part edent arch Maxillary	\$2,509.50
D6113	Imp/abut remov,part edent arch Mandibular	\$2,542.05



<u>Procedure Code</u>	<u>Description</u>	<u>SageCare+ 2024</u>
D6114	Implnt/abut supp fxd comp edent Maxillary	\$8,389.50
D6115	Implnt/abut supp fxd comp edent Mand	\$8,513.40
D6116	Implnt/abut supp fxd part edent Max	\$4,429.95
D6117	Implnt/abut supp fxd part edent Mand	\$4,696.65
D6118	Imp Supported Interim Fixed Dent Edent Mand	\$1,486.80
D6119	Imp Supported Interim Fixed Dent Edent Max	\$1,486.80
D6120	Implant retainer prc/titanium	\$1,906.80
D6121	Implant retainer FPD base metal	\$1,476.30
D6122	Implant retainer FPD noble alloys	\$1,476.30
D6123	Implant retainer FPD titanium	\$1,846.95
D6190	Radiographic/surgical Implant	\$378.00
D6191	Semi-Precious Abutment Placement	\$778.05
D6192	Semi-Precious Attachment Placement	\$778.05
D6194	Abutmnt Supported ret/fpd titan	\$1,249.50
D6195	Abutment retainer porcelain/titanium	\$1,906.80
D6197	Replace restorative material close access	\$94.50
D6198	Remove Interim Implant Component	\$207.90
D6199	Unspecified Implant Procedure By Report	\$0.00
D6205	Pontic-indirect Resin Based	\$904.05
D6210	Pontic-cast high noble metal	\$1,138.20
D6211	Pontic-cast predominantly base	\$954.45
D6212	Pontic-cast noble metal	\$1,081.50
D6214	Pontic Titanium	\$1,008.00
D6240	Pontic-porcelain fused to knob	\$1,138.20
D6241	Pontic-porcelain fused to base	\$968.10
D6242	Pontic-porcelain fused to nobl	\$1,095.15
D6243	Pontic crown porcelain/titanium	\$1,445.85
D6245	Pontic-porcelain/ceramic	\$1,051.05
D6250	Pontic-resin w/ high noble met	\$1,004.85
D6251	Pontic-resin w/ predomnt base	\$971.25
D6252	Pontic-resin with noble metal	\$968.10
D6253	Provisional pontic	\$758.10
D6254	Inactive code 6254 DO NOT USE	\$0.00
D6545	Retainer-cast for resin bonded	\$793.80
D6548	Ret-porc/cer-resin bnd fxd pros	\$961.80
D6549	Resin Retainer For Resin fx Pros	\$837.90
D6600	Inlay-porcelain/ceramic, 2 surf	\$913.50
D6601	Inlay-porcelain/ceramic, 3+surf	\$951.30
D6602	Inlay-cast high noble met,2surf	\$914.55



<u>Procedure Code</u>	<u>Description</u>	<u>SageCare+ 2024</u>
D6603	Inlay-cast high nob met, 3+surf	\$949.20
D6604	Inlay-cast predomnt base, 2surf	\$895.65
D6605	Inlay-cast predomnt base,3+surf	\$927.15
D6606	Inlay-cast noble metal, 2 surf	\$904.05
D6607	Inlay-cast noble metal, 3+ surf	\$920.85
D6608	Onlay-porcelain/ceramic, 2 surf	\$950.25
D6609	Onlay-porcelain/ceramic, 3+surf	\$994.35
D6610	Onlay-cast high noble met,2surf	\$973.35
D6611	Onlay-cast high nob met, 3+surf	\$1,009.05
D6612	Onlay-cast predomnt base, 2surf	\$937.65
D6613	Onlay-cast predomnt base,3+surf	\$957.60
D6614	Onlay-cast noble metal, 2 surf	\$953.40
D6615	Onlay-cast noble metal, 3+ surf	\$973.35
D6624	Inlay-titanium	\$962.85
D6634	Onlay-titanium	\$996.45
D6710	Crown-indirect resin FPD	\$953.40
D6720	Abutment crn-res w/ hi nob met	\$1,000.65
D6721	Abutment crn-resin w/ base met	\$962.85
D6722	Abutment crn-resin w/ nob met	\$973.35
D6740	AbutmentCrown-porcelain/ceramic	\$1,097.25
D6750	Abutment crn-porc fused-hi nob	\$1,138.20
D6751	Abutment crn-porc fuse-base met	\$957.60
D6752	Abutment crn-porc fuse-base metal	\$993.30
D6753	Retainer crn porcelain/titanium	\$1,445.85
D6780	Retainer crn-3/4 cast h nob met	\$1,020.60
D6781	Crown-3/4 cast most base metal	\$960.75
D6782	Crown-3/4 cast noble metal	\$993.30
D6783	Crown-3/4 porcelain/ceramic	\$1,015.35
D6784	Retainer Crown 3/4 Titanium	\$1,430.10
D6790	Retainer crn-full cast hi nob	\$1,034.25
D6791	Retainer crn-full cast base	\$954.45
D6792	Retainer crn-full cast nob met	\$1,000.65
D6793	Provisional retainer crown	\$569.10
D6794	Crown-titanium	\$989.10
D6795	Inactive code 6795 DO NOT USE	\$0.00
D6920	Connector bar	\$1,031.10
D6930	Re-cement or Re-bond fixed partial denture	\$175.35
D6940	Stress breaker	\$393.75
D6950	Precision attachment	\$662.55



<u>Procedure Code</u>	<u>Description</u>	<u>SageCare+ 2024</u>
D6970	Inactive code 6970 DO NOT USE	\$0.00
D6971	Inactive code 6971 DO NOT USE	\$0.00
D6972	Inactive code 6972 DO NOT USE	\$0.00
D6973	Inactive code 6973 DO NOT USE	\$0.00
D6975	Inactive code 6975 DO NOT USE	\$0.00
D6976	Inactive code 6976 DO NOT USE	\$0.00
D6977	Inactive code 6977 DO NOT USE	\$0.00
D6980	Fixed partial dent. repair material failure	\$393.75
D6985	Pediatric part'l denture, fixed	\$789.60
D6999	Unspecified Fixed Prosthodontic by Report	\$0.00
Prosthodontics (Fixed) Procedures		
D7000	Tooth May Require Extraction	\$0.00
D7111	Coronal remnants-deciduous th	\$139.65
D7140	Extract,erupted th/exposed rt	\$184.80
D7199	INACTIVE CODE USE CODE D0171	\$0.00
D7210	Extraction-surgical/erupt tooth	\$210.00
D7220	Extraction-impacted/soft tis	\$324.45
D7230	Extraction-impacted/part bony	\$402.15
D7240	Extraction-impacted/compl bony	\$485.10
D7241	Remov impact-comp bony w/ comp	\$508.20
D7250	Surgic removl resid tooth root	\$307.65
D7251	Coronectomy-part tooth removal	\$446.25
D7260	Oral antral fistula closure	\$1,036.35
D7261	Prim closure sinus perforation	\$764.40
D7270	Reimplantation/stabilization	\$517.65
D7272	Tooth transplantation	\$645.75
D7280	Surgical access unerupted tooth	\$481.95
D7281	Inactive code 7281 DO NOT USE	\$0.00
D7282	Mobiliz erupt/malpos th-erupt	\$441.00
D7283	Plcmt Device facilitate Eruption impacted	\$435.75
D7285	Incisional Biopsy of oral tissue-hard	\$416.85
D7286	Incisional Biopsy of oral	\$339.15
D7287	Cytology sample collection	\$174.30
D7288	Brush Biopsy-sample Collection	\$187.95
D7290	Surgical reposition of teeth	\$437.85
D7291	T/SC Fiberotomy, B/R	\$269.85
D7292	Surgical Plcmnt: temp anch scrw rtnd plt	\$2,699.55
D7293	Surgical Plcmnt: temp anch w/ surg flap	\$2,140.95



<u>Procedure Code</u>	<u>Description</u>	<u>SageCare+ 2024</u>
D7294	Surgical Plcmnt: temp anch w/o surg flap	\$1,416.45
D7295	Bone Harvest for Grafting	\$788.55
D7296	Corticotomy - 1to3 Teeth Per Quad	\$1,182.30
D7297	Corticotomy - 4 + Teeth Per Quad	\$1,635.90
D7298	Removal of temp anchor plate w/flap	\$527.10
D7299	Removal of temp anchorage w/flap	\$479.85
D7300	Removal of temp anchorage no flap	\$455.70
D7310	Alveoplasty w/ extract- /quad	\$302.40
D7311	Alveoplasty Conjct W/extraction	\$311.85
D7320	Alveoplasty w/o extract /quad	\$436.80
D7321	Alveoplasty Not Conjct W/extrac	\$385.35
D7340	Vestibuloplasty-ridge ext -2nd	\$1,071.00
D7350	Vestiplasty-ridge ext (inc)	\$2,088.45
D7410	Excision benign lesion<=1.25cm	\$417.90
D7411	Excision benign lesion>1.25 cm	\$569.10
D7412	Excision benign lesion,complic	\$805.35
D7413	Excision malig lesion<=1.25cm	\$657.30
D7414	Excision malig lesion>1.25cm	\$992.25
D7415	Excision malig lesion,complic	\$1,113.00
D7440	Ex malig tumor-diam <= 1.25 cm	\$665.70
D7441	Ex malig tumor-diam > 1.25 cm	\$1,224.30
D7450	Rem benign odont-diam<=1.25cm	\$560.70
D7451	Rem benign odont-diam>1.25 cm	\$754.95
D7460	Rem benign nonodont-di<=1.25cm	\$516.60
D7461	Rem benign nonodont-diam>1.25cm	\$842.10
D7465	Destruct lesion-phys/chem B/R	\$387.45
D7471	Removal of Lateral Exostosis	\$719.25
D7472	Removal of torus palatinus	\$792.75
D7473	Removal of torus mandibularis	\$832.65
D7485	Surg reduc, osseous tuberosity	\$697.20
D7490	Rad resec-mandible w/bonegraft	\$6,564.60
D7509	Marsupialization of Odontogenic	\$560.70
D7510	Incis&drain abscess-intra soft	\$249.90
D7511	Incision&drainage Intraoral Abs	\$322.35
D7520	Incis&drain abscess-extra soft	\$427.35
D7521	Incision&drainage Extraoral Abs	\$597.45
D7530	Remove foreign body from tissue	\$362.25
D7540	Remove foreign body from bone	\$600.60
D7550	Partial ostect/sequestrectomy	\$517.65



<u>Procedure Code</u>	<u>Description</u>	<u>SageCare+ 2024</u>
D7560	Maxill sinusotomy-rem foreign	\$1,324.05
D7610	Maxilla-open red (teeth immob)	\$3,854.55
D7620	Maxilla-closed red(teeth immob)	\$3,016.65
D7630	Mandible-open red (teeth immob)	\$3,973.20
D7640	Mandible-closed red (th immob)	\$3,052.35
D7650	Malar/zygomat arch-open reduc	\$3,292.80
D7660	Malar/zygo arch-closed reduc	\$2,799.30
D7670	Alveolus-closed reduction	\$1,522.50
D7671	Alveolus-open reduction	\$1,186.50
D7680	Facial bone-complicated reduct	\$5,852.70
D7710	Maxilla-open reduction	\$3,993.15
D7720	Maxilla-closed reduction	\$3,046.05
D7730	Mandible-open reduction	\$4,222.05
D7740	Mandible-closed reduction	\$3,090.15
D7750	Malar/zygomatic arch-open red	\$3,679.20
D7760	Malar/zygomatic arch-close red	\$5,284.65
D7770	Alveolus-stabilize teeth, open	\$2,416.05
D7771	Alveolus-stabilize teeth,closed	\$1,673.70
D7780	Facial bones-complicated reduc	\$7,402.50
D7810	Open reduction of dislocation	\$3,938.55
D7820	Closed reduction of dislocate	\$592.20
D7830	Manipulation under anesthesia	\$905.10
D7840	Condylectomy	\$4,674.60
D7850	Surgical discect:w/ w/o implant	\$4,653.60
D7852	Disc repair	\$4,989.60
D7854	Synovectomy	\$4,797.45
D7856	Myotomy	\$3,178.35
D7858	Joint reconstruction	\$5,068.35
D7860	Arthrotomy	\$3,882.90
D7865	Arthroplasty	\$9,277.80
D7870	Arthrocentesis	\$515.55
D7871	Non-arthroscopic lysis & lavage	\$708.75
D7872	Arthroscopy-diag, w/ w/o biopsy	\$5,007.45
D7873	Arthroscopy-surgical: adhesions	\$6,040.65
D7874	Arthroscopy-surgical: disc rep	\$8,412.60
D7875	Arthroscopy-surgic: synovectomy	\$9,462.60
D7876	Arthroscopy-surgical:discectomy	\$7,024.50
D7877	Arthroscopy-surgic: debridement	\$6,200.25
D7880	Occlusal orthotic device	\$930.30



<u>Procedure Code</u>	<u>Description</u>	<u>SageCare+ 2024</u>
D7881	Occlusal Orthodontic Device Adjustment	\$75.60
D7899	Unspecified TMD Therapy by Report	\$0.00
D7910	Suture of small wounds to 5cm	\$278.25
D7911	Complicated suture-up to 5 cm	\$515.55
D7912	Complicated suture-over 5 cm	\$741.30
D7920	Skin grafts, by report	\$2,471.70
D7921	Collection & Ap Of Autologous Blood	\$373.80
D7922	Intra-socket dressing for heostasis/clot OS	\$124.95
D7940	Osteoplasty-orthognathic defor	\$3,599.40
D7941	Osteotomy-mandibular rami	\$7,687.05
D7942	Inactive code 7942 DO NOT USE	\$0.00
D7943	Osteotomy-mand rami w/ graft	\$7,231.35
D7944	Osteotomy-segment/subap-s/quad	\$6,216.00
D7945	Osteotomy-body of mandible	\$6,198.15
D7946	LeFort I (maxilla-total)	\$7,548.45
D7947	LeFort I (maxilla-segmented)	\$7,548.45
D7948	LeFort II/III-no bone graft	\$8,512.35
D7949	LeFort II/III-with bone graft	\$10,328.85
D7950	Osseous/cartilage graft-mandB/R	\$1,408.05
D7951	Sinus augmentation w/bone	\$1,493.10
D7952	Sinus Augmentation Vertical Appch	\$723.45
D7953	Bone Replacemnt Grft/rdg Site GP ONLY	\$433.65
D7955	Rep maxillofacial sft/hrd tis	\$3,053.40
D7956	Tissue Regen Resorbable barrier	\$465.15
D7957	Tissue Regen Non-Resorbable barrier	\$714.00
D7960	INACTIVE Frenulectomy-separate procedure	\$0.00
D7961	Buccal / Lingual Frenulectomy	\$394.80
D7962	Lingual Frenulectomy	\$394.80
D7963	Frenuloplasty	\$447.30
D7970	Excision, hyperplast tiss-arch	\$458.85
D7971	Excision-pericoronal ging /arch	\$246.75
D7972	Surg reduc, fibrous tuberosity	\$642.60
D7979	Non-Surgical Sialolithotomy	\$544.95
D7980	Sialolithotomy	\$745.50
D7981	Excision of salivary gland, B/R	\$2,678.55
D7982	Sialodochoplasty	\$1,492.05
D7983	Closure of salivary fistula	\$1,306.20
D7990	Emergency tracheotomy	\$1,359.75
D7991	Coronoidectomy	\$3,497.55



<u>Procedure Code</u>	<u>Description</u>	<u>SageCare+ 2024</u>
D7993	Surgical Placement Cranio Implant	\$1,486.80
D7994	Surgical Placement Zygomatic Implant	\$1,562.40
D7995	Synthetic graft-mand/facial,B/R	\$1,142.40
D7996	Implant-mandib/augmentation,B/R	\$2,163.00
D7997	Appliance removal-incl archbar	\$310.80
D7998	Plcmnt of devc w/o fracture	\$2,187.15
D7999	Unspecified Oral Surgery Procedure by Report	\$0.00
Orthodontics Procedures		
D8010	Limited ortho trt, primary dent	\$2,368.80
D8020	Limited ortho trt, transitional	\$2,677.50
D8030	Limited ortho treat, adolescent	\$3,208.80
D8040	Limited ortho treat, adult dent	\$3,502.80
D8050	INACTIVE CODE DO NOT USE	\$0.00
D8060	INACTIVE CODE DO NOT USE	\$0.00
D8070	Comp Ortho Transitional/Banding	\$5,245.80
D8080	Comp Ortho Adolescent/Banding	\$5,317.20
D8090	Comp Ortho Adult/Banding	\$5,848.50
D8210	Removable appliance therapy	\$908.25
D8220	Fixed appliance therapy	\$1,097.25
D8660	Pre-orthodontic treatment visit	\$420.00
D8681	Removable Orthodontic Retainer Adjustment	\$169.05
D8690	INACTIVE CODE DO NOT USE	\$0.00
D8691	Inactive code 8691 DO NOT USE	\$0.00
D8692	Inactive code 8692 DO NOT USE	\$0.00
D8693	Inactive code 8693 DO NOT USE	\$0.00
D8694	Inactive code 8694 DO NOT USE	\$0.00
D8695	Remove of Fixed Appliance Not for Completion	\$239.40
D8696	Repair Of Orthodontic Appliance Maxillary	\$142.80
D8697	Repair Of Orthodontic Appliance Mandibular	\$130.20
D8698	Re-cement/re-bond Fixed Retainer Maxillary	\$87.15
D8699	Re-cement/re-bond Fixed Retainer Mandibular	\$87.15
D8701	Repair Fixed Retainer W/reattach Maxillary	\$130.20
D8702	Repair Fixed Retainer W/reattach Mandibular	\$142.80
D8703	Replace Lost Or Broken Retainer Maxillary	\$173.25
D8704	Replace Lost Or Broken Retainer Mandibular	\$173.25
D8999	Unspecified Ortho Procedure Rept	\$518.70

Adjunctive General Procedures



<u>Procedure Code</u>	<u>Description</u>	<u>SageCare+ 2024</u>
D9110	Emerg treatment, palliative	\$130.20
D9120	Fixed Partial Dntr Sectioning	\$229.95
D9130	TMJ - Non-Invasive Physical Therapies	\$288.75
D9210	Local anesthesia not op/surg	\$68.25
D9211	Regional block anesthesia	\$81.90
D9212	Trigeminal division blk anesth	\$223.65
D9215	Local anesthesia	\$65.10
D9219	Eval Deep Sed or Gen Anesthesia	\$95.55
D9220	Inactive code 9220 DO NOT USE	\$0.00
D9221	Inactive code 9221 DO NOT USE	\$0.00
D9222	Deep Sed/Anesthesia-1st 15 min	\$263.55
D9223	Deep Sed/Anesth-ea 15 min incr	\$187.95
D9230	Nitrous Oxide (per 30 mins)	\$80.85
D9239	Intravn ModSed/Analgesia-1st 15min	\$187.95
D9240	Inactive code 9240 DO NOT USE	\$0.00
D9241	Inactive code 9241 DO NOT USE	\$0.00
D9242	Inactive code 9242 DO NOT USE	\$0.00
D9243	Intravenous Sed/Alg-ea 15 min incr	\$179.55
D9248	Non IV conscious sedation	\$313.95
D9310	Consultation-per session	\$131.25
D9311	Consultation with medical health care prof	\$127.05
D9410	House/extended care facility	\$211.05
D9420	Hospital Call	\$278.25
D9430	Office visit for observation	\$79.80
D9440	Office visit-after regular hrs	\$161.70
D9450	Case present,detailed/extens tx	\$139.65
D9610	Therapeutic drug injection, B/R	\$115.50
D9612	Therap parenteral drugs, 2+	\$127.05
D9613	Infiltration Release Therapeutic Rx	\$187.95
D9630	Other Drug &/or Meds By Report	\$52.50
D9910	Application of desensitize med	\$19.95
D9911	Apply desensitiz' resin, per th	\$75.60
D9912	Pre-Visit Patient Screening	\$90.30
D9920	Behavior management, by report	\$153.30
D9930	Treat complications-postsurgic	\$115.50
D9931	Inactive code 9931 DO NOT USE	\$0.00
D9932	Cleaning/Inspection-Remov Comp Dent Max	\$61.95
D9933	Cleaning/Inspection-Remov Comp Dent Man	\$56.70
D9934	Cleaning/Inspection-Remov Part Dent Max	\$56.70



<u>Procedure Code</u>	<u>Description</u>	<u>SageCare+ 2024</u>
D9935	Cleaning/Inspection-Remov Part Dent Man	\$56.70
D9940	Inactive 2019 Occlusal guards, by report	\$0.00
D9941	Fabricate athletic mouthguards	\$361.20
D9942	Repair And/or Reline Occl Grd	\$231.00
D9943	Occlusal Guard Adjustment	\$82.95
D9944	Occlusal Guard - Hard Appliance, full arch	\$591.15
D9945	Occlusal Guard - Soft Appliance, full arch	\$591.15
D9946	Occlusal Guard - Hard Appliance, Partial Arch	\$309.75
D9947	Custom sleep apnea appliance & placement	\$1,524.60
D9948	Adjust custom sleep apnea appliance	\$120.75
D9949	Repair custom sleep apnea appliance	\$309.75
D9950	Occlusal analysis-mounted case	\$355.95
D9951	Occlusal adjustment-limited	\$193.20
D9952	Occlusal adjustment-complete	\$615.30
D9953	Custom Sleep Apnea Appliance Reline	\$384.30
D9961	Duplicate/Copy Patient's Records	\$19.95
D9970	Enamel microabrasion	\$205.80
D9971	Odontoplasty 1-2 teeth-rmv enam	\$175.35
D9972	External bleaching-per arch - in office	\$324.45
D9973	External bleaching-per tooth	\$211.05
D9974	Internal bleaching-per tooth	\$284.55
D9975	External bleaching - take home	\$245.70
D9985	Sales Tax	\$0.00
D9986	Broken Appointment 1st	\$10.50
D9987	Cancelled Appointment 1st	\$0.00
D9990	Certified Translation/Sign-Language ea Visit	\$96.60
D9991	Dental Case Manage appointment compliance	\$92.40
D9992	Dental case management care coordination	\$92.40
D9993	Dental case manage motivational interview	\$105.00
D9994	Den Case Man PT edu Oral Health literacy	\$0.00
D9995	Teledentistry-Synchronous realtime	\$52.50
D9996	Teledentistry-Asynchronous info stored	\$10.50
D9997	Case management special needs	\$87.15
D9999	Unspecified Adjunctive Procedure by Report	\$0.00